

Cancer in Adolescents and Young Adults

BELGIUM 2004-2022



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Stichting Kankerregister – Fondation Registre du Cancer – Stiftung Krebsregister

Staff at the Belgian Cancer Registry:

Andréa Amon, Caroline Androgé, Lien Asselman, Alexandre Audibert, Leen Boesmans, Joanna Bouchat, Nils Broeckx, Carol Clinckaert, Annelies Debucquoy, Cindy De Gendt, Anke De Geyndt, Robin Delvaux, Petra Denolf, Jonathan De Ro, Harlinde De Schutter, Mieke De Wilde, Jeroen Eeckhaut, Katia Emmerechts, Bea Essers, Julie Francart, Annelies Goossens, Annemie Haelens, Kris Henau, Sharon Janssens, Méric Klein, Armien Lanssens, Arthur Leloup, Tatjana Locus, Alice Mertens, Elly Mertens, Juliette Moreau, Roselien Pas, Hanna Peacock, Hanne Peirelinck, Chloé Réquillé, Lauriane Rouard, Geert Silversmit, Lien Smets, Tim Tambuyzer, Linda Thibaut, Morgane Thibaut, Inge Truyen, Nancy Van Damme, Kim Vande Loock, Eva Van der Stock, Liesbet Van Eycken, Bart Van Gool, Clarissa Van Hecke, Koen Van Herck, Sarah Van Praet, Katrijn Vanschoenbeek, Lien van Walle, Julie Verbeeck, Freija Verdoodt, Grindl Wilmots, Jérôme Xicluna

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Editorial team:

Robin Delvaux, Juliette Moreau, Kris Henau, Arthur Leloup, Lien van Walle, Bart Van Gool, Tim Tambuyzer, Nancy Van Damme

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Additional Information can be requested at:

Tel. 0032-2-250 10 10

E-mail: info@kankerregister.org – info@registreducancer.org

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FOREWORD

This study of the Belgian Cancer Registry marks the first nationwide publication of cancer in adolescents and young adults (AYAs), a group encompassing individuals aged 16 to 35. Over a span of 19 years (2004-2022), this report offers a detailed analysis of cancer incidence providing valuable insights into the epidemiological landscape of cancer in AYAs in Belgium, along with survival data extending up to 15 years post-diagnosis.

Although cancer remains relatively rare in AYAs, this group faces unique challenges that distinguish them from older adult cancer patients. Age-specific concerns, such as infertility, unemployment, financial strain, and a diminished quality of life, affect their experience with cancer in ways that are not always seen in other age groups. These factors can significantly impact the overall well-being of AYAs during and after treatment.

Annually, around 1,737 new cancer diagnoses are made in AYAs in Belgium, with 724 cases in males and 1,013 in females—an average of almost five new AYA diagnoses each day. This underscores the importance of understanding and addressing the specific needs of this population.

We dedicate this publication to all AYA cancer patients - those who are courageously navigating their diagnosis and treatments. Their resilience and strength inspire us to continue our efforts to improve cancer care and outcomes for this unique and often underrepresented patient group.

Nancy Van Damme

Programme director



Belgian Cancer Registry



Acronyms

- **36+**: Refers to the age group of 36 years and older
- **AAPC**: Average annual percent change
- **AYAs**: Adolescents and young adults are people between 16 and 35 years of age
- **CI**: Confidence interval
- **CNS**: Central nervous system
- **ESR2013**: Incidence rates standardised to the 2013 revised European standard population
- **HPV**: Human papilloma virus
- **ICD-10**: International statistical classification of diseases and related health problems 10th revision
- **ICD-O-3.2**: International Classification of Diseases for Oncology, 3rd Edition, second revision
- **MDS & MPN**: Myelodysplastic syndrome and myeloproliferative neoplasm
- **NK-cell**: Natural killer cell

Concepts

- **Included tumour types** were selected based on frequency. The 10 most frequent cancer types in male and in female AYAs are discussed in separate chapters included in this report. The order was determined by the frequency of the cancer type in both sexes combined.
- **Absolute numbers (N)**: The number of newly registered cancer diagnoses observed for a given period of time. All figures and numbers in this report are based on diagnoses of Belgian residents.
- **Crude rate (CR)**: The crude rate is obtained by dividing the absolute number of diagnoses (N) by the corresponding population size at risk (N/100,000).
- **ESR2013**: Incidence rates standardised to the 2013 revised European standard population (ESP): standardisation is needed to accommodate for differences in population size and age distribution (over time or among regions). An important factor in interpreting trends in cancer incidence is population ageing, as cancer is an age-dependent disease. For a higher proportion of elderly people in the population, a higher total number of cancer diagnoses can be expected for the same cancer risk. When only absolute numbers (N) or crude rate (CR) results are used, a misleading picture of the actual changes in the risk of a cancer diagnosis could be obtained. Therefore, direct standardisation is needed to evaluate the evolution of the risk of cancer diagnosis over time or among regions.
- **Male/female ratios** are calculated by dividing the corresponding age-standardised incidence rates (ESR2013).
- **Breslow depth** can be used as a prognostic tool in skin melanomas. It describes the depth of the tumour invasion.



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METHODS



- **Stage:** Cancers are reported with a stage, labelled with a Roman numeral with IV being the most advanced stage. The stage is based on the T-category (extent of the tumour), the N-category (absence or presence and extent of the regional lymph node metastasis) and the M-category (absence or presence of distant metastasis). Stage is reported as a combination of both clinical and pathological stage with priority given to the pathological stage. Clinical information about distant metastases (cM) will always be taken into account, and in case of neo-adjuvant therapy, priority is given to the clinical stage. If stage is unknown, not applicable or not submitted to the Belgian Cancer Registry, the stage is reported as 'unregistered stage'. The denominator of the stage distribution is the sum of all registered stages. For incidence years 2017-2022 stage is reported according to the TNM 8th edition: J.D. Brierley, M.K. Gospodarowicz, Ch. Wittekind. TNM Classification of Malignant Tumours, 8th edition: UICC, 2017. For incidence years 2005-2010 and 2011-2016 the 6th and 7th edition were used, respectively.
- **Mortality** statistics in Belgium are collected and managed by the three Regions (Flemish Region: Departement Zorg; Brussels Capital Region: Observatorium voor Gezondheid en Welzijn van Brussel-Hoofdstad/ l'Observatoire de la Santé et du Social de Bruxelles-Capitale; Walloon Region: Agence Wallonne de la Santé, de la Protection sociale, du Handicap et des Familles (AVIQ)). The Directorate General Statistics Belgium is responsible for collecting and merging the data coming from the regional agencies. Mortality data used in this report are collected from the Directorate General Statistics Belgium and encompasses the period 2004-2021.
- **In situ tumours** are only present in the tissue of origin without invasion of nearby tissues. This includes in situ tumours and tumours with high grade or severe dysplasia.
- **Average annual percentage change (AAPC):** The average relative change in incidence risk from one year to the next. For example, an AAPC of 1.05 (a 5% increase) applied to a cancer risk of 200/100,000 results in a risk of 210/100,000 one year later ($=200 \times 1.05$) and 255/100,000 over 5 years ($=200 \times (1.05)^5$). AAPC is only shown in case of a significant p-value. When no time period is mentioned, the AAPC is applicable for the period 2004-2022.
- Since the increasing incidence of benign tumours observed in 2004-2009 could be biased by the improvement of registration completeness, we decided to **present data on benign tumours for the incidence period 2010-2020** while period 2004-2020 was used for borderline and malignant tumours.
- **Net survival:** Often also called the relative survival, is an estimate of the survival probability when other causes of death beside the cancer type(s) under study are excluded. As examples of other causes of death, patients with the cancer type(s) under study could also die because of an accident or unrelated cardiac conditions, etc. Net survival has been compared between the cohorts 2005-2010, 2011-2016 and 2017-2022. Note that the follow-up period for the cohorts is not the same, as the last date of follow-up is the first of May 2024. In addition, 15-year net survival was used to evaluate long term prognosis.

ADOLESCENTS AND YOUNG ADULTS

ALL INVASIVE TUMOURS

ICD-10 C00-C43;C45-C97 + MDS + MPN

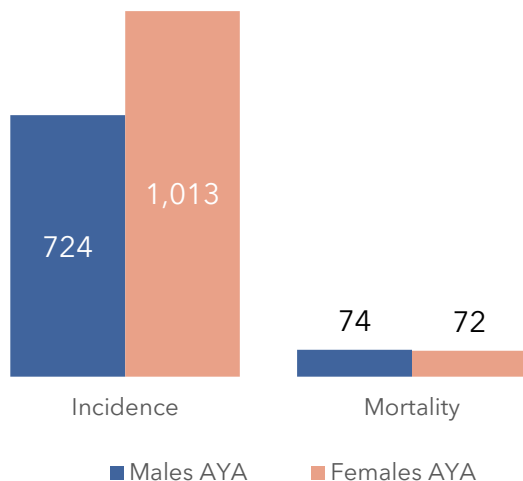


Key facts

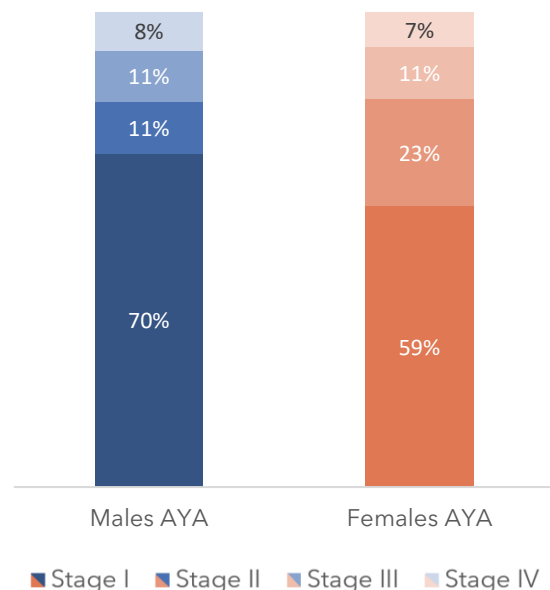
- **Adolescents and young adults (AYAs)** are people **between 16 and 35 years of age**. Of all **cancers*** diagnosed in **males and females, 1.8% and 3.0% respectively** were diagnosed **in AYAs**.
- **Annually, on average 1,737 cancers, 724 in males and 1,013 in females, were diagnosed in AYAs** between 2018 and 2022. In contrast with cancer in children and adults aged 36 and older, **cancer in AYAs predominantly presents in females**, especially in older AYAs (male/female ratio AYA = 0.7; male/female ratio of both children and 36+ = 1.2).
- **On average, every year, 146 AYAs died due to cancer**, between 2017 and 2021.
- In general, cancer in **male and female AYAs** is diagnosed more often in **stage I** compared to older patients.
- **Testicular and breast cancer** are the **most common cancer types** in male and female AYAs, representing 29% and 25% of the total incidence, respectively.
- The **risk of a cancer diagnosis increased in male AYAs between 2004-2014** and for **female AYAs between 2004-2011 with an average annual percent change of 2.2%**. During the **last decade**, the **risk of a cancer diagnosis in AYAs has stabilised**.
- The **risk of death due to cancer decreased in AYAs between 2004-2021**.
- The **risk of a cancer diagnosis in AYAs increases with age**. The **distribution of cancer types** also **changes according to age**. For example, the proportion of breast cancers increases while the proportion of haematological malignancies decreases with age.
- **Net survival of cancer in AYAs is generally higher** compared to patients aged 36 and older. **Females** with cancer generally have a **higher survival than males**, both in AYAs and patients aged 36 and older. The 15-year net survival is 82% and 85% in male and female AYAs, respectively. Overall, 5-year net survival of cancer in AYAs has **improved over time**, from 85% (2005-2010) to 88% (2017-2022) in male and 87% (2005-2010) to 91% (2017-2022) in female AYAs.
- The **10 most frequent cancer types** diagnosed in **male and female AYAs** will be discussed in **this report**. More information about cancer in children and cancer in all age groups can be found in the publication **'Cancer in children and adolescents in Belgium 2004-2020'** and the **cancer fact sheets**, respectively, available on the website of [Belgian Cancer Registry](https://www.belgiancancerregistry.be).

*Excluding non-melanoma skin cancer.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Stage distribution, 2018-2022



Unregistered stage AYA: 47%
The proportion of cancers for which stage is not applicable is high in AYAs.

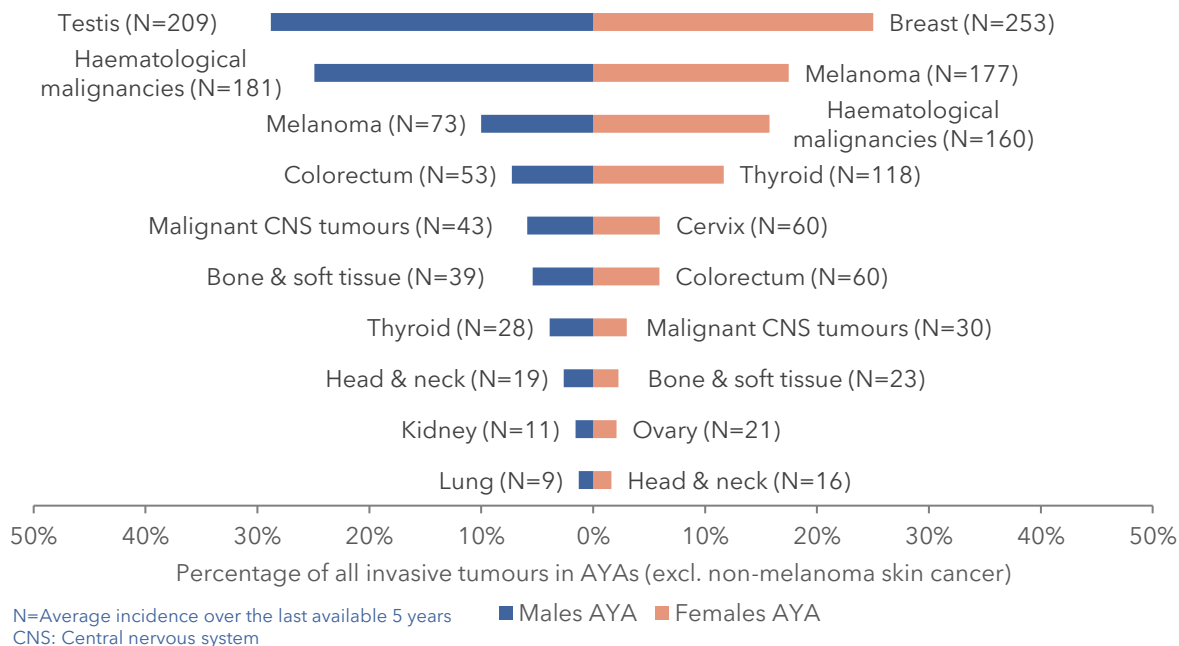
ADOLESCENTS AND YOUNG ADULTS

ALL INVASIVE TUMOURS

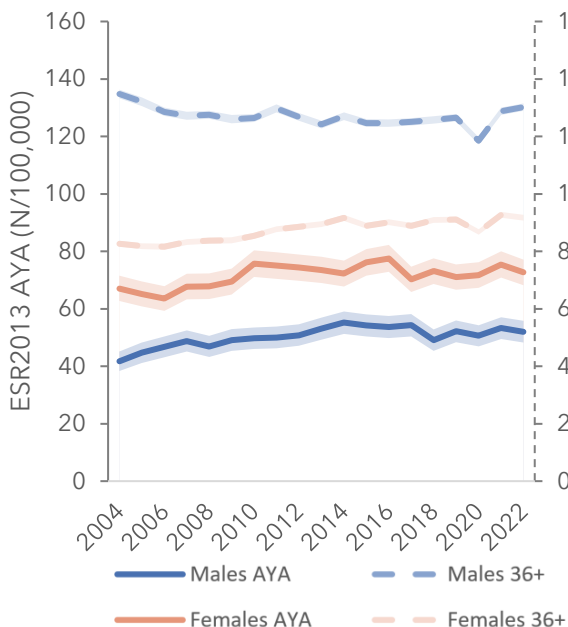
ICD-10 C00-C43;C45-C97 + MDS + MPN



Average yearly incidence of 10 most frequent cancer types in male and female AYAs, 2018-2022

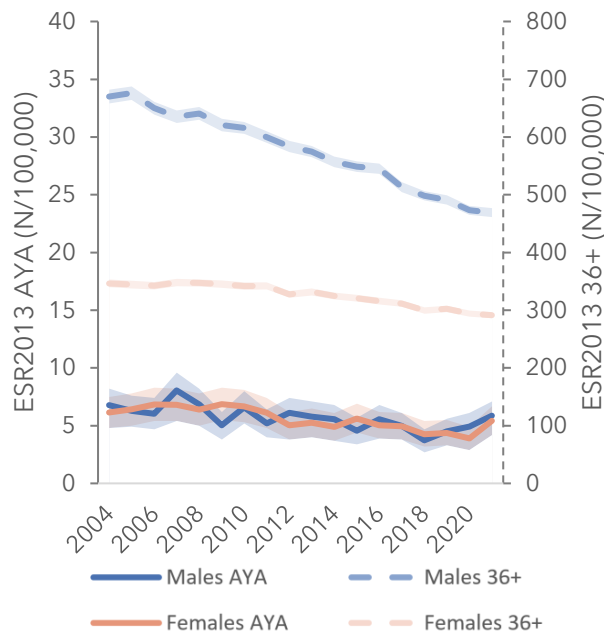


Age-standardised incidence, 2004-2022



ESR2013 is reported on two y-axes for AYAs and 36+.
 AAPC for males AYA is 2.2% for 2004-2014.
 AAPC for females AYA is 2.2% for 2004-2011.
 AAPC for females 36+ is 1.1% for 2004-2014.
 Shades represent 95% confidence intervals.

Age-standardised mortality, 2004-2021



ESR2013 is reported on two y-axes for AYAs and 36+.
 AAPC for males AYA is -2.2%.
 AAPC for females AYA is -2.6%.
 AAPC for males 36+ is -2.2%.
 AAPC for females 36+ is -1.5% for 2010-2021.
 Shades represent 95% confidence intervals.
 Age category for mortality is 15-34 years.

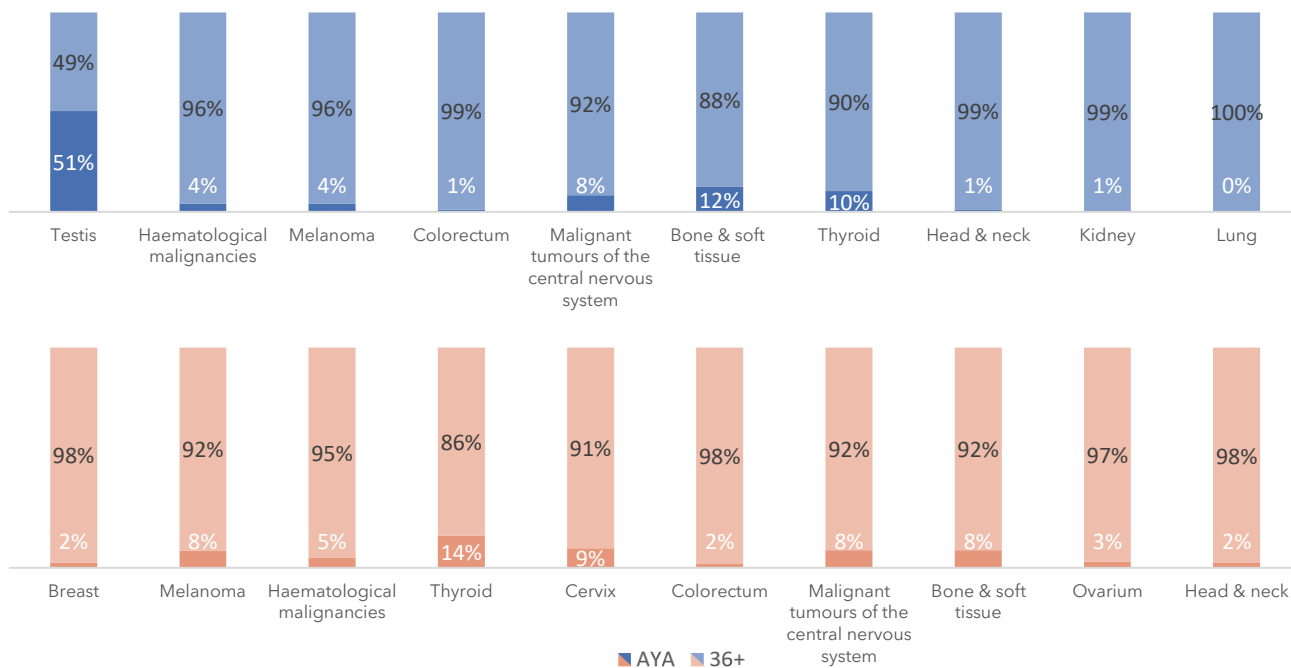
ADOLESCENTS AND YOUNG ADULTS

ALL INVASIVE TUMOURS

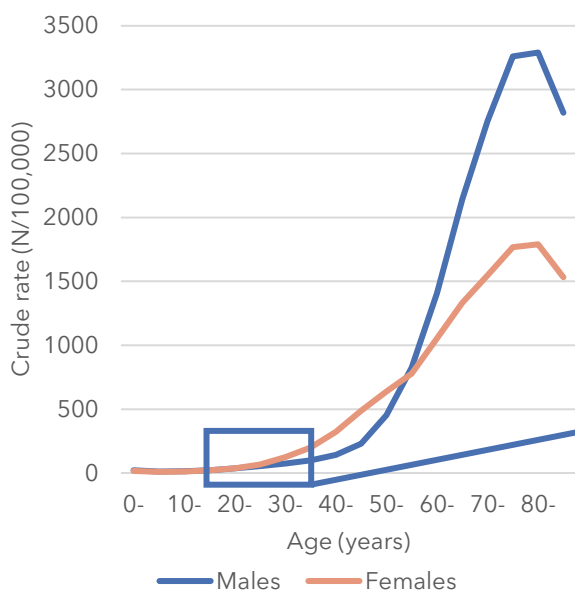
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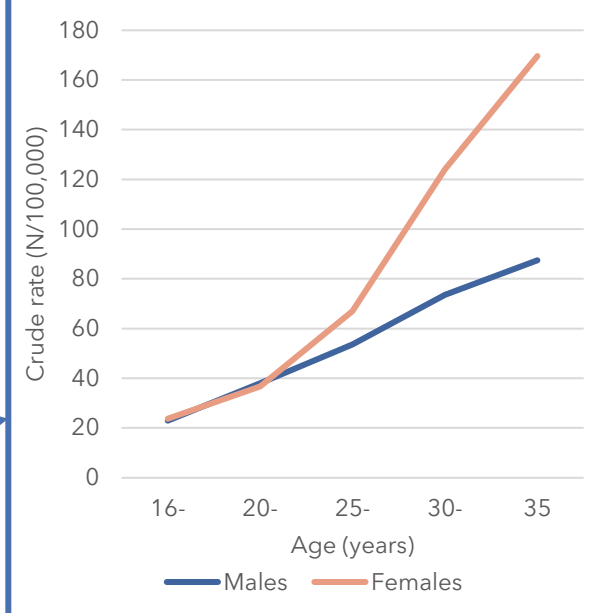
Distribution of incidence in AYA and 36+ per cancer type, 2018-2022



Age-specific incidence, 2018-2022



Age-specific incidence in AYAs, 2018-2022





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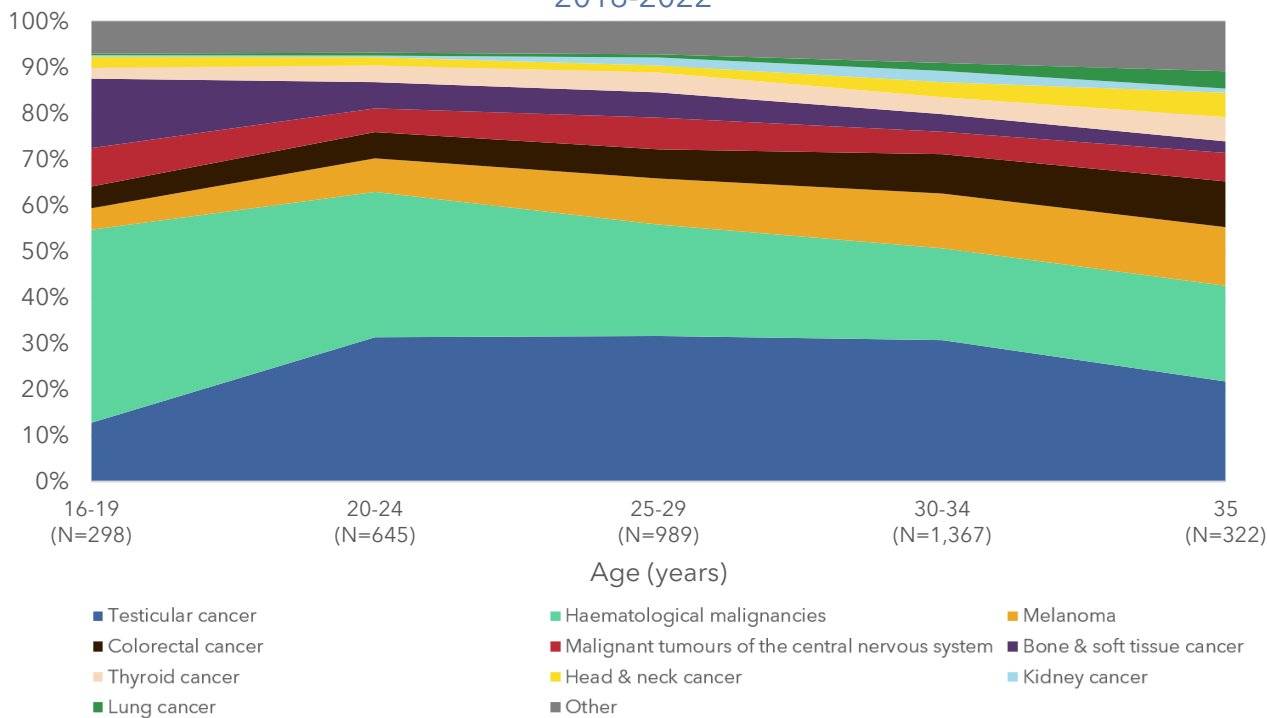
ADOLESCENTS AND YOUNG ADULTS

ALL INVASIVE TUMOURS

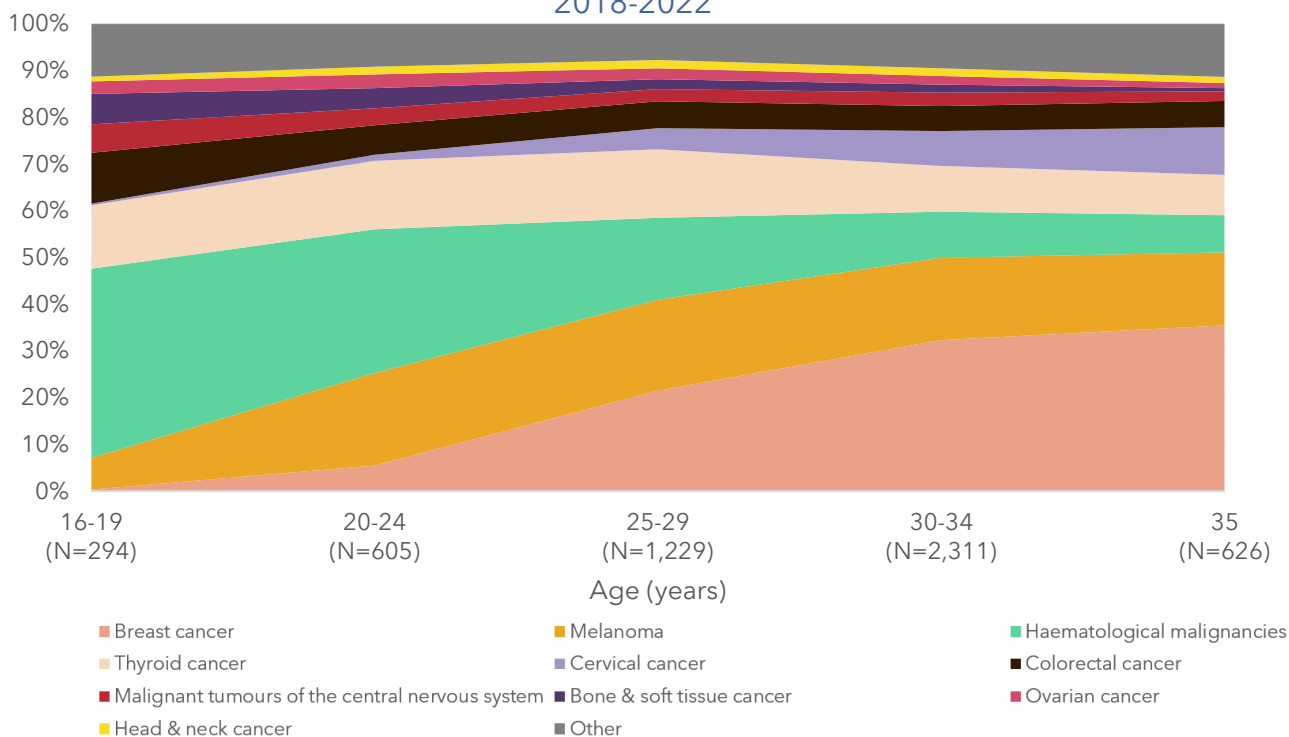
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Distribution of incidence per cancer type in male AYAs, 2018-2022



Distribution of incidence per cancer type in female AYAs, 2018-2022

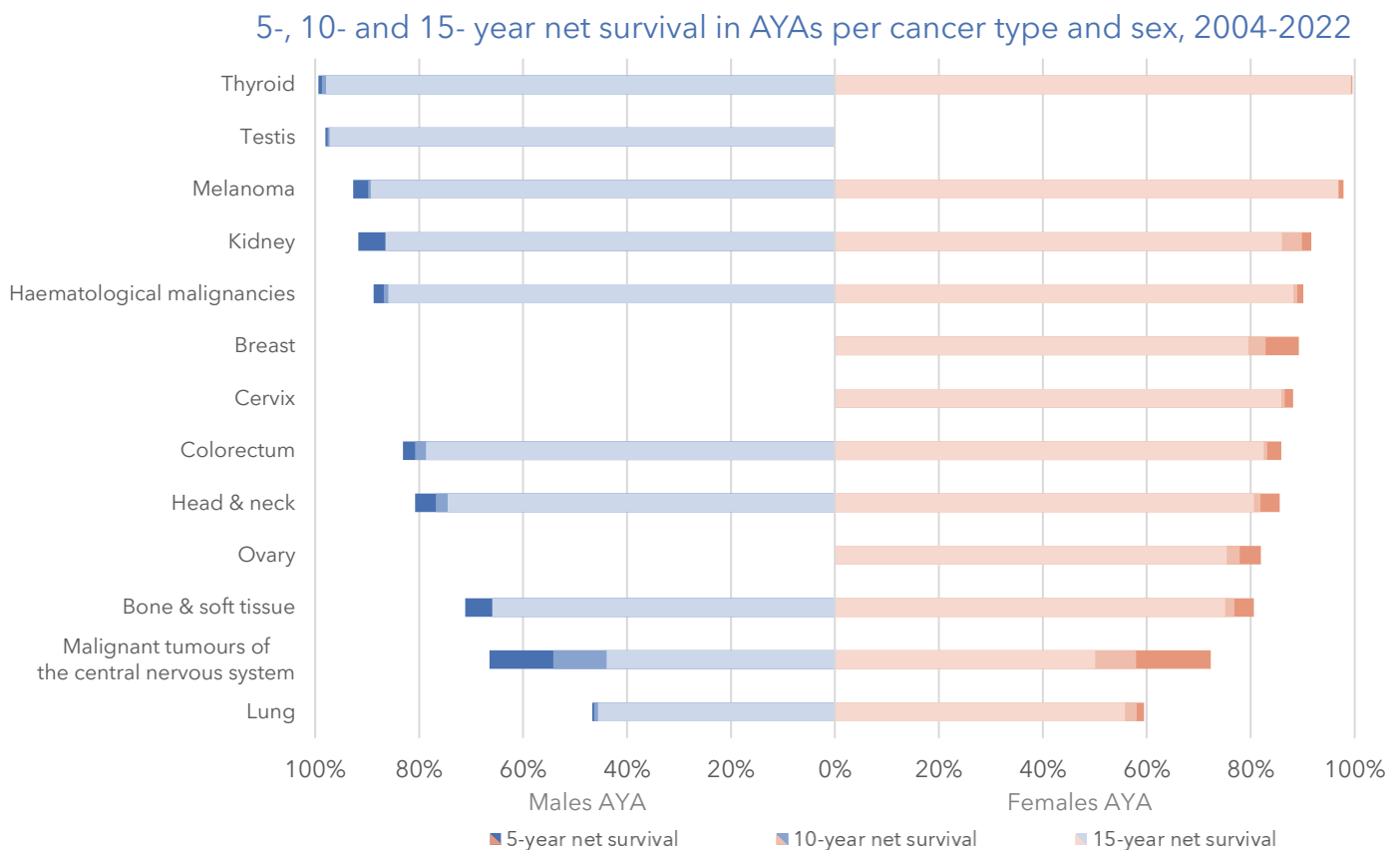
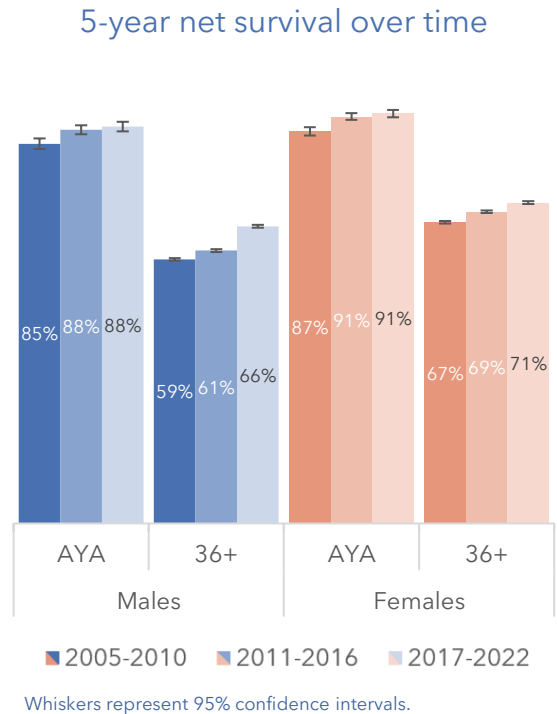
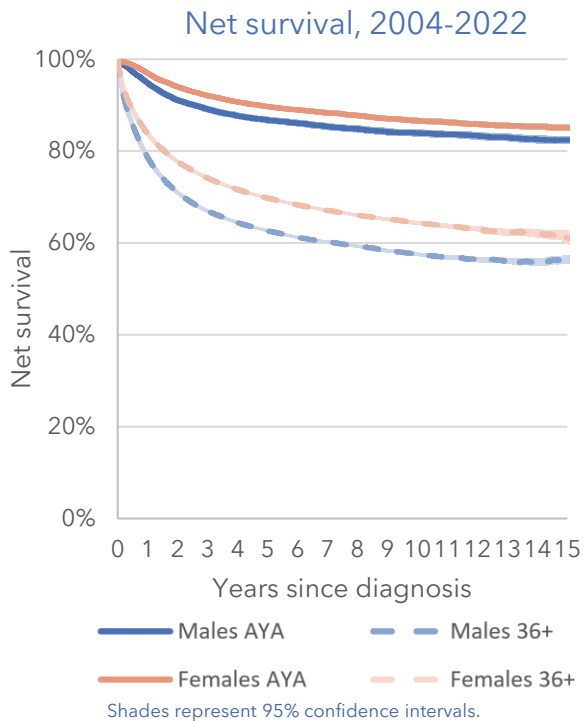




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ADOLESCENTS AND YOUNG ADULTS ALL INVASIVE TUMOURS

ICD-10 C00-C43;C45-C97 + MDS + MPN



Due to low numbers, survival analysis is not applicable for breast cancer in males. Bone and soft tissue cancer, haematological malignancies and malignant tumours of the central nervous system consist of a heterogeneous group of cancers with varying net survival.

HAEMATOLOGICAL MALIGNANCIES

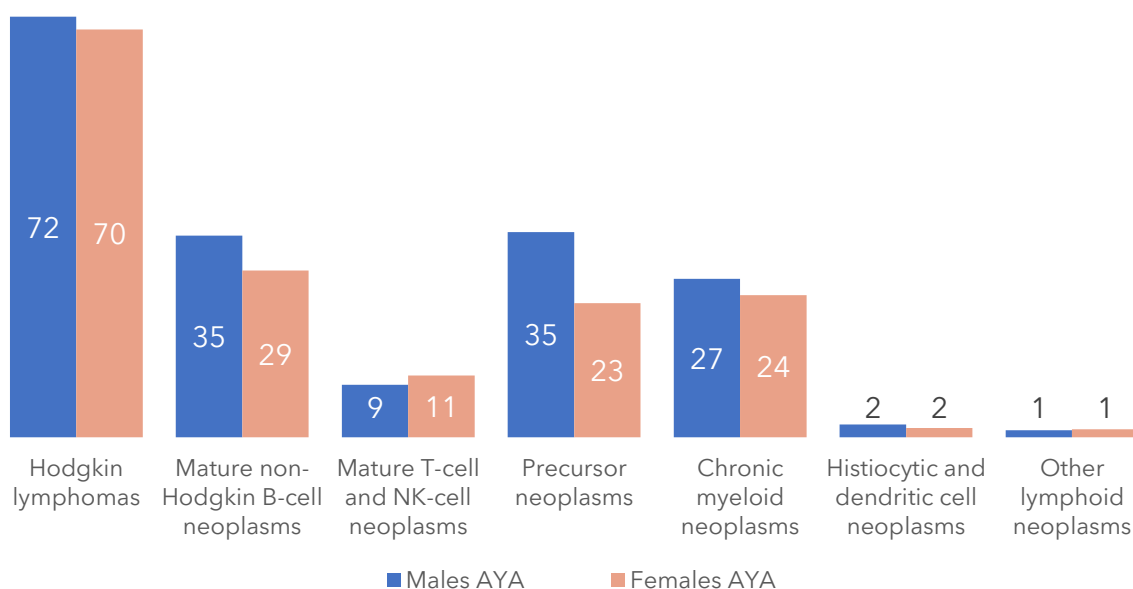
Inclusion criteria available in the appendix



Key facts

- **Haematological malignancies are the 2nd most common cancer in male AYAs.** Between 2018 and 2022, 4.2% of haematological malignancies in males was diagnosed in AYAs.
- **Haematological malignancies are the 3rd most common cancer in female AYAs.** Between 2018 and 2022, 4.7% of haematological malignancies in females was diagnosed in AYAs.
- **Annually, on average, 341 haematological malignancies, 181 in males and 160 in females, were diagnosed in AYAs** between 2018 and 2022.
- There is a **heterogeneity of subtypes** of haematological malignancies. **Hodgkin lymphomas** are the **most common type** in male and female AYAs, followed by mature non-Hodgkin B-cell neoplasms and precursor neoplasms. **In patients aged 16 and older, between 2018 and 2022, 39% and 49% of Hodgkin lymphoma diagnoses were in male and female AYAs, respectively.**
- The **risk of a Hodgkin lymphoma diagnosis increased** between 2004 and 2022 with an average annual percent change of **0.9%** and **1.6%** in **male and female AYAs, respectively.**
- **Net survival differs between the most common haematological subtypes in AYAs.** In general, AYAs with haematological malignancies have a better prognosis than patients aged 36 and older. **Survival strongly improves over time for precursor neoplasms and mature non-Hodgkin B-cell neoplasms.**
- More information about haematological malignancies can be found in the publication **'Haematological malignancies in Belgium 2004-2018'**, available on the website of [Belgian Cancer Registry](#).

Average annual incidence per subtype, 2018-2022



Histiocytic and dendritic cell neoplasms excl. behaviour /0 and /1.

55% of mature non Hodgkin B-cell neoplasms in AYAs are diffuse large B-cell lymphoma and related large B-cell lymphomas.

53% of mature T-cell and NK-cell neoplasms in AYAs are primary cutaneous T-cell lymphomas.

53% of precursor neoplasms in AYAs are acute myeloid leukaemia and related precursor neoplasms.

84% of chronic myeloid neoplasms in AYAs are myeloproliferative neoplasms.

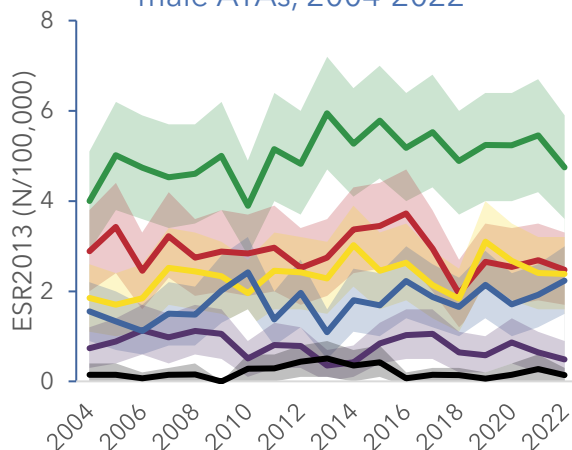


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HAEMATOLOGICAL MALIGNANCIES



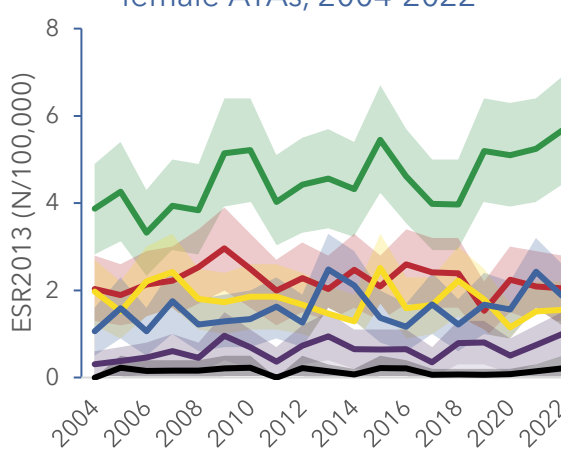
Age-standardised incidence, male AYAs, 2004-2022



- Hodgkin lymphomas
- Mature non-Hodgkin B-cell neoplasms
- Mature T-cell and NK-cell neoplasms
- Precursor neoplasms
- Chronic myeloid neoplasms
- Histiocytic and dendritic cell neoplasms

AAPC for Hodgkin lymphoma in male AYAs is 0.9%.
 AAPC for chronic myeloid neoplasms in male AYAs is 2.0%.
 Shades represent 95% confidence intervals.
 Histiocytic and dendritic cell neoplasms excl. behaviour /0 and /1.

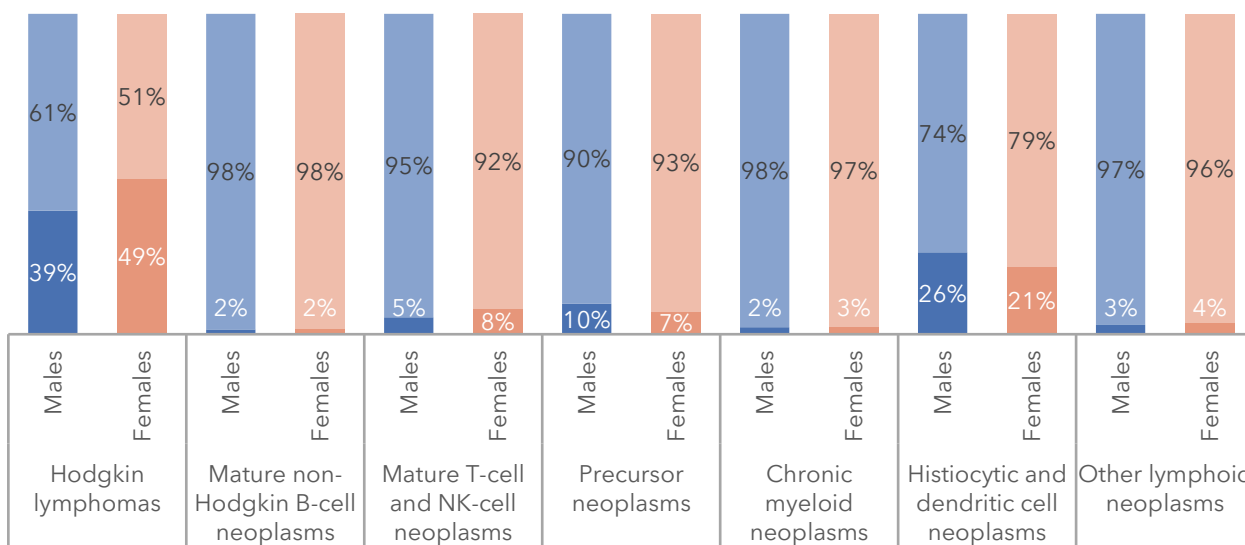
Age-standardised incidence, female AYAs, 2004-2022



- Hodgkin lymphomas
- Mature non-Hodgkin B-cell neoplasms
- Mature T-cell and NK-cell neoplasms
- Precursor neoplasms
- Chronic myeloid neoplasms
- Histiocytic and dendritic cell neoplasms

AAPC for Hodgkin lymphoma in female AYAs is 1.6%.
 Shades represent 95% confidence intervals.
 Histiocytic and dendritic cell neoplasms excl. behaviour /0 and /1.

Distribution incidence in AYA and 36+ per subtype, 2018-2022



■ AYA ■ 36+

Histiocytic and dendritic cell neoplasms excl. behaviour /0 and /1.

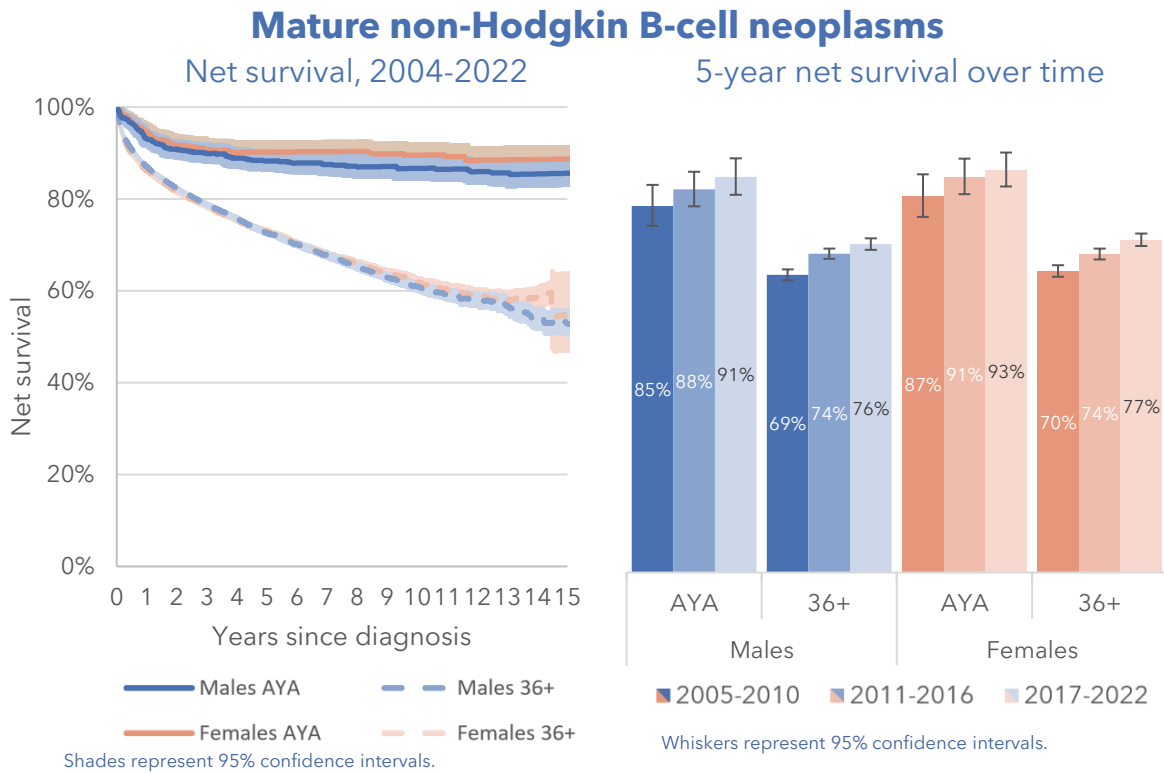
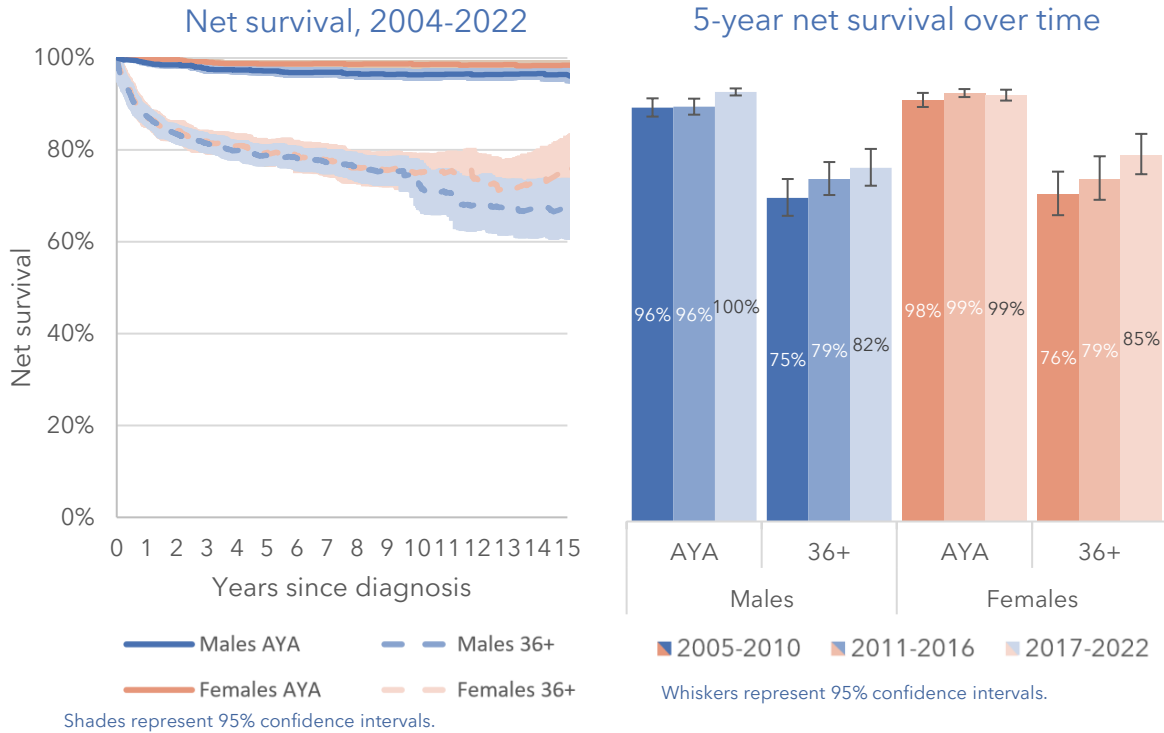


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HAEMATOLOGICAL MALIGNANCIES



Hodgkin lymphomas



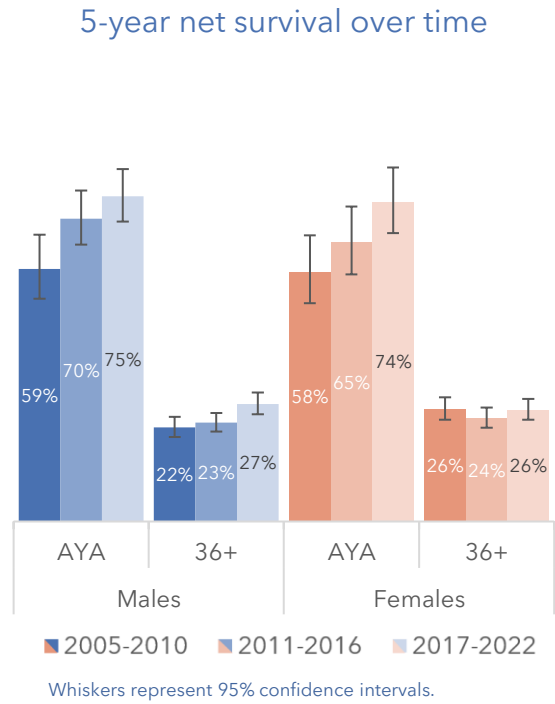
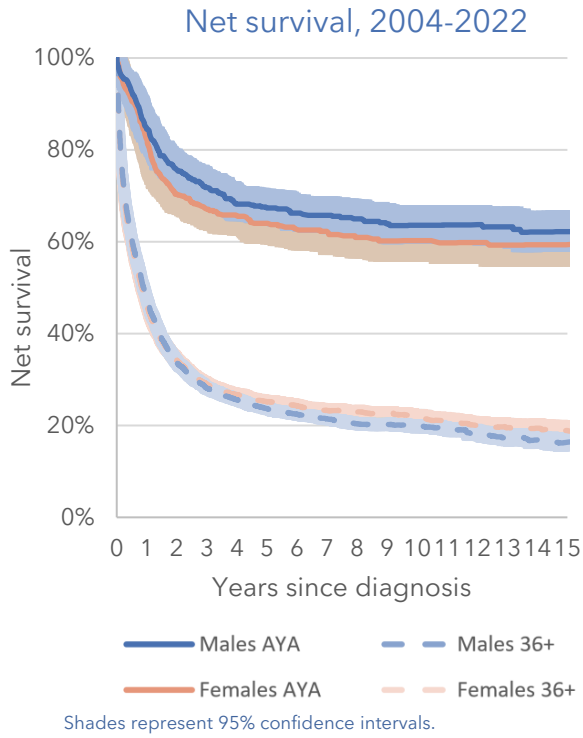


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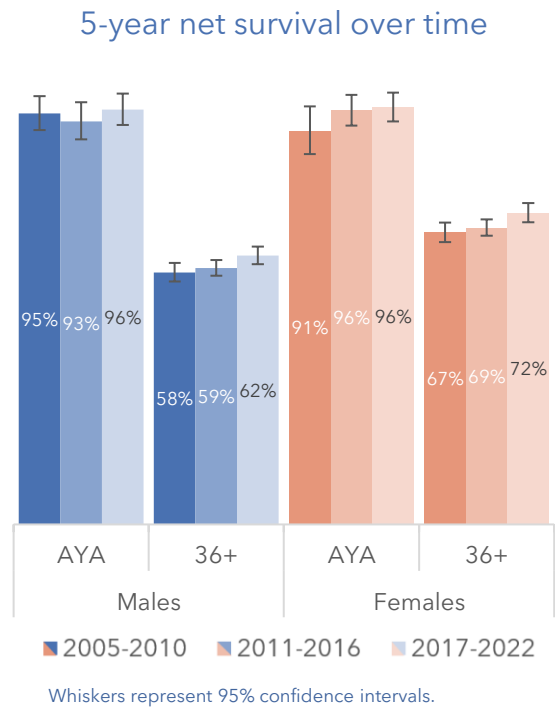
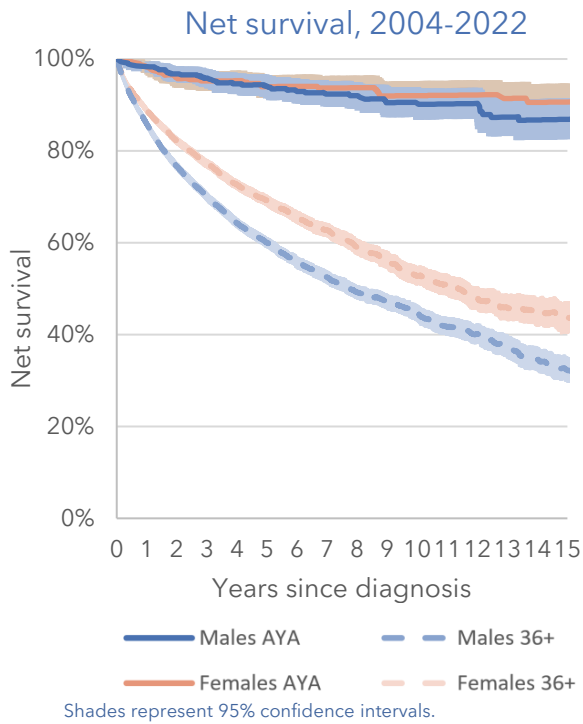
HAEMATOLOGICAL MALIGNANCIES



Precursor neoplasms



Chronic myeloid neoplasms



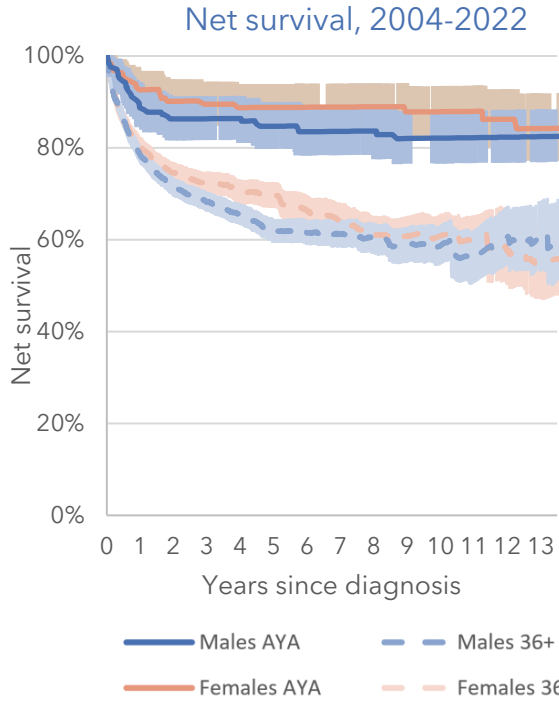


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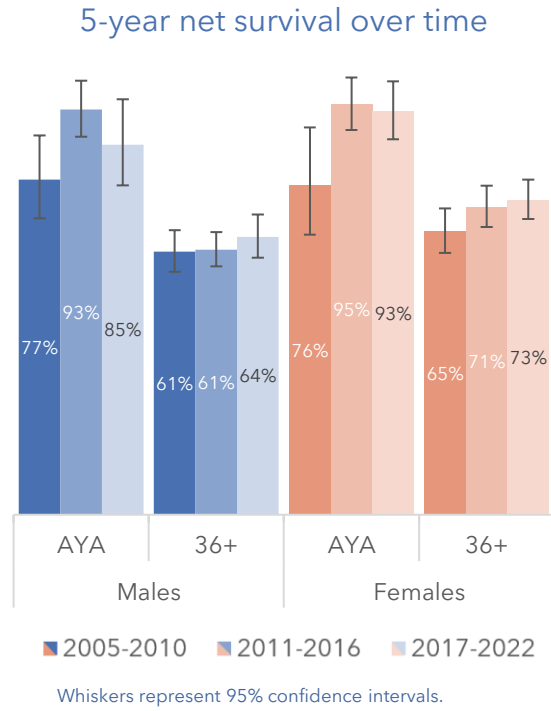
HAEMATOLOGICAL MALIGNANCIES



Mature T-cell and NK-cell neoplasms



In this graph, net survival results for the age group 36+ are only shown till 13.5 years after diagnosis (standard error exceeded 5%).

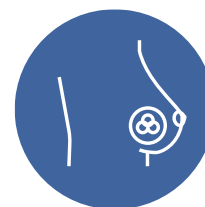




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BREAST CANCER

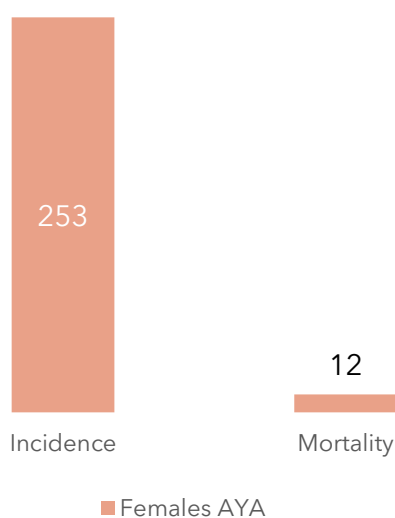
ICD-10 C50



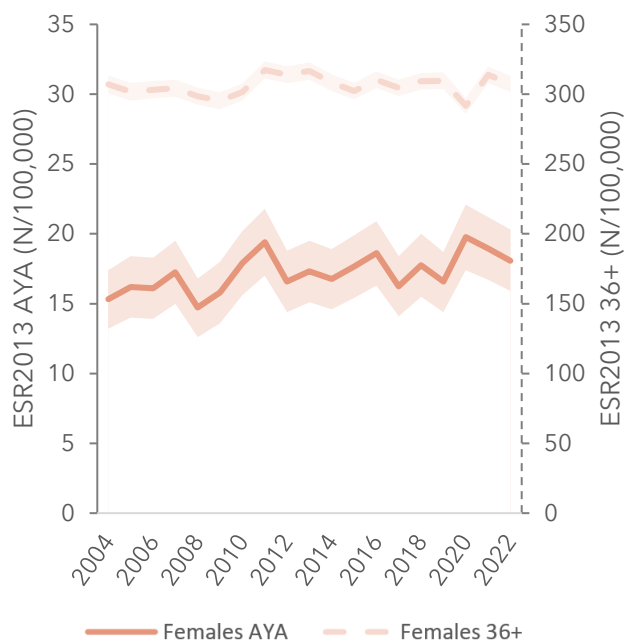
Key facts

- **Breast cancer is the most common** cancer type in female AYAs. Between 2018 and 2022, 2.3% of breast cancer diagnoses in females was diagnosed in AYAs. Breast cancer accounts for **one in four cancer diagnoses in women aged 16-35 years**.
- **Annually**, on average **253 breast cancers were diagnosed in female AYAs** between 2018 and 2022. Breast cancer **rarely occurs in male AYAs**; a total of 4 breast cancers were diagnosed in the 5 most recent incidence years.
- On average, **every year 12 female AYAs died due to breast cancer** between 2017 and 2021.
- An **increasing incidence trend** is noted for breast cancer diagnosed **in AYAs**, with a **significant** average annual percent change of **0.9%** between 2004 and 2022. In contrast, there is **no significant** average annual percent change for the **age group 36+** in this period.
- The **majority** of breast cancers diagnosed **in AYAs** between 2018 and 2022 are **stage II**. Only a quarter of the breast cancers in AYAs was diagnosed in stage I, contrasting with 44% of breast cancers diagnosed in patients aged 36 and older. Despite the diagnosis in a later stage, prognosis is the same in AYAs and patients aged 36 and older.
- **5-year net survival** for breast cancer in AYAs **has improved** throughout the years from **87% (2005-2010) to 93% (2017-2022)**, similar to what is observed for the age group 36+. Breast cancer has a **good long-term prognosis**, 15-year net survival in AYAs is 80%.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022



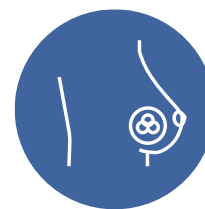
ESR2013 is reported on two y-axes for AYAs and 36+.
 AAPC for AYA is 0.9%.
 Shades represent 95% confidence intervals.



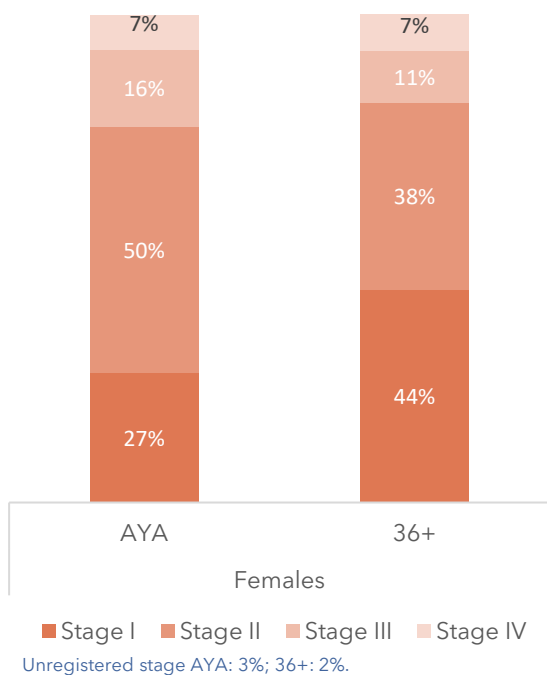
Belgian Cancer Registry

BREAST CANCER

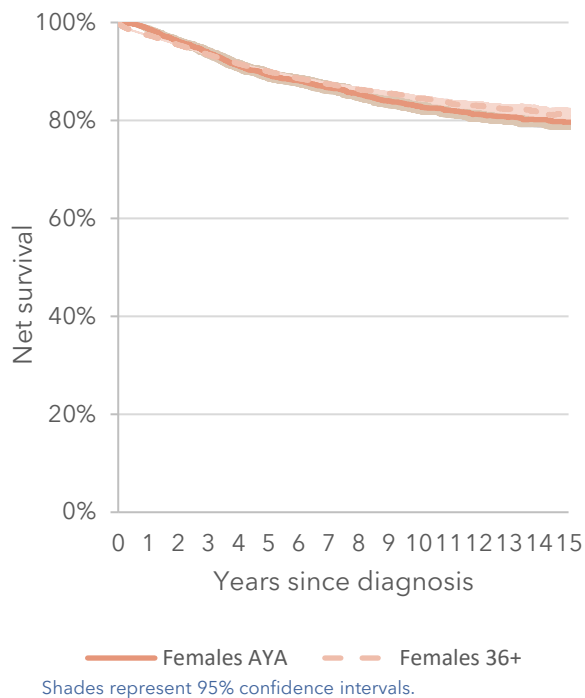
ICD-10 C50



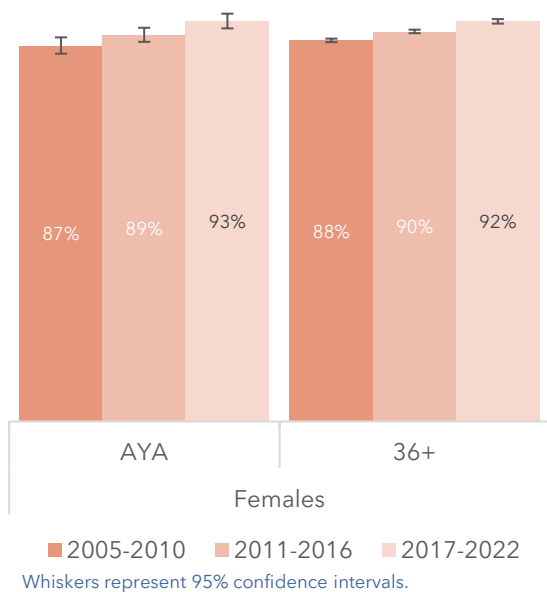
Stage distribution, 2018-2022



Net survival, 2004-2022



5-year net survival over time

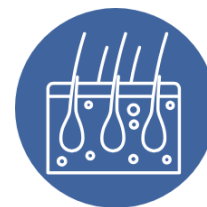




Belgian Cancer Registry

MELANOMA

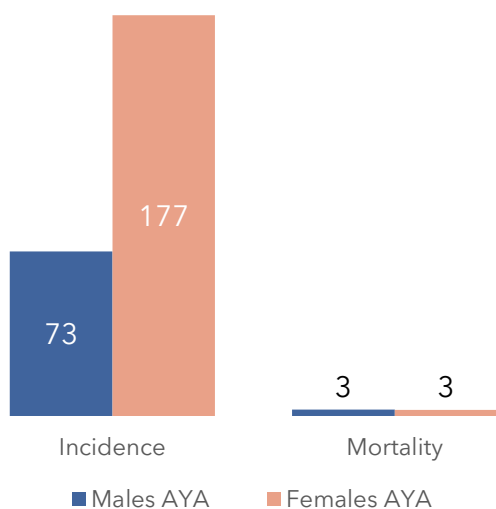
ICD-10 C43



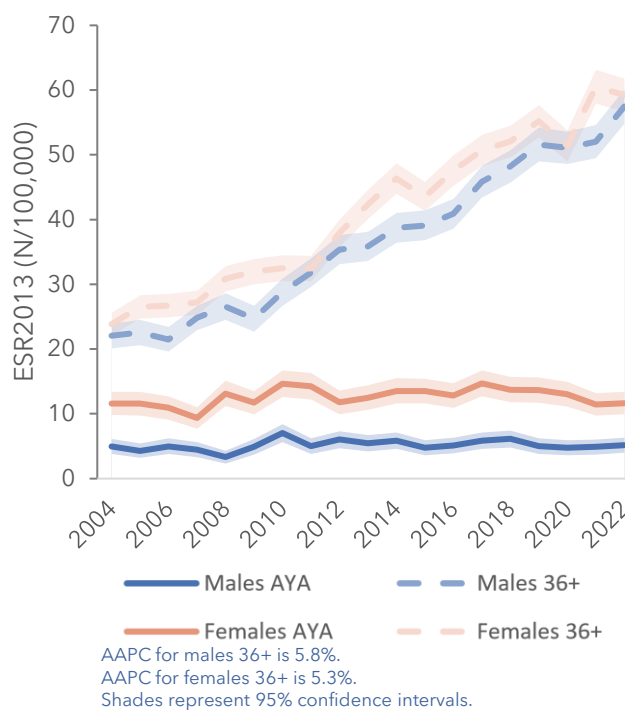
Key facts

- **Melanoma is the 3rd most common cancer in male AYAs.** Between 2018 and 2022, 4.3% of melanoma diagnoses in males was diagnosed in AYAs.
- **Melanoma is the 2nd most common cancer in female AYAs.** Between 2018 and 2022, 8.4% of melanoma diagnoses in females was diagnosed in AYAs.
- **Annually, on average, 250 melanomas, 73 in males and 177 in females, were diagnosed in AYAs** between 2018 and 2022. Melanoma in AYAs **predominantly presents in females** (male/female ratio = 0.4).
- The **risk of a melanoma diagnosis in AYAs remained stable** between 2004 and 2022, **in contrast with a risk increasing yearly by 5.8% and 5.3%, respectively in males and females aged 36 and older.**
- Most melanomas diagnosed **in AYAs** have a **Breslow thickness below 1 mm.** The **majority of melanomas diagnosed in AYAs** between 2018 and 2022 are **stage I**, 80% in males and 88% in females. In males and females aged 36 and older, these proportions decrease to 75% and 80%, respectively.
- **5-year net survival of melanoma diagnosed between 2017 and 2022 in AYAs is comparable to what is observed for the age group 36+, 95% in males and 98% in females** (AYAs and 36+ combined). In general, 5-year net survival of melanoma has **improved over time**, this observation was more pronounced in males than in females, both for AYAs and the age group 36+. Melanoma patients have a **very good long-term prognosis**; 15-year net survival is 89% and 97% in male and female AYAs, respectively.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022

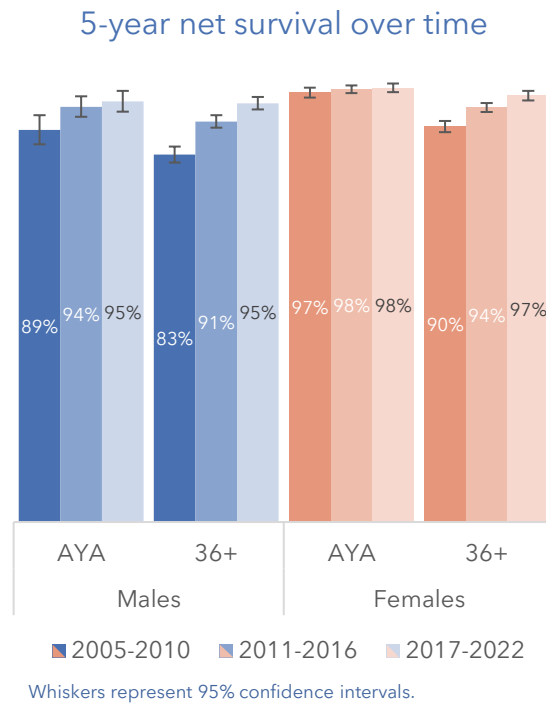
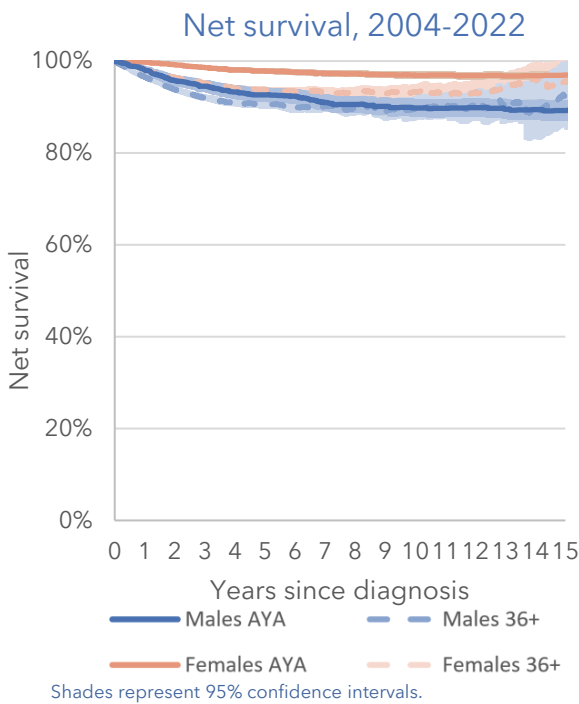
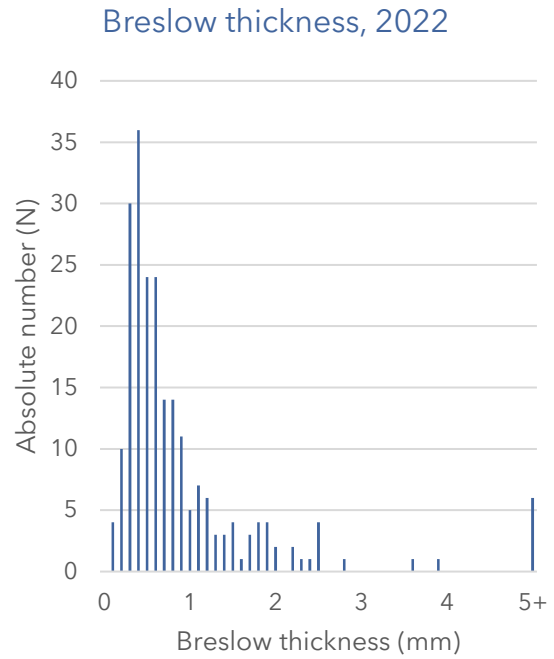
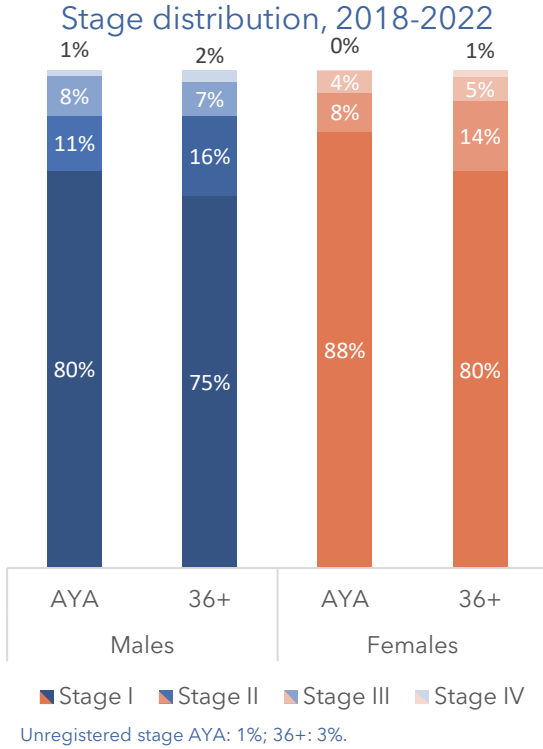
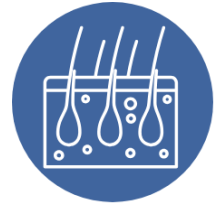




Belgian Cancer Registry

MELANOMA

ICD-10 C43





Belgian Cancer Registry

TESTICULAR CANCER

ICD-10 C62

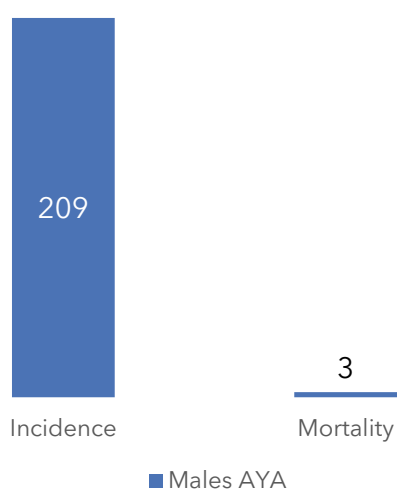


Key facts

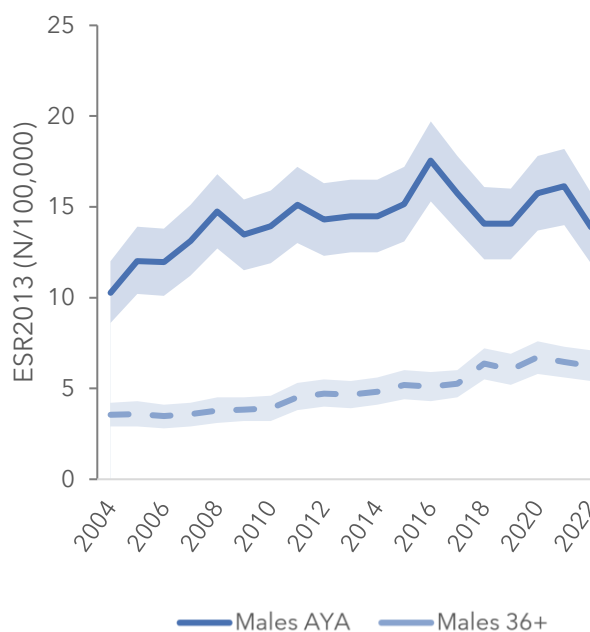
- **Testicular cancer is the most common cancer in male AYAs.** Between 2018 and 2022, 50.2% of all testicular cancer diagnoses was diagnosed in AYAs.
- **Annually, on average 209 testicular cancers were diagnosed in AYAs** between 2018 and 2022.
- On average, **every year 3 AYAs died due to testicular cancer** between 2017 and 2021.
- The **risk** of a testicular cancer diagnosis **in AYAs remained stable** between 2008 and 2022, contrasting with the **significant yearly increasing risk** of 4.1% that is observed **in males aged 36 and older.**
- The **majority** of testicular cancers diagnosed **in AYAs** between 2018 and 2022 were **stage I (86%).**
- **Non-seminomas represent 57%*** of the testicular cancers diagnosed **in AYAs**, contrasting with 26%* of the testicular cancers diagnosed in males aged 36 and older.
- **5-year net survival** of testicular cancer diagnosed between 2017-2022 **in AYAs is 99%, compared to 96% in males aged 36 and older.** 15-year net survival is 97% and 95% for AYAs and males aged 36 and older, respectively.

*Excluding unspecified and rare subtypes.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022



AAPC for AYA is 8.0% for 2004-2008.

AAPC for 36+ is 4.1%.

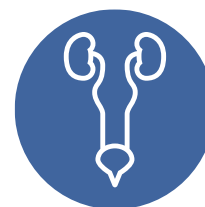
Shades represent 95% confidence intervals.



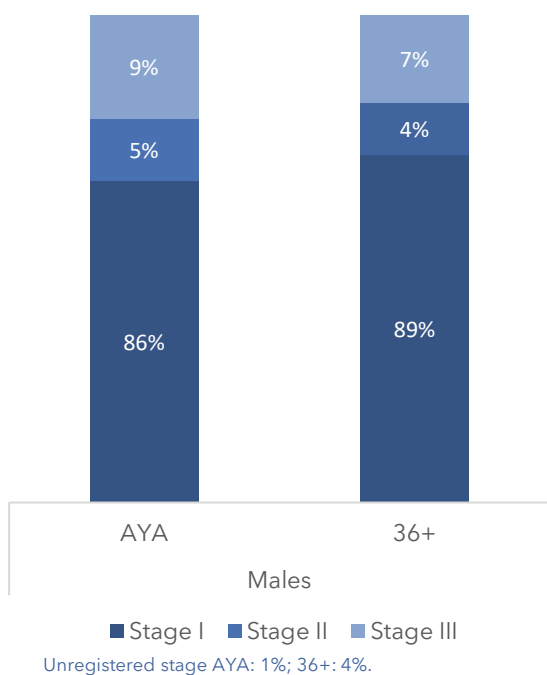
Belgian Cancer Registry

TESTICULAR CANCER

ICD-10 C62

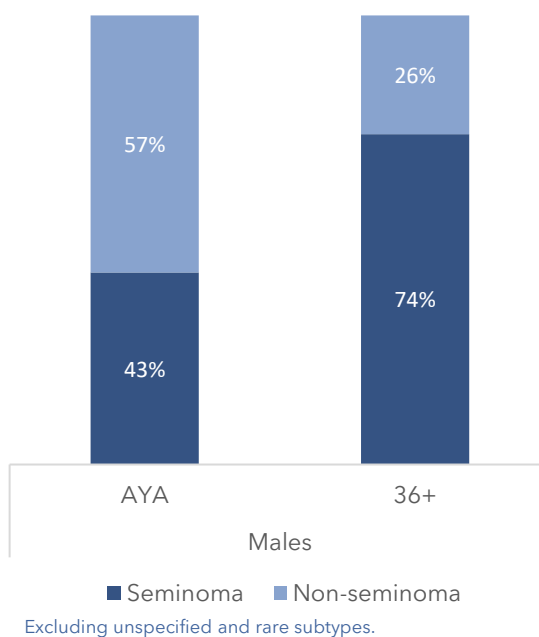


Stage distribution, 2018-2022



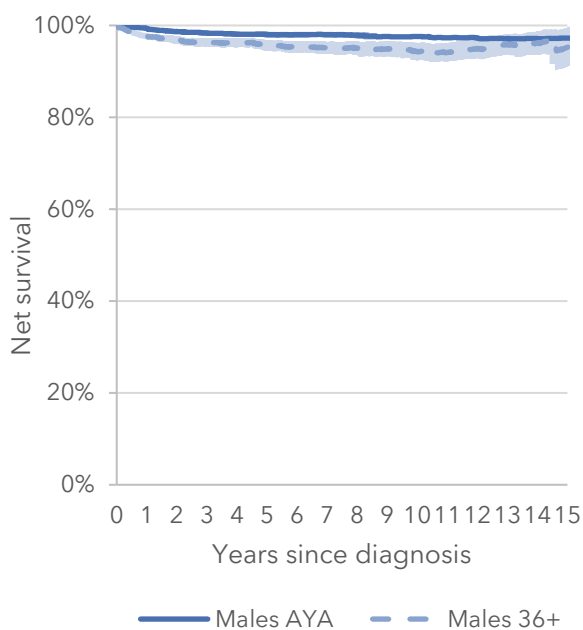
Unregistered stage AYA: 1%; 36+: 4%.

Distribution by histological subtype



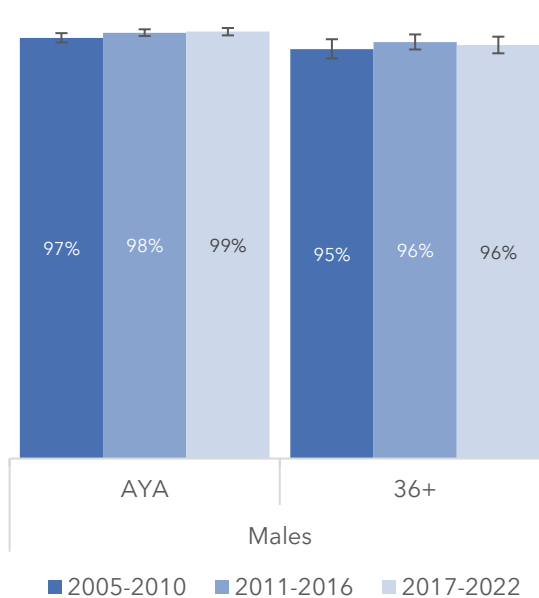
Excluding unspecified and rare subtypes.

Net survival, 2004-2022



Shades represent 95% confidence intervals.

5-year net survival over time



Whiskers represent 95% confidence intervals.



Belgian Cancer Registry

THYROID CANCER

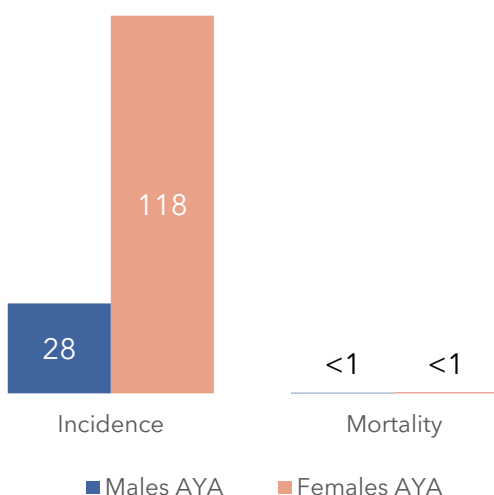
ICD-10 C73



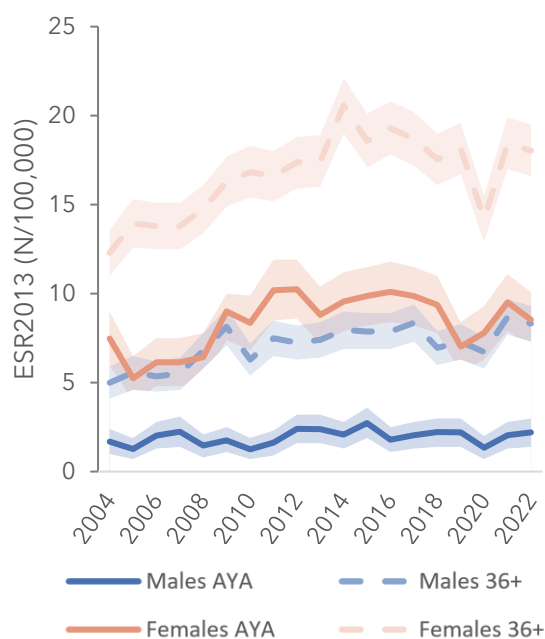
Key facts

- **Thyroid cancer is the 7th most common cancer in male AYAs.** Between 2018 and 2022, 10.4% of thyroid cancer diagnoses in males was diagnosed in AYAs.
- **Thyroid cancer is the 4th most common cancer in female AYAs.** Between 2018 and 2022, 16.8% of thyroid cancer diagnoses in females was diagnosed in AYAs.
- **Annually, on average 146 thyroid cancers, 28 in males and 118 in females, were diagnosed in AYAs** between 2018 and 2022. Thyroid cancer in AYAs **predominantly presents in females** (male/female ratio = 0.2).
- The **risk** of a thyroid cancer diagnosis **increased in female AYAs from 2004 to 2012** with an average annual percent change of 7.0%. During the **last decade, the risk has stabilised.**
- The percentage of thyroid cancers diagnosed in **stage I is higher in AYAs** compared to older patients and is **91% and 98%** in male and female AYAs respectively, between 2018 and 2022.
- **5-year net survival** of thyroid cancer diagnosed between 2017-2022 is **99% in male and female AYAs**, compared to 89% and 95% in males and females aged 36 and older.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022



AAPC for females AYA is 7.0% for 2004-2012.
 AAPC for males 36+ is 8.5% for 2004-2009.
 AAPC for females 36+ is 4.3% for 2004-2014.
 Shades represent 95% confidence intervals.



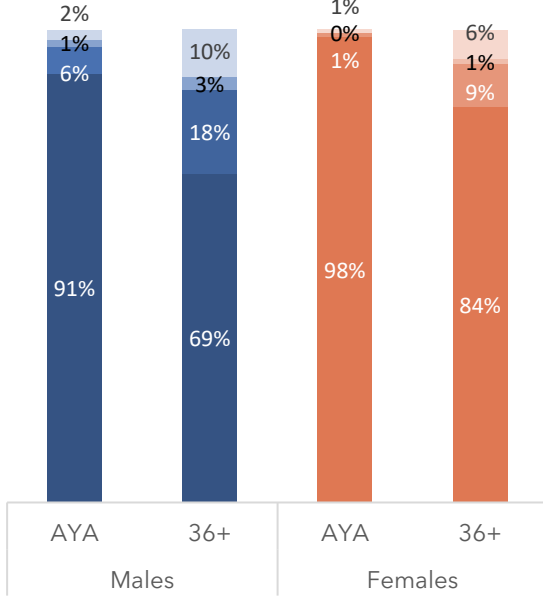
Belgian Cancer Registry

THYROID CANCER

ICD-10 C73



Stage distribution, 2018-2022



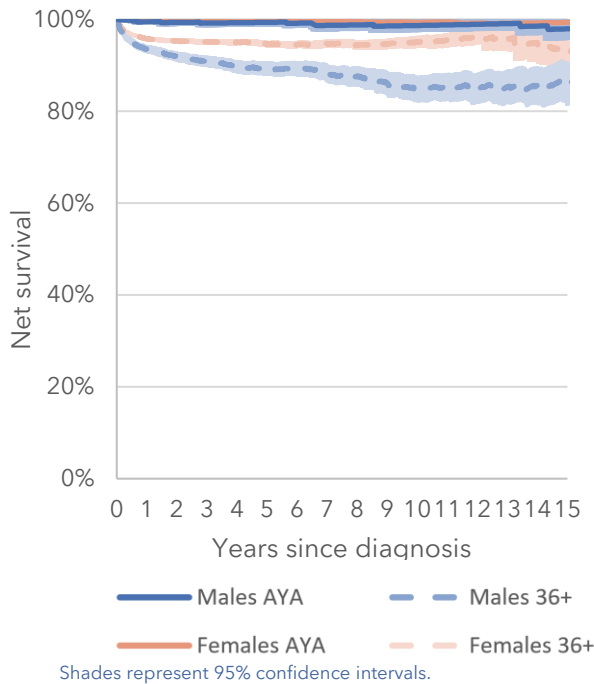
■ Stage I ■ Stage II ■ Stage III ■ Stage IV

Unregistered stage AYA: 3%; 36+: 4%.

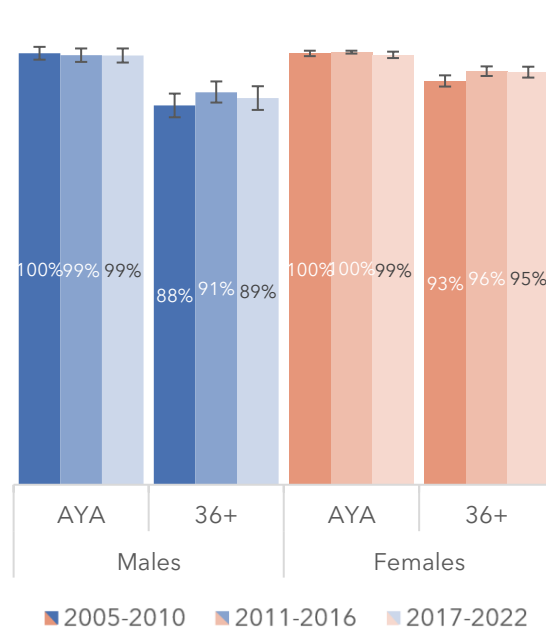
Incidence by histological subtype, 2018-2022

Histological subtype, N(%)	Males AYA	Females AYA
Papillary carcinoma	117 (83%)	523 (88%)
Follicular carcinoma	15 (10%)	46 (8%)
Medullary carcinoma	8 (6%)	10 (2%)
Anaplastic carcinoma	1 (1%)	0 (0%)
Other	0 (0%)	12 (2%)

Net survival, 2004-2022



5-year net survival over time



Whiskers represent 95% confidence intervals.



Belgian Cancer Registry

COLORECTAL CANCER

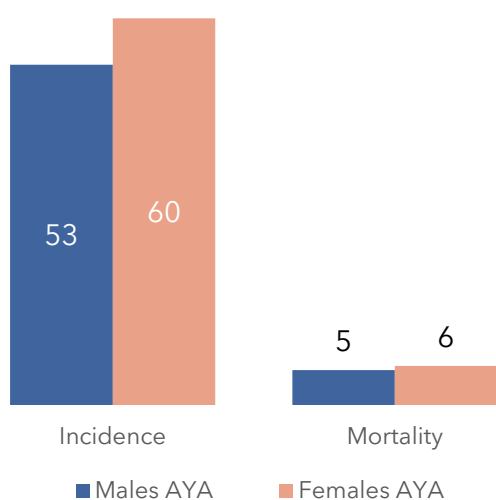
ICD-10 C18-C20



Key facts

- **Colorectal cancer is the 4th most common cancer in male AYAs.** Between 2018 and 2022, 1.2% of colorectal cancer diagnoses in males was diagnosed in AYAs.
- **Colorectal cancer is the 6th most common cancer in female AYAs.** Between 2018 and 2022, 1.7% of colorectal cancer diagnoses in females was diagnosed in AYAs.
- **Annually, on average 113 colorectal cancers, 53 in males and 60 in females, were diagnosed in AYAs** between 2018 and 2022. Colorectal cancer in AYAs **predominantly presents in females** (male/female ratio = 0.9).
- The **risk** of a colorectal cancer diagnosis **increased** in male AYAs between 2004 and 2022 with an average annual percent change of **3.3%**. In contrast, a decreasing risk is observed for the age group 36+ in this period. Notably, the risk of a colorectal cancer diagnosis increased in female AYAs between 2004 and 2017 but has been stable since then.
- The percentage of colorectal cancers diagnosed in **stage I or II** between 2018 and 2022 is **59% in AYAs**, both in males and females, which is a higher proportion than in the age group 36+.
- **5-year net survival** of colorectal cancer **in AYAs is 84% in males and 86% in females**, which is about 15 percentage points higher than what is observed in the age group 36+. After **15 years**, net survival remains at **79%** and **83%** in male and female AYAs respectively.
- The proportion of colorectal **neuroendocrine neoplasms** diagnosed **in AYAs is higher** compared to patients aged 36+ and older, contributing to a **better overall survival**. 5-year net survival for AYAs with neuroendocrine colorectal cancer is 98% in contrast with 73% for all other subtypes.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022



ESR2013 is reported on two y-axes for AYAs and 36+.
 AAPC for male AYAs is 3.3%.
 AAPC for female AYAs for 2004-2017 is 4.4%.
 AAPC for males 36+ for 2014 is -4.5%.
 AAPC for females 36+ for 2014 is -3.1%.
 Shades represent 95% confidence intervals.
 End 2013: Start colorectal cancer screening programme in Flanders (50-74 years).



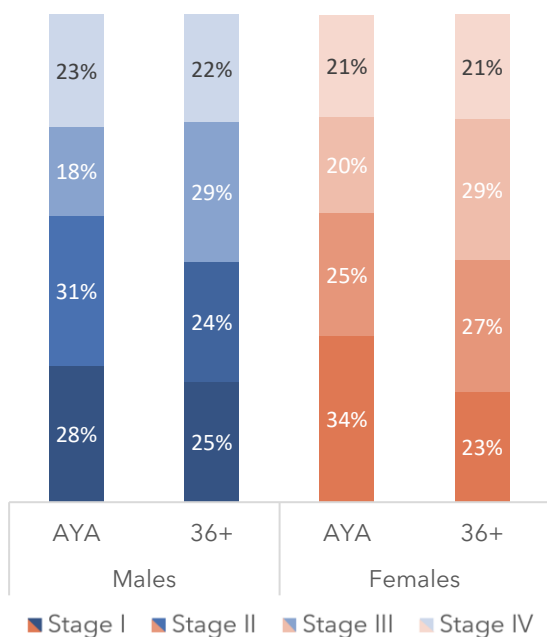
Belgian Cancer Registry

COLORECTAL CANCER

ICD-10 C18-C20

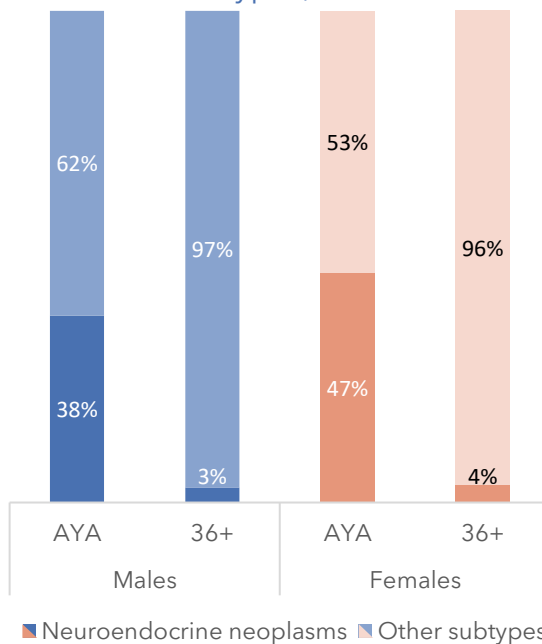


Stage distribution, 2018-2022

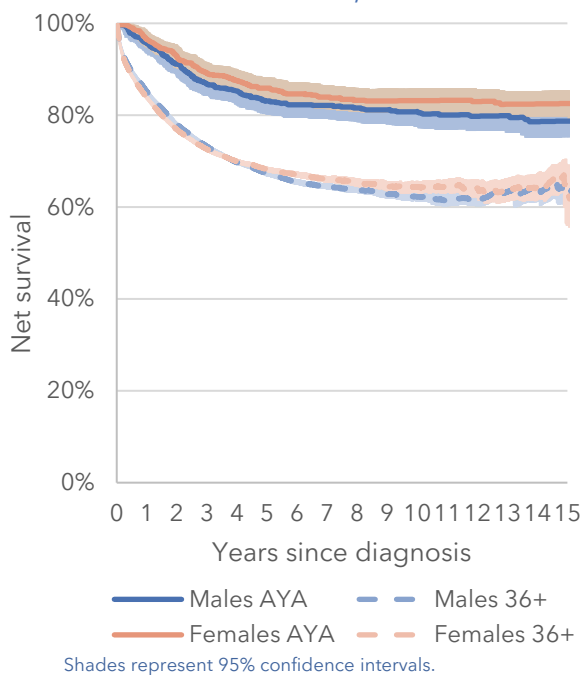


Unregistered stage AYA: 3%; 36+: 3%.

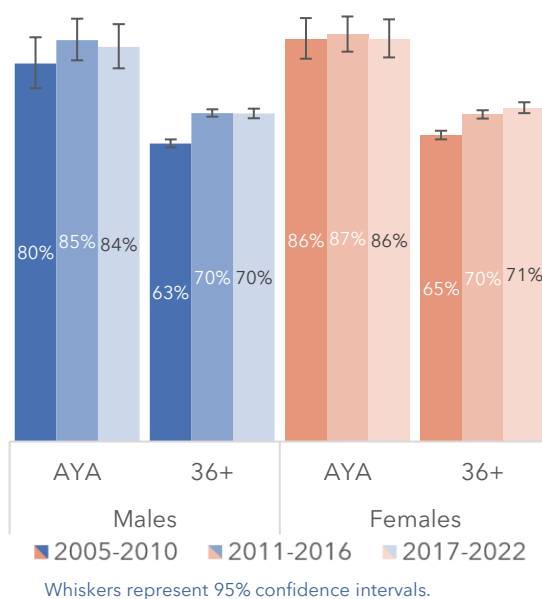
Neuroendocrine tumours and other subtypes, 2018-2022



Net survival, 2004-2022



5-year net survival over time



Whiskers represent 95% confidence intervals.



Belgian Cancer Registry

TUMOURS OF THE CENTRAL NERVOUS SYSTEM

ICD-10 C70-C72; D42-D43; D32-D33

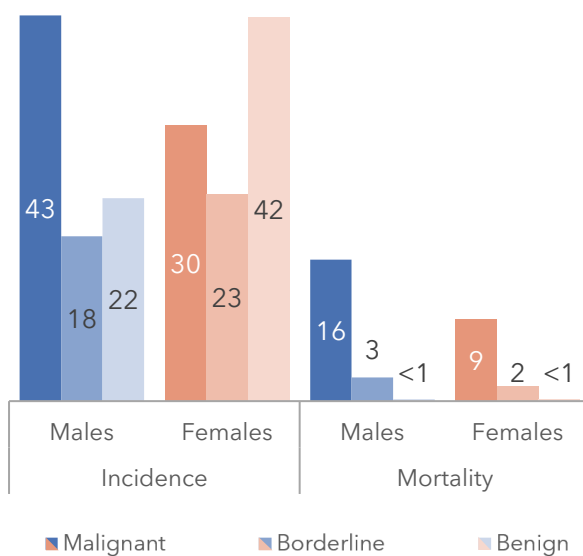


Key facts

- **Invasive tumours of the central nervous system (CNS) are the 5th most common cancer in male AYAs.** Between 2018 and 2022, 8.0% of diagnoses in males was diagnosed in AYAs.
- **Invasive CNS tumours are the 7th most common cancer in female AYAs.** Between 2018 and 2022, 8.2% of diagnoses in females was diagnosed in AYAs.
- **Annually, on average 73 malignant, 41 borderline and 64 benign CNS tumours were diagnosed in AYAs** between 2018 and 2022. The **most common malignant subtype** is glioma, representing **93%** of all malignant CNS tumours and **more than half** of all CNS tumours in AYAs.
- On average, **every year 30 AYAs**, 19 males and 11 females, **died from the consequences of a CNS tumour** between 2017 and 2021.
- Male to female ratio in AYAs differs depending on the behaviour of the tumour. **Malignant** tumours are **more common in male AYAs** (male/female ratio = 1.4), **borderline** and **benign** tumours are **more common in female AYAs** (male/female ratio = 0.8 and 0.5, respectively).
- The **risk** of a diagnosis of a **benign CNS tumour in male and female AYAs increased** with an average annual percent change of 3.9% and 3.4%, respectively. Contrasting with the stable incidence trend for malignant CNS tumours in AYAs.
- **Net survival for AYAs** is better compared to patients aged 36 and older and has **improved over time** in male AYAs. Survival in AYAs is **mostly impacted by malignant CNS tumours**, with a 5-year net survival of 69% and 70% in male and female AYAs, respectively.
- **More information about CNS tumours** can be found in the publications '**Primary Brain and other Central Nervous System tumours in Adults in Belgium, 2004-2020**' and '**Cancer in children and adolescents in Belgium, 2004-2020**', available on the website of [Belgian Cancer Registry](#).

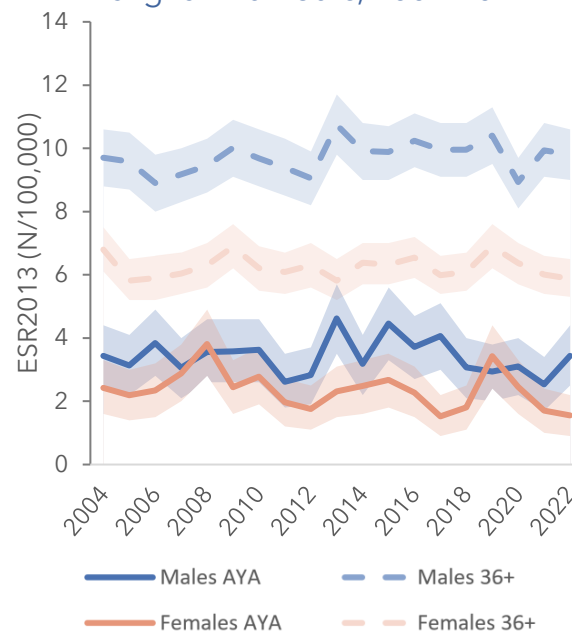
Starting from incidence year 2022, pituitary adenomas are registered as malignant instead of benign. To avoid misinterpretation of data, these tumours were not included in this report.

Average annual incidence, 2018-2022 and mortality, 2017-2021



The most common subtype of malignant tumours is glioma (93%).
 The most common subtypes of malignant glioma are glioblastoma, astrocytoma and oligodendroglioma.
 The most common subtype of borderline tumours is glioma (48%).
 The most common subtype of benign tumours is meningioma (46%).

Age-standardised incidence for malignant tumours, 2004-2022



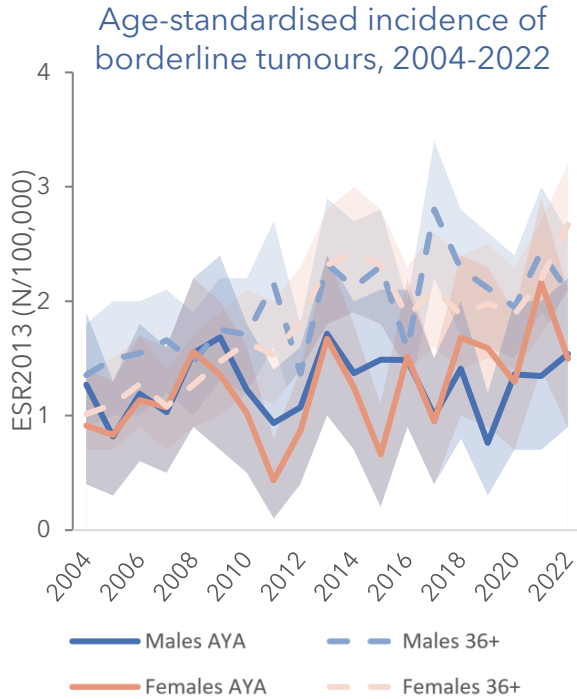
Shades represent 95% confidence intervals.



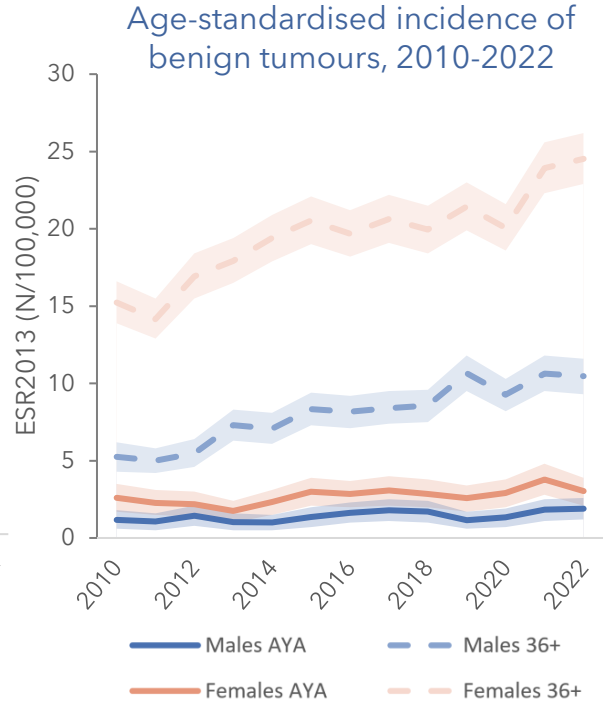
Belgian Cancer Registry

TUMOURS OF THE CENTRAL NERVOUS SYSTEM

ICD-10 C70-C72; D42-D43; D32-D33

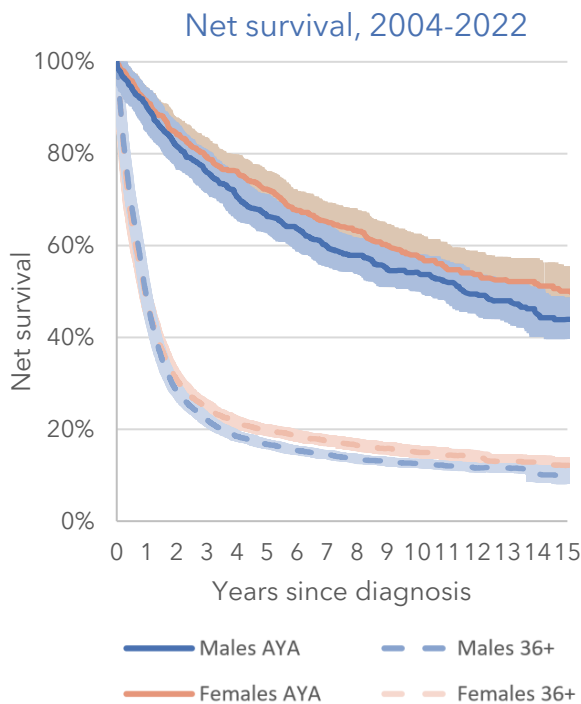


AAPC for females AYA is 3.0%.
 AAPC for males 36+ is 2.6%.
 AAPC for females 36+ is 4.2%.
 Shades represent 95% confidence intervals.

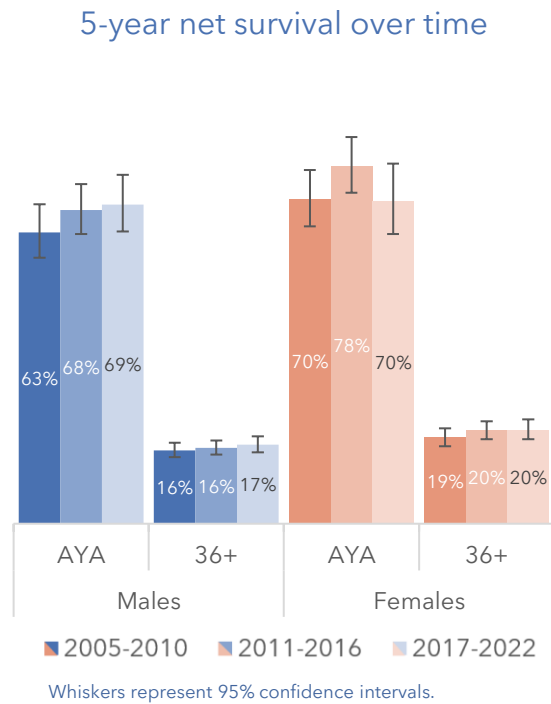


AAPC for males AYA is 3.9%; AAPC for female AYA is 3.4%.
 AAPC for males 36+ is 6.1%; AAPC for females 36+ is 3.7%.
 Shades represent 95% confidence intervals.
 To avoid bias due to registration completeness, the results of benign tumours are shown for the incidence period 2010-2020.

Malignant tumours



Shades represent 95% confidence intervals.
 Note the heterogeneity of subtypes, more detailed information is available in the specific publication: 'Primary Brain and other Central Nervous System tumours in Adults, 2004-2020'.





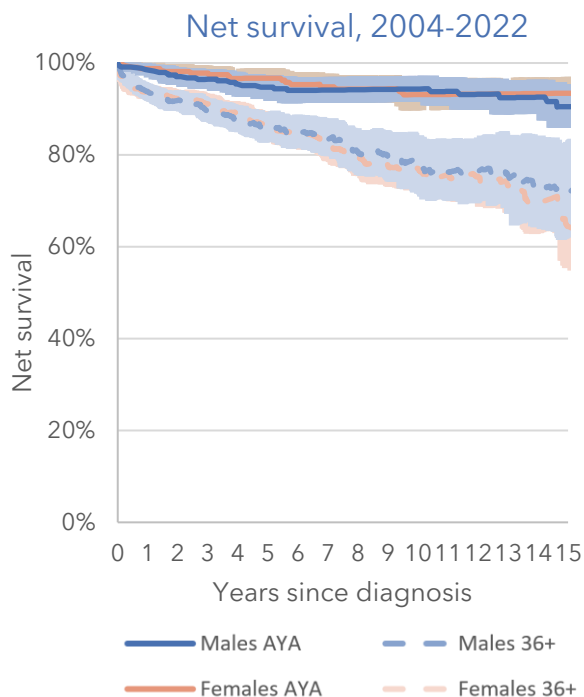
Belgian Cancer Registry

TUMOURS OF THE CENTRAL NERVOUS SYSTEM

ICD-10 C70-C72; D42-D43; D32-D33

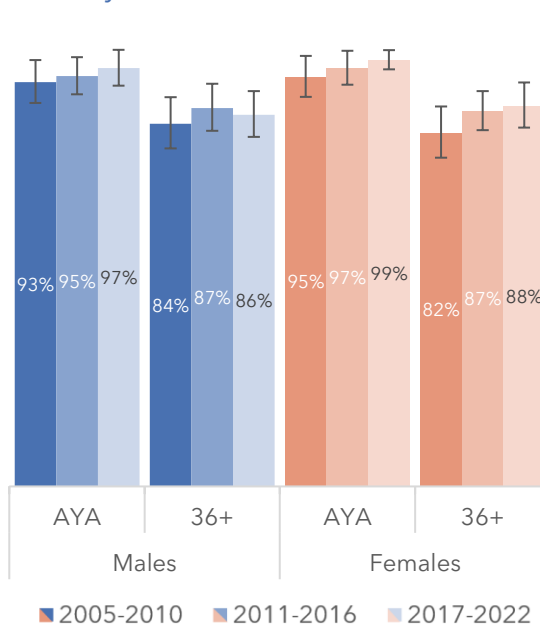


Borderline tumours

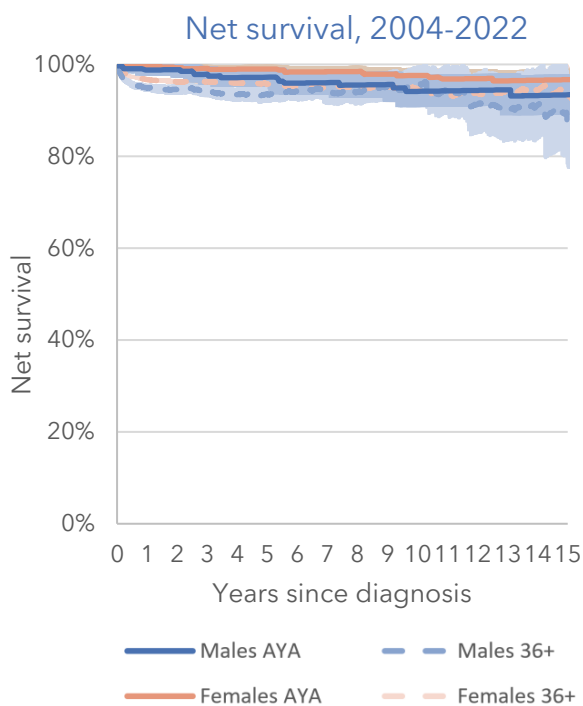


Shades represent 95% confidence intervals.
Note the heterogeneity of subtypes, more detailed information is available in the specific publication.

5-year net survival over time

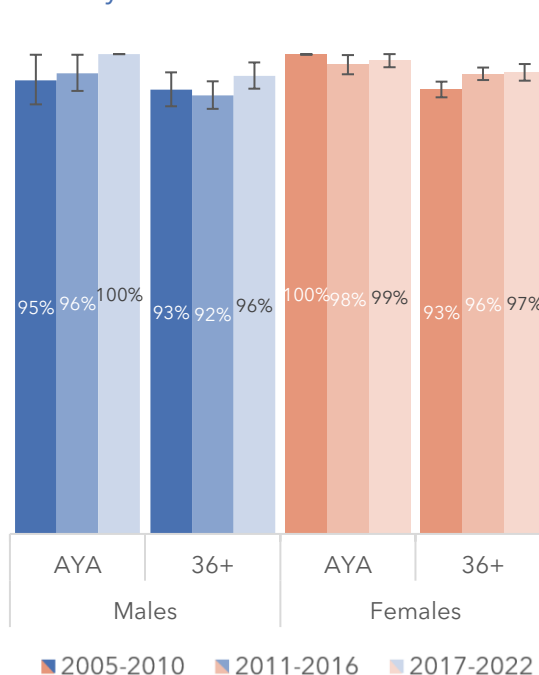


Benign tumours



Shades represent 95% confidence intervals.
Note the heterogeneity of subtypes, more detailed information is available in the specific publication

5-year net survival over time





Belgian Cancer Registry

BONE & SOFT TISSUE CANCER

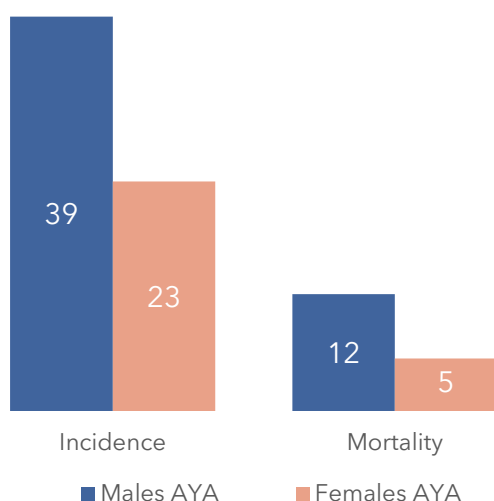


ICD-10 C40-C41; C47-C49

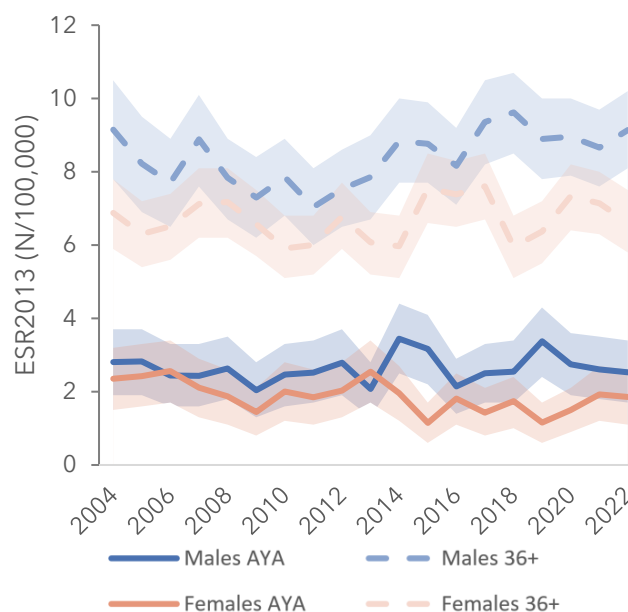
Key facts

- **Bone & soft tissue cancers are the 6th most common cancer in male AYAs.** Between 2018 and 2022, 12.5% of diagnoses in males was diagnosed in AYAs.
- **Bone & soft tissue cancers are the 8th most common cancer in female AYAs.** Between 2018 and 2022, 9.3% of diagnoses in females was diagnosed in AYAs.
- **Annually, on average 62 bone & soft tissue cancers, 39 in males and 23 in females, were diagnosed in AYAs** between 2018 and 2022. Bone & soft tissue cancers in AYAs **predominantly present in males** (male/female ratio = 1.7).
- **Cancers of bone & soft tissue** consist of a **heterogeneous diversity of tumour types.** The 3 most frequent types are: **malignant (myo)fibroblastic tumours and so-called fibrohistiocytic tumours** (17%), **osteosarcoma** (14%) and **undifferentiated small round cell sarcomas** (11%) in male AYAs and **malignant (myo)fibroblastic tumours and so-called fibrohistiocytic tumours** (27%), **gastrointestinal stromal tumours** (10%) and **liposarcoma** (9%) in female AYAs.
- Due to the **heterogeneity** of tumour types, **no net survival** is shown. **More information about tumours of bone & soft tissue** can be found in the publication '**Bone & soft tissue tumour epidemiology in Belgium, 2004-2019**', available on the website of [Belgian Cancer Registry](#).

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022



AAPC for females AYA is -2.2% .
Shades represent 95% confidence intervals.



Belgian Cancer Registry

CERVICAL CANCER

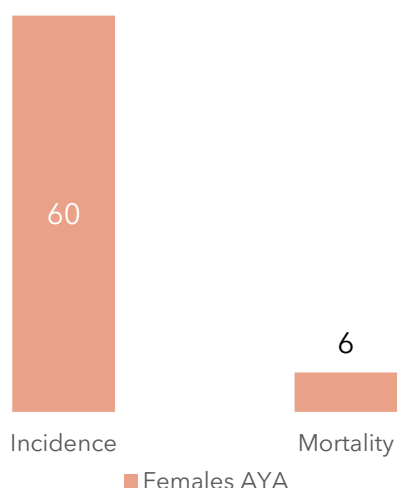
ICD-10 C53



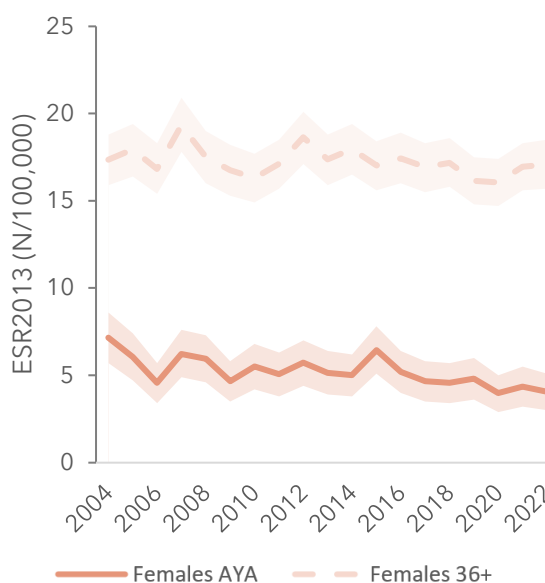
Key facts

- **Cervical cancer is the 5th most common cancer in female AYAs.** Between 2018 and 2022, 9.6% of cervical cancer diagnoses in females was diagnosed in AYAs.
- **Annually, on average 60 cervical cancers were diagnosed in AYAs** between 2018 and 2022.
- On average, **every year 6 female AYAs died due to cervical cancer**, between 2017 and 2021.
- Cervical cancer is the only cancer type for which there is an **organised screening programme** in place that partly includes AYAs (target group 25-64 years).
- The **risk of a cervical cancer diagnosis in AYAs decreased**, with an average annual percent change of -2.0% between 2004-2022, compared to a **stable risk in the 36+ age group**.
- The percentage of cervical cancers diagnosed between 2018 and 2022 as **in situ neoplasms is 98% for AYAs compared to 86% for age group 36+**. Furthermore, **invasive cervical cancer in AYAs** is more often diagnosed in an **early stage, in AYAs 72% was diagnosed in stage I** compared to **41% in age group 36+**.
- **Human papilloma virus (HPV)** infection is a known risk factor for the development of cervical cancer. A **free HPV-vaccination programme** for girls was started in 2010 for Dutch-speaking schools (12-13 years) and in 2011 for French-speaking schools (13-14 years), respectively. Since 2019, the HPV-vaccination programme has been extended to boys. HPV vaccines have been available for opportunistic vaccination since 2007.⁽¹⁾
- **Remarkably, 5-year net survival** of cervical cancer **in AYAs** has **worsened** throughout the years from **90% (2005-2010) to 84% (2017-2022)** but **remains higher compared to patients aged 36 and older**. The decline is most likely multifactorial, more information can be found on page 33.

Average annual incidence, 2018-2022 and mortality, 2017-2021, invasive tumours



Age-standardised incidence, 2004-2022



AAPC for AYAs is -2.0%.
Shades represent 95% confidence intervals.

(1) "Gemeenschappelijke aanbeveling van het Instituut voor de gelijkheid van vrouwen en mannen nr. 2022-R/001 betreffende de terugbetaling van het vaccin ter voorkoming van het humaan papillomavirus" available from: https://igvm-iefh.belgium.be/sites/default/files/advisories/aanbeveling_hpv_0.pdf



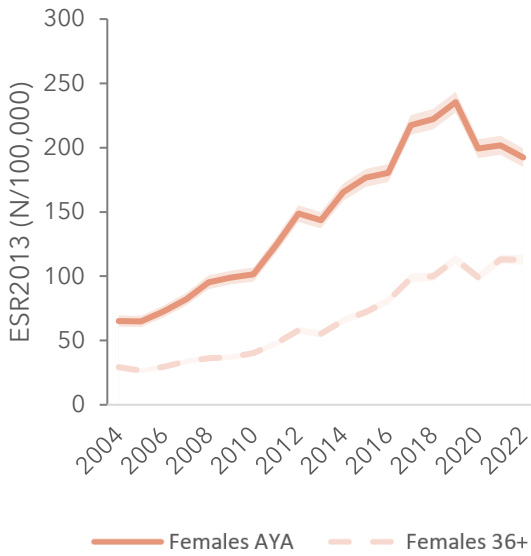
Belgian Cancer Registry

CERVICAL CANCER

ICD-10 C53

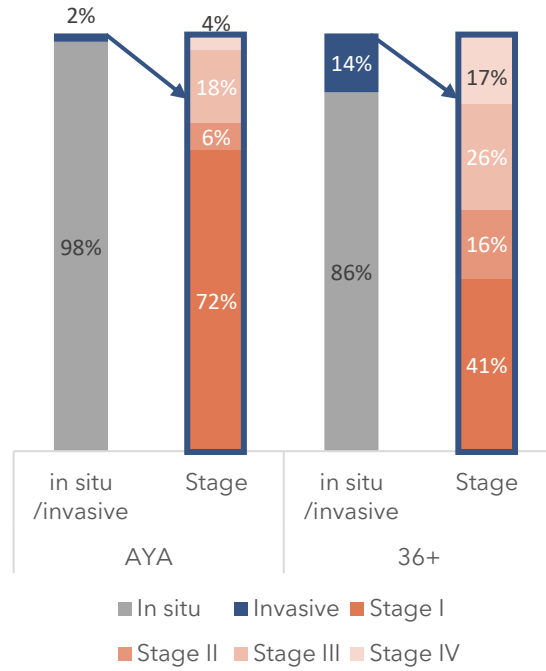


Age-standardised incidence of in situ tumours, 2004-2022



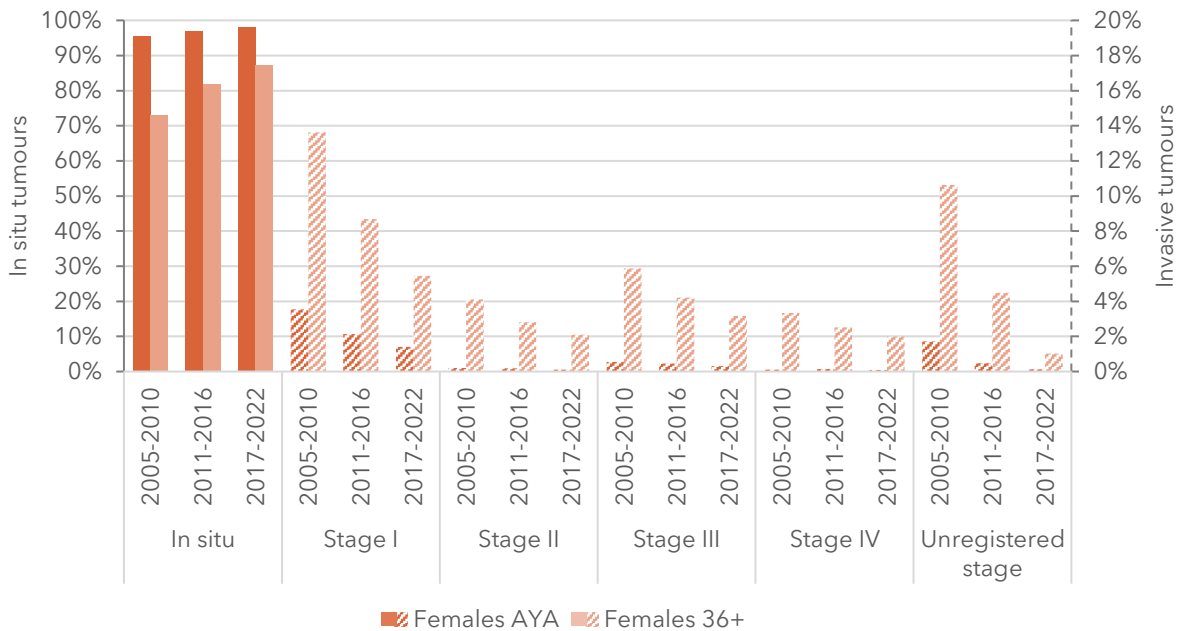
AAPC for AYAs is 9.8% for 2004-2018 and -4.8% for 2018-2022.
 AAPC for 36+ is 10.6% for 2004-2018.
 Shades represent 95% confidence intervals.

Stage distribution, 2018-2022



Unregistered stage AYA: 6%; 36+: 8%.

Stage distribution over time



Proportions are presented on two y-axes for in situ (left) and invasive tumours (right).
 Denominator is the sum of all known stages (excludes unregistered stage).



Belgian Cancer Registry

CERVICAL CANCER

ICD-10 C53

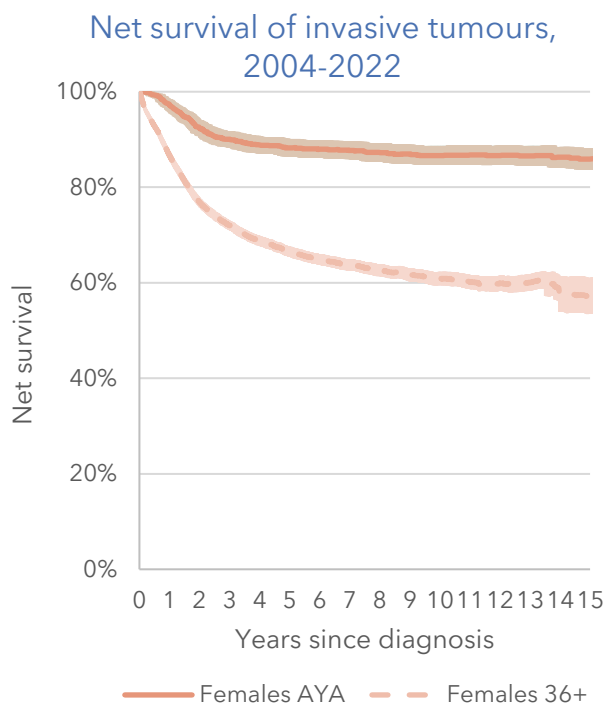


HPV status at diagnosis in invasive squamous cell carcinoma, 2020-2022

HPV status, N(%)	Females AYA	Females 36+
HPV unregistered	61 (48%)	542 (44%)
HPV registered	66 (52%)	681 (56%)
HPV +	61 (92%)	626 (92%)
HPV -	5 (8%)	55 (8%)

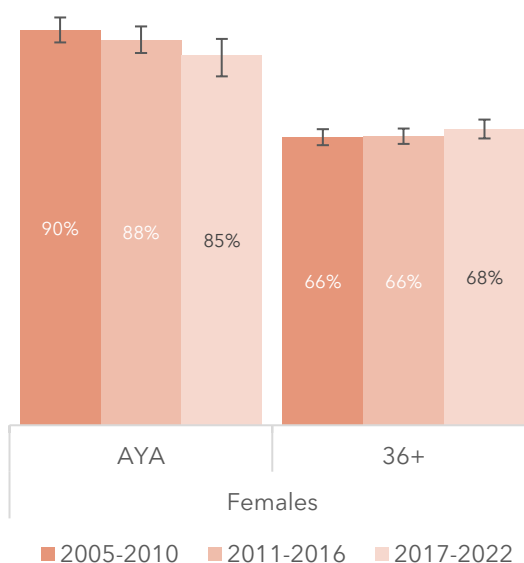
5-year net survival decreases in AYAs.

This might be linked to a **higher proportion of cervical adenocarcinomas** in AYAs or a **decrease of the proportion stage I** cervical cancers. The incidence of in situ tumours decreases in AYAs with an average annual percent change of 4.8% (period 2018-2022). This might be caused by the protective effect of HPV vaccination, however a lower participation in organised screening cannot be excluded. This participation has decreased since the COVID-19 pandemic in 2020. While vaccination offers long-term protection, there could be unintended consequences such as less motivation for screening among vaccinated women. Since early detection is essential to improve the prognosis, **participation** in the **organised screening programme** (25-64 years) is **strongly recommended**.



Shades represent 95% confidence intervals.

5-year net survival over time of invasive tumours



Whiskers represent 95% confidence intervals.



Belgian Cancer Registry

HEAD & NECK CANCER

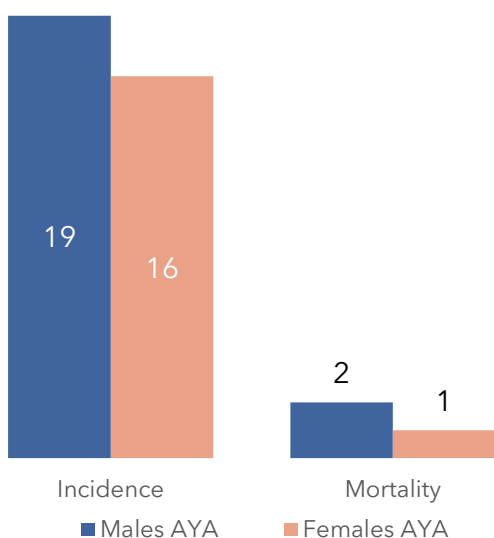
ICD-10 C00-C14;C30-C32



Key facts

- **Head & neck cancer is the 8th most common cancer in male AYAs.** Between 2018 and 2022, 1.0% of head & neck cancer diagnoses in males was diagnosed in AYAs.
- **Head & neck cancer is the 10th most common cancer in female AYAs.** Between 2018 and 2022, 2.2% of head & neck cancer diagnoses in females was diagnosed in AYAs.
- **Annually, on average 35 head & neck cancers were diagnosed in AYAs** between 2018 and 2022. Head & neck cancer in AYAs **predominantly presents in males** (male/female ratio = 1.2).
- The **risk** of a head & neck cancer diagnosis remained **stable** between 2004 and 2022 **in AYAs**, a decreasing trend with an average annual percent change of -1.1% is observed in males compared to an increasing trend of 1.1% in females aged 36 and older.
- The **stage** of head & neck cancer at diagnosis for the period 2018-2022 is remarkably **different between male and female AYAs**, with 25% stage I in males contrasting with 49% in females, and 55% stage III/IV in males contrasting with 35% in females. Stage IV is less common in AYAs compared to 36+, both in males and females.
- **5-year net survival** of head & neck cancer **in AYAs is 85% in males and 88% in females**, which is almost 30 percentage points higher than what is observed in the age group 36+. This difference is highlighted even more in the 15-year net survival.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022



ESR2013 is reported on two y-axes for AYAs and 36+.
 AAPC for males 36+ is -1.1%.
 AAPC for females 36+ is 1.1%.
 Shades represent 95% confidence intervals.



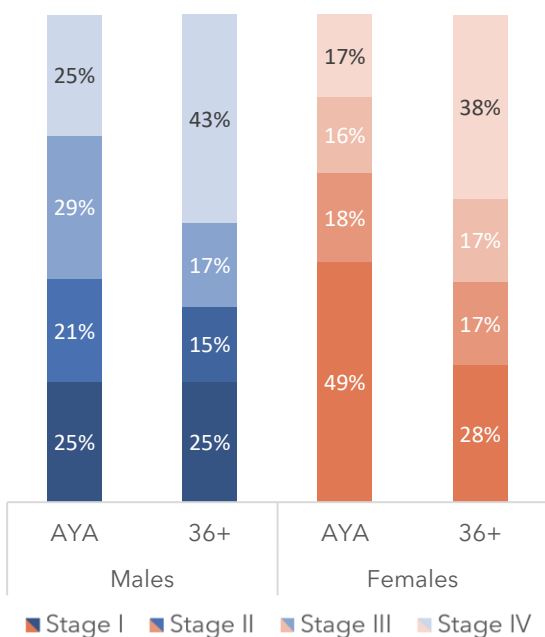
Belgian Cancer Registry

HEAD & NECK CANCER

ICD-10 C00-C14;C30-C32

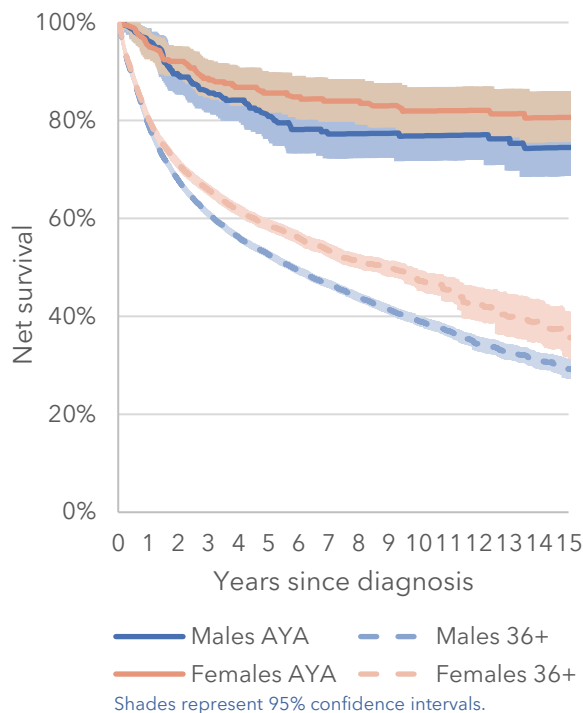


Stage distribution, 2018-2022

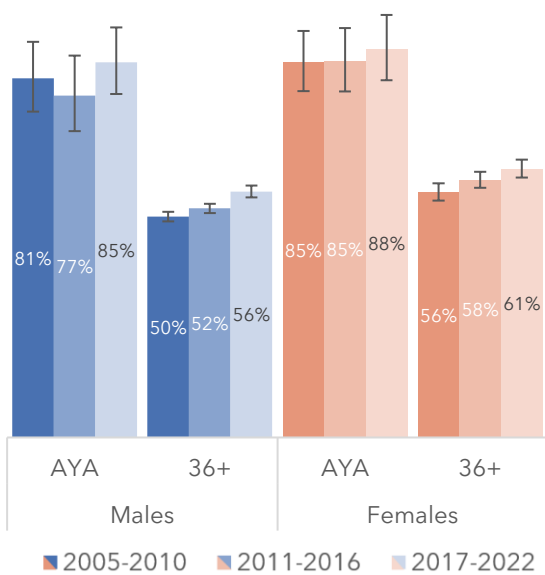


Unregistered stage AYA: 16%; 36+: 7%.

Net survival, 2004-2022



5-year net survival over time



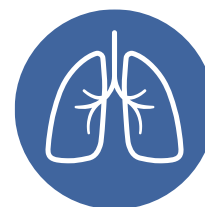
Whiskers represent 95% confidence intervals.



Belgian Cancer Registry

LUNG CANCER

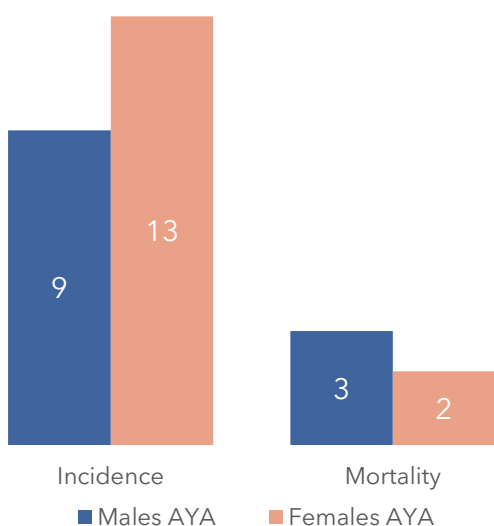
ICD-10 C34



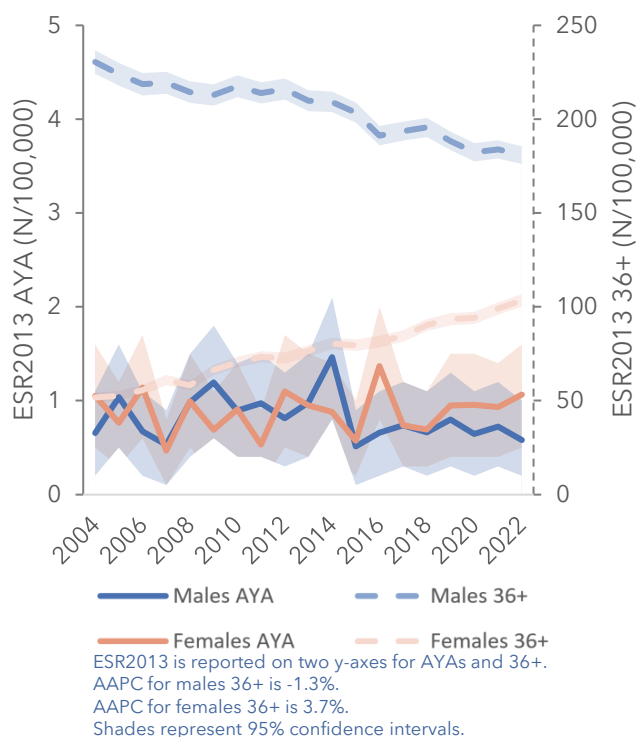
Key facts

- **Lung cancer is the 10th most common cancer in male AYAs.** Between 2018 and 2022, 0.2% of lung cancer diagnoses in males was diagnosed in AYAs.
- **Lung cancer is the 11th most common cancer in female AYAs.** Between 2018 and 2022, 0.4% of lung cancer diagnoses in females was diagnosed in AYAs.
- **Annually, on average 22 lung cancers, 9 in males and 13 in females, were diagnosed in AYAs** between 2018 and 2022.
- On average, **every year 5 AYAs died due to lung cancer** between 2017 and 2021.
- The **risk** of a lung cancer diagnosis **in AYAs remained stable** between 2004 and 2022, contrasting with the **decreasing and increasing risks** observed in **males and females aged 36 and older**, respectively.
- **In AYAs**, there is a **higher proportion** of **non-small cell lung cancer** compared to the age group 36 years and older.
- **5-year net survival** of lung cancer is **generally better in AYAs** compared to patients aged 36 and older, **and generally better in females** than in males, both in AYAs and patients aged 36 and older. Overall, 5-year net survival of lung cancer has **improved over time**.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022

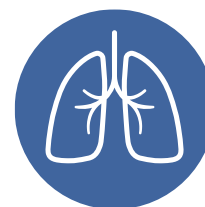




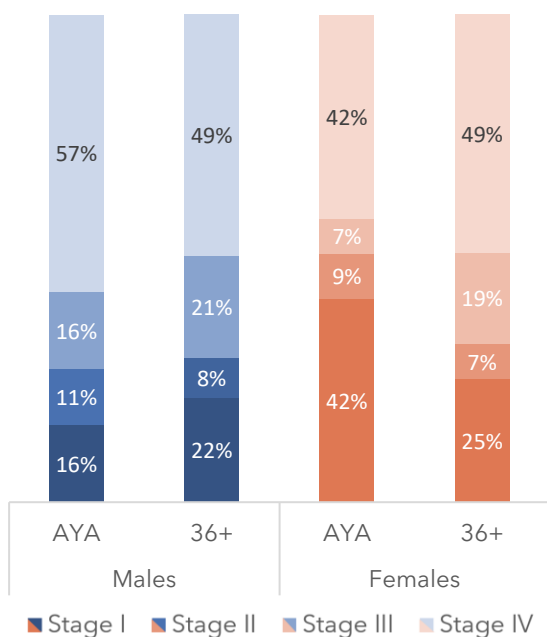
Belgian Cancer Registry

LUNG CANCER

ICD-10 C34

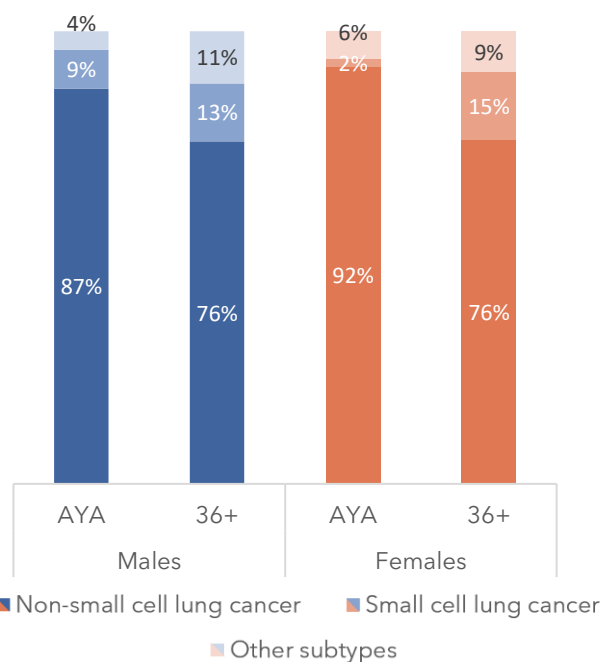


Stage distribution, 2018-2022

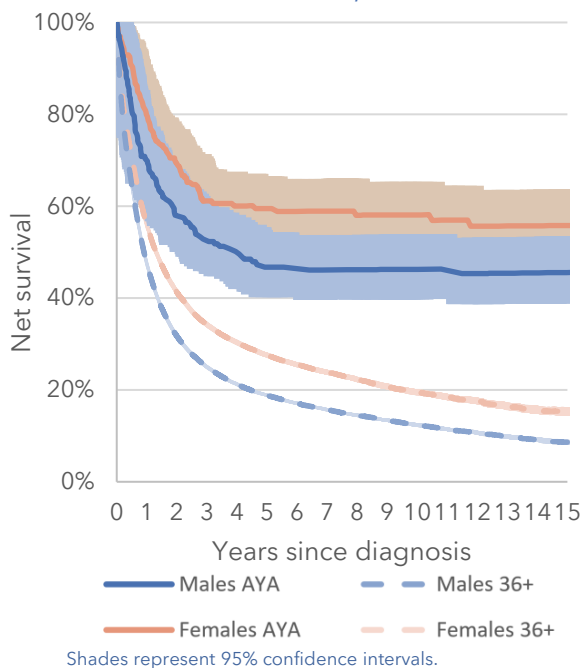


Unregistered stage AYA: 12%; 36+: 4%.

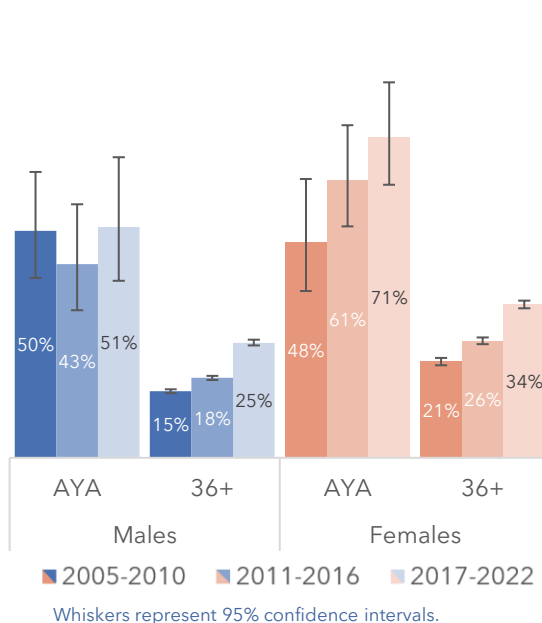
Histological subtype in lung cancer, 2018-2022



Net survival, 2004-2022



5-year net survival over time





Belgian Cancer Registry

OVARIAN CANCER

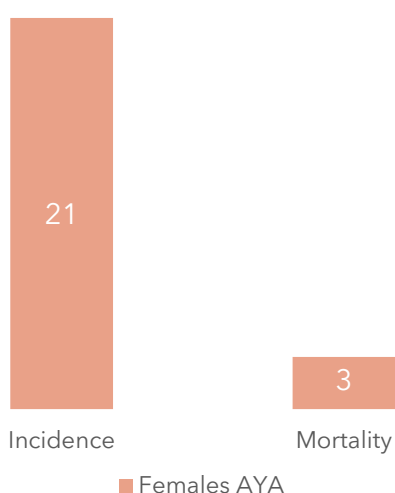
ICD-10 C56



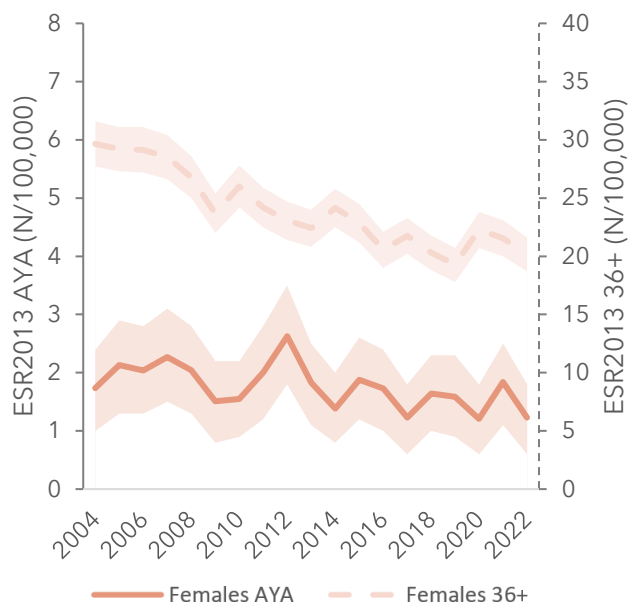
Key facts

- **Ovarian cancer is the 9th** most common cancer in female AYAs. Between 2018 and 2022, 2.7% of ovarian cancer diagnoses was diagnosed in AYAs.
- **Annually**, on average **21 ovarian cancers were diagnosed in AYAs** between 2018 and 2022.
- The **risk** of ovarian cancer **decreased** between 2004 and 2022 with an average annual percent change of **-2.0% in AYAs** and **-2.2% for females 36 years and older**.
- The stage distribution of ovarian cancer diagnosed between 2018 and 2022 in AYAs differs remarkably with the age group 36+. **In AYAs 61% of ovarian cancers are diagnosed in stage I** compared to 22% in females aged 36 and older, while in AYAs 36% compared to 71% in females aged 36 and older are diagnosed in stage III or IV.
- Histological subtypes differ between AYAs and the age group 36+. **In AYAs there is a higher proportion of mucinous and low-grade serous carcinomas** and a **lower proportion of high-grade serous carcinomas**.
- **5-year net survival of ovarian cancer in AYAs is 82%**, which is almost 40 percentage points higher than what is observed in females aged 36 and older. Distribution of **stage and histological subtypes** influence this net survival. Long-term prognosis is similar to the 5-year net survival, with 75% 15-year net survival in AYAs.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022



ESR2013 is reported on two y-axes for AYAs and 36+.
 AAPC for AYAs is -2.0%.
 AAPC for 36+ is -2.2%.
 Shades represent 95% confidence intervals.



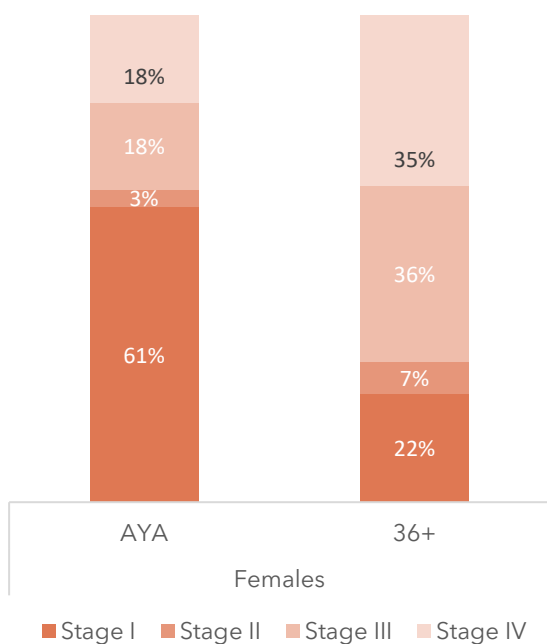
Belgian Cancer Registry

OVARIAN CANCER

ICD-10 C56

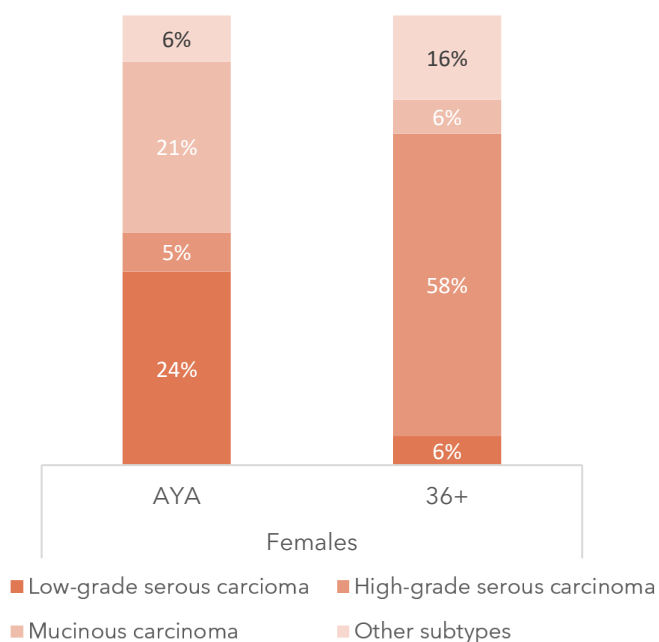


Stage distribution, 2018-2022

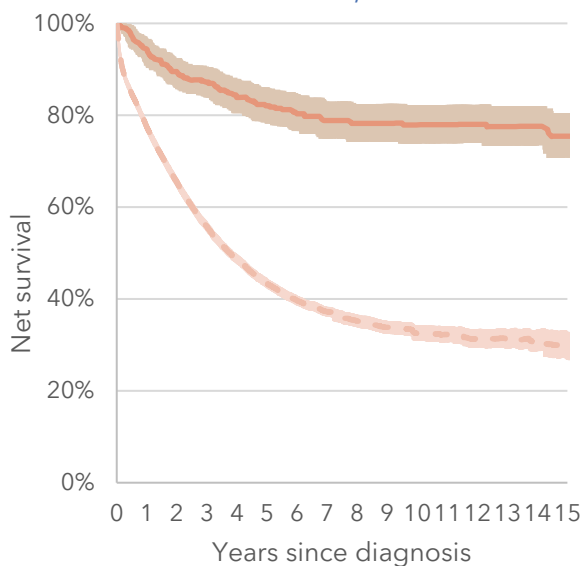


Unregistered stage AYA: 18%; 36+: 10%.

Histological subtypes in ovarian cancer, 2018-2022

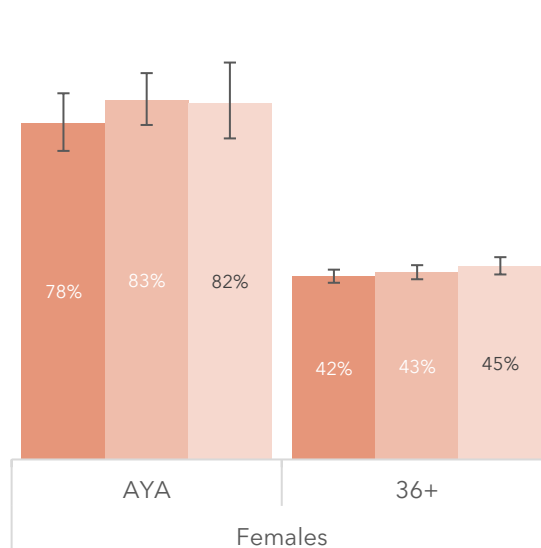


Net survival, 2004-2022



— Females AYA — Females 36+
Shades represent 95% confidence intervals.

5-year net survival over time



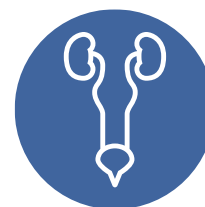
Whiskers represent 95% confidence intervals.



Belgian Cancer Registry

KIDNEY CANCER

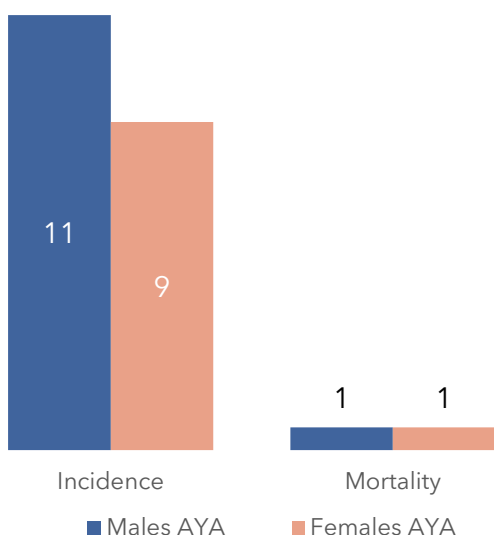
ICD-10 C64



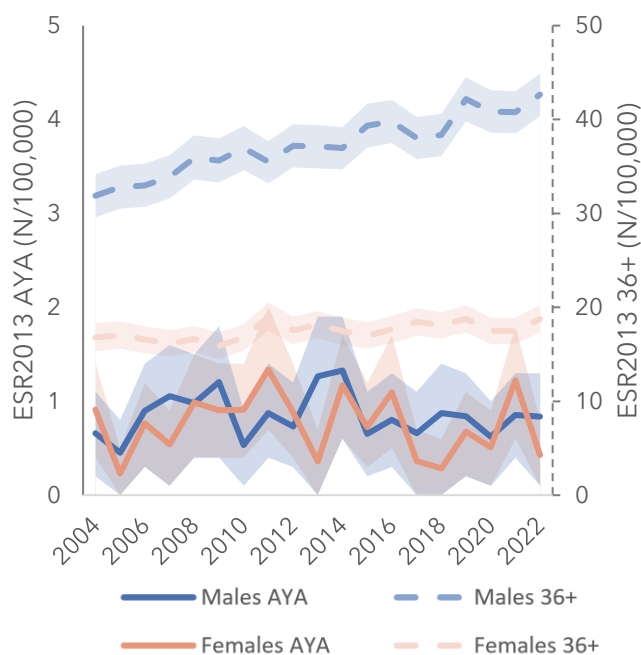
Key facts

- **Kidney cancer is the 9th most common cancer in male AYAs.** Between 2018 and 2022, 0.9% of kidney cancer diagnoses in males was diagnosed in AYAs.
- **Kidney cancer is the 14th most common cancer in female AYAs.** Between 2018 and 2022, 1.3% of kidney cancer diagnoses in females was diagnosed in AYAs.
- **Annually, on average 20 kidney cancers were diagnosed in AYAs** between 2018 and 2022.
- The **risk** of kidney cancer diagnosed between 2018 and 2022 in **AYAs remained stable**, an increasing risk is observed for both males and females aged 36 years and older.
- Both in AYAs and in the age group 36+, the **majority of kidney cancers is diagnosed in stage I**, this is even more pronounced in AYAs than in the age group 36+.
- **5-year net survival** of kidney cancer in AYAs is **93% in males** and **92% in females**, which is 10-15 percentage points higher than what is observed in the age group 36+.

Average annual incidence, 2018-2022 and mortality, 2017-2021



Age-standardised incidence, 2004-2022



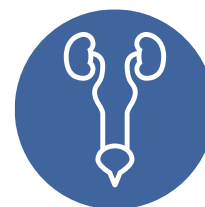
ESR2013 is reported on two y-axes for AYAs and 36+.
 AAPC for males 36+ is 1.4%.
 AAPC for females 36+ is 0.6%.
 Shades represent 95% confidence intervals.



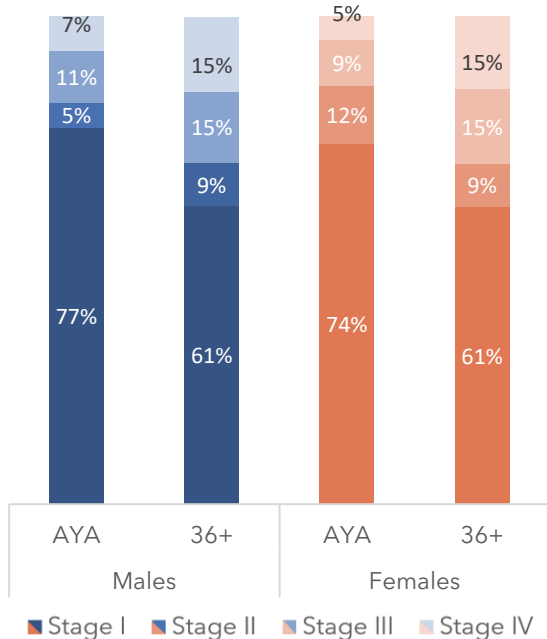
Belgian Cancer Registry

KIDNEY CANCER

ICD-10 C64

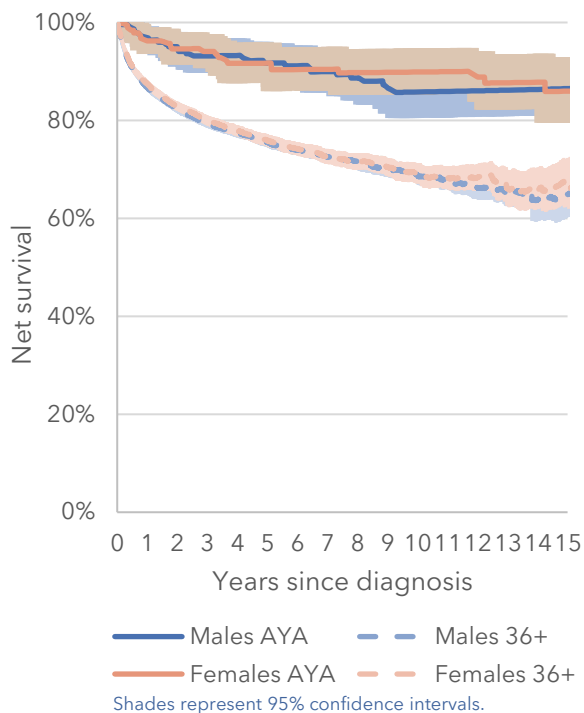


Stage distribution, 2018-2022

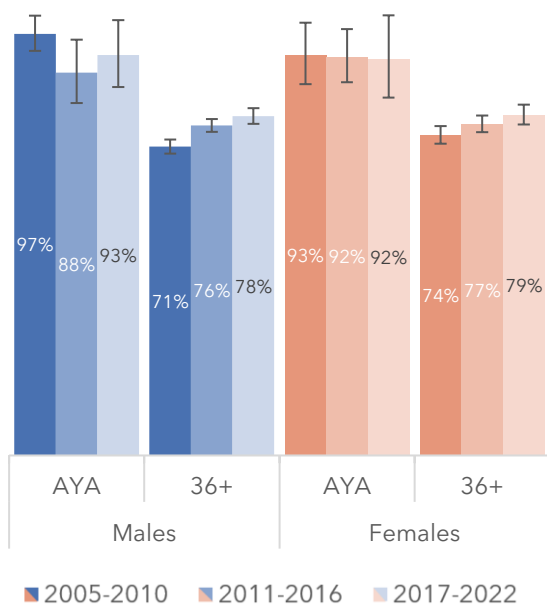


Unregistered stage AYA: 1%; 36+: 4%.

Net survival, 2004-2022



5-year net survival over time



Whiskers represent 95% confidence intervals.



Belgian Cancer Registry

APPENDIX

CLASSIFICATION OF USED HISTOLOGICAL TYPES



		ICD-10	ICD-O-3.2
Haematological malignancies			
	Hodgkin Lymphomas	NA	9650-9655;9659; 9661-9665;9667 /3
	Mature non-Hodgkin B-cell neoplasms	NA	9670;9823;9833;9940;9671;9760;9761;9762;9764; 9731;9732;9733;9734;9689;9699;9597;9690;9691; 9695;9698;9673;9675;9678;9679;9680;9684;9688; 9712;9735;9737;9738;9766;9687;9826;9591 /3
	Mature T-cell and NK-cell neoplasms	NA	9700-9702;9705;9708-9709;9714;9715; 9716-9719;9724;9726;9827;9831;9834;9948 /3
	Precursor neoplasms	NA	9811;9812;9813;9814;9815;9816;9817;9818;9819;9727; 9728;9729;9835;9836;9837;9897;9896;9866;9871;9869; 9865;9911;9912;9877;9878;9879;9895;9984;9920;9987; 9898;9840;9867;9870;9872;9873;9874;9891;9910;9931; 9930;9861;9801;9805;9806;9807;9808;9809 /3
	Chronic myloid neoplasms	NA	9863;9875;9950;9960;9961;9962;9963;9964;9965;9966; 9967;9968;9740;9741;9742;9975;9876;9945;9946;9980; 9982;9983;9985;9986;9989;9991;9992;9993;9800;9860 /3
	Histiocytic and dendritic cell neoplasms	NA	9750;9751;9754;9755;9756;9757;9758;9759;9749 /3
	Other lymphoid neoplasms	NA	9596;9590;9820;9832;9591 /3
Testicular cancer			
	Seminoma	C62	9060-9062
	Non-seminoma	C62	9080-9083;9085;9100-9102;9065;9070-9072
Thyroid cancer			
	Papillary carcinoma	C73	8050;8260;8265;8340-8344;8350;8450-8460
	Follicular carcinoma	C73	8290;8330-8335;8339
	Medullary carcinoma	C73	8510;8345-8347
	Anaplastic carcinoma	C73	8020-8021
Colorectal cancer			
	Neuroendocrine neoplasms	C18-C20	8013;8041-8045;8150-8156;8240-8247;8249
Cervical cancer			
	HPV+	C53	8085
	HPV-	C53	8086
Ovarian cancer			
	Low-grade serous carcinoma	C56	8460
	High grade serous carcinoma	C56	8461
	Mucinous carcinoma	C56	8470-8490,9015



Belgian Cancer Registry

Koningsstraat 215 / Rue Royale 215

1210 Brussel / Bruxelles

T +32 2 250 10 10

F +32 2 250 10 11

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