



Australian Government

Australian Institute of
Health and Welfare

CANCER IN AUSTRALIA

in brief

2017



Australasian Association
of Cancer Registries

CANCER IN AUSTRALIA

in brief

2017

Cancer series number 102
Australian Institute of Health and Welfare, Canberra
Cat. no. CAN 101

The Australian Institute of Health and Welfare is a major national agency that provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's purpose is to provide authoritative information and statistics to promote better health and wellbeing among Australians.

© Australian Institute of Health and Welfare 2017 

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC-BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

This publication is part of the Australian Institute of Health and Welfare's Cancer series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISSN 2205-4855 (PDF)

ISSN 1039-3307 (Print)

ISBN 978-1-76054-077-7 (PDF)

ISBN 978-1-76054-078-4 (Print)

Suggested citation

Australian Institute of Health and Welfare & Australasian Association of Cancer Registries 2017. Cancer in Australia: in brief 2017. Cancer series no. 102. Cat. no. CAN 101. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair
Mrs Louise Markus

Director
Mr Barry Sandison

Any enquiries about copyright or comments on this publication should be directed to:

Digital and Media Communications Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1000
Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Acknowledgments	iv
Introduction	1
Risk factors.....	2
Cancer screening and surveillance	4
Number of new cancer cases.....	6
Treatment.....	8
Survival	10
Survivorship population	11
Cancer deaths.....	12
Burden of disease	14
Aboriginal and Torres Strait Islander people	16
Remoteness.....	18
Socioeconomic group	20
State and territory	22
Summary of selected cancers	24
References	27

Acknowledgments

This report was prepared by Frances Martin and Ellen Connell under the direction of Justin Harvey and Lynelle Moon.

The support of the Australasian Association of Cancer Registries through providing cancer incidence data to the AIHW's Australian Cancer Database is gratefully acknowledged.

Introduction

Cancer is a major cause of illness in Australia and has a substantial social and economic impact on individuals, families and the community. In 2017, it is estimated that 134,174 people will be diagnosed with cancer and 47,753 people will die from cancer. Findings from the recent Australian Burden of Disease Study showed that cancer contributed to 19% of the total disease burden in Australia (AIHW 2016).

This booklet presents key findings from *Cancer in Australia 2017*, the eighteenth in a series published by the Australian Institute of Health and Welfare (AIHW) which provides the latest cancer screening, incidence, hospital, survival, mortality and burden of disease statistics. The full report and comprehensive online tables are available to download free at <<http://www.aihw.gov.au/cancer-publications/>>.

What is cancer?

Cancer is a term used for diseases in which abnormal cells divide without control and can invade nearby tissues. Cancer cells can also spread to other parts of the body through the blood and lymph systems. Cancers can develop from most cell types and are distinguished from one another by the location in the body where the disease began (for example, lung) or by the cell type involved (known as histology).

Terminology used in this report

Incidence rate: the number of new cancers diagnosed per 100,000 people during a year. All incidence rates in this report are age standardised to the 2001 Australian Standard Population, except for rates by age groups, which are age specific.

Hospitalisation (or separation): an episode of care that either begins with admission and ends with discharge, transfer or death, or is defined by a change in care type, such as from acute care to rehabilitation.

Mortality rate: the number of deaths per 100,000 people for which the underlying cause was cancer. All mortality rates in this report are age standardised to the 2001 Australian Standard Population, except for rates by age groups, which are age specific.

Relative survival: the average survival experience. It compares the survival of people diagnosed with cancer with that experienced by people in the general population of equivalent age and sex in the same calendar year.

Burden of disease: the impact of a disease on a population using the measure disability adjusted life years (DALY), which is composed of fatal and non-fatal burden.

Risk factors

A risk factor is any factor associated with an increased likelihood of a person developing a health disorder or health condition, such as cancer. Understanding what causes cancer is essential in developing processes and policies to successfully prevent, detect and treat the disease. For most cancers the causes are not fully understood. However, some factors that place individuals at a greater risk for cancer are outlined here (IARC 2014).



Smoking/passive smoking and smokeless tobacco use

Cancers associated with this risk factor include:

- bladder
- cervix
- colorectal
- hypopharynx
- kidney
- larynx
- liver
- lung
- myeloid leukaemia
- nasal cavity and accessory sinuses
- nasopharynx
- oesophagus
- oral cavity
- oropharynx
- ovary
- pancreas
- pharynx
- stomach
- ureter



Alcohol consumption

Cancers associated with this risk factor include:

- breast (females)
- colon and rectum
- larynx and hypopharynx
- liver
- lung
- oesophagus
- oral cavity
- pancreas
- pharynx
- stomach



Infections

Cancers associated with this risk factor include:

- anogenital (anus, penis, vagina, vulva)
- bladder
- cervix
- kaposi sarcoma
- larynx
- leukaemia
- liver
- lymphoma
- nasopharynx and oropharynx
- oral cavity
- stomach
- tongue



Reproductive and hormonal factors

Cancers associated with this risk factor include:

- breast
- endometrium
- ovary



Family history and genetic susceptibility

Cancers associated with this risk factor include:

- bladder
- breast
- colon and rectum
- gallbladder
- leukaemia
- lymphoma
- ovary
- pancreas
- prostate
- stomach
- testis
- thyroid



Diet

Cancers associated with this risk factor include:

- colon
- oesophagus
- stomach



Excess body fat and physical inactivity

Cancers associated with this risk factor include:

- breast (postmenopausal women)
- colon and rectum
- endometrium
- gallbladder
- gastric cardia
- kidney
- liver
- meningioma
- multiple myeloma
- oesophagus
- ovary
- pancreas
- thyroid



Sunlight

Cancers associated with this risk factor include:

- melanoma of the skin
- non-melanoma skin cancer



Occupational exposures

Cancers associated with this risk factor include:

- bladder
- bone
- breast
- colon and rectum
- kidney
- larynx and hypopharynx
- leukaemia
- liver
- lung
- lymphoma
- mesothelium
- nasal cavity
- nasopharynx
- oesophagus
- oral cavity
- ovary
- skin
- stomach
- thyroid



Ionising radiation

Cancers associated with this risk factor include:

- bladder
- brain
- breast
- colon
- leukaemia
- lung
- non-melanoma skin cancer
- oesophagus
- oral cavity
- stomach
- thyroid



Medical and pharmaceutical drugs

Cancers associated with this risk factor include:

- bladder
- breast
- kidney
- lung
- leukaemia
- lymphoma
- ovary
- skin



Pollution of air, water and soil

Cancers associated with this risk factor include:

- bladder
- breast
- kidney
- larynx
- leukaemia
- liver
- lung
- lymphoma
- mesothelioma
- nasopharynx
- ovary
- skin
- stomach

Find out more: Chapter 1 in *Cancer in Australia 2017*.

Cancer screening and surveillance

Population-based screening is an organised, systematic and integrated process of testing for signs of cancer or pre-cancerous conditions in asymptomatic populations. Programs target specific populations and/or age groups where evidence shows screening to be most effective.

Population screening programs and surveillance for cancer in high-risk individuals aims to reduce illness and death through early detection of cancer or pre-cancerous abnormalities.

Program	Participation 2014–2015	Abnormalities detected
BreastScreen		
Target: Women aged 50–74. Service available for all women aged 40 and over.		• 108 invasive breast cancers per 10,000 women for first-time screen • 48 invasive breast cancers per 10,000 women for subsequent screen
National Cervical Screening Program		
Target: Women aged 20–69.		• 8 high-grade abnormalities (pre-cancerous) detected for every 1,000 women screened
National Bowel Cancer Screening Program		
Target: People aged 50–74.		• of participants who had a diagnostic assessment, 1 in 32 were diagnosed with a confirmed or suspected cancer and 1 in 7 were diagnosed with an adenoma

Screening and surveillance outside national programs

Screening and surveillance also occur outside national programs and may be Medicare subsidised or funded privately. Information is provided for the most commonly diagnosed cancer in females (breast cancer) and males (prostate cancer).

Breast imaging can be used to investigate breast symptoms, for surveillance of women at high risk of developing breast cancer or who have a personal history of breast cancers.

Prostate-specific antigen (PSA) is a protein produced within the prostate and is quantifiable by a blood test (PSA test). PSA levels in the blood naturally increase with increasing age, and a PSA level that is higher than normal for that age can be an indicator of risk of prostate cancer.

Medicare-subsidised breast imaging services (breast ultrasounds, mammograms, breast magnetic resonance imaging—MRI) and PSA testing, 2014

	Number of patients	Number of services	Services per patient	Benefit per patient (\$)
All breast imaging services (females only)^(a)	579,844	969,555	1.7	154.30
Breast ultrasounds	521,913	575,063	1.1	108.90
Mammograms	379,925	390,301	1.0	78.40
Breast MRI	4,062	4,191	1.0	694.00
PSA testing (males only)	1,337,033	1,620,314	1.2	22.50

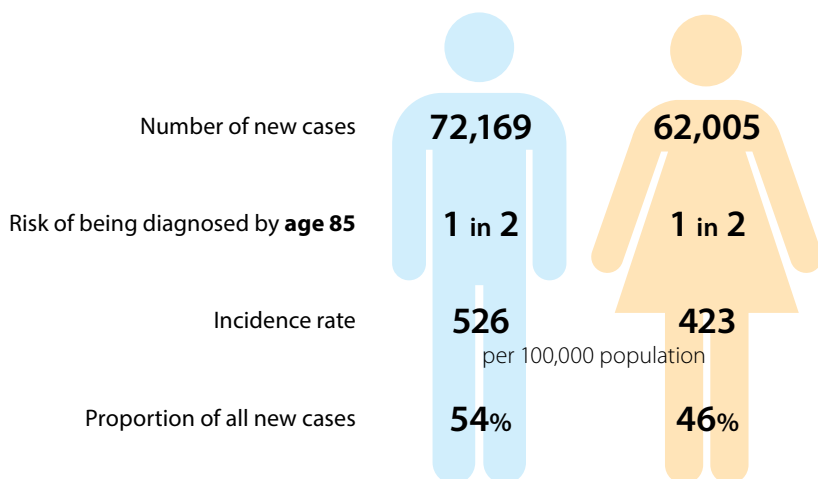
(a) Breast imaging services include ultrasound, mammograms and magnetic resonance imaging (MRI). A patient may undergo investigations through multiple breast imaging services.

Source: AIHW Medicare Benefits Schedule (MBS) claims data.

Find out more: Chapter 2 in *Cancer in Australia 2017*.

Number of new cancer cases

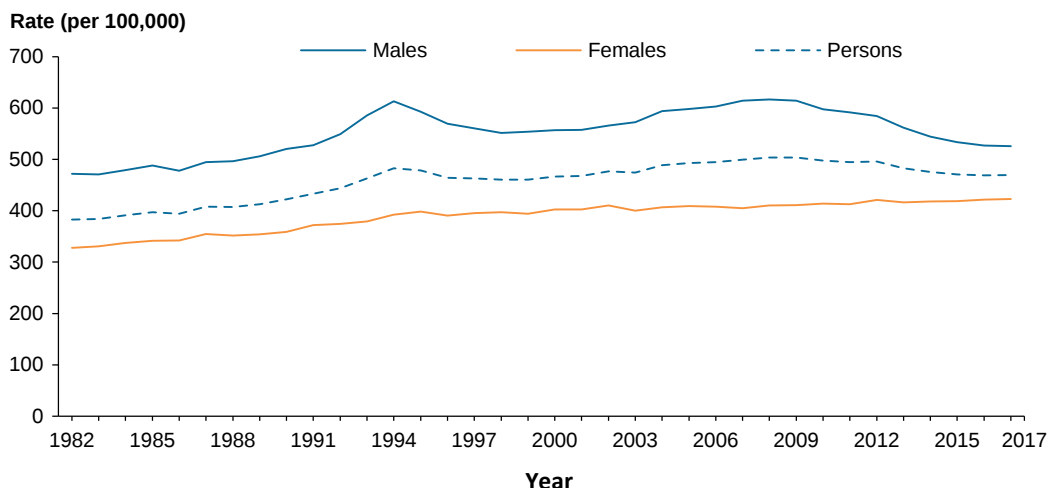
In 2017, it is estimated that over 134,000 new cases of cancer will be diagnosed in Australia (excluding basal and squamous cell carcinoma of the skin, as these cancers are not notifiable diseases and hence are not reported to cancer registries). That is equivalent to approximately 1 new cancer case diagnosed every 4 minutes.



Source: AIHW Australian Cancer Database 2013.

The age-standardised rate of new cancer cases increased between 1982 and 2008, before an expected decrease in 2017. The decrease has mainly been observed in males. The trend in the rate for males is strongly influenced by changes in the incidence rate of prostate cancer—the most common cancer in males—as a result of initiatives such as PSA testing (Zhou et al. 2016).

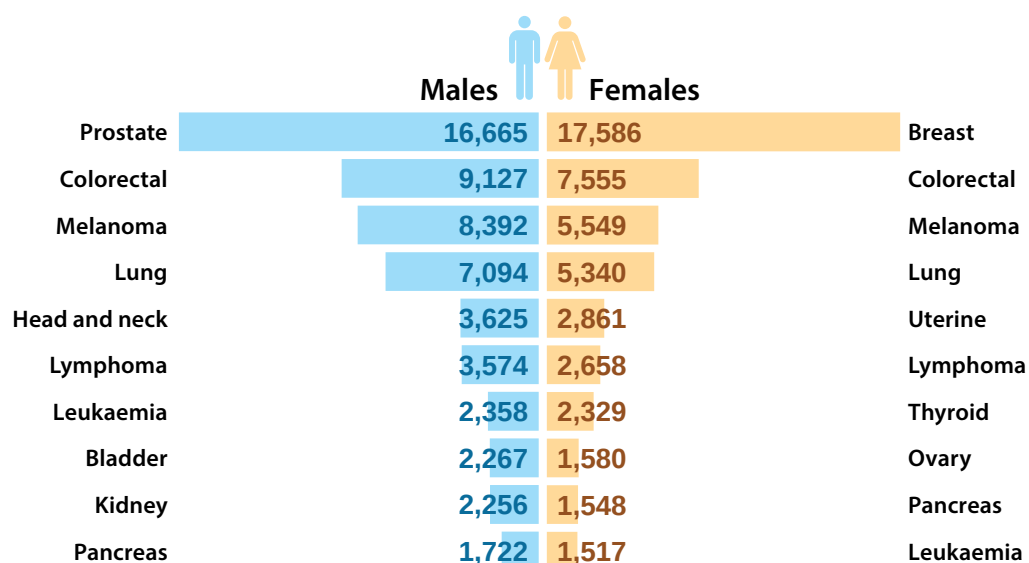
Trends in incidence of all cancers combined, by sex, 1982 to 2017



Source: AIHW Australian Cancer Database 2013.

In 2017, prostate cancer is estimated to be the most commonly diagnosed cancer for males and breast cancer is estimated to be the most commonly diagnosed cancer for females.

Estimated 10 most commonly diagnosed cancers, by sex, 2017



Source: AIHW Australian Cancer Database 2013.

Young people tend to be diagnosed with different types of cancers than older people. Leukaemia, lymphoma and brain cancer are common cancers among people aged 0–24, while colorectal cancer, prostate cancer, lung cancer and breast cancer (in females) are common in people aged 25 and over.

Estimated three most commonly diagnosed cancers, by age group, 2017

Aged 0–24		Aged 25–49		Aged 50–64		Aged 65 and over	
Total	1,630	Total	15,989	Total	37,867	Total	78,688
Leukaemia	338	Breast	3,700	Breast	6,482	Colorectal	11,424
Lymphoma	258	Melanoma	2,500	Prostate	5,816	Prostate	10,377
Brain cancer	144	Colorectal	1,332	Colorectal	3,863	Lung	9,196

Source: AIHW Australian Cancer Database 2013.

Find out more: Chapter 3 in *Cancer in Australia 2017*.

Treatment

There were over 1 million cancer-related hospitalisations in 2014–15, accounting for approximately 1 in 10 hospitalisations in Australia.

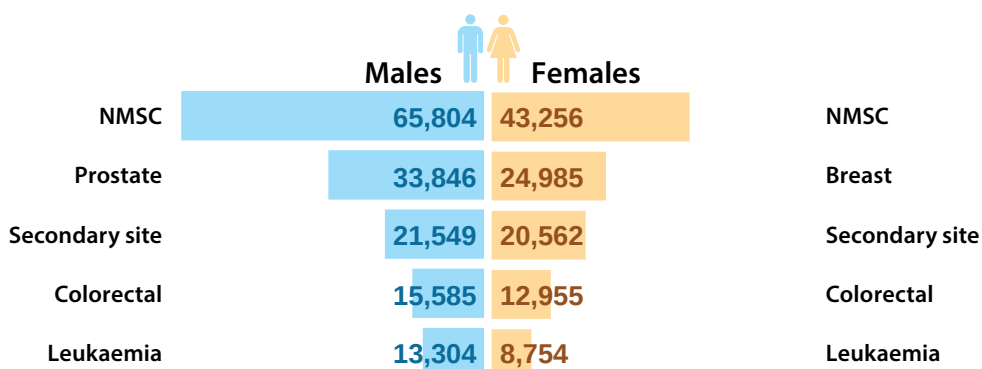
This includes:



- 431,983 hospitalisations where cancer was the principal diagnosis.
- 658,530 hospitalisations where cancer was an additional diagnosis and/or the principal diagnosis was a cancer-related service.

In 2014–15, non-melanoma skin cancer (NMSC) was the most common cancer type recorded as a principal diagnosis for both males and females.

Five most common cancers recorded as a principal diagnosis, by sex, 2014–15

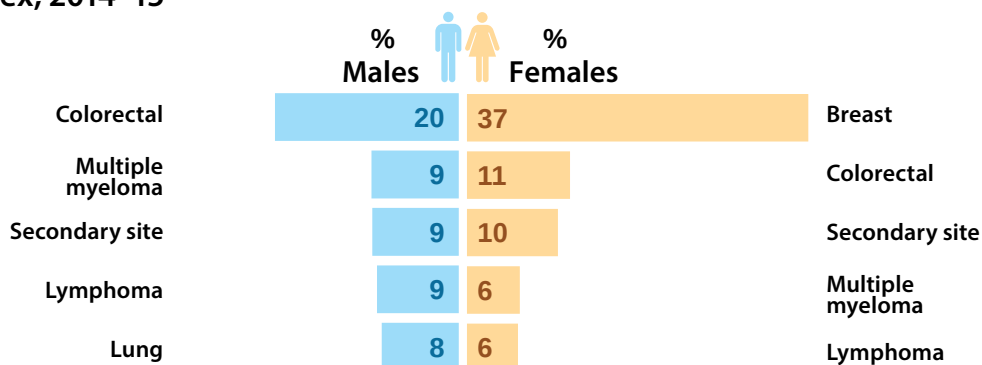


Source: AIHW National Hospital Morbidity Database.

Chemotherapy

In 2014–15, there were 440,561 pharmacotherapy (chemotherapy) hospitalisations. Hospitalisations for chemotherapy were higher for females (241,615 compared with 198,946 for males). For these hospitalisations, breast cancer was the most common additional diagnosis, followed by colorectal cancer.

Five most common additional diagnoses for chemotherapy hospitalisation, by sex, 2014–15



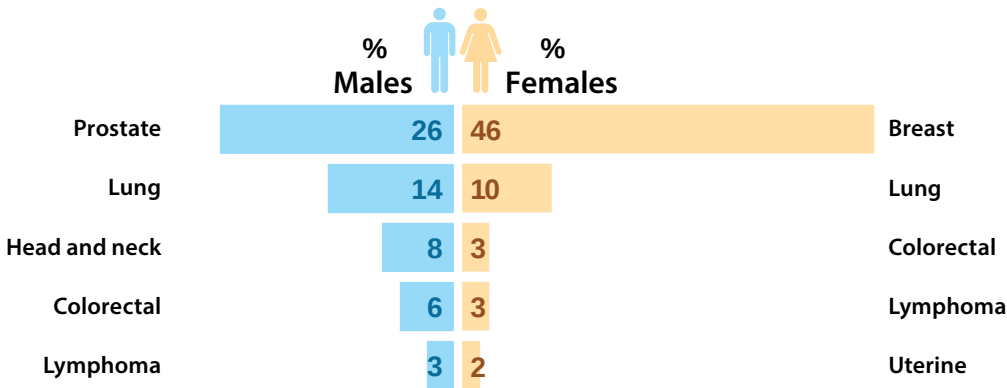
Source: AIHW National Hospital Morbidity Database.

Radiotherapy

Radiotherapy services are measured using the AIHW MBS claims database for Medicare subsidised radiotherapy services and the National Radiotherapy Waiting Times Database. In 2014 there were about 1.8 million Medicare subsidised radiotherapy services and approximately 56,400 courses of radiotherapy reported in 2014–15.

Males accounted for approximately 28,600 radiotherapy courses and females accounted for approximately 27,700 courses. One-quarter of radiotherapy courses for males were for prostate cancer and almost half of all radiotherapy courses for females were for breast cancer.

Five most common cancers for which a radiotherapy course was provided, by sex, 2014–15



Source: National Radiotherapy Waiting Times Database.

Find out more: Chapter 4 in *Cancer in Australia 2017*.

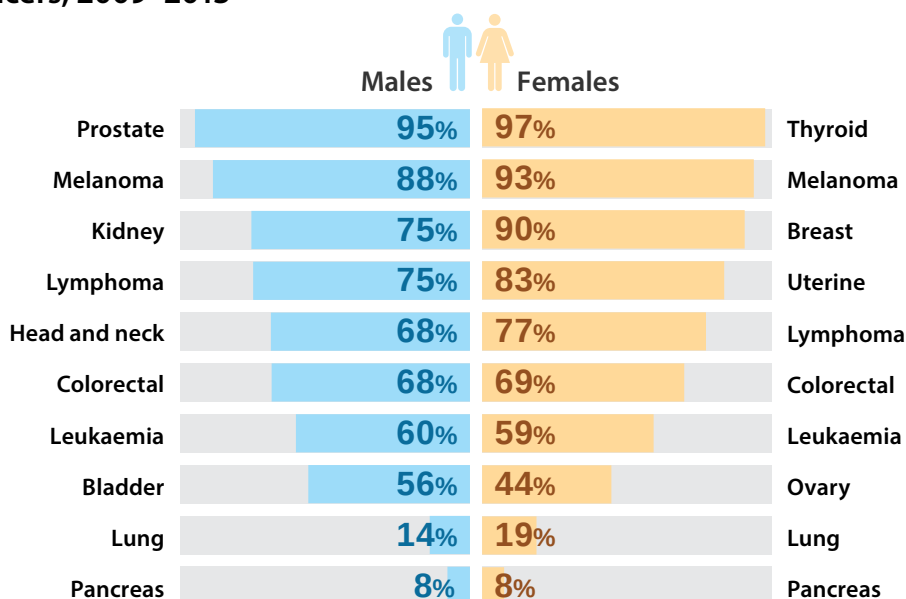
Survival

In 2009–2013, people diagnosed with cancer had a 68% chance of surviving for at least 5 years compared with their counterparts in the general population.

Of the 10 most commonly diagnosed cancers, 5-year survival was:

- highest for prostate cancer, thyroid cancer and melanoma of the skin
- lowest for lung cancer and pancreatic cancer.

Five-year relative survival rates for the ten most commonly diagnosed cancers, 2009–2013



Source: AIHW Australian Cancer Database 2013.

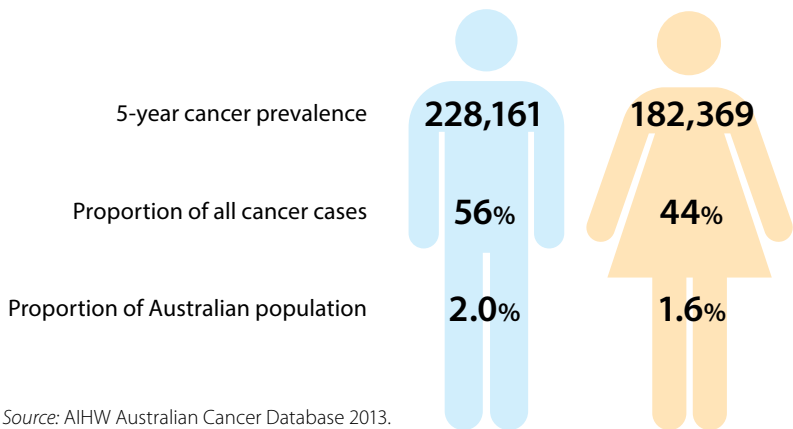
Between 1984–1988 and 2009–2013, survival improved for most cancer types. However, this change was not uniform over time or across cancer types. Some cancers, such as prostate, non-Hodgkin lymphoma and breast cancer showed significant improvements in their relative survival. Others, including mesothelioma, brain, lung and pancreatic cancer showed little to no increase in relative survival during this period.

Survivorship population

Cancer survivorship is measured using prevalence data and refers to the number of people alive who have previously been diagnosed with cancer. Prevalence cases do not include people diagnosed with basal and squamous cell carcinoma of the skin, as these cancers are not notifiable diseases and hence are not reported to cancer registries.

At the end of 2012, 410,530 people were alive who had been diagnosed with cancer in the previous 5 years (1.8% of the Australian population) and 994,605 people were alive who had been diagnosed with cancer in the previous 31 years (4.3% of the Australian population).

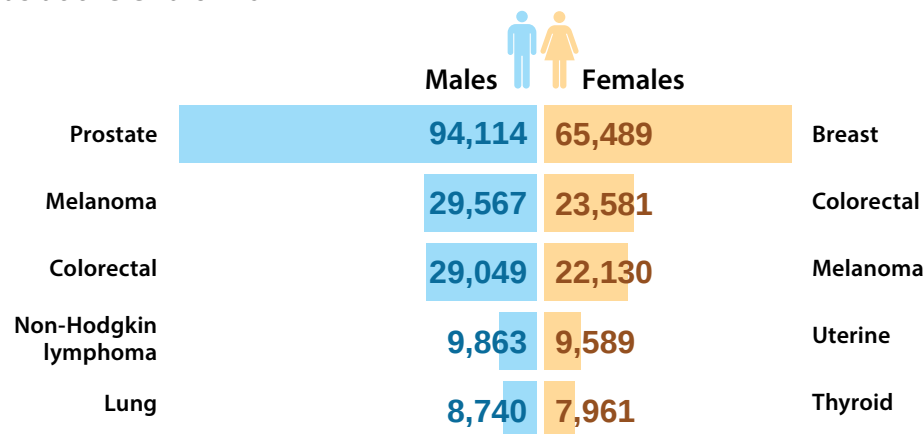
Five-year prevalence of all cancers combined, by sex, as at end of 2012



Source: AIHW Australian Cancer Database 2013.

At the end of 2012, among males, prostate cancer had the highest 5-year prevalence, among females, breast cancer had the highest 5-year prevalence.

Estimated five most prevalent cancers (5-year prevalence), by sex, as at the end of 2012



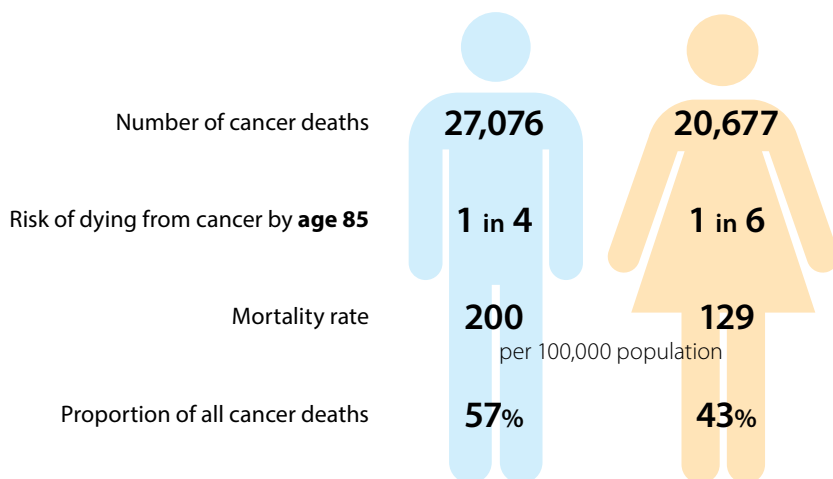
Source: AIHW Australian Cancer Database 2013.

Find out more: Chapter 5 in *Cancer in Australia 2017*.

Cancer deaths

In 2017, it is estimated that 47,753 people will die from cancer in Australia, an average of 131 deaths every day. In 2014, cancer was the second most common cause of death in Australia, accounting for about 3 of every 10 deaths registered in Australia.

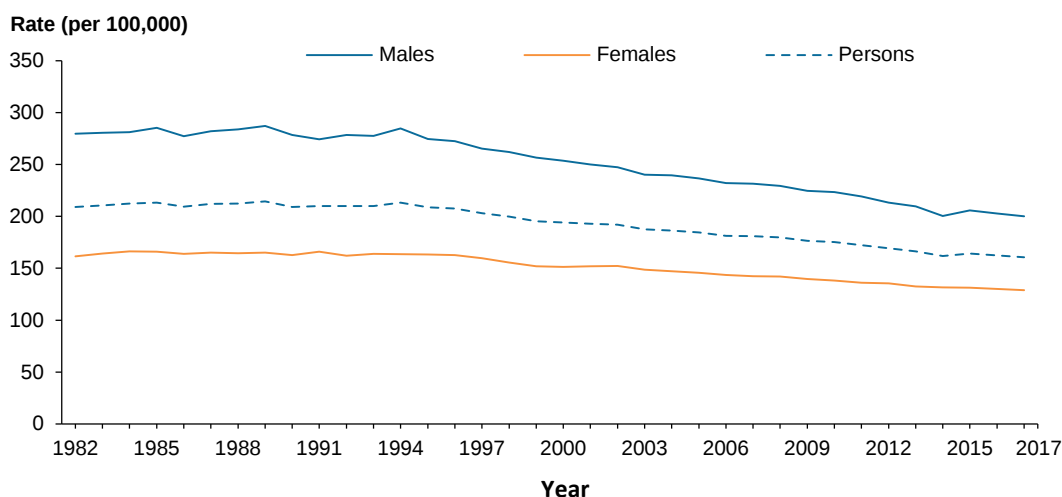
Estimated mortality of all cancers combined, by sex, 2017



Source: AIHW National Mortality Database.

Between 1982 and 2017, the age-standardised mortality rate decreased. The decrease was observed for both males and females.

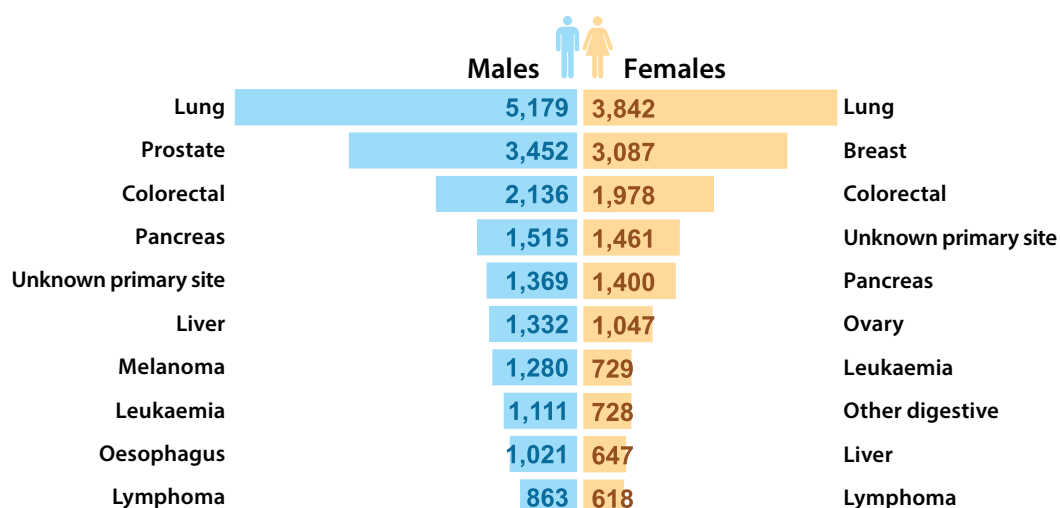
Trends in mortality for all cancers combined, by sex, 1982 to 2017



Source: AIHW National Mortality Database.

In 2017, lung cancer is estimated to be the leading cause of cancer death in males and females.

Estimated 10 most common causes of death from cancer, by sex, 2017



Source: AIHW National Mortality Database.

Cancer deaths increase with age. Approximately 80% of all cancer deaths occur in those aged 65 and over. However, cancer affects people of all ages and is a leading cause of death across all age groups.

Estimated three most common causes of cancer death, by age group, 2017

Aged 0–24		Aged 25–49		Aged 50–64		Aged 65 and over	
Total	173	Total	1,990	Total	8,046	Total	37,543
Brain	50	Breast	294	Lung	1,689	Lung	7,072
Leukaemia	30	Lung	258	Breast	777	Prostate	3,256
Bone	20	Colorectal	213	Colorectal	716	Colorectal	3,180

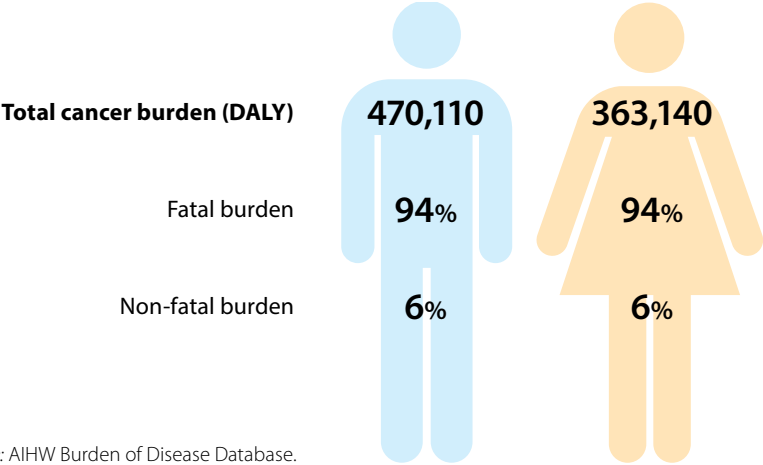
Source: AIHW National Mortality Database.

Find out more: Chapter 6 in *Cancer in Australia 2017*.

Burden of disease

Cancer is the leading cause of disease burden and accounted for 833,250 DALY, or 19% of all disease burden in Australia in 2011. Despite high survival and prevalence rates, cancer burden was almost entirely due to dying prematurely (94%), with only 6% of burden due to living with cancer.

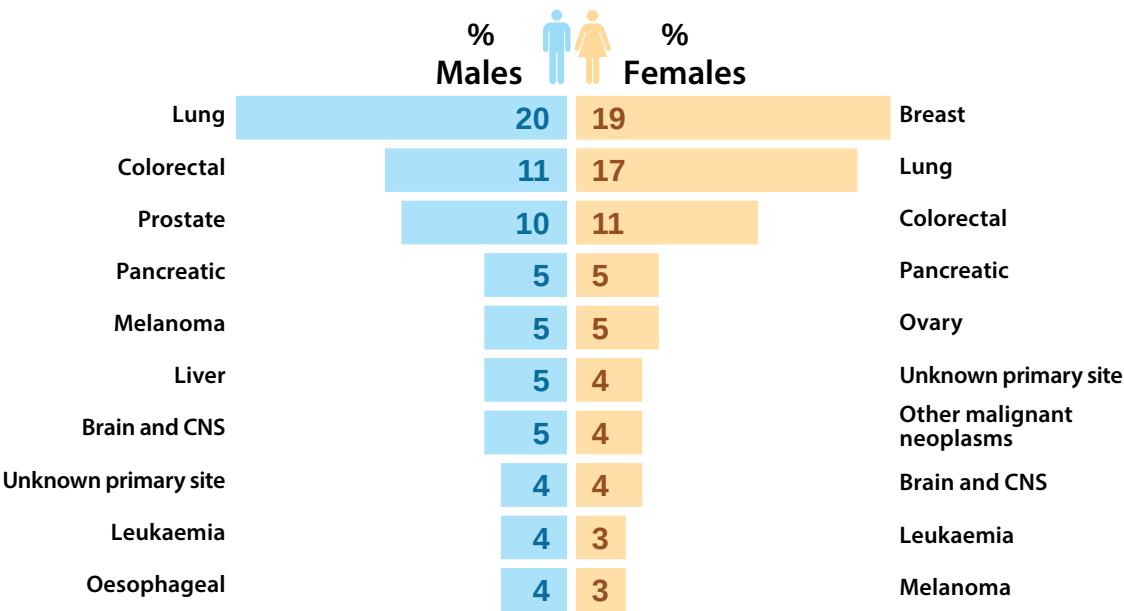
Burden of disease from all cancers combined, 2011



Source: AIHW Burden of Disease Database.

In 2011, lung cancer (19%) was associated with the largest proportion of the cancer burden for all persons combined.

Top 10 causes of cancer burden, by sex, 2011



Source: AIHW Burden of Disease Database.

Cancer burden varied by age, with brain and central nervous system (CNS) cancers and leukaemia responsible for the greatest cancer burden in those under 25. From age 25 to 64, breast, lung and colorectal cancer contributed the most burden whilst in those over 65, lung, colorectal and prostate were the leading causes of cancer burden.

Estimated three most common cancers contributing to the cancer burden (DALY), by age group, 2011

Aged 0–24		Aged 25–49		Aged 50–64		Aged 65 and over	
Total DALY	15,976	Total DALY	105,473	Total DALY	269,377	Total DALY	442,424
Other malignant neoplasms	4,086	Breast	16,613	Lung	54,980	Lung	87,928
Brain and CNS	3,845	Lung	11,916	Breast	28,425	Colorectal	53,222
Leukaemia	2,726	Colorectal	10,794	Colorectal	28,051	Prostate	40,029

Source: AIHW Burden of Disease Database.

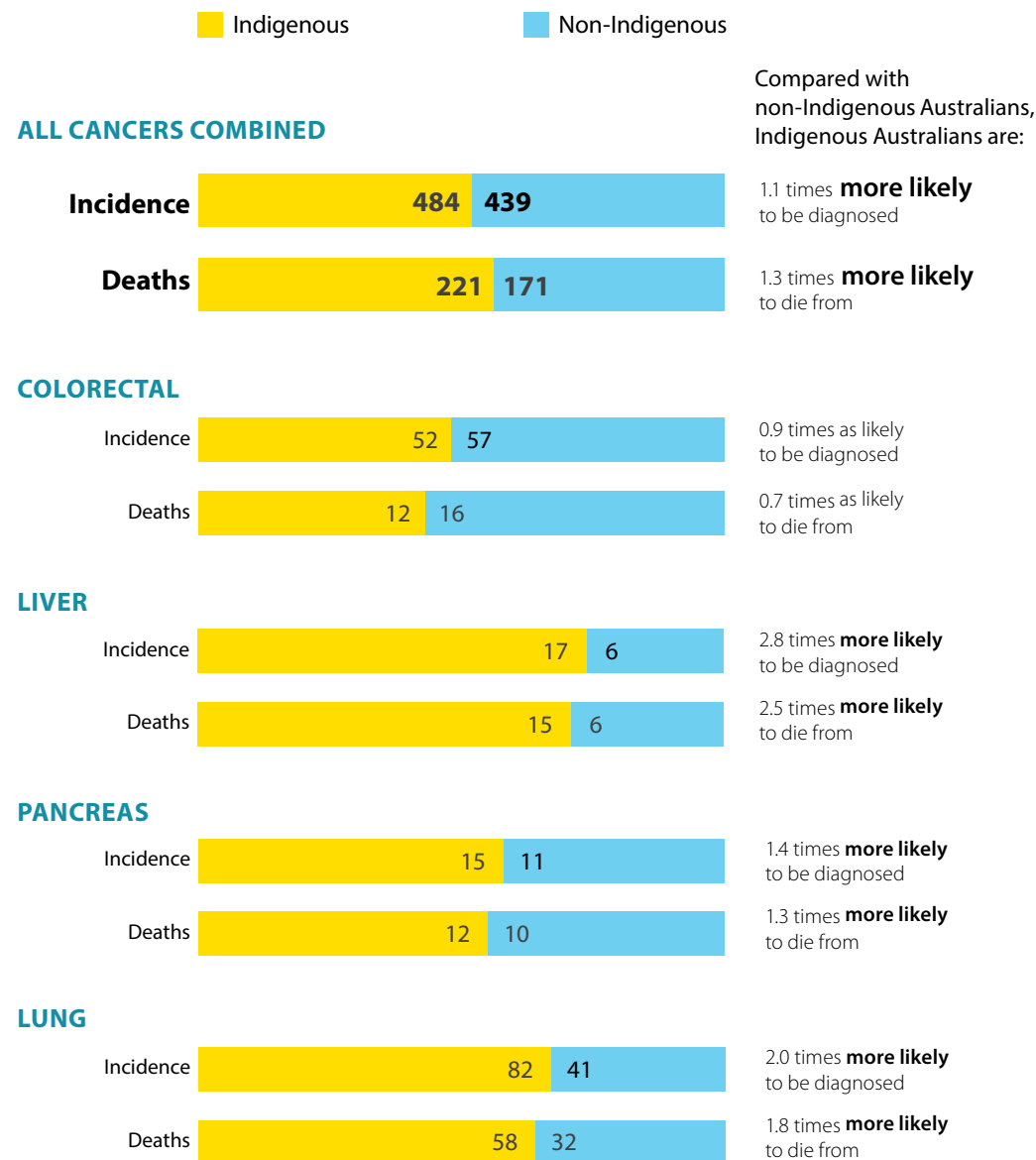
Find out more: Chapter 7 in *Cancer in Australia 2017*.

Aboriginal and Torres Strait Islander people

Indigenous Australians have a higher incidence of cancer than non-Indigenous Australians.

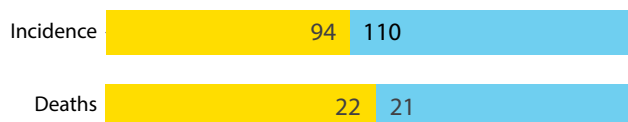
Between 2010 and 2014, Indigenous Australians were 1.3 times more likely to die from all cancers combined than non-Indigenous Australians.

All cancers combined and selected cancers, by Indigenous status, age-standardised incidence (2008–2012) and mortality (2010–2014) rates (per 100,000)



■ Indigenous ■ Non-Indigenous

BREAST



Compared with non-Indigenous Australians, Indigenous Australians are:

0.9 times as likely to be diagnosed

1.1 times **more likely** to die from

CERVIX



2.2 times **more likely** to be diagnosed

3.8 times **more likely** to die from

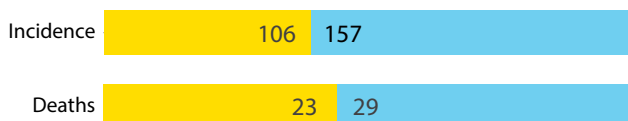
UTERINE



1.7 times **more likely** to be diagnosed

1.6 times **more likely** to die from

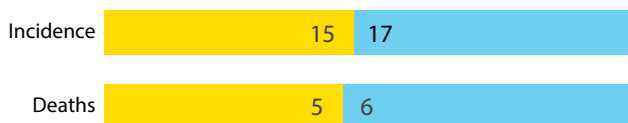
PROSTATE



0.7 times as likely to be diagnosed

0.8 times as likely to die from

NON-HODGKIN LYMPHOMA



0.8 times as likely to be diagnosed

0.9 times as likely to die from

UNKNOWN PRIMARY SITE



1.9 times **more likely** to be diagnosed

1.6 times **more likely** to die from

Find out more: Chapter 8 in *Cancer in Australia 2017*.

Remoteness

New cancer cases

Between 2008 and 2012, the age-standardised incidence rate of all cancers combined was highest in *Inner regional* areas and lowest in *Very remote* areas. The pattern varied by cancer type.

All cancers combined and selected cancers, by remoteness area, age-standardised incidence rates (per 100,000), 2008–2012



Compared with <i>Very remote</i> areas, people in <i>Inner regional</i> areas are:	MAJOR CITIES	INNER REGIONAL	OUTER REGIONAL	REMOTE	VERY REMOTE
ALL CANCERS COMBINED					
1.1 times more likely to be diagnosed	490	516	515	506	462
COLORECTAL					
1.3 times more likely to be diagnosed	59	66	68	67	52
PANCREAS					
1.1 times more likely to be diagnosed	12	11	11	10	9
LUNG					
0.7 times as likely to be diagnosed	43	45	47	51	65
MELANOMA OF THE SKIN					
1.8 times more likely to be diagnosed	46	59	54	47	32
BREAST					
1.2 times more likely to be diagnosed	119	117	113	112	99
CERVIX					
0.9 times as likely to be diagnosed	7	7	8	10	8
PROSTATE					
1.5 times more likely to be diagnosed	179	186	181	163	125
KIDNEY					
1.4 times more likely to be diagnosed	12	12	12	12	9
BLADDER					
1.1 times more likely to be diagnosed	10	10	11	9	9
NON-HODGKIN LYMPHOMA					
1.2 times more likely to be diagnosed	20	19	18	17	15
UNKNOWN PRIMARY SITE					
0.7 times as likely to be diagnosed	10	11	13	14	16

Deaths

Between 2010 and 2014, the age-standardised mortality rate for all cancers combined was highest in *Very remote* areas and lowest in *Major cities*. The pattern varied by cancer type.

All cancers combined and selected cancers, by remoteness area, age-standardised mortality rates (per 100,000), 2010–2014



Compared with *Major cities*, people in *Very remote* areas are:

	MAJOR CITIES	INNER REGIONAL	OUTER REGIONAL	REMOTE	VERY REMOTE
ALL CANCERS COMBINED					
1.2 times more likely to die from	162	179	185	180	188
COLORECTAL					
0.7 times as likely to die from	16	16	16	14	11
PANCREAS					
0.7 times as likely to die from	10	10	10	10	7
LUNG					
1.4 times more likely to die from	30	34	36	40	44
MELANOMA OF THE SKIN					
0.5 times as likely to die from	6	7	7	5	3
BREAST					
0.9 times as likely to die from	21	22	21	17	19
CERVIX					
2.8 times more likely to die from	2	2	2	2	5
PROSTATE					
1.2 times more likely to die from	26	32	33	27	32
KIDNEY					
0.9 times as likely to die from	3	4	4	4	3
BLADDER					
1.3 times more likely to die from	4	4	4	4	5
NON-HODGKIN LYMPHOMA					
0.8 times as likely to die from	6	6	5	6	4
UNKNOWN PRIMARY SITE					
1.5 times more likely to die from	10	11	13	12	15

Find out more: Chapter 8 in *Cancer in Australia 2017*.

Socioeconomic group

New cancer cases

Between 2008 and 2012, the age-standardised incidence rate of all cancers combined was highest for those in the two lowest socioeconomic groups and lowest for those in the two highest socioeconomic groups. The pattern varied by cancer type.

All cancers combined and selected cancers, by socioeconomic group, age-standardised incidence rates (per 100,000), 2008–2012

		<		<	
Compared with highest group, people in lowest group are:	1 (LOWEST)	2	3	4	5 (HIGHEST)
ALL CANCERS COMBINED					
equally as likely to be diagnosed	509	508	494	488	488
COLORECTAL					
1.2 times more likely to be diagnosed	65	64	61	59	56
PANCREAS					
1.2 times more likely to be diagnosed	12	11	11	11	11
LUNG					
1.7 times more likely to be diagnosed	54	48	43	39	32
MELANOMA OF THE SKIN					
0.8 times as likely to be diagnosed	45	49	50	48	53
BREAST					
0.8 times as likely to be diagnosed	108	114	115	120	130
CERVIX					
1.4 times more likely to be diagnosed	9	8	7	7	6
PROSTATE					
0.8 times as likely to be diagnosed	166	177	179	182	198
KIDNEY					
1.2 times more likely to be diagnosed	13	13	12	12	11
BLADDER					
1.2 times more likely to be diagnosed	11	10	10	10	9
NON-HODGKIN LYMPHOMA					
0.9 times as likely to be diagnosed	19	19	19	20	21
UNKNOWN PRIMARY SITE					
1.5 times more likely to be diagnosed	12	11	10	10	9

Deaths

Between 2010 and 2014, the age-standardised mortality rate of all cancers combined was highest for those in the lowest socioeconomic group and lowest for those in the highest socioeconomic group. The pattern varied by cancer type.

All cancers combined and selected cancers, by socioeconomic group, age-standardised mortality rates (per 100,000), 2010–2014

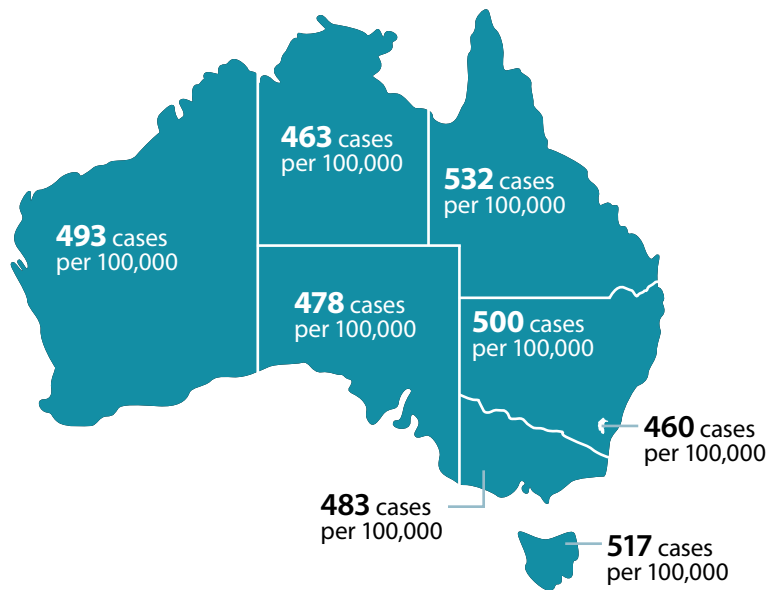
		<		<	
Compared with highest group, people in lowest group are:	1 (LOWEST)	2	3	4	5 (HIGHEST)
ALL CANCERS COMBINED					
1.3 times more likely to die from	190	179	168	159	143
COLORECTAL					
1.3 times more likely to die from	17	16	16	15	14
PANCREAS					
1.2 times more likely to die from	11	10	10	10	9
LUNG					
1.7 times more likely to die from	40	36	32	28	23
MELANOMA OF THE SKIN					
1.1 times more likely to die from	6	6	6	6	6
BREAST					
1.1 times more likely to die from	22	21	20	21	20
CERVIX					
2.4 times more likely to die from	3	2	2	2	1
PROSTATE					
1.2 times more likely to die from	30	30	29	27	26
KIDNEY					
1.4 times more likely to die from	4	4	4	3	3
BLADDER					
1.3 times more likely to die from	4	4	4	4	3
NON-HODGKIN LYMPHOMA					
1.2 times more likely to die from	6	6	6	5	5
UNKNOWN PRIMARY SITE					
1.6 times more likely to die from	12	11	10	9	8

Find out more: Chapter 8 in *Cancer in Australia 2017*.

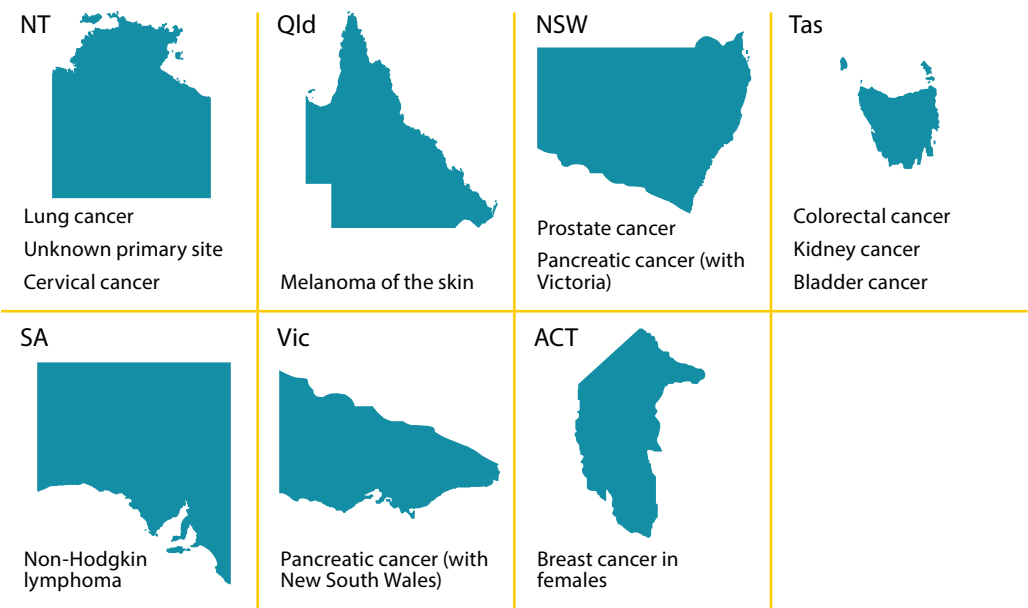
State and territory

New cancer cases

Between 2008 and 2012, the highest incidence rates for all cancers combined were in Queensland, followed by Tasmania.

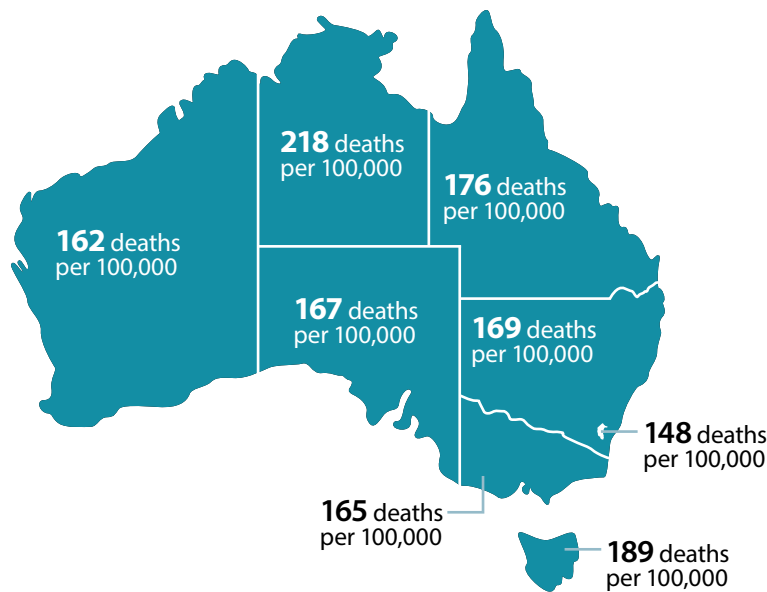


The jurisdictions where age-standardised incidence rates for selected cancers were highest:

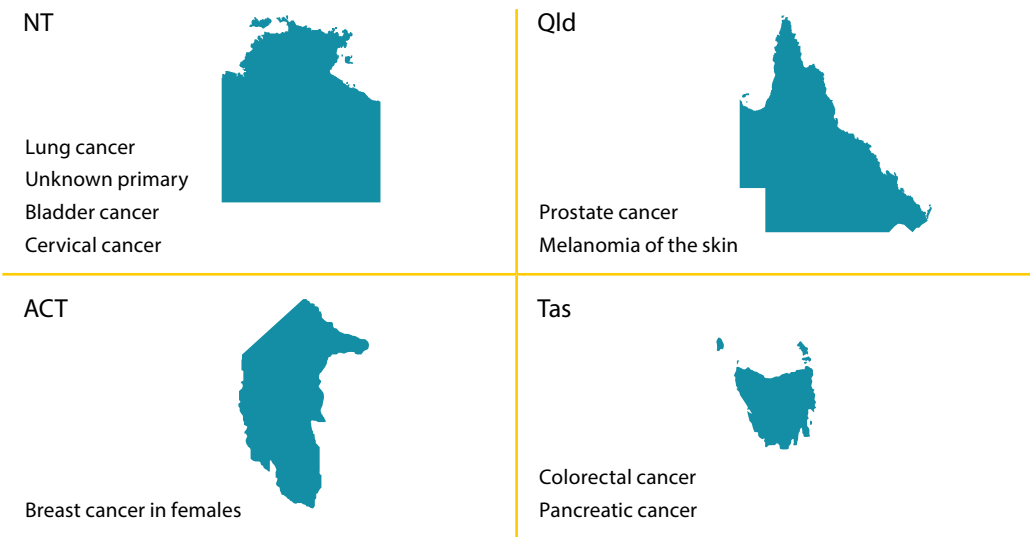


Deaths

Between 2010 and 2014, the mortality rate for all cancers combined was highest in the Northern Territory, followed by Tasmania.



The jurisdictions where age-standardised mortality rates for selected cancers were highest:



Find out more: Chapter 8 in *Cancer in Australia 2017*.

Summary of selected cancers

All cancers combined

NEW CASES

Number 72,169

ASR 526

62,005

423

DEATHS

Number 27,076

ASR 200

20,677

129

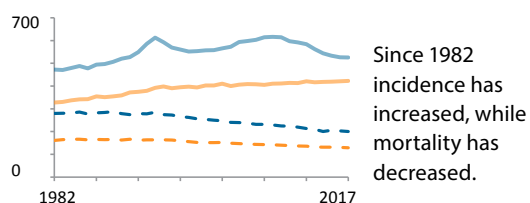
5-year relative
SURVIVAL

68%

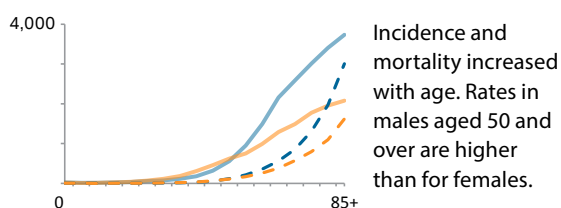
69%

Incidence Mortality
— Males — Males
— Females — Females

Incidence and mortality trends, 1982–2017



Incidence and mortality age specific rates, 2013–2014



Breast cancer

NEW CASES

Number

17,586

ASR

124

DEATHS

Number

3,087

ASR

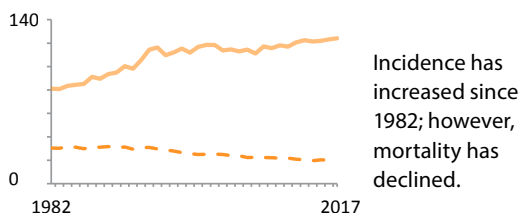
20

5-year relative
SURVIVAL

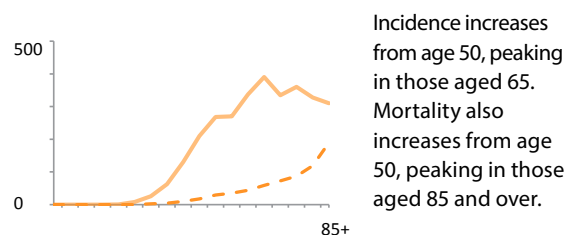
90%

Incidence Mortality
— Females — Females

Incidence and mortality trends, 1982–2017

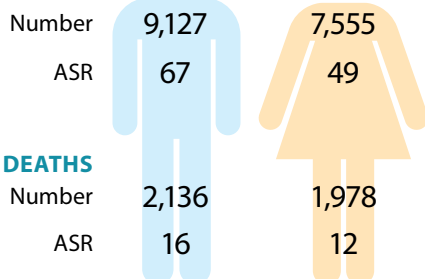


Incidence and mortality age specific rates, 2013–2014

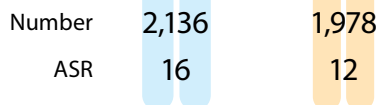


Colorectal cancer

NEW CASES



DEATHS



5-year relative SURVIVAL

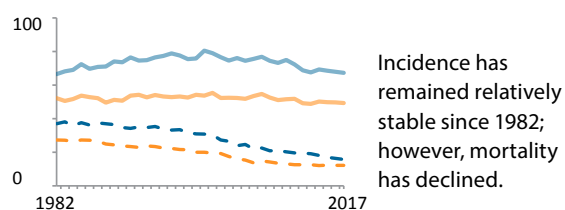
68%

69%

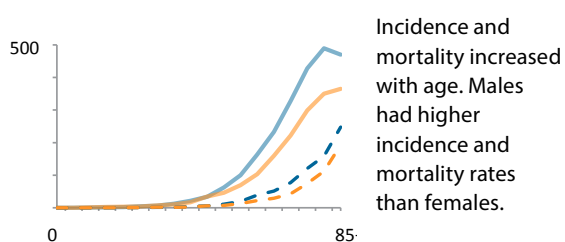
Incidence
— Males
— Females

Mortality
- - Males
- - Females

Incidence and mortality trends, 1982–2017



Incidence and mortality age specific rates, 2013–2014



Prostate cancer

NEW CASES



DEATHS



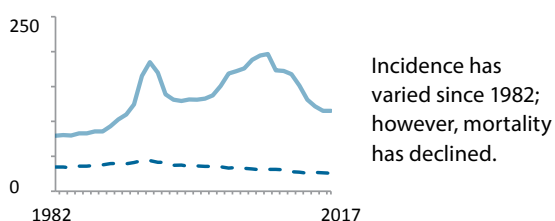
5-year relative SURVIVAL

95%

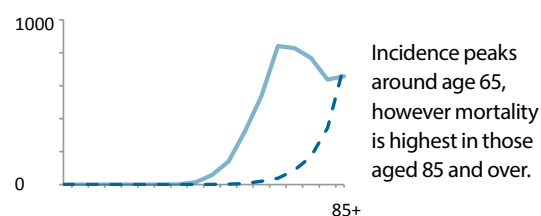
Incidence
— Males

Mortality
- - Males

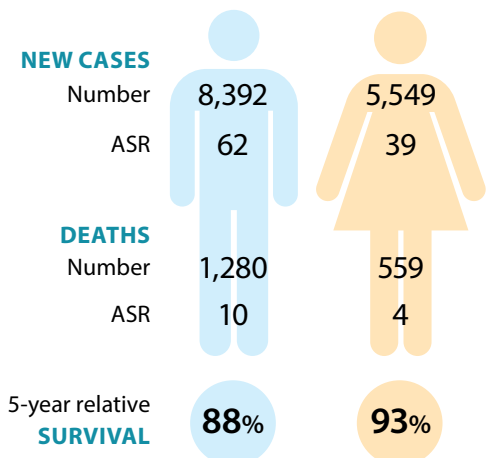
Incidence and mortality trends 1982–2017



Incidence and mortality age specific rates, 2013–2014



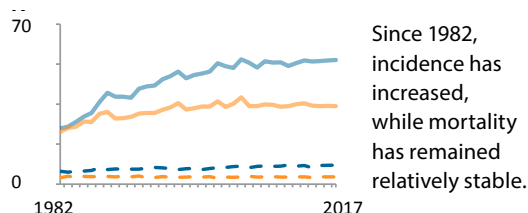
Melanoma of the skin



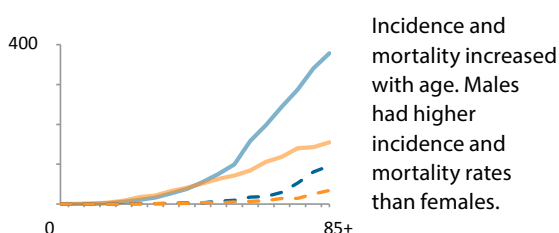
Incidence
— Males
— Females

Mortality
- - Males
- - Females

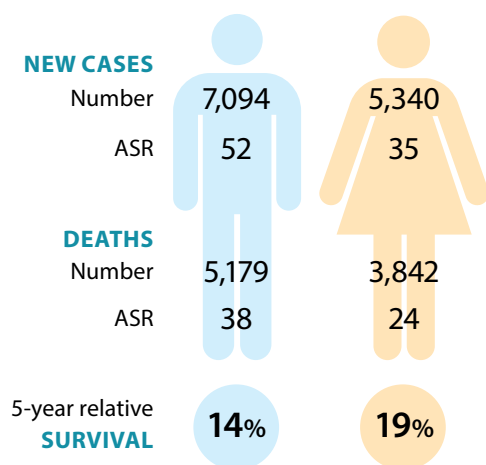
Incidence and mortality trends, 1982–2017



Incidence and mortality age specific rates, 2013–2014



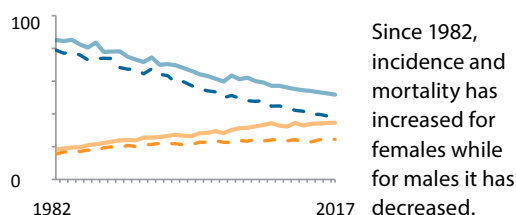
Lung cancer



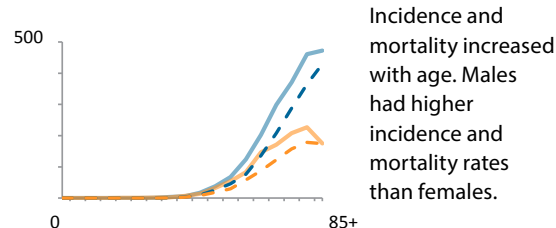
Incidence
— Males
— Females

Mortality
- - Males
- - Females

Incidence and mortality trends, 1982–2017



Incidence and mortality age specific rates, 2013–2014



Find out more: Chapter 9 in *Cancer in Australia 2017*.

References

Australian Institute of Health and Welfare (AIHW) 2016. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.

AIHW 2017. Cancer in Australia 2017. Cancer series no. 101. Cat. no. CAN 100. Canberra: AIHW.

IARC (International Agency for Research on Cancer) 2014. World cancer report 2014. Lyon: IARC.

Zhou CK, Check DP, Lorter-Tieulent J, Laversanne M, Jemal A, Ferlay J et al. 2016. Prostate cancer incidence in 43 populations worldwide: an analysis of time trends overall and by age group. *International Journal of Cancer* 138:1388–1400.



Cancer in Australia: in brief 2017 presents key points and trends from the Australian Institute of Health and Welfare's latest biennial report about cancer in Australia, *Cancer in Australia 2017*.