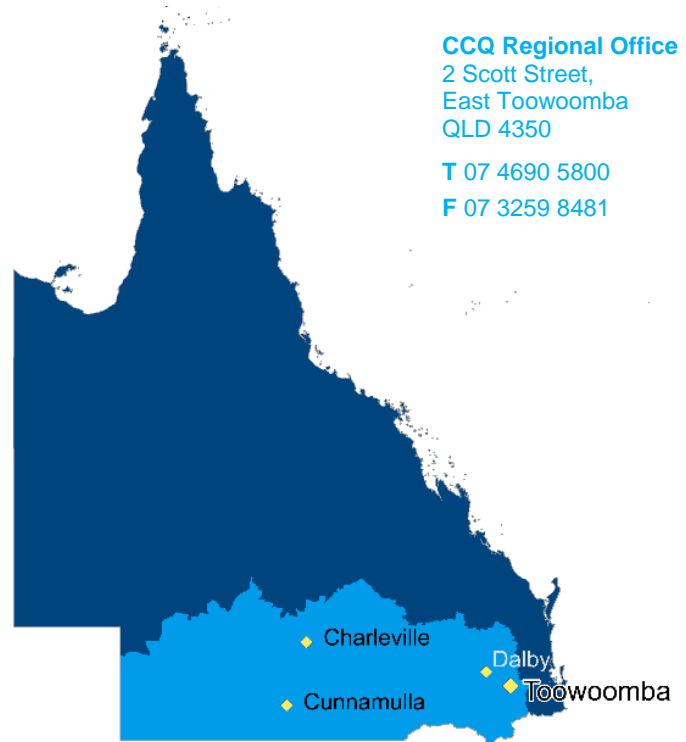


Cancer in South West Queensland

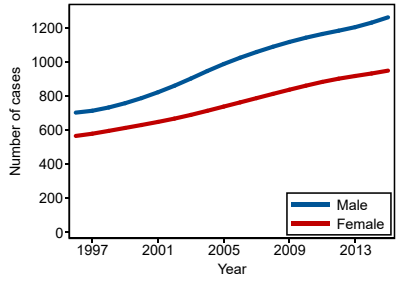
The CCQ region of South West Queensland covers nearly a quarter of Queensland (24% or 407,300 km²), including the most southern and south west areas of the State. In 2015 it had a population of almost 342,961, which was 7% of Queensland's total population.

The major population centres are Toowoomba, Dalby and Charleville. Significant industries include agriculture, cotton farming, cattle grazing, natural resource extraction and tourism.

The nearest radiation treatment centre for cancer patients in South West Queensland is in Toowoomba. Radiation facilities are also available in Brisbane, Gold Coast and Sunshine Coast. The CCQ Regional Office for South West Queensland is located in Toowoomba.



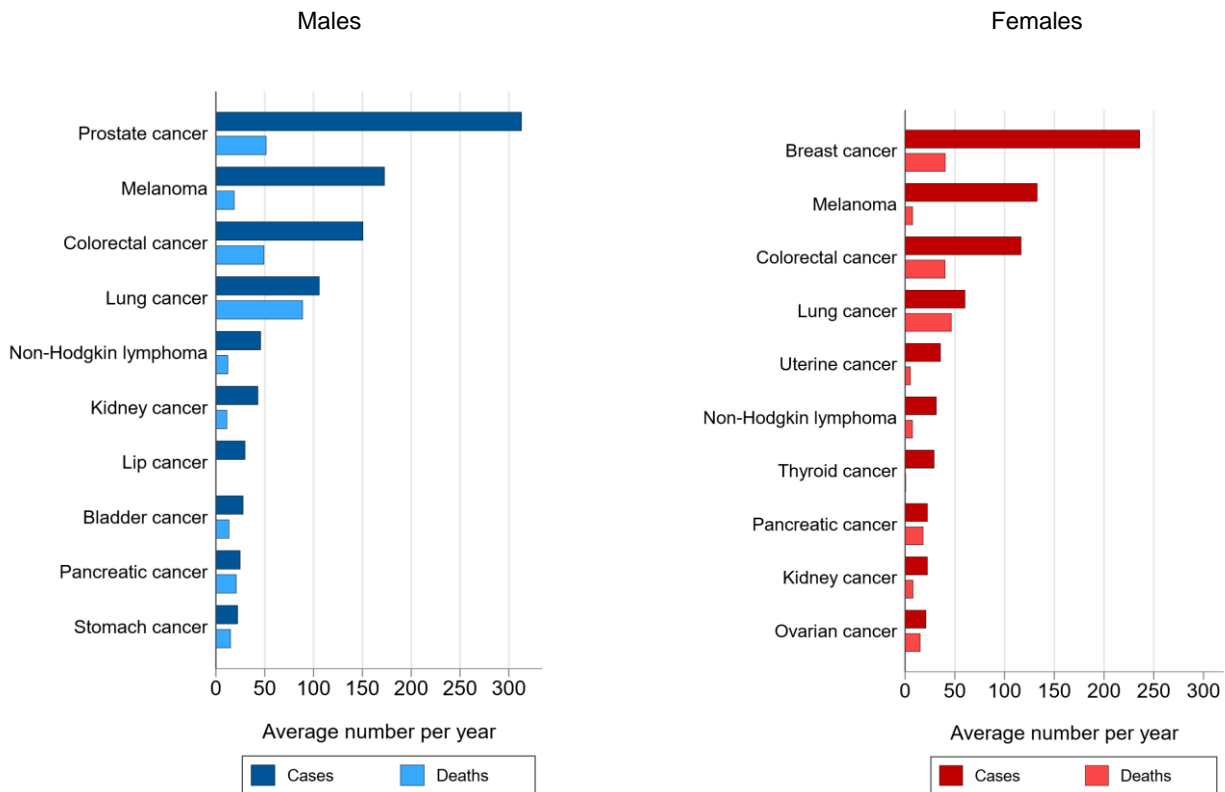
Region Characteristics (2015 data unless otherwise specified)	South-West Queensland	Queensland
Per cent of population who ...		
... are female	50.4%	50.2%
... are aged 50 years and over	24.3%	22.8%
... are Indigenous	5.6%	4.4%
... speak another language at home (2011 data)	4.2%	10.0%
... live in remote areas	5.5%	2.6%
... live within 2 hours drive of radiation treatment	84.4%	89.2%
... live more than 6 hours drive from radiation treatment	2.3%	1.7%
... live in disadvantaged areas	34.1%	18.0%
... live in affluent areas	5.7%	19.8%

All Cancers*	Male	Female	Persons ¹	Number diagnosed by year
Number of new cases per year:	1206	916	2122	
Chance of diagnosis by age 80: ²	1 in 2.1	1 in 2.8	1 in 2.4	
Median age at diagnosis:	68 yrs	66 yrs	67 yrs	
Five-year relative survival:	69%	73%	71%	
Number of deaths per year:	398	287	685	
Percent deaths before age 80:	68%	63%	66%	

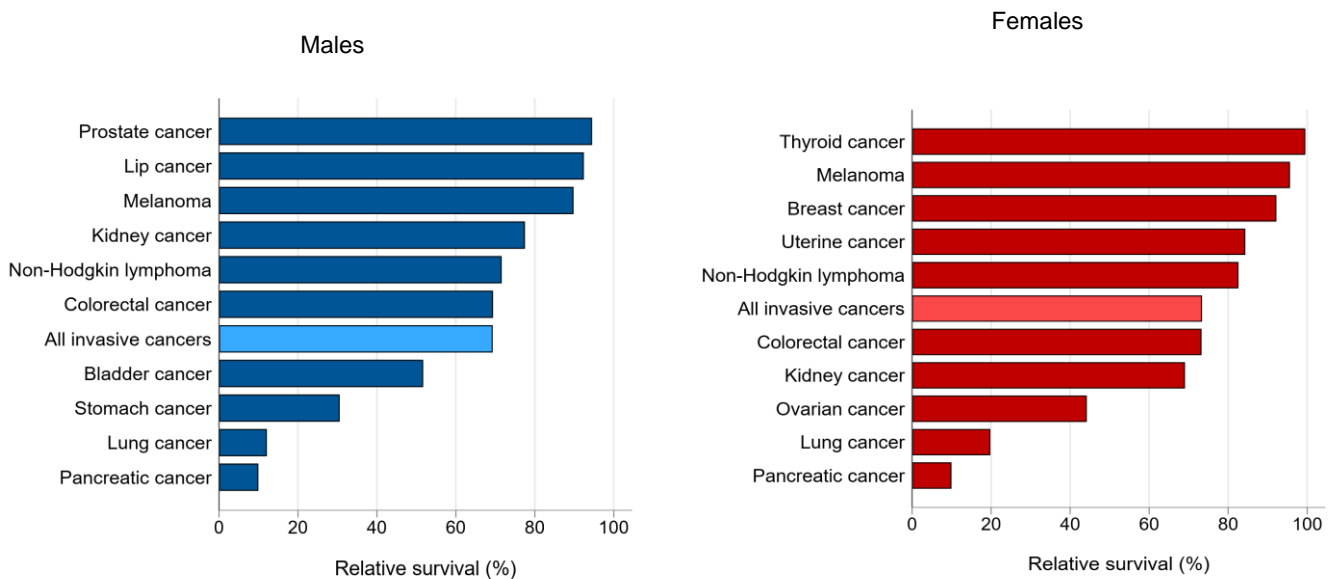
*See notes on page 4 for more details

- 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 South-West Queensland by sex, 2011-2015



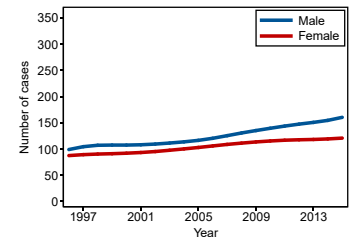
Five-year relative survival in South-West Queensland by type of cancer and sex, 2011-2015



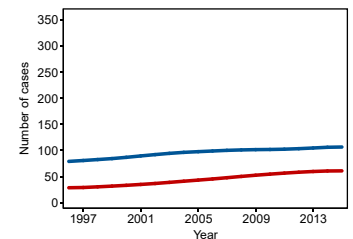
Note: Relative survival calculated using the period method, for persons aged 0-89 years at diagnosis. Data are for "at risk" cases in the period 2011-2015.

Facts about the most common cancers
Colorectal Cancer

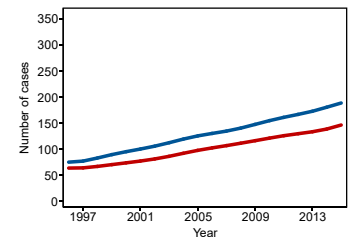

	Male	Female	Persons ¹
Number of new cases per year:	151	117	267
Chance of diagnosis by age 80:	1 in 13	1 in 18	1 in 15
Median age at diagnosis:	71 yrs	72 yrs	71 yrs
Five-year relative survival:	69%	73%	71%
Number of deaths per year:	49	40	89
Percent deaths before age 80:	65%	55%	61%

Number diagnosed by year

Lung Cancer

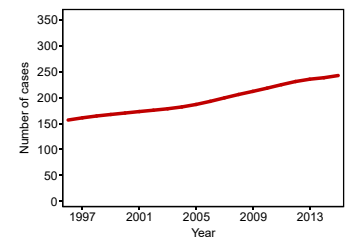

	Male	Female	Persons ¹
Number of new cases per year:	106	60	166
Chance of diagnosis by age 80:	1 in 18	1 in 32	1 in 23
Median age at diagnosis:	71 yrs	69 yrs	70 yrs
Five-year relative survival:	12%	20%	15%
Number of deaths per year:	89	46	135
Percent deaths before age 80:	77%	78%	78%


Melanoma

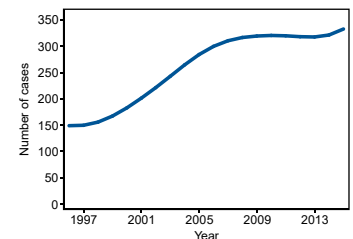

	Male	Female	Persons ¹
Number of new cases per year:	173	133	305
Chance of diagnosis by age 85:	1 in 12	1 in 17	1 in 14
Median age at diagnosis:	64 yrs	61 yrs	63 yrs
Five-year relative survival:	90%	96%	92%
Number of deaths per year:	19	8	26
Percent deaths before age 80:	82%	74%	80%


Female Breast Cancer


	Female
Number of new cases per year:	236
Chance of diagnosis by age 80:	1 in 9
Median age at diagnosis:	63 yrs
Five-year relative survival:	92%
Number of deaths per year:	40
Percent deaths before age 80:	66%


Prostate Cancer


	Male
Number of new cases per year:	313
Chance of diagnosis by age 80:	1 in 6
Median age at diagnosis:	68 yrs
Five-year relative survival:	95%
Number of deaths per year:	51
Percent deaths before age 80:	41%



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	1206	620 [604,636]	69 [68,71]	398	207 [198,216]
Prostate cancer	313	152 [145,160]	95 [92,97]	51	28 [25,32]
Melanoma	173	93 [87,99]	90 [87,93]	19	10 [8,12]
Colorectal cancer	151	78 [73,84]	69 [65,74]	49	26 [23,29]
Lung cancer	106	53 [48,58]	12 [9,15]	89	45 [40,49]
Non-Hodgkin lymphoma	46	24 [21,27]	72 [64,78]	12	6 [5,8]
Kidney cancer	43	22 [19,26]	77 [69,84]	11	6 [4,8]
Lip cancer	30	17 [14,19]	92 [84,98]	**	**
Bladder cancer	28	14 [12,17]	52 [41,62]	13	7 [6,9]
Pancreatic cancer	25	13 [10,15]	10 [5,17]	21	11 [9,13]
Stomach cancer	22	11 [9,14]	31 [21,41]	15	8 [6,10]
Females					
All invasive cancers	916	454 [441,468]	73 [72,75]	287	130 [123,137]
Breast cancer	236	119 [112,126]	92 [90,94]	40	18 [16,21]
Melanoma	133	70 [65,76]	96 [93,98]	8	4 [3,5]
Colorectal cancer	117	55 [51,60]	73 [68,78]	40	18 [16,21]
Lung cancer	60	28 [25,31]	20 [15,25]	46	21 [19,24]
Uterine cancer	36	17 [15,20]	84 [77,90]	5	2 [2,4]
Non-Hodgkin lymphoma	31	15 [13,18]	83 [74,89]	7	3 [2,5]
Thyroid cancer	29	17 [14,20]	100 [95,102]	**	**
Pancreatic cancer	22	10 [8,12]	10 [5,18]	18	8 [6,10]
Kidney cancer	22	11 [9,13]	69 [58,78]	8	4 [3,5]
Ovarian cancer	21	10 [8,12]	44 [34,54]	15	7 [5,8]
Persons^d					
All invasive cancers	2122	533 [522,543]	71 [70,72]	685	165 [159,170]
Prostate cancer	313	n.a.	95 [92,97]	51	n.a.
Melanoma	305	81 [77,85]	92 [90,94]	26	7 [5,8]
Colorectal cancer	267	66 [63,70]	71 [68,74]	89	22 [20,24]
Female breast cancer	236	n.a.	92 [90,94]	40	n.a.
Lung cancer	166	39 [37,42]	15 [12,18]	135	32 [30,35]
Non-Hodgkin lymphoma	77	19 [17,21]	76 [71,81]	20	5 [4,6]
Kidney cancer	65	16 [15,18]	75 [68,80]	19	5 [4,6]
Pancreatic cancer	47	11 [10,13]	10 [6,15]	39	9 [8,11]
Thyroid cancer	43	12 [11,14]	99 [95,102]	**	**
Lip cancer	37	10 [9,12]	94 [86,99]	**	**

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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