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# The Regional Municipality of Durham Information Report

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From: Commissioner & Medical Officer of Health  
Report: #2025-INFO-23  
Date: April 11, 2025

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**Subject:**

**Ontario Cancer Statistics 2024**

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**Recommendation:**

Receive for information

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**Report:**

**1. Purpose**

- 1.1 To provide an update on the report titled [Ontario Cancer Statistics 2024](#), released by Ontario Health (Cancer Care Ontario) on March 28, 2025.

**2. Background**

- 2.1 Ontario Health was created through the amalgamation of 22 organizations, including Cancer Care Ontario (CCO).
- 2.2 This report is the fifth in a series of reports released every two years by Ontario Health (formerly CCO) since 2016 and provides information about incidence, mortality, survival and prevalence in Ontario.
- 2.3 The series serves as an important cancer surveillance tool for Ontario.
- 2.4 The series has informed Ontario Cancer Plans, including the [Ontario Cancer Plan 6 \(2024-2028\)](#), a roadmap for ensuring an integrated cancer system across the province.
- 2.5 [Ontario Cancer Registry](#), one of the largest and most frequently used cancer registries in North America was the main data source used in the report.

### **3. Report Findings**

#### **COVID-19 and Cancer**

- 3.1 The first chapter in the report explores the COVID-19 pandemic's impact on cancer outcomes in Ontario.
- 3.2 People with cancer were more susceptible to severe COVID-19 disease due to immunosuppression, comorbidities, or ongoing treatment compared to the general population.
- 3.3 In Ontario, there were substantially more deaths in people with cancer in 2020 compared with 2019, which could be directly or indirectly related to the impact of COVID-19.
- 3.4 Ontario had lower-than-expected new cancer cases during the first year of the pandemic due to the pausing of screening programs, less access to diagnostic services and fewer people interacting with the healthcare system. These impacts were greatest during the first year of the pandemic, and substantial catch-ups occurred by 2022.
- 3.5 Survival for several common cancers appeared to have decreased in 2020, but only one decrease appeared to be statistically significant, which was the two-year survival rate for colorectal cancer.

#### **Cancer Incidence**

- 3.6 The second chapter is about cancer incidence (i.e., the number of new cancer cases diagnosed in a specific timeframe).
  - a. According to 2024 estimates, breast, lung, prostate, and colorectal cancer will continue to account for almost half (approximately 44 per cent) of all new cancer cases diagnosed. The greatest number of new cases is expected to be in people aged 60 to 79 (57 per cent), while the rate of new cases will be highest in people aged 80 and older.
  - b. From 1986 to 2019, there was a 143 per cent increase in new cancer cases; however, population aging and growth have contributed far more to the number of new cases than actual changes in cancer risk and cancer control practices.
- 3.7 Nearly one out of every two people (approximately 43 per cent), is expected to develop cancer in their lifetime.
  - a. There is a slightly higher likelihood for males to develop cancer than females (approximately 45 percent compared to approximately 43 per cent respectively).

- 3.8 Since 2006, age-standardized incidence rates for all cancers combined have been decreasing for all ages. In children, age-standardized incidence rates for all cancers combined have been decreasing since 2015.
- 3.9 From 2018 to 2020, the median age at cancer diagnosis for all cancers was 69 for males and 67 for females. Cancers with the lowest median age (below 50) were testicular, Hodgkin lymphoma, and cervical cancer.
- 3.10 Among children, the cancer types with the lowest median age at diagnosis from 2019 to 2022 were retinoblastoma, hepatic tumours, and neuroblastoma.
- 3.11 Different types of cancers have shown differing trends in recent years.
- a. Cancers with increasing trends include cervical, kidney, oral cavity and pharynx, testicular, and uterine.
  - b. Cancers with decreasing trends include laryngeal, leukemia, liver, and thyroid.

### **Cancer Mortality**

- 3.12 The third chapter focuses on mortality. Although the number of deaths from all cancers combined in Ontario has increased over the past three decades, the mortality rate has decreased for much of this period.
- 3.13 In 2024, an estimated 31,575 people in Ontario are expected to die from cancer (excluding non-melanoma skin cancer). This represents an age-standardized rate of 167 per 100,000 people. Although the number is increasing, the mortality rate peaked in 1988 and has decreased every year since 1999.
- 3.14 Lung cancer is expected to continue to account for the greatest percentage of cancer deaths in 2024 (22 per cent).
- 3.15 People between the ages of 60 to 79 will continue to account for the greatest number of cancer deaths. People aged 80 and older will account for the highest rate of cancer deaths.
- 3.16 In 2020, 30,054 people died from cancer at a significantly higher rate in males than in females.
- 3.17 From 2018 to 2020, the median age at death for cancer was 75 and in 2020, about half of all cancer deaths were in people aged 60 to 79.
- 3.18 The four most commonly diagnosed cancers (breast, colorectal, lung, and prostate) were responsible for 45 per cent of all cancer deaths in 2020.

### **Cancer Survival**

- 3.19 The fourth chapter focuses on cancer survival. Survival statistics are a key indicator of population-level prognosis and the effectiveness of cancer control programs.

- 3.20 Cancer survival in Ontario continues to improve, but the rate of improvement has slowed over time.
- 3.21 Relative survival rate (RSR) refers to the likelihood of surviving a certain amount of time after a cancer diagnosis compared with similar people in the general population. The first five years after diagnosis are critical for examining survival because this is when someone is most likely to access health care services. After five years, use of the health care system and the chance of recurrence decrease.
- 3.22 For cancers diagnosed from 2016 to 2020, the five-year RSR was:
- More than half (67) per cent higher for all cancer combined.
  - Higher in females (68 per cent) than males (65 per cent).
  - Decreasing with advancing age from an 89 per cent RSR for people aged 15 to 39, compared to 45 per cent among people aged 80 to 99.
- 3.23 Cancer survival depends on factors such as cancer type, sex, age at diagnosis, stage at diagnosis, and type of treatment.
- 3.24 From 2016 to 2020, the five-year survival in males and females combined was:
- Highest for thyroid cancer (98 per cent), melanoma (88 per cent), and Hodgkin lymphoma (88 per cent).
  - Lowest for pancreatic (15 per cent), esophageal (19 per cent), liver (23 per cent), and lung (29 per cent).

### **Cancer Prevalence**

- 3.25 The fifth chapter explores cancer prevalence, which refers to the number of people newly diagnosed with cancer and previously diagnosed, who are still living with cancer.
- 3.26 Trends in cancer prevalence can help determine how to efficiently distribute diagnostic, treatment and care resources.
- 3.27 The prevalence of cancer in Ontario has been increasing, with an estimated 14.2 million people in 2021. Prevalence increased because the number of people newly diagnosed with cancer has increased and so has survival.
- 3.28 By the end of 2020, more than half a million people had been diagnosed with cancer in the previous 30 years and were still alive. Of those:
- 419,355 people were diagnosed within the last ten years.
  - There were slightly more females (54 per cent) than males (46 per cent).
  - The majority (53 per cent) were people aged 60 to 79.
  - Females with breast cancer were the largest group, accounting for 148,752 survivors.

- 3.29 Among major cancer types, the ten-year prevalence counts increased each decade from 2000 to 2020 for most cancers, with a few exceptions.

#### **4. Previous Reports and Decisions**

- 4.1 Report [#2023-INFO-99](#) provided an update on the report: [Canadian Cancer Statistics 2023](#), released by the Canadian Cancer Society (CCS) and the Government of Canada (GoC) on November 8, 2023.
- 4.2 Report [#2024-INFO-4](#) provided an update on the report: [Ontario Cancer Screening Performance Report 2023](#), which was released on January 2, 2024.
- 4.3 Report [#2024-INFO-60](#) provided an update on a policy position statement: [Alcohol and Cancer Risk](#), released by the World Cancer Research Fund International in September 2024.
- 4.4 Report [#2024-INFO-86](#) provided an update on the report: [Canadian Cancer Statistics: A 2024 special report on the economic impact of cancer in Canada](#), released by the CCS and the GoC on December 9, 2024.
- 4.5 Report [#2025-INFO-03](#) provided an update on the report: [Alcohol and Cancer Risk, 2025](#), released by the U.S. Surgeon General's Advisory on January 3, 2025.

#### **5. Relationship to Strategic Plan**

- 5.1 This report aligns with/addresses the following Strategic Direction(s) and Pathway(s) in Durham Region's 2025-2035 Strategic Plan:
- a. Healthy People, Caring Communities
- H1. Implement preventive strategies to support community health, including food security.

#### **6. Conclusion**

- 6.1 Ontario Health's report focuses on statistics and trends, but the foreword reminds readers that there are real human lives behind the numbers in the report.
- 6.2 Durham Region Health Department (DRHD) shares local statistics on cancer rates and screening using the [Durham Region Cancer Data Tracker](#). The tracker provides information about cancer incidence and mortality for Durham Region and Ontario.
- a. From 2010 to 2020, there were 38,943 newly diagnosed cases of cancer and 13,342 cancer deaths among Durham Region residents.
- 6.3 Federal, provincial, and local data inform DRHD's chronic disease prevention programs.

Respectfully submitted,

Original signed by

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