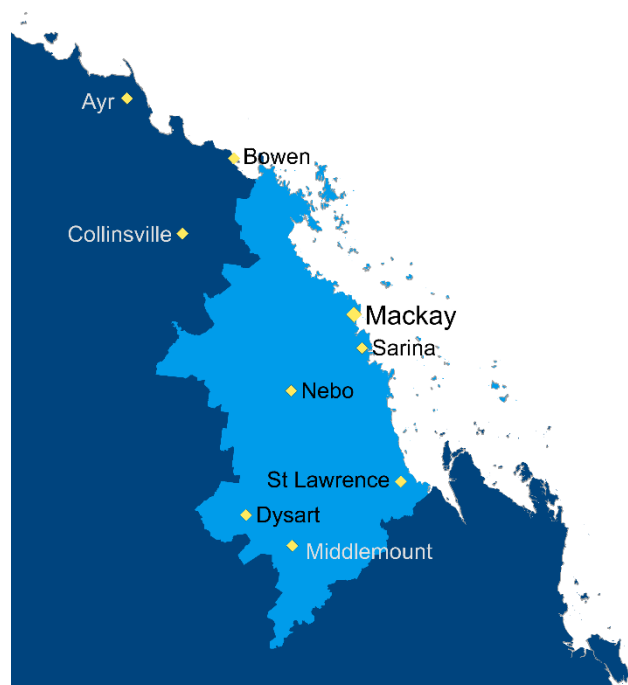


## Cancer in Mackay

The CCQ region of Mackay covers almost 38,300 km<sup>2</sup>, or 2.2% of Queensland. In 2017 it had a population of almost 147,239, which was 3% of Queensland's total population.

The major population centre is Mackay, with significant industries of the region including sugar cane farming, tourism and mining.

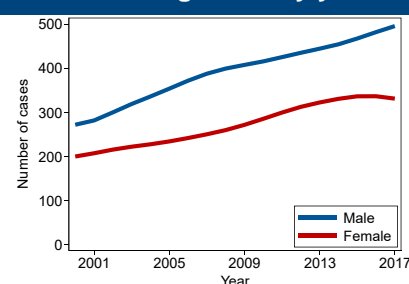
The nearest radiation treatment centres are located in Mackay (opened in 2018), Rockhampton and Townsville.



Region Characteristics (2017 data unless otherwise specified)	Mackay	Queensland
<b>Per cent of population who ...</b>		
... are female	48.7%	50.4%
... are aged 50 years and over	24.0%	22.8%
... are Indigenous (2016)	5.6%	4.6%
... speak another language at home	5.7%	12.1%
... live in remote areas	0.0%	2.1%
... live within 2 hours drive of radiation treatment	0.0%	89.3%
... live more than 6 hours drive from radiation treatment	0.0%	1.9%
... live in disadvantaged areas	11.1%	18.1%
... live in affluent areas	0.0%	18.7%

All Cancers* Mackay	Male	Female	Persons <sup>1</sup>
Number of new cases per year:	467	342	809
Chance of diagnosis by age 80:	1 in 2.1	1 in 2.8	1 in 2.4
Median age at diagnosis:	66 yrs	61 yrs	64 yrs
Five-year relative survival:	70%	76%	72%
Number of deaths per year:	138	95	233
Percent deaths before age 80:	74%	70%	72%

Number diagnosed by year



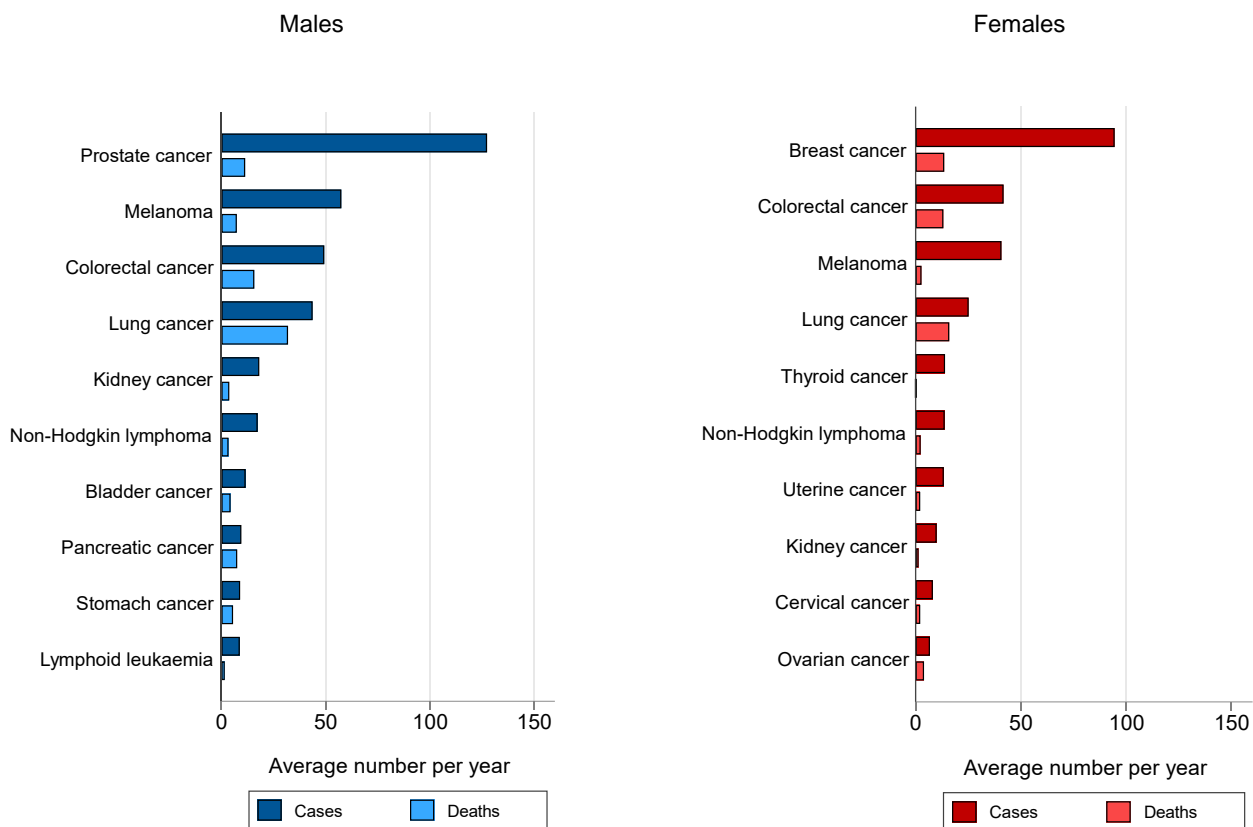
\*See notes on page 4 for more details

- 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.

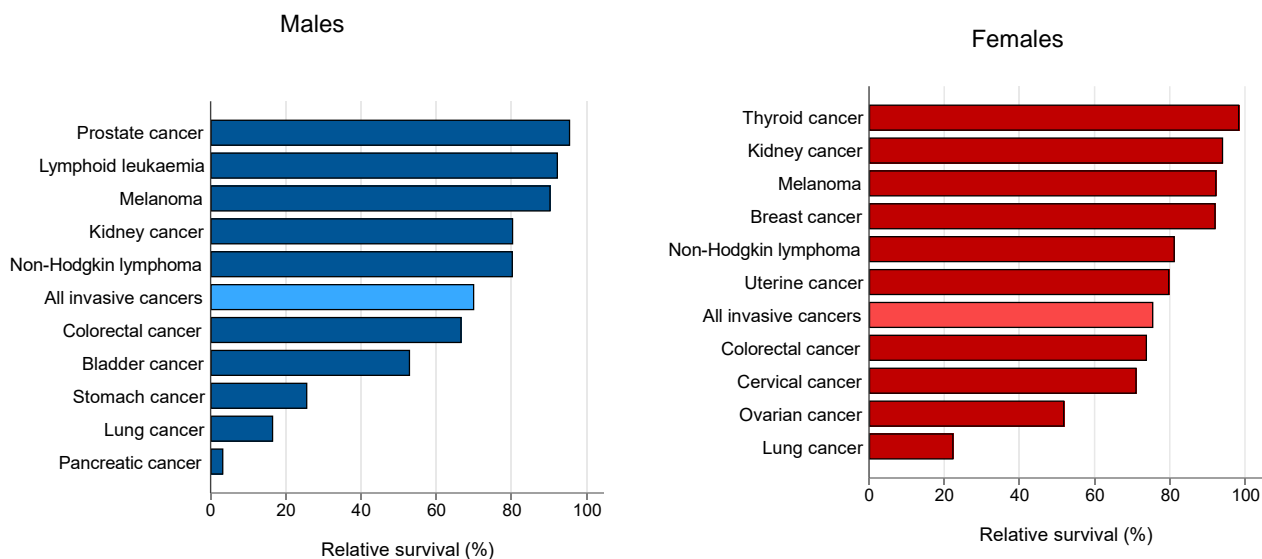
**Every minute, Every hour, Every day.**

Please contact **13 11 20** if you have any queries related to cancer in Mackay.

**The 10 most common cancers diagnosed in Mackay by sex, 2013-2017**



**Five-year relative survival in Mackay by type of cancer and sex, 2013-2017**



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 2013-2017.

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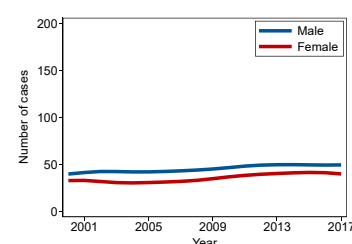
## Facts about the most common cancers in Mackay

### Colorectal Cancer



	Male	Female	Persons <sup>1</sup>
Number of new cases per year:	49	42	91
Chance of diagnosis by age 80:	1 in 16	1 in 18	1 in 17
Median age at diagnosis:	67 yrs	67 yrs	67 yrs
Five-year relative survival:	67%	74%	70%
Number of deaths per year:	16	13	29
Percent deaths before age 80:	70%	59%	65%

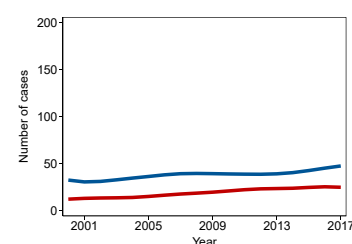
### Number diagnosed by year



### Lung Cancer



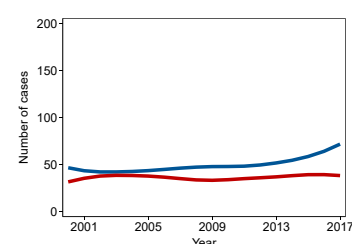
	Male	Female	Persons <sup>1</sup>
Number of new cases per year:	44	25	69
Chance of diagnosis by age 80:	1 in 16	1 in 26	1 in 20
Median age at diagnosis:	69 yrs	67 yrs	69 yrs
Five-year relative survival:	17%	22%	19%
Number of deaths per year:	32	16	48
Percent deaths before age 80:	81%	88%	83%



### Melanoma



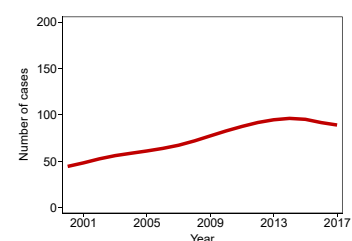
	Male	Female	Persons <sup>1</sup>
Number of new cases per year:	58	41	98
Chance of diagnosis by age 85:	1 in 14	1 in 21	1 in 16
Median age at diagnosis:	62 yrs	54 yrs	59 yrs
Five-year relative survival:	90%	92%	91%
Number of deaths per year:	7	**	**
Percent deaths before age 80:	76%	79%	76%



### Female Breast Cancer



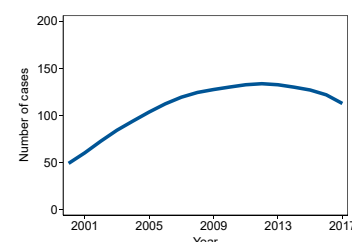
	Female
Number of new cases per year:	95
Chance of diagnosis by age 80:	1 in 9
Median age at diagnosis:	58 yrs
Five-year relative survival:	92%
Number of deaths per year:	14
Percent deaths before age 80:	84%



### Prostate Cancer



	Male
Number of new cases per year:	128
Chance of diagnosis by age 80:	1 in 6
Median age at diagnosis:	67 yrs
Five-year relative survival:	96%
Number of deaths per year:	11
Percent deaths before age 80:	53%



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.

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**More details on the top 10 cancers diagnosed in Mackay**

Type of cancer	Incidence <sup>a</sup>		Five-year relative survival <sup>c</sup> (%)	Mortality <sup>a</sup>	
	Average number per year	Annual rate <sup>b</sup> (per 100,000)		Average number per year	Annual rate <sup>b</sup> (per 100,000)
<b>Males</b>					
All invasive cancers	467	609 [584,635]	70 [68,72]	138	196 [182,212]
Prostate cancer	128	160 [148,174]	96 [92,98]	11	18 [14,24]
Melanoma	58	74 [66,84]	90 [85,95]	7	11 [7,15]
Colorectal cancer	49	68 [59,77]	67 [59,74]	16	23 [18,28]
Lung cancer	44	59 [51,68]	17 [12,22]	32	45 [38,52]
Kidney cancer	18	23 [19,29]	80 [68,90]	**	**
Non-Hodgkin lymphoma	17	23 [18,28]	80 [68,90]	**	**
Bladder cancer	12	17 [13,22]	53 [37,68]	**	**
Pancreatic cancer	10	13 [10,18]	3 [1,11]	8	11 [8,15]
Stomach cancer	9	12 [9,17]	26 [12,42]	6	8 [5,11]
Lymphoid leukaemia	9	11 [8,15]	92 [77,100]	**	**
<b>Females</b>					
All invasive cancers	342	467 [444,489]	76 [73,78]	95	133 [121,145]
Breast cancer	95	128 [116,140]	92 [89,95]	14	19 [14,24]
Colorectal cancer	42	58 [51,67]	74 [66,81]	13	19 [14,24]
Melanoma	41	56 [49,64]	92 [86,97]	**	**
Lung cancer	25	35 [29,41]	22 [14,32]	16	22 [17,28]
Thyroid cancer	14	19 [15,24]	98 [89,101]	**	**
Non-Hodgkin lymphoma	14	18 [14,23]	81 [66,92]	**	**
Uterine cancer	13	18 [14,23]	80 [67,89]	**	**
Kidney cancer	10	14 [10,18]	94 [78,102]	**	**
Cervical cancer	8	12 [8,16]	71 [54,83]	**	**
Ovarian cancer	7	10 [7,13]	52 [34,68]	**	**
<b>Persons<sup>d</sup></b>					
All invasive cancers	809	538 [521,555]	72 [71,74]	233	164 [154,173]
Prostate cancer	128	n.a.	96 [92,98]	11	n.a.
Melanoma	98	66 [60,72]	91 [87,94]	**	**
Female breast cancer	95	n.a.	92 [89,95]	14	n.a.
Colorectal cancer	91	63 [57,69]	70 [64,75]	29	21 [17,24]
Lung cancer	69	47 [42,52]	19 [14,24]	48	33 [29,38]
Non-Hodgkin lymphoma	31	21 [18,24]	81 [72,88]	6	4 [3,6]
Kidney cancer	28	19 [16,22]	85 [75,92]	5	4 [2,6]
Thyroid cancer	20	13 [11,16]	97 [89,100]	**	**
Pancreatic cancer	16	11 [9,14]	4 [1,10]	13	10 [8,12]
Bladder cancer	15	10 [8,13]	51 [37,64]	**	**

Notes:

- a. Incidence and mortality data are averaged over the 5 year period from 2013-2017.
- b. Incidence and mortality rates have been directly age-standardised to the 2001 Australian Standard population, with 95% confidence intervals shown in brackets.
- c. 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 2013-2017
- d. 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).

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#### 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 v16.1.
5. Trend lines for incidence numbers have been smoothed using the 'Lowess' method.
6. Remote areas are defined by the Remoteness Areas 2016 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 2016 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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