

A snap shot of cancer in Far North Queensland

The CCQ Region of Far North Queensland covers nearly a quarter of Queensland (22% or 380,000 km²), including the most northern and north-west areas of the state. In 2007 it had a population of 258,427, which is 6% of Queensland's total population.

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

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

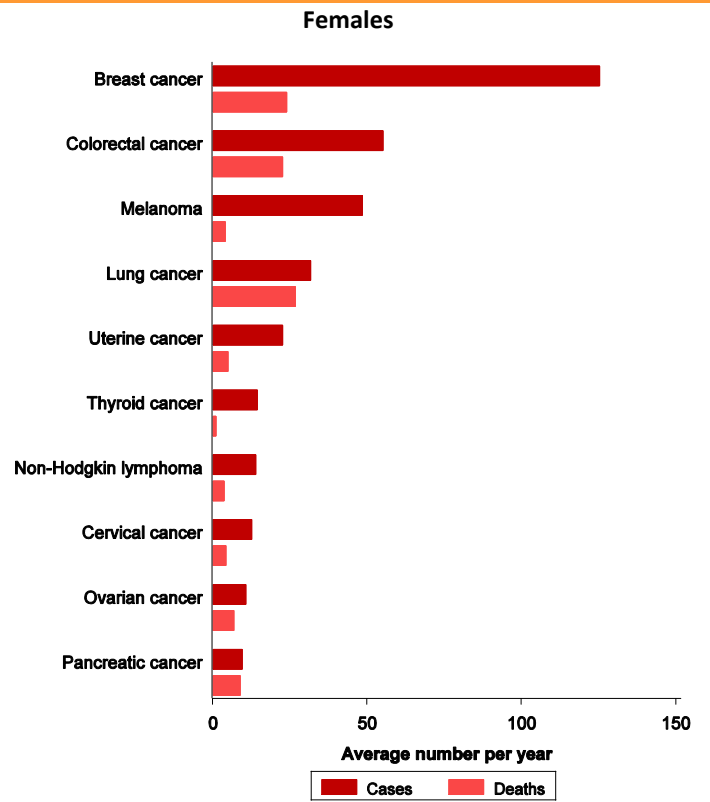
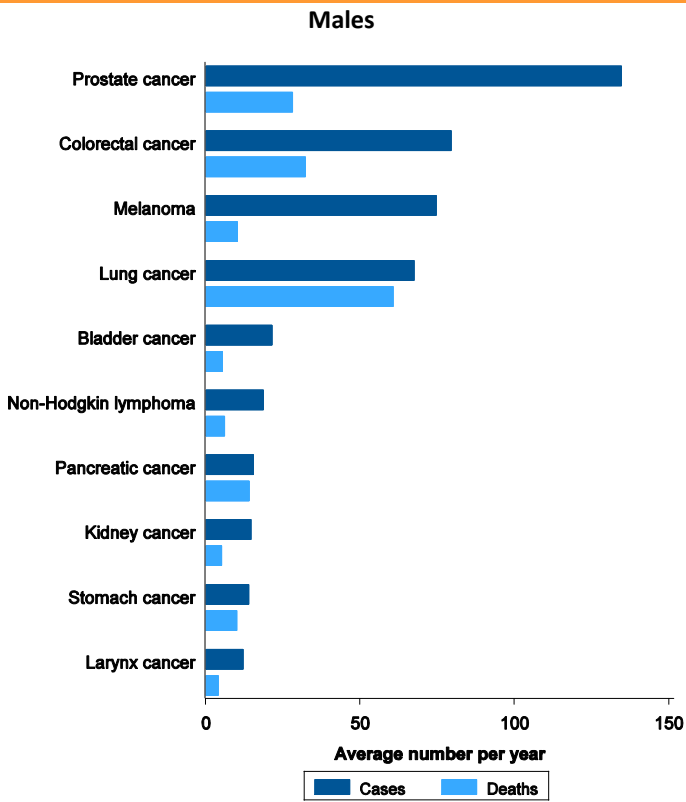


Region Characteristics (2007 data unless otherwise specified)	Far North Qld	Queensland
Per cent of population who ...		
... are female	49.1%	50.1%
... are Indigenous (2006 data)	14.1%	3.2%
... are aged 50 years and over	27.8%	29.5%
... live in remote areas	25.3%	5.1%
... live within 2 hours drive of radiation treatment	0.0%	78.0%
... live more than 6 hours drive from radiation treatment	19.1%	4.7%
... live in disadvantaged areas	21.3%	12.4%
... live in affluent areas	0.0%	16.1%
Life Expectancy at birth (2003-2007)		
Males	77.6 years	79.4 years
Females	83.1 years	84.1 years
Persons	80.2 years	81.7 years

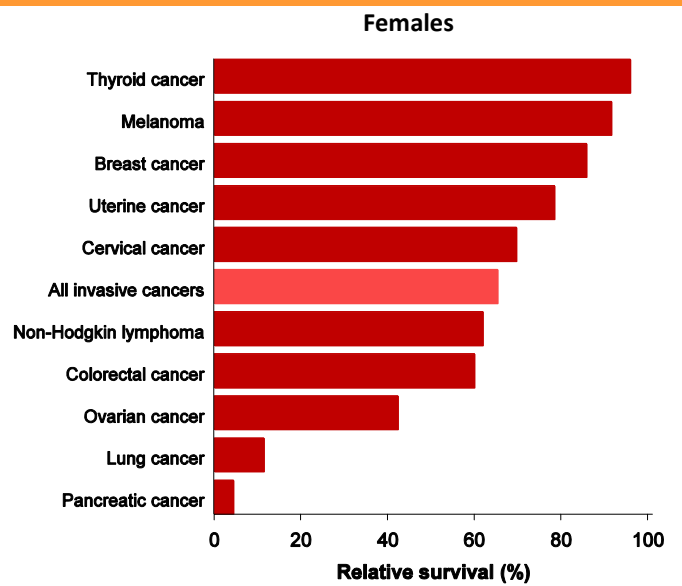
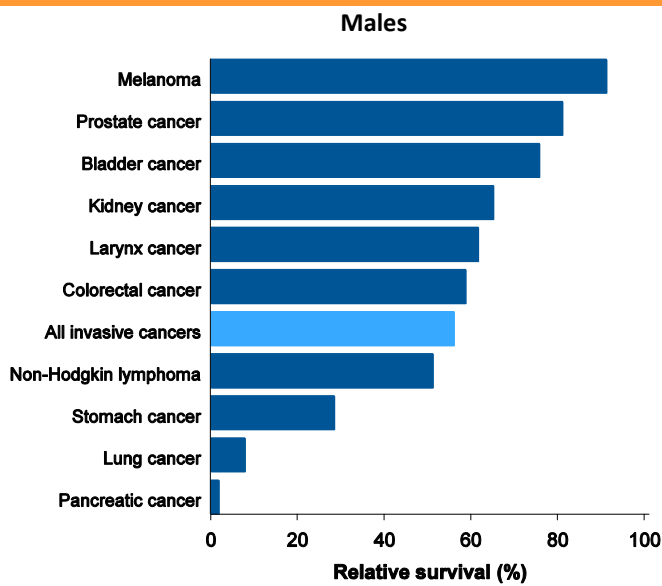
All Cancers*	Male	Female	Persons ¹	Number diagnosed by year
Number of new cases per year:	602	447	1049	
Chance of diagnosis by age 80:	1 in 2.3	1 in 3.1	1 in 2.6	
Median age at diagnosis:	65 yrs	61 yrs	63 yrs	
Percent surviving for 5 years:	56%	65%	60%	
Number of deaths per year:	250	163	413	
Percent deaths before age 80:	76%	74%	75%	

*See notes on page 4 for more details.
 1. Persons data may not reflect sum of males and females due to rounding.
 Cancers with a lifetime risk above 1 in 5 have the value provided to one decimal point.

The 10 most common cancers diagnosed in Far North Queensland by sex, 2003-2007



Five-year relative survival in Far North Queensland by type of cancer and sex, 1998-2007

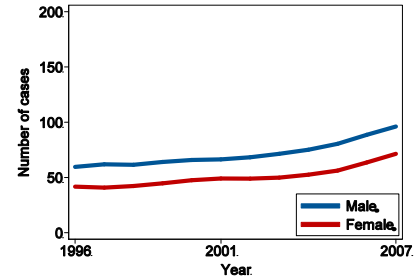


Note: Relative survival calculated using the period method, for persons aged 0-89 years at diagnosis. Data are for "at risk" cases in the period 1998-2007.

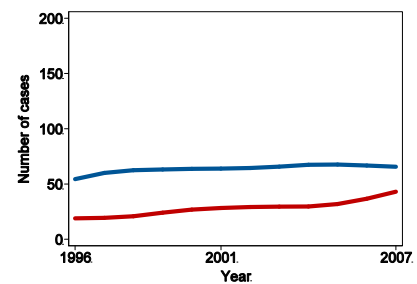
Facts about the most common cancers

Colorectal Cancer	Male	Female	Persons ¹
Number of new cases per year:	79	55	134
Chance of diagnosis by age 80:	1 in 13	1 in 19	1 in 16
Median age at diagnosis:	68 yrs	68 yrs	68 yrs
% surviving for 5 years:	59%	60%	59%
Number of deaths per year:	32	23	55
Percent deaths before age 80:	73%	69%	71%

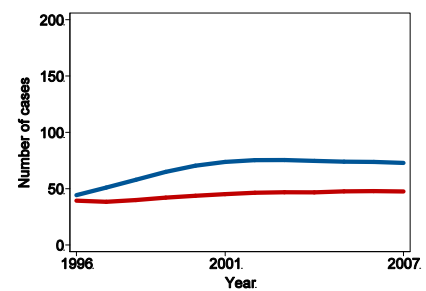
Number diagnosed by year



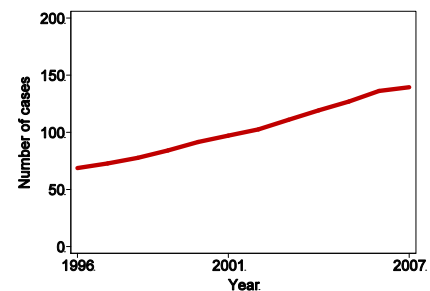
Lung Cancer	Male	Female	Persons ¹
Number of new cases per year:	67	32	99
Chance of diagnosis by age 80:	1 in 15	1 in 32	1 in 20
Median age at diagnosis:	70 yrs	65 yrs	69 yrs
Percent surviving for 5 years:	8%	11%	9%
Number of deaths per year:	61	27	87
Percent deaths before age 80:	82%	80%	81%



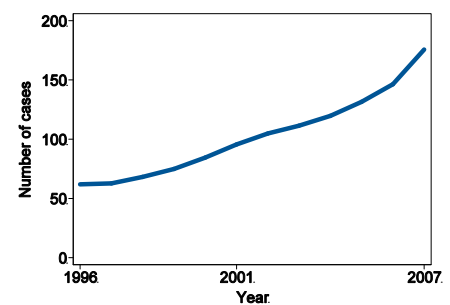
Melanoma	Male	Female	Persons ¹
Number of new cases per year:	75	48	123
Chance of diagnosis by age 85:	1 in 17	1 in 27	1 in 20
Median age at diagnosis:	59 yrs	54 yrs	57 yrs
Percent surviving for 5 years:	91%	92%	91%
Number of deaths per year:	10	**	**
Percent deaths before age 80:	80%	70%	77%



Female Breast Cancer	Female
Number of new cases per year:	125
Chance of diagnosis by age 80:	1 in 10
Median age at diagnosis:	57 yrs
Percent surviving for 5 years:	86%
Number of deaths per year:	24
Percent deaths before age 80:	77%



Prostate Cancer	Male
Number of new cases per year:	135
Chance of diagnosis by age 80:	1 in 8
Median age at diagnosis:	67 yrs
Percent surviving for 5 years:	81%
Number of deaths per year:	28
Percent deaths before age 80:	55%



See notes on page 4 for more details. Cancers with a lifetime risk above 1 in 5 have the value provided to one decimal point.
1. Persons data may not reflect sum of males and females due to rounding.

More information for those who like the details

Type of Cancer	Incidence ^a		Five-year relative survival ^c (%)	Mortality ^a	
	Average number per year	Annual rate ^b (per 100,000)		Average number per year	Annual rate ^b (per 100,000)
Males					
All invasive cancers	602	546 [527,566]	56 [54,57]	250	249 [235,263]
Prostate cancer	135	123 [114,133]	81 [77,85]	28	33 [28,39]
Colorectal cancer	79	75 [67,82]	59 [54,63]	32	33 [28,38]
Melanoma	75	64 [58,71]	91 [87,94]	10	9 [7,12]
Lung cancer	67	64 [57,71]	8 [6,10]	61	58 [52,65]
Bladder cancer	21	21 [17,25]	75 [67,83]	5	6 [4,9]
Non-Hodgkin lymphoma	19	16 [13,20]	52 [43,61]	6	6 [4,8]
Pancreatic cancer	15	15 [12,18]	2 [0,5]	14	14 [11,17]
Kidney cancer	15	12 [10,15]	66 [55,75]	5	5 [3,7]
Stomach cancer	14	14 [11,17]	28 [20,36]	10	11 [8,14]
Larynx cancer	12	10 [7,12]	62 [50,73]	**	**
Females					
All invasive cancers	447	397 [381,414]	65 [63,67]	163	150 [140,161]
Breast cancer	125	107 [99,116]	86 [83,89]	24	21 [17,25]
Colorectal cancer	55	51 [46,58]	60 [55,65]	23	21 [18,26]
Melanoma	48	42 [37,48]	92 [88,95]	**	**
Lung cancer	32	29 [25,34]	11 [8,16]	27	25 [21,29]
Uterine cancer	23	20 [16,24]	78 [70,85]	**	**
Thyroid cancer	14	12 [9,15]	96 [89,100]	**	**
Non-Hodgkin lymphoma	14	13 [10,16]	61 [50,71]	**	**
Cervical cancer	13	11 [8,14]	70 [61,77]	**	**
Ovarian cancer	11	10 [7,13]	41 [32,51]	7	7 [5,9]
Pancreatic cancer	9	9 [6,12]	4 [1,11]	9	8 [6,11]
Persons^d					
All invasive cancers	1049	470 [458,483]	60 [59,61]	413	196 [188,205]
Prostate cancer	135	n.a.	81 [77,85]	28	n.a.
Colorectal cancer	134	63 [58,68]	59 [56,63]	55	26 [23,30]
Breast cancer (females only)	125	n.a.	86 [83,89]	24	n.a.
Melanoma	123	53 [49,57]	91 [89,94]	**	**
Lung cancer	99	46 [42,50]	9 [7,11]	87	41 [37,45]
Non-Hodgkin lymphoma	32	14 [12,17]	56 [49,62]	**	**
Bladder cancer	28	13 [11,16]	74 [66,80]	8	4 [3,6]
Pancreatic cancer	25	12 [10,14]	2 [1,5]	23	11 [9,13]
Uterine cancer	23	n.a.	78 [70,85]	**	**
Kidney cancer	22	10 [8,12]	65 [56,73]	7	4 [3,5]

- Notes:
- a. Incidence and mortality data are averaged over the 5 year period from 2003-2007.
 - b. Incidence and mortality rates have been directly age-standardised to the 2001 Australian Standard population, with 95% confidence intervals shown in brackets.
 - c. Five-year relative survival calculated using the period method, for persons aged 0-89 years at diagnosis, with 95% confidence intervals shown in brackets. Estimates are for "at risk" cases in the period 1998-2007.
 - d. Persons data may not reflect sum of males and females due to rounding.

Symbols: ** Incidence or mortality counts that averaged less than 5 per year (and the corresponding rates) have been suppressed to protect confidentiality. Counts and rates for persons have also been suppressed when necessary.
n.a. = not applicable (rates for persons not applicable for sex-specific cancers).

Notes:

1. All data are sourced from the Queensland Cancer Registry. The access and use of these data for reporting purposes is subject to strict confidentiality and privacy constraints.
2. Trend lines for incidence numbers have been smoothed using the "Lowess" method.
3. Remote areas are defined by the ARIA+ classification (combines Remote and Very Remote).
4. Travelling times to radiation treatment are calculated using spatial and road network software, and are approximate based on the shortest road distances at the recommended speed limits.
5. "Affluent areas" are the 20% of most advantaged Statistical Local Areas (SLAs) and "Disadvantaged areas" are the 20% of most disadvantaged SLAs as defined by the SEIFA Index of Advantage and Disadvantage obtained from the Australian Bureau of Statistics.
6. Census and population data obtained from the Australian Bureau of Statistics.
7. "Percent survival" represents relative survival, which is the ratio of the time that cancer patients survive after being diagnosed with cancer to the expected survival of the general population, taking into account age, sex and year of diagnosis. This ratio is then multiplied by 100.



Disclaimer: The information in this publication should not be used as a substitute for advice from a properly qualified medical professional who can advise you about your own individual medical needs. It is not intended to constitute medical advice and is provided for general information purposes only. Information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community.

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