

Cancer in Wide Bay Burnett

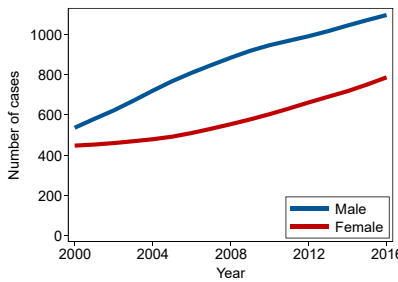
The CCQ region of Wide Bay Burnett covers almost 33,100km², or about 2% of total Queensland. In 2016 the population was approximately 207,930, or 4.3% of Queensland's total population.

The major population centres are Bundaberg, Maryborough and Gayndah, while Hervey Bay and Fraser Island are important tourist centres in the region. Sugarcane farming is an important industry.

The nearest radiation treatment centres for cancer patients in the Wide Bay Burnett region are in Bundaberg, Hervey Bay (opened in 2018) and Rockhampton. The CCQ Regional Office for Wide Bay Burnett is located in Bundaberg.



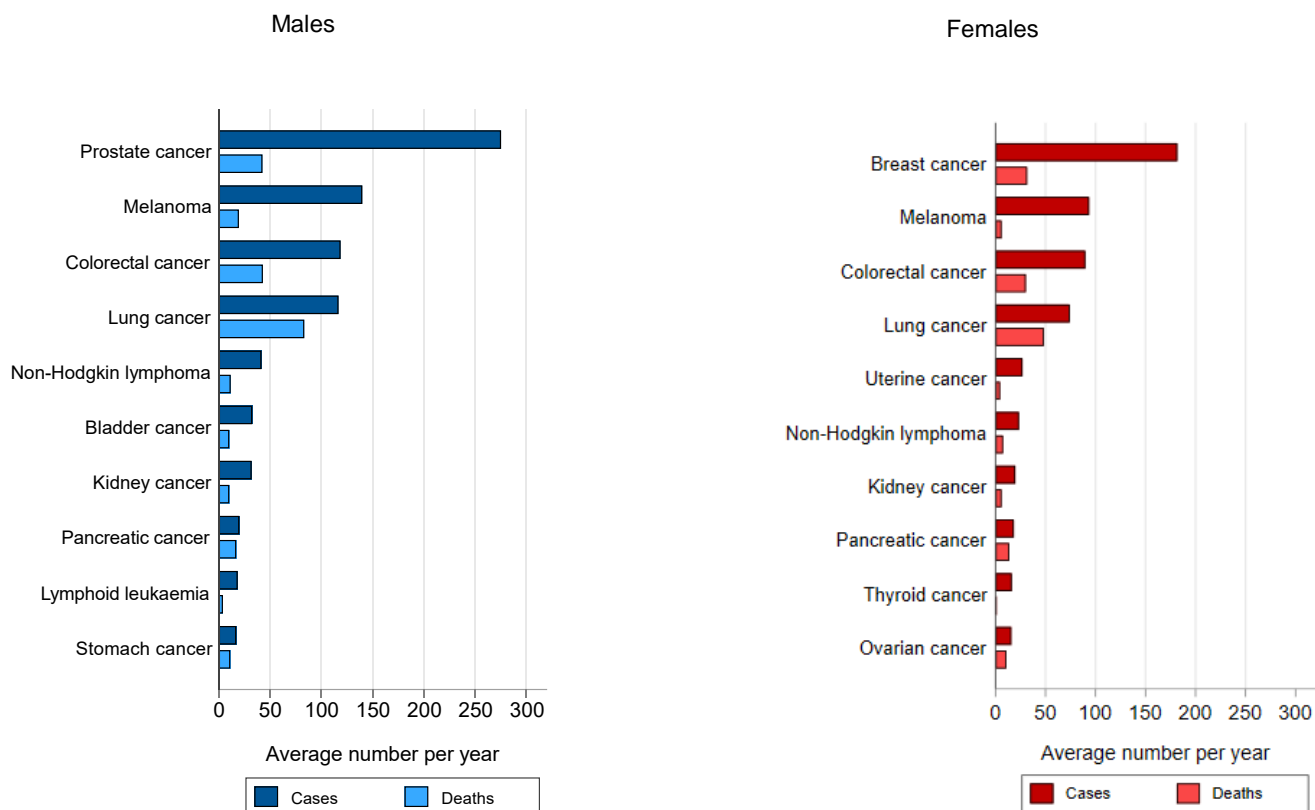
Region Characteristics (2016 data unless otherwise specified)	Wide Bay Burnett	Queensland
Per cent of population who ...		
... are female	50.6%	50.4%
... are aged 50 years and over	29.1%	22.9%
... are Indigenous (2015)	4.5%	4.4%
... speak another language at home	3.9%	10.0%
... live in remote areas	0.0%	2.4%
... live within 2 hours drive of radiation treatment	100%	90.0%
... live more than 6 hours drive from radiation treatment	0.0%	1.5%
... live in disadvantaged areas	77.6%	17.6%
... live in affluent areas	0.0%	20.1%

All Cancers*	Male	Female	Persons ¹	Number diagnosed by year
Number of new cases per year:	1049	716	1765	
Chance of diagnosis by age 80: ²	1 in 2.0	1 in 2.7	1 in 2.3	
Median age at diagnosis:	70 yrs	68 yrs	69 yrs	
Five-year relative survival:	68%	69%	69%	
Number of deaths per year:	354	235	589	
Percent deaths before age 80:	66%	66%	66%	

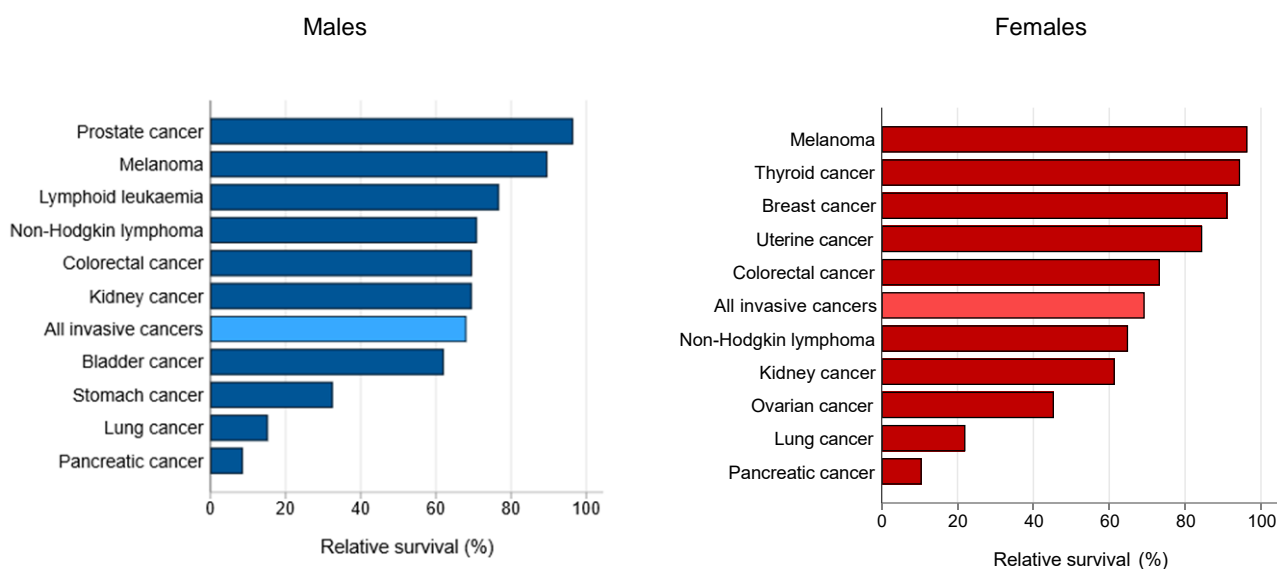
*See notes on page 4 for more details

- 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 Wide Bay Burnett by sex, 2012-2016



Five-year relative survival in Wide Bay Burnett 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.

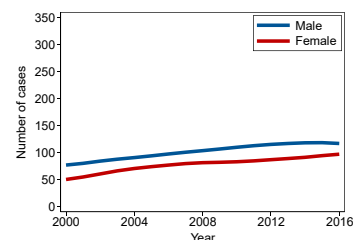
Facts about the most common cancers

Colorectal Cancer



	Male	Female	Persons ¹
Number of new cases per year:	119	90	209
Chance of diagnosis by age 80:	1 in 13	1 in 19	1 in 16
Median age at diagnosis:	71 yrs	73 yrs	71 yrs
Five-year relative survival:	70%	73%	71%
Number of deaths per year:	43	30	73
Percent deaths before age 80:	60%	55%	58%

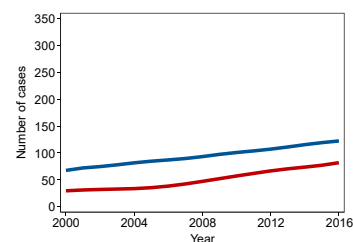
Number diagnosed by year



Lung Cancer



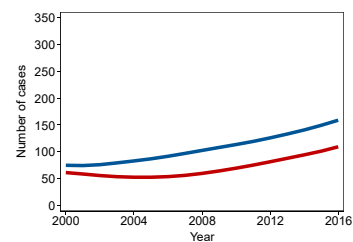
	Male	Female	Persons ¹
Number of new cases per year:	117	74	191
Chance of diagnosis by age 80:	1 in 13	1 in 20	1 in 16
Median age at diagnosis:	71 yrs	70 yrs	71 yrs
Five-year relative survival:	15%	22%	18%
Number of deaths per year:	83	48	132
Percent deaths before age 80:	79%	80%	79%



Melanoma



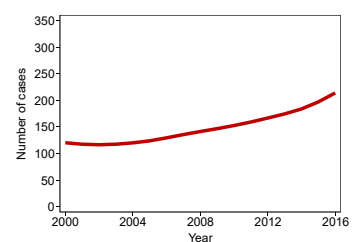
	Male	Female	Persons ¹
Number of new cases per year:	140	94	234
Chance of diagnosis by age 85:	1 in 11	1 in 16	1 in 13
Median age at diagnosis:	69 yrs	65 yrs	68 yrs
Five-year relative survival:	90%	96%	92%
Number of deaths per year:	20	6	26
Percent deaths before age 80:	61%	60%	61%



Female Breast Cancer



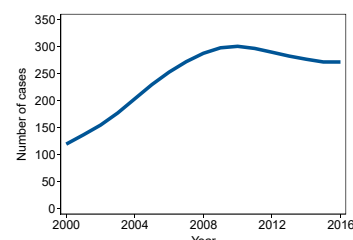
	Female
Number of new cases per year:	182
Chance of diagnosis by age 80:	1 in 9
Median age at diagnosis:	65 yrs
Five-year relative survival:	91%
Number of deaths per year:	32
Percent deaths before age 80:	74%



Prostate Cancer



	Male
Number of new cases per year:	275
Chance of diagnosis by age 80:	1 in 6
Median age at diagnosis:	69 yrs
Five-year relative survival:	96%
Number of deaths per year:	35
Percent deaths before age 80:	45%



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	1049	678 [659,698]	68 [66,70]	354	227 [216,238]
Prostate cancer	275	163 [154,172]	96 [94,98]	43	28 [24,32]
Melanoma	140	97 [89,105]	90 [86,93]	20	13 [11,16]
Colorectal cancer	119	78 [72,85]	70 [65,74]	43	28 [24,32]
Lung cancer	117	71 [65,77]	15 [12,19]	83	51 [46,57]
Non-Hodgkin lymphoma	42	28 [25,33]	71 [62,79]	12	7 [6,11]
Bladder cancer	33	20 [17,24]	62 [50,73]	10	7 [5,9]
Kidney cancer	32	22 [19,26]	69 [60,78]	10	6 [4,8]
Pancreatic cancer	20	13 [10,16]	9 [4,17]	17	11 [9,14]
Lymphoid leukaemia	18	12 [10,15]	77 [63,88]	**	**
Stomach cancer	17	10 [8,13]	33 [22,44]	11	7 [6,10]
Females					
All invasive cancers	716	474 [458,491]	69 [67,71]	235	141 [133,150]
Breast cancer	182	123 [115,132]	91 [88,94]	32	19 [16,23]
Melanoma	94	68 [61,75]	96 [92,99]	6	4 [3, 6]
Colorectal cancer	90	56 [51,62]	73 [68,78]	30	19 [16,22]
Lung cancer	74	45 [41,50]	22 [17,27]	48	29 [25,33]
Uterine cancer	27	17 [14,20]	84 [76,91]	**	**
Non-Hodgkin lymphoma	23	15 [12,18]	65 [54,75]	8	5 [3,6]
Kidney cancer	20	12 [10,15]	61 [49,73]	6	3 [2,5]
Pancreatic cancer	18	11 [9,14]	11 [4,20]	14	8 [6,10]
Thyroid cancer	16	14 [11,17]	94 [85,99]	**	**
Ovarian cancer	16	10 [8,13]	45 [34,57]	11	7 [5,9]
Persons ^d					
All invasive cancers	1765	574[561,586]	69 [67,70]	589	181 [174,188]
Prostate cancer	275	n.a.	96 [94,98]	43	n.a.
Melanoma	234	82 [77,87]	92 [89,95]	26	8 [7,10]
Colorectal cancer	209	67 [63,71]	71 [67,75]	73	23 [20,25]
Lung cancer	191	57 [54,61]	18 [15,21]	132	39 [36,43]
Female breast cancer	182	n.a.	91 [88,94]	32	n.a.
Non-Hodgkin lymphoma	65	21 [19,24]	69 [62,75]	19	6 [5,7]
Kidney cancer	52	17 [15,19]	67 [59,74]	16	5 [4,6]
Bladder cancer	41	12 [11,14]	59 [49,69]	14	4 [3,5]
Pancreatic cancer	38	12 [10,14]	9 [5,15]	31	10 [8,11]
Uterine cancer	27	n.a.	84 [76,91]	**	**

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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