In order to compare the morphological distribution of cancer incidence worldwide, we abstracted the incidence in 2003–2007 from *Cancer Incidence in Five Continents* Vol. X (CI5-X). The International Agency for Research on Cancer provides the CI5 detailed databases on the incidence of cancer recorded by cancer registries (regional and national) worldwide. We used the number of incidences in Japan, the Republic of Korea, the USA, Brazil, the UK, Italy and Australia from the CI5 database which contains incidence for selected cancer registries published in CI5-X for 2003–2007. The Republic of Korea and the USA (NPCR: National Program of Cancer Registries) reported the cancer incidence covered by all the country; however, the remaining countries reported the cancer incidence by registry. We aggregated eight registries in Japan, two registries in Brazil, four registries in the UK, 21 registries in Italy, and five registries in Australia. We compared the morphological distribution between countries for testis cancer coded as C62 (ICD10).

Testicular cancer was relatively rare in all countries studied, corresponding to 0.2–1.1% of all cancer incidence. The age-standardized incidence rates of testicular cancer by world standard population (per 100 000) were 1.7 in Japan, 0.6 in the Republic of Korea, 4.9 in the USA, 2.7 in Brazil, 6.4 in the UK, 6.0 in Italy, and 6.1 in Australia. The incidence rates were much higher in Europe, the USA and Australia than in Asia and Brazil. These rates were calculated based on actual numbers in the selected areas.

Histological types of testicular cancer are generally divided into germ-cell tumors and non-germ cell tumors. Seminoma, spermatocytic seminoma and non-seminomatous germ cell tumors are classified as germ-cell tumors. Figure 1 shows the distribution of morphology. Seminoma accounted for over half the testis cancer in Korea, the USA, the UK, Italy and Australia. In Japan the proportion of seminoma was the highest in the countries studied, at 64.2%. In Brazil, the proportion of seminoma was the lowest (39.3%); however, more than 25% were unspecified morphology cases. If such cases were divided out equally among the specified morphology groups, the morphological distribution in Brazil would not be special. The proportion of non-germ cell tumors was about 2–5% in all countries studied; non-germ cell tumors were diagnosed considerably more often in Brazil.

Figure 1. Distribution of morphology for testis cancer.

Note: Data were downloaded from IARC CANCER Mondial Statistical Information System (http://www-dep.iarc.fr/). Responsibility for this presentation and interpretation lies with the authors of this article.

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