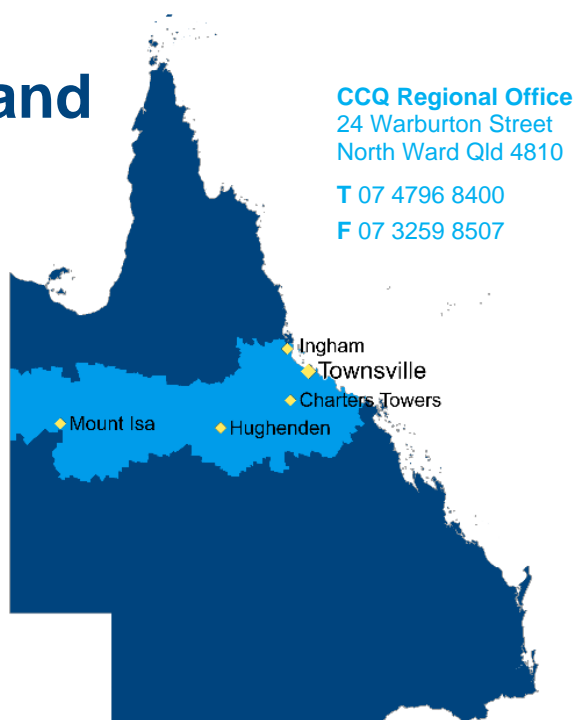


Cancer in Northern Queensland

The CCQ region of North Queensland covers nearly one fifth of Queensland (17% or 293,800 km²), stretching from Townsville in the east to the Northern Territory border in the west. In 2015 it had a population of 281,259, which was 6% of Queensland's total population.

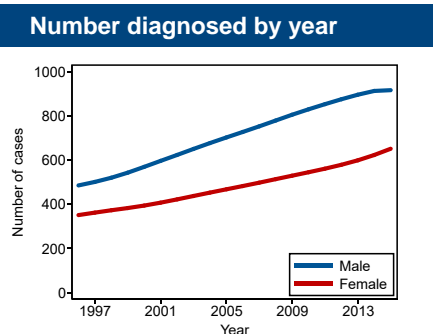
The major population centres are Townsville, Mount Isa, Ingham and Charters Towers, with significant industries of the region including tourism, mining, cattle grazing and sugar cane farming.

The nearest radiation treatment centre for cancer patients in North Queensland is Townsville. Additional radiation treatment centres are located in Cairns and Mackay (opened in 2018). The CCQ Regional Office for North Queensland is also located in Townsville.



Region Characteristics (2015 data unless otherwise specified)	Northern Queensland	Queensland
Per cent of population who ...		
... are female	49.2%	50.2%
... are aged 50 years and over	21.5%	22.8%
... are Indigenous	9.4%	4.4%
... speak another language at home (2011 data)	6.2%	10.0%
... live in remote areas	16.6%	2.6%
... live within 2 hours drive of radiation treatment	83.3%	89.2%
... live more than 6 hours drive from radiation treatment	9.2%	1.7%
... live in disadvantaged areas	21.1%	18.0%
... live in affluent areas	8.6%	19.8%

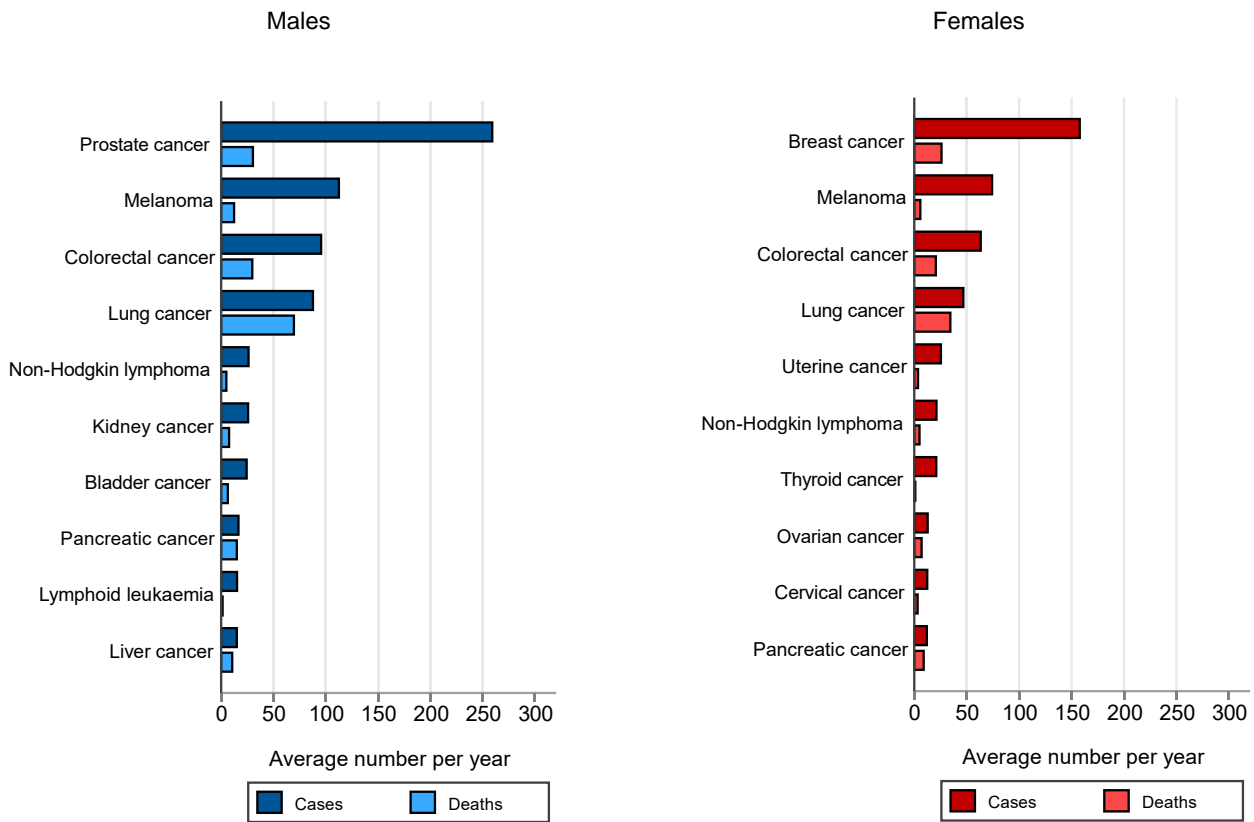
All Cancers*	Male	Female	Persons ¹
Number of new cases per year:	906	592	1498
Chance of diagnosis by age 80: ²	1 in 1.9	1 in 2.8	1 in 2.2
Median age at diagnosis:	66 yrs	63 yrs	65 yrs
Five-year relative survival:	70%	72%	71%
Number of deaths per year:	273	177	451
Percent deaths before age 80:	73%	68%	71%



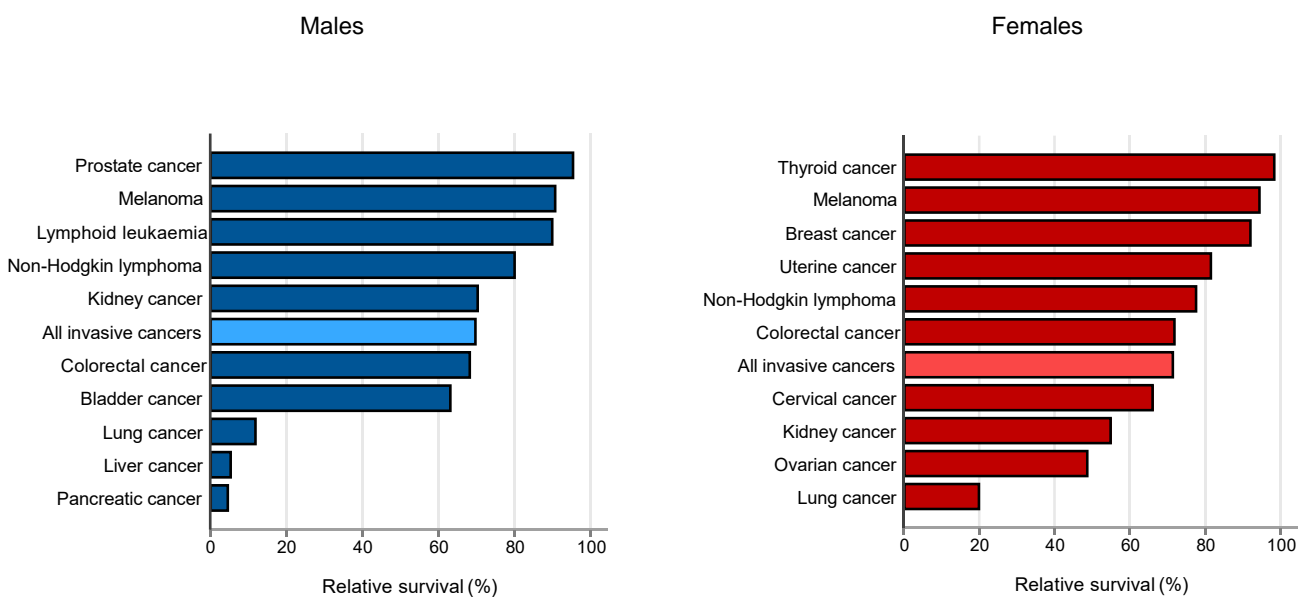
*See notes on page 4 for more details

- Persons data may not equal the sum of males and females due to rounding.
- Cancers with a lifetime risk above 1 in 5 have the value provided to one decimal point.

The 10 most common cancers diagnosed in Northern Queensland by sex, 2011-2015



Five-year relative survival in Northern Queensland by type of cancer and sex, 2011-2015



Note: Relative survival calculated using the period method, for persons aged 0-89 years at diagnosis. Data are for "at risk" cases in the period 2011-2015.

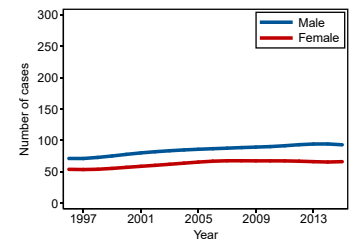
Facts about the most common cancers

Colorectal Cancer



	Male	Female	Persons ¹
Number of new cases per year:	96	63	159
Chance of diagnosis by age 80:	1 in 13	1 in 21	1 in 16
Median age at diagnosis:	69 yrs	67 yrs	68 yrs
Five-year relative survival:	68%	72%	70%
Number of deaths per year:	30	21	50
Percent deaths before age 80:	73%	58%	67%

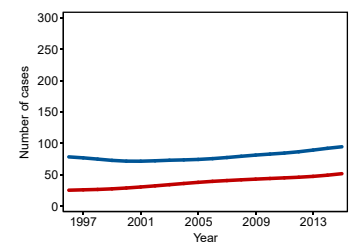
Number diagnosed by year



Lung Cancer



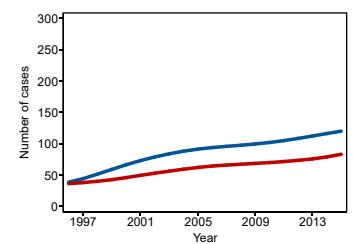
	Male	Female	Persons ¹
Number of new cases per year:	88	47	135
Chance of diagnosis by age 80:	1 in 14	1 in 27	1 in 18
Median age at diagnosis:	69 yrs	67 yrs	69 yrs
Five-year relative survival:	12%	20%	15%
Number of deaths per year:	70	34	104
Percent deaths before age 80:	78%	78%	78%



Melanoma



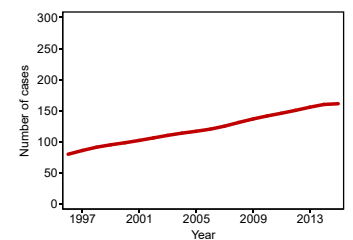
	Male	Female	Persons ¹
Number of new cases per year:	113	74	187
Chance of diagnosis by age 85:	1 in 12	1 in 20	1 in 15
Median age at diagnosis:	64 yrs	57 yrs	62 yrs
Five-year relative survival:	91%	95%	92%
Number of deaths per year:	12	6	18
Percent deaths before age 80:	73%	69%	71%



Female Breast Cancer



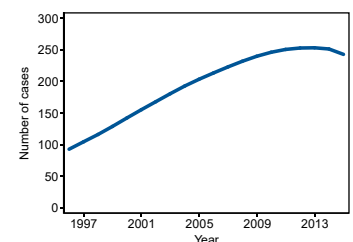
	Female
Number of new cases per year:	158
Chance of diagnosis by age 80:	1 in 9
Median age at diagnosis:	60 yrs
Five-year relative survival:	92%
Number of deaths per year:	26
Percent deaths before age 80:	74%



Prostate Cancer



	Male
Number of new cases per year:	259
Chance of diagnosis by age 80:	1 in 4.9
Median age at diagnosis:	67 yrs
Five-year relative survival:	96%
Number of deaths per year:	30
Percent deaths before age 80:	51%



See notes on page 4 for more details. Cancers with a lifetime risk above 1 in 5 have the value provided to one decimal point.

1. Persons data may not equal the sum of males and females due to rounding.

More details on the top 10 cancers diagnosed

Type of cancer	Incidence ^a		Five-year relative survival ^c (%)	Mortality ^a	
	Average number per year	Annual rate ^b (per 100,000)		Average number per year	Annual rate ^b (per 100,000)
Males					
All invasive cancers	906	692 [671,713]	70 [68,72]	273	224 [212,237]
Prostate cancer	259	193 [182,204]	96 [93,98]	30	28 [23,32]
Melanoma	113	86 [79,93]	91 [87,94]	12	11 [8,14]
Colorectal cancer	96	75 [69,83]	68 [63,73]	30	25 [21,29]
Lung cancer	88	69 [62,76]	12 [9,16]	70	56 [50,62]
Non-Hodgkin lymphoma	26	20 [17,24]	80 [70,88]	5	4 [3,7]
Kidney cancer	26	20 [16,23]	70 [60,80]	8	6 [4,9]
Bladder cancer	24	20 [17,24]	63 [50,75]	6	6 [4,8]
Pancreatic cancer	17	13 [10,16]	5 [2,10]	15	12 [9,15]
Lymphoid leukaemia	15	11 [9,14]	90 [77,99]	**	**
Liver cancer	15	11 [8,14]	6 [1,16]	11	8 [6,10]
Females					
All invasive cancers	592	441 [425,458]	72 [70,73]	177	131 [123,140]
Breast cancer	158	117 [109,126]	92 [89,95]	26	19 [16,23]
Melanoma	74	55 [50,61]	95 [91,98]	6	4 [3,6]
Colorectal cancer	63	47 [42,53]	72 [66,78]	21	15 [12,18]
Lung cancer	47	35 [31,40]	20 [15,26]	34	25 [22,30]
Uterine cancer	25	19 [16,22]	82 [72,89]	**	**
Non-Hodgkin lymphoma	21	16 [13,19]	78 [66,87]	5	4 [2,6]
Thyroid cancer	21	16 [13,19]	99 [92,101]	**	**
Ovarian cancer	13	10 [7,12]	49 [35,62]	7	5 [4,7]
Cervical cancer	12	9 [7,12]	66 [53,77]	**	**
Kidney cancer	12	9 [7,12]	55 [40,68]	**	**
Persons^d					
All invasive cancers	1498	563 [551,576]	71 [69,72]	451	175 [167,182]
Prostate cancer	259	n.a.	96 [93,98]	30	n.a.
Melanoma	187	70 [65,75]	92 [90,95]	18	7 [6,9]
Colorectal cancer	159	61 [57,65]	70 [66,74]	50	20 [17,22]
Female breast cancer	158	n.a.	92 [89,95]	26	n.a.
Lung cancer	135	51 [47,55]	15 [12,18]	104	40 [36,43]
Non-Hodgkin lymphoma	47	18 [16,20]	79 [72,85]	10	4 [3,5]
Kidney cancer	38	14 [12,16]	66 [57,73]	**	**
Bladder cancer	32	13 [11,15]	59 [48,69]	10	4 [3,5]
Pancreatic cancer	29	11 [9,13]	7 [4,12]	24	9 [8,11]
Thyroid cancer	28	10 [9,12]	99 [93,102]	**	**

Notes:

- Incidence and mortality data are averaged over the 5 year period from 2011-2015.
- Incidence and mortality rates have been directly age-standardised to the 2001 Australian Standard population, with 95% confidence intervals shown in brackets.
- Five-year relative survival calculated using the period method, for persons aged 0-89 years at diagnosis, with 95% confidence intervals shown in brackets. Estimates are for "at risk" cases in the period 2011-2015
- Persons data may not equal the sum of males and females due to rounding.

Symbols:

** Incidence or mortality counts that averaged less than five per year (and the corresponding rates) have been suppressed to protect confidentiality. Counts and rates for persons have also been suppressed when necessary.

n.a. = not applicable (rates for persons not applicable for sex-specific cancers).

Methodology

1. All cancer data are sourced from the Queensland Cancer Register. The access and use of these data for reporting purposes is subject to strict confidentiality and privacy constraints.
2. Census and population data were obtained from the Australian Bureau of Statistics.
3. Population death data used in relative survival calculations were obtained from the Australian Coordinating Registry of Births, Deaths and Marriages.
4. All calculations were performed using Stata v14.2.
5. Trend lines for incidence numbers have been smoothed using the 'Lowess' method.
6. Remote areas are defined by the Remoteness Areas 2011 classification (combines Remote and Very Remote).
7. Travelling times to radiation treatment are calculated using spatial and road network software, and are approximate based on the shortest road distances at the recommended speed limits.
8. 'Affluent areas' are the 20% of most advantaged Statistical Areas 2 (SA2s) and 'Disadvantaged areas' are the 20% of most disadvantaged SA2s as defined by the 2011 SEIFA Index of Advantage and Disadvantage obtained from the Australian Bureau of Statistics.
9. Relative survival compares overall survival among those diagnosed with cancer to the expected survival of the general population, taking into account age, sex and year of diagnosis.

Disclaimer: The information in this publication should not be used as a substitute for advice from a properly qualified medical professional who can advise you about your own individual medical needs. It is not intended to constitute medical advice and is provided for general information purposes only. Information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community.

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