



LUNG CANCER

This fact sheet contains the latest available data, which is for the year 2014 unless otherwise stated.

Queensland^{1,2}

- 2302 Queenslanders (1339 men and 963 women) were diagnosed with lung cancer.
- There were 1842 deaths due to lung cancer. Of these deaths, 1133 were men, and 709 were women.
- * Lung cancer was the leading cancer-related cause of death among both males and females.
- Lung cancer is the fourth most commonly diagnosed cancer for men after prostate cancer, melanoma and colorectal cancer.
- Lung cancer is also the fourth most commonly diagnosed cancer in women after breast cancer, melanoma and colorectal cancer.
- *The approximate lifetime risk for a diagnosis of lung cancer by the age of 85 is one in 15 (one in 12 for men and one in 21 for women).
- On average, people diagnosed with lung cancer were 17 per cent as likely to live for another five years compared to the general population (15 per cent of men and 20 per cent of women).
- ✓ Since 1982 (when data collection began) lung cancer incidence rates for women have increased by 2.5 per cent each year to 2008 and then declined by 0.4 per cent each year until 2014 while incidence rates for men have decreased by 1.4 per cent each year since 1982.
- Lung cancer mortality rates continued to decrease in men by 1.5 per cent each year from 1982 to 2014. Mortality rates in women increased by 2.8 per cent each year between 1982 and 2004, before plateauing.

Australia³

- 11,175 Australians were diagnosed with lung cancer in 2013 6626 men and 4547 women.
- In 2014, 8251 Australians died from lung cancer 4947 men and 3304 women.

Types of lung cancer4

There are two main types of lung cancer:

- Non-small cell lung cancer (NSCLC) Non-small cell lung cancer is the most common type of lung cancer, accounting for around 80% of cases. There are sub-types of non-small cell lung cancer. The most common are:
 - Adenocarcinoma begins in mucus-producing cells and makes up about 40 per cent of lung cancers. While this type of lung cancer is most commonly diagnosed in current or former smokers, it is also the most common lung cancer in non-smokers.

¹ Queensland Cancer Registry, 2017. Unpublished data (1982-2014).

Queensland Cancer Statistics On-Line, 2017. Viertel Cancer Research Centre, Cancer Council Queensland (https://qcsol.cancerqld.org.au/). Based on data released by the Queensland Cancer Registry (1982-2014; released January 2017).
 Australian Institute of Health & Welfare 2017. ACIM (Australian Cancer Incidence and Mortality) book: Lung cancer (https://www.aihw.gov.au/acim-

³ Australian Institute of Health & Welfare 2017. ACIM (Australian Cancer Incidence and Mortality) book: Lung cancer (http://www.aihw.gov.au/acim-books/). Canberra: AIHW





- Aquamous cell (epidermoid) carcinoma commonly develops in the larger airways of the lung.
- Large cell undifferentiated carcinoma can appear in any part of the lung and are not clearly squamous cell or adenocarcinoma.
- Small cell lung cancer (SCLC) Small cell lung cancer usually begins in the middle of the lungs and spreads more quickly than non-small cell lung cancer. It accounts for between 15 and 20% of lung cancers.

Symptoms⁴

- Shortness of breath and wheezing
- Hoarseness
- Chest pain
- Coughing or spitting up blood
- A new cough that does not go away
- Recurring bronchitis or pneumonia
- Loss of appetite
- Unexplained weight loss
- Fatigue.

Risk factors⁴

- Smoking tobacco
- Second-hand smoke
- Exposure to asbestos
- Exposure to radon
- Exposure to occupational substances such as uranium, chromium, nickel, diesel fumes and soot
- HIV infection
- Family history
- History of some lung diseases such as lung fibrosis or emphysema.

Prevention⁴

- The most comprehensive study of cancer causation in Australia estimated that 81 per cent of lung cancers in 2010 were caused by tobacco smoking.
- While there is no proven way to prevent lung cancer you can greatly reduce your risk by not smoking or quitting smoking tobacco, avoiding second-hand smoke and avoiding cancercausing agents (carcinogens) at work.

Detection⁴

- Chest X-ray An X-ray can show large tumours (more than 1 cm wide).
- CT scan A computerised tomography (CT) scan is able to detect smaller tumours as well as providing information about the tumour and lymph nodes.

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⁴ Cancer Council Australia. (2017, September 27). *Lung Cancer*. Retrieved from http://www.cancer.org.au/about-cancer/types-of-cancer/lung-cancer.html

13 11 20





- PET scan A positron emission tomography (PET) scan is used to stage lung cancer after a diagnosis.
- Biopsy A small sample of tissue will be taken if a tumour is suspected after a CT scan or X-ray.
- Sputum cytology The sputum (mucus) from your lungs will be examined under a microscope to check for abnormal cells.

Information and Support

Cancer Council 13 11 20

Being diagnosed with cancer or supporting a family member or friend can leave you with many questions. By calling 13 11 20 you can speak with a Cancer Support Coordinator, who can provide you with cancer information, emotional and practical support.

Cancer Connect

Sometimes it helps to talk to someone who has been there and knows what you are going through. Cancer Connect is free and confidential peer support that connects you, your carer or loved ones over the telephone with a trained volunteer who has had a similar cancer experience. This support is available at diagnosis, during and after treatment.

Cancer Counselling Service

Cancer can at times leave you feeling stressed and overwhelmed. Talking things through with a counsellor can make a difference.

Our Cancer Counselling Service is for all Queenslanders distressed by cancer at any stage including people diagnosed with cancer, their family and friends. This appointment based service is staffed by nurse counsellors and registered psychologists, all with training and experience in helping people affected by cancer

For more information and support, please call Cancer Council 13 11 20.

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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