

Cancer in Central Queensland

The CCQ region of Central Queensland covers about a third of Queensland (31% or 540,969 km²), stretching from the eastern seaboard to the Northern Territory and South Australian borders. In 2016 it had a population of 240,020 which was 5.0% of Queensland's total population.

The major population centres are Rockhampton and Gladstone. Significant industries include tourism, coal mining and cattle grazing.

The nearest radiation treatment centres for cancer patients in Central Queensland are Rockhampton, Bundaberg, Hervey Bay (opened in 2018), Townsville or Toowoomba. The CCQ Regional Office for Central Queensland is located in Rockhampton.

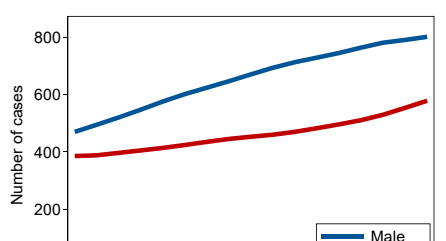


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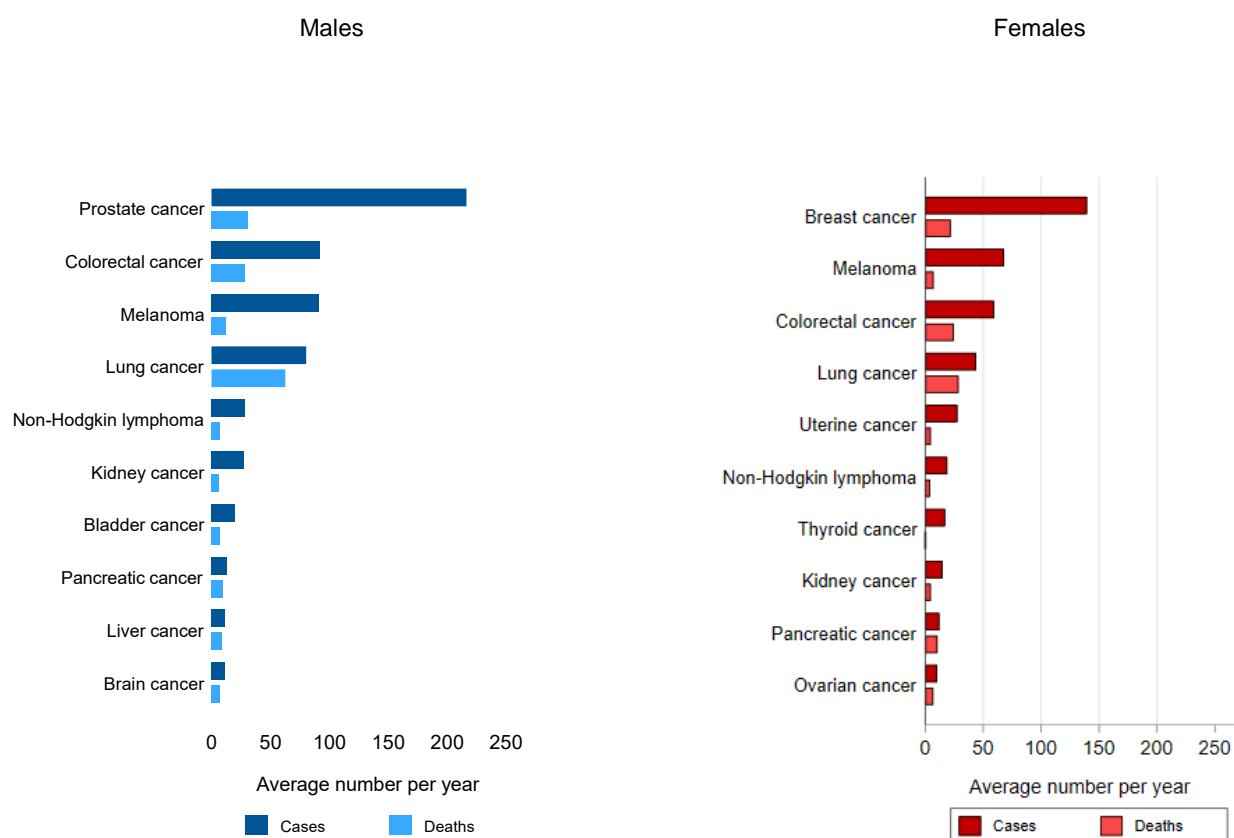
Region Characteristics (2016 data unless otherwise specified)	Central Queensland	Queensland
Per cent of population who ...		
... are female	49.1%	50.4%
... are aged 50 years and over	23.2%	22.9%
... are Indigenous (2015)	6.2%	4.4%
... speak another language at home	5.0%	13.5%
... live in remote areas	9.5%	2.4%
... live within 2 hours drive of radiation treatment	21.3%	90.0%
... live more than 6 hours drive from radiation treatment	7.9%	1.5%
... live in disadvantaged areas	13.2%	17.6%
... live in affluent areas	2.1%	20.1%

All Cancers*	Male	Female	Persons ¹	Number diagnosed by year
Number of new cases per year:	783	526	1309	
Chance of diagnosis by age 80: ²	1 in 2.0	1 in 2.9	1 in 2.4	
Median age at diagnosis:	66 yrs	63 yrs	66 yrs	
Five-year relative survival:	68%	71%	69%	
Number of deaths per year:	248	168	416	
Percent deaths before age 80:	71%	66%	69%	

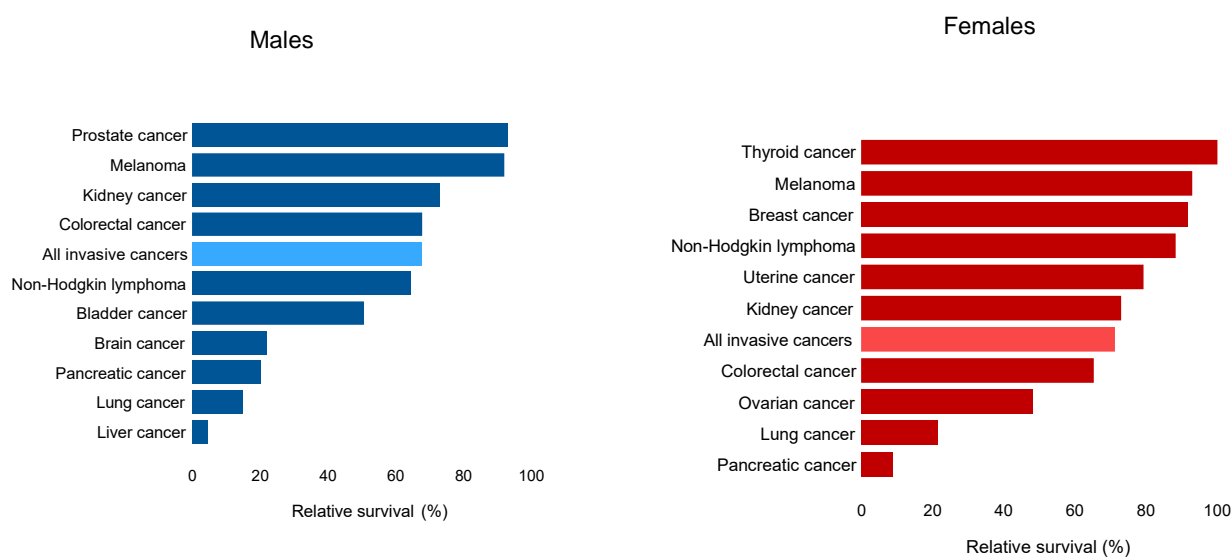
*See notes on page 4 for more details

- 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 Central Queensland by sex, 2012-2016



Five-year relative survival in Central Queensland by type of cancer and sex, 2012-2016



Notes: Relative survival calculated using the period method, for persons aged 0-89 years at diagnosis. Data are for "at risk" cases in the period 2012-2016.

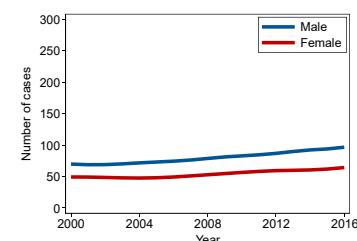
Facts about the most common cancers

Colorectal Cancer



	Male	Female	Persons ¹
Number of new cases per year:	92	59	152
Chance of diagnosis by age 80:	1 in 12	1 in 22	1 in 16
Median age at diagnosis:	69 yrs	71 yrs	70 yrs
Five-year relative survival:	68%	66%	67%
Number of deaths per year:	29	25	53
Percent deaths before age 80:	68%	56%	63%

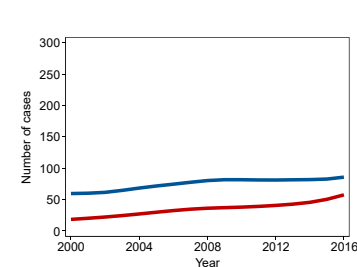
Number diagnosed by year



Lung Cancer



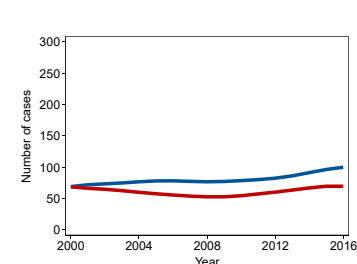
	Male	Female	Persons ¹
Number of new cases per year:	81	44	125
Chance of diagnosis by age 80:	1 in 14	1 in 26	1 in 18
Median age at diagnosis:	71 yrs	69 yrs	70 yrs
Five-year relative survival:	15%	22%	17%
Number of deaths per year:	63	29	92
Percent deaths before age 80:	75%	78%	76%



Melanoma



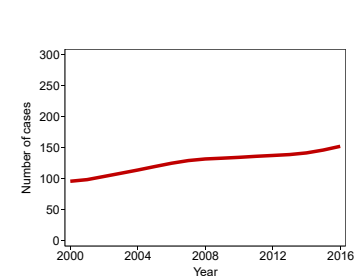
	Male	Female	Persons ¹
Number of new cases per year:	91	68	159
Chance of diagnosis by age 85:	1 in 15	1 in 20	1 in 17
Median age at diagnosis:	62 yrs	56 yrs	61 yrs
Five-year relative survival:	92%	93%	93%
Number of deaths per year:	13	7	20
Percent deaths before age 80:	68%	83%	74%



Female Breast Cancer



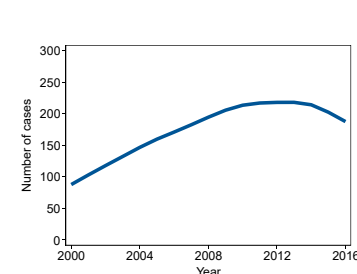
	Female
Number of new cases per year:	140
Chance of diagnosis by age 80:	1 in 9
Median age at diagnosis:	59 yrs
Five-year relative survival:	92%
Number of deaths per year:	22
Percent deaths before age 80:	79%



Prostate Cancer



	Male
Number of new cases per year:	217
Chance of diagnosis by age 80:	1 in 6
Median age at diagnosis:	66 yrs
Five-year relative survival:	93%
Number of deaths per year:	31
Percent deaths before age 80:	55%



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	783	639 [619,660]	68 [66,70]	248	217 [205,230]
Prostate cancer	217	170 [159,180]	93 [90,95]	31	29 [25,35]
Colorectal cancer	92	77 [70,85]	68 [62,73]	29	25 [21,30]
Melanoma	91	74 [67,81]	92 [88,96]	13	11 [8,14]
Lung cancer	81	68 [61,75]	15 [11,19]	63	55 [49,61]
Non-Hodgkin lymphoma	29	24 [20,29]	65 [55,73]	7	6 [4,9]
Kidney cancer	27	22 [19,26]	73 [63,82]	6	5 [3,7]
Bladder cancer	20	18 [15,22]	51 [39,63]	8	7 [5,9]
Pancreatic cancer	13	11 [9,14]	20 [10,33]	10	8 [6,11]
Liver cancer	12	9 [7,12]	5 [1,14]	9	7 [5,9]
Brain cancer	11	9 [7,12]	22 [11,36]	7	6 [4, 8]
Females					
All invasive cancers	526	431 [415,448]	71 [69,73]	168	136 [127,146]
Breast cancer	140	114 [106,123]	92 [89,94]	22	18 [15,21]
Melanoma	68	56 [50,63]	93 [88,97]	7	6 [4,8]
Colorectal cancer	59	49 [43,55]	66 [59,72]	25	20 [17,24]
Lung cancer	44	36 [31,41]	22 [15,29]	29	24 [20,28]
Uterine cancer	28	22 [19,27]	80 [70,87]	**	**
Non-Hodgkin lymphoma	19	16 [13,20]	89 [77,96]	**	**
Thyroid cancer	17	15 [12,18]	100 [92,102]	**	**
Kidney cancer	15	12 [10,15]	73 [60,84]	**	**
Pancreatic cancer	12	10 [7,12]	9 [4,18]	11	8 [6,11]
Ovarian cancer	10	9 [6,11]	48 [34,62]	7	6 [4,8]
Persons ^d					
All invasive cancers	1309	533 [520,546]	69 [68,71]	416	174 [166,182]
Prostate cancer	217	n.a.	93 [90,95]	31	n.a.
Melanoma	159	65 [61,70]	93 [90,95]	20	8 [7,10]
Colorectal cancer	152	63 [59,68]	67 [63,71]	53	23 [20,26]
Female breast cancer	140	n.a.	92 [89,94]	22	n.a.
Lung cancer	125	51 [47,56]	17 [14,21]	92	38 [35,42]
Non-Hodgkin lymphoma	48	20 [17,23]	74 [66,80]	**	**
Kidney cancer	42	17 [15,20]	73 [65,80]	**	**
Uterine cancer	28	n.a.	80 [70,87]	**	**
Pancreatic cancer	26	11 [9,13]	14 [8,22]	20	8 [7,10]
Bladder cancer	26	11 [9,13]	51 [41,62]	11	4 [3,6]

Notes:

- Incidence and mortality data are averaged over the 5 year period from 2012-2016.
- 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 2012-2016.
- 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 v15.1.
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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