Comparison of Time Trends in Multiple Myeloma Mortality (1990–2006) Between Countries Based on the WHO Mortality Database

Mortality data, abstracted from the World Health Organization (WHO) database, are available for various countries. We used multiple myeloma mortality (ICD-10: C88–C90) in 11 countries during the period 1990–2006. These countries were Japan, China (Hong Kong) and the Republic of Korea (Asian countries); the United States of America (USA); Australia; the Russian Federation, the United Kingdom (UK), Italy, Spain, France and Germany (European countries).

For the USA, Spain and France, data were available for 1990–2005; Australia and Italy for 1990–2003; the Russian Federation for 1999–2006; and the Republic of Korea for 1995–2006. The world population was used for age standardization.

Age-standardized rates for multiple myeloma mortality (ICD-10: C88–C90) in the 11 selected countries between 1990 and 2006 are shown for males (Fig. 1) and for females (Fig. 2). Multiple myeloma mortality rates were slightly higher for males than for females. The mortality rates of the Russian Federation and three countries in Asia [Japan, China (Hong Kong) and the Republic of Korea] were lower than those of other countries. In Asia, the mortality rate of the Republic of Korea has been increasing and it nearly reached the level of other two countries around 2005. Among five European countries excluding the

Note: Mortality data, abstracted from the World Health Organization mortality database, were downloaded from the International Agency for Research on Cancer (IARC) CANCER Mondial Statistical Information System (http://www-dep.iarc.fr/). Data were tabulated by the authors of this article. Responsibility for this presentation and interpretation lies with the authors of this article.
Russian Federation, the UK and Spain showed the highest and lowest mortality rates, respectively, in the early 1990s. Thereafter, the mortality rate of Spain increased until around 2000, and the mortality rates of five countries seemed to converge.

Kota Katanoda and Kumiko Saika
Cancer Information Services and Surveillance Division
Center for Cancer Control and Information Services
National Cancer Center
doi:10.1093/jjco/hyr023