

# Lung Cancer in Queensland 1982 to 2004 – Summary

## Viertel Centre for Research in Cancer Control

The Lung Cancer Report describes the patterns of lung cancer in Queensland, including the number of people diagnosed with lung cancer, the length of time they survive, and the number of deaths caused by lung cancer. The report was published by The Cancer Council Queensland's Viertel Centre for Research in Cancer Control and is based on the most recent data released by the Queensland Cancer Registry.

### What causes lung cancer?

- Tobacco smoking is by far the most important cause of developing lung cancer. The risk of a smoker developing lung cancer depends on the length and intensity of their smoking. Exposure to second-hand smoke can also cause lung cancer.
- Other risk factors include family history of lung cancer, air pollution, pre-existing lung diseases such as tuberculosis, high radiation dosage or exposure to chemical/industrial carcinogens such as asbestos, arsenic or radon.

### How many people are diagnosed with lung cancer?

- In 2004 there were 1737 cases of lung cancer diagnosed in Queensland (1109 males and 628 females). This meant that about one in every 1600 males and one in every 3200 females living in Queensland were diagnosed with lung cancer.
- Between 2000 and 2004, 11% of all new cancer cases diagnosed among males were lung cancer, compared to 7% among females. Lung cancer was the fourth most common cancer diagnosed among both males and females during this period.
- Nearly all lung cancers (95%) were diagnosed among people aged 50 years or older, with incidence rates peaking for people aged 75-79 years.

### How long do people diagnosed with lung cancer survive?

- The average length of time that a person survives after being diagnosed with lung cancer is quite short compared to most other types of cancer.
- Compared to the general population, people diagnosed with lung cancer were 2.5 - 3 times more likely to die within one year, and 6 - 9 times more likely to die within 5 years of diagnosis. Survival among females was slightly better than for males (5-year relative survival of 16% for females and 11% for males).

### How many people die from lung cancer?

- There were 1448 deaths from lung cancer in Queensland during 2004 (958 males and 490 females). This meant about one in every 1800 males and one in every 4200 females died from the disease that year.
- Between 2000 and 2004, lung cancer was the leading cause of cancer-related deaths in Queensland for males (23% of all cancer deaths), and was the second most common cause of cancer deaths (16%) among females.
- Across all causes of death, lung cancer ranked third among males (behind heart disease and stroke) and fifth among females (behind heart disease, stroke, breast cancer and dementia).
- Mortality rates for lung cancer peaked for males aged in their mid-late 70s and for females in their early 80s.
- On average, males with lung cancer die 12 years earlier and females with lung cancer die 11 years earlier than would be expected if they did not have lung cancer.

## Are lung cancer trends changing?

- Trends in lung cancer incidence and mortality are driven by the trends in smoking from 15-30 years earlier.
- Incidence and mortality rates continue to increase among females in Queensland. Between 1982 and 2004, incidence rates increased by 2.5% per year (72% overall), while mortality rates have increased by 2.7% per year (79% overall).
- In contrast, incidence and mortality rates among males are decreasing. Between 1982 and 2004 incidence rates decreased by 1.6% per year (30% overall). There was a similar decrease in mortality (1.6% per year, 29% overall). Even with this decrease in rates, actual numbers of diagnoses and deaths among males are still rising slowly (due to the ageing and increasing population).

## How do lung cancer rates in Queensland compare with interstate and overseas?

- Queensland incidence and mortality rates for lung cancer were slightly higher than the national averages for males and similar for females.
- Lung cancer incidence and mortality rates among males in Queensland were lower than in most other developed countries, including France, Germany, the United Kingdom, Canada and the United States, but were higher than in Japan. Incidence and mortality rates for females in Queensland were higher than in France, Germany and Japan, but were lower than the United Kingdom, Canada and the United States.

## Are there any geographical differences within Queensland?

- People living in more rural areas of Queensland and those living in socio-economically disadvantaged areas had higher rates of lung cancer incidence and mortality compared to the rest of Queensland.
- These geographical differences in lung cancer incidence and mortality are most likely due to differences in the prevalence of smoking between socio-demographic groups, but other factors such as diet, physical activity, exposure to carcinogens or exposure to second-hand tobacco smoke may also contribute.
- Survival from lung cancer was also worse for people living in more remote areas and those living in areas with lower socio-economic status compared to the rest of the state. Reasons for this are unclear, but may include reduced access to diagnostic and cancer treatment services.

*The full report is available at [www.cancerqld.org.au/pdf/lung\\_report.pdf](http://www.cancerqld.org.au/pdf/lung_report.pdf)  
or contact [research@cancerqld.org.au](mailto:research@cancerqld.org.au) for more details.*