



Cancer in the Northwest Territories

Technical Report

2011-2022

Le cancer aux territoires du nord-ouest

Rapport technique

2011-2022

Government of Northwest Territories
Gouvernement des Territoires du Nord-Ouest

K'áhshó got'jne xədə k'é hederi ɬedjhtl'é yerinowę ní dé dúle.
Dene Kədə

ʔerihł'ís Dëne Sųłiné yatı t'a huts'elkër xa beyáyatı theɬą ɬat'e, nuwe ts'ën yółtı.
Dëne Sųłiné

Edı gondı dehgháh got'je zhatié k'éé edat'éh enahddhę nıde naxets'é edahłı.
Dene Zhatié

Jii gwandak izhii ginjik vat'atr'ijahch'uu zhit yinoththan jı', diits'at ginohkhii.
Dinjii Zhuh Ginjik

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.
Inuvialuktun

Č'ɔɔ ɒɒ^{sb}Δ^c ʌɾLJΔɾ^c Δɔ^bɒɔɾ^{sb}ɾLɔɒ^b, ɔ^cɾ^cɔ^c ɔ^{sb}ɾ^cɔ^{sb}ɔɒ^c.
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

kīspin ki nitawihłīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
nēhiyawēwin

Tłjchq yatı k'èè. Dı wegodı newq dè, gots'o gonede.
Tłjchq

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Executive Summary

Cancer in the Northwest Territories (2011-2022) describes trends in cancer incidence (2011-2022), mortality (2011-2022), and screening (2011-2024) in the Northwest Territories (NWT). This report aims to provide a broad profile of cancer in the NWT to help inform program planning, policy, and practice. It also seeks to enhance the understanding of cancer in the NWT in interested members of the public. Efforts have been made to compare NWT estimates to Canadian figures where possible.

The most up-to-date case information at the time of developing this report was used. However, due to the time it takes to identify, confirm, and compile cancer data, there are some delays in the available incidence information with the most recent data being from 2022. Cancer mortality data were limited to the same period as the cancer incidence data (2011 to 2022). Cancer screening data were available for the 2011 to 2024 calendar years. Furthermore, as the number of annual cancer cases and deaths are relatively small in statistical terms, 10 years of data were aggregated, or 3-year rolling estimates were generated to create more stable estimates and allow for more meaningful interpretation.

Key findings

- On average from 2011 to 2022, there were 164 invasive cancer diagnoses each year.
- After accounting for the age structure of the population, cancer incidence rates in the NWT did not increase considerably from 2011 to 2022.
- Cancer incidence in the NWT did not significantly vary from Canadian cancer incidence from 2011 to 2022 except for in 2017.
- There were no significant differences in cancer incidence between males and females, Indigenous and non-Indigenous populations, and Indigenous and non-Indigenous populations by sex.
- Cancer incidence rates were over 1.5 times higher in regional centres and in smaller communities compared to Yellowknife

Cancer in Females

- The most frequent cancer diagnoses by site in females were breast (29%), colorectal (15%), and lung and bronchus (13%); these three accounted for 57% of all new cancer diagnoses in females from 2013-2022.
- Colorectal cancer made up a higher proportion of cases in the Indigenous female population (21%) compared the non-Indigenous female population (8%).
- Cancer staging at the time of diagnosis for breast, colorectal, and lung and bronchus cancer was similar in the NWT to Canada in females.
- Colorectal cancer accounted for a higher proportion of cancer cases in smaller communities (23%) than in regional centres (14%) and Yellowknife (9%) from 2013-2022 in females.

Cancer in Males

- The most frequent cancer diagnoses in males by site were colorectal (19%), prostate (17%), and lung and bronchus (16%); these three accounted for 52% of all new cancer diagnoses in males from 2013-2022.
- The most common site of cancer was colorectal in Indigenous males and prostate in non-Indigenous males. From 2013 to 2022, colorectal cancer accounted for 27% of all cancer in Indigenous males compared to 13% in the non-Indigenous males.
- 45.8% of prostate cancer cases in the NWT were diagnosed at stage I or II, compared to approximately 75% of prostate cancer diagnoses nationally. Colorectal cancer accounted for a higher proportion of cases in smaller communities (25%) compared to regional centres (18%) and Yellowknife (16%) in males.

Cancer Mortality

- The crude mortality rate has increased by approximately 52 deaths per 100,000 from 2011 to 2022.
- There were some differences in age-standardized cancer mortality rates between the Northwest Territories and Canada overall and by sex, but most were not statistically significant.
- Lung and bronchus cancer accounted for more than 2x the number of deaths than the second leading type of cancer in both males and females. Similar proportions of cancer deaths are seen at the national level.
- Yellowknife had significantly lower 3-year rolling cancer mortality rates than regional centres from 2011-2013, 2012-2014, and 2016-2018.

Cancer Screening

In the NWT there are Cancer Screening Clinical Practice Guidelines in place for breast ([2024](#)), cervical ([2025](#)) and colorectal cancer ([2024](#)) that support opportunistic and organized screening. Screening modalities include mammography for breast, human papillomavirus [HPV] primary testing for cervical, and fecal immunochemical tests (FIT) for colorectal cancer.

- 51.5% of NWT people born with breasts aged 45 to 74 years received a mammogram in the previous 2-year period in 2024.
- 41.6% of sexually active NWT residents with a cervix aged 21 to 69 received a Papanicolaou (PAP) smear within 2 years of 2024 (the updated screening guidelines now recommend screening start at age 25 utilizing HPV primary testing).
- Only 26.2% of NWT residents aged 50 to 74 successfully completed a FIT within 2 years of 2024.
- Smaller communities in the Northwest Territories had higher breast cancer screening rates almost every year from 2013 to 2024 compared to Yellowknife and regional centres.

Sommaire

Le rapport *Le cancer aux Territoires du Nord-Ouest (2011-2022)* présente les tendances du cancer aux TNO : incidence (de 2011 à 2022), mortalité (de 2011 à 2022) et dépistage (de 2011 à 2024). Il vise à brosser un portrait général de la situation du cancer aux Territoires du Nord-Ouest (TNO) pour mieux orienter la planification des programmes, l'élaboration des politiques et la mise en œuvre des pratiques. Il vise également à mieux informer la population sur le cancer aux TNO. Dans la mesure du possible, des comparaisons ont été établies entre les données des TNO et celles du Canada.

Les données les plus récentes disponibles au moment de la rédaction du présent rapport ont été utilisées. Toutefois, comme le processus de collecte, de vérification et de compilation des données prend un certain temps, les données sur l'incidence du cancer datent de 2022, et sont donc légèrement décalées. Les données sur la mortalité sont limitées à la même période que celles sur l'incidence, couvrant la période de 2011 à 2022. Pour leur part, les données liées au dépistage étaient disponibles pour les années civiles allant de 2011 à 2024. Étant donné que le nombre de cas de cancer et de décès attribuables à cette maladie est relativement faible d'un point de vue statistique, on a regroupé les données sur dix ans ou effectué des estimations que l'on a mises à jour tous les trois ans pour qu'elles soient plus fiables et plus pertinentes.

Principales constatations

- En moyenne, de 2011 à 2022, 164 cas de cancer invasif ont été diagnostiqués chaque année.
- Une fois la structure par âge de la population prise en compte, les taux d'incidence du cancer aux TNO n'ont pas augmenté de manière significative entre 2011 et 2022.
- De 2011 à 2022, l'incidence du cancer aux TNO a peu varié de celle observée au Canada, sauf en 2017.
- On n'a observé aucune différence significative dans l'incidence du cancer entre les hommes et les femmes, entre les populations autochtones et non autochtones et selon le sexe (entre les populations autochtones et non autochtones).
- Les taux d'incidence du cancer étaient plus de 1,5 fois supérieurs dans les centres régionaux et les petites collectivités par rapport à Yellowknife.

Cancer chez les femmes

- Chez les femmes, les cancers les plus souvent diagnostiqués ont été le cancer du sein (29 %), le cancer colorectal (15 %) et le cancer du poumon et des bronches (13 %). Ces trois types de cancer ont représenté 57 % de tous les nouveaux cas de cancer diagnostiqués chez les femmes de 2013 à 2022.
- Chez les femmes autochtones, le cancer colorectal a représenté une proportion plus élevée des cas (21 %) que chez les femmes non autochtones (8 %).
- Chez les femmes, les données des TNO concernant le stade du cancer au moment du diagnostic (pour les cancers du sein, colorectal, du poumon et des bronches) étaient comparables à celles du reste du Canada.

- Chez les femmes, de 2013 à 2022, le cancer colorectal représentait une proportion plus élevée des cas de cancer dans les petites collectivités (23 %) que dans les centres régionaux (14 %) et à Yellowknife (9 %).

Cancer chez les hommes

- Les cancers les plus souvent diagnostiqués chez les hommes ont été le cancer colorectal (19 %), le cancer de la prostate (17 %) et le cancer du poumon et des bronches (16 %). Ces trois types de cancer représentaient 52 % de tous les nouveaux cas de cancer diagnostiqués chez les hommes entre 2013 et 2022.
- Le cancer le plus fréquent a été le cancer colorectal chez les hommes autochtones, et le cancer de la prostate chez les hommes non autochtones. De 2013 à 2022, le cancer colorectal représentait 27 % de tous les cancers chez les hommes autochtones, comparativement à 13 % chez les hommes non autochtones.
- Aux TNO, 45,8 % des cas de cancer de la prostate ont été diagnostiqués aux stades I ou II, comparativement à environ 75 % à l'échelle nationale. Chez les hommes, le cancer colorectal a représenté une proportion plus élevée des cas dans les petites collectivités (25 %) que dans les centres régionaux (18 %) et à Yellowknife (16 %).

Mortalité attribuable au cancer

- De 2011 à 2022, le taux brut de mortalité a augmenté d'environ 52 décès pour 100 000 habitants.
- On a observé certaines différences dans les taux de mortalité par cancer normalisés selon l'âge entre les TNO et le Canada, ainsi que selon le sexe, mais elles n'étaient pas significatives d'un point de vue statistique.
- Le cancer du poumon et des bronches a causé plus de deux fois plus de décès que le deuxième type de cancer le plus fréquent, tant chez les hommes que chez les femmes. On observe des taux similaires à l'échelle nationale.
- Les taux de mortalité attribuable au cancer enregistrés sur trois ans (de 2011 à 2013, de 2012 à 2014 et de 2016 à 2018) étaient nettement inférieurs à Yellowknife que dans les centres régionaux.

Dépistage du cancer

Aux TNO, des lignes directrices de pratique clinique sur le dépistage du cancer ont été élaborées pour le cancer du sein ([2024](#)), le cancer du col de l'utérus ([2025](#)) et le cancer colorectal ([2024](#)), ce qui favorise un dépistage rapide et structuré. La méthode de dépistage du cancer du sein est la mammographie; celle du cancer du col de l'utérus est le dépistage précoce du papillomavirus humain (VPH); et celle du cancer colorectal est le test immunochimique fécal (TIF).

- En 2024, 51,5 % des personnes aux TNO nées avec des seins et âgées de 45 à 74 ans avaient passé une mammographie dans les deux années précédant 2024.
- 41,6 % des personnes aux TNO âgées de 21 à 69 ans, dotées d'un col de l'utérus et sexuellement actives ont passé un test de Papanicolaou (PAP) dans les deux ans précédant

2024 (les lignes directrices actualisées sur le dépistage recommandent désormais de commencer le dépistage à l'âge de 25 ans en utilisant le test de dépistage précoce du VPH).

- À peine 26,2 % des résidents des TNO âgés de 50 à 74 ans ont fait un TIF dans les deux années précédant 2024.
- Dans les petites collectivités des TNO, les taux de dépistage du cancer du sein ont été plus élevés que ceux de Yellowknife et des centres régionaux presque chaque année de 2013 à 2024.

Background

Scope of the Report

This report conveys the most up to date information on cancer incidence¹, mortality, and screening in the NWT. Since the annual number of cancer cases and deaths is relatively small in statistical terms, 10 years of cancer data were aggregated, or 3-year rolling averages were calculated to produce more stable rates and allow for more meaningful statistical analysis and interpretation.

Information on cancer cases in the NWT is based on data extracted from the Canadian Cancer Registry (2011-2022) and the NWT Vital Statistics Registry (2011-2022). These were compared to national level cancer rates obtained from Canadian Socioeconomic Information Management (CANSIM) tables produced by Statistics Canada using the following sources: Canadian Cancer Registry, Vital Statistics Birth Database, Vital Statistics Death Database, and Annual Demographic Estimates Program.

Cancer statistics in jurisdictions with small populations such as the NWT are very sensitive to small changes in the number of cases. The methods used to prepare and analyze these data reflects the careful consideration of these small case counts (see [Appendix A](#)).

In this report, a cancer ‘case’ represents a malignant tumour while a cancer ‘site’ is the tissue or organ of origin for the tumour. The analyses in this report do not include benign tumours and carcinoma *in situ*², focusing instead only on invasive cancers. In addition, secondary tumours that result from the spreading of cancer to other organs are considered to be an additional ‘case’. It is also possible for a person to have more than one malignant tumour (i.e. cancers unrelated to each other). In this instance, each tumour is registered and counted as a separate ‘case’.

Cancer incidence and mortality data are presented by sex, community type, cancer type, stage and ethnicity. The small population size of most NWT communities does not allow for the comparison of rates at the community level. Groupings by community type have become the standard for statistical analysis in the NWT, the rationale being that communities within each of these groupings tend to have similar socio-demographic characteristics. Community type classifies each community in the NWT into three categories: Yellowknife, regional centre, or smaller community. Yellowknife includes Yellowknife, Ndilo, and Dettah, regional centres include Fort Smith, Hay River, and Inuvik, and smaller communities include all other locations (see [Appendix A](#) for full list of communities). The most prevalent cancers are identified for each group and compared to sex-specific national rates where possible. Proportions and rates were compared to the [previous cancer report \(2001-2010\)](#) where possible, however methodology and source data may differ slightly. Where case

¹ Cancer incidence signifies the number of new cancer cases diagnosed within a specified period. This differs from cancer prevalence, which indicates the number of people that have cancer at a given point in time.

² Invasive cancers are malignant tumours that tend to invade and destroy nearby tissue and spread to other parts of the body. Benign tumours do not invade nearby tissue or spread to other parts of the body. *In situ* cancers are confined to the point of origin and have not spread.

counts were small for site-specific cancer, only the 3 most common cancers over 10 years were chosen to be broken down by stage. The NWT Cancer Registry includes cancers diagnosed only in permanent residents of the NWT. Thus, people from the NWT who were residing elsewhere at the time of their diagnosis were not included in the cancer incidence analyses. All confidence intervals shown around data points are 95% confidence intervals. Exact upper and lower confidence limits are found in the appendix.

Throughout the report there will be reference to differences being “statistically significant” or “significantly different”. These terms are used to describe whether the difference between two values is likely to reflect underlying trends in the population or is likely due to random variation in the population. If the difference is statistically significant, it is more likely that there are underlying trends in the population causing the difference in values.

Cancer mortality data were derived from the NWT Vital Statistics Registry. The cancer mortality analyses include all individuals who were permanent NWT residents at the time of their death from cancer. Individuals are included regardless of whether they were residing out of territory at the time of diagnosis or if they died in an out-of-territory hospital or long-term care facility.

The risk of developing cancer increases with age. Cancers are expected to become more prevalent as the NWT population ages and the number of senior citizens grows, increasing the disease burden on society and the health care system. Age-standardized rates were used to eliminate the effect of different age distributions when comparing the NWT and Canada populations. However, they should only be used when comparing rates between two populations. Crude rates, which are a measure of the number of times an event occurs in a set number of the population, can be used to determine the extent of cancer, cancer deaths, or cancer screenings in the NWT population.

Cancer screening, which allows for early detection and thus early treatment, is a useful strategy for reducing mortality in cancers where treatment is possible. Population-based opportunistic and organized screening coverage rates from across the NWT for breast, cervical, and colorectal cancers are presented in this report.

As legislated by the [Public Health Act](#), it is mandatory to report any test or procedure for the screening or diagnosis of cancer in individuals in the NWT to the Chief Public Health Officer [1].

Cautions on Interpretations

Cancer registry and cancer screening data are housed in live databases with data updates occurring at any time, therefore the information contained in this report represents a snapshot in time.

Future reports may differ as updated information is obtained. The validity of rates in this report depends on the completeness of cancer reporting and accuracy of population estimates. Incidence data are based on cases of cancer diagnosed between January 1, 2011, and December 31, 2022, that were reported in time to be included in the annual cancer registry data release. Additional cancers from 2011-2022 not reported in time for the 2022 data release will be included in subsequent reports. Population estimates are also subject to periodic revision. For these reasons, rates in this report may not necessarily correspond with information reported elsewhere that covers this time period. Many of the rates presented in this report have a large degree of associated variability, due

to the small numbers of cancer cases and deaths. For example, as cancer cases and deaths are further categorized by sex, community type and ethnicity, the numbers in each sub-category drop sharply, resulting in increasingly imprecise rates for the smallest groups. **When examining rates, the reader is cautioned to consider the number of cases upon which the estimate is based and the width of any accompanying confidence interval.**

A Note on Sex-Based Cancer Reporting

Data in this report are reported by sex (male/female), as recorded in existing cancer surveillance data sources. Sex refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy [2]. Sex is a key variable in cancer incidence, screening eligibility, and organ-specific risk. This does not capture the full diversity of gender identity among NWT residents. Future exploration of gender identity data collection would support a better understanding of cancer risk and outcomes across gender-diverse populations. The Government of the Northwest Territories (GNWT) is committed to providing health care services that prioritize safety and inclusivity for all residents.

The NWT Cancer Registry

The NWT cancer registry is a population-based registry that records all newly diagnosed cases of invasive cancer, select benign tumours, and carcinoma in situ. This registry is maintained by the Department of Health and Social Services under authority of the [Disease Surveillance Regulations](#). The purpose of this registry is to collect, review, and analyze cancer data to describe cancer incidence, prevalence, morbidity, and mortality in the NWT population. These data are submitted annually to the [Canadian Cancer Registry](#). Since 1992, the national registry ensures that individuals with cancer are only recorded in the jurisdiction they reside in at the time of diagnosis. Efforts are made between provincial and territorial registries to ensure this reporting is accurate. Cases of cancer are counted in the jurisdiction where the individual is living at the time of diagnosis. If an individual has been counted in multiple cancer registries, likely due to being diagnosed in a different province or territory to where they lived, the cancer is only counted in the individuals place of residence.

Cancer Screening in the NWT

Screening programs for colorectal, cervical, and breast cancer have not existed for the entirety of the reporting period. The Office of the Chief Public Health Officer (OCPHO) provides territorial screening recommendations through the NWT Cancer Screening Clinical Practice Guidelines (CPGs) for breast, cervical and colorectal cancer. Cancer screening modalities in the NWT are administered by the three health authorities, the Northwest Territories Health and Social Services Authority (NTHSSA), the Hay River Health and Social Services Authority (HRHSSA), and the Thcho Community Services Agency (TCSA) through opportunistic screening or organized screening programs.

The NTHSSA began implementation of a territory wide organized colorectal cancer screening

program in 2020. As of February 2026, the program is completing its final community rollout of mailed self-sample FIT kits and is currently the only fully territorial cancer screening program. Colorectal cancer screening was not initially rolled out territory wide. For colorectal cancer screening, residents who meet the eligibility criteria outlined in the CPGs are identified through the electronic medical record and invited to complete a FIT through a mailed invitation.

There are two organized breast screening programs in the territory: one operated by the NTHSSA in Yellowknife that was initiated in 2004 and one operated by the HRHSSA in Hay River that was initiated in 2008. The Yellowknife Breast Screening Program, based at Stanton Territorial Hospital, serves residents of Yellowknife, Ndilo, Dettah, Behchoko, Wekweètì, Whatì, Gamètì, Łutsël K'è, Deline, Tulita, Norman Wells, Fort Good Hope, and Colville Lake. The Hay River program, based at the Hay River Regional Health Centre serves residents of Hay River, K'atł'odeeche, Enterprise, Fort Liard, Fort Simpson, Jean Marie River, Nahanni Butte, Sambaa K'e, Wrigley, Fort Providence, Kakisa, Fort Smith, and Fort Resolution.

Screening mammography for the Beaufort Delta Region (Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbour, Tsiigehtchic, Tuktoyaktuk, and Ulukhaktok) is offered in Inuvik based at Inuvik Regional Hospital. This mammography screening site is not currently included in the territorial breast screening program; however, in 2026 the NTHSSA is exploring options to integrate the region into their territorial program.

At present, there is no territorial cervical screening program. Cervical screening is provided opportunistically through public health, primary care, community health centres, and community health cabins. The NTHSSA is currently piloting a cervical screening mail-out initiative, similar to the colorectal screening program, in which HPV self-sample kits are mailed to eligible residents in the targeted pilot regions.

Population-based assessment of screening coverage differs from program-based screening participation rates. Population-based coverage identifies NWT residents (as defined by health card enrolment) and calculates coverage based on who has met the screening guideline criteria. Program-based coverage looks at those meeting the specific CPG inclusion and exclusion requirements from the regions the organized programs have been implemented in and calculates coverage based on who has met the screening guideline criteria. This leads to higher program-based coverage rates than population-based coverage rates.

Cancer Incidence

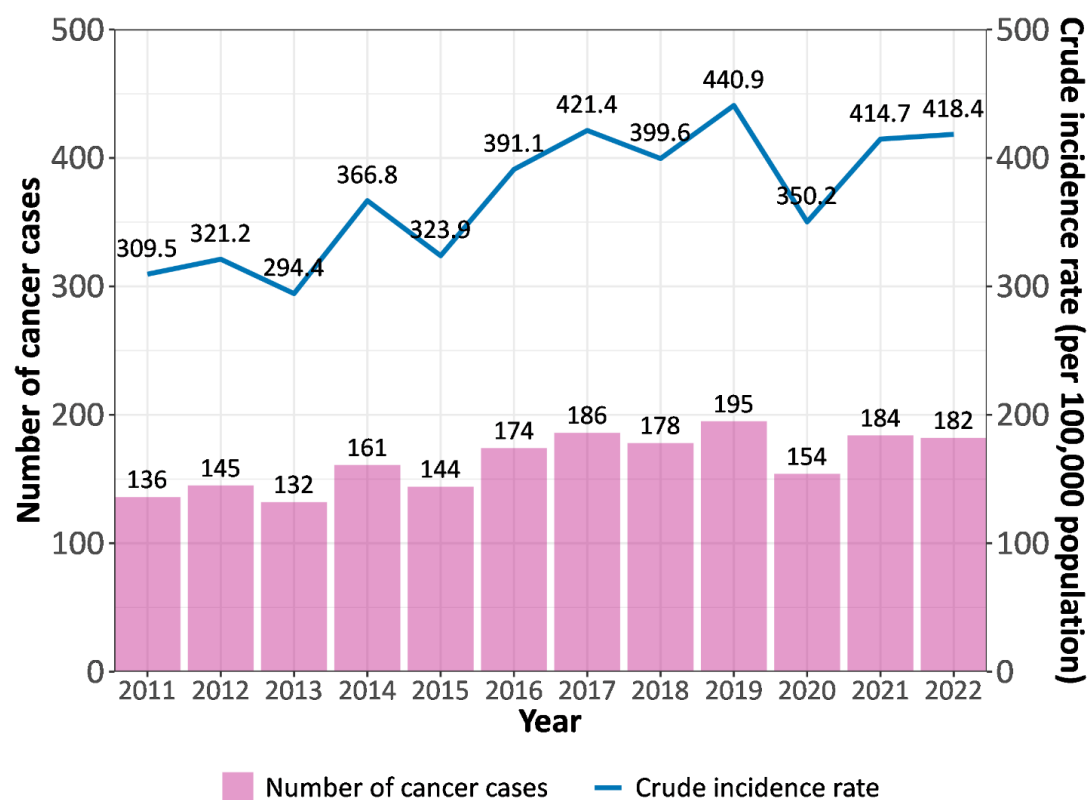
Crude Incidence

There were 1971 new cases of cancer diagnosed in residents of the Northwest territories (NWT) from 2011 to the end of 2022. On average, 164 people were diagnosed with cancer each year, ranging from 53 to 101 cases among females and 66 to 107 cases among males. Although the crude incidence rate of cancer per 100,000 population was higher in 2022 than it was in 2011 by over 100 cases, this may be reflective of an increase in the aging population rather than a true increase

in cancer rates. The large decrease in cancer cases from 2019 to 2020 was likely due to the influence of the COVID-19 pandemic, which limited the availability of and access to cancer screening and diagnostics.

Figure 1. Number and Crude Rates of New Cancer Cases

NWT 2011-2022



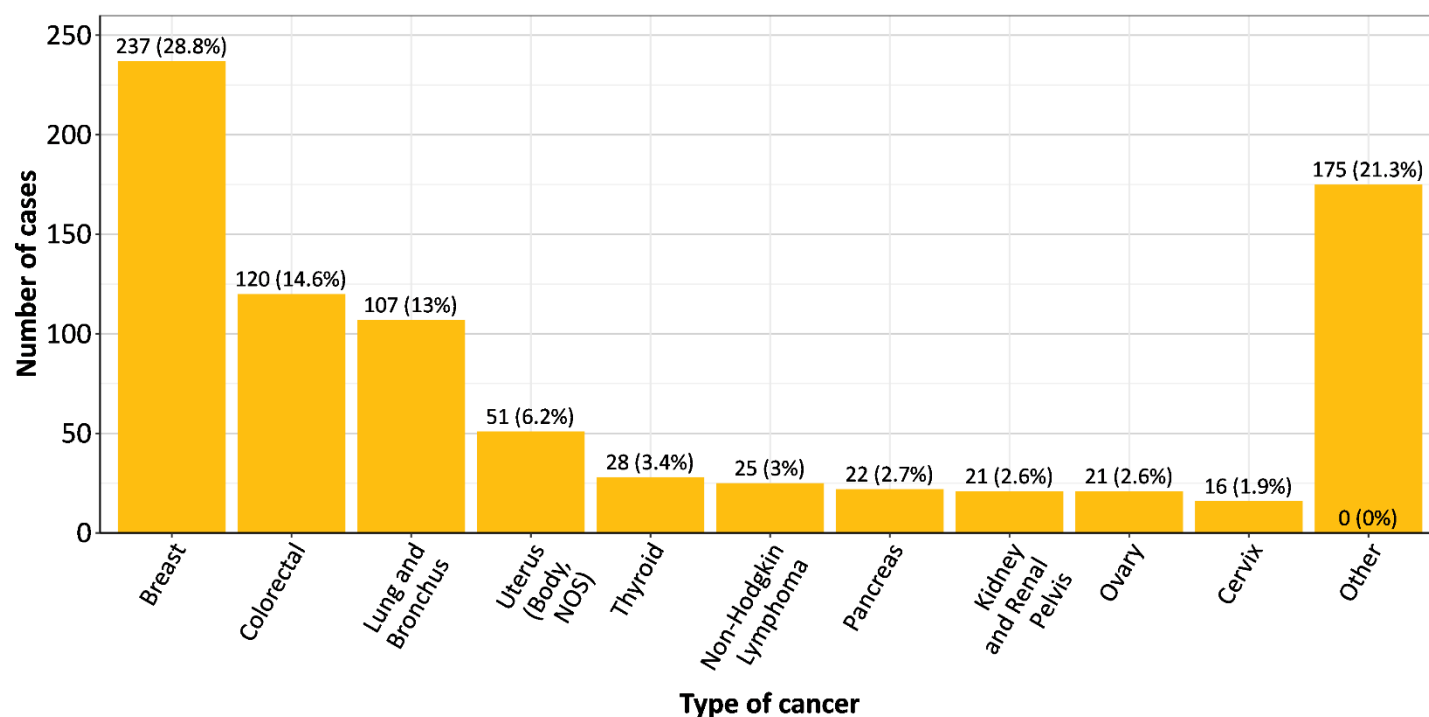
Compared to the previous cancer report, on average, there were 53 additional cancer cases per year over the 2011 to 2022 time period. This does not take into account the increasing population which would naturally lead to a higher number of cases per year.

Distribution of Cancer Cases by Type

Over the 2013-2022 period, the most common type of cancer diagnosed in women was breast cancer, accounting for 29% (237 cases) of all cancer cases in females. The second and third most common types of cancer in females, colorectal and lung and bronchus cancer, account for a much smaller proportion of the cases at 15% (120 cases) and 13% (107 cases), respectively. Overall, these three types of cancer made up 57% of all new cases of cancer in women over the 10-year period. In Canada, breast (26.3%), lung and bronchus (12.7%), and colorectal (10.1%) cancer were the top 3 most frequently diagnosed cancers over the same 10-year period [3]. These 3 cancers accounted for a higher percentage of all cancers diagnosed over 10 years in the NWT than in Canada at 57% compared to 49%.

Figure 2. Cancer Diagnoses by Type Over 10 Years in Females

NWT 2013-2022

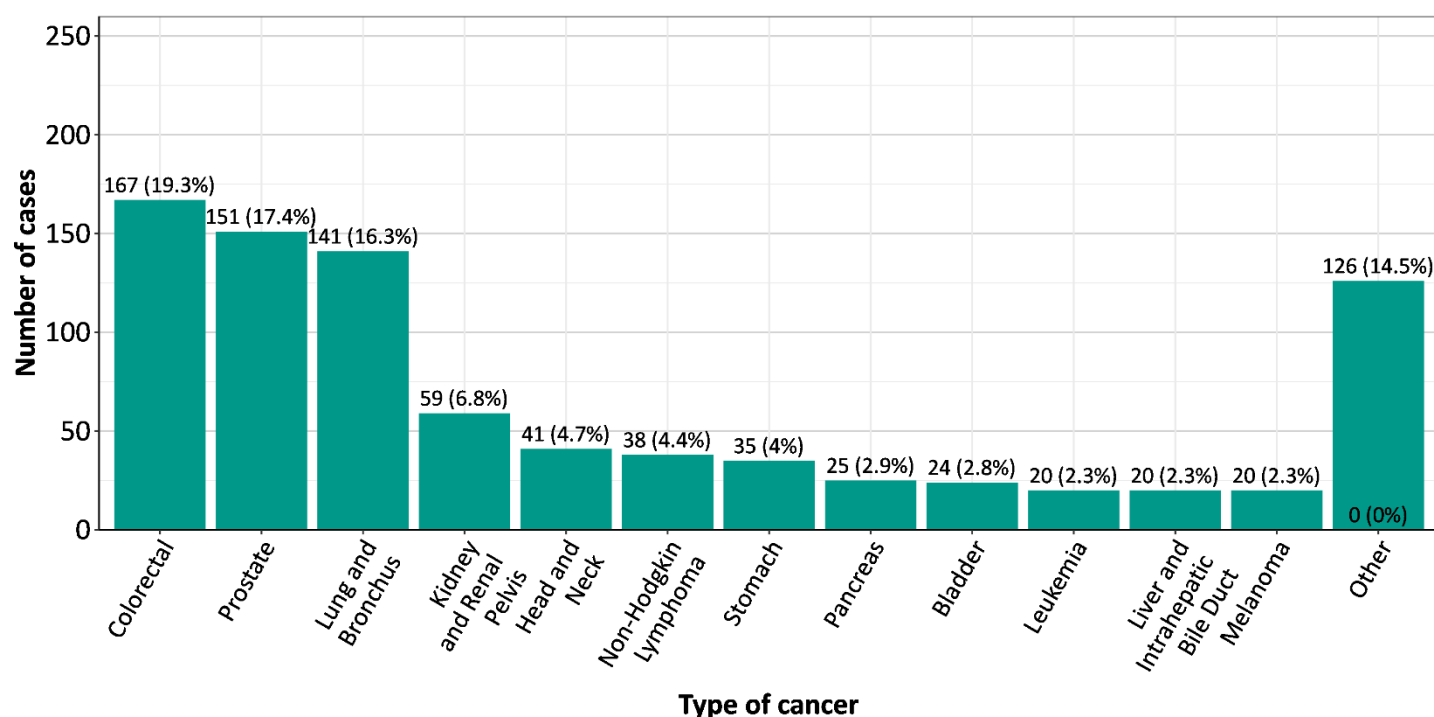


In comparison to the last cancer report (2001-2010), the top 3 cancers in females remain the same (breast, colorectal, and lung and bronchus cancer). The proportion of uterus cancer cases has increased from 3.5% in 2001-2010, to 6.2% in 2013-2022, surpassing the proportion of thyroid cancer cases which were similar over both time periods.

Colorectal, prostate, and lung and bronchus cancer were the three most common types of cancer in males between 2013 and 2022, accounting for 52% of all new cancer cases in males. Separately, these three types of cancer accounted for similar proportions of cases at 19% (167 cases), 17% (151 cases), and 16% (141 cases) for colorectal, prostate, and lung and bronchus cancer respectively. Comparatively, during that same time, colorectal and lung and bronchus cancer accounted for less of the overall cancer burden at 12% each in Canada [3]. However, Canada had a higher proportion of prostate cancer overall (23%) [3].

Figure 3. Cancer Diagnoses by Type Over 10 Years in Males

NWT 2013-2022

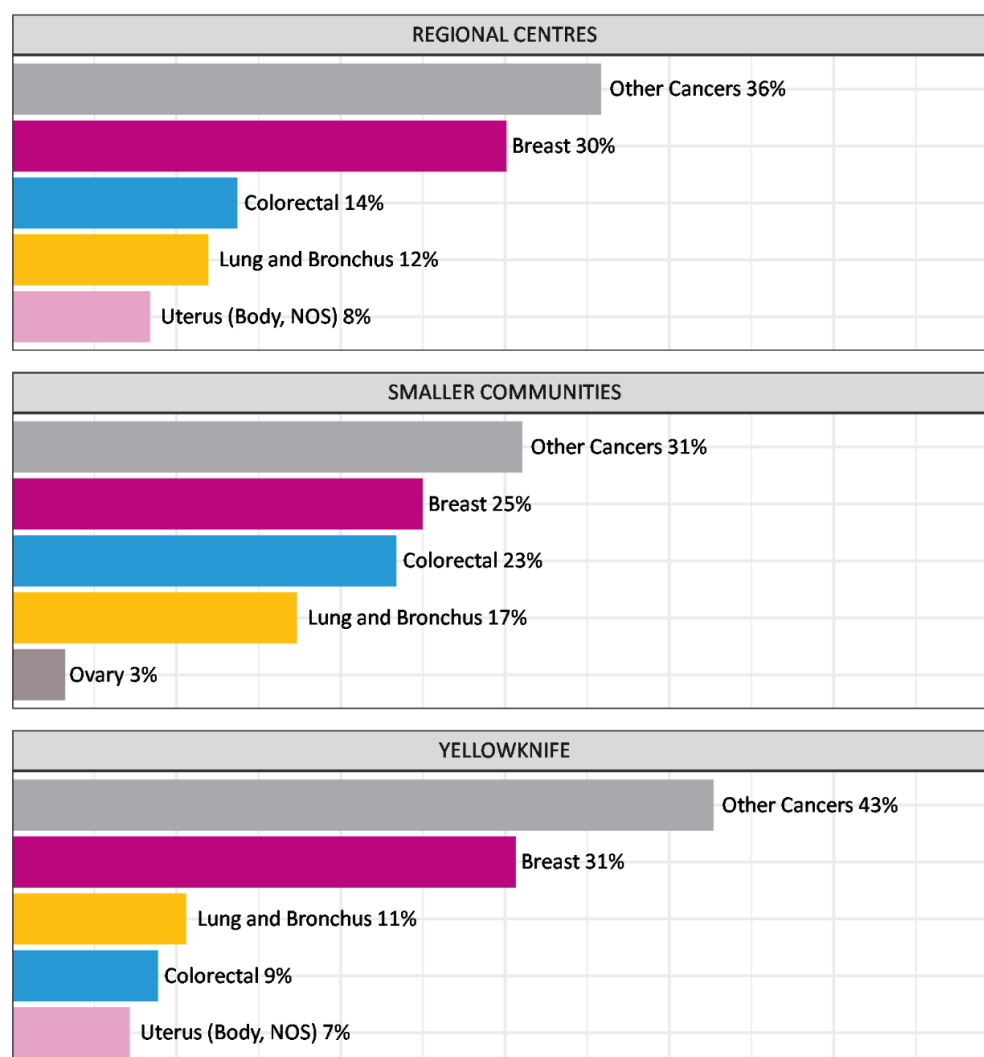


Colorectal (19.3%) and prostate (17.4%) cancer were the top two cancers from 2013-2022 in males, which was reversed in 2001-2010. The proportion of colorectal and prostate cancer in NWT males was higher during the previous 10-year period than the most recent period, at 20.8% and 22.3%, respectively. Lung and bronchus cancer had a slightly higher proportion at 16.3% in 2013-2022 compared to 13.3% in 2001-2010. The fourth and fifth most common cancers in males in 2001-2010 were oral cancer and non-Hodgkin's lymphoma at 6.4% and 4.4%, respectively. In the current report, kidney and renal pelvis cancer and head and neck cancer were the fourth and fifth most common at 6.8% and 4.7%, respectively.

For all community types in the Northwest Territories, colorectal, breast and lung and bronchus cancer were in the top three most common cancers in females. Breast cancer remained the most common cancer in all community types, accounting for 25-31% of all new cancer cases. Smaller communities had a higher proportion of colorectal cancer cases (23%) than in regional centres (14%) and Yellowknife (9%) in females.

Figure 4. Proportion of Cancer Cases by Cancer Type and Community Type in Females

NWT 2013-2022



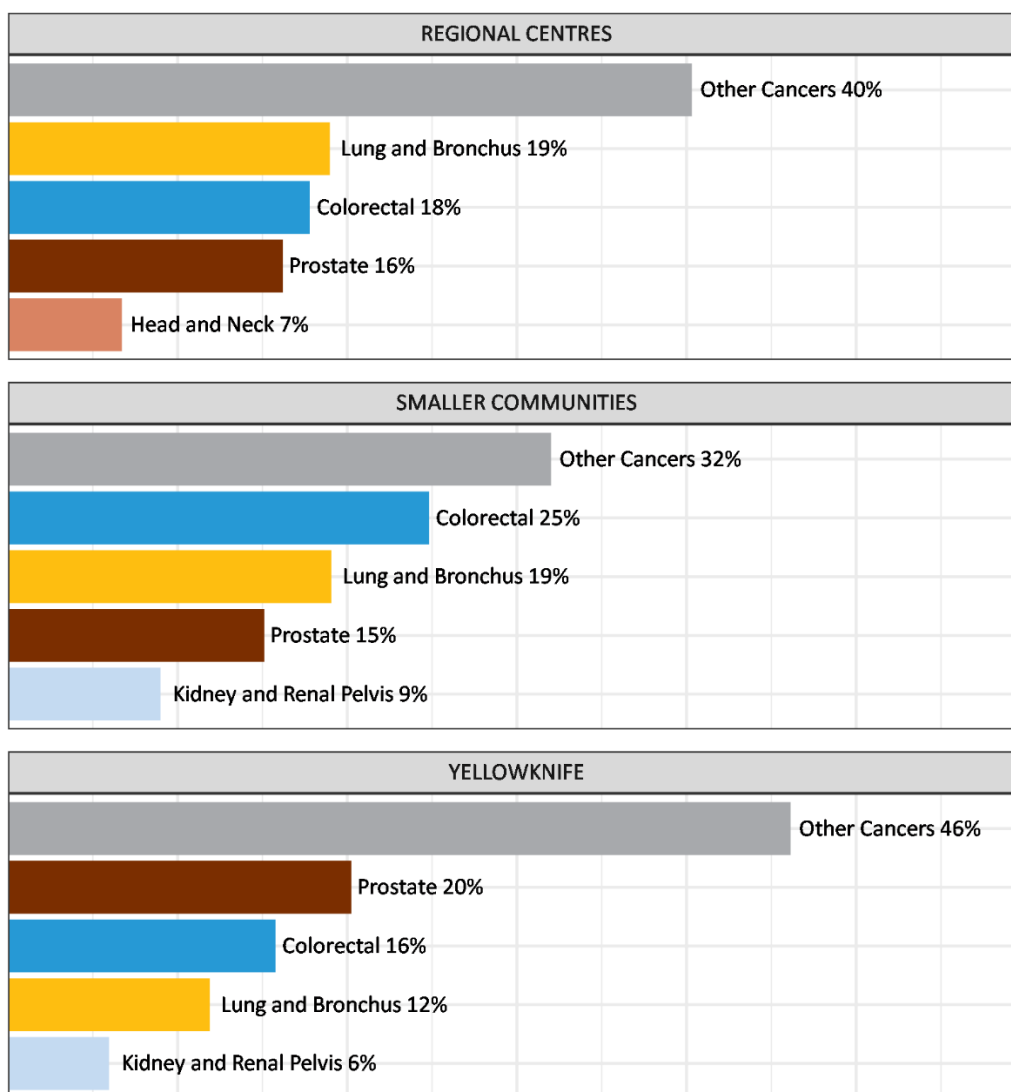
Not Otherwise Specified (NOS): uterine cancer, not otherwise specified

Although the order slightly differs, breast, colorectal, and lung and bronchus cancer were the top three most common cancers in Yellowknife, regional centres, and small communities in the most recent and previous report time period in females.

For all community types in the Northwest Territories, colorectal, prostate and lung and bronchus cancer were in the top three most common cancers in males. Colorectal cancer accounted for a higher proportion of cases in smaller communities (25%) compared to regional centres (18%) and Yellowknife (16%) in males. The proportion of prostate cancer cases was higher in Yellowknife than in regional centres or in smaller communities.

Figure 5. Proportion of Cancer Cases by Cancer Type and Community Type in Males

NWT 2013-2022



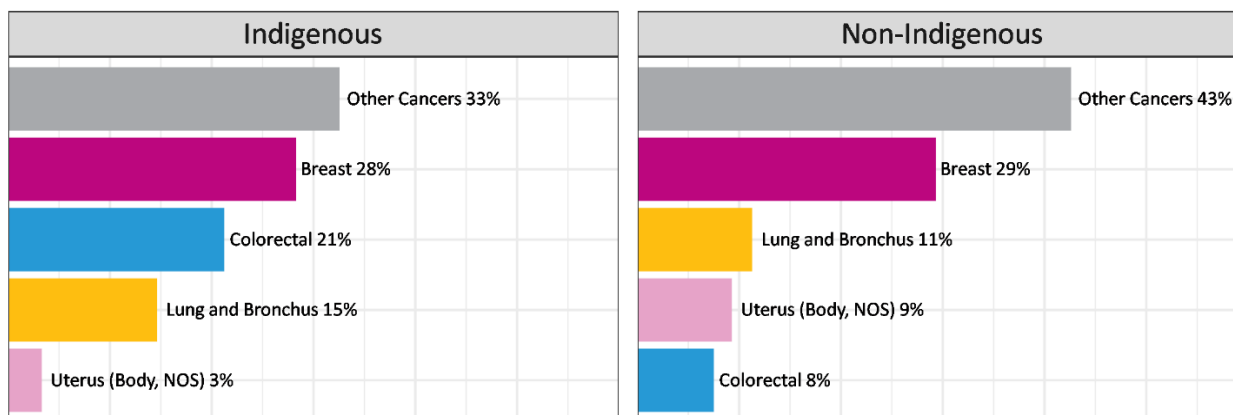
The top three more common cancers in Yellowknife and smaller communities were the same in both the 2001-2010 and the 2013-2022 time period. In regional centres in 2013-2022, the top three cancers in descending order were lung and bronchus, colorectal and prostate cancer, however, in 2001-2010, prostate cancer was most common and lung and bronchus cancer was third most common.

Breast cancer diagnoses were the most common type of cancer in females for both Indigenous and non-Indigenous populations of the NWT. Colorectal cancer cases made up a higher proportion of cancer cases in the Indigenous female population at 21% compared to 8% in the non-Indigenous female population. Both Indigenous and non-Indigenous female populations had the same top 4 cancers: breast, colorectal, lung and bronchus, and uterus. There were no comparisons at the

national level by ethnicity.

Figure 6. Proportion of Cancer Cases by Type and Ethnicity in Females

NWT 2013-2022

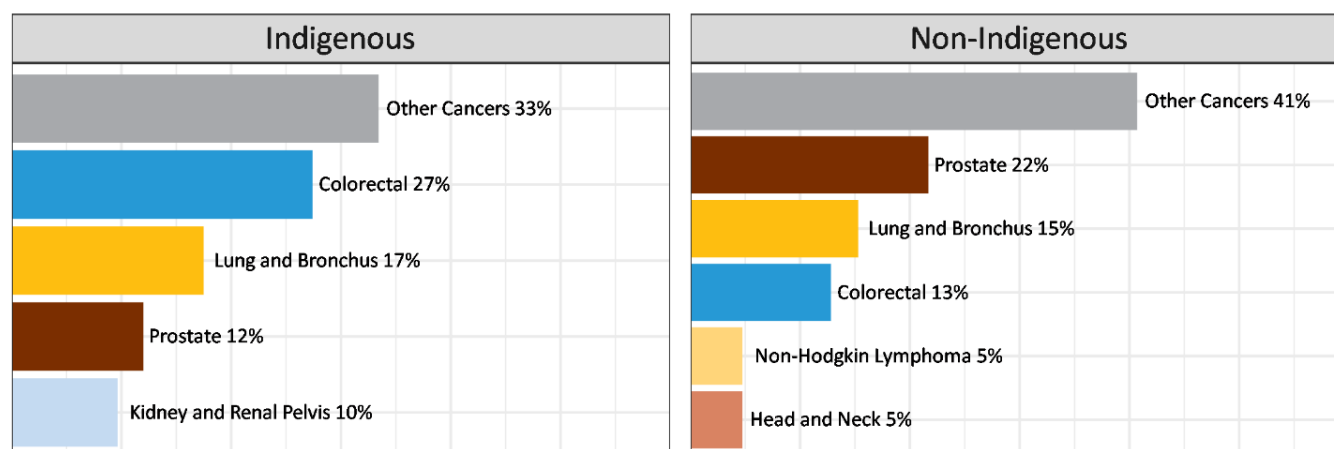


NOS: uterine cancer, not otherwise specified

The most common cancer in Indigenous males over the 10-year period was colorectal cancer, accounting for 27% of cancer cases diagnosed from 2013-2022. Lung and bronchus cancer was second most common at 17%, followed by prostate cancer at 12%. In comparison, the most common cases of cancer in non-Indigenous males were prostate (22%), followed by lung and bronchus (15%), then colorectal cancer (13%). There were no comparisons at the national level for by ethnicity.

Figure 7. Proportion of Cancer Cases by Type and Ethnicity in Males

NWT 2013-2022



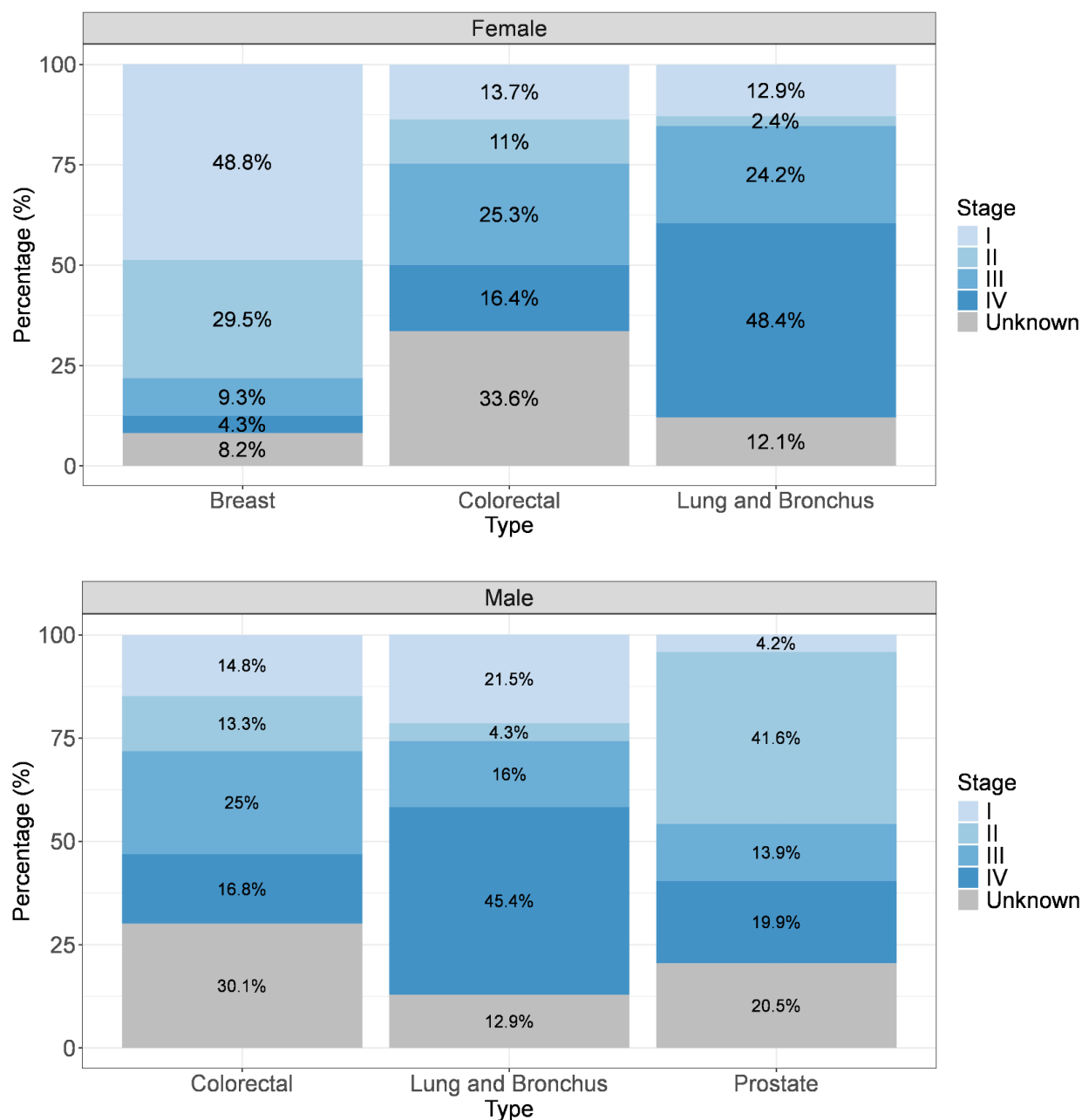
Cancer staging is a system that can be used on all cancers to communicate the size and spread of an individual's tumour. Staging occurs at diagnosis, even if the tumour gets worse and changes stage. Stage I is the least severe whereas stage IV is the most severe. Sometimes the information needed to stage a tumour is not available or staging systems have been updated, this leads to unknown staging. This can lead to disproportionately high unknown staging in some types of cancer.

78% of all female breast cancer cases were diagnosed at stage I or II between 2013-2022. Nationally, over 80% of breast cancer cases were diagnosed at stage I or II [4]. About half of lung and bronchus cases were diagnosed at stage IV for both males and females in the NWT which is similar to national estimates [4]. Colorectal cancer cases in both males and females had a high percentage of unknown staging. 41.7% of colorectal cancer diagnoses were in stage III and IV in females. Similar stage at diagnosis patterns were seen in males for colorectal cancer with 41.8% of cases diagnosed at a later stage. In Canada, approximately 50% of all colorectal cancer diagnoses were in stage III or IV [4].

Among males, prostate cancer was diagnosed at stage I or II in approximately 45% of cases. In Canada from 2010-2017, almost 75% of prostate diagnoses occur in stage I or II [4]. In the NWT, there were cancer screening CPGs for breast, colorectal and cervical cancer operationalized opportunistically across the three health authorities with varying organized program implementation over the time period. There has never been a lung and bronchus cancer screening program in the NWT.

Figure 8. Proportion of Cancer Cases by Type and Stage by Sex

NWT 2013-2022



Staging appears to be similar in the current and previous cancer report for the top three cancers in males and females apart from prostate cancer. Although prostate cancer was most commonly diagnosed in stage II in both time periods, in 2006-2010, that was approximately 70% of all cases. Colorectal cancer had the most even split among the stages, lung and bronchus cancer diagnoses were mostly diagnosed in stage 4, and stage I diagnoses were most common for breast cancer diagnoses in both reports.

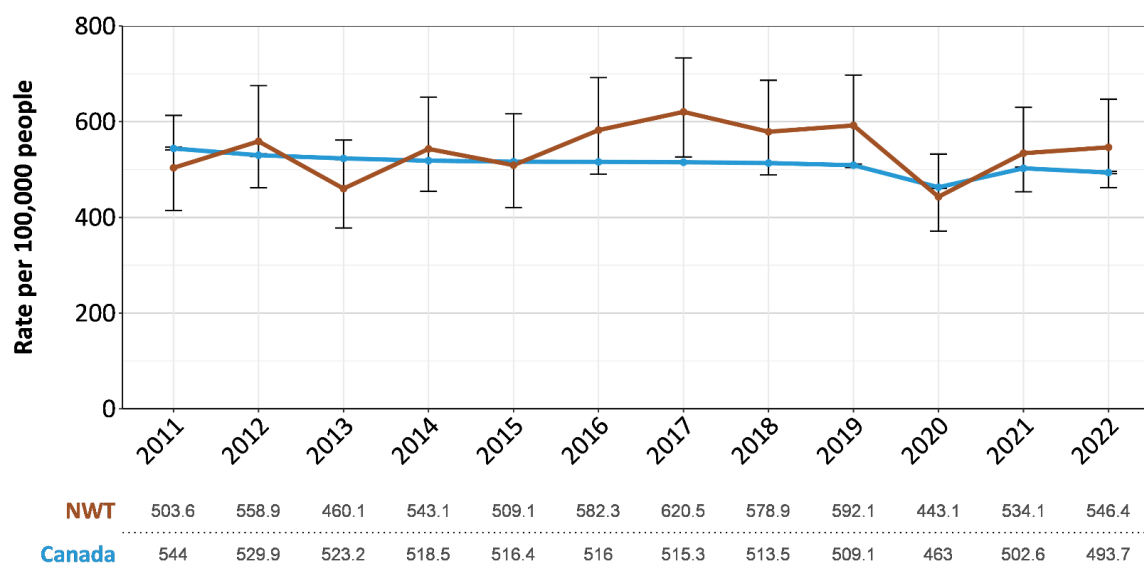
Age-Standardized Incidence Rates

NWT cancer incidence rates were directly standardized to the 2011 Canadian population to decrease the effect of different age distributions in the population across the years. Although the age-standardized rates (ASIRs) and counts cannot be meaningfully interpreted on their own, they are useful for comparing the magnitude of cancer incidence between subgroups of the NWT population and with other estimates standardized to the same population. The previous cancer report standardized estimates to the 1991 Canadian Population and thus cannot be compared to the age-standardized rates in this report.

Annual ASIRs in the NWT have fluctuated between 2011 and 2022. Excluding the 2020 year due to reporting inconsistencies from COVID-19, the lowest annual incidence rate was in 2013 at 460 per 100,000. All other years had incidence rates over 500 per 100,000 population, apart from 2020. The highest rate was in 2017 at 621 per 100,000. The NWT had higher ASIRs than Canada for more than half of the years between 2011 and 2022. However, given the uncertainty around the NWT estimates, the NWT rate did not vary significantly compared to Canada, apart from in 2017 [3].

Figure 9. Age-standardized Incidence Rates (ASIR) of Cancer in the Northwest Territories and Canada

2011-2022



3-Year rolling averages of age-standardized cancer incidence (3-year ASIRs) from 2011 to 2022 generally showed lower rates in females than in males. This trend is observed at the national level as well [3]. Given the large confidence intervals surrounding NWT ASIRs, we cannot be certain that the NWT ASIRs are significantly different than the Canadian rates in males over the 2011-2022 period [3]. However, there were significantly higher rates of cancer in Canadian females during the 2015-2017 and 2016-2018 time periods. In the previous cancer report, age-standardized cancer incidence rates for males and females were combined over the 2001-2020 period and compared to

Canada only for the most frequently diagnosed cancer types. NWT females had a higher risk than Canadian females for breast, colorectal, and lung cancer whereas NWT males had lower risk of colorectal, prostate, lung, and oral cancer than Canadian males.

Figure 10. Age-standardized Incidence Rates of Cancer Cases in Females

3-Year Rolling Average

NWT 2011-2022

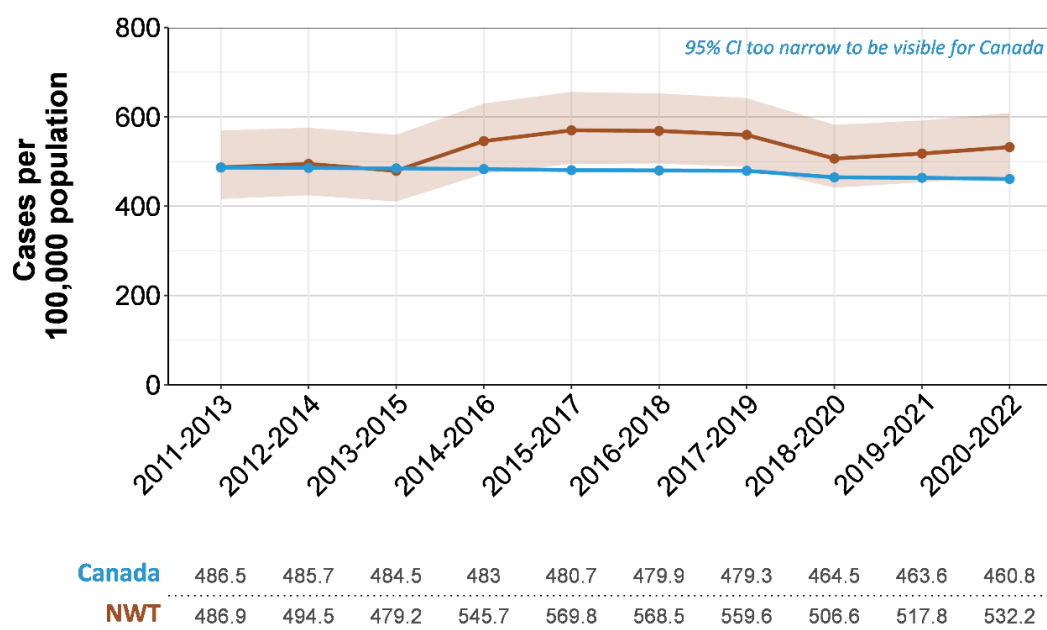
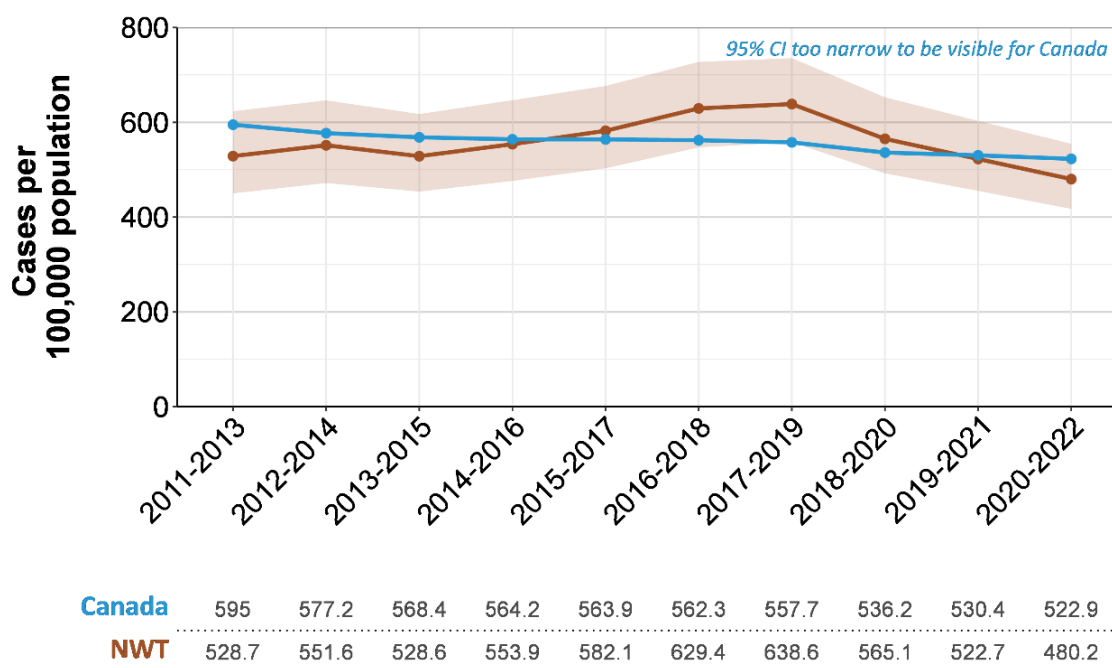


Figure 11. Age-standardized Incidence Rates of Cancer Cases in Males

3-Year Rolling Average

CA 2011-2022

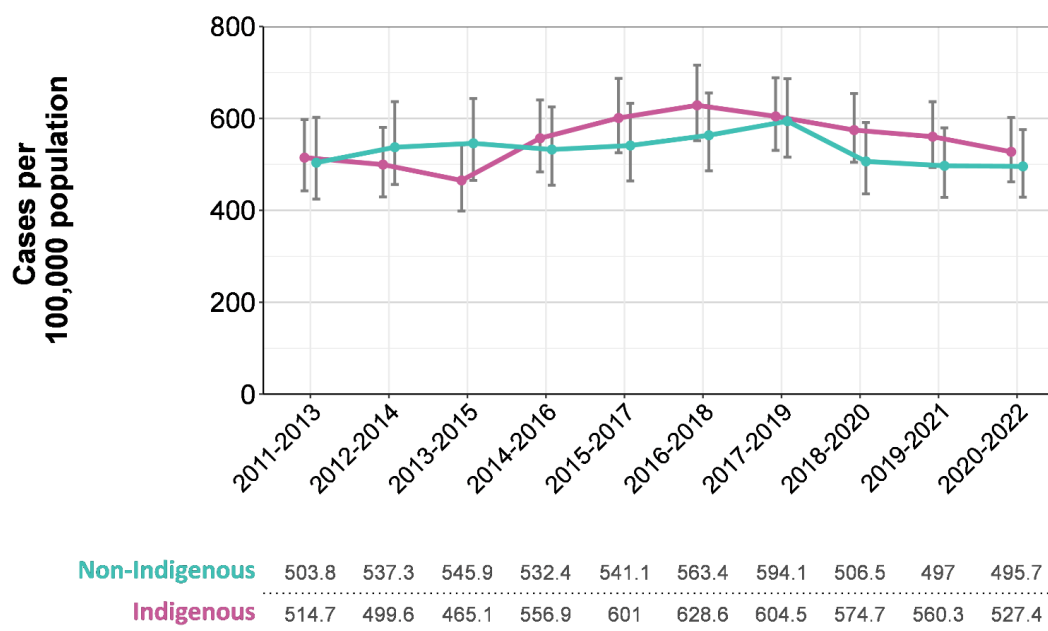


3-year ASIRs by ethnicity show that the Indigenous population has had higher rates of cancer compared to non-Indigenous people since the 2014-2017 time period. However, differences between ethnicity were not significantly different given the level of uncertainty surrounding these estimates. Canadian estimates for ethnicity were not available for comparison.

Figure 12. Age-Standardized Incidence Rates of Cancer Diagnoses by Ethnicity

3-Year Rolling Average

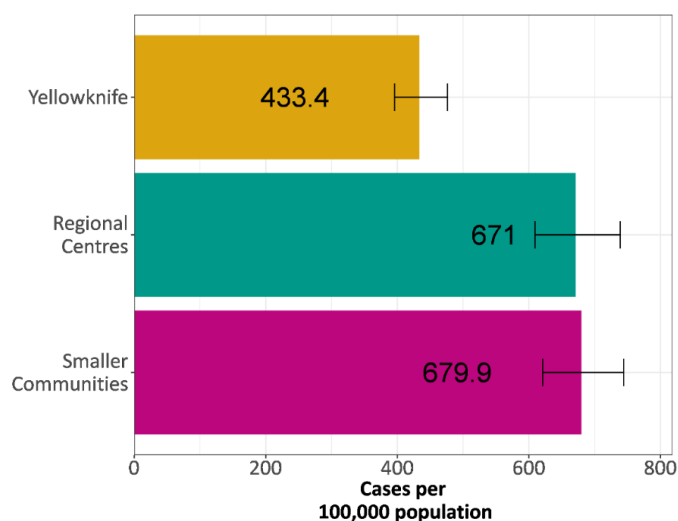
NWT 2011-2022



Age-standardized incidence rates are slightly over 1.5 times higher in regional centres and in smaller communities compared to Yellowknife. Furthermore, these differences are statistically significant. There does not appear to be any difference in age-standardized incidence rates between smaller communities and regional centres.

Figure 13. 10-Year Aggregated Age-Standardized Cancer Incidence Rates by Community Type

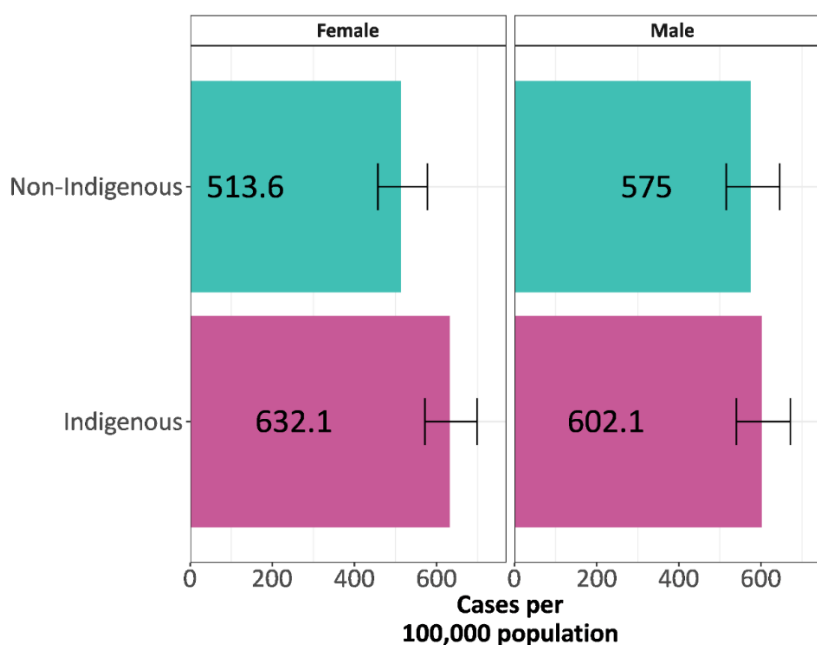
NWT 2013-2022



Both male and female 10-year aggregated age-standardized cancer incidence rates were higher in the Indigenous population than in the non-Indigenous population. The percent difference was more pronounced in females than in males with a difference of 21% compared to 5%. However, neither difference was statistically significant.

Figure 14. 10-Year Aggregated Age-Standardized Cancer Incidence Rates by Sex and Ethnicity

NWT 2013-2022



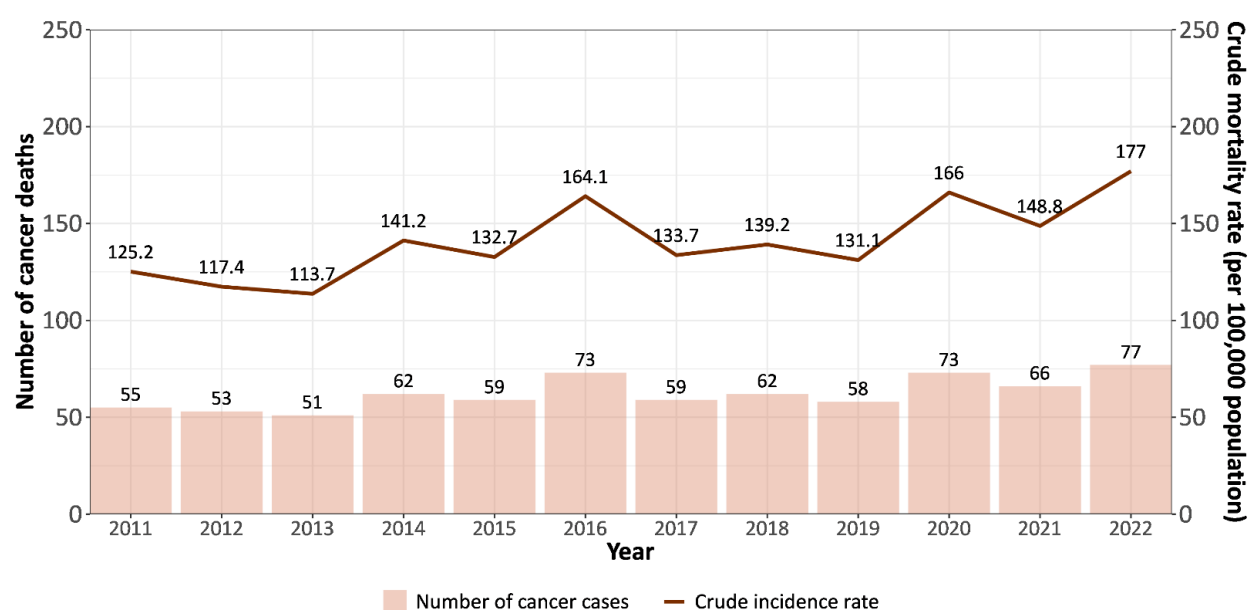
Cancer Mortality

Mortality Rates

The crude mortality rate has increased by approximately 52 deaths per 100,000 from 2011 to 2022. Year to year variation exists throughout this period. The highest number of deaths were seen in 2016, 2020, and 2022. After age standardizing the mortality rates, only the 2016 rate appeared much higher than the average age-standardized mortality rate (ASMR) of all other years. The confidence interval around the 2016 estimate was quite high, which prevents statistically significant conclusions to be drawn when compared to other annual ASIRs. However, in 2016, the NWT ASMR was significantly higher than the Canadian ASMR by 134.2 cases per 100,000. There was a smaller but still significant difference between NWT and Canada in 2022 of about 78.6 cases [5].

Figure 15. Number of Cancer Deaths and Crude Mortality Rate

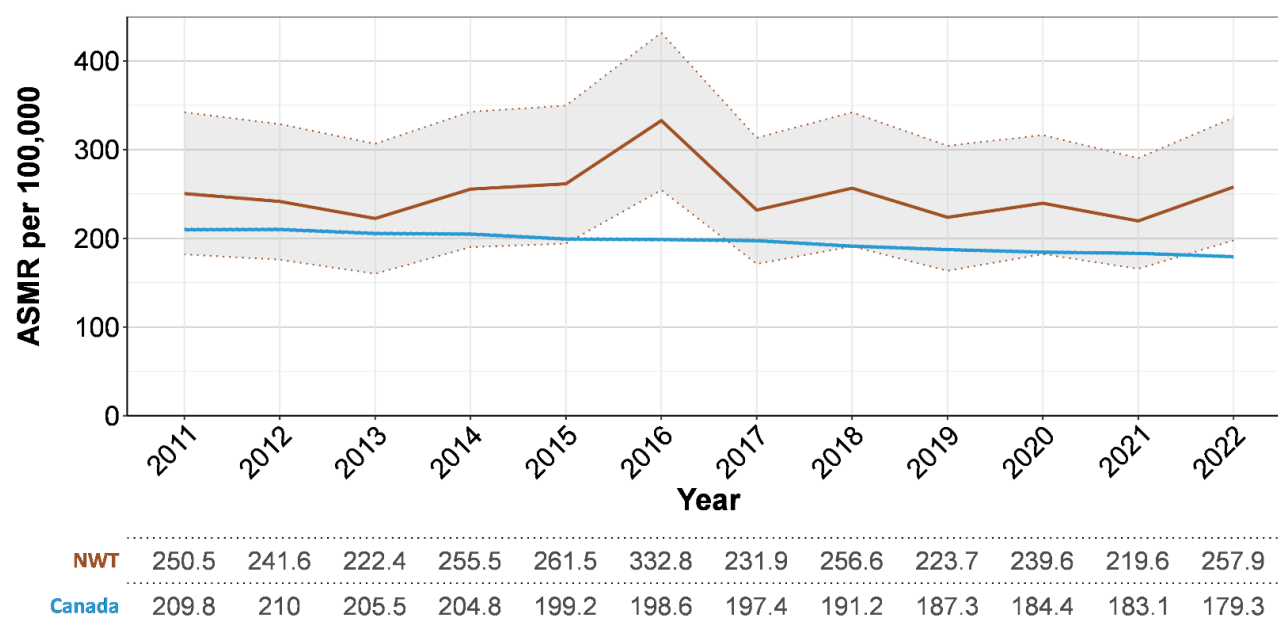
NWT 2011-2022



Across the 2011-2022 period, there was an average of 62 cancer-related deaths per year. Compared to the last NWT cancer report, this is 17 deaths per year higher on average than in 2000. These are crude counts and are not adjusted for population size, therefore it is expected that as the population grows, a higher number of deaths will occur.

Figure 16. Age-Standardized Mortality Rate (ASMR)

NWT 2011-2022

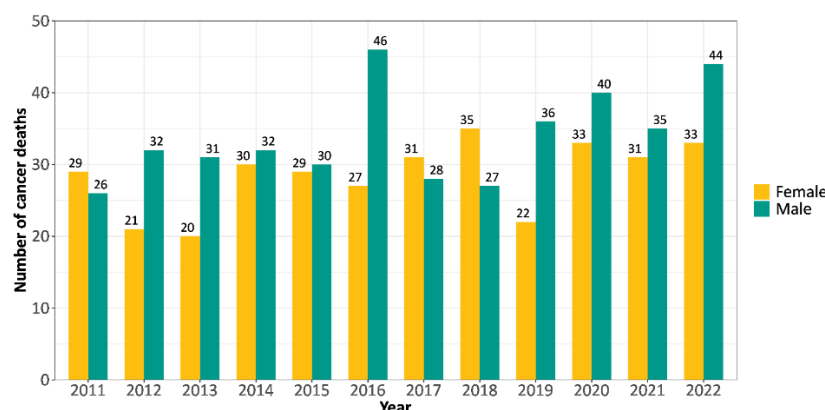


Mortality by Sex

The 2016 increase in cancer deaths seen above in the overall annual mortality trends appeared to be primarily led by an increase in male cancer deaths. There were 46 male cancer deaths in 2016 compared to only 30 male cancer deaths in the previous year.

Figure 17. Number of Cancer Deaths by Sex

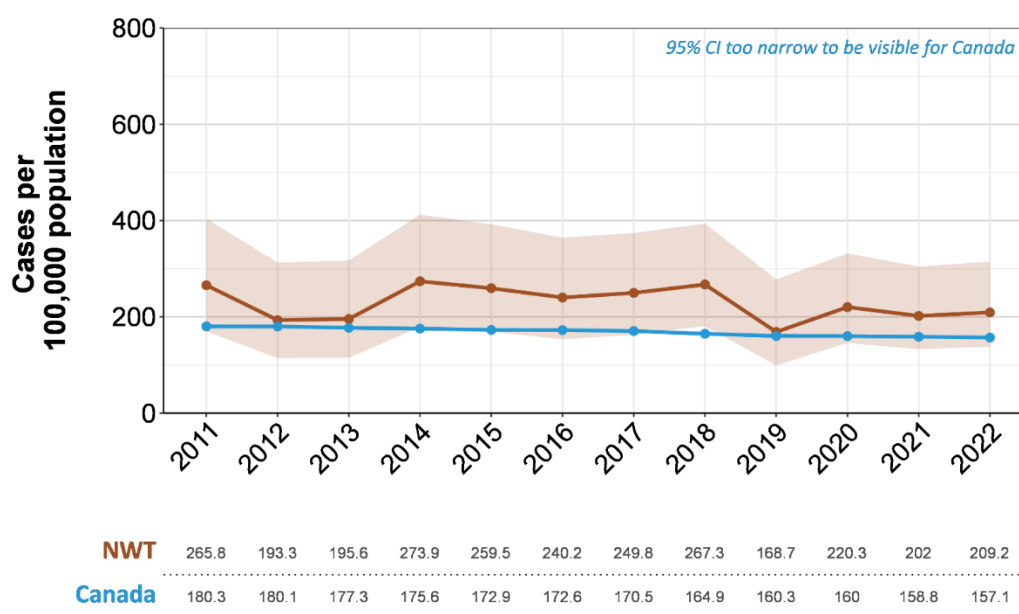
NWT 2011-2022



The age-standardized cancer mortality rates in females are higher in the NWT than in Canada for the entire 2011 to 2022 period [5]. The largest differences existed in 2014 and 2018. However, the only statistically significant difference between the ASMRs was in 2018.

Figure 18. Age-Standardized Cancer Mortality Rate (ASMR) in Females

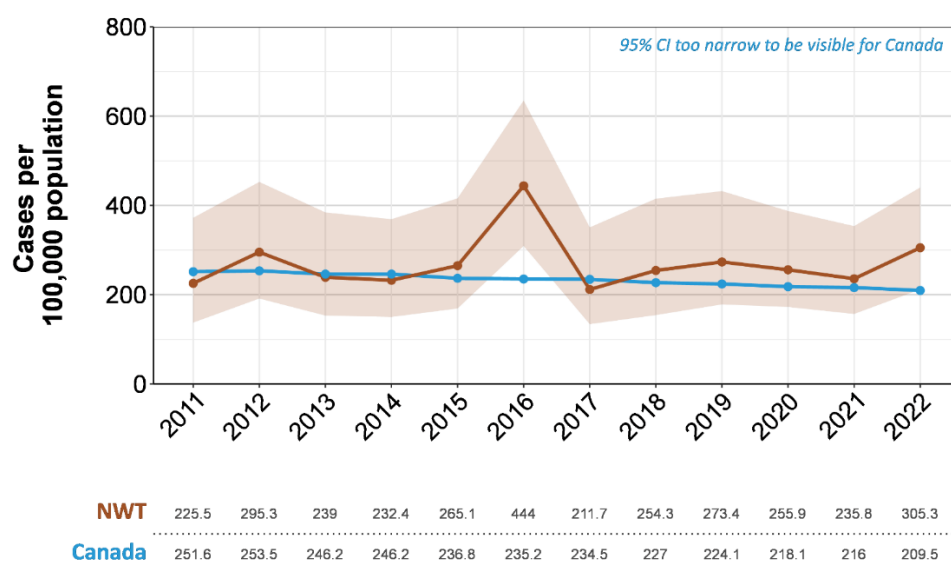
NWT and CA 2011-2022



In 2016, the NWT age-standardized mortality rate was almost double that of the Canadian ASMR in males. This was the only statistically significant difference between NWT and Canada throughout the entire period. Although not statistically significant, the NWT ASMR was higher than the Canadian ASMR with only slightly overlapping confidence intervals in 2022 [5].

Figure 19. Age-Standardized Cancer Mortality Rate (ASMR) in Males

NWT and CA 2011-2022



Bronchus and lung cancer accounted for more than 2 times the number of deaths than the second leading type of cancer in both males and females. Pancreas and colorectal cancer are among the top 5 leading causes of cancer death in both sexes as well.

Prostate, bronchus and lung, and pancreas cancer accounted for similar proportions of male cancer deaths in the NWT and in Canada. Colorectal cancer deaths in the NWT were lower than Canada by about half whereas liver and bile duct cancer deaths were approximately two times higher than the Canadian ASMR [5].

Figure 20. Top 5 types of Cancer Deaths in Females

NWT 2013-2022

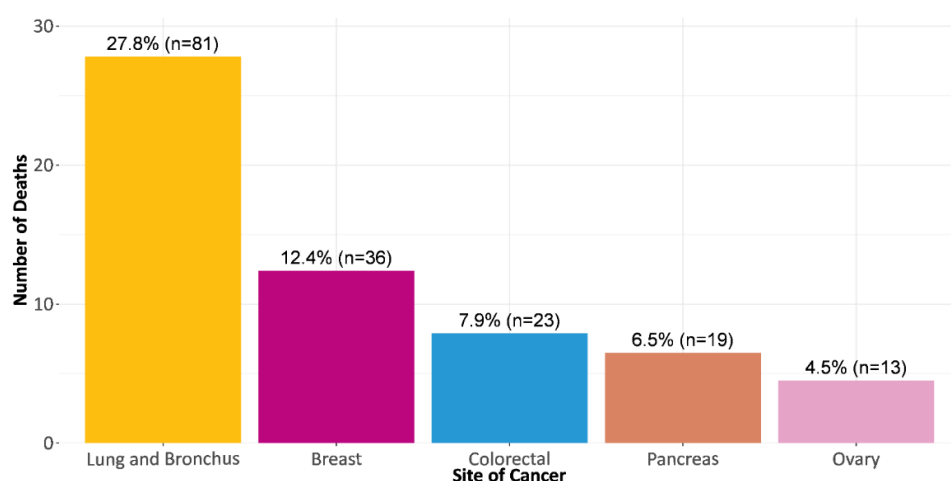
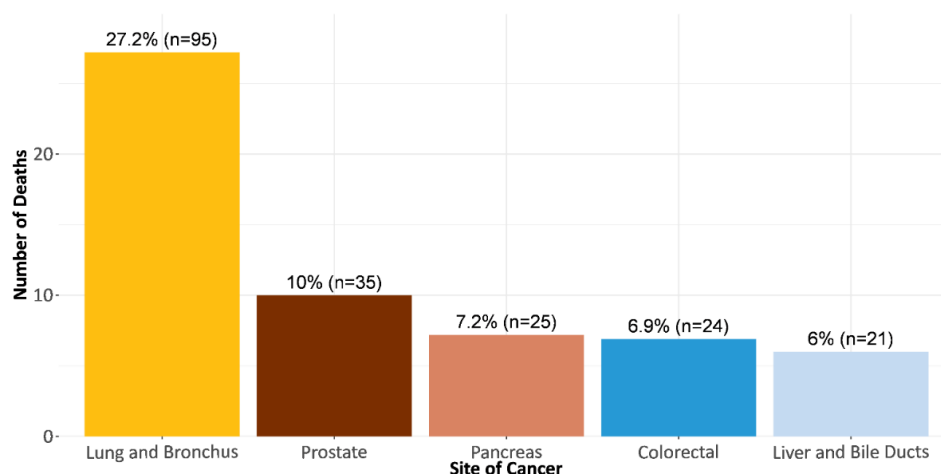


Figure 21. Top 5 types of Cancer Deaths in Males

NWT 2013-2022



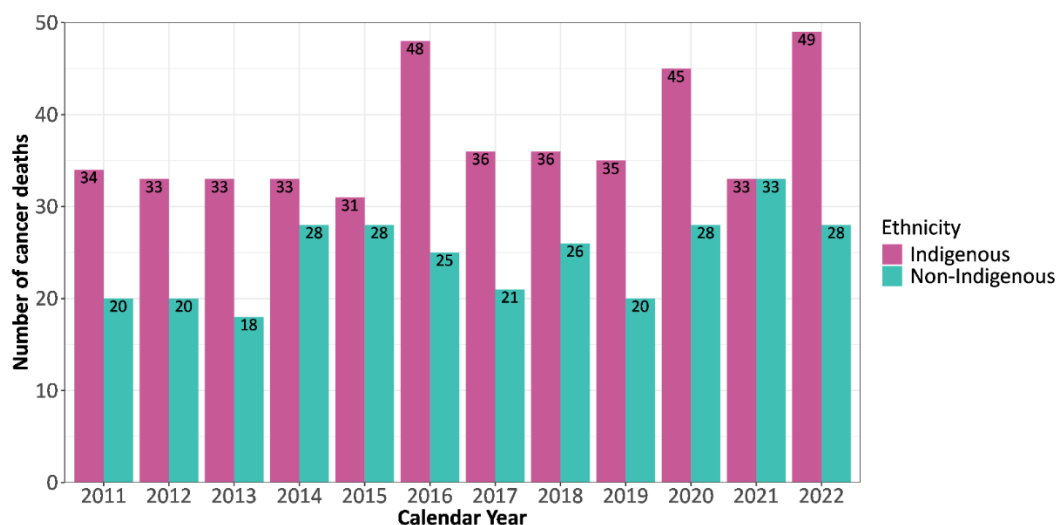
Lung and bronchus cancer was the leading cause of cancer-related deaths in males and females from 2014-2023. This was also the case in the previous reporting period, 2000-2009. Breast and colorectal cancer were the second and third most common types of cancer found in cancer-related deaths in females in both the current and previous report. In the previous report, colorectal cancer was the second leading cause of cancer-related deaths in males however that proportion dropped to 6.9% from 20%. Prostate cancer was the third leading cause of cancer-related deaths in the previous report at 10%, the same as the current report.

Mortality by Ethnicity

Between 2011 and 2022, the number of cancer deaths in the Indigenous population was higher than in the non-Indigenous population for all years except for 2021, where it was equivalent. According to the 2021 census [6], 49.6% of the population in the NWT are Indigenous [6]. The greatest difference in number of cancer deaths between ethnicities was in 2016. Similar differences to 2016 were seen in 2020 and 2022 as well.

Figure 22. Number of Cancer Deaths by Ethnicity

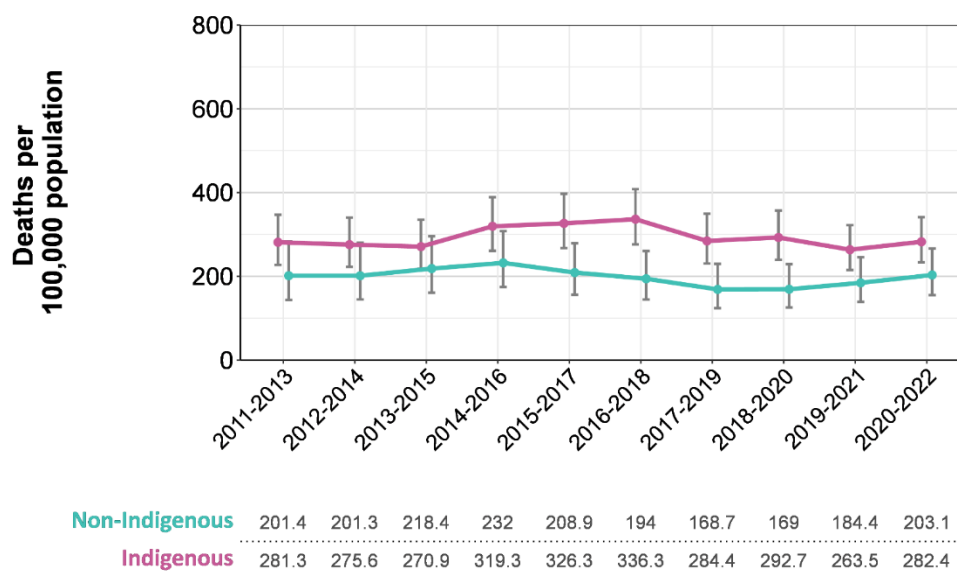
NWT 2011-2022



After adjusting for the younger age structure of the Indigenous population, mortality rates were still higher in the Indigenous population. The non-indigenous NT population had a range of rates from 168.7 to 232 per 100,000. The Indigenous populations' lowest 3-year rolling mortality rate was in 2019-2021 at 263.5. The Indigenous population had a significantly higher 3-year rolling age-standardized mortality rate than the non-Indigenous population in 2016-2018 and 2018-2020.

Figure 23. 3-Year Rolling Age-Standardized Cancer Mortality Rate (ASMR) by Ethnicity

NWT 2011-2022

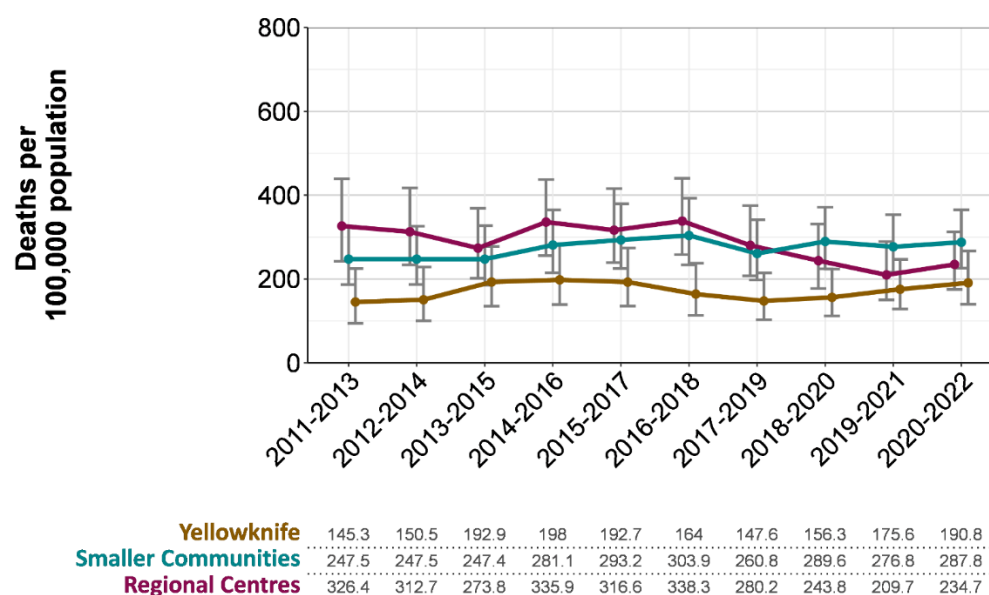


Cancer mortality rates by ethnicity in the previous cancer report (2000-2009) reported lower rates in the non-Indigenous population compared to Dene, Metis, and Inuit populations.

Yellowknife has had the lowest 3-year rolling age-standardized cancer mortality rate for the entire time period (2011-2022). However, given the wide confidence intervals, the only statistically significant difference among all three of the community types are between Yellowknife and Regional Centres in 2011-2013, 2012-2014, and 2016-2018.

Figure 24. 3-Year Rolling Age-Standardized Cancer Mortality Rate (ASMR) by Community Type

NWT 2011-2022



Cancer Screening

The following average risk guidelines were in place in 2024 and reflect the most recent screening guidelines used in this report:

Cervical Cancer	Sexually active NWT residents with a cervix aged 21 to 69 years should receive a PAP smear every 2 years.
Breast Cancer	NWT residents born with breasts aged 45 to 74 years should receive a mammogram every 2 years.
Colorectal Cancer	NWT residents with a colon aged 50 to 74 years should receive a Fecal Immunochemical Test (FIT) every 2 years.

However, in 2025, cervical cancer screening guideline updates resulted in a different initial test recommendation (from PAP to HPV test), an increase in the lower age limit (from 21 to 25 years), and a different frequency (from 2 to 3 years) for average risk individuals with a cervix. Coverage estimates in this report reflect the old guidance on cervical cancer screening as 2024 is the latest report year. In March 2024, the age for breast cancer screening initiation among average risk individuals was lowered from 50 to 45. As these guidelines would be in effect for the majority of 2024, this report reflects these changes. Coverage estimates for colorectal cancer screening follow

current average risk guidelines. This includes individuals aged 50-74 who should be screened with a fecal immunochemical test (FIT) every 2 years. Although Fecal Occult Blood Test (FOBT) has not been used in the NWT since 2019, it has been included as an acceptable screening test for colorectal cancer for estimates dated 2019 and earlier. Data are not available to identify individuals who are at higher-than-average risk. Additional criteria that may exclude individuals from requiring a screening test (had a hysterectomy; diagnosed with cervical, breast, or colorectal cancer; etc.) or requiring a screening test other than a PAP smear, mammogram, or FIT, are not accounted for in this analysis. This may lead to an underestimation of population-based screening coverage. Population-level eligibility is determined only on age and sex.

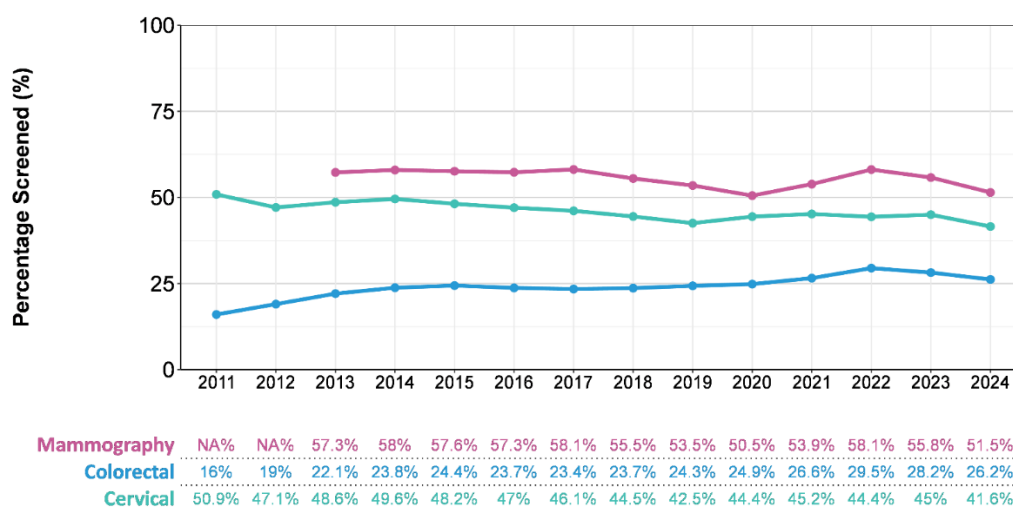
The most current screening guidelines are found on the [chronic disease prevention and management website](#).

The coverage rate for breast cancer screening has been consistently higher than for cervical and colorectal cancer screening since 2013. The lowest screening coverage percentage for breast cancer was in 2020 at 50.5% and highest in 2017 and 2022 at 58.1%. In 2020-21, breast cancer screening coverage varied by province/territory, ranging from 28.4% to 59.7% [7]. All coverage rates for breast cancer screening were below the Canadian target of 70% or over [7].

Cervical cancer screening coverage rates ranged from 42-50% from 2011-2024. The Canadian Partnership Against Cancer (CPAC) estimated in 2017 that nationally, women aged 21-69 years old had a 76.6% screening coverage rate [8]. Colorectal screening coverage was substantially lower than the other two screening coverage rates throughout the entire time period, ranging from 16 to 28% from 2011 to 2024. The Canadian target for colorectal cancer screening is 60%, however population-based coverage rates range from 19.3% to 54.8% from 2017-2019 [9].

Figure 25. Population-based Screening Coverage for Breast, Colorectal, and Cervical Cancer

NWT 2011-2024



Note: Data on breast cancer screening coverage was suppressed for 2011 and 2012 due to data quality issues.

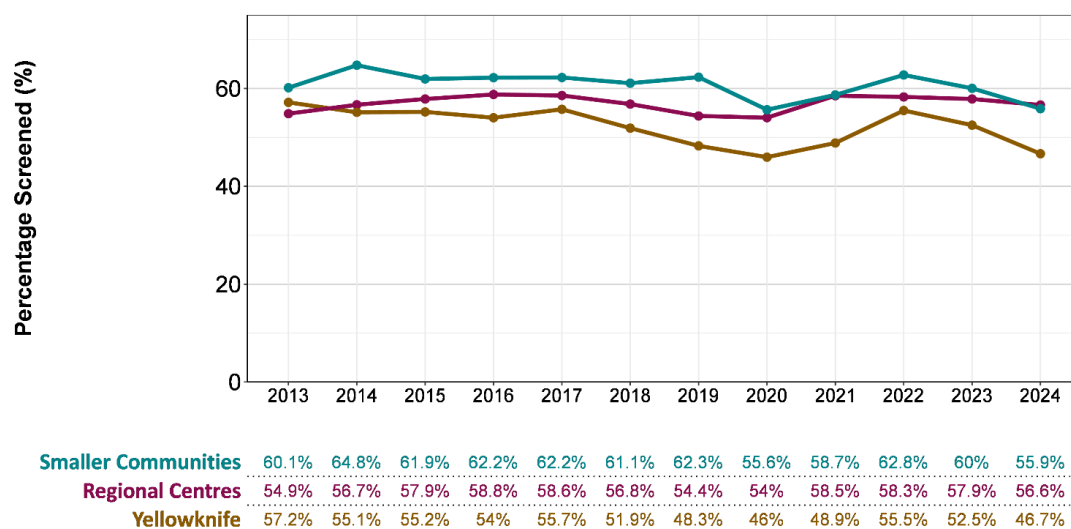
Cervical cancer screening coverage was higher on average over the 2006-2012 period reported in the previous cancer report than over the current 2011-2024 period. However, decreasing coverage was seen throughout the 2006-2012 period falling from 62% to 53%. Breast cancer screening coverage was higher in most years from 2011-2024 than in the two years reported in the previous report (55% in 2010-11 and 2011-12). Colorectal cancer screening coverage surpassed the highest reported colorectal cancer screening coverage percentage in the previous report (20%) in 2013 and onward.

Breast Cancer Screening

Trends in breast cancer screening varied in each community type over the 2013 to 2024 time period. However, smaller communities in the Northwest Territories had the highest breast cancer screening coverage almost every year. Yellowknife has had the lowest screening coverage throughout the entire period and has decreased by almost 10% from 2022 to 2024.

Figure 26. Population-based Annual Breast Cancer Screening Coverage by Community Type

NWT 2013-2024



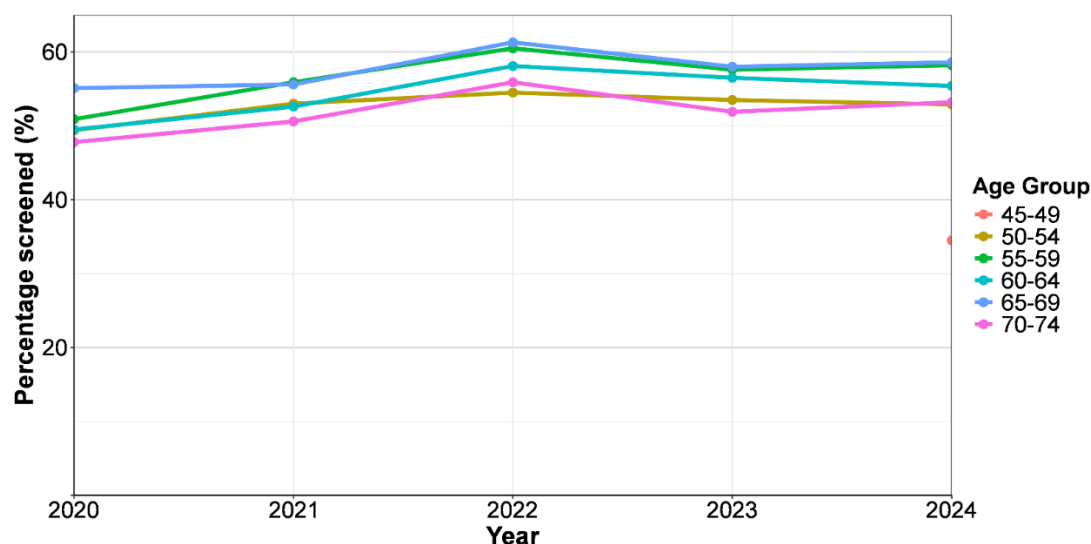
Note: Data on breast cancer screening coverage was suppressed for 2011 and 2012 due to data quality issues.

In the last cancer report, Yellowknife had slightly higher breast cancer screening coverage than regional centres and smaller communities in 2010-2011 and 2011-12. Although Yellowknife had higher coverage than regional centres in 2013, for all subsequent years in this report, Yellowknife had lower coverage than the other two community types.

The age of breast cancer screening initiation was lowered from 50 to 45 in 2024. This was reflected in the substantially lower screening coverage for women aged 45-50 compared to all other age groups in 2024. All other age groups had breast cancer screening coverage rates above 50% in 2024 whereas the 45-49 age group had only 34.5% coverage. Excluding the newly added age group, the range of screening coverage was quite narrow between all age groups in 2024 (52.9% to 58.6%). In the 5 years before 2024, the coverage rates in each age group have varied by 10% or less.

Figure 27. Population-based Annual Breast Cancer Screening Coverage by Age Group

NWT 2013-2024



Note: The age of breast cancer screening initiation was lowered from 50 to 45 in 2024. Years shown on the graph are abbreviated to show only 2020 to 2024 for ease of viewing. Estimates from 2013 to 2024 are in table below. Data on breast cancer screening coverage was suppressed for 2011 and 2012 due to data quality issues.

Table 1. Annual breast cancer screening coverage by age group, 2013 to 2024

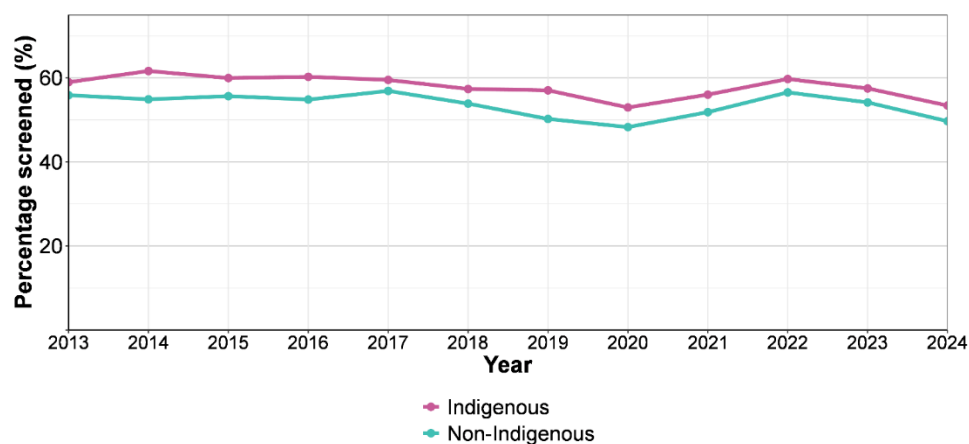
Age Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
45-49	--	--	--	--	--	--	--	--	--	--	--	34.5
50-54	55.8	55.7	56.8	57.4	57.5	53.7	50.6	49.4	53	54.5	53.5	52.9
55-59	59.6	60.4	57.2	55.9	57.4	55.3	51.9	50.9	55.9	60.5	57.6	58.2
60-64	59.5	58.9	59.9	61.3	61.5	57.5	54.8	49.5	52.6	58.1	56.5	55.4
65-69	58.9	62.2	59.6	55.5	58.4	57.7	57.4	55.1	55.6	61.3	58	58.6
70-74	46.8	49.7	53	54.6	53.8	53.8	57.6	47.8	50.6	55.9	51.9	53.2

In the previous cancer report, the 60-64 year old age group had the highest screening coverage in 2010-11 and 2011-12 but was only slightly higher than the 65-69 and 50-54 year old age groups. The previous report did not include 70+ or 45-50 in their report.

Throughout the entire time period from 2013 to 2024, the Indigenous population of NWT had higher screening percentages than the non-Indigenous population. Both populations had similar patterns of increasing and decreasing trends throughout this period. In the most recent 5 years (2020-2024), the average difference in percentage screened between the two groups was approximately 3.8%.

Figure 28. Population-based Annual Breast Cancer Screening Coverage by Ethnicity

NWT 2013-2024



Note: Data on breast cancer screening coverage was suppressed for 2011 and 2012 due to data quality issues.

Table 2. Annual breast cancer screening coverage by ethnicity, 2013 to 2024

Ethnicity	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Indigenous	59.0	61.6	60.0	60.3	59.5	57.4	57.0	53.0	56.0	59.7	57.5	53.4
Non-Indigenous	55.9	54.9	55.7	54.8	56.9	53.9	50.2	48.3	51.9	56.5	54.2	49.7

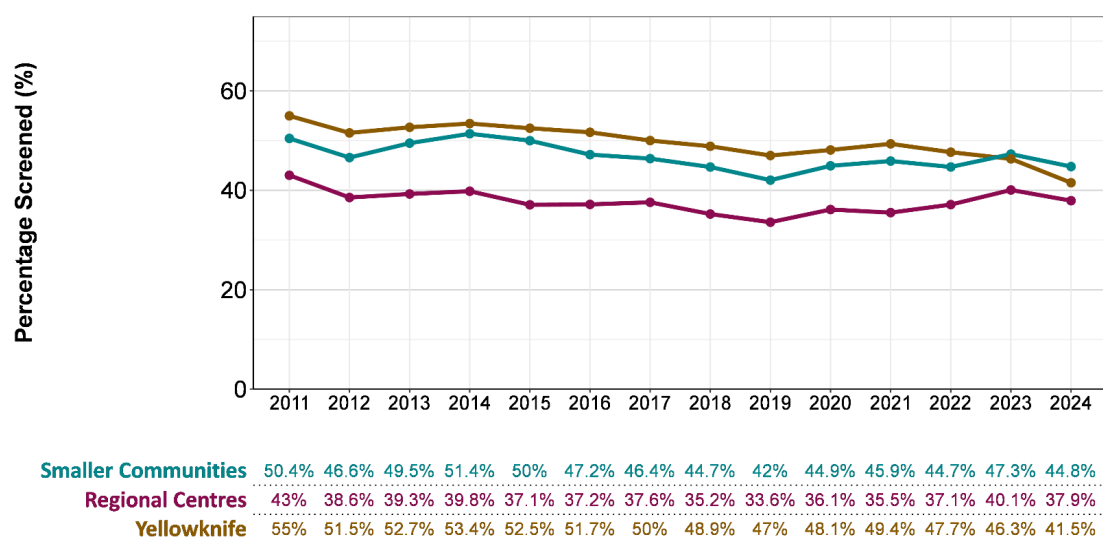
In the previous cancer report, the non-Indigenous population had higher breast cancer screening coverage compared to other Indigenous groups, which is the reverse of what is seen throughout the 2013-2024 time period.

Cervical Cancer Screening

Yellowknife had consistently higher cervical screening coverage until 2023 and 2024, when smaller communities surpassed screening coverage in Yellowknife. Regional centres had the lowest coverage throughout the entire time. All three community types had lower screening coverage in 2024 than in 2011.

Figure 29. Population-based Annual Cervical Cancer Screening Coverage by Community Type

NWT 2011-2024



Smaller communities had the lowest cervical cancer screening coverage by community type in the previous cancer report. Yellowknife had the highest coverage in both the current and previous report for almost all of the years.

From 2011 to 2020, annual cervical screening coverage has been highest in the 21-29 and the 30-39 year old age groups, with increasingly lower screening coverage in the older age groups. Apart from the 21-29 year old age group, this pattern is seen from 2021 to 2024 as well. The coverage rates for the 21-29 year old age group fell below 30-39 year olds in 2021, below the 40-49 year olds in 2022 and 2023, and then below the 50-59 year old group in 2024. Although the initiation age of cervical cancer screening has increased to 25 years old in 2025, it was still recommended at 21+ from 2021 onwards.

Figure 30. Population-based Annual Cervical Cancer Screening Coverage by Age
NWT 2011-2024

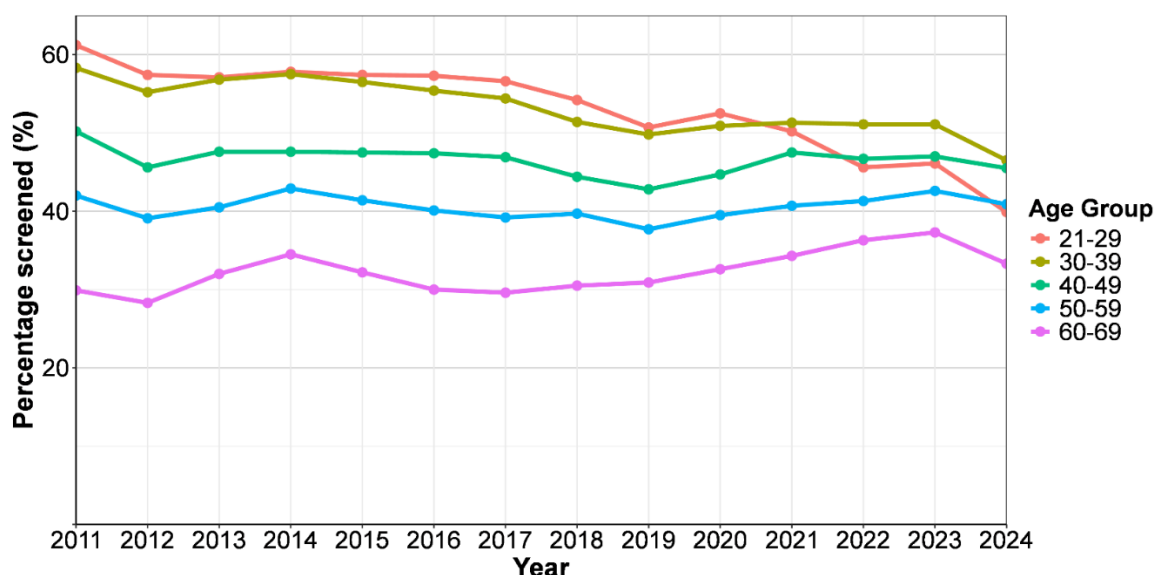


Table 3. Annual cervical cancer screening coverage by age group, 2011 to 2024

Age Group	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
21-29	61.2	57.4	57.1	57.8	57.4	57.3	56.6	54.2	50.7	52.5	50.2	45.6	46.1	39.9
30-39	58.3	55.2	56.8	57.5	56.5	55.4	54.4	51.4	49.8	50.9	51.3	51.1	51.1	46.5
40-49	50.2	45.6	47.6	47.6	47.5	47.4	46.9	44.4	42.8	44.7	47.5	46.7	47	45.5
50-59	42	39.1	40.5	42.9	41.4	40.1	39.2	39.7	37.7	39.5	40.7	41.3	42.6	40.9
60-69	29.9	28.3	32	34.5	32.2	30	29.6	30.5	30.9	32.6	34.3	36.3	37.3	33.3

Similar to the current report, the oldest age group had the lowest cervical cancer screening coverage, and the youngest two age groups had the highest in the previous cancer report.

Cervical cancer screening coverage rates were very similar between the Indigenous and non-Indigenous populations of the NWT from 2011 to 2024. Both populations average 46% screening coverage over this time period. When comparing 2011 coverage to 2024, both groups have slightly lower screening coverage in 2024 by 5.6% and 10% for Indigenous and non-Indigenous peoples.

Figure 31. Population-based Annual Cervical Cancer Screening Coverage by Ethnicity

NWT 2011-2024

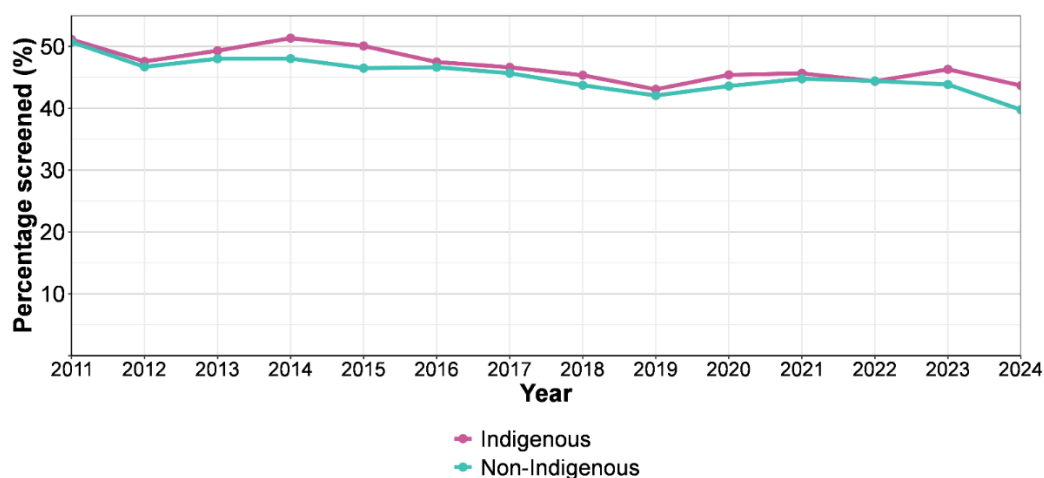


Table 4. Annual cervical cancer screening coverage by ethnicity, 2011 to 2024

Ethnicity	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Indigenous	51.1	47.6	49.3	51.3	50.1	47.5	46.6	45.3	43.1	45.4	45.6	44.4	46.3	43.7
Non-Indigenous	50.7	46.7	48.0	48.0	46.5	46.6	45.7	43.7	42.1	43.6	44.8	44.4	43.9	39.8

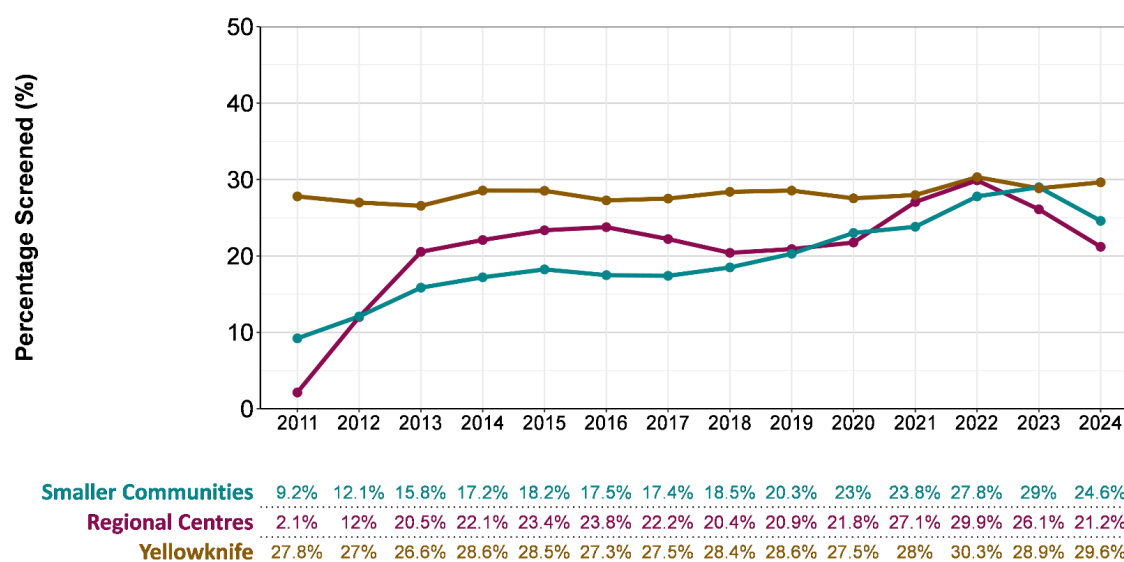
The previous cancer report showed trends by type of Indigenous group. There was varying cervical cancer screening coverage rates among those groups, some of which were lower than non-Indigenous screening coverage and some higher over the 2006-07 to 2011-12 time period.

Colorectal Cancer Screening

Colorectal screening coverage trends have varied in the most recent 5-year period. Smaller communities dropped 4.4% in coverage from 2023 to 2024. Similarly, from 2022 to 2024, regional centres had an 8.7% decrease in colorectal screening coverage. Before 2024, the coverage rate in smaller communities had been on an upward trend in coverage, increasing from 9.2% in 2011 to 29% in 2023.

Figure 32. Population-based Annual Colorectal Cancer Screening Coverage by Community Type

NWT 2011-2024

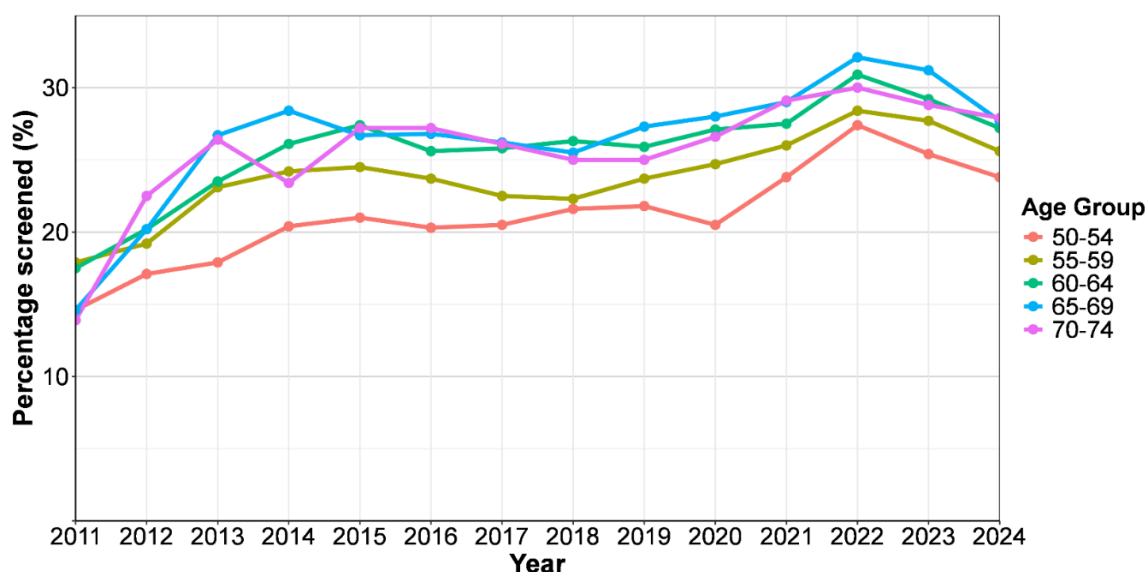


The most recent year in the previous cancer report (2011-12) showed Yellowknife had the highest colorectal cancer screening coverage, followed by regional centres then smaller communities. This trend was seen between 2013-2019 and in 2021 in the current report, however other years vary.

For most years from 2011 to 2024, colorectal screening coverage was lowest in the 50-54 year old age group. The range of coverage between all age groups was not more than 9% in any given year over this time period. In 2024, screening coverage was highest in the 65-69 and 70-74 age groups and lowest in the 50-54 year old age group, however all coverage percentages were within 4% (24-28%). Although there was a slight increase in coverage from 2020 to 2022, coverage decreased from 2022 to 2024 for all age groups.

Figure 33. Population-based Annual Colorectal Cancer Screening Coverage by Age

NWT 2011-2024

**Table 5. Annual colorectal cancer screening coverage by age group, 2011 to 2024**

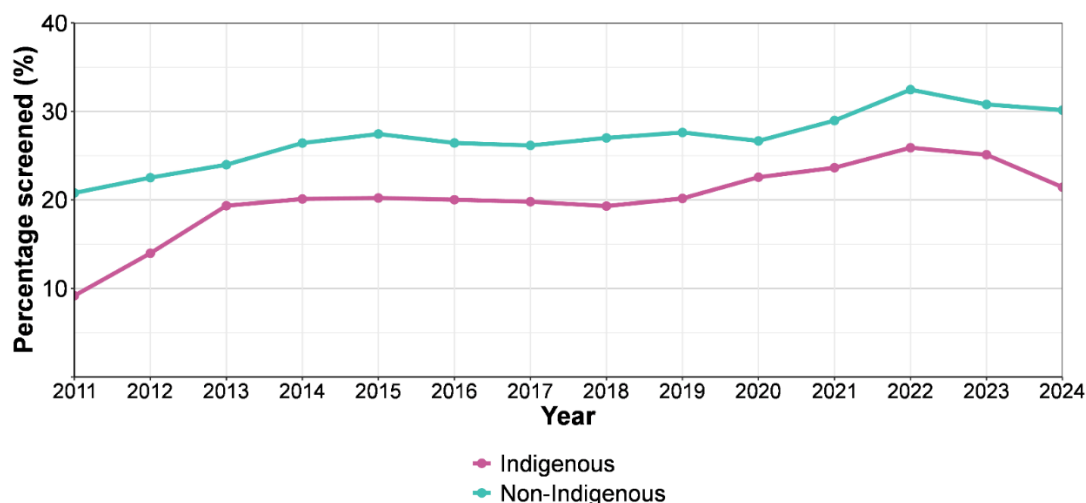
Age Group	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
50-54	14.6	17.1	17.9	20.4	21.0	20.3	20.5	21.6	21.8	20.5	23.8	27.4	25.4	23.8
55-59	17.9	19.2	23.1	24.2	24.5	23.7	22.5	22.3	23.7	24.7	26.0	28.4	27.7	25.6
60-64	17.5	20.2	23.5	26.1	27.4	25.6	25.8	26.3	25.9	27.1	27.5	30.9	29.2	27.2
65-69	14.6	20.2	26.7	28.4	26.7	26.8	26.2	25.5	27.3	28.0	29.0	32.1	31.2	27.7
70-74	13.9	22.5	26.4	23.4	27.2	27.2	26.1	25.0	25.0	26.6	29.1	30.0	28.8	27.9

Overall, colorectal cancer screening coverage appears to be increasing in all age groups with some variation year to year which is inline with the trends seen in the previous cancer report from 2009-10 to 2011-12.

The colorectal cancer screening coverage rate in the Indigenous population of the NWT was lower from 2011 to 2024 than the non-Indigenous population. On average, the difference between these two populations was 6.9%. Both groups saw an approximately 10% increase in screening coverage from 2011 to 2024.

Figure 34. Population-based Annual Colorectal Cancer Screening Coverage by Ethnicity

NWT 2011-2024

**Table 6. Annual colorectal cancer screening coverage by ethnicity, 2011 to 2024**

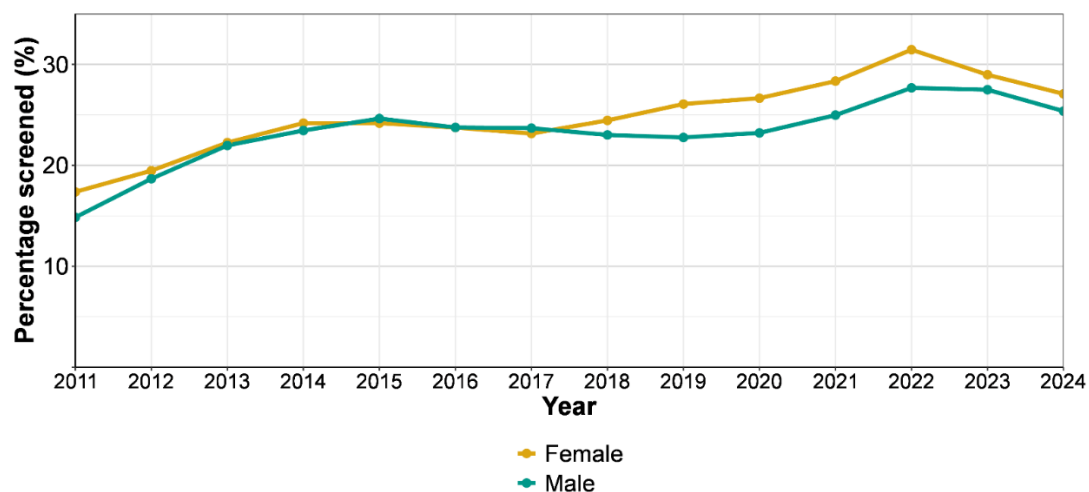
Ethnicity	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Indigenous	9.2	14.0	19.4	20.1	20.2	20.0	19.8	19.3	20.2	22.6	23.6	25.9	25.1	21.4
Non-Indigenous	20.8	22.5	24.0	26.4	27.4	26.4	26.2	27.0	27.6	26.7	29.0	32.5	30.8	30.1

In the previous cancer report the non-Indigenous population had higher colorectal cancer screening coverage rates than Indigenous populations which is also seen throughout the entire time period of this report.

From 2012 to 2017, male and female colorectal cancer screening coverage remained similar. After 2017, female colorectal screening coverage began to increase at a higher rate than male screening coverage. In the last two reporting years, both male and female colorectal screening coverage has decreased.

Figure 35. Population-based Annual Colorectal Cancer Screening Coverage by Sex

NWT 2011-2024

**Table 7. Annual colorectal cancer screening coverage by sex, 2011 to 2024**

Sex	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Female	17.4	19.5	22.2	24.2	24.2	23.7	23.1	24.4	26.1	26.6	28.3	31.4	29.0	27.1
Male	14.8	18.7	22.0	23.4	24.6	23.8	23.7	23.0	22.8	23.2	25.0	27.7	27.5	25.4

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Appendix A: Methods

Cancer Data Collection

A newly diagnosed tumour can be recorded in the NWT Cancer Registry in multiple ways. Usually, a diagnostic laboratory and/or the patient's primary physician notifies the registry. Occasionally, notification is received by the Canadian Cancer Registry or another provincial/territorial registry who have diagnosed and registered the cancer elsewhere. Additionally, registry staff may be alerted to a previously unreported or undiagnosed tumour through review of death certificates. When this occurs, registry staff contact the health care provider on the death certificate to verify any relevant diagnostic information.

Although the Population Health Division of the NWT Department of Health and Social Services leads on the many activities required to ensure data accuracy, completeness, and integrity of the NWT Cancer registry, the administration of the registry is completed by the Alberta Cancer Board under the authority of Alberta Health Services. The Alberta Cancer Board maintains a separate territorial registry within its infrastructure and enters and stages all NWT cancer cases diagnosed from 2006 onwards. They also lead the submission of datasets to Statistics Canada. However, as the proprietor of the registry, the Department maintains responsibility for all aspects of the NWT Registry and any decisions regard its data and contents. Data administrators at Alberta Health Services must adhere to the laws of confidentiality.

Two important data quality measures are the percent of cancers confirmed microscopically by laboratory and the percent of cases confirmed only from death certificates. For the entire reporting period, 91.8% of cases were confirmed microscopically.

The Registry also has consistent access to vital statistics information to improve the identification of death certificate only cases. As a consequence of these improved methods of active surveillance, the number of cases reported has increased. However, it is unclear the degree to which these improvements contribute to the overall increasing trend in cancer incidence.

There are two commonly used methodologies for counting a new primary cancer when one individual has a second or subsequent cancer diagnosis referred to as the IARC (International Agency for Cancer Research) rules or SEER (Surveillance, Epidemiology, and End Results Program) rules. All provinces and territories register cancers using SEER rules, which lead to higher case counts than IARC rules due to the allowance for multiple cancers to be diagnosed at the same site in one individual. This report follows SEER rules to count primary cases of cancer.

Analysis

Age-standardized cancer rates were calculated to make more meaningful comparisons across populations with varying age distributions. This method was used to standardize the age composition between reporting years, geographic locations, ethnicity, and sex. Age-standardizing is particularly important for diseases like cancer that tend to affect the older population more than

the younger population. Rates were directly standardized to the 2011 Canadian population and corresponding gamma distribution 95% confidence intervals were calculated.

Ethnicity was determined using Territorial Health Card registration. Ethnicity is self-reported and validated through official documentation when applying for health cards or by parents when registering births. Residence at time of diagnosis was used for the location of cancer cases. The location of residency for individuals screened for cancer were based off residency at the midpoint of the given report year.

Communities were classified into three categories for community type as follows:

Smaller Communities	Regional Centres	Yellowknife
Aklavik	Fort Smith	Dettah
Behchokò	Hay River	Ndilo
Colville Lake	Inuvik	Yellowknife
Délne		
Enterprise		
Fort Good Hope		
Fort Liard		
Fort Mcpherson		
Fort Providence		
Fort Resolution		
Fort Simpson		
Gamètì		
Jean Marie River		
Kakisa		
Kátł'odeeche		
Łutselk'e		
Nahanni Butte		
Norman Wells		
Paulatuk		
Sachs Harbour		
Sambaa Ke		
Tsiigehtchic		
Tulita		
Tuktoyaktuk		
Ulukhaktok		
Wekweètì		
Whatì		
Wrigley		

Limitations

Due to the small NWT population size, comparisons against other populations are challenging. Small numbers reduced statistical power to detect significant differences. In particular, high year-to-year variability creates unstable rates and wide confidence intervals. To mitigate this instability, 10 years of NWT data were combined. However, this prevents analysis of trends over time, therefore 3-year rolling averages were calculated to mitigate this issue.

Appendix B: Age-Standardized Cancer Incidence Rates

Table B1. Annual age-standardized all-cancer incidence rates with confidence intervals
Northwest Territories and Canada, 2011-2022

Year of Diagnosis	Location	Number of Cases	Crude Rate	Standardized Rate	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
2011	NWT	136	309.5	503.6	414.5	613.1
2012	NWT	145	321.2	558.9	462.0	675.5
2013	NWT	132	294.4	460.1	377.8	561.6
2014	NWT	161	366.8	543.1	454.4	651.3
2015	NWT	144	323.9	509.1	420.5	616.4
2016	NWT	174	391.1	582.3	490.5	692.1
2017	NWT	186	421.4	620.5	526.2	733.2
2018	NWT	178	399.6	578.9	488.9	686.3
2019	NWT	195	440.9	592.1	504.2	697.2
2020	NWT	154	350.2	443.1	371.3	532.5
2021	NWT	184	414.7	534.1	453.5	629.8
2022	NWT	182	418.4	546.4	462.3	647.0
2011	CA	134945	531.4	544.0	541.1	546.9
2012	CA	134990	525.0	529.9	527.1	532.8
2013	CA	136960	526.2	523.2	520.4	526.0
2014	CA	139275	528.5	518.5	515.8	521.3
2015	CA	141960	533.8	516.4	513.7	519.1
2016	CA	145505	540.1	516.0	513.3	518.7
2017	CA	149130	546.2	515.3	512.7	517.9
2018	CA	152485	549.8	513.5	510.9	516.1
2019	CA	155245	551.3	509.1	506.5	511.7
2020	CA	144475	507.2	463.0	460.6	465.4
2021	CA	160675	560.4	502.6	500.2	505.1
2022	CA	161345	551.8	493.7	491.3	496.2

Table B2. 3-Year rolling age-standardized all-cancer incidence rates by sex with confidence intervals

Northwest Territories, 2011-2022

Sex	Year of Diagnosis	Number of Cases	Crude Rate	Standardized Rate	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
Female	2011-2013	202	307.7	486.9	416.1	569.1
Female	2012-2014	213	324.1	494.5	424.4	575.7
Female	2013-2015	209	319.2	479.2	410.4	559.5
Female	2014-2016	241	368.2	545.7	472.7	630.0
Female	2015-2017	249	379.1	569.8	494.7	655.9
Female	2016-2018	258	392.4	568.5	495.4	652.4
Female	2017-2019	261	397.2	559.6	487.9	642.0
Female	2018-2020	249	379.2	506.6	441.3	582.2
Female	2019-2021	266	405.0	517.8	453.5	591.8
Female	2020-2022	268	409.5	532.2	465.7	608.6
Male	2011-2013	211	309.3	528.7	450.1	623.3
Male	2012-2014	225	330.4	551.6	472.1	646.4
Male	2013-2015	228	337.0	528.6	453.9	617.5
Male	2014-2016	238	353.6	553.9	476.5	646.6
Male	2015-2017	255	378.7	582.1	503.1	676.8
Male	2016-2018	280	415.8	629.4	547.2	727.4
Male	2017-2019	298	444.0	638.6	558.0	735.3
Male	2018-2020	278	414.8	565.1	492.4	652.9
Male	2019-2021	267	399.6	522.7	455.4	603.0
Male	2020-2022	252	380.0	480.2	417.5	554.7

Table B3. 3-Year rolling age-standardized all-cancer incidence rates by sex with confidence intervals

Canada, 2011-2022

Sex	Year of Diagnosis	Number of Cases	Crude Rate	Standardized Rate	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
Female	2011-2013	196,895	506.1	486.5	484.3	488.6
Female	2012-2014	201,290	511.2	485.7	483.6	487.9
Female	2013-2015	205,405	515.9	484.5	482.4	486.6
Female	2014-2016	209,305	519.7	483.0	480.9	485.1
Female	2015-2017	212,970	522.7	480.7	478.7	482.8
Female	2016-2018	217,465	526.7	479.9	477.8	481.9
Female	2017-2019	222,280	530.9	479.3	477.2	481.3
Female	2018-2020	220,270	519.2	464.5	462.5	466.5
Female	2019-2021	224,695	524.1	463.6	461.6	465.5
Female	2020-2022	227,530	524.3	460.8	458.9	462.7
Male	2011-2013	210,000	549.3	595.0	592.5	597.6
Male	2012-2014	209,935	542.2	577.2	574.7	579.7
Male	2013-2015	212,790	543.4	568.4	566.0	570.8
Male	2014-2016	217,435	548.9	564.2	561.8	566.6
Male	2015-2017	223,625	557.8	563.9	561.6	566.3
Male	2016-2018	229,655	564.5	562.3	560.0	564.6
Male	2017-2019	234,580	567.6	557.7	555.5	560.0
Male	2018-2020	231,935	552.8	536.2	534.0	538.4
Male	2019-2021	235,700	555.3	530.4	528.2	532.6
Male	2020-2022	238,965	555.8	522.9	520.8	525.1

Table B4. 3-Year rolling age-standardized all-cancer incidence rates by ethnicity with confidence intervals

Northwest Territories, 2011-2022

Year of Diagnosis	Ethnicity	Number of Cases	Crude Rate	Standardized Rate	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
2011-2013	Indigenous	197	289.9	514.7	442.6	597.7
2012-2014	Indigenous	195	288.4	499.6	429.3	580.6
2013-2015	Indigenous	188	279.9	465.1	398.4	542.4
2014-2016	Indigenous	227	339.5	556.9	483.9	640.2
2015-2017	Indigenous	249	373.0	601.0	525.4	687.1
2016-2018	Indigenous	265	396.9	628.6	551.8	715.8
2017-2019	Indigenous	263	395.0	604.5	530.5	688.5
2018-2020	Indigenous	264	399.3	574.7	504.7	654.4
2019-2021	Indigenous	272	415.2	560.3	493.4	636.5
2020-2022	Indigenous	256	395.9	527.4	462.1	602.1
2011-2013	Non-Indigenous	216	327.4	503.8	424.6	602.5
2012-2014	Non-Indigenous	243	366.7	537.3	456.4	636.6
2013-2015	Non-Indigenous	249	377.1	545.9	465.2	643.2
2014-2016	Non-Indigenous	252	381.9	532.4	454.8	625.3
2015-2017	Non-Indigenous	255	384.5	541.1	464.0	632.9
2016-2018	Non-Indigenous	273	411.0	563.4	485.9	655.3
2017-2019	Non-Indigenous	296	446.2	594.1	515.6	686.5
2018-2020	Non-Indigenous	263	394.7	506.5	436.2	591.0
2019-2021	Non-Indigenous	261	389.2	497.0	428.2	579.4

2020-2022	Non-Indigenous	264	393.0	495.7	428.6	575.8
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Table B5. 10-Year age-standardized all-cancer incidence rates by community type with confidence intervals

Northwest Territories, 2013-2022

Community Type	Number of Cases	Crude Rate	Standardized Rate	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
Regional Centres	479	582.3	671.0	609.5	738.9
Smaller Communities	526	539.0	679.9	621.1	744.1
Yellowknife	685	325.8	433.4	395.8	476.1

Table B6. 10-Year age-standardized all-cancer incidence rates by sex and ethnicity with confidence intervals

Northwest Territories, 2013-2022

Ethnicity	Sex	Number of Cases	Crude Rate	Standardized Rate	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
Indigenous	Female	424	507.2	632.1	571.6	698.7
Non-Indigenous	Female	399	392.2	513.6	457.2	577.9
Indigenous	Male	383	430.6	602.1	540.2	671.7
Non-Indigenous	Male	484	473.5	575.0	515.6	645.6

Appendix C: Age-Standardized Cancer Mortality Rates

Table C1. Annual age-standardized all-cancer mortality rates with confidence intervals
Northwest Territories and Canada, 2011-2022

Year of Death	Location	Number of Cases	Crude Rate (per 100,000)	Standardized Rate (per 100,000)	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
2011	NWT	55	125.2	250.5	181.9	342.3
2012	NWT	53	117.4	241.6	176.0	328.9
2013	NWT	51	113.7	222.4	160.1	306.6
2014	NWT	62	141.2	255.5	190.1	342.8
2015	NWT	59	132.7	261.5	194.0	349.7
2016	NWT	73	164.1	332.8	254.5	431.9
2017	NWT	59	133.7	231.9	171.1	313.4
2018	NWT	62	139.2	256.6	191.0	342.1
2019	NWT	58	131.1	223.7	163.4	304.4
2020	NWT	73	166.0	239.6	182.2	316.4
2021	NWT	66	148.8	219.6	165.7	290.4
2022	NWT	77	177.0	257.9	197.7	336.2
2011	Canada	72,736	210.9	209.8	208.3	211.3
2012	Canada	74,361	214.0	210.0	208.5	211.5
2013	Canada	75,112	213.7	205.5	204.0	207.0
2014	Canada	77,059	216.9	204.8	203.4	206.2
2015	Canada	77,054	215.0	199.2	197.8	200.6
2016	Canada	79,084	218.1	198.6	197.2	200.0
2017	Canada	80,090	219.2	197.4	196.0	198.8
2018	Canada	79,806	215.3	191.2	189.9	192.5
2019	Canada	80,439	213.8	187.3	186.0	188.6
2020	Canada	81,364	214.0	184.4	183.1	185.7
2021	Canada	83,099	217.3	183.1	181.9	184.3
2022	Canada	83,702	215.0	179.3	178.1	180.5

Table C2. Annual age-standardized all-cancer mortality rates in females with confidence intervals

Northwest Territories and Canada, 2011-2022

Year of Death	Location	Number of Cases	Crude Rate (per 100,000)	Standardized Rate (per 100,000)	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
2011	NWT	29	134.5	265.8	170.1	403.8
2012	NWT	21	94.9	193.3	114.6	312.6
2013	NWT	20	91.1	195.6	115.2	317.1
2014	NWT	30	138.7	273.9	178.7	412.2
2015	NWT	29	132.5	259.5	169.2	392.1
2016	NWT	27	123.1	240.2	153.5	364.6
2017	NWT	31	141.8	249.8	162.9	374.2
2018	NWT	35	159.4	267.3	180.7	393.6
2019	NWT	22	100.5	168.7	99.7	277.7
2020	NWT	33	151.3	220.3	146.0	331.7
2021	NWT	31	141.1	202.0	132.9	304.4
2022	NWT	33	152.3	209.2	138.1	314.8
2011	Canada	34,594	199.1	180.3	178.4	182.2
2012	Canada	35,281	201.3	180.1	178.2	182.0
2013	Canada	35,728	201.6	177.3	175.5	179.1
2014	Canada	36,338	202.9	175.6	173.8	177.4
2015	Canada	36,644	202.8	172.9	171.1	174.7
2016	Canada	37,637	205.9	172.6	170.9	174.3
2017	Canada	37,785	205.3	170.5	168.8	172.2
2018	Canada	37,546	201.3	164.9	163.2	166.6
2019	Canada	37,428	198.0	160.3	158.7	161.9
2020	Canada	38,287	200.5	160.0	158.4	161.6
2021	Canada	39,056	203.4	158.8	157.2	160.4
2022	Canada	39,609	202.6	157.1	155.6	158.6

Table C3. Annual age-standardized all-cancer mortality rates in males with confidence intervals

Northwest Territories and Canada, 2011-2022

Year of Death	Location	Number of Cases	Crude Rate (per 100,000)	Standardized Rate (per 100,000)	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
2011	NWT	26	116.3	225.5	137.6	372.2
2012	NWT	32	139.2	295.3	191.5	452.6
2013	NWT	31	135.6	239.0	153.4	384.3
2014	NWT	32	143.9	232.4	150.3	369.1
2015	NWT	30	133.0	265.1	169.2	415.8
2016	NWT	46	204.2	444.0	309.3	634.9
2017	NWT	28	125.8	211.7	134.2	350.8
2018	NWT	27	119.7	254.3	154.5	415.0
2019	NWT	36	161.4	273.4	178.4	432.1
2020	NWT	40	180.6	255.9	172.7	387.5
2021	NWT	35	156.5	235.8	157.0	353.6
2022	NWT	44	201.8	305.3	211.9	440.2
2011	Canada	38,142	223.0	251.6	249.1	254.1
2012	Canada	39,080	226.9	253.5	251.0	256.0
2013	Canada	39,384	225.9	246.2	243.8	248.6
2014	Canada	40,721	231.1	246.2	243.8	248.6
2015	Canada	40,410	227.4	236.8	234.5	239.1
2016	Canada	41,447	230.5	235.2	232.9	237.5
2017	Canada	42,305	233.2	234.5	232.3	236.7
2018	Canada	42,260	229.4	227.0	224.8	229.2
2019	Canada	43,011	229.8	224.1	222.0	226.2
2020	Canada	43,077	227.6	218.1	216.0	220.2
2021	Canada	44,043	231.4	216.0	214.0	218.0
2022	Canada	44,093	227.4	209.5	207.5	211.5

Table C4. Annual age-standardized all-cancer mortality rates by ethnicity with confidence intervals

Northwest Territories, 2011-2022

Year of Death	Ethnicity	Number of Cases	Crude Rate (per 100,000)	Standardized Rate (per 100,000)	Lower Confidence Interval (95%)	Upper Confidence Interval (95%)
2011	Indigenous	34	150.7	283.9	192.6	413.1
2012	Indigenous	33	144.7	282.9	192.8	408.2
2013	Indigenous	33	146.1	275.9	187.3	399.9
2014	Indigenous	33	148.5	265.4	180.6	386.6
2015	Indigenous	31	138.6	268.4	180.2	391.2
2016	Indigenous	48	215.5	420.7	305.4	573.0
2017	Indigenous	36	162.8	291.5	200.1	420.3
2018	Indigenous	36	160.9	298.1	204.8	425.3
2019	Indigenous	35	158.4	267.2	181.4	387.0
2020	Indigenous	45	207.8	310.8	222.9	432.5
2021	Indigenous	33	151.6	210.7	143.1	308.1
2022	Indigenous	49	230.6	322.6	235.0	441.0
2011	Non-Indigenous	20	93.5	228.2	124.3	410.5
2012	Non-Indigenous	20	89.5	210.8	112.1	388.2
2013	Non-Indigenous	18	80.9	170.3	88.8	326.0
2014	Non-Indigenous	28	129.2	228.5	131.1	391.0
2015	Non-Indigenous	28	126.7	245.4	149.2	401.4
2016	Non-Indigenous	25	112.5	221.4	131.1	364.0
2017	Non-Indigenous	21	95.4	156.9	87.5	279.9
2018	Non-Indigenous	26	117.2	202.3	121.5	341.7
2019	Non-Indigenous	20	90.3	145.2	77.8	272.3
2020	Non-Indigenous	28	125.5	161.1	95.7	281.0
2021	Non-Indigenous	33	146.0	242.5	154.6	374.7
2022	Non-Indigenous	28	125.8	203.2	121.3	335.4

Table C5. 3-Year rolling age-standardized all-cancer mortality rates by community type with confidence intervals

Northwest Territories and Canada, 2011-2022

Years	Community Type	Number of Cases	Crude Rate	Standardized Rate	Lower Confidence Interval	Upper Confidence Interval
2011-2013	Regional Centres	58	179.4	326.4	242.2	439.0
2012-2014	Regional Centres	60	186.8	312.7	233.6	417.4
2013-2015	Regional Centres	55	173.6	273.8	201.6	368.8
2014-2016	Regional Centres	67	213.4	335.9	255.9	437.4
2015-2017	Regional Centres	63	201.0	316.6	239.1	415.5
2016-2018	Regional Centres	67	213.7	338.3	258.1	440.0
2017-2019	Regional Centres	56	179.2	280.2	207.4	374.9
2018-2020	Regional Centres	51	163.7	243.8	177.3	331.3
2019-2021	Regional Centres	47	151.5	209.7	149.9	289.4
2020-2022	Regional Centres	59	191.6	234.7	175.0	312.2
2011-2013	Smaller Communities	59	148.9	247.5	186.6	326.3
2012-2014	Smaller Communities	59	149.4	247.5	186.7	326.1
2013-2015	Smaller Communities	57	145.4	247.4	185.4	327.3
2014-2016	Smaller Communities	65	166.6	281.1	214.8	364.6
2015-2017	Smaller Communities	68	175.2	293.2	225.2	379.3
2016-2018	Smaller Communities	70	181.1	303.9	233.7	392.7
2017-2019	Smaller Communities	63	164.0	260.8	197.5	341.5
2018-2020	Smaller Communities	73	191.1	289.6	224.4	371.4
2019-2021	Smaller Communities	75	198.0	276.8	215.9	353.4
2020-2022	Smaller Communities	79	210.4	287.8	226.0	364.9

2011-2013	Yellowknife	40	64.6	145.3	94.2	225.0
2012-2014	Yellowknife	45	72.2	150.5	100.0	228.5
2013-2015	Yellowknife	56	89.9	192.9	135.1	277.5
2014-2016	Yellowknife	57	91.3	198.0	139.1	282.0
2015-2017	Yellowknife	55	87.4	192.7	135.2	273.9
2016-2018	Yellowknife	53	83.9	164.0	113.5	237.6
2017-2019	Yellowknife	53	83.8	147.6	102.9	214.8
2018-2020	Yellowknife	64	101.0	156.3	111.9	223.7
2019-2021	Yellowknife	71	111.5	175.6	128.6	246.8
2020-2022	Yellowknife	76	119.7	190.8	139.6	266.9