

Cancer in Far North Queensland

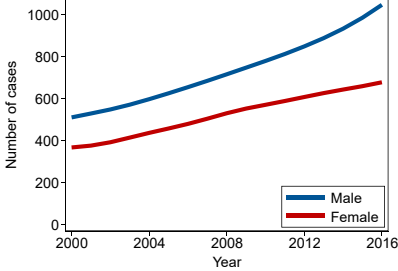
The CCQ region of Far North Queensland covers nearly a quarter of Queensland (22% or 386,500 km²), including the most northern and north-west areas of the state. In 2016 it had a population of 285,368, which was 5.9% of Queensland's total population.

The major population centres are Cairns, Innisfail and Tully, while Cooktown and Weipa are important tourist and industrial centres in the region. The majority of Queensland's discrete Indigenous communities, for example Bamaga, are located in Far North Queensland.

The nearest radiation treatment centre for cancer patients in Far North Queensland is Cairns. There is also a radiotherapy facility located in Townsville. The CCQ Regional Office for Far North Queensland is located in Cairns.



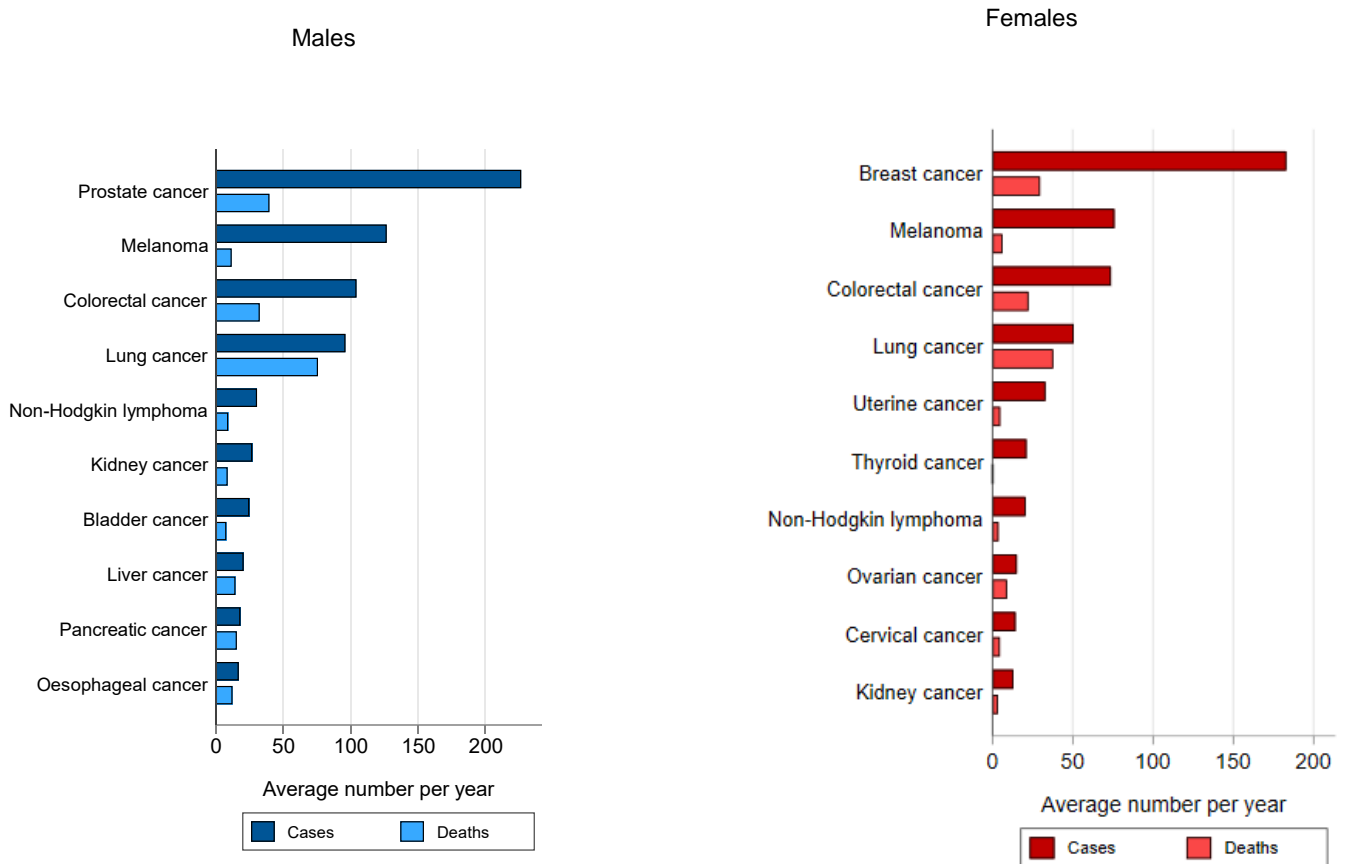
Region Characteristics (2016 data unless otherwise specified)	Far North Queensland	Queensland
Per cent of population who ...		
... are female	49.8%	50.4%
... are aged 50 years and over	24.5%	22.9%
... are Indigenous (2015)	18.8%	4.4%
... speak another language at home	14.4%	13.5%
... live in remote areas	11.4%	2.4%
... live within 2 hours drive of radiation treatment	84.4%	90.0%
... live more than 6 hours drive from radiation treatment	8.3%	1.5%
... live in disadvantaged areas	29.8%	17.6%
... live in affluent areas	6.6%	20.1%

All Cancers*	Male	Female	Persons ¹	Number diagnosed by year
Number of new cases per year:	930	646	1576	
Chance of diagnosis by age 80: ²	1 in 2.1	1 in 2.8	1 in 2.4	
Median age at diagnosis:	66 yrs	63 yrs	65 yrs	
Five-year relative survival:	66%	72%	68%	
Number of deaths per year:	315	198	513	
Percent deaths before age 80:	75%	74%	75%	

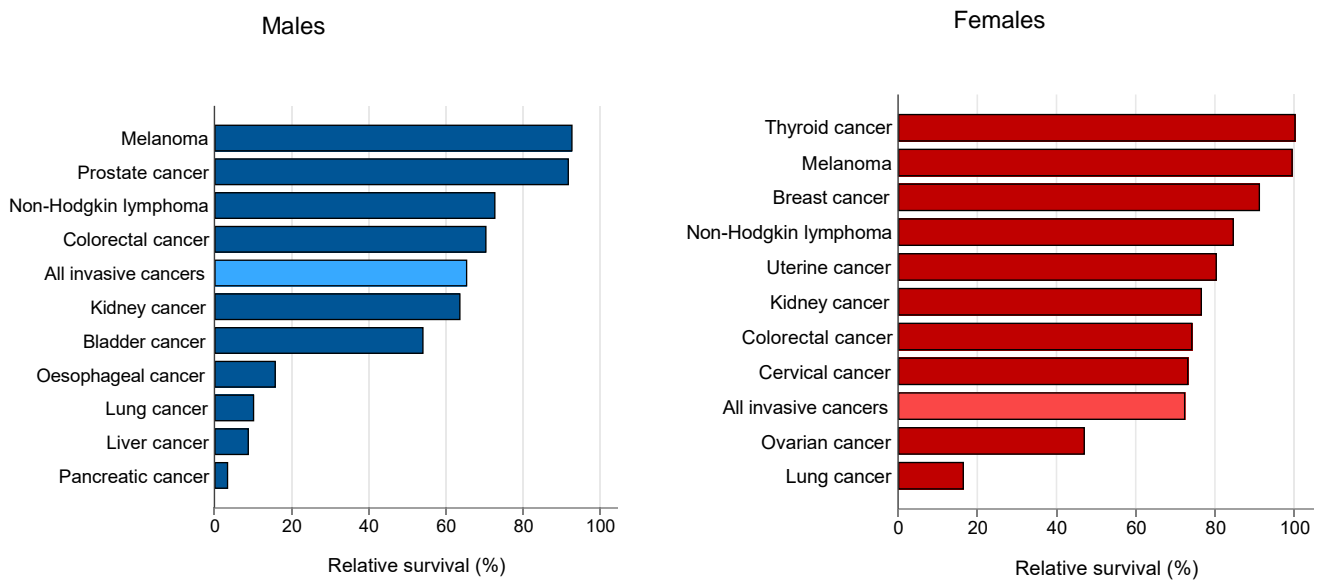
*See notes on page 4 for more details

- 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 Far North Queensland by sex, 2012-2016



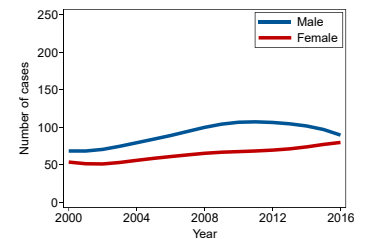
Five-year relative survival in Far North Queensland by type of cancer and sex, 2012-2016



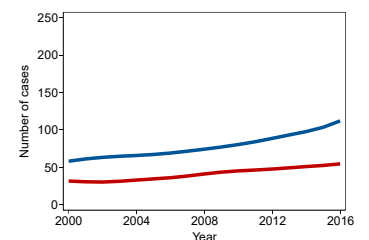
Note: Relative survival calculated using the period method, for persons aged 0-89 years at diagnosis. Data are for "at risk" cases in the period 2012-2016.

Facts about the most common cancers
Colorectal Cancer

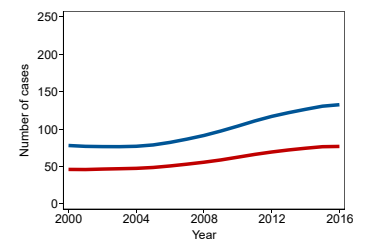

	Male	Female	Persons ¹
Number of new cases per year:	104	74	178
Chance of diagnosis by age 80:	1 in 14	1 in 20	1 in 17
Median age at diagnosis:	69 yrs	70 yrs	69 yrs
Five-year relative survival:	71%	74%	72%
Number of deaths per year:	27	22	55
Percent deaths before age 80:	70%	56%	64%

Number diagnosed by year

Lung Cancer

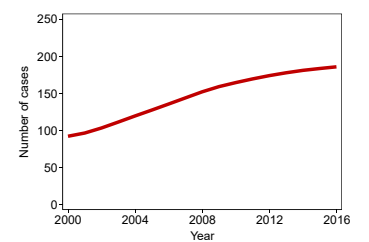

	Male	Female	Persons ¹
Number of new cases per year:	96	51	147
Chance of diagnosis by age 80:	1 in 15	1 in 26	1 in 19
Median age at diagnosis:	68 yrs	67 yrs	68 yrs
Five-year relative survival:	10%	17%	12%
Number of deaths per year:	76	38	114
Percent deaths before age 80:	81%	84%	82%


Melanoma

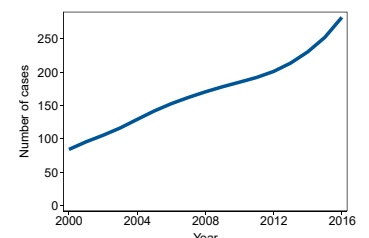

	Male	Female	Persons ¹
Number of new cases per year:	127	76	203
Chance of diagnosis by age 85:	1 in 12	1 in 19	1 in 15
Median age at diagnosis:	65 yrs	60 yrs	63 yrs
Five-year relative survival:	93%	100%	95%
Number of deaths per year:	12	6	18
Percent deaths before age 80:	78%	77%	78%


Female Breast Cancer


	Female
Number of new cases per year:	183
Chance of diagnosis by age 80:	1 in 9
Median age at diagnosis:	60 yrs
Five-year relative survival:	91%
Number of deaths per year:	30
Percent deaths before age 80:	82%


Prostate Cancer


	Male
Number of new cases per year:	227
Chance of diagnosis by age 80:	1 in 7
Median age at diagnosis:	67 yrs
Five-year relative survival:	92%
Number of deaths per year:	40
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	930	622 [604,641]	66 [64,67]	315	224 [213,235]
Prostate cancer	227	144 [135,152]	92 [89,95]	40	31 [27,36]
Melanoma	127	85 [79,92]	93 [89,96]	12	8 [6,11]
Colorectal cancer	104	72 [66,79]	71 [66,75]	33	24 [20,28]
Lung cancer	96	64 [58,70]	10 [7,14]	76	52 [47,58]
Non-Hodgkin lymphoma	31	21 [18,25]	73 [63,81]	9	7 [5,9]
Kidney cancer	27	18 [15,22]	64 [53,73]	9	6 [5,8]
Bladder cancer	25	18 [15,22]	54 [42,66]	8	6 [4,9]
Liver cancer	21	13 [11,16]	9 [4,18]	15	9 [7,12]
Pancreatic cancer	18	12 [10,15]	4 [1,11]	16	11 [9,14]
Oesophageal cancer	17	11 [9,14]	16 [8,27]	12	8 [6,11]
Females					
All invasive cancers	646	444 [429,460]	72 [71,74]	198	139 [130,148]
Breast cancer	183	123 [115,131]	91 [89,94]	30	20 [17,24]
Melanoma	76	53 [48,58]	100 [96,102]	6	4 [3,6]
Colorectal cancer	74	52 [47,58]	74 [68,80]	22	16 [13,19]
Lung cancer	51	35 [31,40]	17 [12,22]	38	27 [23,31]
Uterine cancer	33	22 [18,25]	80 [73,87]	**	**
Thyroid cancer	21	15 [12,18]	100 [94,102]	**	**
Non-Hodgkin lymphoma	21	14 [12,17]	85 [74,92]	**	**
Ovarian cancer	15	11 [8,13]	47 [35,59]	9	6 [5, 8]
Cervical cancer	14	10 [8,13]	73 [61,83]	**	**
Kidney cancer	13	9 [7,11]	77 [62,88]	**	**
Persons					
All invasive cancers	1576	535 [523,547]	68 [67,70]	513	181 [174,188]
Prostate cancer	227	n.a.	92 [89,95]	40	n.a.
Melanoma	203	69 [65,73]	95 [93,98]	18	6 [5,8]
Female breast cancer	183	n.a.	91 [89,94]	30	n.a.
Colorectal cancer	178	62 [58,67]	72 [68,76]	55	20 [18,23]
Lung cancer	147	50 [46,54]	12 [10,15]	114	39 [36,43]
Non-Hodgkin lymphoma	51	18 [16,20]	78 [70,84]	**	**
Kidney cancer	40	14 [12,16]	68 [59,75]	**	**
Uterine cancer	33	n.a.	80 [73,87]	**	**
Thyroid cancer	33	11 [10,13]	98 [93,101]	**	**
Bladder cancer	31	11 [9,13]	52 [42,63]	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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