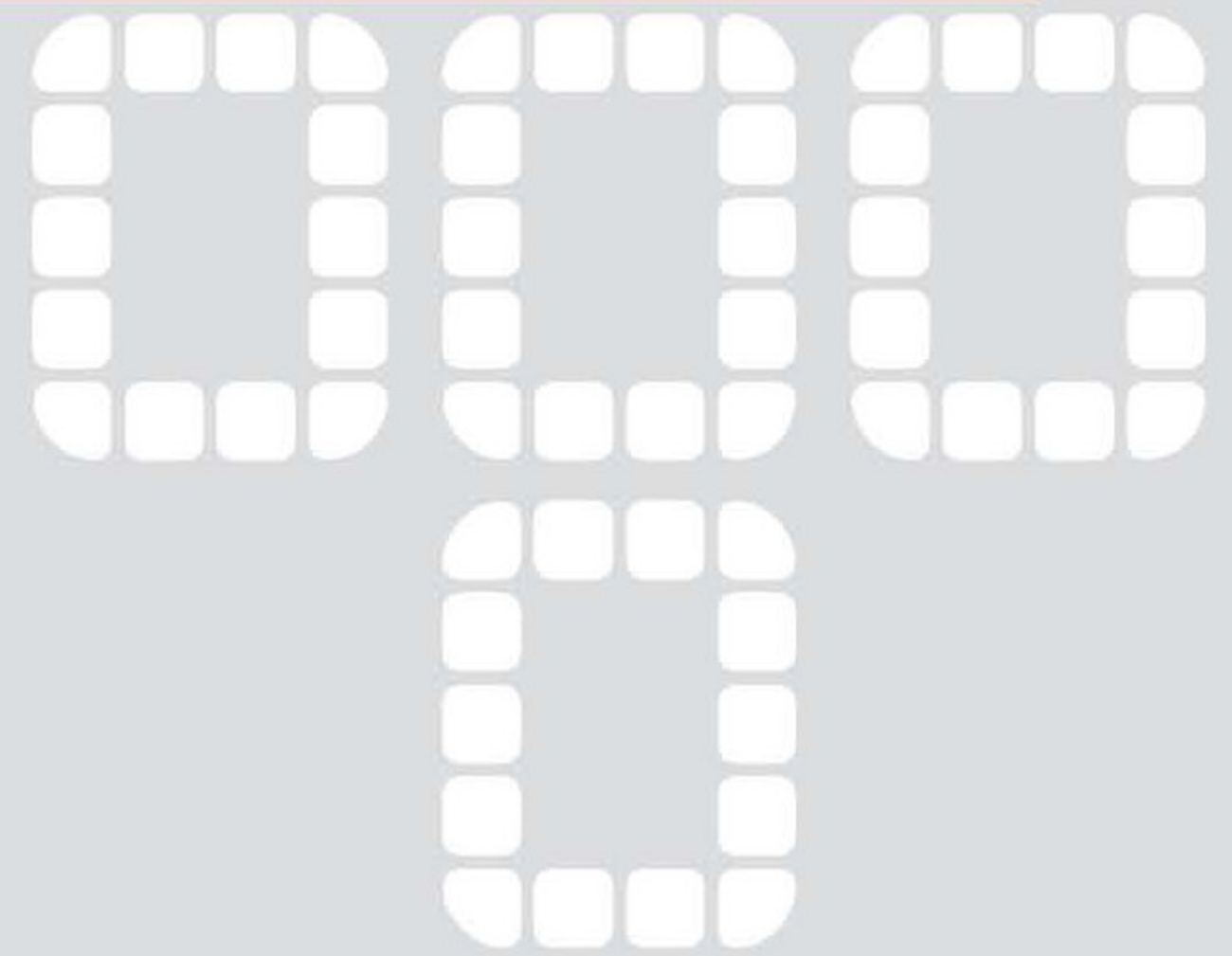




Department of
Health

Cancer incidence and mortality in Western Australia, 2007

A report of the Western Australian Cancer Registry



Statistical series number 86
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**Data Collection and Analysis, Information Management and Reporting
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Summary

The Western Australian Cancer Registry has provided population-based cancer data since 1982 for use in the planning of health care services and the support of cancer-related research, at local, national and international levels. Most of this report is concerned with invasive tumours, or “cancers”, using standardised reporting practices as used in other cancer registries in Australia and overseas. This report deals primarily with cancer incidence and cancer-related mortality in Western Australian residents, who comprise approximately 10% of the Australian population. All statistics are based on the ICDO-3 coding system.

There were 9572 new cases of cancer recorded in Western Australians in 2007, 5545 (58%) occurring in males and 4027 in females. Age-standardised incidence rates were 357 per 100,000 males, and 251 per 100,000 females, both slightly lower than in 2006. The estimated lifetime risk of cancer to age 75 years was 1 in 3 for males, and 1 in 4 for females.

The most common cancers in males in 2007 were prostate and colorectal cancers, melanoma and lung cancer, with the proportions of colorectal and prostate cancers increasing. Breast cancer predominated among females, followed by colorectal cancer, melanoma and lung cancer, as in each of the last 3 years. While an increased rate of breast cancer in females was noted in 2006, the rate in 2007 has declined.

Among Western Australian residents, there were 3697 deaths due to cancer in 2007, 2064 in males and 1633 in females. All-cancers mortality rates for 2007 were 122 deaths per 100,000 males (slightly lower than in 2006) and 84 per 100,000 females (slightly higher). As usual in recent years, the most common causes of cancer-related death in males were lung, colorectal and prostate cancers, while lung, breast and colorectal cancers were the most common in females.

There were 68 children under the age of 15 years diagnosed with cancer in 2007 (ASR 19 per 100,000 in males and 16 in females), as well as a small number with other cancer-like conditions. Cancer at this age is a rare disease and annual variation in numbers and types is considerable. The largest proportional increases were in leukaemia in girls and neuroblastoma in boys, while lymphomas were less common than in 2006.

Melanoma of the skin was - as in most years since 1982 - the most common cancer in males in the 15-39 years age range, and in 2007, melanoma incidence was higher than breast cancer in young females. In persons over the age of 40 years, prostate and breast cancers, melanoma, colorectal and lung cancers, remain the most common incident cancers.

Based on 2007 data, one in 7 men would be expected to have a diagnosis of prostate cancer before the age of 75, and one in 13 women could be expected to develop breast cancer. One in 100 men could be expected to die from prostate cancer before age 75, and one in 61 women to die from breast cancer. However, as in 2006, lung cancer was the most common cause of cancer-related death for both males and females.

For the Registry’s last report, for 2006, the number of reported cancer cases had been increased by 6% as a result of staff investigation of (“HMDS-only”) tumour records. Such a task has not been possible for 2007 data due to involvement of all staff in the re-engineering of the Cancer Registry’s computer database system. This has contributed to the lower

numbers of reported cases for 2007 than for 2006. Anticipated changes in notification legislation have not yet occurred, however it is hoped that availability and verification of such hospital-sourced information will improve.

Registry data are widely used both locally and elsewhere, and this report incorporates work done in collaboration others and presented here to increase its accessibility. From the Epidemiology Branch, estimates of the prevalence of major cancer types, based on knowledge of incidence, death and migration, are presented, together with estimates of expected future mortality among persons with a cancer history. Age and time since diagnosis have been used to calculate “limited duration” prevalence estimates that can be of use to planners of treatment and support services.

Further work was done in the South Australian Cancer Registry using cancer incidence data for indigenous Australians from WA, South Australia and the Northern Territory, so as to provide more stable estimates of cancer incidence and mortality risks; State data are also shown for WA alone. Finally, cancer incidence projections produced by AIHW using WACR data for the purpose of a Commonwealth report to support the planning of radiotherapy services, are presented.

Acknowledgments

This report is based on data recorded and maintained by the staff of the Western Australian Cancer Registry, whose dedication and attention to detail are much appreciated.

We also wish to acknowledge the invaluable contribution of the Western Australian pathologists, haematologists and radiation oncologists who supply the vast majority of the Registry’s primary notifications, and the health professionals and organisations who supply additional information in response to our enquiries. Members of the Registry’s Scientific Advisory Committee have given valuable advice concerning a wide range of issues.

The cooperation of other Australian Cancer Registries regarding procedures, coding, duplication and demarcation issues, and of the National Cancer Statistics Clearing House at AIHW, Canberra, is acknowledged as playing a vital part in ensuring data quality and comparability.

The Registry relies on a variety of supporting services in order to produce reports on cancer; these include population figures and projections, mapping, hospitalisation data, legal advice, computing services and general support and encouragement. Special thanks are due to Dr Judy Katzenellenbogen (Epidemiology Branch, WA Health), Dr Katrina Spilsbury (Curtin University) and Peter Somerford (Epidemiology Branch, WA Health) for the cancer prevalence section, to staff at AIHW for the cancer incidence projections, and to Dr Adrian Heard of the South Australian Cancer Registry for the work on cancer in indigenous Australians.

1 Overview and Methods

1.1 This Report

Overview of this report

This is the latest in this Registry's series of annual all-cancers incidence and mortality reports, and comprises a summary of Registry activities and topical issues, and details of cancer incidence and mortality for 2007. Sections concerning coding and other Registry practices and statistical methods include relevant material for recent years.

The Western Australian Cancer Registry (WACR) is a population-based cancer registry that was established in 1981, and operates within the Department of Health (Western Australia). Records are primarily based on notification of cancers from pathologists, haematologists and radiation oncologists, and cancer information from death records. The Registry works to collect and disseminate reliable population-based cancer data to assist in the planning of services and in the prevention and treatment of cancer. The Registry now operates a new database which incorporates information which was once held on a separate WA Mesothelioma Register. The Registry uses information from the Department's inpatient hospitalization statistical database and from the WA Electoral Roll to assist in maintaining the completeness and accuracy of the cancer database.

The WACR acts with the delegated authority of the Executive Director of Public Health with respect to the Health (Notification of Cancer) Regulations 1981. Last amended in 1996, these require the notification of *in situ* neoplasms and all non-melanoma skin cancers other than basal cell and squamous cell carcinomas, and all other invasive malignancies and benign CNS tumours (see Appendix 2E). Further changes are currently being sought in order to maintain the relevance of the Registry's data collection. A Discussion Paper concerning proposed changes can be found on the Registry website at www.health.wa.gov.au/wacr/

1.2 General structure; how to find information

Time constraints, including a major Registry software redevelopment project, have forced the adoption of a shorter format for this year's report. The major statistical sections are based on cancers diagnosed, and deaths due to cancer, in 2007. Data for the more common cancers are presented under headings based on incidence, mortality and age, while data for selected geographic areas are presented in Appendices 3D and 3E. Detailed data for all cancers for 2007 are found in the tables of Appendices 3A and 3B. The layout of those tables follows the coding system summarised in material available at www.health.wa.gov.au/wacr/home. Readers seeking detailed information for particular cancers not shown in tables, should contact the Registry for further information.

In particular, note that **Information for Appendices 1 and 2 is not printed in this report**, but is available on the Internet, as produced for the 2005 report, at http://www.health.wa.gov.au/wacr/statistics/stats_full.cfm

1.3 Interpretation of changes and differences

Western Australia is particularly polarised into metropolitan and rural areas, with huge differences in population density and there are likely to be some statistical biases due to the difficulties of transport and the location of services within the State. Throughout this report, an awareness is needed that assessing the importance of changes in cancer incidence and mortality is complex and depends on the underlying population sizes and their age structures. Caution is required in assessing changes on the basis of single rate comparisons.

The Cancer Registry database is dynamic, and data are continually updated in the light of the most recent available information. Accordingly, numbers in this report for earlier years may vary slightly from those in previous publications. Ongoing reconciliation processes result in some Western Australian cases being found to have been diagnosed elsewhere, or in earlier years, and case-counts necessarily rise and fall as new information arrives. Mortality information, in particular, often sheds new light on a person's cancer history.

As a guide, while total cancers for 2006 were quoted at 9692 in our previous report,¹ the total currently recorded for 2006 is 9787, an increase of almost 1%. The corresponding increase for 2005 data was 1.4%. Benefits of more timely analysis and reporting must be weighed against the apparent stability of the data as time passes.

1.4 Statistical methods

Statistics from the Registry commonly fall into one of two major groups: **incidence** is reported for all malignancies except primary squamous cell and basal cell skin cancers (SCC and BCC), and **mortality** for all malignancies and certain other tumours or tumour-like conditions). The usual statistics calculated for both types of report are briefly discussed below; formulae and relevant details are in Appendix 2B.

Rates are calculated separately for males and females, expressed as events (diagnoses or deaths) per 100,000 person-years:

Age-specific rates (ASPR) are based on five-year age groups and are calculated by dividing the numbers of cases by the population of the same sex and age group. Whole-population data come from the ABS and indigenous data from the Epidemiology Branch.

Age-standardised rates (ASR in Tables) are calculated by the direct method, as a summation of weighted age-specific rates. Tables show the 95% confidence interval (c.i.) for ASRs.

When a subset of age groups (e.g. 15-39 years) is considered, the term **age-adjusted rate** is used instead of ASR, as standardisation has considered only some age groups, for both cases and population.

The **World Standard Population 1960**² remains in routine use for ASR calculation, as in most cancer registries worldwide. However in some tables a second ASR and 95% c.i. are shown, using the Australian (2001)³ population standard, labelled "ASR2". These ASRs are usually quite different, and comparisons need to take note of which "standard" is being used.

Cumulative Incidence and Lifetime Risk are closely related. **Cumulative incidence** is an estimate of the proportion of persons, up to a specific age, who have been affected by a particular condition at some time. In Registry reports, this is expressed as a percentage.

Lifetime risk (LR) estimates the probability of having cancer (incidence) or dying of it (mortality), up to a specific age. This is derived from the relevant cumulative incidence figures, and calculated for ages 0 to 74 years (see **Appendix 2B** for formulae).

In this report, LR is expressed as a "1 in *n*" chance of diagnosis or death. As indicated in relevant tables, a "-" is used to indicate a lack of data (no cases), and a "*" to indicate no data for cases under 75 years of age, or a "risk" smaller than 1 in 10,000.

Person years of life lost (PYLL) is an estimate of the number of years of life lost due to specific causes, calculated to age 75 years; an index of premature death (see Appendix 2B).

Rates and risks: It should be noted that incidence and mortality rates and lifetime risks may not be in proportion to one another because of differences in the age structures of populations.

2. Cancer in Western Australia, 2007

2.1 All cancers

2.1.1 Incidence

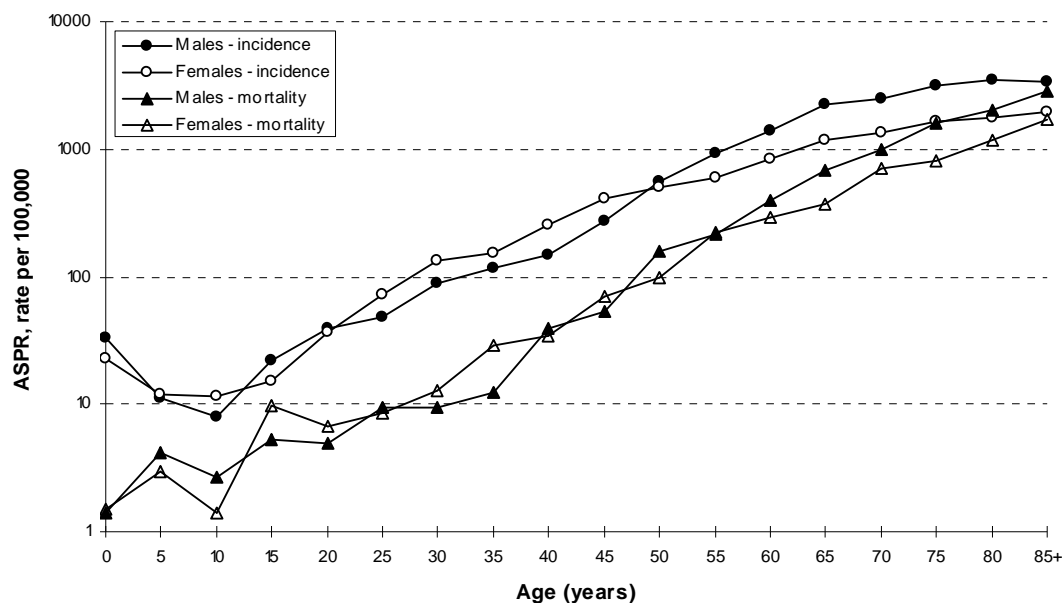
In 2007, there were 9572 new diagnoses of cancer in Western Australia, an apparent decrease of 2.2% over a "current" figure for 2006 (9787 cases). There were 5545 cancers diagnosed in males (58%) and 4027 (42%) in females. Corresponding age-standardised incidence rates were 357 per 100,000 (males) and 251 per 100,000 (females). These rates were both slightly lower than the all-cancers ASRS reported for 2006. However, database re-development work in 2008 imposed restrictions on the investigation of otherwise-unreported hospital-based tumour records and these data may be more incomplete than in some recent years.

The estimated lifetime risk of cancer to age 75 years was 1 in 3 for males and 1 in 4 for females. The cumulative incidence of cancer - the proportion of persons in whom cancer had been diagnosed by age 75 years - was 42.0% for males and 27.8% for females.

Most of the excess cancer risk in females between ages 30 and 50 was due to ovarian and breast cancers, while prostate cancer and lung cancer were responsible for the high male/female rate ratio (approximately 2) at ages over 65 years (Figure 1).

The proportion of all cancers with a microscopic diagnosis was high (94% in males and 93% in females, stable over the last 5 years). Among the most common types, primary liver cancer was the most often diagnosed by non-histological methods in both males and females (52% and 50% respectively). Cancers of unknown primary site and pancreatic cancers were also commonly diagnosed by non-microscopic methods.

Figure 1. Age-specific all-cancers incidence and mortality rates, Western Australia, 2007.



Additional sources of incidence data

In any year, the WA cancer statistics include a number of cases which were initially "hospital data only" (HMDS-only) records and were confirmed as true cancer cases following attempts to obtain more information. The 2007 data reported here include only a small number of such cases, as the more intensive follow-up processes described in *Cancer incidence and mortality in Western Australia, 2004*⁵ could not be undertaken during 2008 (see Section 3.1). While devoting more resources to such follow-up is problematic, liaison with laboratories and hospital-based cancer registries to improve completeness of reporting, continues.

2.1.2 Mortality

Among Western Australian residents in 2007, there were 2064 deaths due to cancer in males and 1633 in females (Table 1). Mortality ASRs were 122 deaths per 100,000 males (lower than in 2006 [123]) and 84.4 per 100,000 females (higher than in 2006 [82.5]). The estimated lifetime risk of death due to cancer before age 75 years was 1 in 8 for males and 1 in 11 for females. These rates and risks are statistically similar to those for 2006 and other recent years.

These statistics include 68 deaths due to non-melanocytic skin cancers, increased by 33% since 2006. Of the cancers concerned, 49 (72%) were of the types (squamous and basal cell carcinomas) that are not included in incidence data (37 males, 12 females; 48 SCCs and one BCC). The annual number of non-melanoma skin-cancer related deaths has increased significantly since 2001, outstripping the increase in melanoma-related deaths. Deaths recorded as being due to cancers of unknown primary site have decreased over the same period.

In 2007, there were 13 cancer-related deaths in persons not normally resident in Western Australia (5 Australian, 8 from overseas); these are not included in the population-based mortality statistics in this report.

Other 2007 deaths recorded by the Cancer Registry included:

Deaths due to benign tumours - 8 (all of which were meningiomas or other CNS tumours)

Deaths due to "uncertain malignant potential" lymphohaematopoietic neoplasms - 3

Deaths due to "uncertain malignant potential" non-lymphohaematopoietic neoplasms - 2

Deaths due to non-tumour-related causes among persons with a Registry tumour record - 961 males, 699 females (both increased since 2006).

Deaths of unresolved cause among persons with a tumour record - 31 (15 males, 16 females).

Before the age of 75 years, a total of 13610 person-years of life were lost due to cancer among males and 11943 in females, both decreased since 2006. These are consistent with national figures for 2006 (138693 in males, 119848 in females). These measures of premature death are higher than those for cardiovascular diseases, by a factor of 1.5 in males and 3.3 in females (based on the 2006 Australian data as shown at http://www.aihw.gov.au/mortality/data/grim_books_national.cfm).

There was no significant change in the age-pattern of cancer mortality in 2007. Cancer death rates generally increased for both males and females from age 20 (Figure 1), with low case numbers at earlier ages. All-cancers death rates among males were consistently higher than in females at ages greater than 60 years.

2.1.3 Mortality to incidence ratios

Except in situations where incidence and/or mortality are changing rapidly, or notification of cancer is incomplete, the ratio of mortality to incidence for a cancer gives a crude indication of its impact. The 2007 mortality/incidence (M/I) rate ratio for prostate cancer was 0.10 and the ratio for breast cancer in females was 0.20. Lung cancer continues to have a far greater impact, with 2007 M/I ratios of 0.85 in males and 0.83 in females. All-cancers mortality/incidence ratios for 2007 were similar for males and females (both 0.34). All these M/I ratios have been relatively stable over recent years.

2.2 Common cancers

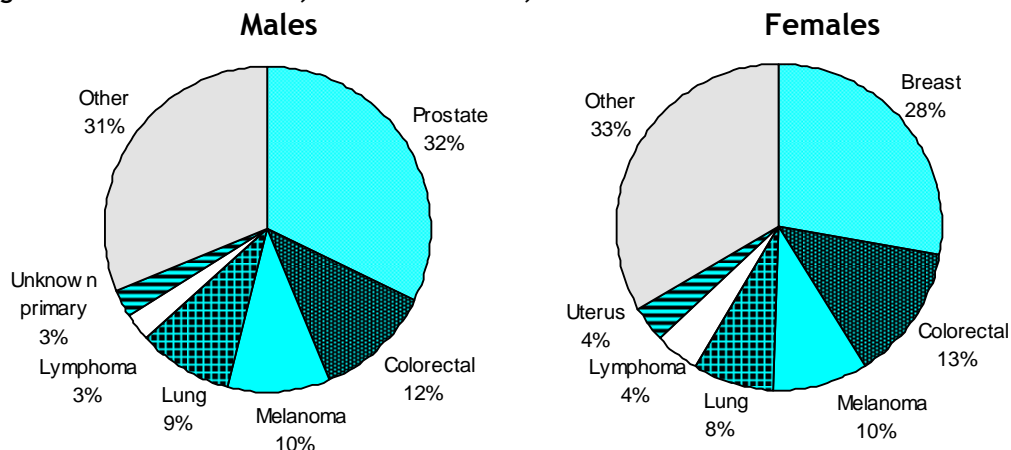
2.2.1 Incidence

In females, breast cancer was the most common incident cancer (1119 cases, 28% of all cancers in females; ASR 74 per 100,000). This was followed by colorectal cancer (531 cases, 13%), melanoma of the skin (383 cases, 10%) and lung cancer (330 cases, 8%). There were an additional 219 newly-diagnosed cases of *in situ* breast carcinoma reported (9 lobular, otherwise mainly ductal), fewer than the all-time peak count of 265 cases in 2005. Previously, the female breast cancer incidence ASR fell by a small amount each year since 2002, from 87.4 successively to 84.6, 82.8 and 81.2 for 2005, rose again to 85.5 in 2006, and is now further reduced. Recent changes may be partially due to completeness issues mentioned earlier in this report, however breast cancer rates do vary with time and screening activity.

The most common cancers in males were prostate cancer (1781 cases; 32%), colorectal cancer (655 cases, 12%) and melanoma (552 cases, 10%) (Table 1; Figure 2). Lung cancer and melanoma were less common, but colorectal cancer more common, than in 2006. For all the major cancers affecting both males and females, males had a higher incidence than females. There were 994 *in situ* melanomas reported, 61% of them in males.

Lymphomas, collectively the next most common cancer in both sexes, accounted for 3% of cancers in males and 4% in females, with ASRs of 11 per 100,000. Cancers of unknown primary site were recorded in 157 males (3%, ASR 9.5) and 128 females (3%, ASR 6.2). Invasive bladder and other urinary tract cancers are not among the most common cancers in either males (155 cases, 3%) or females (56 cases, 1.4%), however there were 548 cases of *in situ* urinary system carcinomas, 77% of them in men. Likewise, invasive cervical cancer is relatively uncommon in women (81 cases, 2%) however there were 1433 *in situ* cervical carcinomas reported in 2007.

Figure 2. Cancer incidence, Western Australia, 2007: common cancers



Other common specific cancer types diagnosed included:

Leukaemias - 133 cases in men (ASR 9.2), 106 in women (ASR 7.7)

Bladder - 155 cases in men (ASR 8.9), 56 in women (ASR 2.7)

Kidney - 145 cases in men (ASR 9.6), 77 in women (ASR 5.0)

Pancreas - 121 cases in men (ASR 7.4), 111 in women (ASR 5.7)

Stomach - 118 cases in men (ASR 7.1), 66 in women (ASR 3.4)

*(note that the "Bladder" grouping now includes renal pelvis and ureter tumours.)

Other common cancer types in women were cancers of the uterus (148 cases, ASR 9.4), ovary (110 cases, ASR 7.0), thyroid (130 cases, ASR 9.9) and cervix (81 cases, ASR 6.0).

2.2.2 Mortality

The most common causes of cancer-related death in males were lung cancer (22%), colorectal cancer (12%) and prostate cancer (11%) (Table 1; Figure 3). Lung (18%), breast (16%) and colorectal cancer deaths (11%) were the most common in females.

In 2000, lung cancer first outranked breast cancer as a cause of death among women, however this appeared unusual at that time. While early detection may contribute to decreasing mortality from breast cancer, lung cancer is a significant cause of death in Western Australian women, being the most common cause of cancer death in women in each year since 2004 with over 30 more lung cancer deaths than breast cancer deaths in each year. This pattern appears to reflect improved breast cancer incidence and mortality, rather than any dramatic change in female lung cancer rates.

Other major causes of cancer-related mortality included tumours of unknown primary site, brain and pancreas in both sexes, melanoma, stomach cancer and mesothelioma in males; and ovarian cancer and lymphomas in females. With minor changes, these results for 2007 are consistent with the usual common causes of cancer-related death in recent years.

Figure 3. Cancer mortality, Western Australia, 2007: common cancers

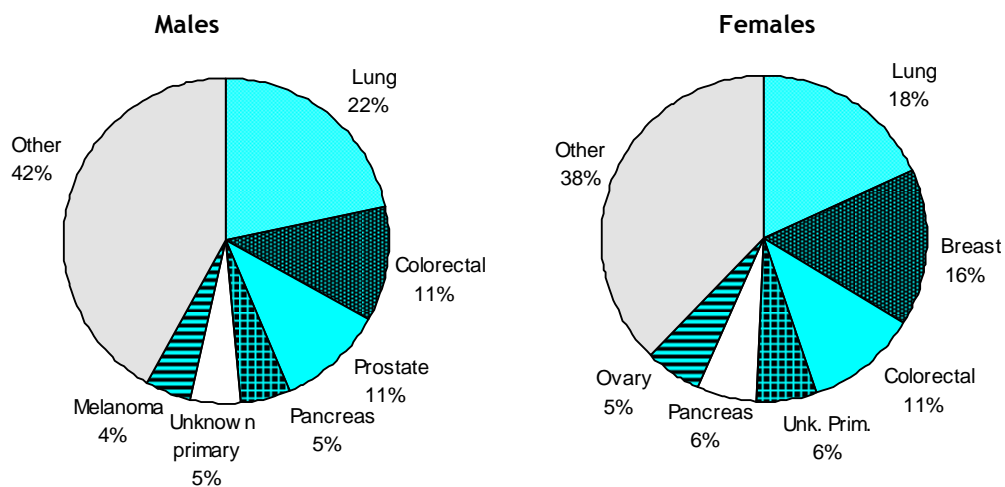


Table 1. Cancer incidence and mortality, Western Australia, 2007: leading types in males and females

Incidence						Mortality					
Males			Females			Males			Females		
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	1781	32.1	114.1	109-119	7	Breast	1119	27.8	73.8	69.3-78.3	13
Colorectal	655	11.8	40.6	37.4-43.8	22	Colorectal	531	13.2	30.3	27.5-33.0	29
Colon	382	6.9	23.3	20.9-25.7	38	Colon	385	9.6	21.5	19.2-23.8	41
Rectum	271	4.9	17.2	15.1-19.3	49	Rectum	144	3.6	8.7	7.2-10.2	97
Melanoma (skin)	552	10.0	37.3	34.1-40.5	24	Melanoma (skin)	383	9.5	26.2	23.5-28.9	36
Lung	517	9.3	31.2	28.4-34.0	27	Lung	330	8.2	18.1	16.0-20.2	46
Lymphoma	164	3.0	11.2	9.4-12.9	87	Lymphoma	179	4.4	11.5	9.7-13.3	79
Lymphoma NOS	3	0.1	0.2	0 - 0.4	4249	Lymphoma NOS	1	0.0	0.0	0 - 0.1	*
Hodgkin lymphoma	16	0.3	1.3	0.6-1.9	1091	Hodgkin lymphoma	21	0.5	2.0	1.1-2.8	635
NHL	145	2.6	9.7	8.1-11.4	97	NHL	157	3.9	9.5	7.9-11.1	91
Unknown primary	157	2.8	9.5	8.0-11.1	90	Uterus	148	3.7	9.4	7.8-11.0	85
Bladder & urinary tract	155	2.8	8.9	7.4-10.4	100	Thyroid gland	130	3.2	9.9	8.2-11.7	97
Kidney	145	2.6	9.6	8.0-11.2	100	Unknown primary	128	3.2	6.2	5.0-7.4	156
Leukaemia	133	2.4	9.2	7.5-10.9	114	Pancreas	111	2.8	5.7	4.5-6.9	143
Leukaemia NOS	6	0.1	0.3	0.1-0.6	*	Ovary	110	2.7	7.0	5.6-8.4	130
Lymphoid leukaemia	78	1.4	5.6	4.2-7.0	187	Leukaemia	106	2.6	7.7	6.0-9.3	141
Myeloid leukaemia	49	0.9	3.2	2.3-4.1	296	Leukaemia NOS	3	0.1	0.1	0 - 0.3	*
Leukaemia, other	0					Lymphoid leukaemia	60	1.5	4.7	3.3-6.1	242
Pancreas	121	2.2	7.4	6.0-8.8	126	Myeloid leukaemia	43	1.1	2.8	1.9-3.7	343
Stomach	118	2.1	7.1	5.8-8.4	128	Leukaemia, other	0				
Lip, gum & mouth	104	1.9	6.9	5.6-8.3	134	Cervix	81	2.0	6.0	4.7-7.4	167
Brain	101	1.8	7.1	5.6-8.5	144	Kidney	77	1.9	5.0	3.8-6.2	168
Oesophagus	91	1.6	5.5	4.3-6.6	175	Stomach	66	1.6	3.4	2.5-4.3	314
Liver	77	1.4	5.2	3.9-6.4	177	Bladder & urinary tract	56	1.4	2.7	1.9-3.5	367
Testis	77	1.4	6.9	5.3-8.5	190	Brain	52	1.3	3.5	2.5-4.6	332
Mesothelioma	67	1.2	4.2	3.1-5.2	188	Lip, gum & mouth	43	1.1	2.3	1.6-3.1	388
Myeloma	61	1.1	3.8	2.8-4.8	202	Myeloma	43	1.1	2.1	1.4-2.8	462
Pharynx	48	0.9	3.3	2.4-4.3	255	Gallbladder / bile ducts	31	0.8	1.6	1.0-2.3	573
Skin (NMSC exc. SCC/BCC)	48	0.9	2.9	2.1-3.7	333	Liver	26	0.6	1.3	0.7-1.8	589
Myelodysplastic diseases	46	0.8	2.4	1.7-3.2	473	Myelodysplastic diseases	26	0.6	1.3	0.7-1.9	674
All cancers	5545	100.0	356.9	347-367	3	All cancers	4027	100.0	250.9	243-259	4

Mortality						Mortality					
Males			Females			Males			Females		
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	445	21.6	26.4	23.9-29.0	32	Lung	294	18.0	15.1	13.2-17.0	58
Colorectal	237	11.5	13.8	12.0-15.7	73	Breast	256	15.7	14.6	12.7-16.5	61
Colon	137	6.6	7.9	6.6-9.3	128	Colorectal	181	11.1	8.8	7.4-10.2	103
Rectum	100	4.8	5.9	4.7-7.1	169	Colon	132	8.1	6.3	5.1-7.5	141
Prostate	218	10.6	11.5	9.9-13.1	100	Rectum	49	3.0	2.5	1.7-3.2	377
Pancreas	106	5.1	6.6	5.3-7.9	137	Unknown primary	99	6.1	4.6	3.6-5.7	238
Unknown primary	100	4.8	5.8	4.6-7.0	150	Pancreas	97	5.9	4.7	3.7-5.7	173
Melanoma (skin)	92	4.5	5.6	4.4-6.8	164	Ovary	88	5.4	4.9	3.8-6.0	194
Stomach	91	4.4	5.4	4.3-6.6	176	Brain	63	3.9	4.0	2.9-5.1	240
Mesothelioma	71	3.4	4.2	3.2-5.2	221	Lymphoma	63	3.9	3.0	2.2-3.8	330
Brain	69	3.3	4.4	3.3-5.5	206	Lymphoma NOS	1	0.1	0.0	0 - 0.1	*
Leukaemia	69	3.3	4.6	3.4-5.8	239	Hodgkin lymphoma	2	0.1	0.1	0 - 0.3	*
Leukaemia NOS	5	0.2	0.2	0.0-0.5	*	NHL	60	3.7	2.8	2.1-3.6	338
Lymphoid leukaemia	30	1.5	2.1	1.3-2.9	596	Leukaemia	46	2.8	2.6	1.8-3.5	359
Myeloid leukaemia	34	1.6	2.2	1.5-3.0	398	Leukaemia NOS	4	0.2	0.2	0 - 0.3	*
Leukaemia, other	0				-	Lymphoid leukaemia	15	0.9	0.9	0.4-1.5	1239
Bladder & urinary tract	66	3.2	3.3	2.5-4.1	523	Myeloid leukaemia	27	1.7	1.5	0.9-2.2	522
Lymphoma	63	3.1	3.8	2.8-4.7	238	Leukaemia, other	0				
Lymphoma NOS	2	0.1	0.1	0 - 0.2	*	Stomach	41	2.5	2.0	1.3-2.7	578
Hodgkin lymphoma	2	0.1	0.1	0 - 0.3	*	Melanoma (skin)	37	2.3	2.1	1.3-2.8	474
NHL	59	2.9	3.6	2.6-4.5	242	Bladder & urinary tract	35	2.1	1.5	0.9-2.0	676
Oesophagus	61	3.0	3.8	2.8-4.7	237	Gallbladder / bile ducts	34	2.1	1.7	1.1-2.3	436
Liver	56	2.7	3.4	2.5-4.3	239	Uterus	32	2.0	1.6	1.0-2.2	499
Skin (NMSC inc. SCC/BCC)	49	2.4	2.8	2.0-3.6	368	Liver	24	1.5	1.3	0.7-1.9	670
Myeloma	49	2.4	2.8	2.0-3.6	324	Cervix	24	1.5	1.5	0.9-2.1	700
Kidney	32	1.6	1.9	1.2-2.6	576	Myeloma	22	1.3	0.9	0.5-1.4	1197
Myelodysplastic diseases	27	1.3	1.4	0.9-2.0	741	Oesophagus	21	1.3	0.9	0.5-1.4	998
Pharynx	23	1.1	1.5	0.9-2.2	498	Myelodysplastic diseases	21	1.3	0.8	0.4-1.2	1252
Gallbladder / bile ducts	20	1.0	1.1	0.6-1.7	957	Skin (NMSC inc. SCC/BCC)	19	1.2	0.7	0.3-1.0	2918
Larynx	18	0.9	1.1	0.6-1.6	714	Kidney	19	1.2	1.1	0.5-1.6	814
All cancer deaths	2064	100.0	121.9	116-127	8	All cancer deaths	1633	100.0	84.4	79.9-88.9	11

(NHL - Non-Hodgkin lymphoma; Refer to *Statistical Methods, Section 1.4*, for other terms & abbreviations used)

2.3 Cancer in different age groups

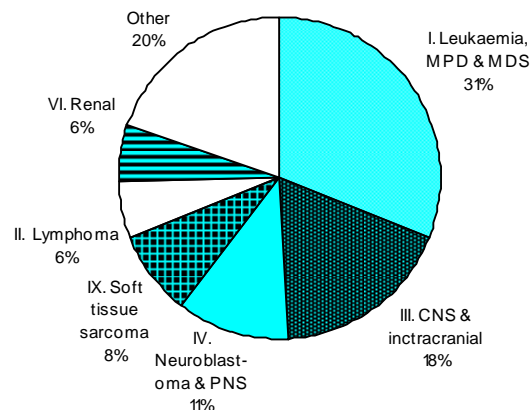
2.3.1 Cancer in children

In children under the age of 15 years, there were 68 cases of cancer diagnosed in 2007, 37 males and 31 females (Appendix 3A). The corresponding ASRs were 18.8 per 100,000 males, and 16.1 per 100,000 females, both markedly higher than in 2006. The risk of a child developing cancer before the age of 15 years was 1 in 382 for boys and 1 in 431 for girls. These rates and risks were higher than in 2006 but annual variation is considerable, and they were similar to those seen in 2003.

The estimated 0-14 years population in Western Australia in 2007 was 410,008 (211,788 males and 198,220 females).

Diagnoses are routinely coded and reported using ICD-O 3rd edition,⁴ but are also tabulated using the WHO-sponsored International Classification of Childhood Cancer (Version 3), into 12 major diagnostic groups based primarily on tumour morphology; these are shown in Appendix 3C. Please note that this classification includes additional tumours not included under the usual definition of "cancers" (1 male, 2 female), a total of 71 cases. The most common tumours diagnosed in children in 2007 are shown in Figure 4.

Figure 4. Tumours in children under 15 years of age, Western Australia, 2007: most common types (ICCC Version 3 - 71 cases).

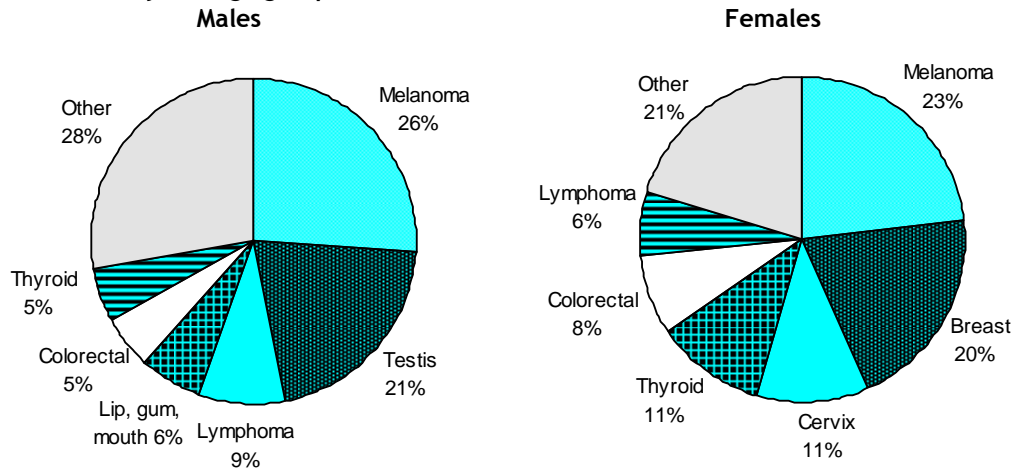


There were 10 cancer-related deaths (6 males, 4 females) in children in 2007. Age-adjusted death rates were 2.7 per 100,000 in males and 2.0 per 100,000 in females. The estimated risk of death due to cancer before the age of 15 was 1 in 2393 for males (higher than in 2006), and 1 in 3347 for females (lower).

2.3.2 Cancer in the 15-39 years age range

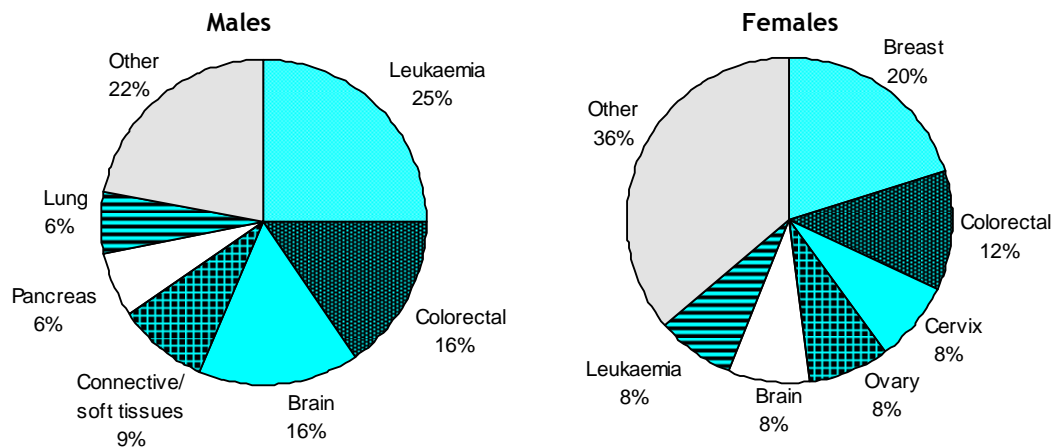
Incidence: In the 15 to 39 years age range, there were 550 cancer diagnoses in 2007 (245 males, ASR 58, 305 females, ASR 74) (Table 2). Melanoma was most common in both males (64 cases, ASR 15) and females (70 cases, ASR 17). Second-ranked cancers were testicular cancer in males (51 cases, 21% of all cancers) and breast cancer in females (62 cases, 20% of all cancers) (Figure 5). Cervical and thyroid cancers were the next most common in females, with lymphomas and oral cancers following next in males.

Figure 5. Cancer incidence, Western Australia, 2007: common cancers in the 15 to 39 years age group



Mortality: Among persons aged 15 to 39 years, there were 82 cancer-related deaths in 2007, 32 in males and 50 in females (Table 3). Among males, the most common causes of cancer-related death were leukaemia (8 deaths), colorectal and brain cancers (Figure 6). In females, most common causes of death were breast cancer (10 deaths) and colorectal cancer (6), followed by leukaemias and cancers of the brain, cervix and ovary (4 each). As cancer-related death in this age group is relatively uncommon, these 'rankings' remain variable from year to year.

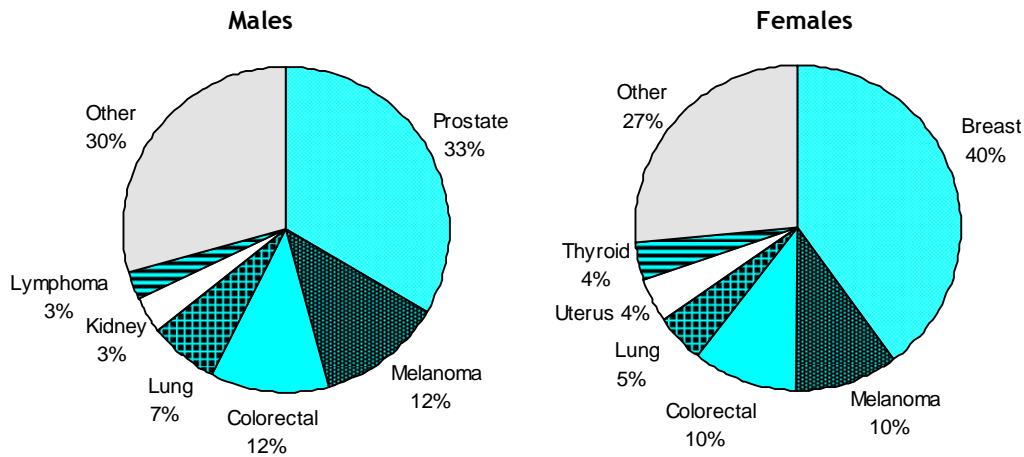
Figure 6. Cancer mortality, Western Australia, 2007: common cancers in the 15 to 39 years age group



2.3.3 Cancer in the 40-64 years age range

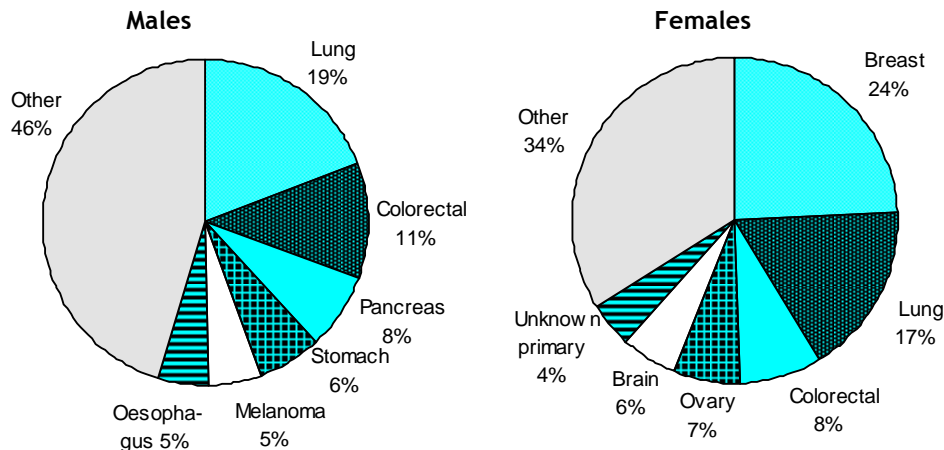
Incidence: In the age range 40 to 64 years, prostate cancer was the most common incident cancer type, continuing a significant rise in recent years. There were 694 cases reported, 33% of cancers in males in this age range. Breast cancer was again most common in women (661 cases, 40% of all female cancers in this age group, little-changed in the last 4 years) (Table 2; Figure 7). The overall risk of cancer occurring in this age range was 1 in 7 for males and 1 in 8 for females. More cancers occurred in males than in females, with prostate cancer, melanoma and colorectal cancer most common. In females, melanoma and colorectal cancer ranked highest after breast cancer.

Figure 7. Cancer incidence, Western Australia, 2007: common cancers in the 40 to 64 years age group



Mortality: In 2007, in the age range 40 to 64 years, lung cancer was, as in recent years, the most common cause of cancer-related death in males (102 deaths, age-adjusted rate of 29 per 100,000 males) (Table 3; Figure 8). Other leading causes of death in males were colorectal cancer (60 deaths), pancreatic cancer (41), stomach cancer (33) and melanoma (29 deaths). Major causes among females were breast cancer (106 deaths), lung cancer (75 deaths) and colorectal cancer (35 deaths).

Figure 8. Cancer mortality, Western Australia, 2007: common cancers in the 40 to 64 years age group

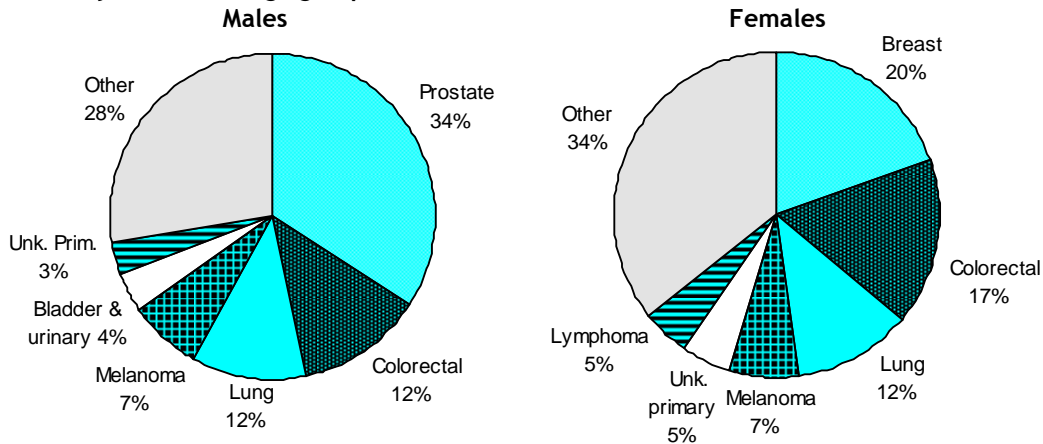


2.3.4 Cancer in persons aged 65 and over

Incidence: Over the age of 65 years, prostate cancer (1085 cases) outnumbered any other specific cancer type in either sex (Table 2; Figure 9) and accounted for 34% of diagnoses in males. Rates continue to rise in recent years, after major changes and unstable rates in the 1990s. Among females, breast cancer predominated (396 cases, 20%).

Other common cancer types in this age range were colorectal cancer (12% in males, 17% in females) and lung cancer (12%, 12%) (relatively stable over recent years). Melanoma of the skin was the fourth most common cancer type in males and in females (7% in both).

Figure 9. Cancer incidence, Western Australia, 2007: common cancers in the 65 years & over age group



Mortality: Over the age of 65 years, lung cancer was, as in recent years, the most common cause of cancer-related death, causing 341 deaths among males, at an age-adjusted rate 272 per 100,000; still 23% of cancer-related deaths. Among females, it was responsible for 216 deaths at 133 per 100,000, 19% of all cancer deaths, slightly increased. Colorectal cancer ranked third in males (172 deaths, 12%) and second in females (140 deaths, 12%). Deaths due to prostate cancer ranked second in males (200 deaths, 13%). Breast cancer was the third most common cause of cancer-related death in females (140 deaths, 12%); the rate of death due to breast cancer in this age range was reduced in 2006, but the 2007 death rate is greater than in 2005. Cancers of unknown primary site were also a major cause of death in this age range (80 deaths in males, 78 in females) (Figure 10).

Figure 10. Cancer mortality, Western Australia, 2007: common cancers in the 65 years & over age group

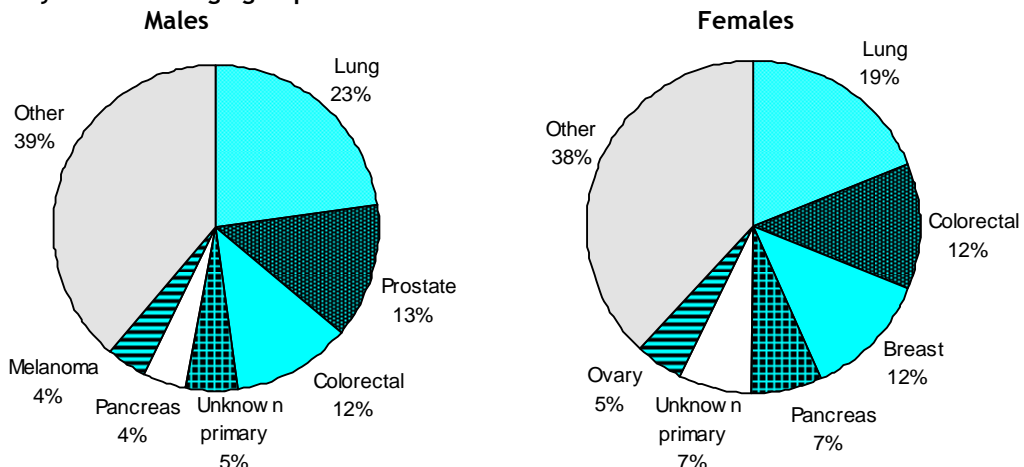


Table 2. Cancer incidence, Western Australia, 2007: leading types by sex and age group (ASR: age-adjusted rate)

15 to 39 years											
Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Melanoma (skin)	64	26.1	14.8	11.2-18.5	243	Melanoma (skin)	70	23.0	16.6	12.7-20.6	212
Testis	51	20.8	12.5	9.0-16.0	303	Breast	62	20.3	14.0	10.5-17.5	242
Lymphoma	21	8.6	5.3	3.0-7.6	732	Cervix	34	11.1	7.7	5.1-10.3	442
Lymphoma NOS	0					Thyroid gland	34	11.1	8.5	5.6-11.4	433
Hodgkin lymphoma	8	3.3	1.9	0.6-3.3	1917	Colorectal	24	7.9	5.9	3.5-8.3	621
NHL	13	5.3	3.4	1.5-5.2	1183	Colon	16	5.2	4.1	2.1-6.1	930
Lip, gum & mouth	15	6.1	3.1	1.5-4.7	1069	Rectum	8	2.6	1.8	0.5-3.1	1867
Colorectal	13	5.3	2.9	1.3-4.5	1187	Lymphoma	19	6.2	5.3	2.9-7.7	770
Colon	5	2.0	1.2	0.1-2.3	3012	Lymphoma NOS	0				
Rectum	8	3.3	1.7	0.5-2.8	1959	Hodgkin lymphoma	13	4.3	3.8	1.7-5.9	1118
Thyroid gland	13	5.3	3.1	1.4-4.8	1184	NHL	6	2.0	1.5	0.3-2.7	2474
Leukaemia	12	4.9	3.2	1.4-5.0	1262	Ovary	8	2.6	2.1	0.6-3.5	1832
Leukaemia NOS	0					Lung	7	2.3	1.8	0.4-3.1	2149
Lymphoid leukaemia	5	2.0	1.4	0.2-2.7	3007	Brain	7	2.3	1.9	0.5-3.3	2077
Myeloid leukaemia	7	2.9	1.7	0.4-3.0	2173	Leukaemia	6	2.0	1.5	0.3-2.7	2424
Leukaemia, other	0					Leukaemia NOS	0				
Brain	10	4.1	2.3	0.9-3.7	1536	Lymphoid leukaemia	0				
All cancers	245	100.0	57.8	50.4-65.1	64	All cancers	305	100.0	73.9	65.5-82.3	49

40 to 64 years											
Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	694	33.2	194.3	180-209	18	Breast	661	39.9	194.0	179-209	20
Melanoma (skin)	261	12.5	73.9	64.9-82.9	51	Melanoma (skin)	172	10.4	51.1	43.4-58.8	75
Colorectal	246	11.8	68.6	60.0-77.2	51	Colorectal	168	10.1	48.8	41.4-56.3	73
Colon	123	5.9	34.3	28.2-40.3	102	Colon	107	6.5	30.9	25.0-36.8	115
Rectum	122	5.8	34.1	28.0-40.2	102	Rectum	59	3.6	17.4	12.9-21.8	207
Lung	148	7.1	41.6	34.9-48.4	82	Lung	83	5.0	24.8	19.4-30.1	143
Kidney	73	3.5	20.9	16.1-25.7	180	Uterus	70	4.2	20.1	15.4-24.8	182
Lymphoma	60	2.9	17.2	12.9-21.6	213	Thyroid gland	64	3.9	18.9	14.2-23.5	212
Lymphoma NOS	1	0.0	0.3	0 - 0.9	*	Lymphoma	60	3.6	17.5	13.0-21.9	211
Hodgkin lymphoma	6	0.3	1.8	0.4-3.2	2531	Lymphoma NOS	0				
NHL	53	2.5	15.1	11.1-19.2	236	Hodgkin lymphoma	5	0.3	1.4	0.2-2.7	2585
Unknown primary	51	2.4	14.4	10.4-18.4	254	NHL	55	3.3	16.0	11.8-20.3	230
Lip, gum & mouth	50	2.4	14.4	10.4-18.4	262	Ovary	48	2.9	13.9	9.9-17.8	270
Brain	47	2.2	13.0	9.2-16.7	284	Kidney	35	2.1	10.3	6.9-13.8	374
Pancreas	46	2.2	13.0	9.2-16.7	272	Leukaemia	35	2.1	10.1	6.7-13.5	372
Oesophagus	39	1.9	10.9	7.4-14.3	336	Leukaemia NOS	1	0.1	0.3	0 - 0.9	*
Stomach	39	1.9	11.1	7.6-14.6	322	Lymphoid leukaemia	19	1.1	5.5	3.0-8.0	650
All cancers	2089	100.0	588.0	563-613	7	All cancers	1656	100.0	485.6	462-509	8

65 years and over											
Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	1085	34.2	933.0	876-990	11	Breast	396	19.5	288.0	257-319	37
Colorectal	396	12.5	319.7	287-352	38	Colorectal	339	16.7	226.8	200-253	51
Colon	254	8.0	203.7	178-230	61	Colon	262	12.9	174.7	152-198	68
Rectum	141	4.4	115.5	95.6-135	98	Rectum	77	3.8	52.1	39.2-64.9	200
Lung	364	11.5	290.2	259-321	41	Lung	240	11.8	161.0	139-183	68
Melanoma (skin)	227	7.2	190.5	165-216	55	Melanoma (skin)	141	6.9	103.9	85.3-123	98
Bladder & urinary tract	126	4.0	98.0	80.2-116	129	Unknown primary	100	4.9	57.5	45.0-70.0	236
Unknown primary	102	3.2	79.7	63.5-95.9	145	Lymphoma	98	4.8	69.1	54.2-83.9	155
Lymphoma	81	2.6	65.8	50.9-80.7	189	Lymphoma NOS	1	0.0	0.4	0 - 1.1	*
Lymphoma NOS	2	0.1	1.6	0 - 3.9	5801	Hodgkin lymphoma	3	0.1	2.4	0 - 5.3	3411
Hodgkin lymphoma	2	0.1	1.2	0 - 3.0	*	NHL	94	4.6	66.3	51.8-80.8	162
NHL	77	2.4	62.9	48.3-77.6	195	Pancreas	83	4.1	51.6	39.4-63.9	220
Stomach	77	2.4	59.9	45.9-73.9	216	Uterus	73	3.6	56.1	42.2-70.0	169
Leukaemia	75	2.4	56.7	43.3-70.1	222	Ovary	52	2.6	36.1	25.3-46.8	302
Leukaemia NOS	5	0.2	3.4	0.4-6.5	*	Leukaemia	52	2.6	34.4	24.3-44.6	330
Lymphoid leukaemia	44	1.4	33.3	23.0-43.6	353	Leukaemia NOS	2	0.1	0.7	0 - 1.7	*
Myeloid leukaemia	26	0.8	19.9	11.9-28.0	597	Lymphoid leukaemia	30	1.5	20.6	12.6-28.6	569
All cancers	3174	100.0	2609.4	2516-2703	5	All cancers	2035	100.0	1388.6	1323-1454	8

Table 3. Cancer mortality, Western Australia, 2007: leading types by sex and age group (ASR: age-adjusted rate)

15 to 39 years											
Males						Females					
	Deaths	%	ASR	95%c.i.	Risk		Deaths	%	ASR	95%c.i.	Risk
Leukaemia	8	25.0	2.2	0.7-3.8	1910	Breast	10	20.0	2.2	0.8-3.6	1537
Leukaemia NOS	0				-	Colorectal	6	12.0	1.4	0.3-2.5	2511
Lymphoid leukaemia	5	15.6	1.4	0.2-2.7	3073	Colon	4	8.0	1.0	0.0-1.9	3690
Myeloid leukaemia	3	9.4	0.8	0 - 1.7	5044	Rectum	2	4.0	0.4	0 - 1.0	7854
Leukaemia, other	0				-	Cervix	4	8.0	0.8	0.0-1.7	3835
Colorectal	5	15.6	1.3	0.1-2.4	3014	Ovary	4	8.0	1.2	0.0-2.4	3653
Colon	3	9.4	0.9	0 - 1.9	4937	Brain	4	8.0	1.1	0.0-2.2	3645
Rectum	2	6.3	0.4	0 - 1.0	7737	Leukaemia	4	8.0	1.0	0.0-2.1	3634
Brain	5	15.6	1.0	0.1-1.9	3189	Leukaemia NOS	0				-
Connective/ soft tissues	3	9.4	0.7	0 - 1.4	5380	Lymphoid leukaemia	1	2.0	0.3	0 - 0.9	*
Pancreas	2	6.3	0.4	0 - 1.0	7737	Myeloid leukaemia	3	6.0	0.7	0 - 1.6	4822
Lung	2	6.3	0.6	0 - 1.3	7665	Leukaemia, other	0				-
Melanoma (skin)	2	6.3	0.4	0 - 1.0	7737	Lung	3	6.0	0.7	0 - 1.6	5090
Nasopharynx	1	3.1	0.2	0 - 0.6	*	Melanoma (skin)	3	6.0	0.7	0 - 1.5	5125
Small intestine	1	3.1	0.2	0 - 0.7	*	Unknown primary	2	4.0	0.6	0 - 1.5	7096
Testis	1	3.1	0.3	0 - 0.9	*	Lymphoma	2	4.0	0.4	0 - 1.0	7493
Unknown primary	1	3.1	0.3	0 - 0.9	*	Lymphoma NOS	0				-
All cancer deaths	32	100.0	7.9	5.1-10.7	483	All cancer deaths	50	100.0	12.5	8.9-16.0	299

40 to 64 years											
Males						Females					
	Deaths	%	ASR	95%c.i.	Risk		Deaths	%	ASR	95%c.i.	Risk
Lung	102	19.2	28.8	23.2-34.4	120	Breast	106	24.3	30.4	24.6-36.2	118
Colorectal	60	11.3	17.2	12.8-21.5	206	Lung	75	17.2	22.1	17.1-27.2	157
Colon	35	6.6	9.8	6.5-13.0	355	Colorectal	35	8.0	10.2	6.8-13.5	352
Rectum	25	4.7	7.4	4.5-10.3	492	Colon	23	5.3	6.6	3.9-9.4	523
Pancreas	41	7.7	11.6	8.0-15.1	306	Rectum	12	2.7	3.5	1.5-5.5	1074
Stomach	33	6.2	9.5	6.2-12.7	377	Ovary	29	6.6	8.2	5.2-11.2	414
Melanoma (skin)	29	5.5	8.0	5.1-11.0	454	Brain	25	5.7	7.3	4.4-10.2	505
Oesophagus	26	4.9	7.4	4.5-10.2	482	Unknown primary	19	4.3	5.9	3.2-8.5	606
Brain	25	4.7	7.0	4.2-9.7	522	Pancreas	18	4.1	5.4	2.9-7.9	651
Liver	23	4.3	6.4	3.8-9.0	562	Melanoma (skin)	14	3.2	4.2	2.0-6.3	884
Mesothelioma	22	4.1	6.2	3.6-8.8	561	Cervix	12	2.7	3.4	1.5-5.4	1143
Lymphoma	20	3.8	5.5	3.1-7.9	629	Stomach	11	2.5	3.1	1.3-5.0	1228
Lymphoma NOS	0				-	Lymphoma	11	2.5	3.1	1.3-5.0	1176
Hodgkin lymphoma	1	0.2	0.3	0 - 0.9	*	Lymphoma NOS	0				-
NHL	19	3.6	5.2	2.8-7.5	655	Hodgkin lymphoma	0				-
Unknown primary	19	3.6	5.5	3.0-8.0	647	NHL	11	2.5	3.1	1.3-5.0	1176
Prostate	18	3.4	5.1	2.7-7.5	650	Leukaemia	10	2.3	2.9	1.1-4.6	1293
All cancer deaths	532	100.0	150.4	138-163	24	All cancer deaths	437	100.0	126.8	115-139	28

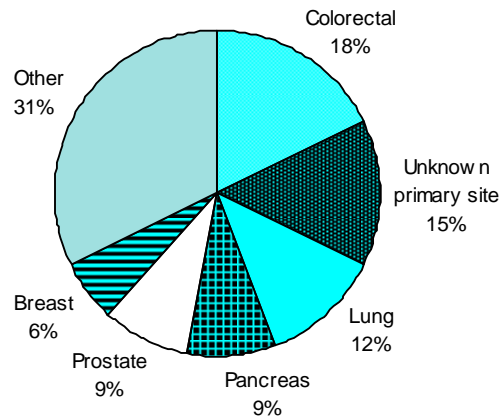
65 years and over											
Males						Females					
	Deaths	%	ASR	95%c.i.	Risk		Deaths	%	ASR	95%c.i.	Risk
Lung	341	22.8	271.6	242-302	44	Lung	216	18.9	132.7	113-152	93
Prostate	200	13.4	145.7	125-167	119	Colorectal	140	12.3	82.5	67.2-97.8	153
Colorectal	172	11.5	129.7	109-150	117	Colon	105	9.2	61.8	48.6-75.0	202
Colon	99	6.6	73.8	58.7-89.0	208	Rectum	35	3.1	20.7	13.0-28.5	627
Rectum	73	4.9	55.8	42.4-69.2	265	Breast	140	12.3	88.0	71.8-104	135
Unknown primary	80	5.4	61.7	47.5-75.8	198	Pancreas	78	6.8	46.7	35.2-58.1	238
Pancreas	63	4.2	51.3	38.1-64.4	254	Unknown primary	78	6.8	42.0	31.8-52.3	415
Melanoma (skin)	61	4.1	49.1	36.3-61.8	265	Ovary	55	4.8	34.3	24.3-44.3	404
Bladder & urinary tract	59	3.9	39.9	29.3-50.5	752	Lymphoma	50	4.4	29.3	20.3-38.3	488
Stomach	58	3.9	43.9	32.2-55.7	328	Lymphoma NOS	1	0.1	0.5	0 - 1.6	*
Mesothelioma	49	3.3	38.1	26.9-49.4	365	Hodgkin lymphoma	1	0.1	0.4	0 - 1.1	*
Lymphoma	43	2.9	34.2	23.6-44.7	382	NHL	48	4.2	28.4	19.4-37.3	488
Lymphoma NOS	2	0.1	1.1	0 - 2.6	*	Bladder & urinary tract	32	2.8	17.7	11.0-24.5	807
Hodgkin lymphoma	1	0.1	0.6	0 - 1.8	*	Brain	31	2.7	19.3	11.8-26.7	590
NHL	40	2.7	32.5	22.1-42.9	382	Leukaemia	31	2.7	19.3	11.8-26.8	602
Leukaemia	42	2.8	31.9	21.8-41.9	476	Leukaemia NOS	3	0.3	1.1	0 - 2.3	*
Leukaemia NOS	5	0.3	3.4	0.4-6.5	* [*]	Lymphoid leukaemia	10	0.9	6.0	1.8-10.2	2364
All cancer deaths	1494	100.0	1150.6	1090-1211	12	All cancer deaths	1142	100.0	678.9	635-722	19

3. Cancer in Western Australia: special topics

3.1 Death Certificate Only cancers

“Death certificate only” (DCO) cancer records are those based solely on a death certificate (or electronic mortality record). Having a low proportion of DCO cases is widely regarded as an important index of data quality in a Cancer Registry. In Western Australia, there were 34 DCO cancers recorded for 2007, representing only 0.36% of all cancers (low, but increased from 0.26% in 2005 and similar to the rate in 2006 (Figure 11).

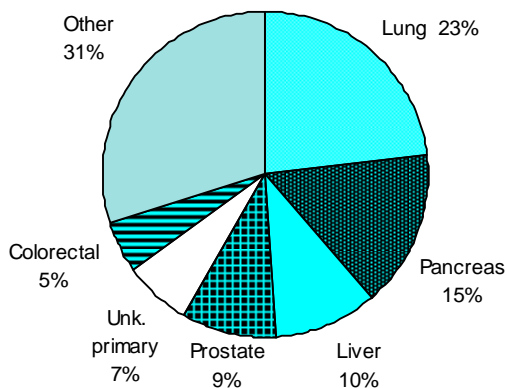
Figure 11. Death Certificate Only (DCO) cancers, 2007: common types (34 cases)



The Registry continues to use death data and computerised hospital discharge data (“Hospital Morbidity Data System”) to reduce letter-based enquiries and casenote review, if the data are consistent. There were 337 such “DC and HMDS” cases recorded for 2007, more than in 2006, with the date of diagnosis being taken from the hospital discharge date. Most common cancer types were lung, pancreas and cancers of unknown primary site (Figure 12).

As the discharge data lack a true diagnosis date, address at diagnosis and basis of diagnosis, these data are treated as being less reliable than those sourced from clinical notes and pathology reports. However, the process appears cost-effective in improving timeliness. The audits performed for 2005 and 2006 cancer data could not be undertaken in 2008 due to the development of the new Canis database system and lack of availability of project staff. The best available estimate of the degree to which incident cancer totals for 2007 might have been increased if such investigation were possible, is between 4% and 5%.

Figure 12. “DC & HMDS” cancers, 2007: common types (337 cases)



3.2 Trends in age-specific cancer incidence rates

While the incidence of all cancers combined tends to increase with time, differences are observed between trends for individual cancer types subject to particular influences. In particular, decreasing lung cancer incidence in males is commonly thought to be associated with a reduction in smoking prevalence, and increased prostate cancer incidence in the 1990s was thought to be associated with increased PSA testing.⁶ Updated incidence trends are presented graphically in the figures below for the more common cancer types.

Prostate cancer incidence declined sharply after the mid-1990s peak, but has risen steadily since 1997. The caseload is dominated by high incidence rates in those over 70 years of age especially (Fig. 13a), however the log-scale graph in Figure 13b indicates that the fastest increases since 1995 have occurred in the 40-49 years and 50-59 years age groups.

Breast cancer incidence generally increases with age, and local data reflected this pattern until the late 1990s, when the age-specific incidence in the 60-69 years age group overtook that in women over 70 years of age. Incidence in the over-70 age group has generally declined since a peak in 1995 (Fig. 14).

Lung cancer incidence continues to decline in males in all ages groups (Fig. 15). However, overall lung cancer incidence is relatively steady in females, and the incidence rate in the oldest age group has been rising until recently (Fig. 16). Incidence in the youngest age group shown, 40-59 years, appears steady, but is generally as high or higher than in males of similar age. Colorectal cancer incidence rates appear relatively steady in all the age groups assessed (Figs 19, 20) while melanoma incidence appears to be rising in all groups especially in males (Figs 17, 18).

Figure 13a. Age-specific incidence rates for prostate cancer, Western Australian males, 1982-2007

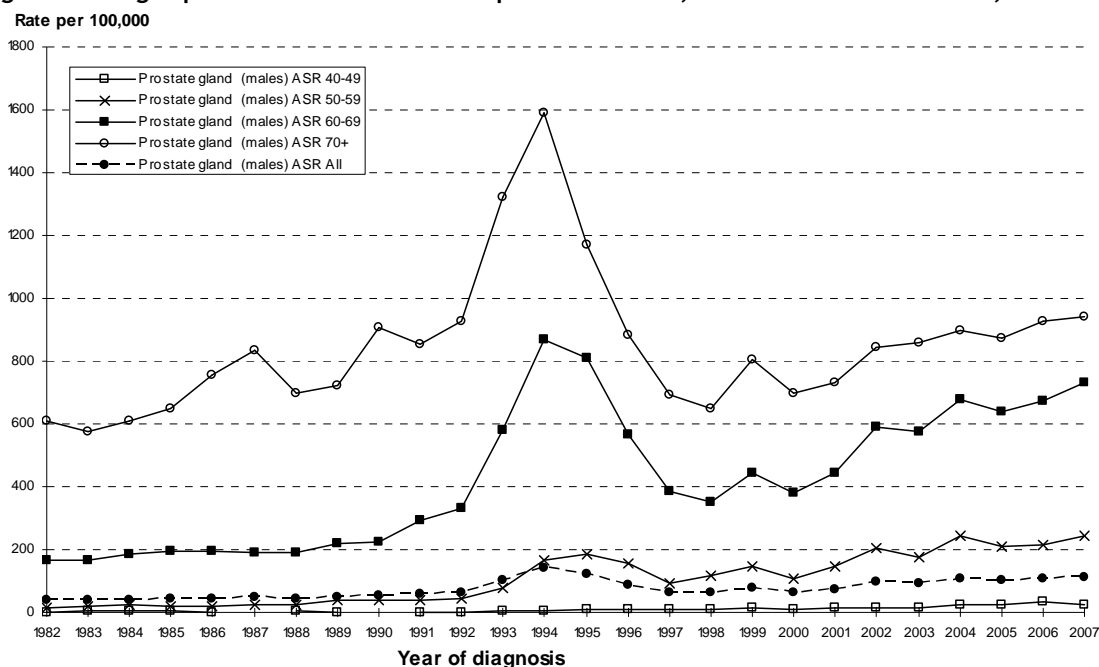


Figure 13b. Age-specific incidence rates for prostate cancer, Western Australian males, 1982-2007 (log scale)

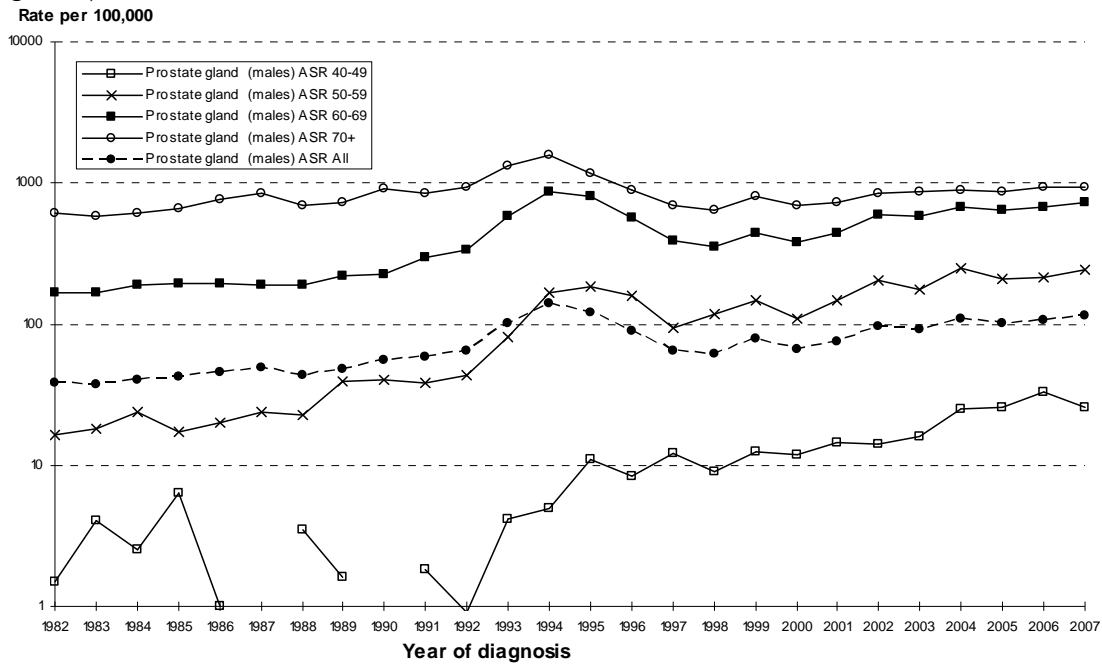


Figure 14. Age-specific incidence rates for breast cancer, Western Australian females, 1982-2007

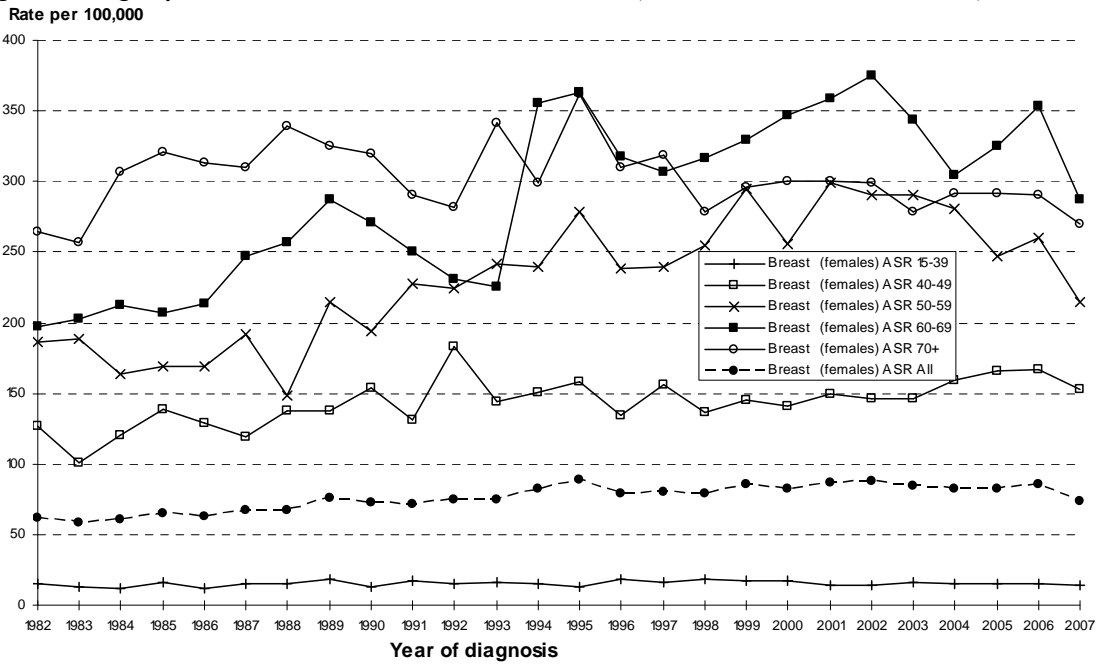


Figure 15. Age-specific incidence rates for lung cancer, Western Australian males, 1982-2007

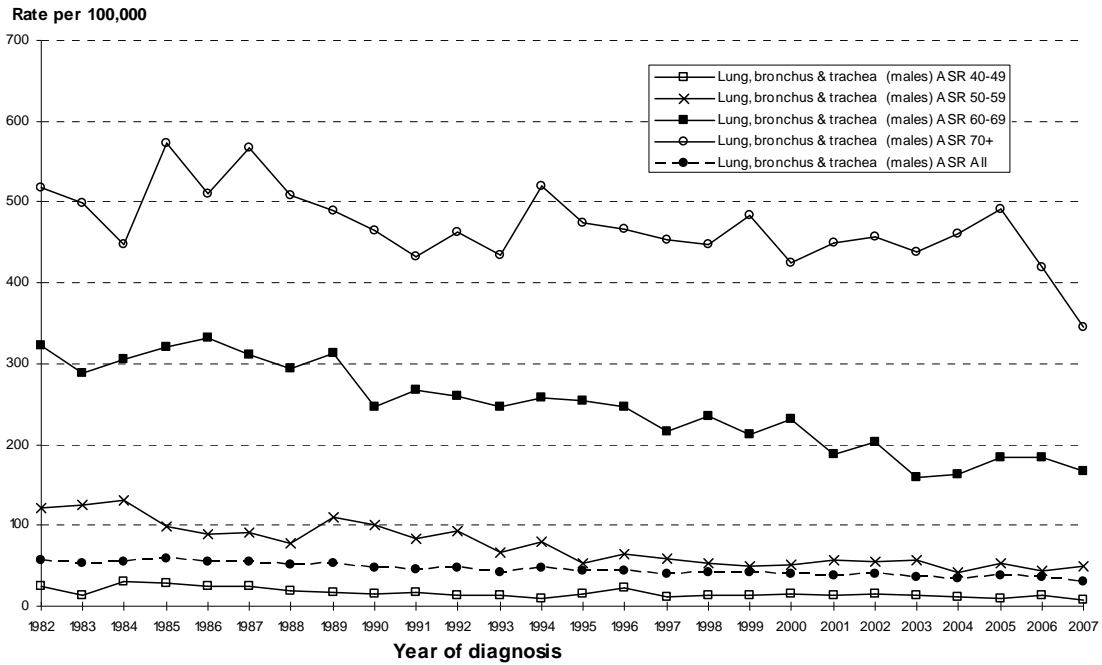


Figure 16. Age-specific incidence rates for lung cancer, Western Australian females, 1982-2007

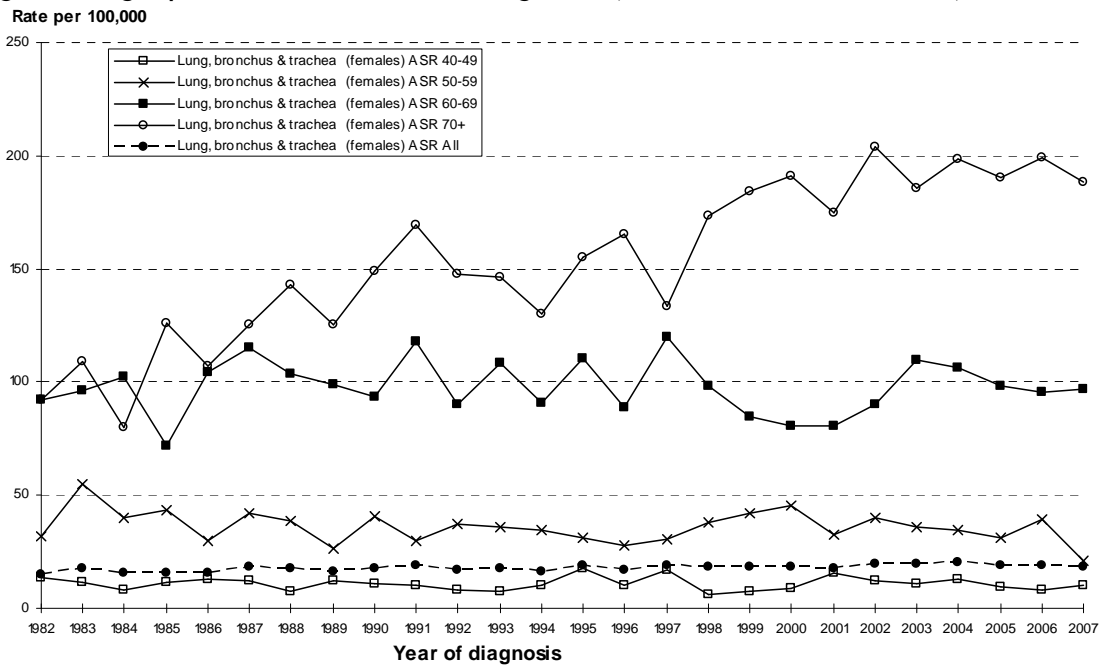


Figure 17. Age-specific incidence rates for melanoma, Western Australian males, 1982-2007

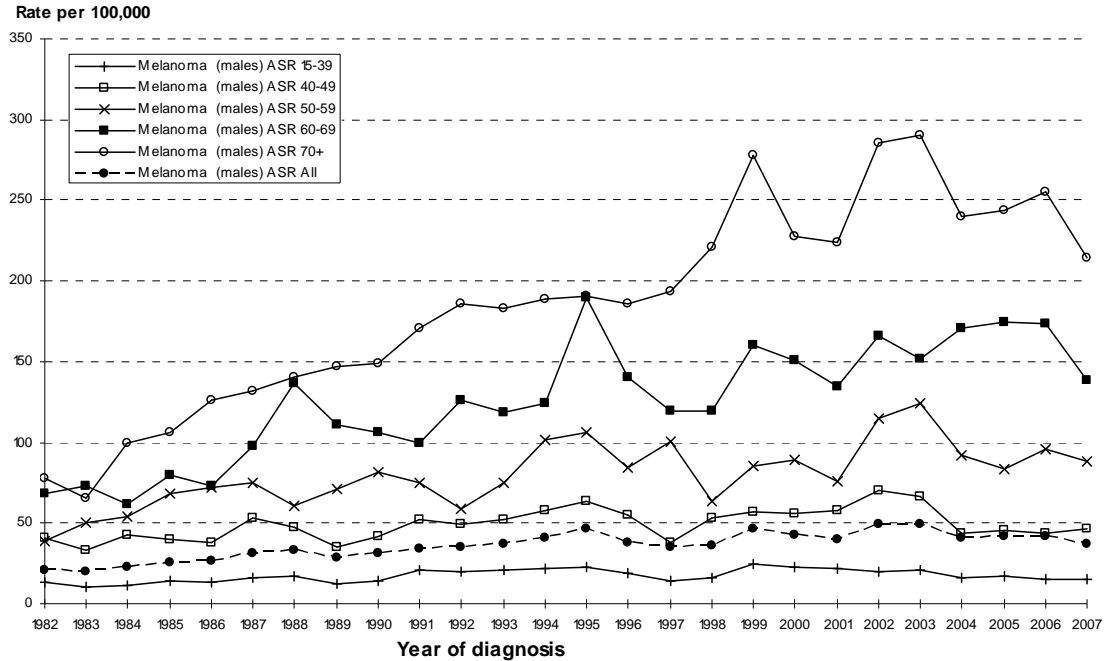


Figure 18. Age-specific incidence rates for melanoma, Western Australian females, 1982-2007

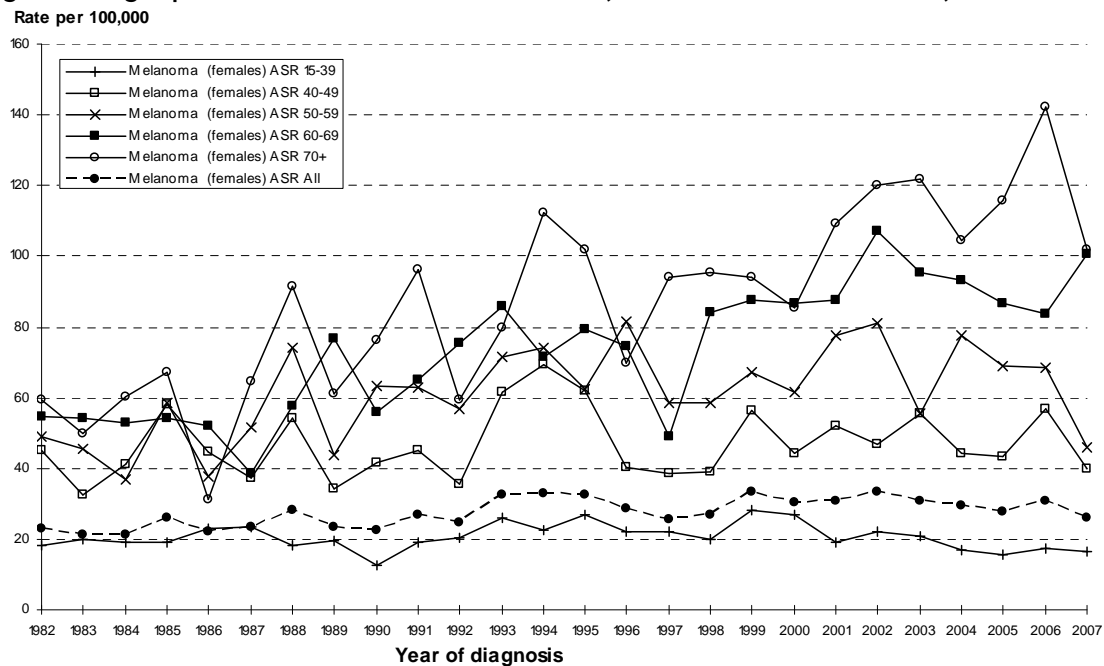


Figure 19. Age-specific incidence rates for colorectal cancer, Western Australian males, 1982-2007

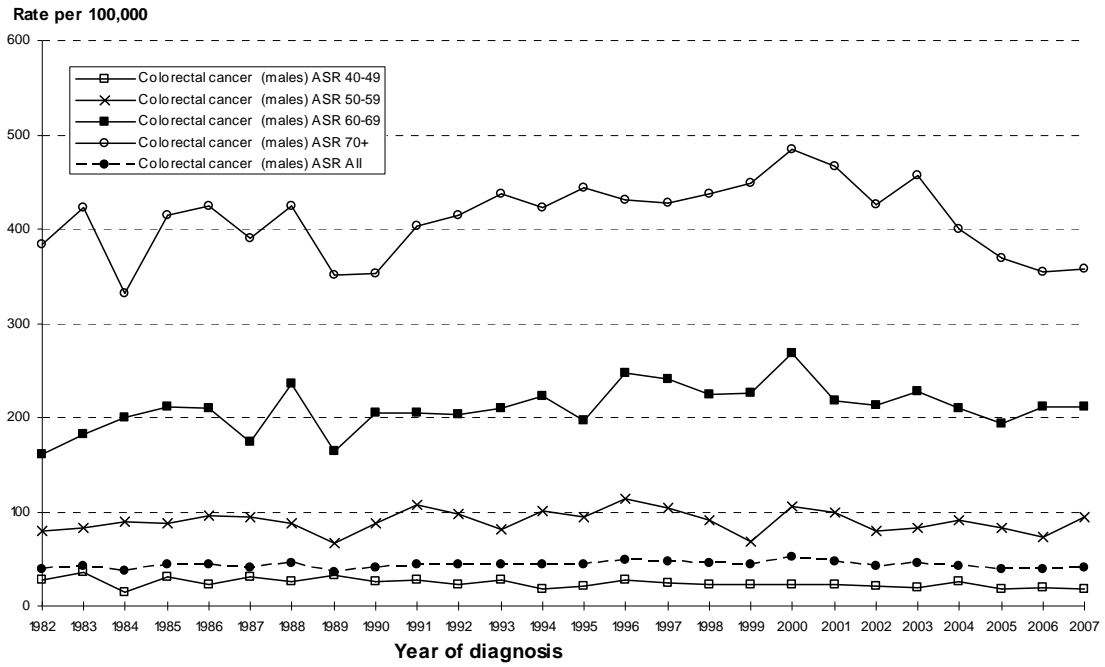
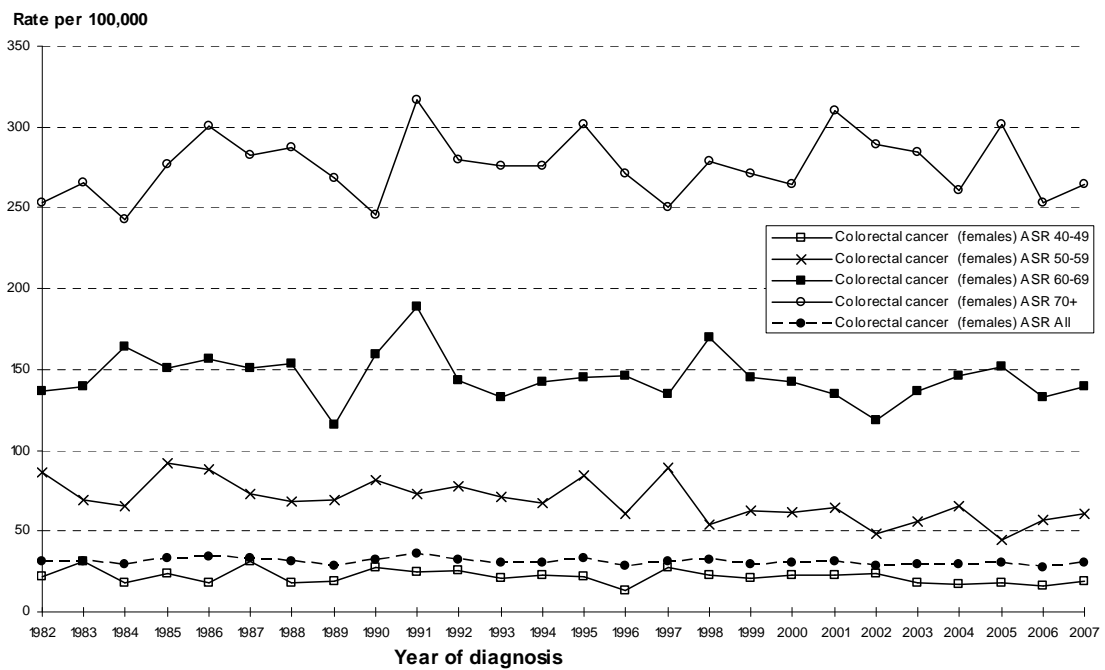


Figure 20. Age-specific incidence rates for colorectal cancer, Western Australian females, 1982-2007



References for sections 1-3

- 1 Threlfall TJ, Thompson JR, Olsen N (2007). *Cancer incidence and mortality in Western Australia, 2005*. Department of Health, Western Australia, Perth. Statistical series number 81.
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- 5 Threlfall TJ, Thompson JR, Olsen N (2006). *Cancer incidence and mortality in Western Australia, 2004*. Department of Health, Western Australia, Perth. Statistical series number 76.
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4. Cancer Prevalence

(Based on work by Dr Judy Katzenellenbogen (Epidemiology Branch, WA Health), Dr Katrina Spilsbury (Curtin University) and Peter Somerford (Epidemiology Branch, WA Health))

4.1 Introduction

The purpose of this section is to provide additional indicators of cancer burden that can be useful for program and service planning. For the first time, a profile of the prevalence of priority cancers in WA is presented.

Cancer prevalence is the number of people in the population who received a diagnosis of cancer at any time and are still alive. Estimating prevalence requires knowledge of all diagnosed cases and their survival at a particular point in time. Because cancer registration was started in 1982, estimates of prevalence reflect cases registered since 1982 only. The total registered prevalence estimates may be marginally lower than the true total prevalence due to the survival of some cases whose diagnosis pre-dates 1982 when the register was started.

The following indicators of prevalence are reported:

- *Total registered cancer prevalence* includes people with varying needs, including those still undergoing primary treatment and those who may be considered 'cured' and make little demands on health-care services. Age-specific prevalence reflects current age.
- *Limited duration (or N-year) prevalence* includes cancer cases diagnosed within a specific timeframe, such as 1, 5 or 20 years. For example, 5-year prevalence includes all people diagnosed within the past five years and still alive, including those recently diagnosed.
- *Expected cancer deaths* reflect the number of prevalent cases that can be expected to die from their cancer in the future, providing an indication of those cases who will continue to make substantial demands on health services. The remaining cases will most likely be cured of their cancer in the future, some still requiring treatment at the current time. Expected cancer deaths are a subset of prevalence, and are provided for each N-year prevalence estimate.

4.2 Methodology

4.2.1 Total and Limited Duration Registered Prevalence

Total Registered Prevalence

Anonymous records of invasive colorectal, lung, melanoma, prostate, breast and cervical cancers and skin melanoma registered since 1 January 1982 and not known to have died by 31 December 2007 were extracted from the WA Cancer Registry. Evidence of vital status and continued residence in WA are maintained via linkage of cancer registry data with mortality and electoral roll records. For logistical reasons, cervical cancer estimates reflect prevalence on 31 December 2005, while prevalence for other cancers pertains to 31 December 2007. Frequencies for each age group were calculated using current age, not age at diagnosis.

Limited duration prevalence

Limited duration (or N-year) prevalence was calculated for 1, 3, 5, 10 and 20-year periods, based on the number of years since diagnosis.

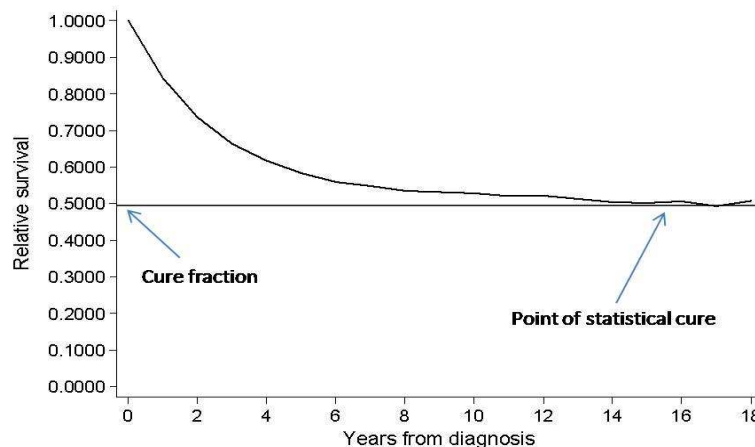
Expected deaths in prevalent cases

The expected cancer deaths, or the number of persons predicted to die from their cancer, were estimated in a series of steps that varied with the type of cancer. Each prevalent case was allocated a probability of dying from their cancer in the future, based on the survival experience of WA cases of similar sex, age and calendar period at diagnosis. The sum of these probabilities for any particular group provides an estimate of the number of people who will most likely die from their cancer at some time in the future.

To calculate probabilities of dying, survival data were obtained from the WA Cancer Registry for cases registered 1982-2006 and followed to December 2007, and relative survival calculated. Relative survival is simply a ratio of the observed survival rates of cancer patients and the expected survival rates in the general population of the same age, calendar period and gender. For example, a five-year relative survival of 0.8 for women aged 50-55 years diagnosed with breast cancer in 1990 means that their chance of being alive five years later is 80% of the chance that other women of the same age in the general population have, of being alive at that time. For lung, colorectal and cervical cancers, the probabilities of dying were estimated using cure fraction modeling (see explanation below). For breast cancer, prostate cancer and melanoma, expected cancer deaths were estimated by fitting fractional polynomial models to relative survival estimates (see explanation below).

Cure fraction models

Cure fraction modeling is ideal when the relative survival curve appears to plateau after a number of years. This indicates that the mortality rate in cancer patients has become almost the same as the general population, that is, there is no excess mortality and the patients have become effectively “cured” of cancer. Note that this cure refers to what is called a “statistical cure” at a population level and not the probability of cure at an individual level. Cure fraction modeling estimates the proportion of patients who will be cured by fitting parametric non-mixture models to the relative survival curves of cancer patients. The point in time at which excess mortality becomes zero is estimated by fitting the model and this is then used to estimate the proportion of patients who are cured and the proportion who are not cured at any point in time. A Stata program, *strsnmix*, calculates these estimates and their standard errors in a single operation.¹ Cure fraction models were estimated for each age group (15-44 years, 45-64 years, 65-79 years and 80+ years), gender and calendar period of diagnosis (1980-1989, 1990-1999 and 2000-2006). An example of a hypothetical estimation of cure fraction is shown below.



Fractional polynomial models

For cancers where the relative survival curves do not appear to plateau, that is, cancers for which there always appears some excess mortality, even long after diagnosis, different methods of estimating the expected cancer deaths were needed. Cancers that show excess mortality many years after diagnosis include breast and prostate cancer. Cancers like melanoma that have a very high proportion of long term survivors due to low mortality also need alternative methods to estimate the expected cancer deaths. A two step approach was used in these cases. First, relative survival estimates were constructed using a Stata program, *strs*². The grouped relative survival estimates for each year since diagnosis by age group, sex and calendar period were then modeled using linear regression. The variables age group, sex and calendar period were entered into the models as the best fitting fractional polynomial transformations and interaction terms. Based on these models, predicted relative survival and associated standard errors were estimated. Graphical confirmation that the predicted relative survival matched the observed relative survival estimates was performed before proceeding further. The probability of a cancer patient *i* dying from their disease at time *t* was estimated from the predicted relative survival estimates as described by Brameld *et al.*³ That is:

$$p_i(t) = 1 - \frac{RS(T_c)}{RS(t)} \quad \text{Where } RS(T_c) \text{ is the relative survival at time to cure which was chosen as 15 years for prostate and melanoma cancers and 20}$$

Standard errors for this estimated probability were calculated as follows where the numerator $RS(T_c)$ was considered a subset of $RS(t)$.

$$SE(p) = 1 - \frac{1}{RS(t)} * \sqrt{[SE(RS(T_c))]^2 - \frac{(RS(T_c))^2}{RS(t)^2} [SE(RS(t))]^2}$$

4.3 Results

In Table 4.1, the number of prevalent cases at December 2007, and the number of expected future cancer-related deaths among those cases, is shown for the common cancers assessed. In all cases, the proportion of prevalent cases expected to ultimately die due to their cancer decreases with increased time since diagnosis, and reinforces the view that the assumption of “cure” becomes more valid with the passage of time.

The most common cancers in either sex - prostate cancer and breast cancer - account for similar proportions of total prevalent cases after long periods, but mortality due to breast cancer continues at a much higher rate than for prostate cancer, even after the passage of many years. There are a number of major differences that may influence this - including the usual scale of surgery, and the common occurrence of second-primary breast cancers that may cause difficulties with proper attribution of cause of death.

For colorectal cancer, the proportion of cases who might be expected to die because of it, remains markedly higher for males than for females, regardless of the time since diagnosis. Attribution of death to original, resected tumours, versus new primaries, can be problematic as for breast cancer.

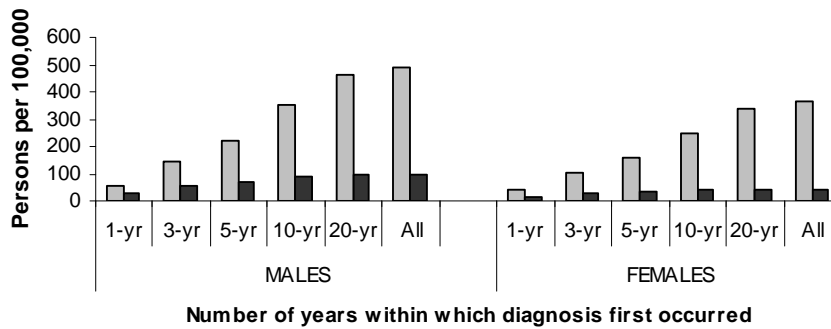
Table 4.1 Selected cancers: Limited duration prevalence all ages combined, by sex: WA December 2007 (numbers of cases and expected deaths)

Males	<i>Time since diagnosis -</i>					
	1 year	3 year	5 year	10 year	20 year	26 year
<u>Colorectal</u>						
<i>Limited Duration Prevalence</i>	579	1457	2171	3403	4463	4710
<i>Expected cancer deaths</i>	250	525	685	863	924	933
<i>95% CI Expected deaths</i>	(199 - 302)	(389 - 678)	(483 - 932)	(575 - 1258)	(604 - 1376)	(608 - 1398)
<u>Lung</u>						
<i>Limited Duration Prevalence</i>	259	533	686	864	1030	1081
<i>Expected cancer deaths</i>	217	371	411	428	433	436
<i>95% CI Expected deaths</i>	(205 - 256)	(332 - 406)	(358 - 463)	(367 - 495)	(369 - 507)	(370 - 513)
<u>Melanoma</u>						
<i>Limited Duration Prevalence</i>	611	1859	2896	5028	7122	7643
<i>Expected cancer deaths</i>	100	235	301	367	376	376
<i>95% CI Expected deaths</i>	(53 - 147)	(108 - 374)	(127 - 512)	(146 - 686)	(148 - 720)	(148 - 720)
<u>Melanoma (Advanced : Clark Level V)</u>						
<i>Limited Duration Prevalence</i>	6	39	59	84	108	114
<i>Expected cancer deaths</i>	3	13	16	17	17	17
<i>95% CI Expected deaths</i>	(2 - 4)	(8 - 20)	(9 - 29)	(10 - 36)	(10 - 41)	(10 - 41)
<u>Prostate</u>						
<i>Limited Duration Prevalence</i>	1726	4630	7000	10144	12788	12869
<i>Expected cancer deaths</i>	155	324	375	479	618	618
<i>95% CI Expected deaths</i>	(91 - 221)	(165 - 502)	(170 - 640)	(258 - 814)	(370 - 984)	(370 - 984)
Females						
	<i>Time since diagnosis -</i>					
	1 year	3 year	5 year	10 year	20 year	26 year
<u>Colorectal</u>						
<i>Limited Duration Prevalence</i>	428	1116	1723	2786	3795	4088
<i>Expected cancer deaths</i>	147	292	370	436	455	457
<i>95% CI Expected deaths</i>	(117 - 182)	(209 - 397)	(248 - 543)	(274 - 709)	(282 - 757)	(283 - 764)
<u>Lung</u>						
<i>Limited Duration Prevalence</i>	184	372	484	624	715	742
<i>Expected cancer deaths</i>	151	261	296	313	318	319
<i>95% CI Expected deaths</i>	(141 - 159)	(229 - 288)	(251 - 340)	(260 - 374)	(262 - 385)	(262 - 390)
<u>Melanoma (All)</u>						
<i>Limited Duration Prevalence</i>	374	1244	1984	3698	5730	6422
<i>Expected cancer deaths</i>	52	136	186	245	255	255
<i>95% CI Expected deaths</i>	(25 - 78)	(60 - 218)	(76 - 315)	(95 - 456)	(97 - 487)	(97 - 487)
<u>Melanoma (Advanced : Clark Level V)</u>						
<i>Limited Duration Prevalence</i>	0	20	42	72	90	100
<i>Expected cancer deaths</i>	0	6	9	11	11	11
<i>95% CI Expected deaths</i>	0	(3 - 10)	(5 - 21)	(5 - 36)	(5 - 40)	(5 - 41)
<u>Breast</u>						
<i>Limited Duration Prevalence</i>	1183	3601	5674	9804	13783	14574
<i>Expected cancer deaths</i>	412	1166	1361	2564	2870	2870
<i>95% CI Expected deaths</i>	(331 - 492)	(928 - 1404)	(1735 - 2109)	(1985 - 3148)	(2232 - 3521)	(2232 - 3523)
<u>Cervical (2005)</u>						
<i>Limited Duration Prevalence</i>	75	205	335	578	1171	1355
<i>Expected cancer deaths</i>	22	50	65	78	84	85
<i>95% CI Expected deaths</i>	(16 - 29)	(35 - 67)	(45 - 90)	(52 - 111)	(55 - 125)	(55 - 128)

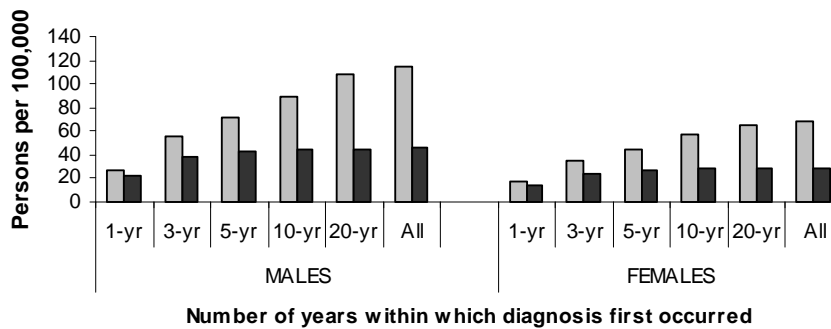
While case numbers in Table 4.1 provide an idea of the scale of the cancer-prevalence issue, age-standardised rates facilitate comparisons between areas. ASRs for the common cancers assessed are shown graphically in Figure 4.1. While the numbers are more difficult to assess, the graphics serve better than a table to illustrate the differences between cancer types, in terms of long-term mortality risk. The data series for prevalence and for expected mortality diverge more sharply for prostate cancer and melanoma especially, than for lung cancer, indicating a greater proportion of cures in the earlier periods after diagnosis.

Figure 4.1 Age-standardised limited duration prevalence and expected future mortality, Western Australia, December 2007 (except cervical cancer, 2005)

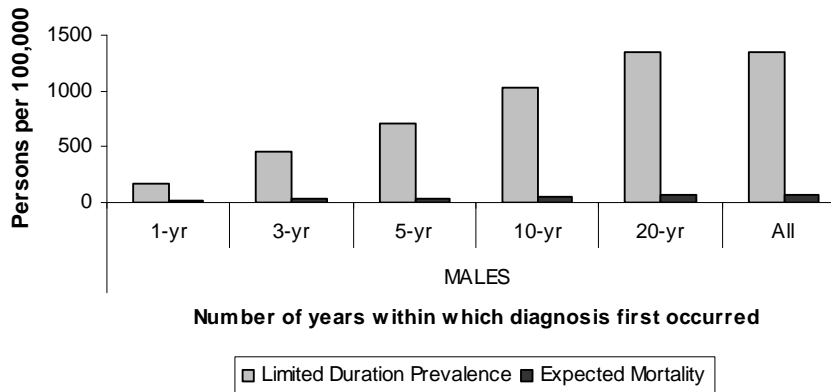
Colorectal cancer



Lung cancer



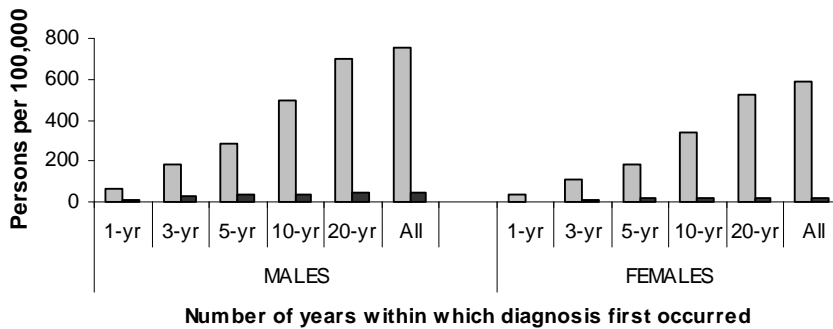
Prostate cancer



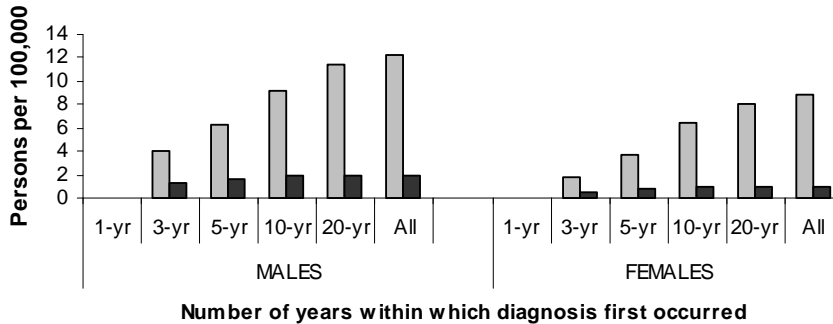
□ Limited Duration Prevalence ■ Expected Mortality

Figure 4.1 (cont.) Age-standardised limited duration prevalence and expected future mortality, Western Australia, December 2007 (except cervical cancer, 2005)

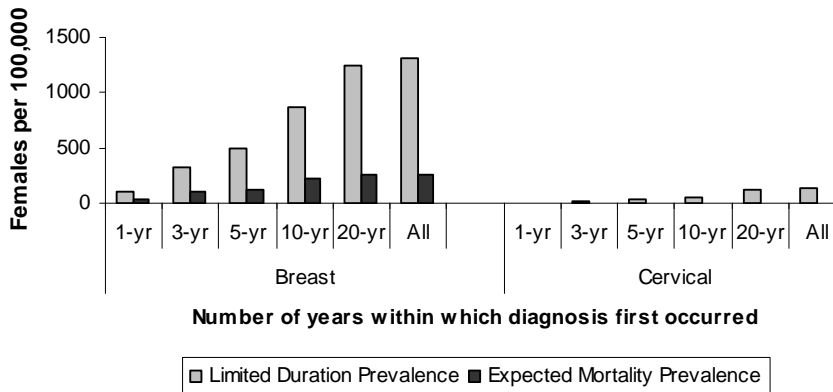
Melanoma



Advanced melanoma



Breast cancer and cervical cancer



Age-specific limited-duration prevalence and expected future mortality

The following pages show age-specific prevalence as numbers of persons and as rates for the common cancers assessed, based on current age, in Tables 4.2 - 4.8. Age-specific expected mortality numbers and rates have been calculated, and are not presented here due to space limitations but are available on request.

Table 4.2 Cancer limited duration prevalence, Western Australia: Colorectal cancer

NUMBER OF PREVALENT CASES AS AT 31 DECEMBER 2007																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-75	75-79	80-84	85+	Total				
Males																							
1 yr	0	0	0	1	0	0	6	6	6	15	41	74	72	114	78	70	59	37	579				
3 yr	0	0	0	1	3	2	12	12	24	39	93	166	203	271	202	189	147	93	1457				
5yr	0	0	0	1	5	3	14	15	30	57	130	238	299	371	324	309	220	155	2171				
10 yr	0	0	0	2	6	4	16	21	44	79	169	341	449	550	535	517	388	282	3403				
20 yr	0	0	0	2	6	5	16	21	50	89	201	393	547	712	704	710	558	449	4463				
26 yr	0	0	0	2	6	5	16	21	51	91	207	402	560	742	736	759	603	509	4710				
Females																							
1 yr	0	0	0	0	4	4	3	5	9	22	33	45	50	52	60	54	44	43	428				
3 yr	0	0	0	2	1	1	1	2	3	6	9	12	13	20	23	21	18	17	147				
5yr	0	0	0	0	5	8	11	10	17	42	67	113	134	141	146	151	139	132	1116				
10 yr	0	0	0	2	2	2	3	3	5	10	15	24	29	39	45	46	37	32	292				
20 yr	0	0	0	2	5	12	12	12	27	58	93	164	203	230	236	237	215	217	1723				
26 yr	0	0	0	0	2	3	3	3	6	11	17	29	36	50	60	60	49	40	370				
AGE-SPECIFIC PREVALENCE PER 100,000 AS AT 31 DECEMBER 2007																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-75	75-79	80-84	85+	Crude prev.	AGE-STANDARDISED PREVALENCE (ASP)			
																				ASP (Aust 01)	(95% ci)	ASP (Segi)	(95% ci)
Males																							
1 yr	0	0	0	1	0	0	8	7	8	19	57	113	137	292	269	305	392	385	54	58	(53 - 63)	37	(34 - 40)
3 yr	0	0	0	1	4	3	16	15	30	50	129	253	385	695	697	822	975	968	137	146	(138 - 154)	92	(87 - 97)
5yr	0	0	0	1	6	4	19	18	38	73	181	363	567	952	1117	1344	1460	1613	204	220	(210 - 229)	136	(130 - 142)
10 yr	0	0	0	3	8	5	22	26	55	101	235	520	852	1411	1845	2249	2575	2935	320	349	(337 - 361)	209	(202 - 217)
20 yr	0	0	0	3	8	7	22	26	63	114	279	600	1038	1826	2427	3088	3703	4674	420	465	(451 - 479)	270	(262 - 279)
26 yr	0	0	0	3	8	7	22	26	64	117	288	613	1063	1903	2538	3301	4001	5298	443	493	(479 - 507)	284	(276 - 292)
Females																							
1 yr	0	0	0	0	5	6	4	6	12	28	46	71	100	135	196	207	218	218	41	39	(35 - 43)	25	(23 - 28)
3 yr	0	0	0	0	7	12	15	13	22	54	94	179	268	366	477	577	688	670	107	101	(95 - 107)	63	(59 - 67)
5yr	0	0	0	3	7	17	17	15	35	75	131	260	406	597	771	906	1065	1102	165	155	(148 - 163)	97	(92 - 102)
10 yr	0	0	0	3	7	19	20	27	51	115	184	394	610	953	1134	1503	1857	2209	267	249	(240 - 258)	151	(145 - 157)
20 yr	0	0	0	3	7	20	21	28	53	129	227	465	772	1272	1572	2195	2679	3391	364	338	(327 - 349)	199	(192 - 206)
26 yr	0	0	0	3	7	20	21	28	53	130	236	479	786	1337	1699	2424	2912	3894	392	363	(352 - 375)	211	(204 - 218)

Table 4.3 Cancer limited duration prevalence, Western Australia: Lung cancer

NUMBER OF PREVALENT CASES AS AT 31 DECEMBER 2007																								
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total					
Males																								
1 yr	0	0	1	0	0	0	0	3	2	5	12	24	33	39	48	50	29	13	259					
3 yr	0	0	1	0	0	0	2	3	5	11	19	46	70	83	105	99	57	32	533					
5yr	0	0	1	0	0	1	2	3	6	13	27	54	86	110	132	138	75	38	686					
10 yr	0	0	2	0	0	1	2	3	7	17	32	69	102	134	162	174	109	50	864					
20 yr	0	0	3	1	0	2	2	4	8	18	35	77	111	150	192	210	139	78	1030					
26 yr	0	0	3	1	0	2	2	4	8	18	37	77	114	158	195	212	150	100	1081					
Females																								
1 yr	0	0	0	0	3	0	1	2	2	6	11	17	32	27	30	27	19	7	184					
3 yr	0	0	0	0	3	0	2	3	5	12	23	41	58	46	64	57	41	17	372					
5yr	0	0	0	0	3	1	2	3	5	13	30	49	66	65	92	68	64	23	484					
10 yr	0	0	0	0	3	1	3	3	6	18	35	66	87	76	115	92	83	36	624					
20 yr	0	0	1	0	3	1	3	3	6	19	37	76	95	85	125	115	99	47	715					
26 yr	0	0	1	0	3	1	3	3	6	21	38	77	96	88	127	119	103	56	742					
AGE-SPECIFIC PREVALENCE PER 100,000 AS AT 31 DECEMBER 2007																				AGE-STANDARDISED PREVALENCE (ASP)				
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Crude prev.	ASP (Aust 01)	(95% ci)	ASP (Segi)	(95% ci)	
Males																								
1 yr	0	0	1	0	0	0	0	4	3	6	17	37	63	100	166	218	192	135	24	27	(23 - 30)	16	(14 - 18)	
3 yr	0	0	0	0	0	0	1	3	4	9	18	49	91	146	241	300	285	271	50	55	(50 - 60)	33	(30 - 36)	
5yr	0	0	0	0	0	0	1	3	4	9	21	52	99	164	266	344	319	302	65	71	(66 - 76)	42	(39 - 45)	
10 yr	0	0	0	0	0	0	1	3	4	9	22	53	101	169	276	357	338	323	81	90	(84 - 96)	52	(48 - 56)	
20 yr	0	0	0	0	0	0	1	3	4	9	22	53	101	172	279	361	352	344	97	108	(102 - 115)	61	(57 - 65)	
26 yr	0	0	0	0	0	0	1	3	4	9	22	53	101	172	279	361	352	354	102	114	(108 - 121)	64	(60 - 68)	
Females																								
1 yr	0	0	0	0	4	0	1	3	3	8	15	27	64	70	98	103	94	36	18	17	(15, 20)	11	(10 - 13)	
3 yr	0	0	0	0	4	0	3	4	6	16	32	65	116	119	209	218	203	86	36	34	(31 - 38)	22	(20 - 25)	
5yr	0	0	0	0	4	1	3	4	6	17	42	78	132	169	301	260	317	117	46	45	(41 - 49)	29	(26 - 31)	
10 yr	0	0	0	0	4	1	4	4	8	23	49	104	174	197	376	352	411	183	60	58	(53 - 62)	36	(33 - 39)	
20 yr	0	0	1	0	4	1	4	4	8	25	52	120	190	221	409	440	490	239	69	66	(61 - 71)	41	(38 - 44)	
26 yr	0	0	1	0	4	1	4	4	8	27	53	122	192	229	415	455	510	284	71	68	(63 - 73)	42	(39 - 45)	

Table 4.4 Cancer limited duration prevalence, Western Australia: Melanoma

NUMBER OF PREVALENT CASES AS AT 31 DECEMBER 2007																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-75	75-79	80-84	85+	Total				
Males																							
1 yr	0	0	1	1	4	9	17	24	24	42	55	68	72	84	55	68	55	32	611				
3 yr	0	0	2	7	18	30	47	80	80	123	148	218	228	224	206	200	158	90	1859				
5yr	0	0	2	8	25	44	69	133	133	177	242	336	360	341	333	307	248	138	2896				
10 yr	0	0	2	10	42	74	128	232	259	358	444	553	609	566	531	533	423	264	5028				
20 yr	0	0	2	10	46	91	168	318	361	518	641	825	892	797	751	754	576	372	7122				
26 yr	0	0	2	10	46	91	171	326	387	566	688	886	969	862	809	810	617	403	7643				
Females																							
1 yr	0	0	0	2	2	5	25	21	25	28	39	34	38	45	29	29	28	24	374				
3 yr	0	0	0	6	17	24	66	67	90	89	132	138	121	128	101	106	81	77	1244				
5yr	0	0	1	8	25	39	90	124	129	152	220	223	206	194	156	154	136	127	1984				
10 yr	0	0	1	8	35	73	162	242	267	295	399	422	392	332	297	284	232	257	3698				
20 yr	0	0	1	8	37	88	199	351	416	506	624	659	636	538	460	447	369	391	5730				
26 yr	0	0	1	8	38	89	199	363	450	560	698	756	737	619	541	496	422	445	6422				
AGE-SPECIFIC PREVALENCE PER 100,000 AS AT 31 DECEMBER 2007																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-75	75-79	80-84	85+	Crude prev.	ASP (Aust 01)	(95% ci)	ASP (Segi)	(95% ci)
Males																							
1 yr	0	0	1	1	5	12	23	30	30	54	76	104	137	216	190	296	365	333	57	60	(55 - 65)	40	(37 - 43)
3 yr	0	0	3	9	23	41	64	98	101	158	206	333	433	575	710	870	1048	937	175	183	(175 - 192)	122	(117 - 128)
5yr	0	0	3	10	32	59	94	164	168	227	336	513	683	875	1148	1335	1646	1437	272	286	(275 - 296)	190	(183 - 197)
10 yr	0	0	3	13	53	100	174	285	326	459	617	844	1156	1452	1831	2318	2807	2748	473	497	(483 - 510)	330	(321 - 340)
20 yr	0	0	3	13	58	123	228	391	455	664	891	1259	1692	2044	2590	3279	3822	3872	670	702	(685 - 718)	467	(456 - 478)
26 yr	0	0	3	13	58	123	232	401	488	725	956	1352	1839	2211	2790	3523	4094	4195	718	753	(736 - 770)	501	(489 - 512)
Females																							
1 yr	0	0	0	3	3	7	35	27	32	36	55	54	76	117	95	111	139	122	36	35	(31 - 38)	25	(22 - 27)
3 yr	0	0	0	8	23	34	92	85	116	115	185	218	242	332	330	405	401	391	119	115	(108 - 121)	82	(77 - 87)
5yr	0	0	1	11	34	56	126	158	166	196	309	353	412	504	510	589	674	645	190	182	(174 - 190)	131	(125 - 137)
10 yr	0	0	1	11	48	105	226	308	343	381	560	668	784	862	971	1086	1149	1305	355	339	(328 - 350)	243	(235 - 252)
20 yr	0	0	1	11	50	126	278	447	534	653	876	1043	1272	1397	1503	1709	1827	1985	550	524	(511 - 538)	375	(364 - 385)
26 yr	0	0	1	11	52	128	278	462	578	723	980	1196	1474	1607	1768	1896	2090	2259	616	587	(572 - 601)	418	(407 - 429)

Table 4.5 Cancer limited duration prevalence, Western Australia: Advanced melanoma

NUMBER OF PREVALENT CASES AS AT 31 DECEMBER 2007																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-75	75-79	80-84	85+	Total				
Males																							
1 yr	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	3	0	6				
3 yr	0	0	0	0	0	1	0	0	0	0	2	3	4	7	2	4	11	5	39				
5yr	0	0	0	0	0	1	0	0	0	2	3	5	6	7	5	7	14	9	59				
10 yr	0	0	0	0	0	1	1	0	0	2	4	5	8	7	13	15	16	12	84				
20 yr	0	0	0	0	0	2	3	0	1	2	5	9	11	11	13	19	19	13	108				
26 yr	0	0	0	0	0	2	3	0	1	2	5	10	11	12	14	20	20	14	114				
Females																							
1 yr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
3 yr	0	0	0	0	0	0	0	1	0	1	2	0	3	0	0	6	2	5	20				
5yr	0	0	0	0	0	0	0	2	1	2	3	2	3	4	2	8	4	11	42				
10 yr	0	0	0	0	0	0	1	4	4	3	6	4	7	6	5	13	6	13	72				
20 yr	0	0	0	0	0	0	1	5	5	3	6	7	9	7	6	15	9	17	90				
26 yr	0	0	0	0	0	0	1	5	5	3	7	7	9	7	9	16	11	20	100				
AGE-SPECIFIC PREVALENCE PER 100,000 AS AT 31 DECEMBER 2007																			AGE-STANDARDISED PREVALENCE (ASP)				
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-75	75-79	80-84	85+	Crude prev.	ASP (Aust 01)	(95% ci)	ASP (Segi)	(95% ci)
Males																							
1 yr	Too few cases to report as rates																						
3 yr	0	0	0	0	0	1	0	0	0	0	3	5	8	18	7	17	73	52	4	4	(3 - 5)	2	(2 - 3)
5yr	0	0	0	0	0	1	0	0	0	3	4	8	11	18	17	30	93	94	6	6	(5 - 8)	3	(3 - 4)
10 yr	0	0	0	0	0	1	1	0	0	3	6	8	15	18	45	65	106	125	8	9	(7 - 11)	5	(4 - 6)
20 yr	0	0	0	0	0	3	4	0	1	3	7	14	21	28	45	83	126	135	10	12	(9 - 14)	6	(5 - 8)
26 yr	0	0	0	0	0	3	4	0	1	3	7	15	21	31	48	87	133	146	11	12	(10 - 14)	7	(5 - 8)
Females																							
Yr	Too few cases to report as rates																						
3 yr	0	0	0	0	0	0	0	1	0	1	3	0	6	0	0	23	10	25	2	2	(1 - 3)	1	(1 - 1)
5yr	0	0	0	0	0	0	0	3	1	3	4	3	6	10	7	31	20	56	4	4	(3 - 5)	2	(1 - 3)
10 yr	0	0	0	0	0	0	1	5	5	4	8	6	14	16	16	50	30	66	7	7	(5 - 8)	4	(3 - 5)
20 yr	0	0	0	0	0	0	1	6	6	4	8	11	18	18	20	57	45	86	9	8	(6 - 10)	5	(4 - 0)
26 yr	0	0	0	0	0	0	1	6	6	4	10	11	18	18	29	61	55	102	10	9	(7 - 11)	5	(4 - 6)

Table 4.6 Cancer limited duration prevalence, Western Australia: Prostate cancer

NUMBER OF PREVALENT CASES AS AT 31 DECEMBER 2007																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-75	75-79	80-84	85+	Total				
Males																							
1 yr	0	0	0	0	0	0	1	0	6	33	89	221	305	369	267	211	150	74	1726				
3 yr	0	0	0	0	0	0	1	1	14	71	209	525	826	945	740	649	433	216	4630				
5yr	0	0	0	0	0	0	1	2	15	91	289	716	1242	1363	1225	1020	673	363	7000				
10 yr	0	0	0	0	0	0	1	2	16	98	320	895	1636	1903	1873	1654	1089	657	10144				
20 yr	0	0	0	0	0	0	1	2	16	99	321	917	1717	2156	2315	2308	1760	1176	12788				
26 yr	0	0	0	0	0	0	1	2	16	99	321	917	1718	2157	2316	2316	1775	1231	12869				
AGE-SPECIFIC PREVALENCE PER 100,000 AS AT 31 DECEMBER 2007																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-75	75-79	80-84	85+	Crude prev.	AGE-STANDARDISED PREVALENCE (ASP)			
																				ASP (Aust 01)	(95% ci)	ASP (Segi)	(95% ci)
Males																							
1 yr	0	0	0	0	0	0	1	0	8	42	124	337	579	946	921	918	995	770	162	170	(161- 178)	111	(105 - 116)
3 yr	0	0	0	0	0	0	1	1	18	91	290	801	1567	2424	2552	2823	2873	2248	435	460	(446 - 473)	294	(285 - 302)
5yr	0	0	0	0	0	0	1	3	19	117	402	1093	2357	3496	4224	4436	4466	3779	658	701	(685 - 718)	441	(431 - 452)
10 yr	0	0	0	0	0	0	1	3	20	126	445	1366	3104	4881	6458	7194	7226	6839	954	1036	(1016 - 1055)	628	(616 - 640)
20 yr	0	0	0	0	0	0	1	3	20	127	446	1399	3258	5530	7982	10038	11679	12241	1202	1342	(1320 - 1365)	763	(750 - 776)
26 yr	0	0	0	0	0	0	1	3	20	127	446	1399	3260	5533	7986	10073	11778	12814	1210	1353	(1330 - 1376)	767	(754 - 780)

Table 4.7 Cancer limited duration prevalence, Western Australia: Breast cancer

NUMBER OF PREVALENT CASES AS AT 31 DECEMBER 2007																								
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total					
Females																								
1 yr	0	0	0	0	0	4	19	36	81	153	158	146	143	141	81	88	73	60	1183					
3 yr	0	0	0	0	0	12	39	96	228	421	501	494	492	424	258	258	197	181	3601					
5yr	0	0	0	0	1	12	49	129	326	605	822	796	776	701	455	400	300	302	5674					
10 yr	0	0	0	0	1	15	58	173	447	866	1268	1453	1427	1261	997	739	546	553	9804					
20 yr	0	0	0	0	1	16	59	180	482	989	1540	1939	2048	1896	1525	1216	921	971	13783					
26 yr	0	0	0	0	1	16	59	180	482	996	1566	1990	2165	2035	1653	1309	1026	1096	14574					
AGE-SPECIFIC PREVALENCE PER 100,000 AS AT 31 DECEMBER 2007																				AGE-STANDARDISED PREVALENCE (ASP)				
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Crude prev.	ASP (Aust 01)	(95% ci)	ASP (Segi)	(95% ci)	
Females																								
1 yr	0	0	0	0	0	6	27	46	104	198	222	231	286	366	265	337	362	305	114	108	(101 - 114)	78	(73 - 82)	
3 yr	0	0	0	0	0	17	54	122	293	544	703	782	984	1101	843	986	976	919	346	327	(316 - 337)	237	(229 - 245)	
5yr	0	0	0	0	1	17	68	164	419	781	1154	1259	1552	1820	1487	1529	1486	1533	544	514	(501 - 528)	372	(362 - 382)	
10 yr	0	0	0	0	1	22	81	220	574	1118	1780	2299	2853	3274	3258	2826	2704	2808	941	888	(871 - 906)	636	(623 - 649)	
20 yr	0	0	0	0	1	23	82	229	619	1277	2162	3068	4095	4923	4984	4649	4561	4930	1322	1246	(1225 - 1267)	870	(855 - 885)	
26 yr	0	0	0	0	1	23	82	229	619	1286	2199	3148	4329	5283	5402	5005	5081	5564	1398	1317	(1296 - 1338)	914	(899 - 929)	

Table 4.8 Cancer limited duration prevalence, Western Australia: Cervical cancer

NUMBER OF PREVALENT CASES AS AT 31 DECEMBER 2007																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total				
Females																							
1 yr	0	0	0	0	3	2	9	8	14	7	6	6	3	2	6	2	4	3	75				
3 yr	0	0	0	0	5	7	18	29	37	20	15	15	13	8	12	12	7	7	205				
5yr	0	0	0	0	8	12	27	45	58	40	29	26	20	11	23	19	8	9	335				
10 yr	0	0	0	0	8	12	38	62	95	81	77	50	32	29	32	32	16	14	578				
20 yr	0	0	0	0	8	12	39	79	141	175	193	154	98	68	74	61	38	31	1171				
26 yr	0	0	0	0	8	12	39	79	146	183	223	196	123	91	90	72	46	47	1355				
AGE-SPECIFIC PREVALENCE PER 100,000 AS AT 31 DECEMBER 2005																							
Current age -	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Crude prev.	AGE-STANDARDISED PREVALENCE (ASP)			
																				ASP (Aust 01)	95% C I	ASP (Segi)	95% C I
Females																							
1 yr	0	0	0	0	4	3	12	11	18	9	9	10	7	6	21	8	21	17	8	7 (6 - 9)	6 (4 - 7)		
3 yr	0	0	0	0	7	11	25	39	48	27	22	25	29	22	41	47	36	39	21	20 (17 - 23)	15 (13 - 18)		
5yr	0	0	0	0	12	18	37	61	75	54	43	43	45	31	79	74	41	51	34	33 (30 - 37)	25 (23 - 28)		
10 yr	0	0	0	0	12	18	52	84	122	109	113	84	72	81	110	125	83	79	58	57 (52 - 61)	43 (39 - 47)		
20 yr	0	0	0	0	12	18	54	107	182	234	283	257	221	190	253	239	196	174	117	113 (107 - 120)	85 (80 - 90)		
26 yr	0	0	0	0	12	18	54	107	188	245	327	327	278	254	308	282	237	264	135	131 (124 - 138)	98 (92 - 103)		

4.4 References for Section 4

1. Lambert PC, Thompson JR, Weston CL, Dickman PW. Estimating and modeling the cure fraction in population-based cancer survival analysis. *Biostatistics* 2007;8(3):576-94.
2. Estimating and modeling relative survival [program], 2004.
3. Brameld KJ, Holman CD, Threlfall TJ, Lawrence DM, De Klerk NH. Increasing 'active prevalence' of cancer in Western Australia and its implications for health services. *Aust N Z J Public Health* 2002;26(2):164-9.

5. A comparison of indigenous and non-indigenous age-specific cancer rates (using data from three jurisdictions)

This large section of this report was written by Dr Adrian Heard of the South Australian Cancer Registry, using data supplied by the Western Australian, Northern Territory and South Australian registries. It has been reviewed and edited, with the assistance of Dr Threlfall as well as Dr Steve Guthridge (Director, Health Gains Planning, NT Department of Health & Families) and Dr Ron Somers (Director, Epidemiology, Policy and Intergovernment Relations Division, SA Health).

5.1 Introduction

For a number of years the group involved in the production of the South Australian Cancer Registry report were aware that even when examining age-specific rates for major cancers using five years of data, the resultant graphs contained highly variable data points due to sparse data. The request for indigenous and non-indigenous data from the WA and NT cancer registries was aimed at making the age-specific graphs much easier to interpret. The broad goal was to generate the best comparative data on age-specific rates for Indigenous and non-Indigenous cancers yet produced in Australia. The figures and graphs generated could provide the basis for reporting on Indigenous and non-Indigenous cancer rates in SA, WA and NT in future years.

5.2 Indigenous and non-indigenous age-specific cancer incidence rates

5.2.1 Introduction

This section outlines the age-specific incidence rates for persons of both genders for a range of cancers using combined data from South Australia (SA), Western Australia (WA) and the Northern Territory (NT). These jurisdictions are included because they are considered to have better Indigenous ascertainment in their hospital data than other jurisdictions¹, which would increase the quality of these data in their cancer registries. By bringing the data from these three jurisdictions together and by using five years of data, the information presented gives the most detailed picture of Indigenous age-specific cancer incidence rates yet presented in Australia.

Making effective comparisons between Indigenous and non-Indigenous age-specific cancer incidence rates is a complicated task, primarily due to the small size of the Indigenous population in most Australian states and territories. In the Northern Territory, where the Indigenous population represents about 30% of the population, the total population is only about 220,000 people. The jurisdictions included in this report do not have large Indigenous populations, yet together they constitute one-third of Australia's Indigenous population. In 2006 the estimated resident Indigenous population for Australia was 517,200, with WA (77,900), NT (66,600), SA (27,800) making up a population of 172,300 people.

Under-ascertainment of cancer cases among Indigenous people can occur for two reasons². The first, which is considered to be the primary reason for under-ascertainment in all jurisdictions, is the under-ascertainment of Indigenous status. The second, is the under-ascertainment of Indigenous cancers, which results from factors such as lower rates of autopsy for Indigenous persons. The best estimates of under-ascertainment from both

causes made in the past are for cancer mortality. In NT it has been estimated that the under reporting of Indigenous cancer mortality may be 15-20%, whereas in WA and SA the under reporting is more likely to be in the range of 25-30% and 30-35% respectively³. More recent data from WA shows that the recording of Indigenous status in metropolitan hospital admission data has improved significantly since 2002, with under reporting now being less than 10%.⁴ This does not necessarily mean that the level of under reporting in Indigenous cancer statistics is this low however, as hospital admission data are only one of a number of sources of information for cancer registries. This level of ascertainment means there are inaccuracies in Indigenous cancer registry data, and when examining age-specific rates, these inaccuracies may not be equally distributed across all age ranges.

Another factor which leads to lower than expected age-specific rates for cancers where screening programs exist, is the low participation of Indigenous persons in these programs. The increasing level of Indigenous participation over time is leading to increasing incidence of these cancers.

5.2.2 Methods

Indigenous and non-Indigenous summary cancer incidence data for major cancer types were sourced from the South Australian Cancer Registry, the Northern Territory Cancer Registry and the Western Australian Cancer Registry for the five-year study period 2002-06. Age-specific rates were calculated using 2001 estimated resident Indigenous and non-Indigenous populations for each jurisdiction (individual year Indigenous population data were not available for some jurisdictions). Because populations have increased since 2001, this may mean that some of the incidence rates quoted in this section will be higher than other rates given for these populations. Age-specific rates were determined for all major cancer types (prostate, female breast, colorectal, lung, melanoma, non-Hodgkin's lymphoma, uterus, pancreas, stomach, bladder and unknown primary site) and for several cancer types of particular importance to Indigenous populations (cervix, lip/mouth/pharynx and liver). The order of listing of cancer types in this section was determined by the ranking of age-standardised rates for Indigenous persons for the combined state data. The age-specific rates included only 16 age categories up to age 75+, as one state analysed Indigenous data only in these categories.

The number of cancer cases in age groupings above age 50, were low for some major cancer types, giving wide confidence intervals for incidence rates of older age groups. Confidence intervals for age-specific rates are only shown for cancer types where there was a large difference between Indigenous and non-Indigenous rates. All confidence intervals on the age-specific rate graphs were calculated using the Poisson exact method.

Age-standardised rates were calculated using direct standardisation with the Australian 2001 population. Age-standardised rates for the three jurisdictions combined and for each jurisdiction individually are included for each cancer site.

5.2.3 Results

All Cancers

For the five year study period there were 1115 Indigenous cancer cases and 88434 non-Indigenous cancer cases for the combined (SA, WA, NT) population. Indigenous cancer cases

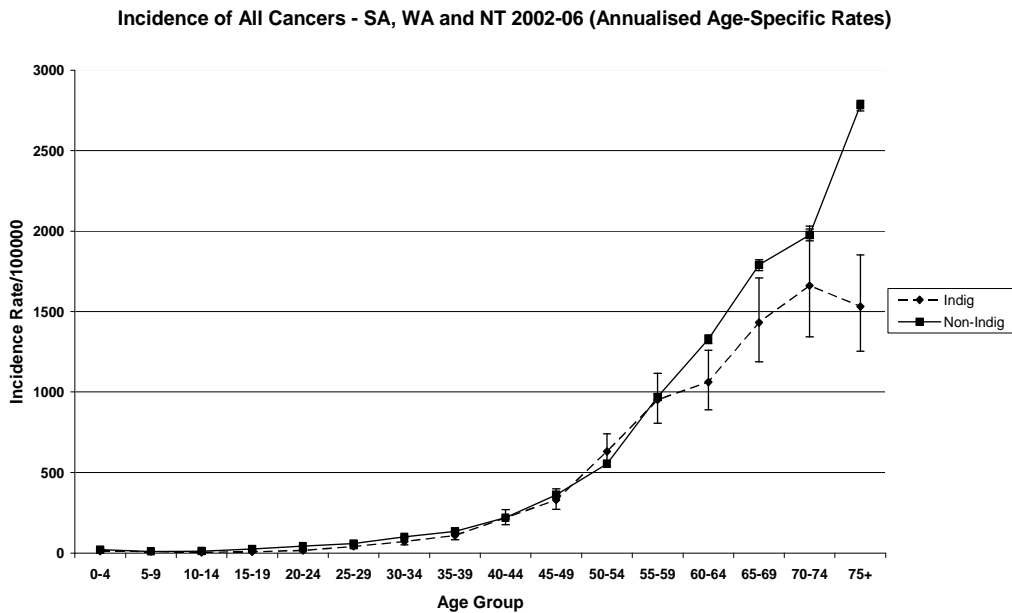
represented 1.2% of all cases, whereas Indigenous persons represented 4.0% of the total population. The combined age-standardised rate for all cancers per 100,000 for Indigenous persons was 391.6 (CI 366.2 - 417.0) and non-Indigenous persons 503.3 (CI 500.2 - 506.5). By individual jurisdictions, NT recorded the highest rates for both Indigenous and non-Indigenous groups - Indigenous 413.7 (CI 373.0 - 454.4) non-Indigenous 517.3 (CI 491.9 - 542.6); WA was intermediate - Indigenous 394.9 (CI 355.4 - 434.3) non-Indigenous 514.2 (CI 509.7 - 518.8); and SA had the lowest rates - Indigenous 326.3 (CI 268.1 - 384.5) non-Indigenous 491.8 (CI 487.2 - 496.3). These state rankings were broadly in line with the estimated under-reporting of Indigenous cancer mortality, with the age-standardised Indigenous: non-Indigenous rate ratio being NT 0.811, WA 0.768, SA 0.666.³

There were important differences in the male:female incidence ratio between Indigenous and non-Indigenous populations for some jurisdictions. The NT male:female ratio for Indigenous cases was 1:1.1 and for non-Indigenous cases 1:0.6. This difference in ratios was not replicated in SA (1:0.8 for Indigenous cases and 1:0.8 for non-Indigenous cases), but was confirmed in WA (1: 1.1 for Indigenous cases and 1:0.8 for non-Indigenous cases). It is worth noting that even though more Indigenous women than men were diagnosed with cancer, the male age-standardised incidence rates were higher due to high incidence rates for men in older age groups.

There was a trend for Indigenous persons to be more likely to be diagnosed with cancer in the 50-54 age group than non-Indigenous persons, although this trend has to be viewed with caution as it was the only age group where the Indigenous incidence rate was higher than the non-Indigenous rate. For Indigenous persons aged 50-54 the age-specific incidence rate was 638.8/10⁵ (CI 541.3 - 748.8), whereas for non-Indigenous persons the rate was 554.6/10⁵ (CI 541.5 - 568.0).

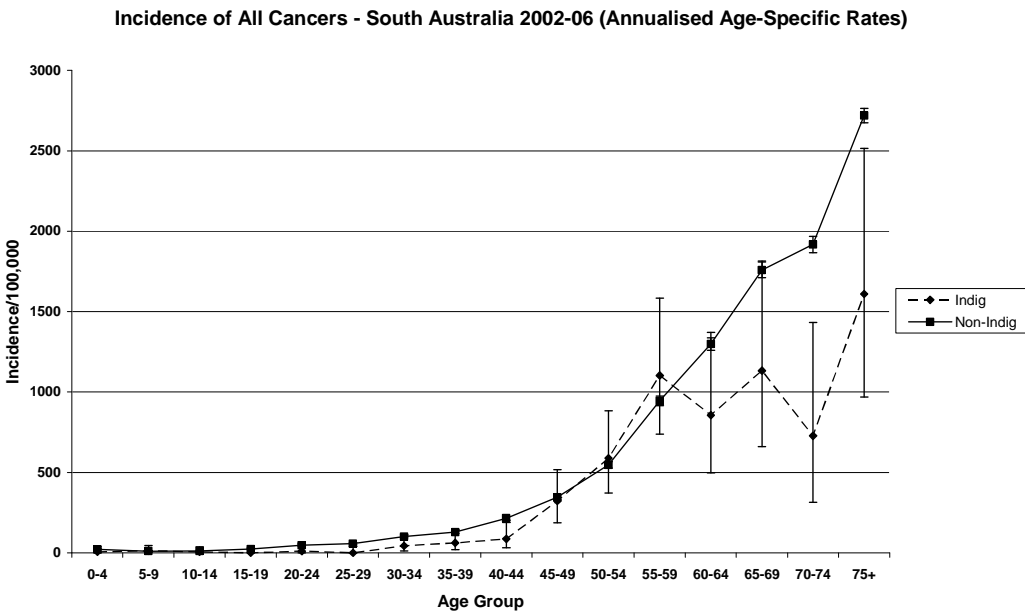
By comparison, non-Indigenous persons had significantly higher age-specific incidence rates in three age groups 60-64, 65-69 and 75+. Incidence rates for the 75+ age group were non-Indigenous 2782.7/10⁵ (CI 2750.2 - 2815.5), Indigenous 1531.8/10⁵ (CI 1254.1 - 1852.7).

Figure 5.1



It was notable that all cancer age-specific incidence rates were not greatly different between Indigenous and non-Indigenous populations up to age 60 (see Figure 5.1).

Figure 5.2



The SA only data showed highly variable age-specific rates in the Indigenous population beyond age 60, due mainly to small Indigenous populations and low numbers of cancers in the 60+ age groups.

Lung

Jurisdiction-combined, age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 74.8 (62.8 - 86.8); non-Indigenous 47.1 (46.1 - 48.1)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

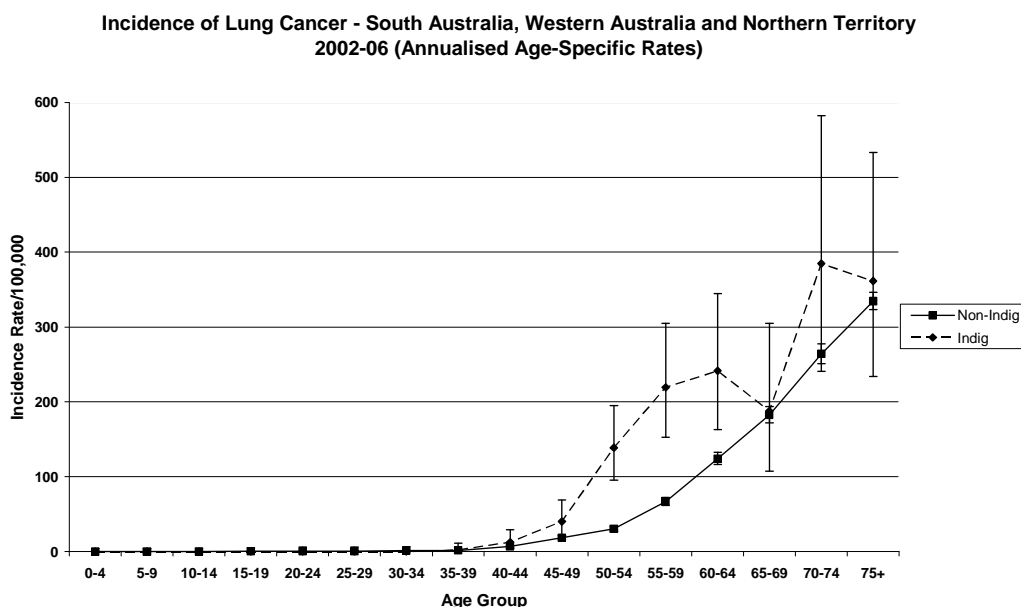
SA Indigenous 81.5 (51.0 - 112.1); non-Indigenous 44.0 (42.6 - 45.4)

WA Indigenous 67.6 (49.6 - 85.6); non-Indigenous 49.8 (48.3 - 51.3)

NT Indigenous 78.7 (60.5 - 96.9); non-Indigenous 62.7 (52.7 - 72.7)

Lung cancer was the most important cancer when making comparisons between Indigenous and non-Indigenous populations. It was common in both populations, with Indigenous persons having high smoking rates throughout the three jurisdictions. In SA lung cancer was the most common cancer amongst Indigenous persons and the fourth most common cancer amongst non-Indigenous persons. It was also the most common cancer in Indigenous persons in WA and NT⁵. The non-Indigenous incidence rate in the NT was significantly higher than WA and SA.

Figure 5.3



Lung cancer incidence was significantly higher in the Indigenous population than in the non-Indigenous population in the 50-64 year age groups (see Figure 5.3).

The bi-modal pattern in the Indigenous graph is replicated in a number of cancer types for both incidence and mortality. The dip in the Indigenous graph for age group 65-69 may be due to a number of factors including death from co-morbidities in Indigenous persons beyond age 60 which may lower the cancer detection rate in this age grouping. One factor which does assist the detection of Indigenous lung cancer is its severe impact on health with the short survival time of 4.3 months⁶.

It is likely that the higher than average Indigenous rate was maintained across the age range to age 75+ but the large confidence intervals around Indigenous data beyond age 65 ensured that there were no significant differences between Indigenous and non-Indigenous incidence rates in the three oldest age-specific groups.

Unknown Primary Site

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 42.9 (33.4 - 52.4); non-Indigenous 15.8 (15.2 - 16.3)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 31.3 (13.3 - 49.2); non-Indigenous 15.5 (14.7 - 16.3)

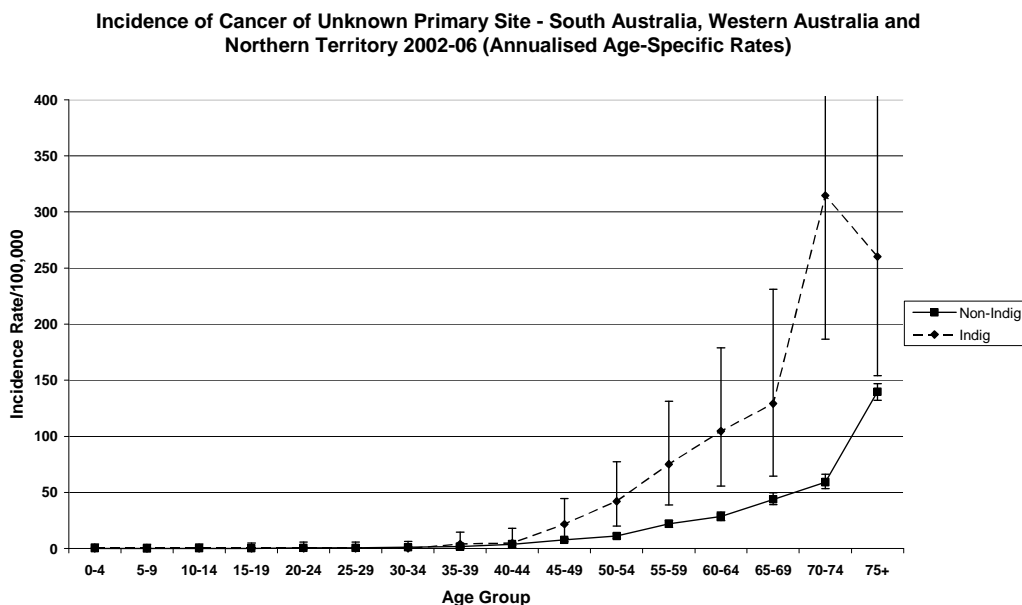
WA Indigenous 41.9 (27.0 - 56.7); non-Indigenous 15.7 (14.8 - 16.5)

NT Indigenous 49.7 (33.7 - 65.7); non-Indigenous 24.9 (18.5 - 31.4)

Cancer of unknown primary site was the fourth most common cancer in Indigenous persons and the seventh most common cancer in non-Indigenous persons in SA. NT and WA had higher Indigenous incidence rates than SA, and NT had significantly higher non-Indigenous rates than both SA and WA. While cancer of unknown primary site has been increasing in incidence across Australia recently⁷, some aspects of this cancer are poorly understood. Smoking is the major risk factor, with half of all cases having a current or past smoking history. It is also likely that late stage presentation of cancer, and poor or delayed access to diagnostic and treatment services may be responsible for the higher rate among Indigenous persons. The refusal to have autopsies by some Indigenous persons who have a poorly defined cause of death may also have elevated the Indigenous rate for this site.

As can be seen from Figure 4 Indigenous rates of cancer of unknown primary site were uniformly higher than non-Indigenous rates beyond age 45. Indigenous incidence rates for age groups 70-74 and 75+ are both in the range of 250-300/100,000. Only for lung cancer, were age-specific rates higher than this found in the Indigenous population.

Figure 5.4



Female Breast

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 34.1 (26.7 - 41.6); non-Indigenous 63.0 (61.8 - 64.1)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

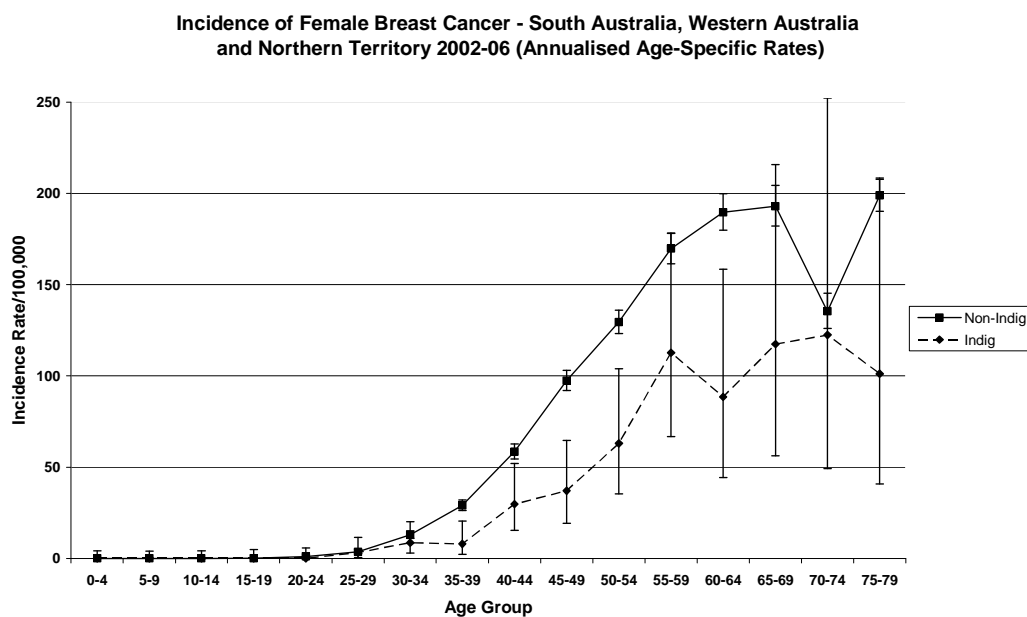
SA Indigenous 44.7 (16.4 - 73.0); non-Indigenous 63.0 (61.3 - 64.7)

WA Indigenous 34.5 (23.5 - 45.6); non-Indigenous 63.8 (62.2 - 65.4)

NT Indigenous 32.5 (21.3 - 43.8); non-Indigenous 47.1 (40.1 - 54.1)

In SA female breast cancer was the second most common cancer in Indigenous persons and the third most common cancer in non-Indigenous persons, but incidence rates were lower in Indigenous persons. Age-specific rates were lower in Indigenous females across the entire age range beyond 30 years, and significantly lower in the 30-64 age group (see Figure 5.5). There was a significant decrease in the non-Indigenous rate in the 70-74 age group. This difference was consistent across SA, WA and NT. The dip in the non-Indigenous incidence rate for age 70-74 occurs in the age group immediately beyond the breast screening target age group. It is well documented that breast cancer incidence rates decrease with decreasing socio-economic status, as women from poor communities including Indigenous communities are less likely to use and/or have access to breast cancer screening services².

Figure 5.5



Lip/Mouth/Pharynx

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 30.9 (23.9 - 37.9); non-Indigenous 15.2 (14.6 - 15.7)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 19.2 (7.6 - 30.7); non-Indigenous 8.3 (7.7 - 9.0)

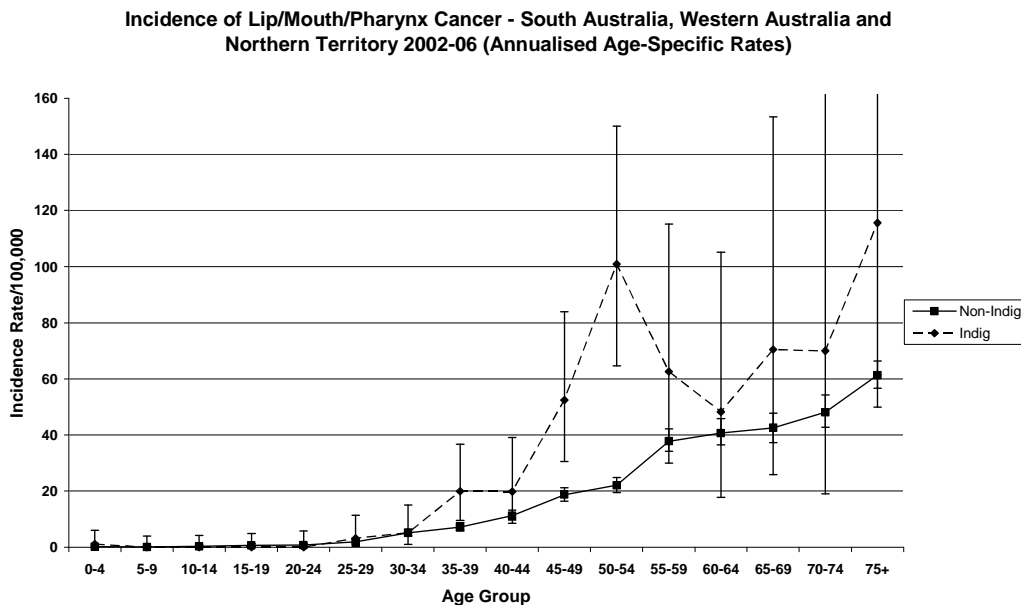
WA Indigenous 26.9 (16.9 - 36.8); non-Indigenous 14.8 (14.0 - 15.6)

NT Indigenous 40.1 (27.2 - 53.0); non-Indigenous 25.2 (19.7 - 30.7)

Lip/mouth/pharynx cancers include all cancers of the oral cavity associated with smoking. In SA cancer of the lip/mouth/pharynx was the fifth most common cancer in Indigenous persons and was not included in the top ten cancers for non-Indigenous persons. In NT this site was third ranked for Indigenous persons and sixth ranked for non-Indigenous persons. This cancer shows a clear pattern of being most common in NT, intermediate in WA and least common in SA, in both Indigenous and non-Indigenous populations.

The most important risk factors for these cancers are smoking and alcohol consumption and the incidence rate is increasing in women⁸. This cancer can often lead to facial disfigurement, making diagnosis in advanced cases relatively straight-forward.

Figure 5.6



The Indigenous incidence graph showed a strongly bi-modal pattern (see Figure 5.6) which was very different to the non-Indigenous graph. Indigenous incidence rates of lip/mouth/pharynx cancer were significantly higher than non-Indigenous rates for the 45-49 and 50-54 age groups.

Colorectal

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 29.9 (22.5 - 37.3); non-Indigenous 64.7 (63.5 - 65.9)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 37.4 (14.7 - 60.1); non-Indigenous 67.7 (66.0 - 69.5)

WA Indigenous 30.7 (18.1 - 43.3); non-Indigenous 61.7 (60.0 - 63.3)

NT Indigenous 27.8 (17.7 - 38.0); non-Indigenous 65.6 (55.7 - 75.4)

Colorectal cancer was the third most common cancer in Indigenous persons and the second most common cancer in non-Indigenous persons in SA. The higher SA incidence rates than both WA and NT may be due to a longer history of colorectal cancer screening in SA (national pilot screening program began in 2003). Interestingly, colorectal cancer rates were similar for Indigenous and non-Indigenous populations up to age 50 (see fig 7). Closer examination of the data shows that there was an elevated rate of rectal cancer in Indigenous men for ages 40-49 (see fig 8), which maintained the rates for the two populations at an equivalent level up to age 50, but beyond age 50 the two rates diverged sharply. The elevated (but non-significant) rate of rectal cancer in Indigenous men may be related to excessive alcohol consumption⁹ in a small proportion of the Indigenous population.

Figure 5.7

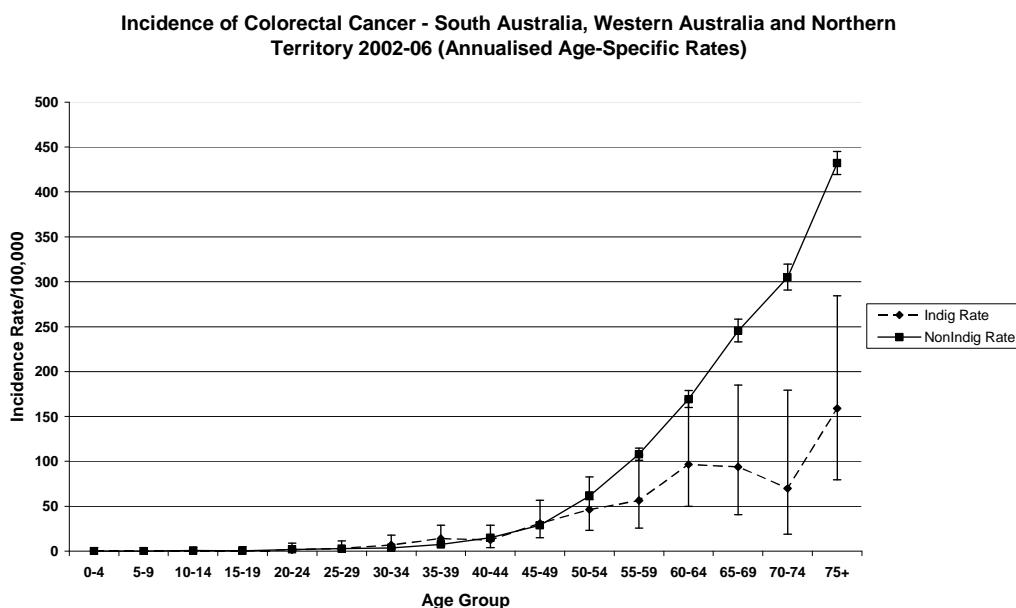
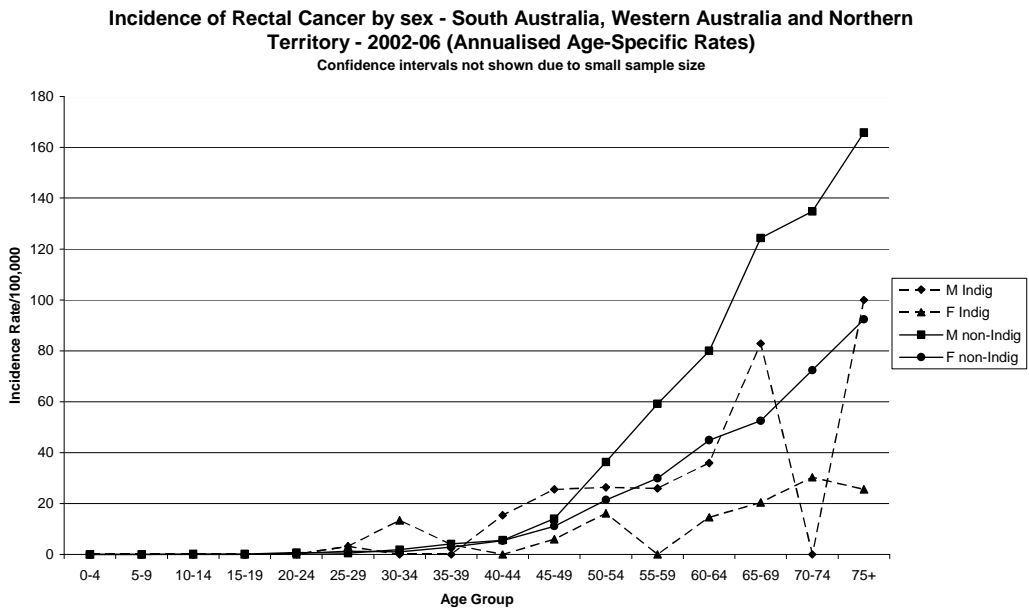


Figure 5.8



Prostate

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 17.4 (11.5 - 23.3); non-Indigenous 77.9 (76.6 - 79.2)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 11.5 (0.0 - 23.0); non-Indigenous 73.8 (72.0 - 75.6)

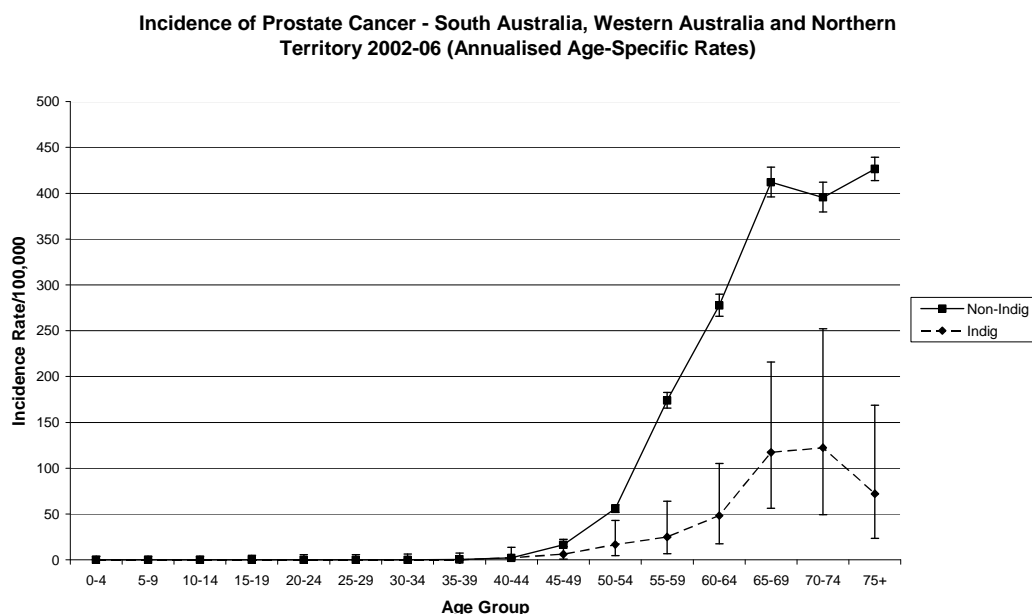
WA Indigenous 22.0 (12.3 - 31.7); non-Indigenous 81.4 (79.5 - 83.3)

NT Indigenous 14.0 (5.4 - 22.6); non-Indigenous 89.2 (77.5 - 100.9)

Prostate Cancer was the eighth most common cancer in Indigenous persons and the most common cancer in non-Indigenous persons in SA. This large difference between non-Indigenous and Indigenous incidence rates occurs in NT and WA as well. Interestingly NT has a significantly higher non-Indigenous rate of prostate cancer than SA.

Indigenous men having low participation rates in PSA testing for prostate cancer¹⁰, supports the finding that non-Indigenous incidence rates are higher than Indigenous rates. The fact that non-Indigenous rates are very much higher than Indigenous rates (age-standardised rate is 348% higher) points towards other factors being involved, but there are no studies available at present to shed further light on this situation.

Figure 5.9



Pancreas

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 12.7 (7.9 - 17.6); non-Indigenous 10.8 (10.3 - 11.3)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 11.2 (0.0 - 23.3); non-Indigenous 10.6 (9.9 - 11.3)

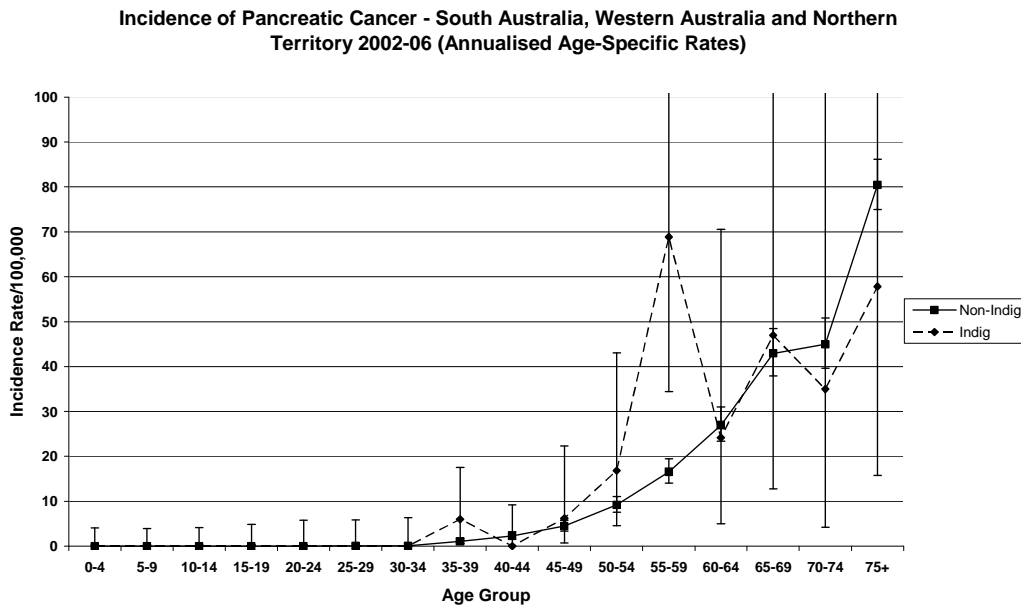
WA Indigenous 16.2 (7.7 - 24.7); non-Indigenous 11.1 (10.4 - 11.8)

NT Indigenous 9.2 (3.0 - 15.4); non-Indigenous 9.7 (5.7 - 13.7)

Pancreatic cancer was the ninth most common cancer in Indigenous persons and the ninth most common cancer in non-Indigenous persons in SA. The number of pancreatic cancers in the Indigenous population across three jurisdictions was low, which lead to wide variation in age-specific rates. However, pancreatic cancer was an important cancer with high mortality rates among Indigenous and non-Indigenous people.

The high incidence rate in the 55-59 year age group in the Indigenous population (see fig 10) is also reflected in a high mortality rate in the same age group. This early onset of pancreatic cancer compared with the Non-Indigenous population reflects the importance of smoking as a risk factor¹¹ and the shorter life expectancy of Indigenous persons.

Figure 5.10



Liver

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 10.9 (6.8 - 15.0); non-Indigenous 4.5 (4.2 - 4.8)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 4.4 (0.0 - 9.4); non-Indigenous 4.6 (4.1 - 5.0)

WA Indigenous 11.2 (4.9 - 17.5); non-Indigenous 4.5 (4.1 - 5.0)

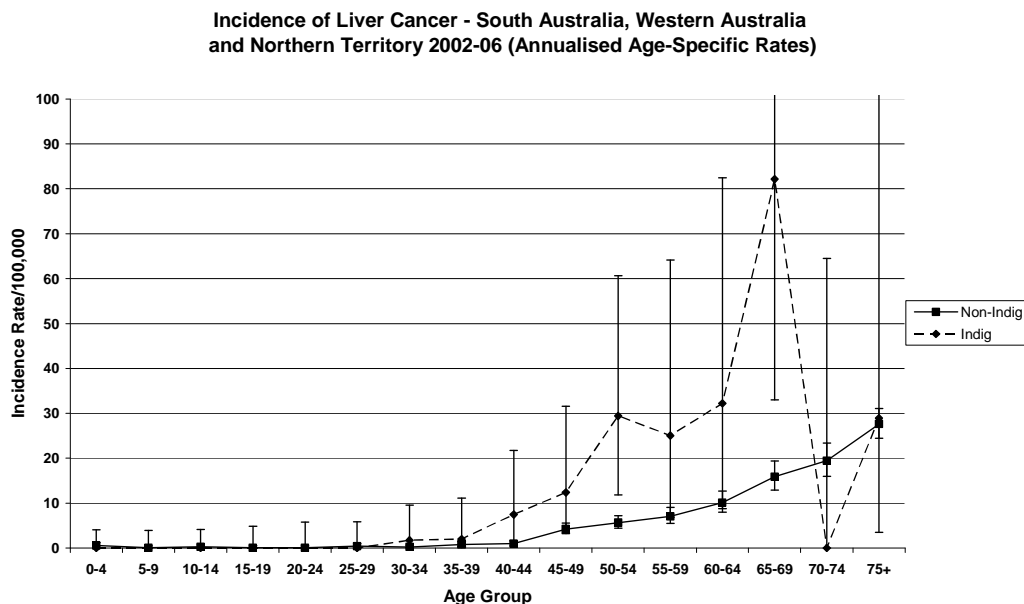
NT Indigenous 13.5 (CI 6.1 - 21.0); non-Indigenous 2.6 (0.8 - 4.3)

Liver cancer is known to be an important cancer in Indigenous populations. In SA however, liver cancer was a relatively rare cancer in both Indigenous and non-Indigenous populations. This was compared with NT and WA where Indigenous rates are higher (significantly so in NT) than non-Indigenous rates.

The high Indigenous incidence rate of liver cancer across the 50-59 age range (see Figure 5.11), was largely attributable to high rates of Hepatitis B infection and excessive alcohol consumption in some males. The rate of Hepatitis B infection would itself have been strongly associated with past periods of incarceration and injecting drug use¹².

The decline in Indigenous liver cancer rates in the 70+ age group may reflect a number of factors including premature death of the at risk population due to other causes.

Figure 5.11



Non-Hodgkin Lymphoma (NHL)

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 10.1 (6.3 - 14.0); non-Indigenous 21.6 (20.9 - 22.3)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

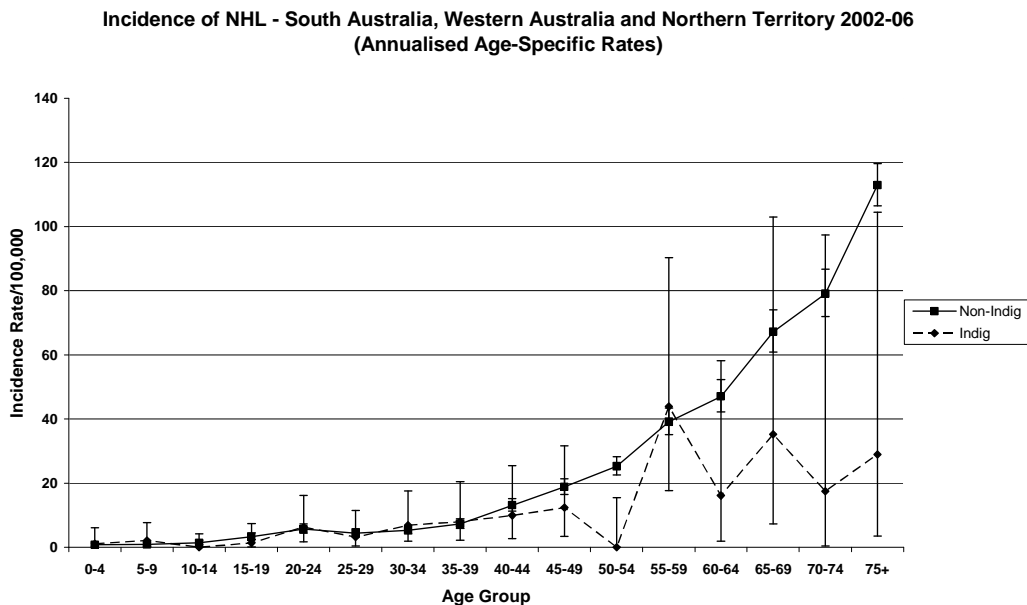
SA Indigenous 12.5 (3.4 - 21.6); non-Indigenous 24.4 (23.3 - 25.5)

WA Indigenous 7.7 (2.3 - 13.1); non-Indigenous 19.2 (18.3 - 20.2)

NT Indigenous 12.0 (5.4 - 18.7); non-Indigenous 19.4 (14.5 - 24.4)

NHL was the seventh most common cancer in Indigenous persons and the sixth most common cancer in non-Indigenous persons in SA. WA had generally lower rates of NHL for Indigenous persons and non-Indigenous persons. Figure 12 shows that the age-specific rates for NHL for Indigenous and non-Indigenous populations tended to diverge at around age 40, with Indigenous age-specific rates remaining at around 30/10⁵ in the 55+ age group and non-Indigenous rates increasing to about 110/10⁵ at age 75+. The high variability of Indigenous data beyond age 50 made it difficult to determine the true age-specific rates in elderly Indigenous persons, but it is clear that the incidence rate is lower than that of elderly non-Indigenous persons.

Figure 5.12



Uterus

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 8.6 (5.2 - 12.0); non-Indigenous 8.8 (8.4 - 9.3)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 1.7 (0.0 - 5.1); non-Indigenous 10.0 (9.3 - 10.7)

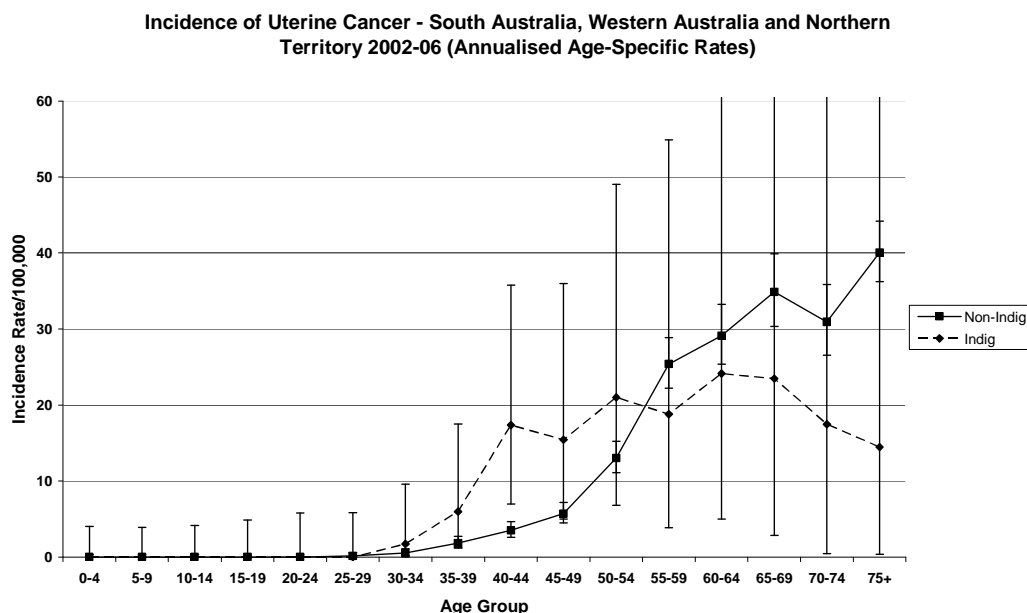
WA Indigenous 7.2 (2.7 - 11.7); non-Indigenous 7.9 (7.3 - 8.5)

NT Indigenous 13.1 (6.3 - 19.8); non-Indigenous 8.7 (5.0 - 12.4)

Uterine cancer incidence rates for non-Indigenous persons in SA were significantly higher than WA rates, and for Indigenous persons SA rates were significantly lower than NT rates. As with cervical cancer the SA Indigenous rate may be lower than the national average due to poor ascertainment of Indigenous status in women.

While the incidence of uterine cancer generally increases with age, this is not the case for Indigenous women (see fig 13). Age-specific incidence rates for uterine cancer were reasonably high for Indigenous women from age 40 and above and significantly higher than non-Indigenous rates for age 40-44, with a tendency for rates to plateau in the 40+ age groups. For non-Indigenous women rates increase markedly above age 50. An elevated risk of uterine cancer is associated with higher abdominal fatness and low levels of physical activity^{13,14}. The earlier age at which uterine cancer becomes an issue for Indigenous women, may be due to an earlier onset of obesity in Indigenous women¹⁵.

Figure 5.13



Bladder

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 8.9 (4.8 - 13.1); non-Indigenous 10.9 (10.4 - 11.4)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 16.5 (2.2 - 30.9); non-Indigenous 10.5 (9.8 - 11.1)

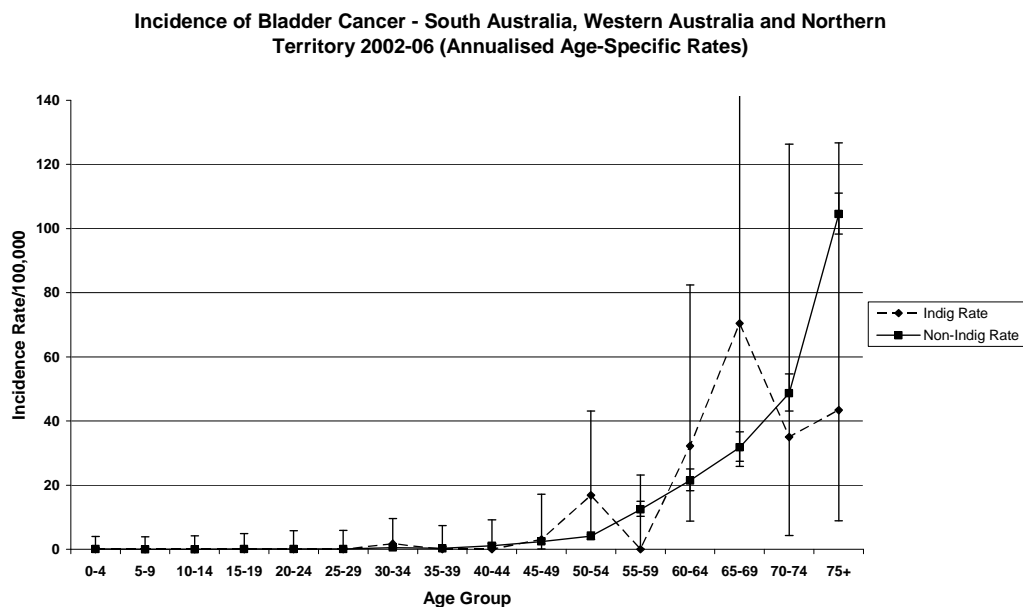
WA Indigenous 6.1 (0.9 - 11.3); non-Indigenous 11.2 (10.5 - 12.0)

NT Indigenous 9.0 (2.3 - 15.6); non-Indigenous 12.9 (8.0 - 17.7)

Bladder cancer ranked sixth in Indigenous persons in SA and tenth in non-Indigenous persons. There were no significant differences between states for either Indigenous or non-Indigenous incidence rates. Smoking is the major risk factor for bladder cancer¹⁷, and the high Indigenous rates of smoking in many Indigenous communities may explain why Indigenous incidence rates were elevated in SA.

Figure 5.14 shows that Indigenous and non-Indigenous age-specific incidence rates were comparable for bladder cancer in all age groups with the exception of the 65-69 and 75+ age groups.

Figure 5.14



Cervix

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 8.6 (5.1 - 12.1); non-Indigenous 3.4 (3.2 - 3.7)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

SA Indigenous 2.3 (0.0 - 5.5); non-Indigenous 3.0 (2.6 - 3.4)

WA Indigenous 6.7 (3.3 - 10.1); non-Indigenous 4.0 (3.6 - 4.4)

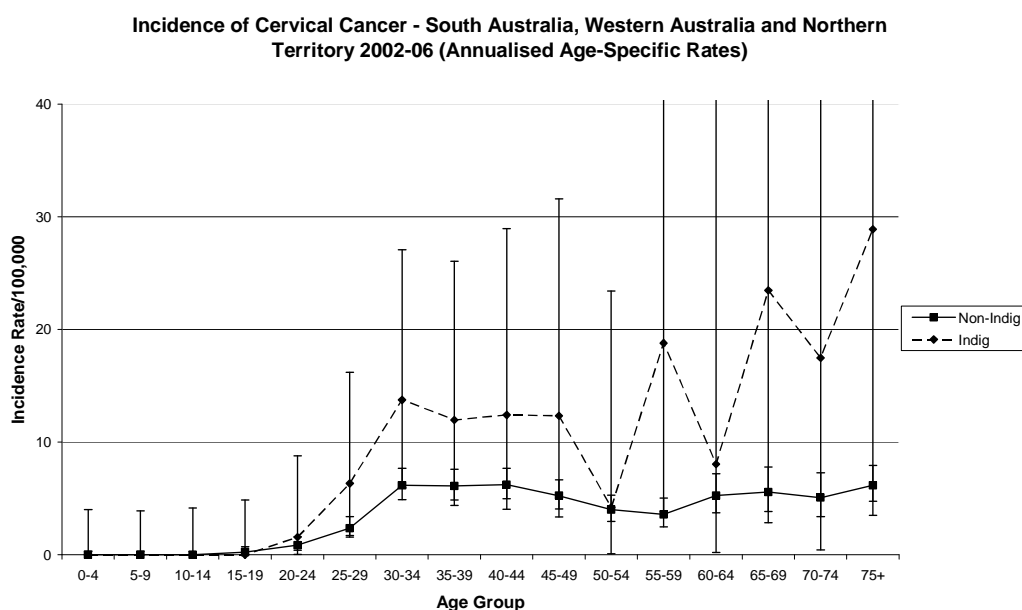
NT Indigenous 14.5 (6.4 - 22.5); non-Indigenous 4.3 (2.4 - 6.2)

Cervical cancer incidence rates are known to be higher in Indigenous women than non-Indigenous women potentially reflecting higher rates of human papillomavirus (HPV) infection in Indigenous women². As with uterine cancer, NT had the highest Indigenous rates (significantly higher than SA), followed by WA and SA. Interestingly, even with five years of data and a combined population of 73,500 Indigenous women, the age-specific rates in the 50+ age group were highly variable (see Figure 5.15). The SA Indigenous rate appears to be artificially low. This may be due to either poor ascertainment of ethnicity for this cancer in SA or recording of SA cases as NT cases due to service patterns. A similar pattern was evident for other cancers of the female genitalia, in that SA incidence rates were below those recorded in NT and WA.

The high rates of cervical cancer amongst older Indigenous women in NT and WA is of concern.

It is well known that incidence of cervical cancer is related to human papillomavirus (HPV) infection which may be correlated with other sexually transmitted infection (STIs). The incidence of these infections has been very high in areas such as central Australia, but has decreased in recent years with comprehensive control programs¹⁶.

Figure 5.15



Stomach

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 7.1 (3.6 - 10.6); non-Indigenous 9.3 (8.8 - 9.7)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

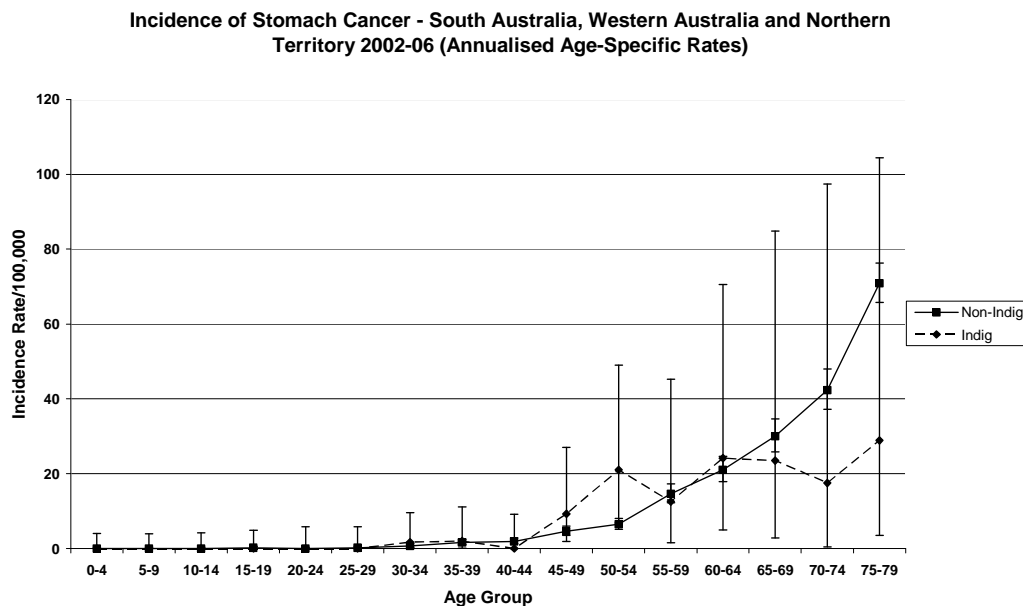
SA Indigenous 7.8 (0.1 - 15.5); non-Indigenous 9.7 (9.1 - 10.2)

WA Indigenous 6.8 (0.7 - 12.9); non-Indigenous 8.9 (8.3 - 9.6)

NT Indigenous 7.6 (2.2 - 13.0); non-Indigenous 6.5 (3.5 - 9.4)

In SA stomach cancer was ranked eleventh in Indigenous persons and twelfth in non-Indigenous persons. Incidence rates across the three jurisdictions are remarkably consistent compared with other cancer types. Age-specific incidence rates for both populations remained similar up to age 70, beyond which there is a major divergence in age-specific rates. *Helicobacter pylori* infection, obesity and smoking are all linked with increased rates of stomach cancer¹⁷. These risk factors may help explain the elevated incidence of stomach cancer in Indigenous persons for age groups 45-49 and 50-54 (see Figure 5.16).

Figure 5.16



Melanoma

Jurisdiction-combined age-standardised rate per 100,000 (2002-06) with 95% confidence intervals:

Indigenous 3.4 (1.0 - 5.8); non-Indigenous 48.2 (47.2 - 49.2)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06) with 95% confidence intervals:

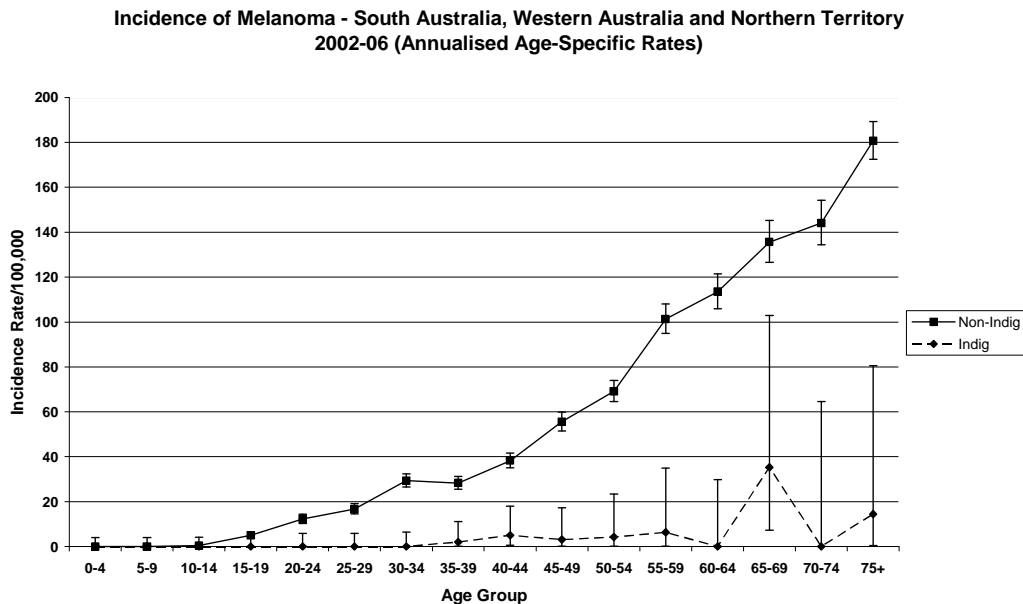
SA Indigenous 7.9 (0.0 - 17.3); non-Indigenous 41.5 (40.1 - 43.0)

WA Indigenous 2.1 (0.0 - 4.5); non-Indigenous 54.5 (52.9 - 56.0)

NT Indigenous 2.6 (0.0 - 5.3); non-Indigenous 41.9 (35.4 - 48.4)

Melanoma was a rare cancer in the combined Indigenous population, but in the non-Indigenous population it was the fourth-fifth ranked cancer. In SA melanoma was the ninth ranked cancer for Indigenous persons and the fifth ranked cancer for non-Indigenous persons. The higher rates in WA than in SA in the non-Indigenous population was probably due to a larger non-Indigenous population living in middle latitudes (10° S - 25° S). Non-Indigenous incidence rates for melanoma were significantly higher than Indigenous rates for all age groups, with the exception of the three age groups less than age 15 (see Figure 5.17).

Figure 5.17



Ranking of Cancer Incidence for Persons by Indigenous Status

The top ten ranked cancer types by incidence rate were quite different for Indigenous persons and non-Indigenous persons (Table 5.1). The most notable cancer types which were ranked much higher amongst Indigenous persons than non-Indigenous persons were lung (rank 1 vs 5) and unknown primary site (rank 2 vs 7). Conversely, prostate cancer (rank 1 vs 6) and bowel cancer (rank 2 vs 5) were ranked higher in non-Indigenous persons than Indigenous persons. An earlier report (1996) on the actual and expected number of Indigenous cancer cases in SA, gives a similar ranking of Indigenous cancers, with the only notable change being the decline in importance of cervical cancer¹⁸.

Table 5.1 - Top ten ranked Indigenous and non-Indigenous cancer types by incidence rate (persons) 2002-06, SA WA & NT.

Rank	Indigenous	Rate	CI	Non-Indigenous	Rate	CI
1	Lung	74.8	(62.8-86.8)	Prostate	77.9	(76.6-79.2)
2	Unknown Primary	42.9	(33.4-52.4)	Colorectal	64.7	(63.5-65.9)
3	Female Breast	34.1	(26.7-41.6)	Female Breast	63.0	(61.8-64.1)
4	Lip/Mouth/Pharynx	30.9	(23.9-37.9)	Melanoma	48.2	(47.2-49.2)
5	Colorectal	29.9	(22.5-37.3)	Lung	47.1	(46.1-48.1)
6	Prostate	17.4	(11.5-23.3)	NHL	21.6	(20.9-22.3)
7	Pancreas	12.7	(7.9-17.6)	Unknown Primary	15.8	(15.2-16.3)
8	Liver	10.9	(6.8-15.0)	Lip/Mouth/Pharynx	15.2	(14.6-15.7)
9	NHL	10.1	(6.3-14.0)	Kidney	12.5	(12.0-13.0)
10	Bladder	8.9	(4.8-13.1)	Bladder	10.9	(10.4-11.4)
11	Uterus	8.6	(5.2-12.0)	Pancreas	10.8	(10.3-11.3)
12	Cervix	8.6	(5.1-12.1)	Stomach	9.3	(8.8-9.7)
13	Stomach	7.1	(3.6-10.6)	Uterus	8.8	(8.4-9.3)
	Other Types					
	Kidney	5.6	(2.8-8.5)	Liver	4.5	(4.2-4.8)
	Melanoma	3.4	(1.0-5.8)	Cervix	3.4	(3.2-3.7)

5.2.4 References for section 5.2

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5.3 Indigenous and non-indigenous age-specific cancer mortality rates

5.3.1 Introduction

This section outlines the age-specific mortality rates for a range of cancers using the same methodology as that used in Section 5.2. The problems associated with high variation in age-specific rates in Indigenous incidence data are more acute in mortality data because the rates for most cancers are significantly lower. For most Indigenous cancers, age-specific rates become highly variable once the overall age-standardised rate drops below $10/10^5$ and thus Indigenous graphs for NHL, prostate, bladder, stomach, uterus, melanoma, brain, kidney and cervical cancers need to be interpreted with caution.

Table 5.2 shows that while Indigenous incidence rates may be lower than Non-Indigenous rates, Indigenous mortality rates are higher than non-Indigenous rates. For the combined data the mortality:incidence ratio for Indigenous persons is 70% higher than that of non-Indigenous persons.

Table 5.2 Age-standardised incidence and mortality rates for the combined and individual jurisdictions

	Incidence rate	Mortality rate	Mort:Inc ratio
Indigenous Combined	392	261	0.67
Non-Indigenous Combined	503	195	0.39
Indigenous SA	327	204	0.62
Non-Indigenous SA	492	198	0.40
Indigenous WA	395	270	0.68
Non-Indigenous WA	514	196	0.38
Indigenous NT	423	280	0.66
Non-Indigenous NT	522	204	0.39

Essentially, Indigenous and non-Indigenous cancer mortality can be summarised as follows. Cancers where Indigenous persons have a much higher mortality rate than non-Indigenous persons (in order of mortality rate) include - lung (2x), unknown primary (3x), lip/mouth/pharynx (4x), pancreas (1.5x), liver (3x), cervix (5x) and uterus (2x). Cancers where the opposite is true include - colorectal (1.5x), prostate (3x), non-Hodgkin's Lymphoma (NHL) (2x), brain (3x), melanoma (6x) and kidney (3x). Cancers where the mortality rate is even include - female breast, stomach and bladder. For five of the seven types where Indigenous mortality rates are higher than non-Indigenous rates the Indigenous rate is over $10.0/10^5$, whereas for four of the six types where non-Indigenous rates are higher the non-Indigenous rate is under $10.0/10^5$.

5.3.2 Methods

The methods used with the mortality data were identical to those described in the previous section on incidence. Cancer deaths were recorded in SA and WA using Births, Deaths and Marriages (BDM) notifications, whereas NT used Australian Bureau of Statistics (ABS) causes of death. As a result of this, NT data used in this analysis could not include 2006, and was for 2001-2005.

Please note that as in Section 5.2, age-standardised and age-specific death rates were calculated using the 2001 estimated resident Indigenous and non-Indigenous populations from the three jurisdictions, which may mean that some of the mortality rates quoted in this section will be higher than other rates given for these populations.

Again, the order of listing of cancer types in this section, was determined by the ranking of age-standardised mortality rates for Indigenous persons for the combined jurisdictional data, and age-standardised rates for the combined data and for each individual jurisdiction are listed for each cancer site.

5.3.3 Results

All Cancers

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 261.0 (239.0 - 282.9); non-Indigenous 195.0 (193.0 - 197.0)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

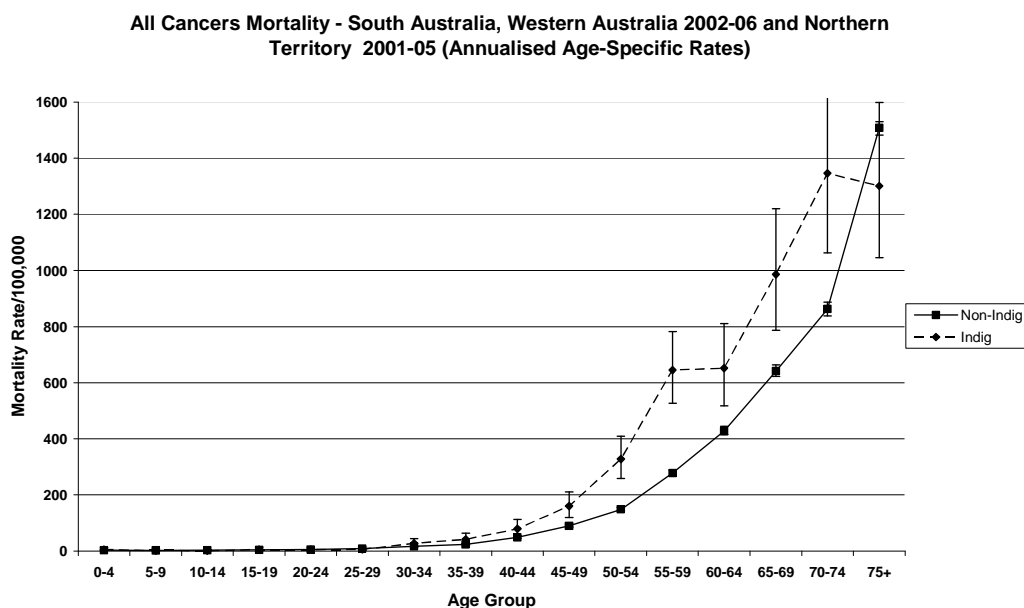
SA Indigenous 204.1 (158.6 - 249.7); non-Indigenous 197.8 (194.9 - 200.8)

WA Indigenous 270.3 (235.2 - 305.4); non-Indigenous 195.5 (192.6 - 198.4)

NT Indigenous 279.6 (244.3 - 315.0); non-Indigenous 204.0 (186.0 - 222.0)

For the five year study period there were 653 Indigenous cancer deaths and 34,202 non-Indigenous cancer deaths for the combined (SA, WA, NT) population. Indigenous cancer deaths represented 2.4% of all cancer deaths, whereas Indigenous persons represented 4.0% of the total population. The mortality graph (Figure 5.18) was virtually a reversal of the incidence graph in Section 5.2, with Indigenous mortality rates significantly higher than non-Indigenous rates for all age groups above age 35-39 with the exception of age 75+. Higher age-specific mortality rates confirmed a previous finding that non-Indigenous cancer patients survive longer than Indigenous patients, even after allowing for a range of factors such as more advanced stage at diagnosis and higher co-morbidity¹. There was evidence in Figure 1 of an elevated mortality rate in Indigenous persons in the 55-59 age group, which was consistent with the bi-modal age-specific incidence graphs shown for some cancers in Section 5.2.

Figure 5.18



Lung

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 62.3 (51.4 - 73.2); non-Indigenous 38.5 (37.5 - 39.4)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

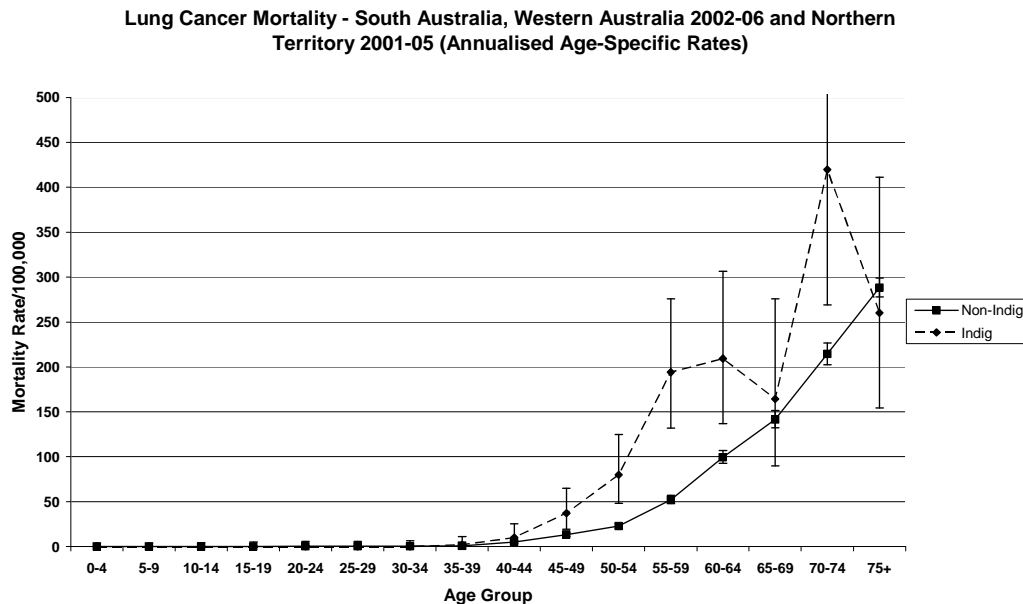
SA Indigenous 54.3 (29.8 - 78.7); non-Indigenous 36.5 (35.3 - 37.8)

WA Indigenous 60.1 (42.7 - 77.6); non-Indigenous 40.5 (39.2 - 41.8)

NT Indigenous 70.1 (52.7 - 87.4); non-Indigenous 45.6 (37.1 - 54.2)

The combined and WA lung cancer mortality rates for Indigenous persons were significantly higher than for non-Indigenous persons. There was a trend for NT to have the highest lung cancer mortality rates in both populations followed by WA and SA, which is consistent with the very high rates of smoking reported for parts of NT². Age-specific rates for age groups 40-44 through to 60-64 and for age group 70-74 were significantly higher for Indigenous persons, than for non-Indigenous persons (see Figure 5.19). As with the lung cancer incidence graph there was evidence of a bi-modal pattern of mortality for lung mortality.

Figure 5.19



Unknown Primary Site

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 31.1 (23.0 - 39.3); non-Indigenous 11.9 (11.4 - 12.4)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

SA Indigenous 32.3 (12.0 - 52.5); non-Indigenous 13.2 (12.5 - 14.0)

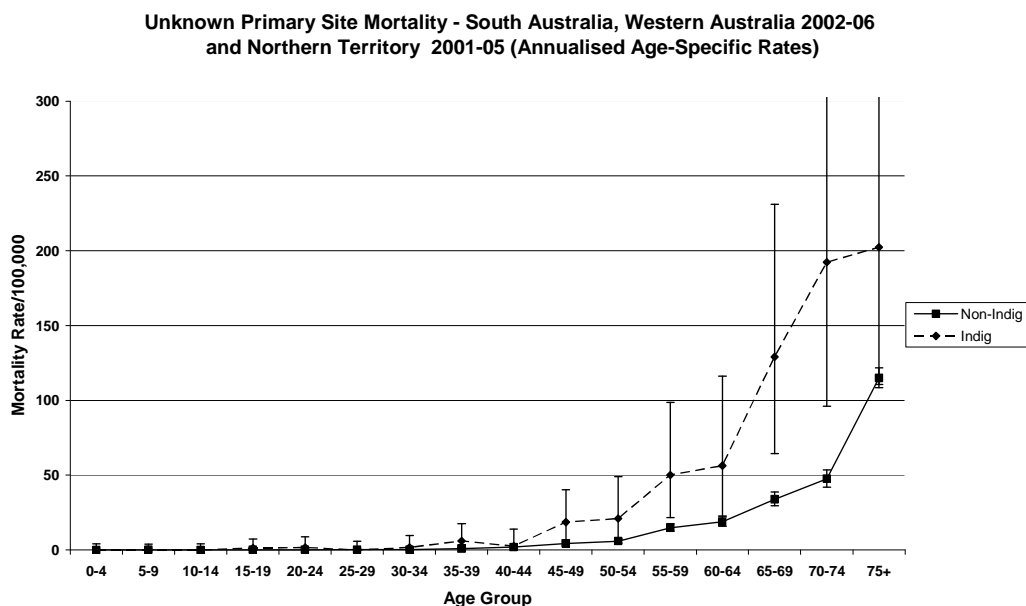
WA Indigenous 34.1 (20.6 - 47.6); non-Indigenous 10.5 (9.8 - 11.1)

NT Indigenous 27.6 (16.0 - 39.3); non-Indigenous 19.1 (13.3 - 24.9)

The combined and WA cancer of unknown primary site mortality rates for Indigenous persons were significantly higher than for non-Indigenous persons. Jurisdictional mortality rates were similar, with the exception of the NT non-Indigenous rate which was significantly higher than the WA non-Indigenous rate.

Cancer of unknown primary site and liver cancer were the only types where the age-specific mortality rates were higher in the Indigenous population than the Non-Indigenous population in all four 60+ age groups, and in the case of unknown primary site three of those four age groups had significantly higher rates for Indigenous persons. Lung cancer and cancer of the unknown primary site both had age-specific mortality rates approaching or above 200/10⁵ and therefore account for much of the mortality in Indigenous persons in the 70-74 and 75+ age groups

Figure 5.20



Colorectal

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 16.7 (10.9 - 22.5); non-Indigenous 25.0 (24.3 - 25.7)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

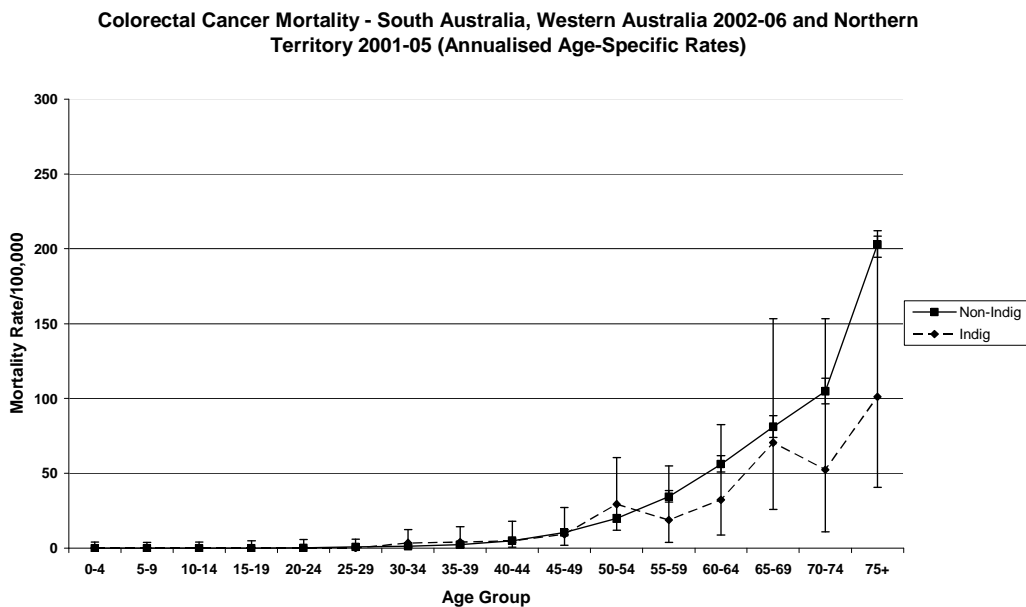
SA Indigenous 23.4 (8.5 - 38.2); non-Indigenous 26.4 (25.3 - 27.5)

WA Indigenous 18.4 (8.1 - 28.7); non-Indigenous 23.9 (22.9 - 25.0)

NT Indigenous 10.5 (3.9 - 17.1); non-Indigenous 22.5 (16.3 - 28.7)

SA which had the most comprehensive bowel cancer screening program in the study period of the three jurisdictions³, had the highest bowel cancer mortality rate for both Indigenous and non-Indigenous persons, with only a small difference in rates between the two populations. While there was a much smaller disparity between Indigenous and non-Indigenous persons in colorectal mortality rates than there was for colorectal incidence rates, nonetheless the age-standardised mortality rate for non-Indigenous persons was still higher than for Indigenous persons across the 55+ age range. While this situation may alter in future as the availability of colorectal screening services improves, there are significant cultural issues for Indigenous persons⁴ around bowel cancer testing which will hinder the rate of uptake of screening.

Figure 5.21



Lip/Mouth/Pharynx

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 15.3 (10.5 - 20.1); non-Indigenous 3.4 (3.1 - 3.6)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

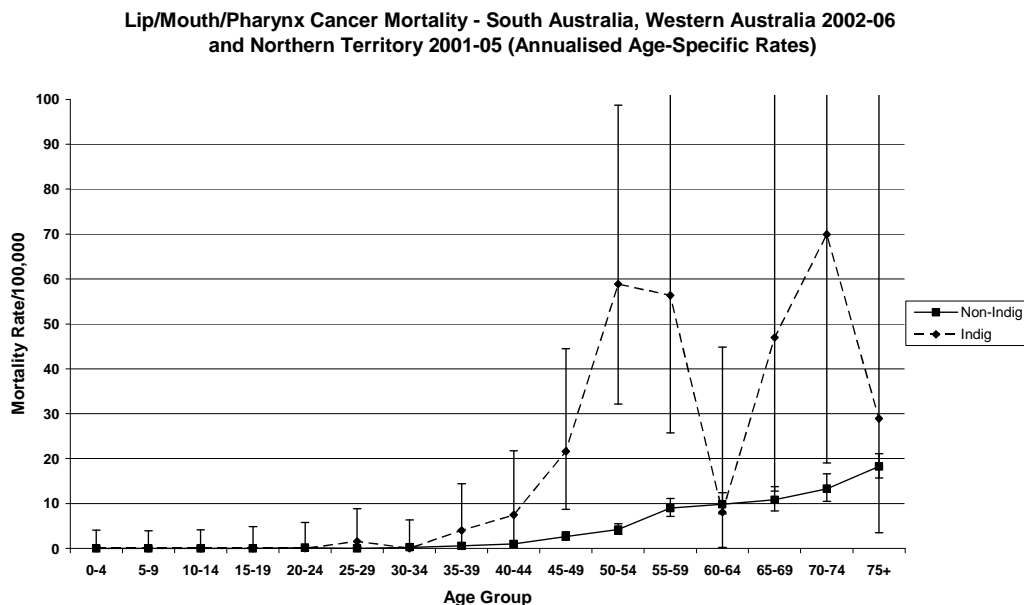
SA Indigenous 5.0 (0.0 - 10.8); non-Indigenous 3.0 (2.6 - 3.4)

WA Indigenous 12.8 (6.3 - 19.3); non-Indigenous 3.6 (3.2 - 4.0)

NT Indigenous 22.6 (13.0 - 32.1); non-Indigenous 9.6 (5.8 - 13.5)

The combined and WA age-standardised mortality rates for Indigenous persons were significantly higher than the corresponding rates for non-Indigenous persons. The NT Indigenous rate was significantly higher than the SA rate, and the NT non-Indigenous rate was significantly higher than both WA and SA. There was generally a large disparity in age-specific mortality rates between Indigenous and non-Indigenous persons for persons over 35 years of age (see Figure 5.22), which reflected the significantly higher age-standardised mortality rate for Indigenous persons. The strongly bi-modal pattern shown in the lip/mouth/pharynx Indigenous incidence graph was also repeated in the mortality graph.

Figure 5.22



Female Breast

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 14.9 (9.5 - 20.4); non-Indigenous 14.0 (13.4 - 14.5)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

SA Indigenous 10.2 (0.0 - 21.6); non-Indigenous 15.7 (14.9 - 16.6)

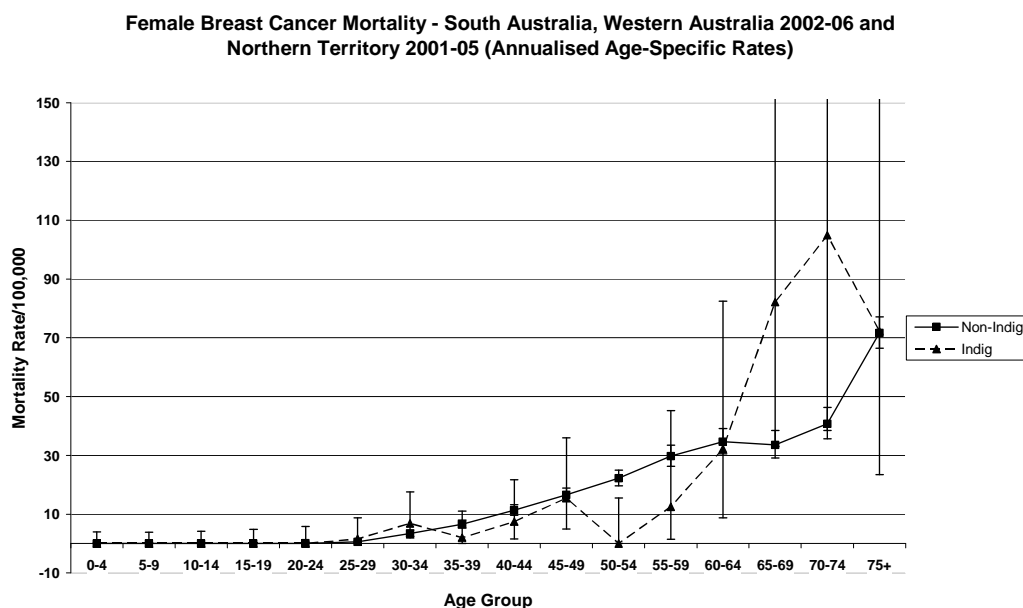
WA Indigenous 16.6 (7.5 - 25.8); non-Indigenous 13.0 (12.3 - 13.8)

NT Indigenous 15.6 (7.2 - 24.0); non-Indigenous 8.9 (5.4 - 12.5)

Indigenous and non-Indigenous breast cancer age-standardised mortality rates are generally similar, with some variation between jurisdictions. The pattern of age-specific rates however, is quite different between the two populations, with two points worth noting. Firstly, the generally lower incidence of breast cancer in Indigenous than non-Indigenous women is reflected in the lower mortality rates in the 50-54 and 55-59 age groups, with Indigenous women in these age groups tending to take appropriate action after diagnosis. Secondly, the higher mortality in Indigenous women in the 65-69 and 70-74 age groups may be due to the fact that elderly Indigenous women are disproportionately affected by poor access and cultural reticence to treatment and surgery^{5,6,7}. Some of these cancers in elderly women may have been detected when the affected women were in the breast screening target age group, and some may have been diagnosed as late stage breast cancers⁵.

These mortality figures show the Indigenous mortality rate being very similar to the non-Indigenous rate, which is consistent with previous publications which have reported the combined Indigenous rate for Qld, SA, WA and NT (2000-04) being 9% higher (but not significantly so) than the non-Indigenous rate⁸.

Figure 5.23



Pancreas

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 14.3 (8.6 - 20.0); non-Indigenous 9.8 (9.3 - 10.2)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

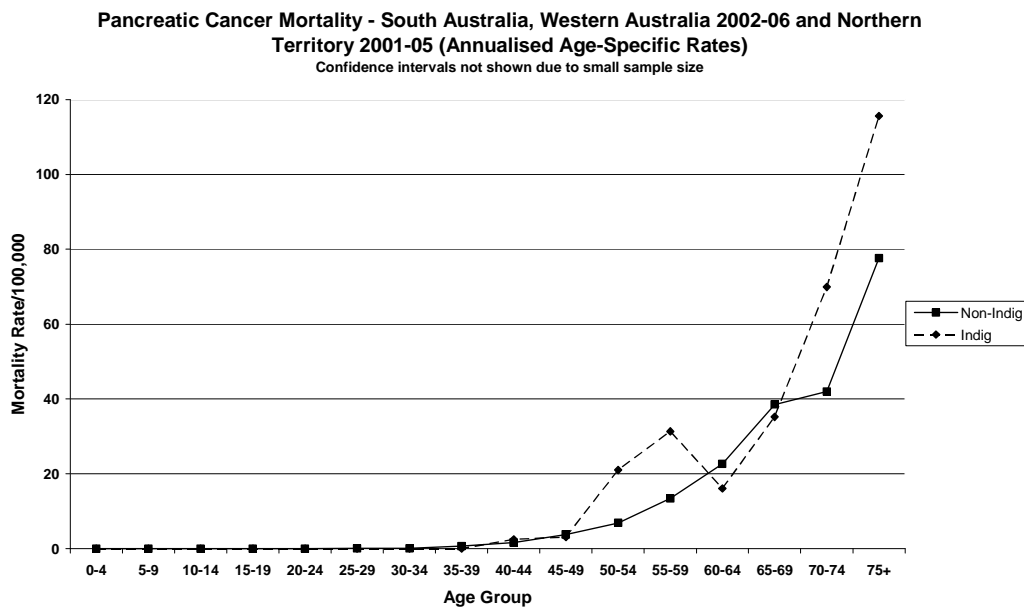
SA Indigenous 10.8 (0.0 - 22.4); non-Indigenous 9.6 (8.9 - 10.2)

WA Indigenous 18.4 (8.1 - 28.7); non-Indigenous 10.1 (9.4 - 10.8)

NT Indigenous 11.5 (3.7 - 19.2); non-Indigenous 7.1 (3.6 - 10.5)

Pancreatic cancer mortality rates tend to be higher in Indigenous populations than non-Indigenous populations, but not significantly so. The bi-modal pattern of pancreatic cancer incidence for Indigenous persons shown in Section 5.2, is repeated in the mortality graph (see Figure 5.24) and is common in most cancer types where smoking is a risk factor. Error bars are not shown on this graph as there were no significant differences between Indigenous and non-Indigenous mortality rates.

Figure 5.24



Liver

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 10.9 (6.8 - 15.1); non-Indigenous 3.4 (3.1 - 3.7)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

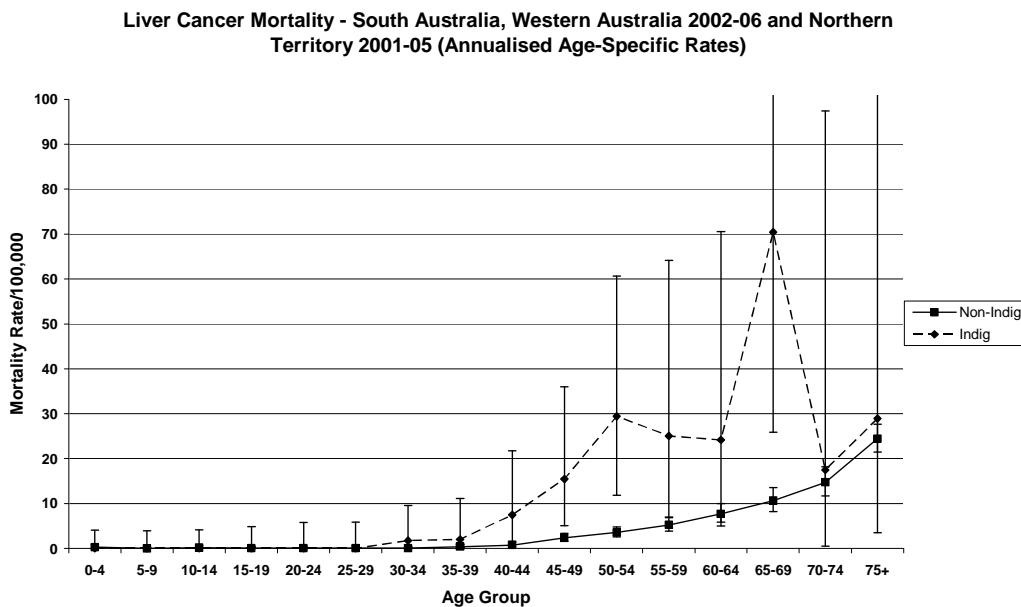
SA Indigenous 4.4 (0.0 - 9.4); non-Indigenous 3.4 (3.0 - 3.8)

WA Indigenous 11.3 (4.8 - 17.7); non-Indigenous 3.4 (3.0 - 3.8)

NT Indigenous 13.5 (6.1 - 21.0); non-Indigenous 2.6 (0.8 - 4.3)

The combined, WA and NT age-standardised mortality rates for liver cancer for Indigenous persons were significantly higher than the rates for non-Indigenous persons. In SA there was little difference between Indigenous and non-Indigenous rates, but there were few liver cancer deaths in the Indigenous population. Although liver cancer mortality is high in WA and NT, it is not a cancer where mortality rates are especially high in rural and remote communities⁹. The liver cancer age-specific mortality graph is remarkably similar to the incidence graph, which reflects the low survival rate from this cancer (see Figure 5.25). Both graphs show a bi-modal pattern for the Indigenous population.

Figure 5.25



Stomach

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 6.3 (2.9 - 9.7); non-Indigenous 7.0 (6.6 - 7.4)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

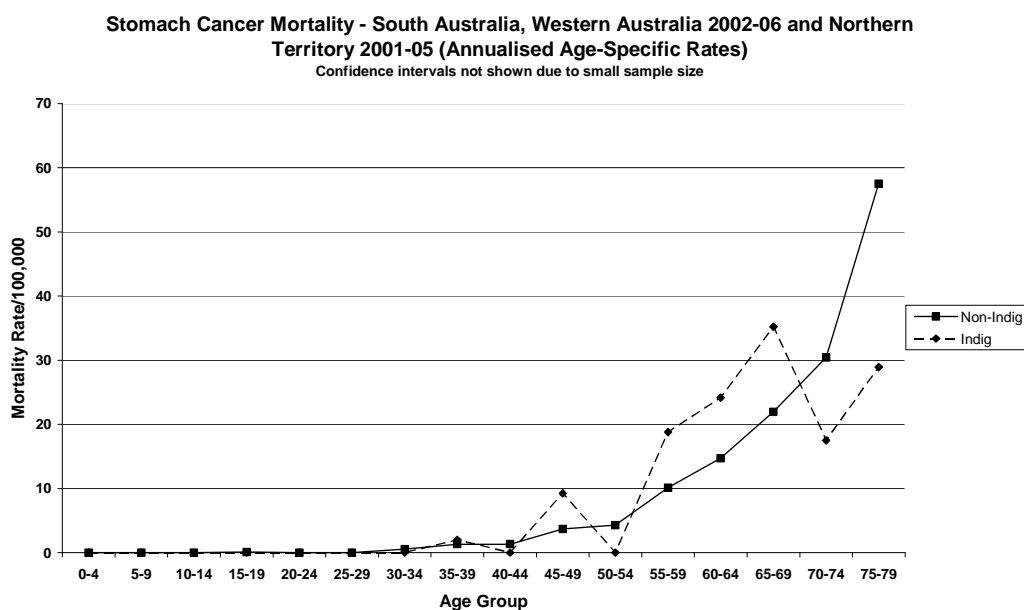
SA Indigenous 6.5 (0.0 - 13.8); non-Indigenous 7.5 (6.9 - 8.1)

WA Indigenous 6.8 (0.7 - 12.9); non-Indigenous 6.7 (6.1 - 7.2)

NT Indigenous 6.0 (1.0 - 11.1); non-Indigenous 5.9 (2.7 - 9.1)

The Indigenous and non-Indigenous stomach cancer age-standardised rates are remarkably consistent across all three jurisdictions. The age-specific mortality rate graph for stomach cancer like the incidence graph, indicates that Indigenous persons tend to be diagnosed with stomach cancer at a relatively younger age than are non-Indigenous persons (see Figure 5.26). Error bars are not shown on this graph as there were no significant differences between Indigenous and non-Indigenous mortality rates.

Figure 5.26



Non-Hodgkin Lymphoma (NHL)

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 5.7 (2.4 - 8.9); non-Indigenous 7.5 (7.1 - 7.9)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

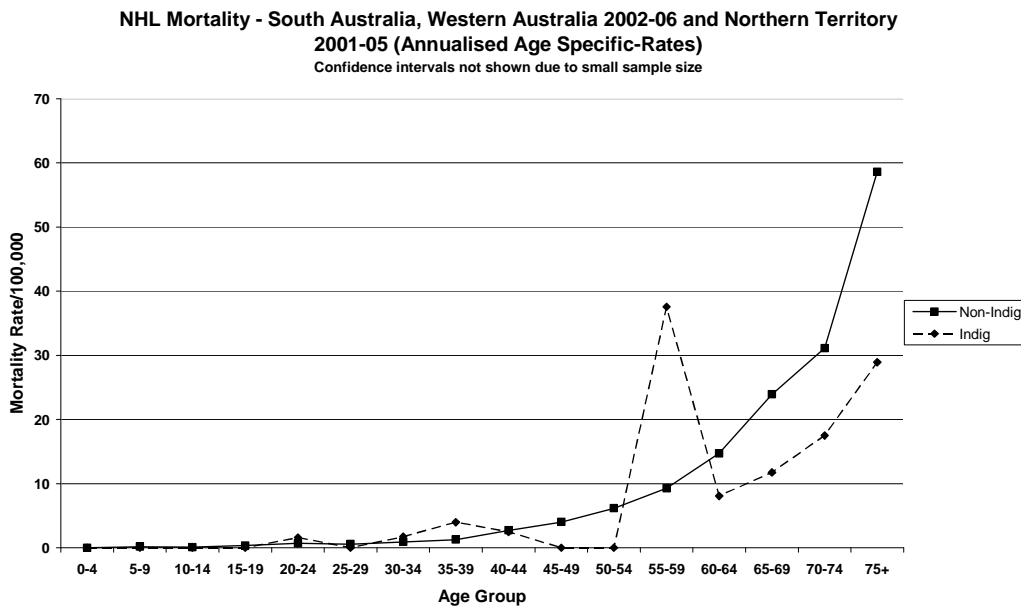
SA Indigenous 4.9 (0.0 - 10.7); non-Indigenous 8.4 (7.8 - 9.0)

WA Indigenous 2.7 (0.0 - 5.4); non-Indigenous 6.9 (6.3 - 7.5)

NT Indigenous 9.3 (2.1 - 16.4); non-Indigenous 5.1 (2.2 - 8.0)

As with NHL incidence, Indigenous age-standardised NHL mortality rates were generally lower than non-Indigenous rates. With only 16 Indigenous deaths from NHL in SA, WA and NT over the 2002-06 (2001-05 for NT) period there were insufficient numbers to produce a meaningful age-specific mortality graph. Error bars are not shown on this graph as there were no significant differences between Indigenous and non-Indigenous mortality rates.

Figure 5.27



Bladder

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 5.3 (2.1 - 7.6); non-Indigenous 4.9 (4.5 - 5.2)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

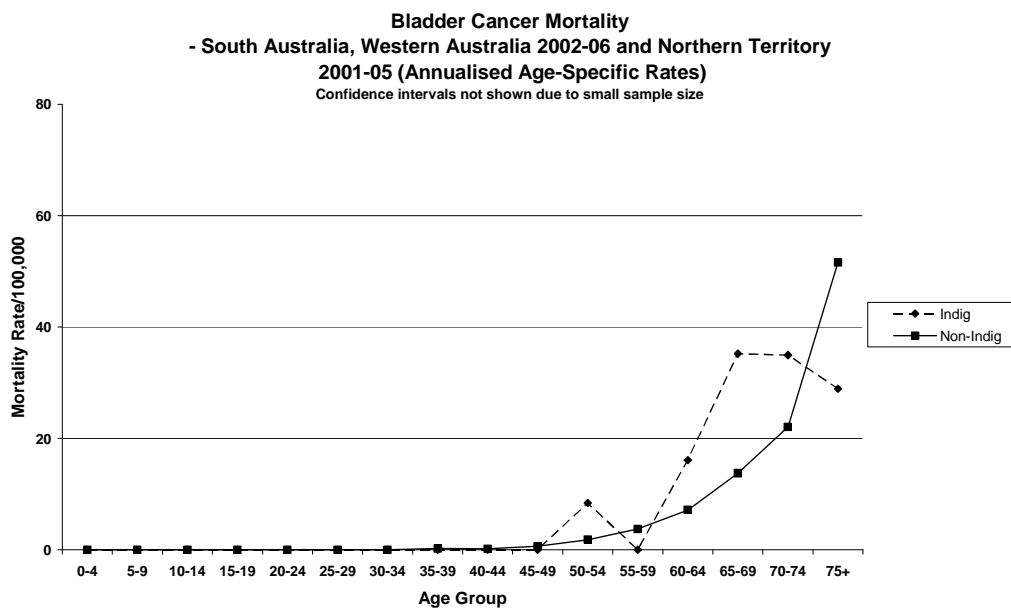
SA Indigenous 14.0 (0.8 - 27.3); non-Indigenous 5.1 (4.7 - 5.6)

WA Indigenous 2.9 (0.0 - 7.2); non-Indigenous 4.7 (4.2 - 5.1)

NT Indigenous 4.3 (0.0 - 8.6); non-Indigenous 5.9 (2.4 - 9.5)

Bladder cancer mortality rates were highly variable both between jurisdictions at the age-standardised rate level and also at the age-specific rate level (see Figure 5.28). More data are required to better understand bladder cancer mortality in Indigenous populations. Error bars are not shown on this graph as there were no significant differences between Indigenous and non-Indigenous mortality rates.

Figure 5.28



Cervix

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 4.9 (2.1 - 7.6); non-Indigenous 1.1 (0.9 - 1.2)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

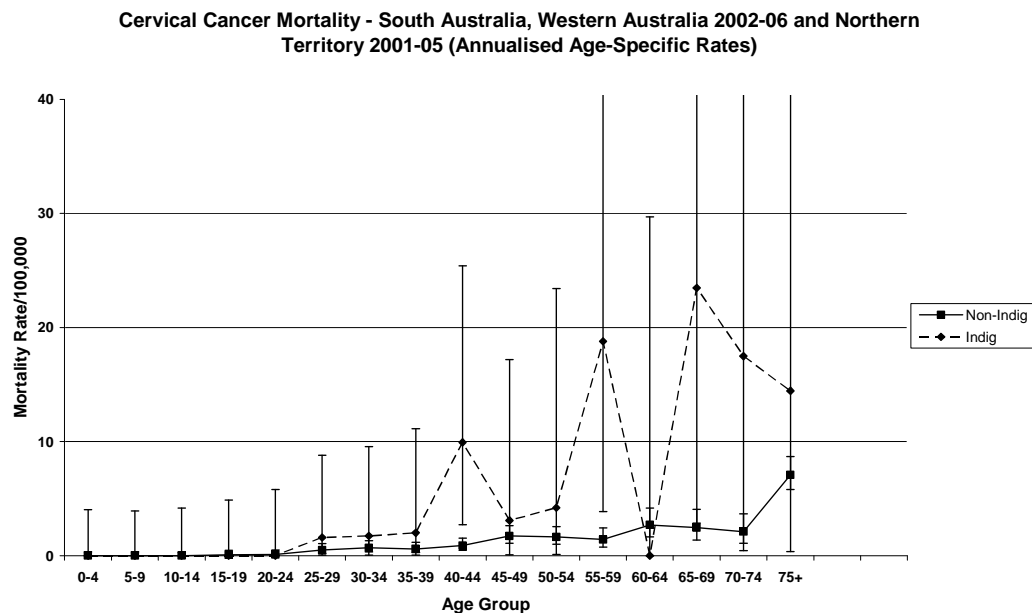
SA Indigenous 3.3 (0.0 - 8.0); non-Indigenous 1.1 (0.9 - 1.4)

WA Indigenous 5.9 (1.8 - 10.0); non-Indigenous 1.3 (1.1 - 1.5)

NT Indigenous 4.3 (0.0 - 9.1); non-Indigenous 0.6 (0.1 - 1.2)

The combined and WA cervical cancer mortality rates for Indigenous persons were significantly higher than for non-Indigenous persons. There is evidence that cervical cancer mortality has declined in Indigenous populations in recent years¹⁰, but that it still remains a problem in rural and remote communities⁹. The highly variable nature of the Indigenous mortality data for cervical cancer in the age-specific rates graph means that although Indigenous rates were significantly higher than non-Indigenous rates in the 40-44 and 55-59 age groups, it is difficult to gain an accurate picture of the pattern of Indigenous age-specific rates (see Figure 5.29).

Figure 5.29



Prostate

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 4.9 (1.5 - 8.2); non-Indigenous 13.5 (13.0 - 14.1)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

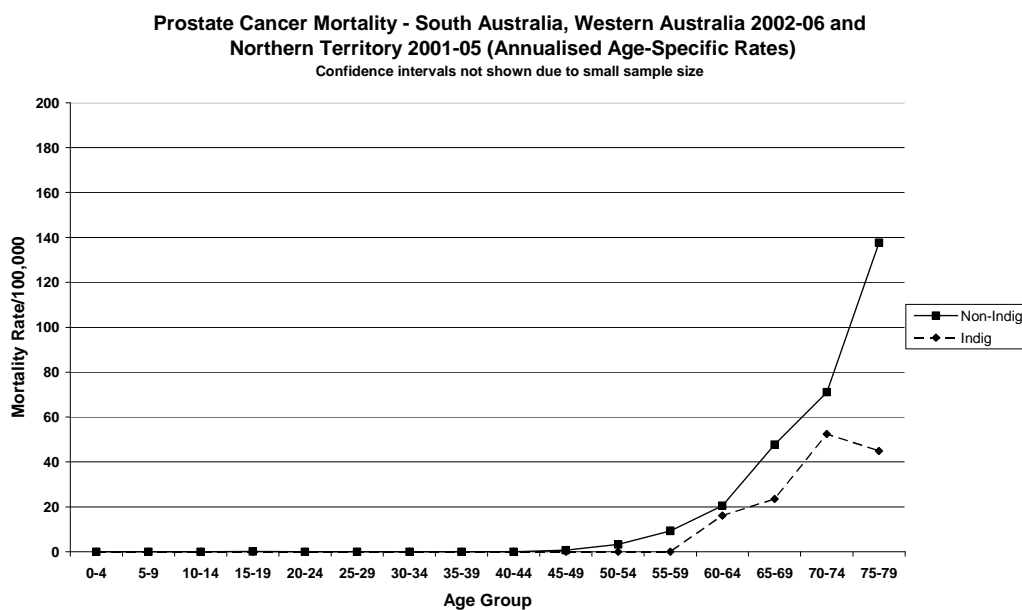
SA Indigenous 0.0 (0.0 - 0.0); non-Indigenous 14.3 (13.5 - 15.1)

WA Indigenous 8.3 (1.9 - 14.8); non-Indigenous 12.9 (12.1 - 13.7)

NT Indigenous 3.1 (0.0 - 7.7); non-Indigenous 16.3 (10.5 - 22.2)

The combined, SA and NT prostate cancer mortality rates for Indigenous persons were significantly lower than for non-Indigenous persons. Prostate cancer mortality rates tended to be lower for Indigenous persons than Non-Indigenous persons in the four oldest age groups where Indigenous deaths were recorded. Error bars are not shown on this graph as there were no significant differences between Indigenous and non-Indigenous mortality rates.

Figure 5.30



Brain

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 2.2 (0.2 - 4.2); non-Indigenous 6.1 (5.7 - 6.5)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

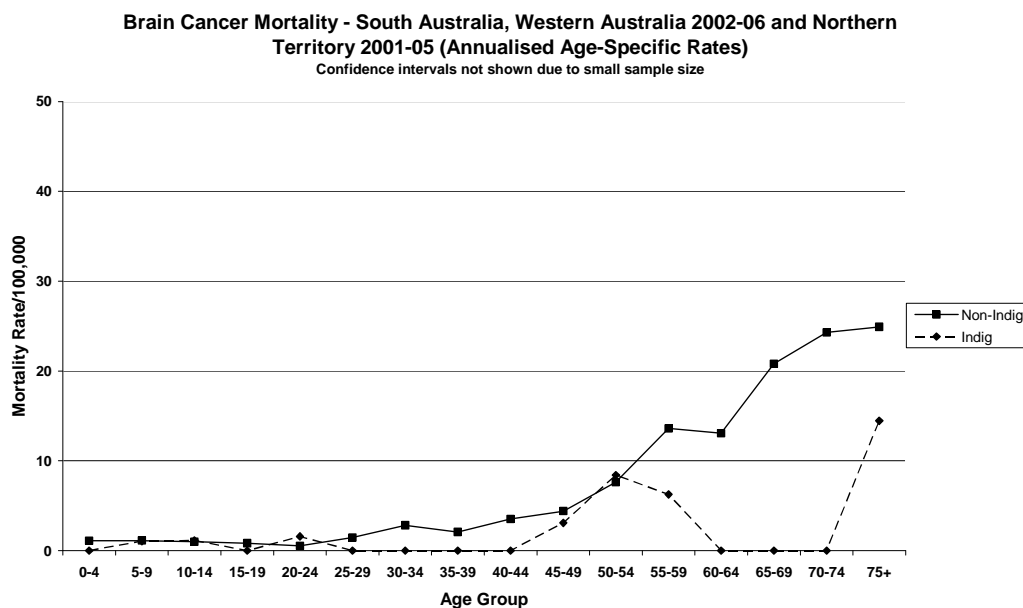
SA Indigenous 2.1 (0.0 - 5.0); non-Indigenous 6.4 (5.8 - 6.9)

WA Indigenous 0.6 (0.0 - 1.8); non-Indigenous 5.9 (5.4 - 6.4)

NT Indigenous 4.0 (0.0 - 8.6); non-Indigenous 4.4 (2.4 - 6.3)

Brain cancer is amongst the top ten leading types in terms of non-Indigenous cancer mortality. The non-Indigenous age-standardised mortality rate is significantly higher than the Indigenous rate. The number of Indigenous deaths is too low to make an effective comparison of age-specific mortality rates (see Figure 5.31). Error bars are not shown on this graph as there were no significant differences between Indigenous and non-Indigenous mortality rates.

Figure 5.31



Melanoma

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 1.2 (0.0 - 2.9); non-Indigenous 5.5 (5.1 - 5.8)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

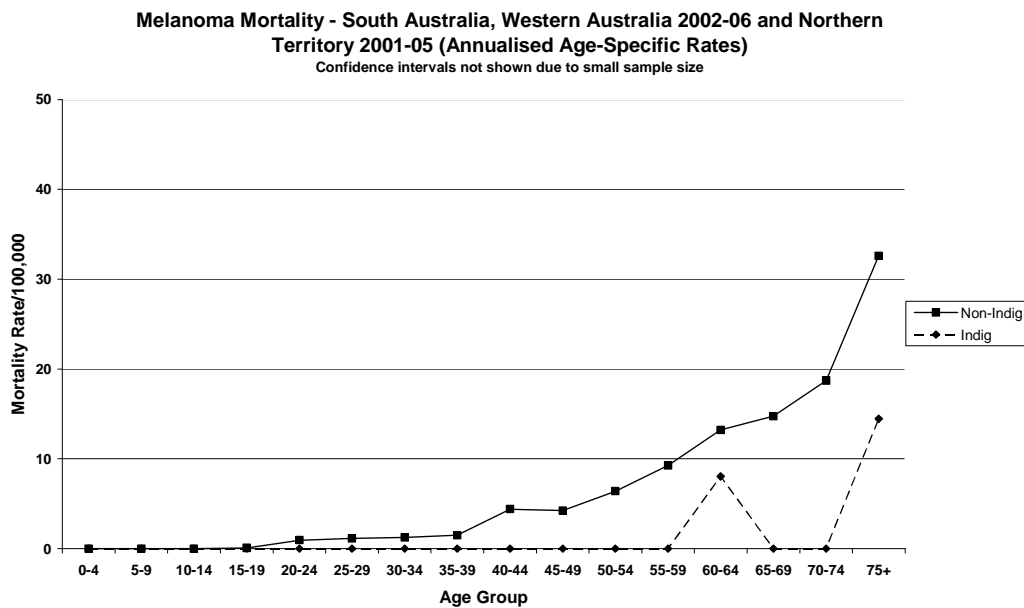
SA Indigenous 0.0 (0.0 - 0.0); non-Indigenous 4.5 (4.1 - 5.0)

WA Indigenous 0.0 (0.0 - 0.0); non-Indigenous 6.6 (6.0 - 7.1)

NT Indigenous 2.9 (0.0 - 7.2); non-Indigenous 2.2 (0.7 - 3.8)

The combined non-Indigenous age-standardised melanoma mortality rate is significantly higher than the Indigenous rate. The WA non-Indigenous mortality rate was significantly higher than the SA rate, which was in turn significantly higher than the NT rate. There were very few Indigenous deaths from melanoma, and besides confirming that the non-Indigenous mortality rate is higher than the Indigenous rate (see Figure 5.32), the age-specific graph adds little. Error bars are omitted.

Figure 5.32



Kidney

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 3.5 (0.5 - 6.4); non-Indigenous 4.9 (4.6 - 5.2)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

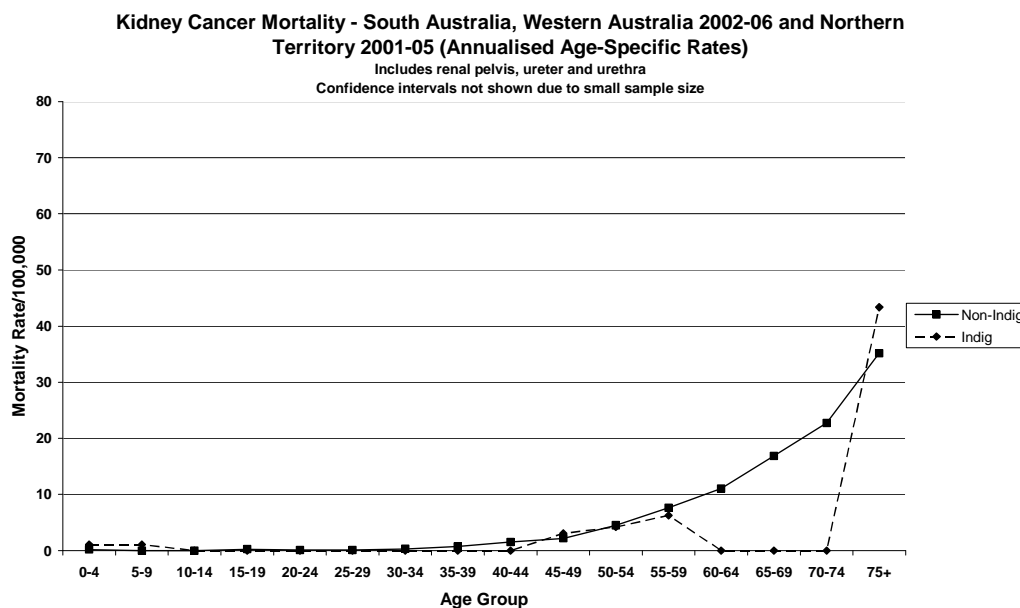
SA Indigenous 1.3 (0.0 - 3.9); non-Indigenous 5.2 (4.7 - 5.7)

WA Indigenous 4.8 (0.0 - 10.5); non-Indigenous 4.7 (4.2 - 5.2)

NT Indigenous 3.0 (0.0 - 7.2); non-Indigenous 5.5 (2.4 - 8.7)

There was no significant difference in kidney cancer mortality rates, with the exception of SA, where the non-Indigenous rate was higher than the Indigenous rate. The SA figures were based on very few Indigenous deaths, and as such should be viewed with caution. There were too few Indigenous deaths for the age-specific graph to provide further information. Error bars are omitted.

Figure 5.33



Uterus

Jurisdiction-combined age-standardised rate per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

Indigenous 2.8 (0.2 - 5.4); non-Indigenous 1.6 (1.4 - 1.8)

Jurisdiction-specific age-standardised rates per 100,000 (2002-06; NT 2001-05) with 95% confidence intervals:

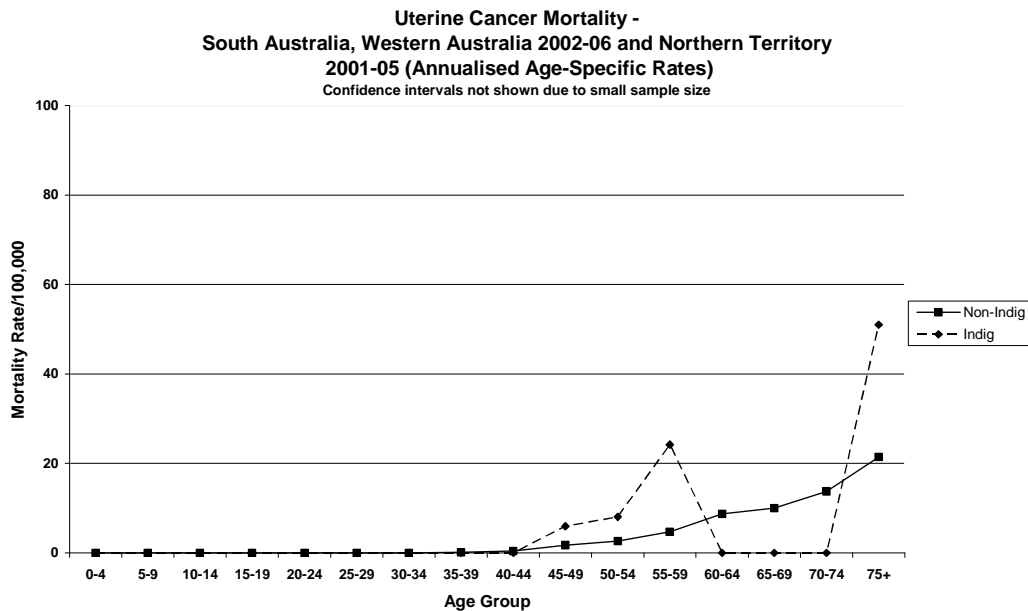
SA Indigenous 0.0 (0.0 - 0.0); non-Indigenous 1.7 (1.4 - 2.0)

WA Indigenous 3.3 (0.0 - 7.6); non-Indigenous 1.7 (1.4 - 1.9)

NT Indigenous 3.4 (0.0 - 7.9); non-Indigenous 1.3 (0.0 - 2.9)

There was no significant difference in uterine age-standardised mortality rates between Indigenous and non-Indigenous populations. Mortality data were too sparse to provide a useful Indigenous age-specific graph (see Figure 5.34). Error bars are omitted.

Figure 5.34



Ranking of Cancer Mortality for Persons by Indigenous Status

The top ten ranked cancer types by mortality rate for Indigenous persons and non-Indigenous persons were closer in order than they were for incidence rate (Table 5.3). Lung, colorectal, female breast and unknown primary were ranked in the top five types in both populations. The most notable cancer types which were ranked higher amongst Indigenous persons than non-Indigenous persons were unknown primary (rank 2 vs 5), lip/mouth/pharynx (rank 4 vs unranked) and liver (rank 7 vs unranked). Conversely, prostate cancer (rank 4 vs 12), brain cancer (rank 9 vs unranked) and melanoma (rank 10 vs unranked) were ranked higher in non-Indigenous persons than Indigenous persons.

Table 5.3 - Top ten ranked Indigenous and Non-Indigenous cancer types by mortality rate (persons), SA WA 2002-06 & NT 2001-05.

Rank	Indigenous	Rate	CI	Non-Indigenous	Rate	CI
1	Lung	62.3	(51.4-73.2)	Lung	38.5	(37.5-39.4)
2	Unknown Primary	31.1	(23.0-39.3)	Colorectal	25.0	(24.3-25.7)
3	Colorectal	16.7	(10.9-22.5)	Female Breast	14.0	(13.4-14.5)
4	Lip/Mouth	15.3	(10.5-20.1)	Prostate	13.5	(13.0-14.1)
5	Female Breast	14.9	(9.5-20.4)	Unknown Primary	11.9	(11.4-12.4)
6	Pancreas	14.3	(8.6-20.0)	Pancreas	9.8	(9.3-10.2)
7	Liver	10.9	(6.8-15.1)	NHL	7.5	(7.1-7.9)
8	Stomach	6.3	(2.9-9.7)	Stomach	7.0	(6.6-7.4)
9	NHL	5.7	(2.4-8.9)	Brain	6.1	(5.7-6.5)
10	Bladder	5.3	(1.9-8.6)	Melanoma	5.5	(5.1-5.8)
11	Cervix	4.9	(2.1-7.6)	Kidney	4.9	(4.6-5.2)
12	Prostate	4.9	(1.5-8.2)	Bladder	4.9	(4.5-5.2)
	Other Types					
	Kidney	3.5	(0.5-6.4)	Liver	3.4	(3.1-3.7)
	Uterus	2.8	(0.2-5.4)	Lip/Mouth	3.4	(3.1-3.6)
	Brain	2.2	(0.2-4.2)	Uterus	1.6	(1.4-1.8)
	Melanoma	1.2	(0.0-2.9)	Cervix	1.1	(0.9-1.2)

5.3.4 References for Section 5.3

1. Valery PC, Coory M, Stirling J. Cancer diagnosis, treatment, and survival in Indigenous and non-Indigenous Australians: a matched cohort study. *Lancet* 2006; 367; 1842-8
2. Condon J, Armstrong BK, Barnes A et al. Cancer in Indigenous Australians: a review. *Cancer Causes Control* 2003; 14: 109-121
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4. Lowenthal RM, Grogan PB, Kerrins ET. Reducing the impact of cancer in Indigenous communities: ways forward. *MJA* 2005; 182: 105-6.
5. Shaw IM, Elston TJ. Retrospective, 5-year surgical audit comparing breast cancer in indigenous and non-indigenous women in Far North Queensland. *ANZ J Surg* 2003; 73; 758-60
6. McMichael C, Kirk M, Manderson L et al. Indigenous women's perceptions of breast cancer diagnosis and treatment in Queensland. *Aust NZ J Pub Health* 2000; 24; 515-9
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9. Coory M, Thompson A, Ganguly I. Cancer among people living in rural and remote Indigenous communities in Queensland *MJA* 2000; 173: 288-9.
10. Zhang X, Condon J, Dempsey K et al. Cancer incidence and mortality, Northern Territory 1991-2005. Dept of Health & Families, Darwin 2008

5.4 Major outcomes and issues in comparison of indigenous and non-indigenous cancer rates

5.4.1 Discussion

This section outlines the most important outcomes and issues around comparing Indigenous and non-Indigenous cancer rates, most of which have been briefly outlined in the two previous sections.

There are some very pronounced differences in both age-specific and age-standardised cancer incidence and mortality rates between Indigenous and non-Indigenous populations in South Australia, Western Australia and Northern Territory. Overall, cancer is a bigger issue for the Indigenous community than it is for the non-Indigenous community for a couple of reasons. Firstly, while Indigenous persons may have lower rates of cancer incidence for some cancers, the observation that the age-standardised Indigenous mortality is 34% higher than non-Indigenous mortality rate highlights the fact that proportionately more Indigenous people are dying from cancer than non-Indigenous people. Secondly, Indigenous persons are diagnosed with and die from cancer at a younger age than non-Indigenous persons, meaning that cancer mortality is contributing to the shorter life expectancy of Indigenous persons.

These large differences in cancer incidence and mortality occur in a health information environment where there are some deficiencies in the recording of Indigenous cancer data, and more specifically the recording of Indigenous status within cancer data. However, cancer registries get and verify case and death information from a number of sources, and it is clear that some of those sources such as hospital case notifications, hospital morbidity databases and mortality data have improved over time¹. Other sources such as pathology data still do not record Indigenous status. Having multiple sources of demographic information does allow for checking of Indigenous status, using secondary data sources. In SA verification of Indigenous status within cancer registry data for the period 2002-06 by using the SA hospital morbidity database, led to an increased ascertainment of Indigenous cases and deaths of about 15%. While Indigenous cancer data quality issues are acknowledged, it should be noted that there is now strong corroboration of evidence over a series of studies on what are the most important cancers in the Indigenous population, and on the high rate of cancer mortality for Indigenous persons^{2,3,4,5}. There is also agreement that the current data errs on the side of under-reporting Indigenous morbidity and mortality rates.

An important difference in age-specific rates between Indigenous and non-Indigenous persons is the bi-modal pattern of Indigenous cancer incidence and mortality across the 16 age groups for a range of cancers. It is worth outlining a possible reason for this difference, as it is such a pronounced pattern.

The bi-modal pattern of incidence and mortality for Indigenous cancers in types such as lip/mouth/pharynx cancer and pancreatic cancer and to a lesser extent lung cancer, liver cancer and cervical cancer is probably due to a subset of the Indigenous population having a much higher exposure than the non-Indigenous population to tobacco smoking, excessive alcohol consumption, hepatitis C/D, HPV or a mix of these factors, and commencing this higher exposure at a young age⁵.

Of these risk factors tobacco smoking is the most important being a well established risk factor for three of the five types. This increased exposure leads to high cancer and other chronic illness morbidity and mortality rates in the 50-54 and 55-59 age groups, which for some cancers such as lip/mouth/pharynx and pancreatic cancer match the morbidity and mortality rate in the 75+ age group.

Despite this peak in Indigenous cancer morbidity and mortality in the earlier age groups, there is also a population of Indigenous persons whose exposure to these risk factors more closely resembles the non-Indigenous population and whose cancer morbidity and mortality peaks in the 75+ age group. Factors which contribute to the decrease in incidence and mortality in the 60-64 and 65-69 age groups and which accentuate the bi-modal pattern are twofold. Firstly, the under-investigation by health practitioners of Indigenous persons in the 60+ age groups, and secondly the high death rates from co-morbidities in the Indigenous population which could explain both the loss of people who would have potentially developed cancer in the future and the loss of people with cancers with a long latency period which remained undiagnosed. Under-investigation for cancer of the elderly and people with co-morbid conditions, has been reported in past studies in non-Indigenous populations⁶ for people over age 75-80, and probably leads to the decline in non-Indigenous age-specific rates in the 90+ population for colorectal cancer in SA shown in Figure 5.35. This decline in cancer rates occurs despite an all-cause mortality rate which increases with age (see Figure 5.36).

Figure 5.35

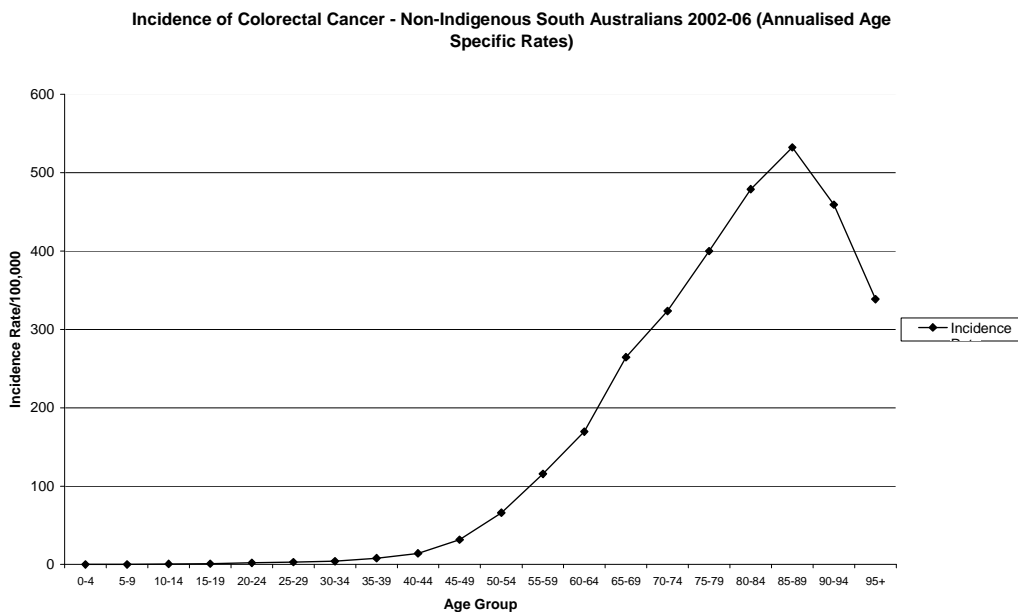
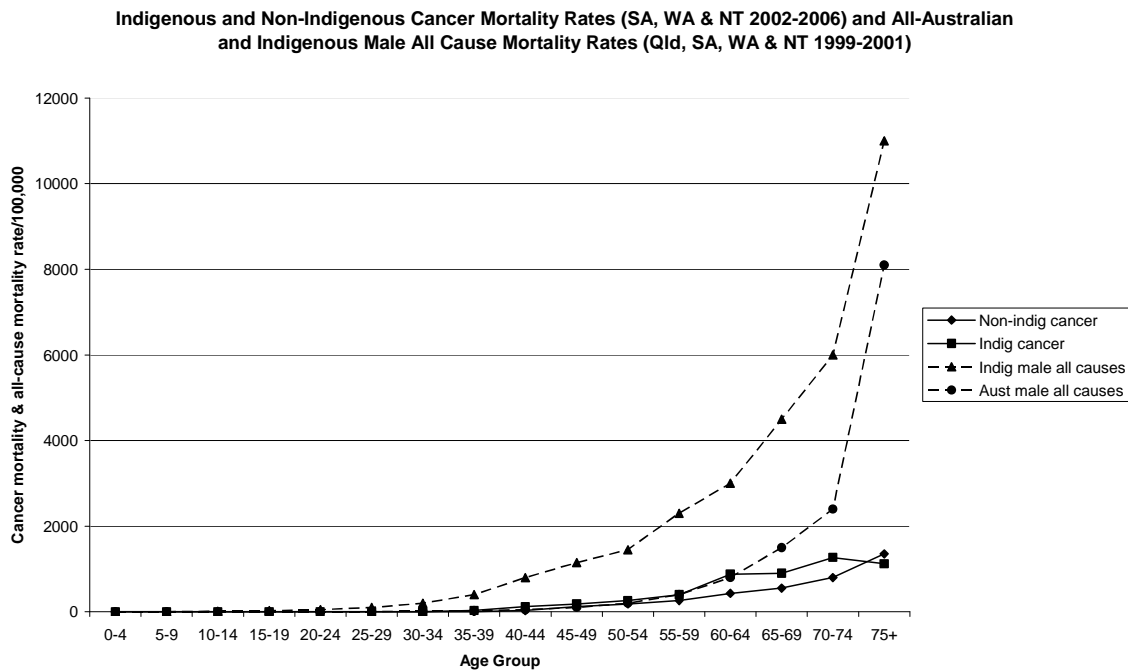


Figure 5.36

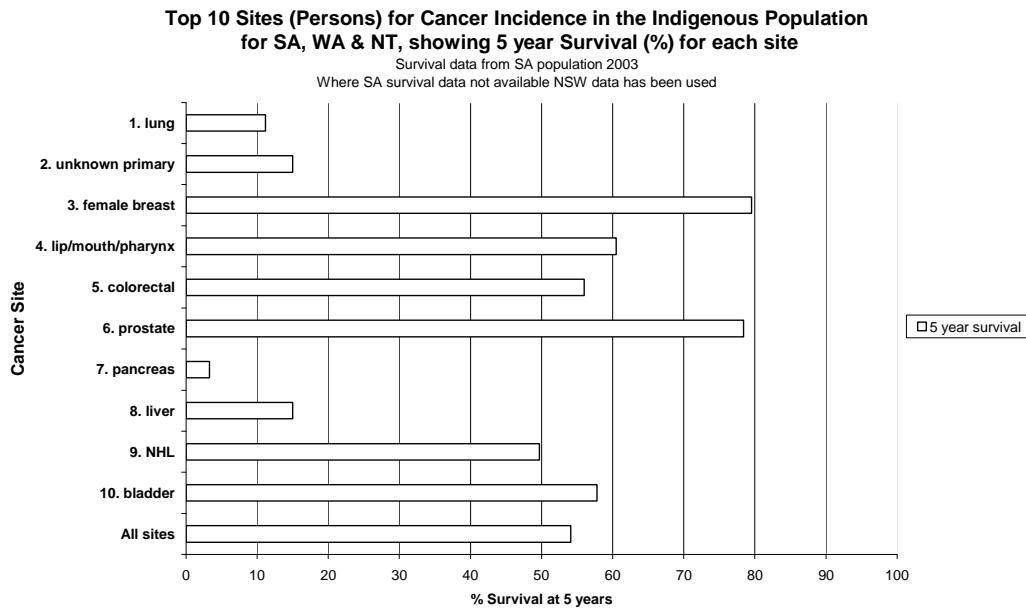


All cause mortality data from ABS *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* Cat No. 4704.0 ABS Canberra 2003

There are several points of note which relate to age-standardised cancer rates rather than age-specific rates. An Indigenous person diagnosed with cancer was 1.29 times more likely to be a woman than a non-Indigenous person. It appears that the factors that are protective for non-Indigenous women (relative to men) being diagnosed with cancer, are less prevalent amongst Indigenous women.

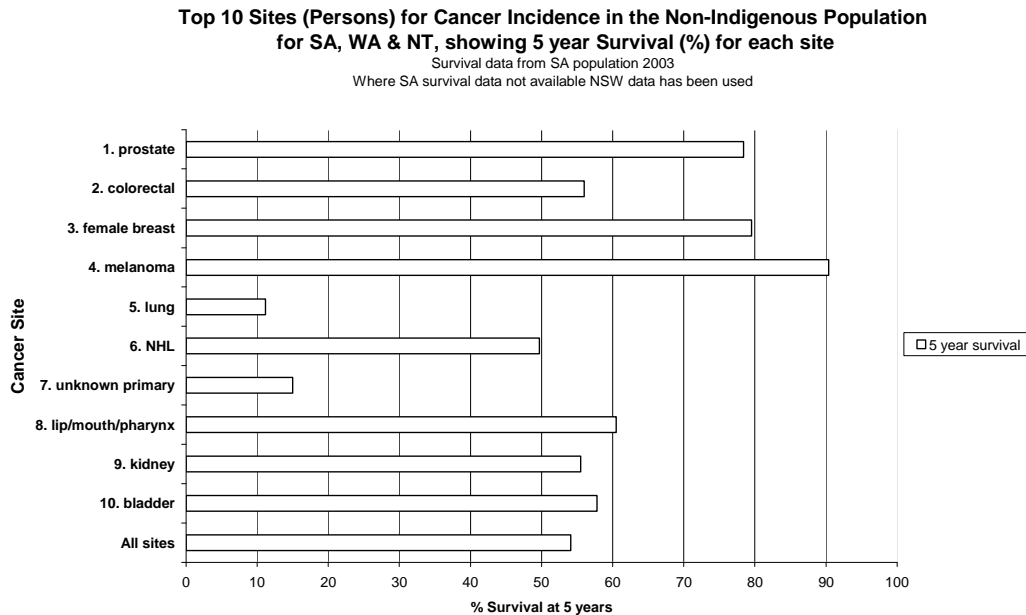
Indigenous persons are more likely to be diagnosed with cancers which have a low survival rate than non-Indigenous persons. Figures 5.37 and 5.38 show that lung, unknown primary, pancreatic and liver cancers are more highly ranked in incidence than they are for non-Indigenous persons. These four cancers all have very low 5-year survival rates.

Figure 5.37



SA survival data 2003 from South Australian Cancer Registry (2007) *Cancer in South Australia 2004 - with projections to 2007*. Adelaide: South Australian Department of Health.
 NSW survival data from Tracey E, Alam N, Chen W et al. *Cancer in New South Wales: Incidence and Mortality 2006*. Sydney: Cancer Institute NSW, November 2008

Figure 5.38



SA survival data 2003 from South Australian Cancer Registry (2007) *Cancer in South Australia 2004 - with projections to 2007*. Adelaide: South Australian Department of Health.
 NSW survival data from Tracey E, Alam N, Chen W et al. *Cancer in New South Wales: Incidence and Mortality 2006*. Sydney: Cancer Institute NSW, November 2008

There are two cancer types where unusual Indigenous profiles of age-specific rates, which were quite different to the bi-modal pattern, occurred - uterine cancer incidence and female breast cancer mortality. In the case of Indigenous incidence of uterine cancer, the strong link between obesity and uterine cancer seems a highly plausible explanation as to why indigenous women would have higher rates of this cancer in younger age groups. Breast cancer mortality is more complex, but it is clear that elderly Indigenous women in particular are disadvantaged in terms of poor outcomes after diagnosis. In SA, Indigenous women who died of breast cancer had lived an average of just 1.3 years since diagnosis, whereas non-Indigenous women had lived an average of 6.7 years. In both instances there are clear target groups for preventive measures in the Indigenous population - overweight and obese females aged 0-30 in the case of uterine cancer, and women with potential cultural and access issues in the breast screening target age group for female breast cancer.

The data presented in the previous two sections, confirms a lower rate of cancer incidence for Indigenous persons for some of the major cancers in the non-Indigenous population. These cancers include prostate cancer, female breast cancer, colorectal cancer and melanoma. The differences between Indigenous and non-Indigenous incidence rates are large and consistent across all age groups for both melanoma and prostate cancer where non-zero numbers of cancers are recorded for non-Indigenous persons. It seems clear that these differences are real, and will be reduced only slightly by better screening for these cancers in Indigenous populations.

The situations with female breast cancer and colorectal cancer however, are less clear. For female breast cancer it is plausible that better and more accessible diagnostic and screening services for Indigenous women, may lead to an incidence rate in Indigenous women that is very close to that of non-Indigenous women. Certainly, mortality rates for this cancer are similar between the two populations. Colorectal cancer remains the most difficult of all cancers in which to determine the true Indigenous incidence and mortality rate. There are profound cultural reasons why the Indigenous incidence and mortality rates for this cancer will remain under-estimated.

In SA, where bowel cancer screening rates and community awareness of the cancer is high, the mortality rate from colorectal cancer for both populations was very similar. Rectal cancer may be relatively more important than colon cancer to Indigenous populations than non-Indigenous populations. Overall Indigenous and non-Indigenous rates of colorectal cancer incidence and mortality may be much closer than current figures suggest.

In summary, the task of comparing age-standardised and age-specific rates between Indigenous and non-Indigenous populations for all cancers and a range of specific types is complex. The lower age-standardised incidence rate for Indigenous persons for all cancers masks the fact that Indigenous persons die at a comparatively much younger age from cancer than non-Indigenous persons and as a result their age-standardised mortality rates are much higher. In fact a study of Indigenous and non-Indigenous incidence and mortality rates emphasises the importance of age-standardisation, because without this adjustment Indigenous rates would be proportionately much lower when compared with non-Indigenous rates.

As a result of being diagnosed with and dying from cancer at a younger age, the pattern of the age-specific graphs for Indigenous persons is very different to that for non-Indigenous persons. The bi-modal pattern shown for a number of cancer types for Indigenous persons,

most likely reflects high exposure to a range of risk factors, and emphasises the need for cancer prevention services.

The situation regarding Indigenous cancer mortality is one of late diagnosis, short survival times and early death. This means that Indigenous populations require much improved access to diagnosis, treatment and palliative care to ensure that their health outcomes in relation to cancer come to more closely mirror that of the non-Indigenous population.

5.4.2 References for section 5.4

1. Bradshaw PJ, Alfonso HS, Finn J et al. Measuring the gap: accuracy of the Western Australian hospital morbidity data in identification of adult urban Aboriginal and Torres Strait Islander people. *Aust NZ J Public Health* 2009; 33: 276-279
2. Epidemiology of Cancer in South Australia: Cancer series number nineteen. South Australian Cancer Registry Adelaide, July 1997
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4. Condon JR, Zhang X, Li SQ et al. Northern Territory cancer incidence and mortality by region, 1991-2003. Dept of Health and Community Services, Darwin 2007
5. Condon J, Armstrong BK, Barnes A et al. Cancer in Indigenous Australians: a review. *Cancer Causes Control* 2003; 14: 109-121
6. Turner NJ, Haward RA, Mulley GP et al. Cancer in old age - is it inadequately investigated and treated? *MJA* 1999; 319: 309-12

6. Projections of cancer incidence: 2011, 2016 and 2021

Introduction

The cancer-incidence projections presented here have been prepared by Melissa Goodwin, Brett Davis and Mark Short from the AIHW's Cancer and Screening Unit, using data supplied by the WA Cancer Registry. The work was commissioned by the Commonwealth Department of Health and Ageing (DOHA) and followed approvals from the various State and Territory cancer registries for the use of their data. This is a good example of the sorts of uses to which standardized, de-duplicated, high-quality cancer data can be put nation-wide; such uses are one of the principle interests of the Australasian Association of Cancer Registries.

Indications for use of radiotherapy in the treatment of cancer vary according to cancer type and primary site. Delaney et al. (2005) define indication for radiotherapy as the "clinical situation in which radiotherapy was recommended as the treatment of choice on the basis of published evidence that radiotherapy has a superior clinical outcome compared to alternative treatment modalities (including no treatment) and where the patient was suitable to undergo radiotherapy".

Cancers for which radiotherapy is most commonly utilised, are shown in Table 1 below.

This report presents crude incidence rate projections for the years 2011, 2016 and 2021 for these selected cancers by sex for each jurisdiction as well as age-standardised projections for Australia. It is important to note that the 95% confidence intervals included in the national projections are for the age-standardisation process only; they are not projection intervals.

As trends for individual cancers vary, the assumption of linearity used in the all-cancer projections may not be appropriate. While the most conservative approach in calculating projections is to assume a linear model for the incidence rate, taking the logistic transform of this rate before applying the linear model often gives a better descriptive fit and ensures projected rates are always positive. However, projections arising from a logistic model assumes (approximate) exponential growth over a long period which may be unjustified. Conversely, applying a linear model (without this transform) to a decreasing trend can lead to a negative projected rate which cannot be possible. As a general rule, a linear model is preferred for increasing rates and a logistic model is preferred for decreasing rates.

In this report, each of the specified cancers was examined individually and a linear or logistic model applied as appropriate at the national level. Linear models were applied for prostate cancer, head and neck cancers, melanoma and bladder cancer. For all other cancers, a logistic model was applied. The significance of time as a predictor was determined at the 5% level by applying a two-tailed test to its coefficient. In age-sex categories where time was not significant the projection was based on the mean incidence rate over 1997-2006.

Age groups used for the age-period-interaction model were determined according to the age-sex specific incidence rate for each cancer to ensure sufficient cases in each group to provide reasonably accurate estimates. The age groups used to model each cancer are described in Table 1.

Table 1: Cancer specific age-period-interaction model age groups

Cancer	ICD-10 code(s)	Age groups (years)
Breast (females)	C50	0-29, 30-39, 40-49, 50-54, 55-59, 60-64, 65-69, 70+
Lung, bronchus and trachea	C33-C34	0-44, 45-54, 55-64, 65-74, 75+
Prostate	C61	0-44, 45-54, 55-64, 65-74, 75+
Head and neck	C01-C14, C30-C32	0-44, 45-54, 55-64, 65-74, 75+
Rectum	C19-C20	0-44, 45-54, 55-64, 65-74, 75+
Lymphoma	C81-C85, C96	0-44, 45-54, 55-64, 65-74, 75+
Melanoma	C43	0-24, 25-44, 45-54, 55-64, 65-74, 75+
Gynaecological	C51-C58	0-24, 25-44, 45-54, 55-64, 65-74, 75+
Central nervous system	C70-C72	0-44, 45-54, 55-64, 65-74, 75+
Bladder	C67	0-44, 45-54, 55-64, 65-74, 75+

Jurisdiction-specific incidence for each of the target years was calculated by applying the nationally predicted rate for each age-sex category to predicted populations for each jurisdiction. Where necessary, adjustments were then made by multiplying the predicted incidence by the standardised incidence ratio (SIR) for the jurisdiction calculated from the last 5 years of data to account for jurisdiction-specific trends. The SIR can be thought of as a comparison between the observed number of cases in the jurisdiction and the expected number of cases if the rates for the whole of Australia had applied to that jurisdiction. Final predicted incidence is then divided by the predicted population for each jurisdiction to derive a crude rate.

Parameter estimation was carried out, using either generalised least squares (GLS) or ordinary least squares (OLS) regression, in SAS using PROC REG. In the GLS case, the logistic link function was applied with a regression weight (approximately) equal to the cancer incidence count (r_i) which was specified by a WEIGHT statement in PROC REG.

Reference: Delaney G, Jacob S, Featherstone C & Barton M. (2005). The role of radiotherapy in cancer treatment. *Cancer* 104(6):1129–1137.

Table 2: Projected crude rates for top ten cancers treated by radiotherapy, 2011, 2016 and 2021: Western Australia

Cancer	2011			2016			2021		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Breast (C50)	..	124.2	..	..	128.5	..	..	131.3	..
Lung (C33–C34)	56.4	36.9	46.7	57.8	42.3	50.1	59.3	48.8	54.1
Prostate (C61)	201.7	..	..	251.5	..	..	300.7	..	..
Head and Neck (C01–C14, C30–C32)	17.4	6.1	11.8	17.2	5.9	11.7	16.8	5.8	11.4
Rectum (C19–C20)	24.9	15.4	20.2	26.3	16.4	21.4	27.6	17.4	22.5
Lymphoma (C81–C85, C96)	24.6	19.1	21.9	26.8	20.3	23.6	29.0	21.5	25.3
Melanoma (C43)	59.6	40.9	50.3	67.4	44.0	55.8	75.9	47.5	61.9
Gynaecological (C51–C58)	..	40.8	..	..	42.4	..	..	43.7	..
Central nervous system (C70–C72)	8.4	6.4	7.4	8.8	6.7	7.8	9.1	7.1	8.1
Bladder (C67)	14.7	4.2	9.5	14.7	4.0	9.4	14.8	3.9	9.4

Note: Incidence rates are crude rates expressed per 100,000 persons.

Source: AIHW projections derived from the Australian Cancer Database and ABS population projections. Data presented here with the agreement of AIHW and DOHA.

LIST OF APPENDICES

Note that Information for Appendices 1 and 2, listed here but not printed, is available on the Internet, as produced for the 2005 report, at <http://www.health.wa.gov.au/wacr/datr05.html>

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- Notes -

Appendix 3A now contains an incidence data summary for the most common cancers on page A3-10.

Appendix 3A. Cancer incidence, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	u/k	Total	ASR	95% c.i.	TD%	CumInc	Risk	ASR2	
Lip, gum & mouth (C000-C069) (not C01 C02)																											
M		1			1.3		2	12	7	9	9	10	15	8	10	8	8	5		104	6.9	5.6-8.3	99.0	0.8	134	10.1 (8.2-12.1)	
F						1		14.8	8.8	11.5	12.5	15.3	28.5	20.5	34.5	34.8	53.1	52.0		43	2.3	1.6-3.1	100.0	0.3	388	3.9 (2.7-5.0)	
Tongue (C010-C029)																											
M									3	5	3	6	5	4	4	5	2			37	2.4	1.6-3.2	100.0	0.3	351	3.5 (2.4-4.7)	
F						1			2	1	4	3	2	6	5	5	8	6		12	0.8	0.3-1.2	92.0	0.1	1049	1.1 (0.5-1.7)	
Parotid gland (C070-C079)																											
M					1						1	2	2	1	1		1	1		10	0.7	0.2-1.1	100.0	0.1	1283	1 (0.4-1.6)	
F					1			1		1	2	1	2							8	0.6	0.2-1.1	100.0	0.1	1382	0.7 (0.2-1.2)	
Major salivary glands (not parotid) (C080-C089)																											
M															1		1	1		3	0.2	0 - 0.3	100.0	0.0	5801	0.4 (0 - 0.8)	
F										1			1		3.4		6.6	10.4		2	0.2	0 - 0.4	100.0	0.0	6078	0.2 (0 - 0.4)	
Pharynx (C090-C149) (not C11)																											
M									4	7	7	11	7	7	2	2	1			48	3.3	2.4-4.3	98.0	0.4	255	4.3 (3.1-5.5)	
F									5.0	9.0	9.7	16.8	13.3	18.0	6.9	8.7	6.6			9	0.6	0.2-1.0	89.0	0.1	1842	0.8 (0.3-1.4)	
Nasopharynx (C110-C119)																											
M		1			1.3			1	2	1				1						6	0.5	0.1-0.9	100.0	0.0	2249	0.6 (0.1-1.0)	
F							1	1						1						3	0.2	0 - 0.5	100.0	0.0	3799	0.3 (0 - 0.6)	
Oesophagus (C150-C159)																											
M									2	7	7	14	9	8	10	17	10	7		91	5.5	4.3-6.6	96.0	0.6	175	9.3 (7.3-11.2)	
F									2.5	9.0	9.7	21.4	17.1	20.5	34.5	73.9	66.4	72.9		23	1.0	0.5-1.5	96.0	0.1	981	2 (1.2-2.8)	
Stomach (C160-C169)																											
M								2	5	1	10	8	15	16	15	17	17	12		118	7.1	5.8-8.4	95.0	0.8	128	12.3 (10.0-14.5)	
F						1	2		2.5	6.3	1.3	13.9	12.2	28.5	41.0	51.7	73.9	112.8	124.9	66	3.4	2.5-4.3	97.0	0.3	314	5.9 (4.5-7.3)	
Small intestine (C170-C179)																											
M								2	1	2	2	2	3	3	4	1	1	1		22	1.5	0.9-2.1	100.0	0.2	510	2.1 (1.2-3.1)	
F						1			2.5	1.3	2.6	2.8	3.1	5.7	7.7	13.8	4.3	6.6	10.4	15	1.0	0.5-1.5	100.0	0.1	883	1.4 (0.7-2.1)	

Appendix 3A. Cancer incidence, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	u/k	Total	ASR	95% c.i.	TD%	CumInc	Risk	ASR2	
Lung, bronchus & trachea (C330-C349)																											
M	1							4	5	7	23	46	67	85	81	95	69	34		517	31.2	28.4-34.0	85.0	3.7	27	53.3 (48.6-57.9)	
	1.4							4.9	6.3	9.0	32.0	70.2	127.1	218.0	279.3	413.2	457.9	353.9									
F			1	2			1	3	2	14	12	17	38	48	52	47	44	49		330	18.1	16.0-20.2	80.0	2.2	46	29.8 (26.5-33.0)	
			1.4	2.7			1.4	3.8	2.6	18.1	16.8	26.9	76.0	124.6	169.9	179.7	217.9	248.8									
Thymus (C370-C379)																											
M																		1		1	0.1	0 - 0.2	100.0	0.0	*	0.1 (0 - 0.4)	
																		10.4									
F									1				1	1	1	1	1			6	0.4	0.1-0.7	83.0	0.0	2185	0.6 (0.1-1.0)	
									1.3				2.0	2.6	3.3	3.8	5.0										
Pleura, heart & mediastinum (C380-C389)																											
M	1						1			1					2		1			6	0.5	0.1-1.0	83.0	0.1	1823	0.6 (0.1-1.1)	
	1.4						1.4			1.3					6.9		6.6										
F																1				1	0.0	0 - 0.1	100.0	0.0	*	0.1 (0 - 0.3)	
																3.8											
Bones, joints & articular cartilages (C400-C419)																											
M			1	1	2		1	1	1			1					1			9	0.8	0.2-1.3	100.0	0.1	1901	0.8 (0.3-1.4)	
			1.3	1.3	2.5		1.4	1.2	1.3			1.5					6.6										
F	1	1			1	1		1						2		1				8	0.8	0.2-1.4	100.0	0.1	1628	0.8 (0.2-1.3)	
	1.5	1.5			1.4	1.4		1.3						5.2		3.8											
Skin (melanoma only) (C440-C449; M-8720 - 8790)																											
M			1	9	10	19	25	26	47	53	70	65	62	60	51	32	22			552	37.3	34.1-40.5	99.0	4.2	24	53.6 (49.1-58.1)	
			1.3	11.3	13.5	25.8	30.7	32.8	60.2	73.6	106.8	123.3	159.0	206.9	221.8	212.3	229.0										
F	2	6	8	29	25	28	34	32	30	48	41	30	28	25	17					383	26.2	23.5-28.9	100.0	2.8	36	35.5 (32.0-39.1)	
	2.8	8.1	11.5	40.5	31.8	36.0	43.9	44.9	47.5	96.0	106.4	98.0	107.1	123.8	86.3												
Skin (not melanoma/SCC/BCC) (C440-C449)																											
M				1				2	3	6	5	5	6	5	6	9				48	2.9	2.1-3.7	96.0	0.3	333	5.1 (3.6-6.6)	
				1.4				2.6	4.2	9.2	9.5	12.8	20.7	21.7	39.8	93.7											
F							1	2	1	4	2	2	5	2	6					25	1.3	0.7-1.9	100.0	0.1	795	2.2 (1.3-3.1)	
							1.3	2.6	1.6	8.0	5.2	6.5	19.1	9.9	30.5												
Mesothelioma (M905; ICD10 C45)																											
M							2	4	2	6	18	11	15	6	3					67	4.2	3.1-5.2	97.0	0.5	188	6.9 (5.2-8.6)	
							2.6	5.6	3.1	11.4	46.2	37.9	65.2	39.8	31.2												
F							1	2	1	2	3	4	1	1						15	0.8	0.4-1.3	93.0	0.1	928	1.4 (0.7-2.1)	
							1.4	3.2	2.0	5.2	9.8	15.3	5.0	5.1													
Kaposi sarcoma (M914; ICD10 C46)																											
M			1																	1	0.1	0 - 0.3	100.0	0.0	*	0.1 (0 - 0.3)	
			1.3																								
F																				0							
Nervous system, peripheral/autonomic (C470-C479)																											
M															2					2	0.1	0 - 0.2	100.0	0.0	*	0.2 (0 - 0.6)	
															8.7												
F					1			1												2	0.2	0 - 0.4	100.0	0.0	7443	0.2 (0 - 0.5)	
					1.4			1.3																			

Appendix 3A. Cancer incidence, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	u/k	Total	ASR	95% c.i.	TD%	CumInc	Risk	ASR2		
Other male genital (C630-C639)																												
M									1		1		1								3	0.2	0 - 0.5	100.0	0.0	4400	0.3 (0 - 0.6)	
									1.3		1.4		1.9															
Kidney (C640-C649)																												
M	1	2							6	6	14	19	14	20	16	11	17	12	7		145	9.6	8.0-11.2	96.0	1.0	100	14.2 (11.9-16.5)	
	1.4	2.8							7.4	7.6	17.9	26.4	21.4	37.9	41.0	37.9	73.9	79.6	72.9									
F	1						1	1	9	6	4	8	8	10	11	8	6	4			77	5.0	3.8-6.2	86.0	0.6	168	7.1 (5.5-8.7)	
	1.5						1.4	1.3	11.6	7.7	5.6	12.7	16.0	26.0	35.9	30.6	29.7	20.3										
Bladder & urinary tract (C650-C689)																												
M						1	1	1	2		4	11	9	23	28	34	24	17			155	8.9	7.4-10.4	97.0	1.0	100	16.8 (14.1-19.5)	
						1.4	1.4	1.2	2.5		5.6	16.8	17.1	59.0	96.5	147.9	159.3	177.0										
F									2	1	1	3	6	5	6	11	6	15			56	2.7	1.9-3.5	96.0	0.3	367	4.9 (3.6-6.2)	
									2.6	1.3	1.4	4.7	12.0	13.0	19.6	42.1	29.7	76.2										
Eye & lacrimal gland (C690-C699)																												
M	1							2	1		2	2		2	2	1	2	2			17	1.2	0.6-1.8	100.0	0.1	869	1.8 (0.9-2.6)	
	1.4							2.5	1.3		2.8	3.1		5.1	6.9	4.3	13.3	20.8										
F	1										2							1			4	0.3	0 - 0.8	100.0	0.0	4619	0.4 (0.0-0.7)	
	1.5										2.8							5.1										
Meninges (cerebral & spinal) (C700-C709)																												
M																	1				1	0.0	0 - 0.1	100.0	0.0	*	0.1 (0 - 0.3)	
																	6.6											
F							1						1			1					3	0.2	0 - 0.5	100.0	0.0	5913	0.3 (0 - 0.6)	
							1.4						2.0			3.8												
Brain (C710-C719)																												
M	1	3	1	1	1			5	3	4	5	14	16	8	11	6	12	2	8		101	7.1	5.6-8.5	82.0	0.7	144	9.9 (8.0-11.9)	
	1.4	4.2	1.3	1.3	1.3			6.8	3.7	5.0	6.4	19.4	24.4	15.2	28.2	20.7	52.2	13.3	83.3									
F		2	2	1			3	1	2		5	5	4	4	4	2	7	7	3		52	3.5	2.5-4.6	75.0	0.3	332	4.8 (3.5-6.1)	
		3.0	2.9	1.4			4.3	1.4	2.5		6.5	7.0	6.3	8.0	10.4	6.5	26.8	34.7	15.2									
Spinal cord & cranial nerves (C720-C729)																												
M	2								1												3	0.4	0 - 0.9	67.0	0.0	4805	0.3 (0 - 0.6)	
	2.9								1.3																			
F											1				1						2	0.1	0 - 0.3	100.0	0.0	4281	0.2 (0 - 0.5)	
											1.4				3.3													
Thyroid gland (C730-C739)																												
M				1	3	1	5	3	3	5	1	4	3	3	5	3	2	3			45	3.2	2.3-4.2	100.0	0.3	307	4.5 (3.1-5.8)	
				1.3	3.8	1.4	6.8	3.7	3.8	6.4	1.4	6.1	5.7	7.7	17.2	13.0	13.3	31.2										
F		1	1	3	1	8	10	12	14	16	12	12	10	8	13	5	2	2			130	9.9	8.2-11.7	99.0	1.0	97	12.4 (10.2-14.5)	
		1.5	1.4	4.1	1.4	11.5	14.0	15.3	18.0	20.7	16.8	19.0	20.0	20.8	42.5	19.1	9.9	10.2										
Adrenal gland (C740-C749)																												
M	3								1			1									5	0.7	0.0-1.3	100.0	0.0	2814	0.5 (0.1-0.9)	
	4.3								1.3			1.5																
F	2						1				1	1				1					6	0.6	0.1-1.2	100.0	0.0	2693	0.6 (0.1-1.1)	
	3.0						1.4				1.4	1.6				3.8												
Endocrine glands (not adrenal) (C750-C759)																												
M					1				1												2	0.2	0 - 0.4	100.0	0.0	7940	0.2 (0 - 0.4)	
					1.3				1.3																			
F											1										1	0.1	0 - 0.2	100.0	0.0	*	0.1 (0 - 0.3)	
											1.4																	

Appendix 3A. Cancer incidence, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	u/k	Total	ASR	95% c.i.	TD%	CumInc	Risk	ASR2	
LEUKAEMIAS																											
Leukaemias, NOS/unclassifiable																											
M													1					1	4		6	0.3	0.1-0.6	83.0	0.0	*	0.8 (0.1-1.4)
													1.9					6.6	41.6		3	0.1	0 - 0.3	100.0	0.0	*	0.2 (0 - 0.5)
F										1.0									2.0		3	0.1	0 - 0.3	100.0	0.0	*	0.2 (0 - 0.5)
										1.3									10.2								
Leukaemias, lymphoid, all																											
M	5	1	3	2		2	1		1	3	4	6	6	6	12	12	11	3			78	5.6	4.2-7.0	96.0	0.5	187	8 (6.2-9.8)
	7.2	1.4	4.0	2.6		2.7	1.4		1.3	3.8	5.6	9.2	11.4	15.4	41.4	52.2	73.0	31.2			60	4.7	3.3-6.1	98.0	0.4	242	5.6 (4.2-7.0)
F	8	3								3	5	5	6	6	6	10	4	4			60	4.7	3.3-6.1	98.0	0.4	242	5.6 (4.2-7.0)
	12.2	4.5								3.9	7.0	7.9	12.0	15.6	19.6	38.2	19.8	20.3									
Leukaemias, lymphoid, acute																											
M	5	1	2	2		2	1			1								1			15	1.9	0.9-2.9	93.0	0.1	1041	1.4 (0.7-2.2)
	7.2	1.4	2.7	2.6		2.7	1.4			1.3								6.6			13	2.1	0.9-3.2	100.0	0.1	1001	1.3 (0.6-2.0)
F	8	3								1			1								13	2.1	0.9-3.2	100.0	0.1	1001	1.3 (0.6-2.0)
	12.2	4.5								1.3			2.0														
Leukaemias, lymphoid, chronic																											
M										2	4	4	6	6	11	12	9	3			57	3.3	2.4-4.2	96.0	0.4	254	6 (4.4-7.5)
										2.6	5.6	6.1	11.4	15.4	37.9	52.2	59.7	31.2			46	2.6	1.8-3.4	98.0	0.3	326	4.2 (3.0-5.5)
F										1	5	5	5	6	6	10	4	4			46	2.6	1.8-3.4	98.0	0.3	326	4.2 (3.0-5.5)
										1.3	7.0	7.9	10.0	15.6	19.6	38.2	19.8	20.3									
Leukaemias, lymphoid, other/NOS																											
M		1						1				2			1		1				6	0.4	0.1-0.8	100.0	0.0	2200	0.6 (0.1-1.0)
		1.3						1.3				3.1			3.4		6.6				1	0.1	0 - 0.2	100.0	0.0	*	0.1 (0 - 0.3)
F										1											1	0.1	0 - 0.2	100.0	0.0	*	0.1 (0 - 0.3)
										1.3																	
Leukaemias, myeloid, all																											
M				1	1	1	3	1		6	1	3	6	5	6	6	7	2			49	3.2	2.3-4.1	96.0	0.3	296	4.9 (3.5-6.3)
				1.3	1.3	1.4	4.1	1.2		7.7	1.4	4.6	11.4	12.8	20.7	26.1	46.4	20.8			43	2.8	1.9-3.7	98.0	0.3	343	4.1 (2.9-5.3)
F			2		1	1	3	1	3	2	5	4	1	1	7	6	3	3			43	2.8	1.9-3.7	98.0	0.3	343	4.1 (2.9-5.3)
			2.9		1.4	1.4	4.2	1.3	3.9	2.6	7.0	6.3	2.0	2.6	22.9	22.9	14.9	15.2									
Leukaemias, myeloid, acute																											
M				1		1	2	1		3	1	3	5	4	4	5	3	1			34	2.3	1.5-3.1	100.0	0.2	401	3.4 (2.2-4.5)
				1.3		1.4	2.7	1.2		3.8	1.4	4.6	9.5	10.3	13.8	21.7	19.9	10.4			32	2.2	1.4-3.0	97.0	0.2	431	3 (1.9-4.0)
F			2		1	1	1		2	2	5	4	1	1	5	2	3	2			32	2.2	1.4-3.0	97.0	0.2	431	3 (1.9-4.0)
			2.9		1.4	1.4	1.4		2.6	2.6	7.0	6.3	2.0	2.6	16.3	7.6	14.9	10.2									
Leukaemias, myeloid, chronic																											
M				1			1			3				1	1		2	1			10	0.7	0.2-1.1	100.0	0.1	1604	1 (0.4-1.7)
				1.3			1.4			3.8				2.6	3.4		13.3	10.4			5	0.4	0.0-0.7	100.0	0.0	2321	0.5 (0.1-1.0)
F							2	1	1						1						5	0.4	0.0-0.7	100.0	0.0	2321	0.5 (0.1-1.0)
							2.8	1.3	1.3						3.3												
Leukaemias, myeloid, other/NOS																											
M													1		1	1	2				5	0.3	0.0-0.5	60.0	0.0	3742	0.5 (0.1-1.0)
													1.9		3.4	4.3	13.3				6	0.2	0.0-0.4	100.0	0.0	6121	0.6 (0.1-1.1)
F															1	4		1			6	0.2	0.0-0.4	100.0	0.0	6121	0.6 (0.1-1.1)
															3.3	15.3		5.1									

Appendix 3A. Cancer incidence, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	u/k	Total	ASR	95% c.i.	TD%	CumInc	Risk	ASR2						
Leukaemias, other																																
M																				0												
F																				0												
Leukaemias (all)																																
M	5	1	3	3	1	3	4	1	1	9	5	9	13	11	18	18	19	9		133	9.2	7.5-10.9	95.0	0.9	114	13.7 (11.3-16.0)						
	7.2	1.4	4.0	3.9	1.3	4.1	5.4	1.2	1.3	11.5	6.9	13.7	24.7	28.2	62.1	78.3	126.1	93.7														
F	8	3	2		1	1	3	1	3	6	10	9	7	7	13	16	7	9		106	7.7	6.0-9.3	98.0	0.7	141	9.9 (8.0-11.8)						
	12.2	4.5	2.9		1.4	1.4	4.2	1.3	3.9	7.7	14.0	14.2	14.0	18.2	42.5	61.2	34.7	45.7														
MYELODYSPLASTIC DISEASES																																
Refractory anaemias/cytopaenias																																
M													1	2	2	2	6		13	0.7	0.3-1.0	85.0	0.1	1437	1.4 (0.6-2.2)							
													1.9	5.1	6.9	8.7	39.8															
F					1					1	1			2	2	1	2	3		13	0.7	0.3-1.1	92.0	0.1	1254	1.1 (0.5-1.8)						
					1.4					1.3	1.6			5.2	6.5	3.8	9.9	15.2														
Myelodysplastic syndromes																																
M						1					2		1	2	5	8	6	8		33	1.8	1.1-2.4	70.0	0.1	705	3.9 (2.5-5.2)						
						1.4					2.8		1.9	5.1	17.2	34.8	39.8	83.3														
F													1	2	2	2	3	3			13	0.6	0.2-1.0	77.0	0.1	1457	1.1 (0.5-1.8)					
													2.0	5.2	6.5	7.6	14.9	15.2														
Myelodysplastic diseases, all																																
M						1					2		2	4	7	10	12	8		46	2.4	1.7-3.2	74.0	0.2	473	5.3 (3.7-6.8)						
						1.4					2.8		3.8	10.3	24.1	43.5	79.6	83.3														
F					1					1	1	1	4	4	3	5	6			26	1.3	0.7-1.9	85.0	0.1	674	2.3 (1.4-3.2)						
					1.4					1.3	1.6	2.0	10.4	13.1	11.5	24.8	30.5															
CHRONIC MYELOPROLIFERATIVE DISEASES																																
Chronic myeloproliferative disorder, NOS																																
M										1.0										1	0.1	0-0.2	100.0	0.0	*	0.1 (0-0.3)						
										1																						
F																	1.0									1	0.0	0-0.1	0.0	0.0	*	0.1 (0-0.2)
																	5															
Polycythaemia rubra vera																																
M									1.0												1	0.1	0-0.2	100.0	0.0	*	0.1 (0-0.3)					
									1																							
F																	1									1	0.0	0-0.1	100.0	0.0	*	0.1 (0-0.2)
																	5.0															
Myelofibrosis/sclerosis																																
M											1	1		3		1	1			7	0.4	0.1-0.8	71.0	0.1	1453	0.8 (0.2-1.3)						
											1.5	1.9		10.3		6.6	10.4															
F									1				1	1			2			5	0.3	0.0-0.5	60.0	0.0	2798	0.4 (0.0-0.8)						
									1.3				2.6	3.3			10.2															
Other chronic myeloproliferative d/o																																
M											1	1		1		1	1			5	0.3	0.0-0.6	100.0	0.0	3650	0.5 (0.1-1.0)						
											1.4	1.5		2.6		4.3	10.4															
F											1				1		1			5	0.3	0.0-0.6	100.0	0.0	2590	0.4 (0.1-0.8)						
											1.3				3.2		3.3	5.0														

Appendix 3A. Cancer incidence, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	u/k	Total	ASR	95% c.i.	TD%	CumInc	Risk	ASR2		
Chronic myeloproliferative d/o, all																												
M									1	1	1	2	1	1	3	1	1	2			14	0.9	0.4-1.4	86.0	0.1	918	1.5 (0.7-2.2)	
									1.3	1.3	1.4	3.1	1.9	2.6	10.3	4.3	6.6	20.8										
F									1	1		2		1	2		3	2			12	0.6	0.2-1.0	75.0	0.1	1345	1.1 (0.5-1.6)	
									1.3	1.3		3.2		2.6	6.5		14.9	10.2										
OTHER CHRONIC IMMUNOPROLIFERATIVE DISEASES																												
Mast cell tumours																												
M																					0							
F																					0							
Histiocytic/dendritic cell malignancies																												
M																					0							
F																					0							
Other & U/S immunoproliferative neoplasms																												
M													1		1						2	0.1	0 - 0.3	100.0	0.0	3742	0.2 (0 - 0.5)	
													1.9		3.4													
F																					0							
Other chronic immunoproliferative d/o, all																												
M													1		1						2	0.1	0 - 0.3	100.0	0.0	3742	0.2 (0 - 0.5)	
													1.9		3.4													
F																					0							
Unknown primary site (C26, C39, C76, C80; Behaviour 6/9)																												
M							1	1	2	5	7	10	14	15	19	26	20	25	12		157	9.5	8.0-11.1	76.0	1.1	90	16.3 (13.7-18.8)	
							1.4	1.4	2.5	6.3	9.0	13.9	21.4	28.5	48.7	89.6	87.0	165.9	124.9									
F							1	1	1		4	4	5	4	8	10	18	20	22	30		128	6.2	5.0-7.4	69.0	0.6	156	11.4 (9.4-13.3)
							1.4	1.4	1.4		5.1	5.2	7.0	6.3	16.0	26.0	58.8	76.5	108.9	152.3								
All cancers																												
M	23	8	6	17	31	36	66	95	118	212	407	612	740	861	726	736	528	323		5545	356.9	347-367	94.0	42.0	3	554.2 (540-569)		
	33.1	11.3	8.0	22.1	39.0	48.6	89.5	116.8	148.7	271.6	565.4	933.9	1404.0	2208	2503	3201	3504	3362										
F	15	8	8	11	27	50	97	120	201	315	353	373	414	452	412	433	355	383		4027	250.9	243-259	93.0	27.8	4	367.2 (356-379)		
	22.8	12.1	11.5	15.2	36.6	71.8	135.4	152.8	258.1	406.8	495.6	590.1	827.7	1174	1346	1656	1758	1945										

Appendix 3B. Cancer mortality, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total	ASR	95% c.i.	PYLL	CumInc	Risk	ASR2	
Lip, gum & mouth (C000-C069) (not C01 C02)																										
M										1	2	2	1	4		2	3	1	16	1.0	0.5-1.4	137.4	0.1	1038	1.6 (0.8-2.4)	
										1.3	2.8	3.1	1.9	10.3		8.7	19.9	10.4								
F												1	1	1	1	3	2		8	0.3	0.1-0.5	23.7	0.0	4787	0.7 (0.2-1.1)	
												1.6		2.6		3.8	14.9	10.2								
Tongue (C010-C029)																										
M											1	4		2	2	4		1	14	0.8	0.4-1.3	103.2	0.1	1025	1.4 (0.7-2.2)	
											1.4	6.1		5.1	6.9	17.4		10.4								
F										1		1		2			1	2	7	0.4	0.1-0.7	56.7	0.0	2480	0.6 (0.1-1.0)	
										1.3		1.6		5.2			5.0	10.2								
Parotid gland (C070-C079)																										
M											1	1	1						3	0.2	0 - 0.4	48.0	0.0	4156	0.3 (0 - 0.5)	
											1.4	1.5	1.9													
F																		1	1	0.0	0 - 0.1	0.0	0.0	*	0.1 (0 - 0.2)	
																		5.1								
Major salivary glands (not parotid) (C080-C089)																										
M														1				1	2	0.1	0 - 0.3	6.9	0.0	7798	0.2 (0 - 0.6)	
														2.6				10.4								
F												1					1		2	0.1	0 - 0.2	16.5	0.0	*	0.2 (0 - 0.4)	
												1.6					5.0									
Pharynx (C090-C149) (not C11)																										
M										3	1	4	3	5	3	4			23	1.5	0.9-2.2	236.2	0.2	498	2.2 (1.3-3.1)	
										3.8	1.4	6.1	5.7	12.8	10.3	17.4										
F												2					2	2	6	0.3	0.0-0.5	23.7	0.0	5002	0.5 (0.1-0.9)	
												4.0					9.9	10.2								
Nasopharynx (C110-C119)																										
M																		1	2	0.1	0 - 0.3	37.0	0.0	4276	0.2 (0 - 0.5)	
																		3.4								
F																			0						-	
Oesophagus (C150-C159)																										
M										2	2	6	6	10	2	11	8	4	10	61	3.8	2.8-4.7	484.3	0.4	237	6.4 (4.8-8.1)
										2.5	2.6	8.3	9.2	19.0	5.1	37.9	34.8	26.5	104.1							
F												1	1	2		4	3	3	7	21	0.9	0.5-1.4	71.1	0.1	998	1.8 (1.0-2.6)
												1.4	1.6	4.0		13.1	11.5	14.9	35.5							
Stomach (C160-C169)																										
M										4	2	6	7	14	9	11	17	11	10	91	5.4	4.3-6.6	654.7	0.6	176	9.5 (7.5-11.5)
										5.0	2.6	8.3	10.7	26.6	23.1	37.9	73.9	73.0	104.1							
F												2	2	4	1	4	2	8	7	41	2.0	1.3-2.7	308.0	0.2	578	3.6 (2.5-4.7)
										1		2	2	4	1	4	2	8	7							
										1.4		2.6	2.6	2.8	6.3	2.0	10.4	6.5	30.6	34.7	40.6					
Small intestine (C170-C179)																										
M																		1	7	0.5	0.1-0.9	110.5	0.1	1810	0.7 (0.2-1.1)	
																		6.6								
F																		1	6	0.3	0.0-0.6	26.1	0.0	2686	0.5 (0.1-1.0)	
																		1								
																		5.0	5.1							

Appendix 3B. Cancer mortality, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total	ASR	95% c.i.	PYLL	CumInc	Risk	ASR2	
Lung, bronchus & trachea (C330-C349)																										
M					1	1			5	5	20	28	44	75	79	79	67	41	445	26.4	23.9-29.0	2458.6	3.2	32	47 (42.6-51.5)	
					1.3	1.4			6.3	6.4	27.8	42.7	83.5	192.4	272.4	343.6	444.6	426.8								
F				1				2	2	8	11	20	34	28	44	47	47	50	294	15.1	13.2-17.0	1675.1	1.7	58	26.3 (23.3-29.3)	
				1.4				2.5	2.6	10.3	15.4	31.6	68.0	72.7	143.8	179.7	232.7	253.8								
Thymus (C370-C379)																										
M													1	1					2	0.2	0 - 0.4	18.4	0.0	4483	0.2 (0 - 0.4)	
													1.9	2.6												
F																1			1	0.0	0 - 0.1	0.0	0.0	*	0.1 (0 - 0.3)	
																3.8										
Pleura, heart & mediastinum (C380-C389)																										
M																			0					-		
F				1															1	0.1	0 - 0.4	55.0	0.0	*	0.1 (0 - 0.3)	
				1.4																						
Bones, joints & articular cartilages (C400-C419)																										
M																2			2	0.1	0 - 0.2	0.0	0.0	*	0.2 (0 - 0.6)	
																8.7										
F				1										1	3				5	0.4	0.0-0.7	64.9	0.1	1454	0.5 (0.1-0.9)	
				1.4										2.6	9.8											
Skin (melanoma only) (C430-C439)																										
M						1	1	1	3	10	9	6	12	13	17	6	13		92	5.6	4.4-6.8	712.7	0.6	164	9.7 (7.7-11.8)	
						1.4	1.2	1.3	3.8	13.9	13.7	11.4	30.8	44.8	73.9	39.8	135.3									
F				1			2	2	1	4	2	5	1	4	4	6	5		37	2.1	1.3-2.8	403.5	0.2	474	3.3 (2.2-4.4)	
				1.4			2.5	2.6	1.3	5.6	3.2	10.0	2.6	13.1	15.3	29.7	25.4									
Skin (non-melanoma; includes SCC-BCC) (C440-C449)																										
M								1		2	4	3	7	6	10	5	11		49	2.8	2.0-3.6	232.2	0.3	368	5.4 (3.9-7.0)	
								1.3		2.8	6.1	5.7	18.0	20.7	43.5	33.2	114.5									
F								1		2	1	2				1	14		19	0.7	0.3-1.0	75.9	0.0	2918	1.4 (0.8-2.0)	
								1.3			1.6	4.0				5.0	71.1									
Mesothelioma (M905; ICD10 C45)																										
M								1	7	5	9	16	4	14	12	3			71	4.2	3.2-5.2	473.0	0.5	221	7.2 (5.5-8.9)	
								1.3	9.7	7.6	17.1	41.0	13.8	60.9	79.6	31.2										
F										1	2	1	4		2	2			12	0.7	0.3-1.1	57.0	0.1	942	1.1 (0.5-1.7)	
										1.6	4.0	2.6	13.1		9.9	10.2										
Kaposi sarcoma (M914; ICD10 C46)																										
M																			0					-		
F																	1		1	0.0	0 - 0.1	0.0	0.0	*	0.1 (0 - 0.2)	
																	5.1									
Nervous system, peripheral/autonomic (C470-C479)																										
M																			0					-		
F												1							1	0.1	0 - 0.2	11.8	0.0	*	0.1 (0 - 0.3)	
												2.0														

Appendix 3B. Cancer mortality, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total	ASR	95% c.i.	PYLL	CumInc	Risk	ASR2														
Other male genital (C630-C639)																																							
M																			0																				
Kidney (C640-C649)																																							
M																			32	1.9	1.2-2.6	252.1	0.2	576	3.3 (2.1-4.5)														
F																			19	1.1	0.5-1.6	125.6	0.1	814	1.7 (0.9-2.4)														
Bladder & urinary tract (C650-C689)																																							
M																			66	3.3	2.5-4.1	161.0	0.2	523	7.7 (5.8-9.6)														
F																			35	1.5	0.9-2.0	83.0	0.1	676	3.1 (2.1-4.2)														
Eye & lacrimal gland (C690-C699)																																							
M																			0																				
F																			2	0.1	0 - 0.3	18.9	0.0	4124	0.2 (0 - 0.5)														
Meninges (cerebral & spinal) (C700-C709)																																							
M																			0																				
F																			4	0.3	0 - 0.5	71.6	0.0	6745	0.4 (0.0-0.7)														
Brain (C710-C719)																																							
M	1						1	4	2	4	4	9	6	8	9	9	6	6	69	4.4	3.3-5.5	774.7	0.5	206	7 (5.3-8.7)														
F	1.4						1.4	4.9	2.5	5.1	5.6	13.7	11.4	20.5	31.0	39.1	39.8	62.5	63	4.0	2.9-5.1	884.4	0.4	240	5.8 (4.3-7.2)														
Spinal cord & cranial nerves (C720-C729)																																							
M																			0																				
F																			1	0.1	0 - 0.2	16.5	0.0	*	0.1 (0 - 0.2)														
Thyroid gland (C730-C739)																																							
M																			2	0.1	0 - 0.3	20.6	0.0	*	0.2 (0 - 0.5)														
F																			6	0.3	0.0-0.5	35.6	0.0	2558	0.5 (0.1-0.9)														
Adrenal gland (C740-C749)																																							
M	1							1			1								3	0.3	0 - 0.6	109.8	0.0	4760	0.3 (0 - 0.6)														
F	1.4							1.3			1.5								0																				
Endocrine glands (not adrenal) (C750-C759)																																							
M																			0																				
F																			0																				

Appendix 3B. Cancer mortality, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total	ASR	95% c.i.	PYLL	CumInc	Risk	ASR2	
LEUKAEMIAS																										
Leukaemias, NOS/unclassifiable																										
M																	1	4	5	0.2	0.0-0.5	0.0	0.0	*	0.7 (0.1-1.3)	
																	6.6	41.6								
F										1								3	4	0.2	0 - 0.3	26.0	0.0	*	0.3 (0.0-0.6)	
										1.3								15.2								
Leukaemias, lymphoid, all																										
M	1	1		3	1		1				1	3	1	1	4	5	3	5	30	2.1	1.3-2.9	480.0	0.2	596	3.2 (2.1-4.4)	
	1.4	1.4		3.9	1.3		1.4				1.4	4.6	1.9	2.6	13.8	21.7	19.9	52.0								
F	1				1						2		1	2	1	2	3	2	15	0.9	0.4-1.5	193.7	0.1	1239	1.4 (0.7-2.0)	
	1.5				1.4						2.8		2.0	5.2	3.3	7.6	14.9	10.2								
Leukaemias, lymphoid, acute																										
M	1	1		3	1		1					3					1		11	1.1	0.4-1.7	431.5	0.1	1435	1 (0.4-1.6)	
	1.4	1.4		3.9	1.3		1.4					4.6					6.6									
F	1				1						1			1				1	5	0.5	0 - 0.9	151.1	0.0	2908	0.4 (0.1-0.8)	
	1.5				1.4						1.4			2.6				5.1								
Leukaemias, lymphoid, chronic																										
M											1	1	1	4	5	1	5		18	1.0	0.5-1.5	48.5	0.1	1019	2.1 (1.1-3.1)	
											1.4	1.9	2.6	13.8	21.7	6.6	52.0									
F											1	1	1	1	2	3	1		10	0.5	0.1-0.8	42.6	0.0	2159	0.9 (0.3-1.5)	
											1.4	2.0	2.6	3.3	7.6	14.9	5.1									
Leukaemias, lymphoid, other/NOS																										
M																	1		1	0.0	0 - 0.1	0.0	0.0	*	0.1 (0 - 0.3)	
																	6.6									
F																			0					-		
Leukaemias, myeloid, all																										
M				1	1	1				2	1	1	8	6	3	4	5	1	34	2.2	1.5-3.0	360.1	0.3	398	3.3 (2.2-4.5)	
				1.3	1.4	1.4				2.6	1.4	1.5	15.2	15.4	10.3	17.4	33.2	10.4								
F				1		2					3	2	1	2	6	4	4	2	27	1.5	0.9-2.2	269.1	0.2	522	2.5 (1.6-3.5)	
				1.4		2.8					4.2	3.2	2.0	5.2	19.6	15.3	19.8	10.2								
Leukaemias, myeloid, acute																										
M				1	1	1				2	1		5	6	2	2	3	1	25	1.7	1.0-2.4	307.4	0.2	504	2.4 (1.5-3.4)	
				1.3	1.4	1.4				2.6	1.4		9.5	15.4	6.9	8.7	19.9	10.4								
F				1		2					3	2	1	1	5		4	1	20	1.2	0.6-1.8	259.6	0.2	617	1.9 (1.0-2.7)	
				1.4		2.8					4.2	3.2	2.0	2.6	16.3		19.8	5.1								
Leukaemias, myeloid, chronic																										
M												1							1	0.1	0 - 0.2	11.4	0.0	*	0.1 (0 - 0.2)	
												1.9														
F														1		1		1	3	0.1	0 - 0.3	7.1	0.0	7704	0.3 (0 - 0.6)	
														2.6		3.8		5.1								
Leukaemias, myeloid, other/NOS																										
M											1	2			1	2	2		8	0.4	0.1-0.8	41.3	0.0	2281	0.8 (0.2-1.4)	
											1.5	3.8			3.4	8.7	13.3									
F															1	3			4	0.2	0 - 0.4	2.4	0.0	6121	0.4 (0.0-0.8)	
															3.3	11.5										

Appendix 3B. Cancer mortality, Western Australia, 2007

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Total	ASR	95% c.i.	PYLL	CumInc	Risk	ASR2		
Chronic myeloproliferative d/o, all																											
M										1		3		3	1	1	3		12	0.7	0.3-1.2	82.7	0.1	1105	1.2 (0.5-1.8)		
										1.3		5.7		7.7	3.4	4.3	19.9										
F												1		1	2	2	5	3	14	0.6	0.2-0.9	23.8	0.1	1797	1.2 (0.6-1.9)		
												2.0		2.6	6.5	7.6	24.8	15.2									
OTHER CHRONIC IMMUNOPROLIFERATIVE DISEASES																											
Mast cell tumours																											
M																			0						-		
F																			0							-	
Histiocytic/dendritic cell malignancies																											
M																			0							-	
F																			0							-	
Other & U/S immunoproliferative neoplasms																											
M																	1	1	2	0.1	0 - 0.2	0.0	0.0	*	0.3 (0 - 0.6)		
																	6.6	10.4									
F																			0							-	
Other chronic immunoproliferative d/o, all																											
M																	1	1	2	0.1	0 - 0.2	0.0	0.0	*	0.3 (0 - 0.6)		
																	6.6	10.4									
F																			0							-	
Unknown primary site (C80 or Behaviour 6/9)																											
M						1			1	3	3	3	9	14	19	14	21	12	100	5.8	4.6-7.0	505.2	0.7	150	10.8 (8.7-13.0)		
						1.4			1.3	3.8	4.2	4.6	17.1	35.9	65.5	60.9	139.3	124.9									
F				1		1			2	3	1	2	11	6	10	20	14	28	99	4.6	3.6-5.7	491.8	0.4	238	8.6 (6.9-10.4)		
				1.4		1.4			2.6	3.9	1.4	3.2	22.0	15.6	32.7	76.5	69.3	142.2									
Total deaths due to cancer																											
M	1	3	2	4	4	7	7	10	31	42	113	140	206	269	288	361	302	274	2064	121.9	116-127	13610.1	12.9	8	220.5 (211-230)		
	1.4	4.2	2.7	5.2	5.0	9.5	9.5	12.3	39.1	53.8	157.0	213.6	391	690	993	1570	2004	2852									
F	1	2	1	7	5	6	9	23	27	55	70	141	144	142	213	211	239	337	1633	84.4	79.9-88.9	11942.8	9.3	11	144.3 (137-151)		
	1.5	3.0	1.4	9.7	6.8	8.6	12.6	29.3	34.7	71.0	98.3	223.1	287.9	369	696	807	1184	1711									

Appendix 3C. Childhood cancer, Western Australia, 2007 (WHO International Classification, version 3)

	Males				Total	ASR	95%c.i.	TD%	Females				Total	ASR	95%c.i.	TD%	All				Total	ASR	95%c.i.	TD%
	Age Group								Age Group								Age Group							
	0	1-4	5-9	10-14					0	1-4	5-9	10-14					0	1-4	5-9	10-14				
I. LEUKAEMIAS, MYELOPROLIFERATIVE AND MYELOYDYSPLASTIC DISEASES																								
All		5	1	3	9	4.4	1.5-7.3	100	2	6	3	2	13	7.0	3.2-10.8	100	2	11	4	5	22	5.7	3.3-8.1	100
		9.0	1.4	4.0					15.1	11.4	4.5	2.9					7.4	10.2	2.9	3.5				
Lymphoid leukaemia		5	1	3	9	4.4	1.5-7.3	100	2	6	3		11	6.2	2.5-9.8	100	2	11	4	3	20	5.3	2.9-7.6	100
		9.0	1.4	4.0					15.1	11.4	4.5						7.4	10.2	2.9	2.1				
Acute myeloid leukaemia					0							2	2	0.8	0 - 2.0	100				2	2	0.4	0 - 1.0	100
												2.9								1.4				
Chronic MPDs					0								0								0			
MDS & other MPDs					0								0								0			
Unspecified/other leukaemia					0								0								0			
II. LYMPHOMAS																								
All			2		2	0.9	0 - 2.2	100	1		1		2	1.0	0 - 2.4	100	1	2	1		4	1.0	0.0-1.9	100
			2.8						1.9		1.4						0.9	1.5	0.7					
Hodgkin lymphoma					0								0								0			
Non-Hodgkin lymphoma exc Burki					0				1		1		2	1.0	0 - 2.4	100	1		1		2	0.5	0 - 1.2	100
									1.9		1.4						0.9		0.7					
Burkitt lymphoma			2		2	0.9	0 - 2.2	100					0						2		2	0.5	0 - 1.1	100
			2.8																1.5					
Misc. lymphoreticular neoplasms					0								0								0			
Unspecified lymphoma					0								0								0			
III. CNS AND INTRACRANIAL/SPINAL																								
All		3	4	1	8	3.9	1.2-6.6	75	1	2	2		5	2.4	0.3-4.5	80	4	6	3		13	3.2	1.4-4.9	77
		5.4	5.7	1.3					1.9	3.0	2.9						3.7	4.4	2.1					
Ependymoma/choroid plexus					0								0								0			
Astrocytoma		2	2		4	2.0	0.0-4.0	50	1	2	2		5	2.4	0.3-4.5	80	3	4	2		9	2.2	0.8-3.7	67
		3.6	2.8						1.9	3.0	2.9						2.8	2.9	1.4					
Embryonal tumours		1	2	1	4	1.9	0.0-3.7	100					0				1	2	1		4	1.0	0.0-1.9	100
		1.8	2.8	1.3													0.9	1.5	0.7					
Other gliomas					0								0								0			
Other intracranial/spinal					0								0								0			
Unspecified					0								0								0			

Appendix 3C. Childhood cancer, Western Australia, 2007 (WHO International Classification, version 3)

	Males				Total	ASR	95%c.i.	TD%	Females				Total	ASR	95%c.i.	TD%	All						
	Age Group								Age Group								Age Group						
	0	1-4	5-9	10-14					0	1-4	5-9	10-14					0	1-4	5-9	10-14	Total	ASR	95%c.i.	TD%
IV. NEUROBLASTOMA & PERIPHERAL NERVOUS SYSTEM TUMOURS																							
All	2	3			5	2.8	0.3-5.2	100	1	1	1		3	1.7	0 - 3.5	100	3	4	1	8	2.2	0.7-3.8	100
	14.4	5.4							7.6	1.9	1.5						11.1	3.7	0.7				
Neuroblastoma/ganglioneuobl.	2	3			5	2.8	0.3-5.2	100	1	1	1		3	1.7	0 - 3.5	100	3	4	1	8	2.2	0.7-3.8	100
	14.4	5.4							7.6	1.9	1.5						11.1	3.7	0.7				
Other					0								0							0			
V. RETINOBLASTOMA																							
All		1			1	0.6	0 - 1.7	100		1			1	0.6	0 - 1.7	100		2		2	0.6	0 - 1.4	100
		1.8								1.9								1.9					
VI. RENAL TUMOURS																							
All	1		2		3	1.5	0 - 3.1	100		1			1	0.6	0 - 1.7	100	1	1	2	4	1.0	0.0-2.1	100
	7.2		2.8							1.9							3.7	0.9	1.5				
Nephroblastoma/oth non-epithel.	1		2		3	1.5	0 - 3.1	100		1			1	0.6	0 - 1.7	100	1	1	2	4	1.0	0.0-2.1	100
	7.2		2.8							1.9							3.7	0.9	1.5				
Renal carcinoma					0								0							0			
Unspecified					0								0							0			
VII. HEPATIC TUMOURS																							
All	2				2	1.1	0 - 2.7	50					0					2		2	0.6	0 - 1.4	50
	14.4																	7.4					
Hepatoblastoma	2				2	1.1	0 - 2.7	50					0					2		2	0.6	0 - 1.4	50
	14.4																	7.4					
Hepatic carcinoma					0								0							0			
Unspecified					0								0							0			
VIII. BONE																							
All			1		1	0.4	0 - 1.1	100	1		1		2	1.1	0 - 2.6	100	1		1	3	0.7	0 - 1.5	100
			1.3						7.6		1.5						3.7		0.7	0.7			
Osteosarcoma					0								0							0			
Chondrosarcoma					0					1			1	0.6	0 - 1.7	100	1			1	0.3	0 - 0.8	100
									7.6								3.7						
Ewing & related sarcoma			1		1	0.4	0 - 1.1	100			1		1	0.5	0 - 1.4	100			1	2	0.4	0 - 1.0	100
			1.3								1.5								0.7	0.7			
Other specified					0								0							0			
Unspecified					0								0							0			

Appendix 3C. Childhood cancer, Western Australia, 2007 (WHO International Classification, version 3)

	Males				Total	ASR	95%c.i.	TD%	Females				Total	ASR	95%c.i.	TD%	All				Total	ASR	95%c.i.	TD%
	Age Group								Age Group								Age Group							
	0	1-4	5-9	10-14					0	1-4	5-9	10-14					0	1-4	5-9	10-14				
IX. SOFT TISSUE SARCOMA																								
All	1	2		1	4	2.1	0.0-4.1	100	1	1			2	1.1	0 - 2.6	100	1	3	1	1	6	1.6	0.3-2.9	100
	7.2	3.6		1.3					1.9	1.5							3.7	2.8	0.7	0.7				
Rhabdomyosarcoma		2		1	3	1.5	0 - 3.2	100	1				1	0.6	0 - 1.7	100		3		1	4	1.1	0.0-2.1	100
		3.6		1.3					1.9									2.8		0.7				
Fibrosarcoma/Neurofibrosarc.					0								0								0			
Kaposi sarcoma					0								0								0			
Other specified	1				1	0.6	0 - 1.6	100			1		1	0.5	0 - 1.4	100	1		1		2	0.5	0 - 1.2	100
	7.2									1.5							3.7		0.7					
Unspecified					0								0								0			
X. GONADAL AND GERM CELL																								
All		2			2	1.1	0 - 2.7	100				2	2	0.8	0 - 2.0	100		2		2	4	1.0	0.0-1.9	100
		3.6									2.9							1.9		1.4				
Intracranial/spinal					0								0								0			
Other/unspecified non-gonadal					0								0								0			
Gonadal germ cell		2			2	1.1	0 - 2.7	100				2	2	0.8	0 - 2.0	100		2		2	4	1.0	0.0-1.9	100
		3.6									2.9							1.9		1.4				
Gonadal carcinoma					0								0								0			
Other and unspecified					0								0								0			
XI. OTHER EPITHELIAL / MELANOMA																								
All					0					1	1		2	0.9	0 - 2.2	100		1	1		2	0.4	0 - 1.0	100
										1.5	1.4							0.7	0.7					
Adrenocortical carcinoma					0								0								0			
Thyroid carcinoma					0					1	1		2	0.9	0 - 2.2	100		1	1		2	0.4	0 - 1.0	100
										1.5	1.4							0.7	0.7					
Nasopharyngeal carcinoma					0								0								0			
Malignant melanoma					0								0								0			
Skin carcinomas					0								0								0			
Other/unspecified carcinoma					0								0								0			

Appendix 3C. Childhood cancer, Western Australia, 2007 (WHO International Classification, version 3)

	Males				Total	ASR	95%c.i.	TD%	Females				Total	ASR	95%c.i.	TD%	All								
	Age Group								Age Group								Age Group								
	0	1-4	5-9	10-14					0	1-4	5-9	10-14					0	1-4	5-9	10-14	Total	ASR	95%c.i.	TD%	
XII. OTHER																									
All		1			1	0.6	0 - 1.7	100										1							
		1.8																0.9							
Other specified malignancy		1			1	0.6	0 - 1.7	100										1							
		1.8																0.9							
Other unspecified malignancy					0																				
Total					38	19.3	13.1-25.4	92										97							
	6	17	9	6					4	12	9	8	33	17.1	11.2-23.1			10	29	18	14	71	18.2	14.0-22.5	94
	43.2	30.6	12.7	8.0					30.2	22.9	13.6	11.5						36.9	26.9	13.1	9.7				

Appendix 3D. Cancer incidence, Western Australia, 2007: Leading types by sex and geographic area

CHS Kimberley Region

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	8	14.3	53.8	15.8-91.9	14	Breast	10	30.3	73.0	25.3-121	13
Colorectal	6	10.7	37.5	6.5-68.4	16	Cervix	4	12.1	19.7	0.4-39.0	66
Colon	3	5.4	21.5	0 - 46.4	21	Melanoma (skin)	2	6.1	13.6	0 - 32.6	183
Rectum	3	5.4	16.0	0 - 34.4	54	Unknown primary	2	6.1	13.7	0 - 33.4	67
Lung	5	8.9	36.0	4.0-68.0	17	Lymphoma	2	6.1	23.8	0 - 56.6	21
Melanoma (skin)	5	8.9	21.8	2.7-40.9	48	Lymphoma NOS	0				
Unknown primary	5	8.9	28.7	2.6-54.9	30	Hodgkin lymphoma	0				
Pharynx	4	7.1	18.8	0.4-37.2	50	NHL	2	6.1	23.8	0 - 56.6	21
Lymphoma	4	7.1	24.1	0 - 48.7	50	Leukaemia	2	6.1	18.0	0 - 44.1	27
Lymphoma NOS	1	1.8	8.1	0 - 24.0	*	Leukaemia NOS	0				
Hodgkin lymphoma	0					Lymphoid leukaemia	1	3.0	11.8	0 - 34.8	35
NHL	3	5.4	16.0	0 - 34.7	50	Myeloid leukaemia	1	3.0	6.3	0 - 18.5	129
Lip, gum & mouth	3	5.4	17.3	0 - 37.8	36	Leukaemia, other	0				
Tongue	3	5.4	14.4	0 - 30.6	63	Colorectal	1	3.0	5.2	0 - 15.5	306
Pancreas	3	5.4	21.0	0 - 44.8	35	Colon	1	3.0	5.2	0 - 15.5	306
Oesophagus	2	3.6	13.2	0 - 32.1	41	Rectum	0				
Stomach	2	3.6	15.2	0 - 36.1	*	Tongue	1	3.0	5.1	0 - 15.0	238
All cancers	56	100.0	334.5	245-424	3	All cancers	33	100.0	221.2	141-301	4

CHS Pilbara Region

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	12	21.8	60.3	22.1-98.6	13	Breast	14	33.3	88.1	35.8-140	10
Melanoma (skin)	10	18.2	45.0	8.9-81.0	15	Melanoma (skin)	6	14.3	24.7	4.4-44.9	45
Lung	6	10.9	45.6	6.4-84.9	20	Lung	4	9.5	49.4	0 - 103	11
Bladder & urinary tract	4	7.3	27.1	0 - 58.0	45	Cervix	4	9.5	42.1	0 - 91.7	13
Oesophagus	3	5.5	11.4	0 - 25.1	74	Colorectal	3	7.1	31.0	0 - 66.0	26
Testis	3	5.5	10.8	0 - 23.9	141	Colon	1	2.4	10.3	0 - 30.6	78
Colorectal	2	3.6	5.6	0 - 13.3	179	Rectum	2	4.8	20.7	0 - 49.2	39
Colon	1	1.8	2.8	0 - 8.3	358	Lip, gum & mouth	2	4.8	18.2	0 - 47.3	37
Rectum	1	1.8	2.8	0 - 8.3	358	Lymphoma	2	4.8	7.5	0 - 18.1	144
Connective/ soft tissues	2	3.6	12.9	0 - 33.4	53	Lymphoma NOS	0				
Lymphoma	2	3.6	8.4	0 - 20.7	102	Hodgkin lymphoma	0				
Lymphoma NOS	0					NHL	2	4.8	7.5	0 - 18.1	144
Hodgkin lymphoma	1	1.8	2.8	0 - 8.3	358	Stomach	1	2.4	2.8	0 - 8.4	422
NHL	1	1.8	5.6	0 - 16.7	143	Connective/ soft tissues	1	2.4	4.2	0 - 12.5	378
Lip, gum & mouth	1	1.8	2.4	0 - 7.0	505	Vulva	1	2.4	4.2	0 - 12.5	285
Tongue	1	1.8	3.0	0 - 8.9	267	Uterus	1	2.4	3.8	0 - 11.1	320
Stomach	1	1.8	5.6	0 - 16.7	143	Ovary	1	2.4	4.2	0 - 12.5	285
All cancers	55	100.0	280.9	195-367	3	All cancers	42	100.0	288.9	184-394	3

CHS Midwest Region

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	55	33.7	110.7	81.1-140	7	Breast	21	24.7	53.0	30.1-75.8	18
Lung	25	15.3	49.1	29.5-68.7	14	Colorectal	14	16.5	28.7	13.0-44.3	37
Colorectal	20	12.3	41.0	22.7-59.2	25	Colon	8	9.4	16.4	4.5-28.3	79
Colon	13	8.0	27.0	12.1-42.0	38	Rectum	5	5.9	10.0	0.8-19.1	87
Rectum	7	4.3	13.9	3.4-24.4	67	Melanoma (skin)	9	10.6	22.2	7.4-37.0	39
Melanoma (skin)	10	6.1	19.8	7.4-32.2	32	Lung	8	9.4	17.0	4.8-29.2	42
Pancreas	6	3.7	11.4	2.0-20.8	109	Unknown primary	7	8.2	14.8	3.3-26.3	65
Pharynx	5	3.1	11.6	1.4-21.9	70	Pancreas	2	2.4	3.5	0 - 8.6	175
Oesophagus	5	3.1	9.0	0.8-17.2	124	Lymphoma	2	2.4	5.0	0 - 11.9	161
Kidney	4	2.5	8.4	0 - 16.9	125	Lymphoma NOS	0				
Brain	4	2.5	8.8	0.2-17.5	107	Hodgkin lymphoma	1	1.2	2.3	0 - 6.7	353
Lymphoma	4	2.5	9.3	0.1-18.5	89	NHL	1	1.2	2.7	0 - 8.0	297
Lymphoma NOS	0					Leukaemia	2	2.4	6.7	0 - 16.3	119
Hodgkin lymphoma	0					Leukaemia NOS	0				
NHL	4	2.5	9.3	0.1-18.5	89	Lymphoid leukaemia	1	1.2	2.3	0 - 6.8	175
Leukaemia	4	2.5	6.7	0 - 13.5	173	Myeloid leukaemia	1	1.2	4.4	0 - 12.9	367
Leukaemia NOS	0					Leukaemia, other	0				
All cancers	163	100.0	331.4	280-383	3	All cancers	85	100.0	197.7	154-241	5

Appendix 3D. Cancer incidence, Western Australia, 2007: Leading types by sex and geographic area

CHS Wheatbelt Region

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	65	25.9	90.7	68.3-113	10	Breast	34	23.6	53.9	35.1-72.8	16
Melanoma (skin)	32	12.7	55.0	34.5-75.5	18	Colorectal	23	16.0	31.5	17.9-45.1	31
Colorectal	31	12.4	44.5	28.4-60.7	18	Colon	13	9.0	18.7	8.0-29.4	46
Colon	17	6.8	24.1	12.4-35.7	29	Rectum	10	6.9	12.8	4.3-21.2	91
Rectum	14	5.6	20.5	9.3-31.7	49	Melanoma (skin)	14	9.7	31.9	13.6-50.3	36
Lung	26	10.4	35.8	21.8-49.9	24	Lung	12	8.3	13.9	5.4-22.4	101
Unknown primary	16	6.4	23.7	11.9-35.5	33	Lymphoma	7	4.9	10.6	2.4-18.7	78
Lip, gum & mouth	11	4.4	15.8	6.3-25.3	50	Lymphoma NOS	0				
Kidney	9	3.6	12.1	4.0-20.2	76	Hodgkin lymphoma	0				
Pancreas	8	3.2	11.2	3.3-19.2	84	NHL	7	4.9	10.6	2.4-18.7	78
Lymphoma	8	3.2	12.7	3.8-21.6	64	Unknown primary	6	4.2	8.0	1.2-14.9	118
Lymphoma NOS	0					Pancreas	5	3.5	6.9	0.4-13.4	112
Hodgkin lymphoma	1	0.4	1.9	0 - 5.7	623	Uterus	5	3.5	8.2	0.9-15.4	81
NHL	7	2.8	10.8	2.7-18.9	72	Thyroid gland	4	2.8	8.3	0.1-16.4	120
Brain	7	2.8	10.9	2.7-19.0	71	Leukaemia	4	2.8	6.3	0.0-12.7	165
Oesophagus	6	2.4	7.2	1.3-13.0	114	Leukaemia NOS	0				
Skin (NMSC exc. SCC/BCC)	4	1.6	6.4	0.1-12.6	109	Lymphoid leukaemia	4	2.8	6.3	0.0-12.7	165
All cancers	251	100.0	364.7	318-411	3	All cancers	144	100.0	226.6	187-266	4

CHS Goldfields Region

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	16	18.6	49.3	24.7-73.9	18	Breast	25	31.6	83.3	50.0-117	12
Melanoma (skin)	12	14.0	38.5	16.4-60.5	22	Colorectal	11	13.9	38.8	15.3-62.4	31
Colorectal	11	12.8	35.4	14.2-56.5	20	Colon	8	10.1	30.6	9.0-52.2	34
Colon	7	8.1	22.2	5.6-38.9	35	Rectum	3	3.8	8.2	0 - 17.7	368
Rectum	4	4.7	13.1	0.1-26.2	47	Melanoma (skin)	7	8.9	23.2	5.6-40.7	46
Lung	8	9.3	22.4	6.7-38.0	49	Lung	6	7.6	24.1	4.7-43.5	27
Kidney	4	4.7	11.9	0.0-23.7	217	Uterus	4	5.1	11.0	0.1-22.0	195
Lymphoma	3	3.5	8.4	0 - 18.0	102	Lymphoma	4	5.1	16.2	0.1-32.3	34
Lymphoma NOS	0					Lymphoma NOS	0				
Hodgkin lymphoma	0					Hodgkin lymphoma	0				
NHL	3	3.5	8.4	0 - 18.0	102	NHL	4	5.1	16.2	0.1-32.3	34
Leukaemia	3	3.5	10.4	0 - 22.5	190	Pancreas	3	3.8	6.1	0 - 13.1	*
Leukaemia NOS	1	1.2	3.9	0 - 11.6	*	Kidney	3	3.8	9.5	0 - 20.9	175
Lymphoid leukaemia	2	2.3	6.5	0 - 15.8	190	Unknown primary	3	3.8	12.5	0 - 26.8	56
Myeloid leukaemia	0					Leukaemia	3	3.8	11.8	0 - 25.5	60
Leukaemia, other	0					Leukaemia NOS	0				
Lip, gum & mouth	2	2.3	5.1	0 - 12.1	192	Lymphoid leukaemia	1	1.3	4.6	0 - 13.5	175
All cancers	86	100.0	268.8	211-326	4	All cancers	79	100.0	268.9	208-330	4

CHS Great Southern Region

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	48	28.2	98.4	70.2-127	8	Breast	24	18.3	53.0	31.0-74.9	16
Colorectal	21	12.4	38.6	21.5-55.8	21	Colorectal	17	13.0	28.9	14.0-43.8	30
Colon	17	10.0	31.1	15.8-46.4	28	Colon	13	9.9	20.6	8.5-32.8	43
Rectum	4	2.4	7.5	0 - 15.3	80	Rectum	4	3.1	8.2	0 - 16.8	102
Lung	18	10.6	27.8	14.0-41.7	36	Melanoma (skin)	15	11.5	36.1	17.2-55.1	23
Melanoma (skin)	14	8.2	31.6	14.4-48.9	31	Lymphoma	13	9.9	23.7	9.8-37.5	35
Bladder & urinary tract	11	6.5	20.6	8.0-33.1	36	Lymphoma NOS	0				
Unknown primary	6	3.5	10.5	1.5-19.4	91	Hodgkin lymphoma	0				
Leukaemia	6	3.5	9.8	1.5-18.1	78	NHL	13	9.9	23.7	9.8-37.5	35
Leukaemia NOS	0					Lung	10	7.6	19.0	6.6-31.5	35
Lymphoid leukaemia	3	1.8	4.9	0 - 10.9	326	Thyroid gland	10	7.6	26.4	8.1-44.7	38
Myeloid leukaemia	3	1.8	4.9	0 - 10.6	103	Uterus	7	5.3	13.2	2.9-23.5	52
Leukaemia, other	0					Leukaemia	7	5.3	13.7	2.2-25.2	76
Myeloma	6	3.5	10.9	1.8-20.1	78	Leukaemia NOS	0				
Stomach	5	2.9	11.0	1.3-20.7	58	Lymphoid leukaemia	3	2.3	4.2	0 - 9.5	355
Kidney	5	2.9	12.3	0.2-24.4	67	Myeloid leukaemia	4	3.1	9.5	0 - 19.7	96
Brain	4	2.4	6.4	0 - 12.9	135	Leukaemia, other	0				
All cancers	170	100.0	332.6	280-385	3	All cancers	131	100.0	267.8	219-317	4

Appendix 3D. Cancer incidence, Western Australia, 2007: Leading types by sex and geographic area

CHS South West Region

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	152	35.5	127.9	107-149	6	Breast	94	34.4	84.0	66.4-102	11
Melanoma (skin)	54	12.6	48.7	35.4-62.0	17	Colorectal	32	11.7	25.0	15.8-34.2	34
Colorectal	43	10.0	34.7	23.9-45.4	24	Colon	21	7.7	15.8	8.6-23.1	59
Colon	27	6.3	20.7	12.6-28.8	44	Rectum	10	3.7	8.1	2.8-13.4	86
Rectum	16	3.7	14.0	6.9-21.0	54	Melanoma (skin)	25	9.2	24.1	14.0-34.3	40
Lung	35	8.2	27.0	17.7-36.4	34	Lung	19	7.0	17.3	9.3-25.3	37
Kidney	13	3.0	11.3	5.0-17.7	83	Uterus	14	5.1	12.3	5.1-19.4	71
Unknown primary	13	3.0	10.1	4.5-15.8	73	Lymphoma	14	5.1	9.2	4.0-14.4	142
Leukaemia	12	2.8	11.7	4.2-19.2	88	Lymphoma NOS	0				
Leukaemia NOS	0					Hodgkin lymphoma	1	0.4	1.1	0 - 3.2	742
Lymphoid leukaemia	9	2.1	8.3	1.9-14.8	123	NHL	13	4.8	8.1	3.4-12.9	176
Myeloid leukaemia	3	0.7	3.4	0 - 7.2	312	Pancreas	12	4.4	8.0	3.1-12.8	121
Leukaemia, other	0					Ovary	10	3.7	9.4	3.5-15.3	76
Bladder & urinary tract	11	2.6	8.8	3.3-14.3	108	Thyroid gland	7	2.6	7.9	1.7-14.2	104
Lymphoma	11	2.6	9.9	3.9-15.8	96	Unknown primary	6	2.2	5.0	0.8-9.3	194
Lymphoma NOS	0					Lip, gum & mouth	4	1.5	3.9	0.1-7.8	156
Hodgkin lymphoma	2	0.5	2.0	0 - 4.8	548	Stomach	4	1.5	2.6	0 - 5.5	923
NHL	9	2.1	7.9	2.6-13.1	117	Cervix	4	1.5	4.8	0.1-9.4	253
Lip, gum & mouth	10	2.3	10.3	3.5-17.1	95	Bladder & urinary tract	4	1.5	2.8	0 - 5.8	253
Pancreas	8	1.9	6.2	1.8-10.6	164	Leukaemia	4	1.5	4.0	0 - 8.7	436
Brain	8	1.9	8.2	1.7-14.8	125	Leukaemia NOS	0				
Skin (NMSC exc. SCC/BCC)	7	1.6	6.5	1.2-11.7	197	Lymphoid leukaemia	2	0.7	0.9	0 - 2.1	*
Mesothelioma	5	1.2	4.4	0.4-8.4	234	Myeloid leukaemia	2	0.7	3.1	0 - 7.6	436
Pharynx	4	0.9	4.0	0.1-7.8	234	Leukaemia, other	0				
Oesophagus	4	0.9	2.8	0 - 5.7	517	Anus	3	1.1	2.5	0 - 5.4	388
Stomach	4	0.9	3.6	0.0-7.2	192	Oesophagus	2	0.7	1.4	0 - 3.6	585
Larynx	4	0.9	3.5	0 - 7.0	178	Liver	2	0.7	1.3	0 - 3.1	445
Myelodysplastic diseases	4	0.9	2.4	0 - 5.0	438	Skin (NMSC exc. SCC/BCC)	2	0.7	2.1	0 - 5.1	566
Liver	3	0.7	3.4	0 - 8.4	979	Connective/ soft tissues	2	0.7	2.1	0 - 4.9	293
Gallbladder / bile ducts	3	0.7	2.0	0 - 4.4	1092	Tongue	1	0.4	1.0	0 - 2.9	1022
All cancers	428	100.0	365.6	330-402	3	All cancers	273	100.0	237.1	207-267	4

WA Country - all

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	356	29.4	100.7	90.1-111	8	Breast	222	28.2	69.7	60.3-79.1	13
Melanoma (skin)	137	11.3	41.2	34.1-48.2	21	Colorectal	101	12.8	29.0	23.0-34.9	33
Colorectal	134	11.1	37.3	30.9-43.8	22	Colon	65	8.3	19.0	14.1-23.9	52
Colon	85	7.0	23.6	18.5-28.7	35	Rectum	34	4.3	9.3	6.0-12.6	94
Rectum	49	4.1	13.7	9.8-17.7	59	Melanoma (skin)	78	9.9	26.1	20.1-32.1	37
Lung	123	10.2	32.7	26.8-38.6	26	Lung	60	7.6	18.5	13.6-23.3	39
Unknown primary	45	3.7	12.4	8.7-16.1	67	Lymphoma	44	5.6	12.5	8.7-16.3	68
Kidney	38	3.1	10.7	7.2-14.2	92	Lymphoma NOS	0				
Bladder & urinary tract	35	2.9	9.4	6.2-12.5	102	Hodgkin lymphoma	2	0.3	0.7	0 - 1.6	1176
Lymphoma	33	2.7	9.6	6.3-12.9	94	NHL	42	5.3	11.8	8.1-15.5	72
Lymphoma NOS	1	0.1	0.2	0 - 0.6	*	Uterus	33	4.2	10.0	6.4-13.5	83
Hodgkin lymphoma	4	0.3	1.2	0.0-2.4	919	Unknown primary	28	3.6	8.0	4.9-11.2	111
NHL	28	2.3	8.2	5.1-11.3	104	Pancreas	26	3.3	6.2	3.6-8.7	147
Lip, gum & mouth	31	2.6	9.1	5.8-12.4	101	Thyroid gland	24	3.0	8.7	5.1-12.3	107
Pancreas	31	2.6	8.5	5.4-11.5	111	Leukaemia	23	2.9	7.1	4.0-10.2	130
Leukaemia	30	2.5	9.5	5.8-13.2	116	Leukaemia NOS	0				
Leukaemia NOS	2	0.2	0.5	0 - 1.3	*	Lymphoid leukaemia	12	1.5	3.3	1.3-5.2	271
Lymphoid leukaemia	19	1.6	6.2	3.1-9.3	181	Myeloid leukaemia	11	1.4	3.9	1.4-6.3	249
Myeloid leukaemia	9	0.7	2.7	0.9-4.6	323	Leukaemia, other	0				
Leukaemia, other	0					Cervix	20	2.5	7.0	3.9-10.1	135
Brain	26	2.2	7.7	4.6-10.9	114	Ovary	20	2.5	6.2	3.4-8.9	126
Oesophagus	25	2.1	6.6	4.0-9.3	144	Stomach	12	1.5	3.8	1.5-6.1	299
Pharynx	17	1.4	5.1	2.7-7.6	161	Kidney	10	1.3	2.9	1.0-4.7	412
Stomach	17	1.4	4.8	2.5-7.2	158	Lip, gum & mouth	8	1.0	2.5	0.7-4.2	312
Skin (NMSC exc. SCC/BCC)	17	1.4	5.0	2.5-7.4	219	Bladder & urinary tract	7	0.9	1.9	0.4-3.3	520
Liver	12	1.0	3.7	1.5-6.0	360	Brain	7	0.9	2.1	0.5-3.7	451
Testis	12	1.0	4.6	1.9-7.3	296	Gallbladder / bile ducts	6	0.8	1.7	0.3-3.2	434
Myelodysplastic diseases	12	1.0	3.3	1.3-5.2	442	Skin (NMSC exc. SCC/BCC)	6	0.8	1.9	0.3-3.5	514
Mesothelioma	10	0.8	3.1	1.1-5.0	262	Vulva	6	0.8	1.9	0.3-3.5	452
Myeloma	10	0.8	2.8	1.0-4.5	286	Anus	5	0.6	1.5	0.1-2.8	602
All cancers	1209	100.0	345.0	325-365	3	All cancers	787	100.0	241.7	224-259	4

Appendix 3D. Cancer incidence, Western Australia, 2007: Leading types by sex and geographic area

North Metro AHS

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	744	33.5	119.9	111-129	7	Breast	460	27.4	72.4	65.5-79.2	13
Colorectal	270	12.2	41.3	36.3-46.4	21	Colorectal	217	12.9	29.4	25.2-33.6	29
Colon	163	7.3	24.6	20.7-28.5	36	Colon	164	9.8	21.6	18.0-25.2	40
Rectum	107	4.8	16.7	13.5-20.0	50	Rectum	53	3.2	7.8	5.6-10.0	102
Melanoma (skin)	199	9.0	33.1	28.4-37.8	28	Melanoma (skin)	173	10.3	28.9	24.4-33.3	32
Lung	198	8.9	30.4	26.0-34.8	28	Lung	128	7.6	16.2	13.1-19.3	54
Lymphoma	69	3.1	11.9	8.9-14.8	90	Lymphoma	62	3.7	9.8	7.1-12.5	97
Lymphoma NOS	1	0.0	0.2	0 - 0.5	2267	Lymphoma NOS	0				
Hodgkin lymphoma	8	0.4	1.3	0.4-2.3	1070	Hodgkin lymphoma	7	0.4	1.4	0.3-2.5	739
NHL	60	2.7	10.3	7.6-13.1	102	NHL	55	3.3	8.4	6.0-10.9	111
Unknown primary	68	3.1	9.8	7.4-12.2	105	Uterus	61	3.6	9.1	6.7-11.5	89
Bladder & urinary tract	59	2.7	8.6	6.3-10.9	107	Unknown primary	53	3.2	5.6	3.9-7.4	176
Kidney	54	2.4	8.8	6.4-11.2	114	Leukaemia	53	3.2	9.5	6.5-12.5	115
Leukaemia	49	2.2	8.7	6.1-11.4	119	Leukaemia NOS	2	0.1	0.1	0 - 0.3	*
Leukaemia NOS	0					Lymphoid leukaemia	32	1.9	6.5	3.8-9.2	188
Lymphoid leukaemia	33	1.5	6.0	3.8-8.3	173	Myeloid leukaemia	19	1.1	2.9	1.5-4.3	298
Myeloid leukaemia	16	0.7	2.7	1.3-4.1	378	Leukaemia, other	0				
Leukaemia, other	0					Ovary	52	3.1	8.3	5.9-10.7	122
Stomach	47	2.1	6.8	4.7-8.8	144	Thyroid gland	51	3.0	9.4	6.8-12.1	106
Liver	40	1.8	6.5	4.4-8.7	124	Kidney	37	2.2	5.2	3.4-6.9	163
Pancreas	40	1.8	5.8	4.0-7.7	158	Pancreas	33	2.0	4.1	2.6-5.6	217
Brain	40	1.8	6.7	4.5-8.9	184	Cervix	32	1.9	5.6	3.6-7.7	199
Testis	39	1.8	8.3	5.6-11.0	155	Stomach	24	1.4	2.8	1.6-4.0	401
Oesophagus	34	1.5	5.2	3.4-7.0	161	Bladder & urinary tract	24	1.4	3.1	1.7-4.4	308
Lip, gum & mouth	33	1.5	5.4	3.5-7.3	169	Myeloma	23	1.4	2.6	1.4-3.7	390
Mesothelioma	29	1.3	4.5	2.8-6.1	167	Brain	21	1.3	4.0	2.1-5.9	293
Myeloma	26	1.2	3.8	2.3-5.3	232	Lip, gum & mouth	15	0.9	2.1	0.9-3.3	433
Larynx	23	1.0	3.9	2.3-5.5	185	Gallbladder / bile ducts	14	0.8	1.7	0.7-2.8	561
Myelodysplastic diseases	21	0.9	2.5	1.4-3.6	751	Liver	13	0.8	1.3	0.5-2.1	660
Tongue	16	0.7	2.4	1.2-3.7	382	Myelodysplastic diseases	13	0.8	1.7	0.7-2.7	495
All cancers	2219	100.0	355.4	340-371	3	All cancers	1678	100.0	250.5	238-263	4

South Metro AHS

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	681	32.2	115.7	107-125	7	Breast	437	28.0	78.1	70.5-85.8	12
Colorectal	250	11.8	41.8	36.4-47.2	21	Colorectal	213	13.6	32.0	27.3-36.6	27
Colon	134	6.3	21.8	18.0-25.7	42	Colon	156	10.0	22.5	18.7-26.4	38
Rectum	114	5.4	19.7	16.0-23.4	43	Rectum	57	3.6	9.4	6.8-12.1	92
Melanoma (skin)	216	10.2	39.5	34.1-44.9	23	Lung	142	9.1	20.0	16.4-23.6	42
Lung	196	9.3	31.3	26.8-35.9	27	Melanoma (skin)	132	8.5	23.3	19.1-27.5	39
Lymphoma	62	2.9	11.1	8.2-14.0	83	Lymphoma	73	4.7	12.9	9.7-16.0	71
Lymphoma NOS	1	0.0	0.2	0 - 0.7	5440	Lymphoma NOS	1	0.1	0.1	0 - 0.2	*
Hodgkin lymphoma	4	0.2	1.1	0.0-2.2	1391	Hodgkin lymphoma	12	0.8	3.3	1.4-5.1	447
NHL	57	2.7	9.8	7.1-12.4	90	NHL	60	3.8	9.5	7.0-12.1	85
Bladder & urinary tract	61	2.9	8.9	6.6-11.2	93	Thyroid gland	55	3.5	11.3	8.2-14.4	85
Stomach	54	2.6	8.9	6.4-11.3	103	Uterus	54	3.5	9.6	7.0-12.2	82
Leukaemia	54	2.6	9.4	6.7-12.1	107	Pancreas	52	3.3	7.3	5.1-9.4	103
Leukaemia NOS	4	0.2	0.6	0 - 1.1	3851	Unknown primary	47	3.0	5.7	3.8-7.5	175
Lymphoid leukaemia	26	1.2	4.8	2.7-6.9	209	Ovary	38	2.4	6.0	4.0-8.1	143
Myeloid leukaemia	24	1.1	4.0	2.3-5.7	230	Stomach	30	1.9	3.9	2.3-5.4	262
Leukaemia, other	0					Kidney	30	1.9	6.0	3.8-8.3	129
Kidney	53	2.5	9.8	7.0-12.6	93	Leukaemia	30	1.9	6.4	3.7-9.1	188
Pancreas	50	2.4	8.6	6.1-11.0	108	Leukaemia NOS	1	0.1	0.2	0 - 0.6	5521
Unknown primary	44	2.1	7.4	5.1-9.7	99	Lymphoid leukaemia	16	1.0	4.0	1.6-6.3	312
Lip, gum & mouth	40	1.9	7.4	5.0-9.7	129	Myeloid leukaemia	13	0.8	2.2	0.9-3.6	516
Brain	35	1.7	7.0	4.6-9.4	135	Leukaemia, other	0				
Oesophagus	32	1.5	5.0	3.2-6.9	224	Cervix	29	1.9	5.8	3.7-8.0	161
Mesothelioma	28	1.3	4.5	2.8-6.2	181	Bladder & urinary tract	25	1.6	2.7	1.5-3.9	388
Testis	26	1.2	6.4	3.9-9.0	202	Brain	24	1.5	3.9	2.1-5.7	330
Thyroid gland	26	1.2	5.0	3.0-7.0	193	Lip, gum & mouth	20	1.3	2.4	1.2-3.6	403
Liver	25	1.2	4.7	2.7-6.6	203	Myeloma	15	1.0	1.9	0.8-2.9	584
Myeloma	25	1.2	4.5	2.7-6.4	153	Gallbladder / bile ducts	11	0.7	1.4	0.5-2.4	707
Gallbladder / bile ducts	20	0.9	3.4	1.9-4.9	288	Oesophagus	10	0.6	1.1	0.4-1.9	1144
Pharynx	17	0.8	3.1	1.6-4.6	282	Vulva	10	0.6	1.5	0.5-2.5	555
All cancers	2116	100.0	365.3	349-381	3	All cancers	1562	100.0	257.4	244-271	4

Appendix 3D. Cancer incidence, Western Australia, 2007: Leading types by sex and geographic area

WA Metro - all

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	1425	32.9	118.1	112-124	7	Breast	897	27.7	75.0	69.9-80.1	13
Colorectal	520	12.0	41.5	37.8-45.2	21	Colorectal	430	13.3	30.6	27.5-33.8	28
Colon	297	6.9	23.2	20.5-25.9	39	Colon	320	9.9	22.1	19.5-24.7	39
Rectum	221	5.1	18.2	15.7-20.6	47	Rectum	110	3.4	8.6	6.9-10.3	97
Melanoma (skin)	415	9.6	36.1	32.6-39.7	25	Melanoma (skin)	305	9.4	26.3	23.2-29.3	35
Lung	394	9.1	30.8	27.6-33.9	28	Lung	270	8.3	18.0	15.7-20.4	47
Lymphoma	131	3.0	11.5	9.5-13.6	86	Lymphoma	135	4.2	11.3	9.2-13.3	83
Lymphoma NOS	2	0.0	0.2	0 - 0.5	3274	Lymphoma NOS	1	0.0	0.0	0 - 0.1	*
Hodgkin lymphoma	12	0.3	1.2	0.5-2.0	1185	Hodgkin lymphoma	19	0.6	2.3	1.2-3.3	572
NHL	117	2.7	10.1	8.2-12.0	95	NHL	115	3.5	9.0	7.2-10.8	97
Bladder & urinary tract	120	2.8	8.8	7.1-10.4	99	Uterus	115	3.5	9.3	7.5-11.1	86
Unknown primary	112	2.6	8.6	7.0-10.3	101	Thyroid gland	106	3.3	10.3	8.3-12.3	94
Kidney	107	2.5	9.3	7.5-11.1	103	Unknown primary	100	3.1	5.6	4.4-6.9	176
Leukaemia	103	2.4	9.1	7.2-11.0	113	Ovary	90	2.8	7.2	5.6-8.9	130
Leukaemia NOS	4	0.1	0.3	0 - 0.5	8092	Pancreas	85	2.6	5.6	4.3-6.9	141
Lymphoid leukaemia	59	1.4	5.5	3.9-7.0	189	Leukaemia	83	2.6	8.0	6.0-10.1	142
Myeloid leukaemia	40	0.9	3.3	2.3-4.4	288	Leukaemia NOS	3	0.1	0.2	0 - 0.4	*
Leukaemia, other	0					Lymphoid leukaemia	48	1.5	5.3	3.5-7.1	231
Stomach	101	2.3	7.8	6.2-9.3	121	Myeloid leukaemia	32	1.0	2.6	1.6-3.5	377
Pancreas	90	2.1	7.1	5.6-8.6	130	Leukaemia, other	0				
Brain	75	1.7	6.8	5.2-8.5	156	Kidney	67	2.1	5.6	4.1-7.0	145
Lip, gum & mouth	73	1.7	6.3	4.8-7.8	147	Cervix	61	1.9	5.8	4.3-7.2	178
Oesophagus	66	1.5	5.1	3.8-6.4	187	Stomach	54	1.7	3.3	2.3-4.2	320
Liver	65	1.5	5.6	4.2-7.1	154	Bladder & urinary tract	49	1.5	2.9	2.0-3.8	340
Testis	65	1.5	7.5	5.6-9.3	173	Brain	45	1.4	4.0	2.7-5.3	309
Mesothelioma	57	1.3	4.4	3.3-5.6	174	Myeloma	38	1.2	2.2	1.4-3.0	465
Myeloma	51	1.2	4.1	3.0-5.3	186	Lip, gum & mouth	35	1.1	2.3	1.4-3.1	415
Thyroid gland	40	0.9	3.8	2.6-5.0	255	Gallbladder / bile ducts	25	0.8	1.6	0.9-2.3	622
Larynx	36	0.8	3.0	2.0-4.0	250	Myelodysplastic diseases	23	0.7	1.4	0.8-2.1	589
Myelodysplastic diseases	34	0.8	2.2	1.4-3.0	479	Liver	21	0.6	1.3	0.7-1.9	545
All cancers	4335	100.0	360.1	349-371	3	All cancers	3240	100.0	253.8	244-263	4

All Western Australia

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	1781	32.1	114.1	109-119	7	Breast	1119	27.8	73.8	69.3-78.3	13
Colorectal	655	11.8	40.6	37.4-43.8	22	Colorectal	531	13.2	30.3	27.5-33.0	29
Colon	382	6.9	23.3	20.9-25.7	38	Colon	385	9.6	21.5	19.2-23.8	41
Rectum	271	4.9	17.2	15.1-19.3	49	Rectum	144	3.6	8.7	7.2-10.2	97
Melanoma (skin)	552	10.0	37.3	34.1-40.5	24	Melanoma (skin)	383	9.5	26.2	23.5-28.9	36
Lung	517	9.3	31.2	28.4-34.0	27	Lung	330	8.2	18.1	16.0-20.2	46
Lymphoma	164	3.0	11.2	9.4-12.9	87	Lymphoma	179	4.4	11.5	9.7-13.3	79
Lymphoma NOS	3	0.1	0.2	0 - 0.4	4249	Lymphoma NOS	1	0.0	0.0	0 - 0.1	*
Hodgkin lymphoma	16	0.3	1.3	0.6-1.9	1091	Hodgkin lymphoma	21	0.5	2.0	1.1-2.8	635
NHL	145	2.6	9.7	8.1-11.4	97	NHL	157	3.9	9.5	7.9-11.1	91
Unknown primary	157	2.8	9.5	8.0-11.1	90	Uterus	148	3.7	9.4	7.8-11.0	85
Bladder & urinary tract	155	2.8	8.9	7.4-10.4	100	Thyroid gland	130	3.2	9.9	8.2-11.7	97
Kidney	145	2.6	9.6	8.0-11.2	100	Unknown primary	128	3.2	6.2	5.0-7.4	156
Leukaemia	133	2.4	9.2	7.5-10.9	114	Pancreas	111	2.8	5.7	4.5-6.9	143
Leukaemia NOS	6	0.1	0.3	0.1-0.6	*	Ovary	110	2.7	7.0	5.6-8.4	130
Lymphoid leukaemia	78	1.4	5.6	4.2-7.0	187	Leukaemia	106	2.6	7.7	6.0-9.3	141
Myeloid leukaemia	49	0.9	3.2	2.3-4.1	296	Leukaemia NOS	3	0.1	0.1	0 - 0.3	*
Leukaemia, other	0					Lymphoid leukaemia	60	1.5	4.7	3.3-6.1	242
Pancreas	121	2.2	7.4	6.0-8.8	126	Myeloid leukaemia	43	1.1	2.8	1.9-3.7	343
Stomach	118	2.1	7.1	5.8-8.4	128	Leukaemia, other	0				
Lip, gum & mouth	104	1.9	6.9	5.6-8.3	134	Cervix	81	2.0	6.0	4.7-7.4	167
Brain	101	1.8	7.1	5.6-8.5	144	Kidney	77	1.9	5.0	3.8-6.2	168
Oesophagus	91	1.6	5.5	4.3-6.6	175	Stomach	66	1.6	3.4	2.5-4.3	314
Liver	77	1.4	5.2	3.9-6.4	177	Bladder & urinary tract	56	1.4	2.7	1.9-3.5	367
Testis	77	1.4	6.9	5.3-8.5	190	Brain	52	1.3	3.5	2.5-4.6	332
Mesothelioma	67	1.2	4.2	3.1-5.2	188	Lip, gum & mouth	43	1.1	2.3	1.6-3.1	388
Myeloma	61	1.1	3.8	2.8-4.8	202	Myeloma	43	1.1	2.1	1.4-2.8	462
Pharynx	48	0.9	3.3	2.4-4.3	255	Gallbladder / bile ducts	31	0.8	1.6	1.0-2.3	573
Skin (NMSC exc. SCC/BCC)	48	0.9	2.9	2.1-3.7	333	Liver	26	0.6	1.3	0.7-1.8	589
Myelodysplastic diseases	46	0.8	2.4	1.7-3.2	473	Myelodysplastic diseases	26	0.6	1.3	0.7-1.9	674
All cancers	5545	100.0	356.9	347-367	3	All cancers	4027	100.0	250.9	243-259	4

Appendix 3E. Cancer mortality, Western Australia, 2007: Leading types by sex and geographic area

CHS Kimberley Region

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	6	25.0	46.1	9.2-83.0	16	Breast	3	25.0	23.7	0 - 52.3	31
Pharynx	3	12.5	19.7	0 - 42.3	70	Unknown primary	2	16.7	13.7	0 - 33.4	67
Pancreas	3	12.5	16.3	0 - 35.0	50	Tongue	1	8.3	5.6	0 - 16.5	216
Unknown primary	3	12.5	19.9	0 - 43.0	41	Pancreas	1	8.3	8.7	0 - 25.7	93
Tongue	2	8.3	12.9	0 - 31.3	169	Nasal cavity & sinuses	1	8.3	6.3	0 - 18.5	129
Larynx	2	8.3	9.2	0 - 21.9	97	Lung	1	8.3	5.5	0 - 16.3	183
Oesophagus	1	4.2	8.1	0 - 24.0	*	Cervix	1	8.3	5.1	0 - 15.0	238
Mesothelioma	1	4.2	4.9	0 - 14.4	248	Lymphoma	1	8.3	11.8	0 - 34.8	35
Prostate	1	4.2	4.4	0 - 13.1	226	Lymphoma NOS	0				-
Lymphoma	1	4.2	8.1	0 - 24.0	*	Hodgkin lymphoma	0				-
Lymphoma NOS	1	4.2	8.1	0 - 24.0	*	NHL	1	8.3	11.8	0 - 34.8	35
Hodgkin lymphoma	0				-	Leukaemia	1	8.3	12.0	0 - 35.5	51
NHL	0				-	Leukaemia NOS	0				-
Leukaemia	1	4.2	7.9	0 - 23.3	229	Lymphoid leukaemia	0				-
Leukaemia NOS	0				-	Myeloid leukaemia	1	8.3	12.0	0 - 35.5	51
Lymphoid leukaemia	1	4.2	7.9	0 - 23.3	229	Leukaemia, other	0				-
Myeloid leukaemia	0				-	Colorectal	0				-
All cancer deaths	24	100.0	157.5	93.4-222	7	All cancer deaths	12	100.0	92.3	37.1-148	8

CHS Pilbara Region

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Colorectal	2	15.4	28.6	0 - 68.5	*	Breast	2	40.0	8.9	0 - 21.5	105
Colon	1	7.7	11.4	0 - 33.5	*	Cervix	1	20.0	5.2	0 - 15.3	155
Rectum	1	7.7	17.2	0 - 50.4	*	Ovary	1	20.0	7.5	0 - 22.1	241
Lung	2	15.4	8.4	0 - 20.7	102	Leukaemia	1	20.0	4.4	0 - 13.1	227
Tongue	1	7.7	11.4	0 - 33.5	*	Leukaemia NOS	0				-
Stomach	1	7.7	17.2	0 - 50.4	*	Lymphoid leukaemia	0				-
Liver	1	7.7	2.8	0 - 8.3	428	Myeloid leukaemia	1	20.0	4.4	0 - 13.1	227
Pancreas	1	7.7	2.8	0 - 8.3	358	Leukaemia, other	0				-
Nasal cavity & sinuses	1	7.7	11.6	0 - 34.2	*	Colorectal	0				-
Connective/ soft tissues	1	7.7	2.8	0 - 8.3	428	Colon	0				-
Brain	1	7.7	2.7	0 - 8.0	447	Rectum	0				-
Unknown primary	1	7.7	10.1	0 - 29.9	60	Lip, gum & mouth	0				-
Leukaemia	1	7.7	2.8	0 - 8.3	428	Tongue	0				-
Leukaemia NOS	0				-	Parotid gland	0				-
Lymphoid leukaemia	0				-	Major salivary glands	0				-
Myeloid leukaemia	1	7.7	2.8	0 - 8.3	428	Pharynx	0				-
Leukaemia, other	0				-	Nasopharynx	0				-
All cancer deaths	13	100.0	101.3	35.8-167	26	All cancer deaths	5	100.0	26.0	2.6-49.5	41

CHS Midwest Region

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	29	34.1	54.3	34.0-74.5	15	Lung	13	28.9	27.4	11.9-42.8	32
Colorectal	11	12.9	22.3	8.9-35.8	43	Colorectal	5	11.1	10.3	0.8-19.8	67
Colon	4	4.7	8.2	0.0-16.3	333	Colon	4	8.9	9.1	0 - 18.3	67
Rectum	7	8.2	14.2	3.5-24.8	49	Rectum	1	2.2	1.2	0 - 3.5	*
Prostate	6	7.1	10.2	1.9-18.6	100	Breast	5	11.1	11.8	1.4-22.2	49
Oesophagus	5	5.9	10.3	1.1-19.6	68	Unknown primary	5	11.1	8.9	0.6-17.2	97
Melanoma (skin)	4	4.7	8.7	0.1-17.2	111	Pancreas	3	6.7	5.0	0 - 10.8	175
Skin (NMSC inc. SCC/BCC)	4	4.7	6.0	0.0-12.0	199	Ovary	3	6.7	7.4	0 - 16.9	367
Mesothelioma	3	3.5	4.5	0 - 9.9	275	Liver	2	4.4	3.5	0 - 8.6	353
Brain	3	3.5	6.5	0 - 13.8	127	Gallbladder / bile ducts	1	2.2	2.3	0 - 6.8	175
Pharynx	2	2.4	4.3	0 - 10.3	173	Bone	1	2.2	2.8	0 - 8.2	218
Stomach	2	2.4	3.9	0 - 9.3	136	Mesothelioma	1	2.2	2.7	0 - 8.0	297
Liver	2	2.4	3.9	0 - 9.3	136	Peritoneum/retro-p.	1	2.2	1.2	0 - 3.5	*
Gallbladder / bile ducts	2	2.4	3.7	0 - 9.1	333	Bladder & urinary tract	1	2.2	1.5	0 - 4.4	*
Pancreas	2	2.4	4.0	0 - 10.0	427	Brain	1	2.2	2.7	0 - 8.0	297
Lymphoma	2	2.4	4.3	0 - 10.3	187	Lymphoma	1	2.2	2.7	0 - 8.0	445
Lymphoma NOS	0				-	Lymphoma NOS	0				-
All cancer deaths	85	100.0	160.4	126-195	6	All cancer deaths	45	100.0	92.6	64.1-121	10

Appendix 3E. Cancer mortality, Western Australia, 2007: Leading types by sex and geographic area

CHS Wheatbelt Region

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	25	29.8	32.8	19.8-45.9	26	Lung	11	14.9	13.6	5.0-22.1	73
Unknown primary	11	13.1	18.3	6.2-30.3	48	Breast	9	12.2	17.2	4.4-29.9	59
Colorectal	7	8.3	10.5	2.6-18.4	81	Colorectal	7	9.5	7.0	1.5-12.6	434
Colon	4	4.8	5.6	0.0-11.2	123	Colon	4	5.4	4.5	0 - 9.2	434
Rectum	3	3.6	4.9	0 - 10.5	235	Rectum	3	4.1	2.6	0 - 5.6	*
Pancreas	4	4.8	5.9	0.1-11.6	234	Pancreas	6	8.1	7.9	1.2-14.6	91
Prostate	4	4.8	6.0	0.1-11.8	129	Unknown primary	6	8.1	7.8	1.2-14.5	165
Brain	4	4.8	5.4	0.0-10.7	127	Lymphoma	4	5.4	4.7	0 - 9.5	230
Skin (NMSC inc. SCC/BCC)	3	3.6	4.0	0 - 8.6	593	Lymphoma NOS	0				-
Mesothelioma	3	3.6	4.1	0 - 8.9	217	Hodgkin lymphoma	0				-
Lymphoma	3	3.6	4.5	0 - 9.6	217	NHL	4	5.4	4.7	0 - 9.5	230
Lymphoma NOS	0				-	Cervix	3	4.1	5.0	0 - 11.1	233
Hodgkin lymphoma	0				-	Ovary	3	4.1	3.7	0 - 8.1	434
NHL	3	3.6	4.5	0 - 9.6	217	Brain	3	4.1	3.3	0 - 7.5	542
Myelodysplastic diseases	3	3.6	4.4	0 - 9.3	179	Leukaemia	3	4.1	4.1	0 - 8.8	542
Lip, gum & mouth	2	2.4	2.6	0 - 6.4	593	Leukaemia NOS	0				-
Oesophagus	2	2.4	3.1	0 - 7.4	191	Lymphoid leukaemia	2	2.7	3.0	0 - 7.2	542
All cancer deaths	84	100.0	119.1	92.8-145	8	All cancer deaths	74	100.0	100.5	75.4-126	11

CHS Goldfields Region

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	8	22.2	24.8	7.4-42.1	39	Colorectal	3	10.7	11.1	0 - 23.8	80
Colorectal	5	13.9	16.4	1.9-30.9	45	Colon	3	10.7	11.1	0 - 23.8	80
Colon	2	5.6	5.5	0 - 13.2	383	Rectum	0				-
Rectum	3	8.3	10.9	0 - 23.3	50	Pancreas	3	10.7	6.1	0 - 13.1	*
Prostate	4	11.1	13.7	0.2-27.2	102	Lung	3	10.7	12.1	0 - 25.8	41
Pancreas	3	8.3	10.5	0 - 22.5	62	Melanoma (skin)	3	10.7	10.6	0 - 22.9	89
Liver	2	5.6	5.3	0 - 12.6	207	Ovary	3	10.7	10.0	0 - 21.8	85
Pharynx	1	2.8	2.4	0 - 7.1	335	Unknown primary	3	10.7	12.5	0 - 26.8	56
Oesophagus	1	2.8	3.4	0 - 10.1	236	Stomach	2	7.1	6.1	0 - 14.6	246
Larynx	1	2.8	3.6	0 - 10.6	169	Breast	2	7.1	6.1	0 - 14.5	156
Melanoma (skin)	1	2.8	3.9	0 - 11.6	102	Kidney	2	7.1	5.0	0 - 11.9	*
Skin (NMSC inc. SCC/BCC)	1	2.8	2.9	0 - 8.6	*	Leukaemia	2	7.1	7.3	0 - 17.6	91
Testis	1	2.8	4.5	0 - 13.4	397	Leukaemia NOS	0				-
Bladder & urinary tract	1	2.8	3.9	0 - 11.6	*	Lymphoid leukaemia	0				-
Brain	1	2.8	2.7	0 - 7.9	450	Myeloid leukaemia	2	7.1	7.3	0 - 17.6	91
Adrenal gland	1	2.8	2.4	0 - 7.1	335	Leukaemia, other	0				-
Unknown primary	1	2.8	2.7	0 - 7.9	450	Skin (NMSC inc. SCC/BCC)	1	3.6	3.3	0 - 9.7	246
All cancer deaths	36	100.0	116.1	77.7-154	9	All cancer deaths	28	100.0	92.2	56.9-127	10

CHS Great Southern Region

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Prostate	18	20.9	29.4	15.0-43.8	35	Breast	8	14.0	11.5	2.4-20.6	90
Lung	14	16.3	25.3	11.5-39.0	28	Lung	7	12.3	13.7	3.0-24.5	59
Colorectal	10	11.6	17.2	6.3-28.1	60	Unknown primary	5	8.8	6.7	0.4-13.0	101
Colon	8	9.3	12.4	3.7-21.1	103	Gallbladder / bile ducts	4	7.0	7.8	0 - 15.9	82
Rectum	2	2.3	4.8	0 - 11.4	145	Cervix	4	7.0	9.0	0 - 18.8	91
Stomach	5	5.8	9.1	0.8-17.5	98	Colorectal	3	5.3	5.6	0 - 12.3	128
Melanoma (skin)	5	5.8	10.6	1.1-20.2	87	Colon	2	3.5	4.7	0 - 11.3	128
Unknown primary	5	5.8	6.6	0.6-12.6	205	Rectum	1	1.8	0.8	0 - 2.5	*
Connective/ soft tissues	3	3.5	8.7	0 - 19.2	206	Melanoma (skin)	3	5.3	6.4	0 - 14.3	174
Bladder & urinary tract	3	3.5	4.9	0 - 10.9	326	Uterus	3	5.3	4.7	0 - 10.4	101
Brain	3	3.5	6.4	0 - 14.1	194	Ovary	3	5.3	4.2	0 - 9.5	355
Leukaemia	3	3.5	4.8	0 - 10.5	259	Bladder & urinary tract	3	5.3	3.6	0 - 8.1	202
Leukaemia NOS	0				-	Lymphoma	3	5.3	5.1	0 - 11.3	113
Lymphoid leukaemia	2	2.3	2.5	0 - 6.0	*	Lymphoma NOS	0				-
Myeloid leukaemia	1	1.2	2.3	0 - 6.9	259	Hodgkin lymphoma	0				-
Leukaemia, other	0				-	NHL	3	5.3	5.1	0 - 11.3	113
Lip, gum & mouth	2	2.3	4.0	0 - 9.9	434	Leukaemia	3	5.3	6.7	0 - 15.5	122
All cancer deaths	86	100.0	156.3	122-191	7	All cancer deaths	57	100.0	99.2	70.1-128	9

Appendix 3E. Cancer mortality, Western Australia, 2007: Leading types by sex and geographic area

CHS South West Region

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	36	21.3	26.8	17.7-35.9	33	Lung	21	19.1	17.7	9.8-25.6	43
Prostate	29	17.2	18.8	11.7-25.8	77	Breast	19	17.3	15.0	7.8-22.2	56
Colorectal	18	10.7	15.6	7.6-23.6	58	Colorectal	14	12.7	9.9	4.4-15.5	96
Colon	10	5.9	9.8	3.0-16.6	101	Colon	11	10.0	6.9	2.5-11.3	131
Rectum	8	4.7	5.8	1.5-10.0	137	Rectum	3	2.7	3.0	0 - 6.5	351
Skin (NMSC inc. SCC/BCC)	8	4.7	5.8	1.6-10.0	170	Pancreas	9	8.2	5.0	1.5-8.4	296
Pancreas	7	4.1	5.8	1.4-10.2	212	Stomach	4	3.6	2.6	0 - 5.5	923
Melanoma (skin)	7	4.1	6.3	1.6-10.9	97	Ovary	4	3.6	3.9	0.1-7.7	176
Brain	7	4.1	6.1	1.4-10.8	134	Leukaemia	4	3.6	4.5	0 - 9.6	275
Lymphoma	7	4.1	6.0	1.5-10.5	143	Leukaemia NOS	0				-
Lymphoma NOS	0				-	Lymphoid leukaemia	1	0.9	0.4	0 - 1.0	*
Hodgkin lymphoma	0				-	Myeloid leukaemia	3	2.7	4.2	0 - 9.2	275
NHL	7	4.1	6.0	1.5-10.5	143	Leukaemia, other	0				-
Stomach	6	3.6	5.3	1.0-9.7	126	Liver	3	2.7	3.4	0 - 7.9	280
Unknown primary	6	3.6	4.6	0.8-8.4	172	Brain	3	2.7	2.2	0 - 4.8	296
Leukaemia	6	3.6	4.9	0.9-9.0	142	Unknown primary	3	2.7	2.6	0 - 5.7	385
Leukaemia NOS	0				-	Lymphoma	3	2.7	1.3	0 - 2.7	*
Lymphoid leukaemia	3	1.8	2.0	0 - 4.4	438	Lymphoma NOS	0				-
Myeloid leukaemia	3	1.8	2.9	0 - 6.2	210	Hodgkin lymphoma	0				-
Leukaemia, other	0				-	NHL	3	2.7	1.3	0 - 2.7	*
Oesophagus	5	3.0	3.6	0.3-6.9	436	Myeloma	3	2.7	1.4	0 - 3.0	*
Bladder & urinary tract	5	3.0	3.0	0.3-5.8	438	Myelodysplastic diseases	3	2.7	1.6	0 - 3.6	445
Myeloma	5	3.0	4.8	0.5-9.0	183	Oesophagus	2	1.8	1.4	0 - 3.7	742
Larynx	3	1.8	2.5	0 - 5.4	253	Gallbladder / bile ducts	2	1.8	1.3	0 - 3.2	445
Myelodysplastic diseases	3	1.8	2.3	0 - 5.1	253	Melanoma (skin)	2	1.8	2.1	0 - 4.9	430
Small intestine	2	1.2	2.0	0 - 4.7	556	Vagina	2	1.8	1.4	0 - 3.5	585
Liver	2	1.2	1.4	0 - 3.5	806	Bladder & urinary tract	2	1.8	1.4	0 - 3.5	445
Pharynx	1	0.6	1.1	0 - 3.1	1133	Tongue	1	0.9	0.9	0 - 2.7	885
Anus	1	0.6	0.7	0 - 2.0	*	Skin (NMSC inc. SCC/BCC)	1	0.9	0.4	0 - 1.2	*
Gallbladder / bile ducts	1	0.6	1.0	0 - 2.9	806	Peritoneum/retro-p.	1	0.9	0.9	0 - 2.7	445
All cancer deaths	169	100.0	131.4	111-152	8	All cancer deaths	110	100.0	82.8	65.8-99.8	11

WA Country - all

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	120	24.1	31.8	26.0-37.6	26	Lung	56	16.9	16.2	11.7-20.6	50
Prostate	62	12.5	15.5	11.5-19.4	79	Breast	48	14.5	13.9	9.8-18.1	61
Colorectal	53	10.7	14.9	10.8-19.0	63	Colorectal	32	9.7	8.2	5.2-11.3	116
Colon	29	5.8	8.1	5.0-11.1	142	Colon	24	7.3	6.4	3.7-9.2	130
Rectum	24	4.8	6.8	4.0-9.6	113	Rectum	8	2.4	1.8	0.5-3.1	1068
Unknown primary	28	5.6	7.9	4.9-11.0	108	Pancreas	24	7.3	5.2	3.0-7.4	215
Pancreas	22	4.4	6.3	3.6-9.0	163	Unknown primary	24	7.3	6.6	3.8-9.4	134
Brain	19	3.8	5.4	2.9-7.8	161	Ovary	17	5.1	5.1	2.5-7.8	220
Melanoma (skin)	18	3.6	5.2	2.8-7.7	135	Leukaemia	14	4.2	4.3	1.9-6.7	226
Skin (NMSC inc. SCC/BCC)	17	3.4	4.1	2.1-6.1	340	Leukaemia NOS	0				-
Stomach	16	3.2	4.4	2.2-6.5	185	Lymphoid leukaemia	4	1.2	0.8	0 - 1.7	3088
Lymphoma	16	3.2	4.5	2.3-6.8	186	Myeloid leukaemia	10	3.0	3.5	1.2-5.7	244
Lymphoma NOS	1	0.2	0.2	0 - 0.6	*	Leukaemia, other	0				-
Hodgkin lymphoma	0				-	Lymphoma	12	3.6	2.9	1.2-4.7	293
NHL	15	3.0	4.3	2.1-6.5	186	Lymphoma NOS	0				-
Leukaemia	15	3.0	4.3	2.0-6.6	249	Hodgkin lymphoma	0				-
Leukaemia NOS	2	0.4	0.5	0 - 1.3	*	NHL	12	3.6	2.9	1.2-4.7	293
Lymphoid leukaemia	7	1.4	1.9	0.3-3.4	934	Gallbladder / bile ducts	9	2.7	2.4	0.7-4.1	278
Myeloid leukaemia	6	1.2	1.9	0.4-3.5	340	Cervix	9	2.7	2.7	0.9-4.5	339
Leukaemia, other	0				-	Bladder & urinary tract	9	2.7	2.1	0.6-3.6	466
Oesophagus	14	2.8	3.9	1.8-6.0	232	Stomach	8	2.4	2.1	0.6-3.6	766
Myeloma	11	2.2	3.1	1.2-4.9	286	Liver	8	2.4	2.4	0.6-4.2	405
Liver	10	2.0	2.9	1.1-4.7	320	Melanoma (skin)	8	2.4	2.6	0.8-4.5	379
Bladder & urinary tract	10	2.0	2.4	0.9-3.9	850	Brain	8	2.4	2.3	0.6-4.1	434
Mesothelioma	9	1.8	2.3	0.8-3.9	432	Uterus	5	1.5	1.3	0.1-2.4	488
Pharynx	8	1.6	2.3	0.7-3.9	372	Myeloma	5	1.5	1.3	0.1-2.4	688
Larynx	8	1.6	2.2	0.6-3.7	364	Myelodysplastic diseases	5	1.5	0.9	0.0-1.8	1195
Myelodysplastic diseases	8	1.6	2.4	0.7-4.2	356	Oesophagus	4	1.2	1.0	0 - 2.1	764
Connective/ soft tissues	6	1.2	1.8	0.3-3.3	1266	Kidney	4	1.2	1.0	0 - 2.1	1005
Lip, gum & mouth	5	1.0	1.3	0.1-2.5	914	Myeloprolif. d/o (chronic)	4	1.2	0.8	0 - 1.7	1195
All cancer deaths	497	100.0	135.1	123-147	7	All cancer deaths	331	100.0	89.9	79.6-100	11

Appendix 3E. Cancer mortality, Western Australia, 2007: Leading types by sex and geographic area

North Metro AHS

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	151	19.8	22.1	18.5-25.8	40	Lung	117	18.3	14.0	11.2-16.8	66
Colorectal	89	11.6	12.7	9.9-15.4	81	Breast	103	16.1	14.2	11.2-17.1	59
Colon	52	6.8	7.4	5.3-9.5	124	Colorectal	64	10.0	7.1	5.1-9.0	137
Rectum	37	4.8	5.2	3.5-7.0	229	Colon	43	6.7	4.5	3.0-6.1	232
Prostate	61	8.0	8.0	5.9-10.1	123	Rectum	21	3.3	2.5	1.3-3.7	337
Unknown primary	44	5.8	5.9	4.1-7.7	183	Pancreas	41	6.4	5.0	3.3-6.7	158
Melanoma (skin)	42	5.5	6.5	4.5-8.5	140	Ovary	38	5.9	5.2	3.4-7.0	175
Pancreas	39	5.1	5.8	3.9-7.6	155	Unknown primary	36	5.6	3.4	2.1-4.7	440
Stomach	35	4.6	4.9	3.2-6.6	223	Lymphoma	29	4.5	3.5	2.1-4.9	267
Liver	29	3.8	4.2	2.6-5.7	228	Lymphoma NOS	1	0.2	0.1	0 - 0.3	*
Mesothelioma	28	3.7	4.0	2.5-5.6	260	Hodgkin lymphoma	1	0.2	0.2	0 - 0.6	6105
Bladder & urinary tract	28	3.7	3.8	2.3-5.2	357	NHL	27	4.2	3.2	1.8-4.5	279
Leukaemia	27	3.5	4.1	2.5-5.7	234	Brain	24	3.8	3.7	2.1-5.3	253
Leukaemia NOS	1	0.1	0.1	0 - 0.4	*	Leukaemia	19	3.0	2.6	1.2-4.1	350
Lymphoid leukaemia	14	1.8	2.1	1.0-3.2	381	Leukaemia NOS	3	0.5	0.2	0 - 0.4	*
Myeloid leukaemia	12	1.6	1.8	0.7-3.0	604	Lymphoid leukaemia	8	1.3	1.6	0.3-2.8	678
Leukaemia, other	0				-	Myeloid leukaemia	8	1.3	0.9	0.2-1.6	724
Lymphoma	24	3.1	3.2	1.9-4.5	452	Leukaemia, other	0				-
Lymphoma NOS	0				-	Stomach	14	2.2	1.5	0.7-2.4	707
Hodgkin lymphoma	1	0.1	0.1	0 - 0.3	*	Melanoma (skin)	14	2.2	1.6	0.7-2.6	720
NHL	23	3.0	3.1	1.8-4.4	452	Liver	13	2.0	1.4	0.6-2.3	697
Brain	22	2.9	3.4	1.9-4.9	299	Myeloma	12	1.9	1.3	0.5-2.1	761
Myeloma	21	2.7	3.0	1.7-4.4	256	Gallbladder / bile ducts	11	1.7	1.2	0.4-2.0	756
Skin (NMSC inc. SCC/BCC)	20	2.6	3.0	1.7-4.4	341	Myelodysplastic diseases	11	1.7	1.1	0.4-1.8	872
Oesophagus	19	2.5	2.9	1.6-4.2	376	Kidney	10	1.6	1.2	0.4-2.1	700
Kidney	17	2.2	2.3	1.2-3.5	578	Uterus	9	1.4	1.0	0.3-1.7	1129
Myelodysplastic diseases	11	1.4	1.2	0.5-1.9	1134	Cervix	8	1.3	1.2	0.3-2.1	902
Gallbladder / bile ducts	8	1.0	1.0	0.3-1.7	1588	Bladder & urinary tract	8	1.3	0.7	0.2-1.3	2052
Myeloprolif. d/o (chronic)	8	1.0	1.3	0.4-2.3	621	Oesophagus	6	0.9	0.7	0.1-1.4	964
Pharynx	7	0.9	1.1	0.3-2.0	658	Skin (NMSC inc. SCC/BCC)	6	0.9	0.6	0.0-1.2	2073
All cancer deaths	764	100.0	110.1	102-118	9	All cancer deaths	640	100.0	78.5	71.7-85.2	12

South Metro AHS

Males					Females						
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	173	21.6	27.7	23.4-32.0	30	Lung	121	18.3	15.6	12.5-18.7	56
Colorectal	95	11.9	14.5	11.5-17.6	72	Breast	105	15.9	15.4	12.2-18.6	61
Colon	56	7.0	8.5	6.2-10.8	124	Colorectal	85	12.8	10.9	8.3-13.5	77
Rectum	39	4.9	6.0	4.0-8.0	173	Colon	65	9.8	8.1	5.9-10.3	103
Prostate	95	11.9	12.9	10.2-15.6	98	Rectum	20	3.0	2.8	1.4-4.1	311
Pancreas	45	5.6	7.8	5.5-10.2	111	Unknown primary	39	5.9	4.9	3.1-6.6	224
Stomach	39	4.9	6.5	4.4-8.7	139	Ovary	33	5.0	4.4	2.8-6.0	206
Mesothelioma	34	4.2	5.5	3.6-7.5	152	Pancreas	32	4.8	4.2	2.6-5.9	172
Melanoma (skin)	32	4.0	4.7	3.0-6.4	244	Brain	31	4.7	5.3	3.2-7.5	184
Oesophagus	28	3.5	4.6	2.9-6.4	173	Lymphoma	22	3.3	2.6	1.4-3.8	468
Bladder & urinary tract	28	3.5	3.3	2.0-4.6	704	Lymphoma NOS	0				-
Brain	28	3.5	4.8	3.0-6.7	178	Hodgkin lymphoma	1	0.2	0.1	0 - 0.2	*
Unknown primary	28	3.5	4.5	2.8-6.2	158	NHL	21	3.2	2.5	1.3-3.7	468
Leukaemia	27	3.4	5.4	3.1-7.7	235	Stomach	19	2.9	2.5	1.2-3.7	434
Leukaemia NOS	2	0.2	0.2	0 - 0.5	*	Uterus	18	2.7	2.4	1.2-3.6	312
Lymphoid leukaemia	9	1.1	2.4	0.7-4.2	888	Bladder & urinary tract	18	2.7	1.9	0.9-2.9	458
Myeloid leukaemia	16	2.0	2.8	1.3-4.2	319	Melanoma (skin)	15	2.3	2.2	1.0-3.4	396
Leukaemia, other	0				-	Gallbladder / bile ducts	14	2.1	1.9	0.8-3.0	376
Lymphoma	23	2.9	3.8	2.2-5.5	182	Leukaemia	13	2.0	1.8	0.7-2.9	533
Lymphoma NOS	1	0.1	0.1	0 - 0.2	*	Leukaemia NOS	1	0.2	0.2	0 - 0.6	5521
Hodgkin lymphoma	1	0.1	0.2	0 - 0.7	5440	Lymphoid leukaemia	3	0.5	0.3	0 - 0.8	2959
NHL	21	2.6	3.5	2.0-5.1	188	Myeloid leukaemia	9	1.4	1.3	0.3-2.2	737
Liver	17	2.1	2.9	1.5-4.4	219	Leukaemia, other	0				-
Myeloma	17	2.1	2.4	1.2-3.6	508	Oesophagus	11	1.7	1.1	0.4-1.8	1219
Kidney	13	1.6	2.3	1.0-3.6	396	Skin (NMSC inc. SCC/BCC)	10	1.5	0.8	0.2-1.4	5469
Skin (NMSC inc. SCC/BCC)	12	1.5	1.8	0.8-2.9	427	Cervix	7	1.1	1.2	0.2-2.1	1037
Tongue	8	1.0	1.3	0.4-2.2	707	Mesothelioma	6	0.9	0.9	0.1-1.6	698
Pharynx	8	1.0	1.5	0.4-2.5	481	Myeloprolif. d/o (chronic)	6	0.9	0.7	0.1-1.3	1468
Myelodysplastic diseases	8	1.0	1.1	0.3-2.0	1012	Small intestine	5	0.8	0.7	0.0-1.3	1036
Gallbladder / bile ducts	7	0.9	1.1	0.3-2.0	853	Kidney	5	0.8	0.9	0.1-1.7	878
All cancer deaths	801	100.0	126.7	118-136	8	All cancer deaths	662	100.0	88.2	80.7-95.7	11

Appendix 3E. Cancer mortality, Western Australia, 2007: Leading types by sex and geographic area

WA Metro - all

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	324	20.7	24.8	22.0-27.6	35	Lung	238	18.3	14.8	12.7-16.8	61
Colorectal	184	11.8	13.6	11.5-15.6	76	Breast	208	16.0	14.7	12.6-16.9	60
Colon	108	6.9	7.9	6.4-9.5	124	Colorectal	149	11.4	9.0	7.3-10.6	100
Rectum	76	4.9	5.6	4.3-7.0	198	Colon	108	8.3	6.3	5.0-7.6	144
Prostate	156	10.0	10.4	8.7-12.1	109	Rectum	41	3.1	2.7	1.8-3.6	324
Pancreas	84	5.4	6.7	5.2-8.2	131	Unknown primary	75	5.8	4.1	3.0-5.2	300
Stomach	74	4.7	5.7	4.3-7.0	173	Pancreas	73	5.6	4.6	3.5-5.8	164
Melanoma (skin)	74	4.7	5.6	4.3-7.0	176	Ovary	71	5.5	4.8	3.6-6.1	188
Unknown primary	72	4.6	5.2	4.0-6.5	169	Brain	55	4.2	4.5	3.2-5.8	215
Mesothelioma	62	4.0	4.8	3.5-6.0	193	Lymphoma	51	3.9	3.0	2.1-4.0	337
Bladder & urinary tract	56	3.6	3.6	2.6-4.6	467	Lymphoma NOS	1	0.1	0.0	0 - 0.1	*
Leukaemia	54	3.5	4.7	3.3-6.0	235	Hodgkin lymphoma	2	0.2	0.1	0 - 0.4	*
Leukaemia NOS	3	0.2	0.2	0 - 0.4	*	NHL	48	3.7	2.9	2.0-3.7	348
Lymphoid leukaemia	23	1.5	2.2	1.2-3.2	534	Stomach	33	2.5	2.0	1.2-2.7	547
Myeloid leukaemia	28	1.8	2.3	1.4-3.2	420	Leukaemia	32	2.5	2.2	1.3-3.1	422
Leukaemia, other	0				-	Leukaemia NOS	4	0.3	0.2	0 - 0.4	*
Brain	50	3.2	4.1	2.9-5.3	225	Lymphoid leukaemia	11	0.8	1.0	0.3-1.7	1073
Oesophagus	47	3.0	3.7	2.6-4.8	238	Myeloid leukaemia	17	1.3	1.1	0.5-1.6	738
Lymphoma	47	3.0	3.5	2.5-4.5	261	Leukaemia, other	0				-
Lymphoma NOS	1	0.1	0.0	0 - 0.1	*	Melanoma (skin)	29	2.2	1.9	1.1-2.6	516
Hodgkin lymphoma	2	0.1	0.2	0 - 0.4	*	Uterus	27	2.1	1.7	1.0-2.3	499
NHL	44	2.8	3.3	2.3-4.3	266	Bladder & urinary tract	26	2.0	1.3	0.7-1.9	758
Liver	46	2.9	3.6	2.5-4.6	223	Gallbladder / bile ducts	25	1.9	1.6	0.9-2.2	506
Myeloma	38	2.4	2.7	1.8-3.6	338	Oesophagus	17	1.3	0.9	0.4-1.4	1081
Skin (NMSC inc. SCC/BCC)	32	2.0	2.5	1.6-3.3	377	Myeloma	17	1.3	0.8	0.4-1.3	1463
Kidney	30	1.9	2.3	1.4-3.1	475	Liver	16	1.2	1.0	0.5-1.6	804
Myelodysplastic diseases	19	1.2	1.2	0.6-1.7	1080	Skin (NMSC inc. SCC/BCC)	16	1.2	0.7	0.3-1.1	2978
Pharynx	15	1.0	1.3	0.6-2.0	561	Myelodysplastic diseases	16	1.2	0.8	0.3-1.2	1255
Gallbladder / bile ducts	15	1.0	1.1	0.5-1.6	1126	Cervix	15	1.2	1.2	0.6-1.8	966
Lip, gum & mouth	11	0.7	0.9	0.3-1.4	1090	Kidney	15	1.2	1.1	0.5-1.7	777
All cancer deaths	1565	100.0	118.0	112-124	9	All cancer deaths	1302	100.0	83.1	78.1-88.1	12

All Western Australia

Males						Females					
	Cases	%	ASR	95%c.i.	Risk		Cases	%	ASR	95%c.i.	Risk
Lung	445	21.6	26.4	23.9-29.0	32	Lung	294	18.0	15.1	13.2-17.0	58
Colorectal	237	11.5	13.8	12.0-15.7	73	Breast	256	15.7	14.6	12.7-16.5	61
Colon	137	6.6	7.9	6.6-9.3	128	Colorectal	181	11.1	8.8	7.4-10.2	103
Rectum	100	4.8	5.9	4.7-7.1	169	Colon	132	8.1	6.3	5.1-7.5	141
Prostate	218	10.6	11.5	9.9-13.1	100	Rectum	49	3.0	2.5	1.7-3.2	377
Pancreas	106	5.1	6.6	5.3-7.9	137	Unknown primary	99	6.1	4.6	3.6-5.7	238
Unknown primary	100	4.8	5.8	4.6-7.0	150	Pancreas	97	5.9	4.7	3.7-5.7	173
Melanoma (skin)	92	4.5	5.6	4.4-6.8	164	Ovary	88	5.4	4.9	3.8-6.0	194
Stomach	91	4.4	5.4	4.3-6.6	176	Brain	63	3.9	4.0	2.9-5.1	240
Mesothelioma	71	3.4	4.2	3.2-5.2	221	Lymphoma	63	3.9	3.0	2.2-3.8	330
Brain	69	3.3	4.4	3.3-5.5	206	Lymphoma NOS	1	0.1	0.0	0 - 0.1	*
Leukaemia	69	3.3	4.6	3.4-5.8	239	Hodgkin lymphoma	2	0.1	0.1	0 - 0.3	*
Leukaemia NOS	5	0.2	0.2	0.0-0.5	*	NHL	60	3.7	2.8	2.1-3.6	338
Lymphoid leukaemia	30	1.5	2.1	1.3-2.9	596	Leukaemia	46	2.8	2.6	1.8-3.5	359
Myeloid leukaemia	34	1.6	2.2	1.5-3.0	398	Leukaemia NOS	4	0.2	0.2	0 - 0.3	*
Leukaemia, other	0				-	Lymphoid leukaemia	15	0.9	0.9	0.4-1.5	1239
Bladder & urinary tract	66	3.2	3.3	2.5-4.1	523	Myeloid leukaemia	27	1.7	1.5	0.9-2.2	522
Lymphoma	63	3.1	3.8	2.8-4.7	238	Leukaemia, other	0				-
Lymphoma NOS	2	0.1	0.1	0 - 0.2	*	Stomach	41	2.5	2.0	1.3-2.7	578
Hodgkin lymphoma	2	0.1	0.1	0 - 0.3	*	Melanoma (skin)	37	2.3	2.1	1.3-2.8	474
NHL	59	2.9	3.6	2.6-4.5	242	Bladder & urinary tract	35	2.1	1.5	0.9-2.0	676
Oesophagus	61	3.0	3.8	2.8-4.7	237	Gallbladder / bile ducts	34	2.1	1.7	1.1-2.3	436
Liver	56	2.7	3.4	2.5-4.3	239	Uterus	32	2.0	1.6	1.0-2.2	499
Skin (NMSC inc. SCC/BCC)	49	2.4	2.8	2.0-3.6	368	Liver	24	1.5	1.3	0.7-1.9	670
Myeloma	49	2.4	2.8	2.0-3.6	324	Cervix	24	1.5	1.5	0.9-2.1	700
Kidney	32	1.6	1.9	1.2-2.6	576	Myeloma	22	1.3	0.9	0.5-1.4	1197
Myelodysplastic diseases	27	1.3	1.4	0.9-2.0	741	Oesophagus	21	1.3	0.9	0.5-1.4	998
Pharynx	23	1.1	1.5	0.9-2.2	498	Myelodysplastic diseases	21	1.3	0.8	0.4-1.2	1252
Gallbladder / bile ducts	20	1.0	1.1	0.6-1.7	957	Skin (NMSC inc. SCC/BCC)	19	1.2	0.7	0.3-1.0	2918
Larynx	18	0.9	1.1	0.6-1.6	714	Kidney	19	1.2	1.1	0.5-1.6	814
All cancer deaths	2064	100.0	121.9	116-127	8	All cancer deaths	1633	100.0	84.4	79.9-88.9	11



Delivering a **Healthy WA**

