

CANCER IN AUSTRALIA

in brief
2010

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Cancer in Australia: in brief 2010

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The Australasian Association of Cancer Registries (AACR) is an association of the state and territory population-based cancer registries of Australia, the New Zealand cancer registry and the AIHW. The AACR was formed in November 1982 to provide a formal mechanism for promoting uniformity of collection, classification and collation of cancer data.

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introduction

Cancer has a greater overall impact on the health of Australians than any other disease group. On average, 1 in 2 Australians will develop cancer and 1 in 5 will die from it before the age of 85 years. Furthermore, according to the most recent burden of disease data, cancer is estimated to be the leading cause of burden of disease and injury in Australia in 2010, accounting for approximately one-fifth of the total burden.

Cancer in Australia: an overview, 2010 is the fifteenth report in a series of national statistical reports on cancer in Australia produced by the Australian Institute of Health and Welfare and the state and territory members of the Australasian Association of Cancer Registries. It presents the latest available statistics on cancer as a whole, as well as on many individual types of cancer. It includes information on incidence, mortality, survival, prevalence, burden of disease due to cancer, hospitalisations and the national cancer screening programs. The report is aimed at a wide audience, including health professionals, policy makers, health planners, educators, researchers, consumers and the general public.

This summary booklet presents key findings from the main report. As a short version, this booklet has to be very selective. It cannot cover all the important aspects of cancer in Australia. But it does aim to present some key points from the main report, with the focus on incidence, mortality and survival statistics.

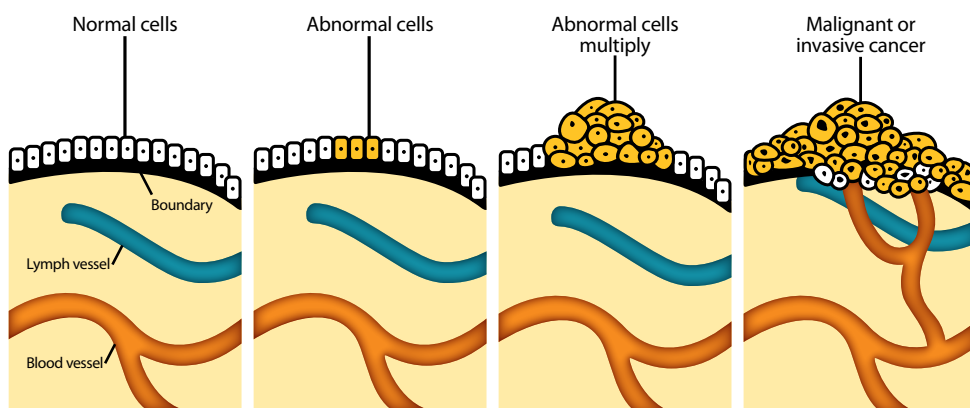
The main report *Cancer in Australia: an overview, 2010*, condensed in this booklet, is freely available in full at www.aihw.gov.au

what IS CANCER?

Cancer is a diverse group of diseases in which some of the body's cells become abnormal, grow in an uncontrolled way and form a mass called a neoplasm. They can invade and damage the tissue around them, and can also spread (metastasis) to other parts of the body through the bloodstream or the lymphatic system. If the spread of these tumours is not controlled, they can result in death. Not all tumours are invasive; some are benign tumours that do not spread to other parts of the body and are rarely life-threatening.

Cancers can develop from most cell types in the body and are usually classified according to their organ or tissue of origin and histological features.

THE BEGINNING OF CANCER



Note: Adapted from Cancer Council image (Cancer Council Queensland 2010).

Find out more: Chapter 1 in *Cancer in Australia: an overview, 2010*

what ARE THE KNOWN RISK FACTORS FOR CANCER?

Understanding what causes cancer is essential in order to successfully prevent, detect and treat the disease. For most cancers the causes are not fully understood. However, some factors that place individuals at a greater risk for cancer are well recognised. These include:

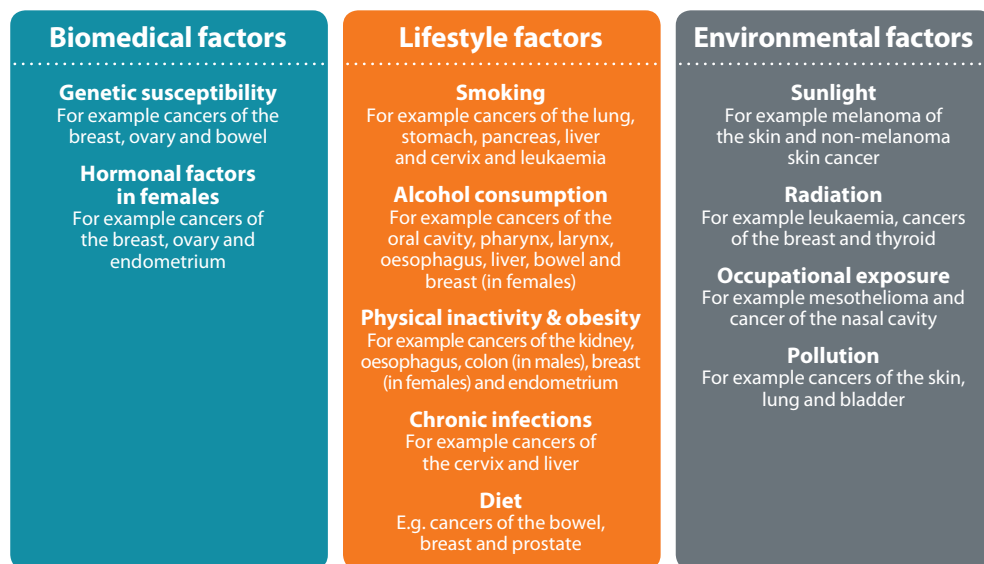
- biomedical factors
- lifestyle factors
- environmental factors.

While some risk factors cannot be changed, others—mainly those related to behaviours and lifestyle—are modifiable.

It should be noted that having a risk factor does not mean that a person will develop cancer. Many people have at least one cancer risk factor but will never get cancer, while others with this disease may have had no known risk factors.

The figure below summarises some of the known risk factors for cancer and gives examples of cancer types associated with each risk factor.

RISK FACTORS FOR CANCER



Note: Based on information published in the *World cancer report 2008* (IARC 2008).

Find out more: Chapter 1 in *Cancer in Australia: an overview, 2010*

how MANY PEOPLE WERE DIAGNOSED WITH CANCER IN 2007?

A total of 108,368 new cases of cancer were diagnosed in Australia in 2007 (excluding basal and squamous cell carcinomas of the skin). More than half (57%) of these cases were diagnosed in males. The average age at diagnosis was 67 years for males and 64 years for females.

In 2007, the age-standardised incidence rate of all cancers combined was 485 cases per 100,000 people. The overall cancer incidence rate was higher among males than females (595 and 394 cases per 100,000, respectively).

Based on 2007 data, the risk of being diagnosed with cancer before the age of 75 years is 1 in 3 for males and 1 in 4 for females. The risk before age 85 years is higher, at 1 in 2 for males and 1 in 3 for females.

INCIDENCE OF ALL CANCERS COMBINED^(a), AUSTRALIA, 2007

	Males	Females	Total
Number of cases	62,019	46,349	108,368
Age-standardised rate ^(b)	595.1	393.9	484.6
95% confidence interval	590.4–599.8	390.3–397.5	481.7–487.5
Per cent of all cancer cases	57.2	42.8	100.0
Mean age at diagnosis	66.7	64.2	65.6

(a) Includes cancers coded in ICD-10 as C00–C97, D45, D46, D47.1 and D47.3 with the exception of those C44 codes which indicate a basal or squamous cell carcinoma of the skin.

(b) The rates were standardised to the Australian population as at 30 June 2001 and are expressed per 100,000 population.

Source: AIHW Australian Cancer Database.

Find out more: Chapter 2 in *Cancer in Australia: an overview, 2010*

which **CANCERS WERE THE MOST COMMON IN 2007?**

In 2007, the most commonly reported cancers were:

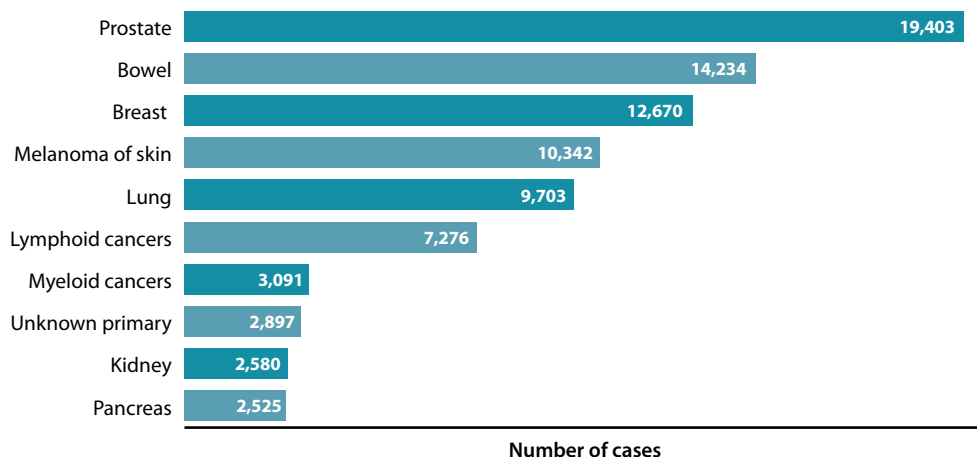
- prostate cancer (19,403 cases)
- bowel cancer (14,234 cases)
- breast cancer (12,670 cases)
- melanoma of the skin (10,342 cases)
- lung cancer (9,703 cases).

Grouped together, these five cancers accounted for 61% of the reportable cancers diagnosed in 2007.

Differences were evident among males and females as to which cancers were the most common.

- Among males in 2007, prostate cancer was the most commonly diagnosed cancer (19,403 cases), followed by bowel cancer (7,804 cases), melanoma of the skin (5,980 cases), lung cancer (5,948 cases) and lymphoid cancers (4,116 cases).
- Among females in 2007, breast cancer was the most commonly diagnosed cancer (12,567 cases), followed by bowel cancer (6,430 cases), melanoma of the skin (4,362 cases), lung cancer (3,755 cases) and lymphoid cancers (3,160 cases).

THE 10 MOST COMMONLY DIAGNOSED CANCERS, AUSTRALIA, 2007



Source: AIHW Australian Cancer Database.

Find out more: Chapter 2 in *Cancer in Australia: an overview, 2010*

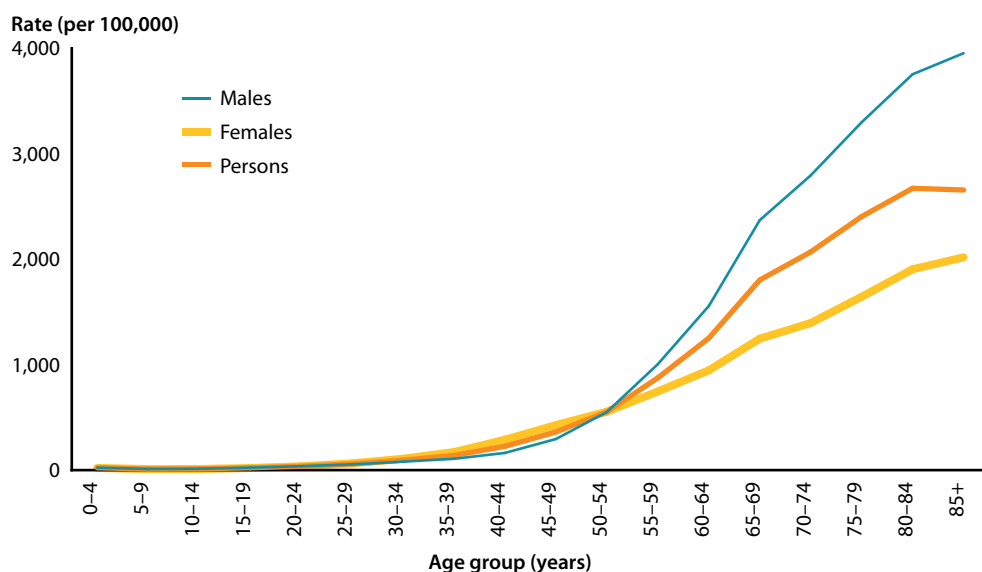
da CANCER RATES DIFFER WITH AGE?

The likelihood of being diagnosed with cancer increased with age in 2007. The lowest incidence rate of 10 cases per 100,000 people was observed among those aged 5 to 9 years. In contrast, people aged 80 years and older had the highest incidence rates (that is, more than 2,657 cases per 100,000 people for each of those age groups).

There were some differences between the sexes, with the incidence rate for all cancers combined:

- higher among females than among males for those aged 30 to 49 years
- higher among males than among females for those aged 55 years and over.

AGE-SPECIFIC INCIDENCE RATES FOR ALL CANCERS COMBINED, AUSTRALIA, 2007



Notes

1. The rates shown are age-specific rates.
2. The data pertain to cancers coded in ICD-10 as C00–C97, D45, D46, D47.1 and D47.3 with the exception of those C44 codes which indicate a basal or squamous cell carcinoma of the skin.

Source: AIHW Australian Cancer Database.

Find out more: Chapter 2 in *Cancer in Australia: an overview, 2010*

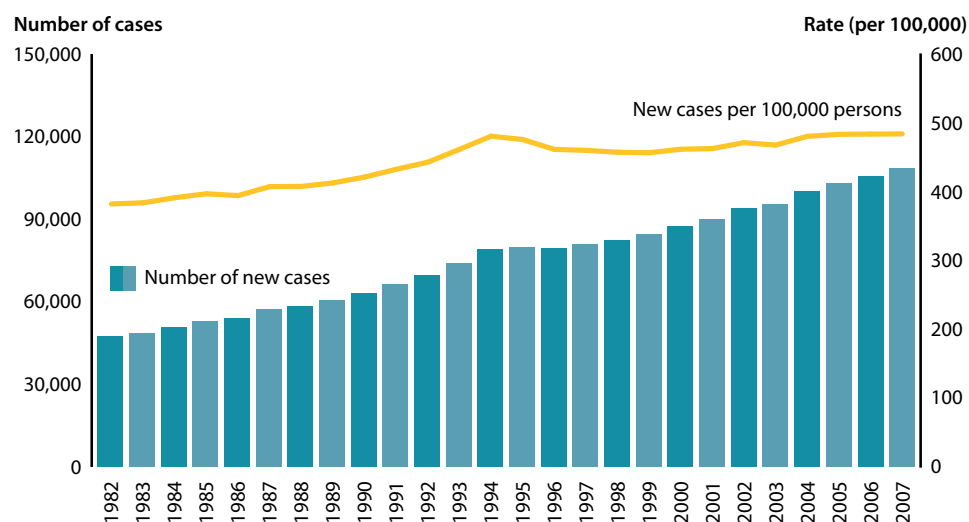
how HAS THE OCCURRENCE OF CANCER CHANGED OVER TIME?

The number of new cancer cases more than doubled between 1982 and 2007. In 1982, 47,350 new cases of cancer were diagnosed in Australia compared with 108,368 cases in 2007.

It is anticipated that the number of cancer cases will continue to increase, with an estimated 113,700 people expected to be diagnosed with cancer in 2010.

When the age structure and size of the population are taken into account the trend data indicate that the incidence rate for all cancers combined increased by 27% from 383 cases per 100,000 people in 1982 to 485 cases per 100,000 people in 2007.

INCIDENCE OF ALL CANCERS COMBINED, AUSTRALIA, 1982 TO 2007



Notes

1. The rates were age-standardised to the Australian population as at 30 June 2001.
2. The data pertain to cancers coded in ICD-10 as C00–C97, D45, D46, D47.1 and D47.3 with the exception of those C44 codes which indicate a basal or squamous cell carcinoma of the skin.

Source: AIHW Australian Cancer Database.

Find out more: Chapter 2 in *Cancer in Australia: an overview, 2010*

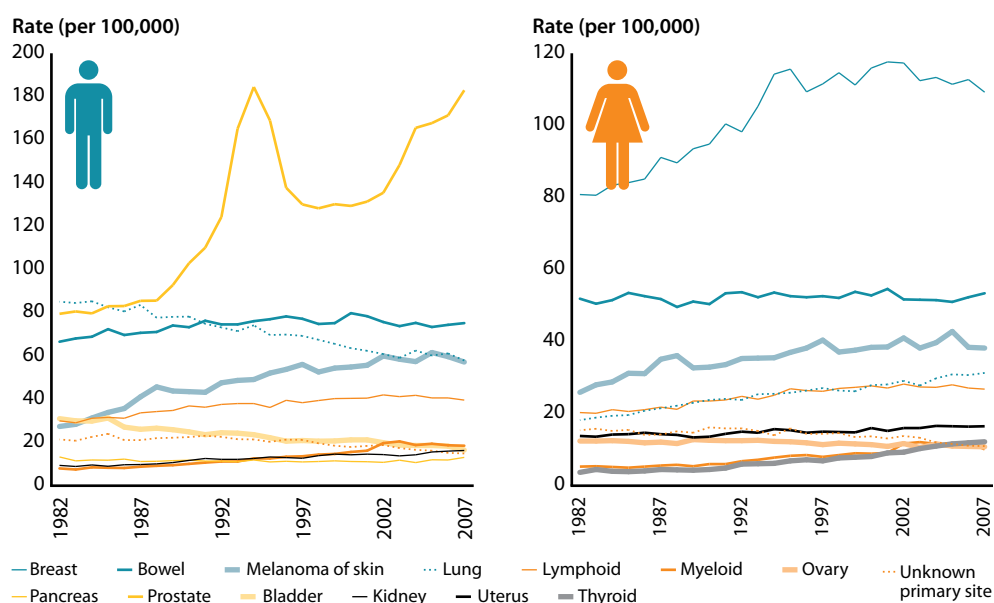
what ABOUT THE OCCURRENCE OF THE MOST COMMONLY DIAGNOSED CANCERS?

While the incidence rate for all cancers combined increased steadily from 1982 to 2007, trends in incidence rates for the most common cancers varied considerably over the same time period.

Incidence rates for the three leading cancers in males—prostate cancer, bowel cancer and melanoma of the skin— all increased between 1982 and 2007 along with incidence rates for lymphoid cancers, myeloid cancers and kidney cancer. In contrast, incidence rates decreased for lung cancer, bladder cancer and cancer of unknown primary site, while they remained fairly stable for pancreatic cancer.

Two of the three leading cancers in females—breast cancer and melanoma of the skin— showed increases in incidence rates during 1982 to 2007, whereas the incidence rate of bowel cancer remained stable. Of the remaining 10 most commonly diagnosed cancers in females, incidence rates also increased for lung cancer, uterine cancer and thyroid cancer but decreased for ovarian cancer and cancer of unknown primary site.

INCIDENCE OF THE 10 MOST COMMONLY DIAGNOSED CANCERS, AUSTRALIA, 1982 TO 2007



Note: The rates were standardised to the Australian population as at 30 June 2001 and are expressed per 100,000 population.
Source: AIHW Australian Cancer Database.

Find out more: Chapter 2 in *Cancer in Australia: an overview, 2010*

how MANY PEOPLE DIED FROM CANCER IN 2007?

Cancer accounted for approximately three of every ten deaths (29%) registered in Australia in 2007. This makes cancer the second most common cause of death, exceeded only by cardiovascular diseases (34% of all deaths). A total of 39,884 deaths from cancer occurred in 2007. Of these 22,562 were of males and 17,322 were of females. The average age at death was 72 years for both males and females.

The age-standardised death rate for all cancers combined was 176 (per 100,000 people) in 2007. The overall cancer mortality rate was higher among males than females (225 and 139 deaths per 100,000, respectively).

Based on 2007 data, the risk of dying from cancer before the age of 75 years is 1 in 8 for males and 1 in 12 for females. The risk of dying before the age of 85 years is higher, at 1 in 4 for males and 1 in 6 for females.

DEATHS FROM ALL CANCERS COMBINED^(a), AUSTRALIA, 2007

	Males	Females	Total
Number of cases	22,562	17,322	39,884
Age-standardised rate ^(b)	224.9	139.1	176.1
95% confidence interval	222.0–227.9	137.0–141.2	174.3–177.8
Per cent of all cancer deaths	56.6	43.4	100.0
Per cent of all deaths	32.0	25.7	28.9
Mean age at death	72.0	72.2	72.1

(a) Includes cancers coded in ICD-10 as C00–C97, D45, D46, D47.1 and D47.3.

(b) The rates were standardised to the Australian population as at 30 June 2001 and are expressed per 100,000 population.

Source: AIHW National Mortality Database.

Find out more: Chapter 3 in *Cancer in Australia: an overview, 2010*

which CANCERS LED TO MOST DEATHS IN 2007?

In Australia in 2007, the most common causes of cancer death were:

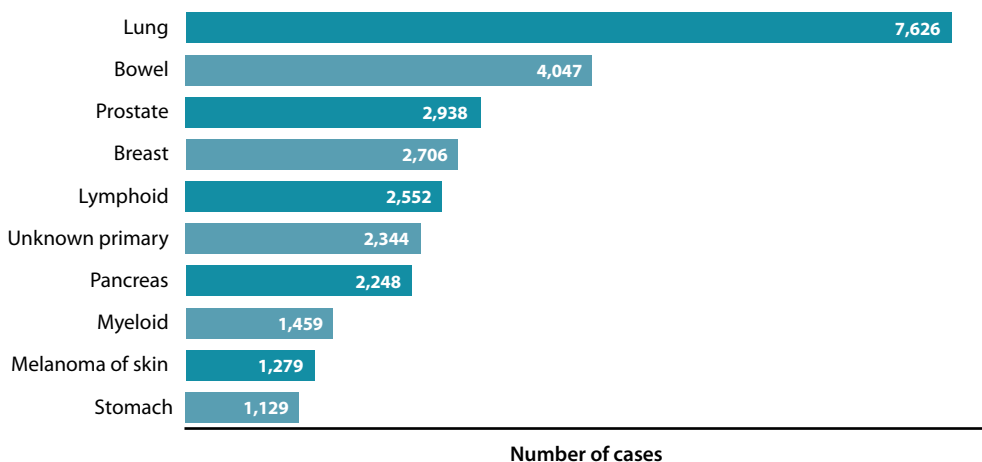
- lung cancer (7,626 deaths)
- bowel cancer (4,047 deaths)
- prostate cancer (2,938 deaths)
- breast cancer (2,706 deaths)
- lymphoid cancers (2,552 deaths).

Together these five cancers represented half (50%) of all deaths from cancer, with lung cancer alone accounting for one in every five deaths due to cancer (19%).

Males and females were similar in the following ways. For both sexes:

- lung cancer was the leading cause of cancer deaths (4,715 males and 2,911 females).
- a sex-specific cancer was the second most common cause of cancer deaths (prostate cancer in males and breast cancer in females).

THE 10 MOST COMMON CAUSES OF DEATH FROM CANCER, AUSTRALIA, 2007



Source: AIHW National Mortality Database.

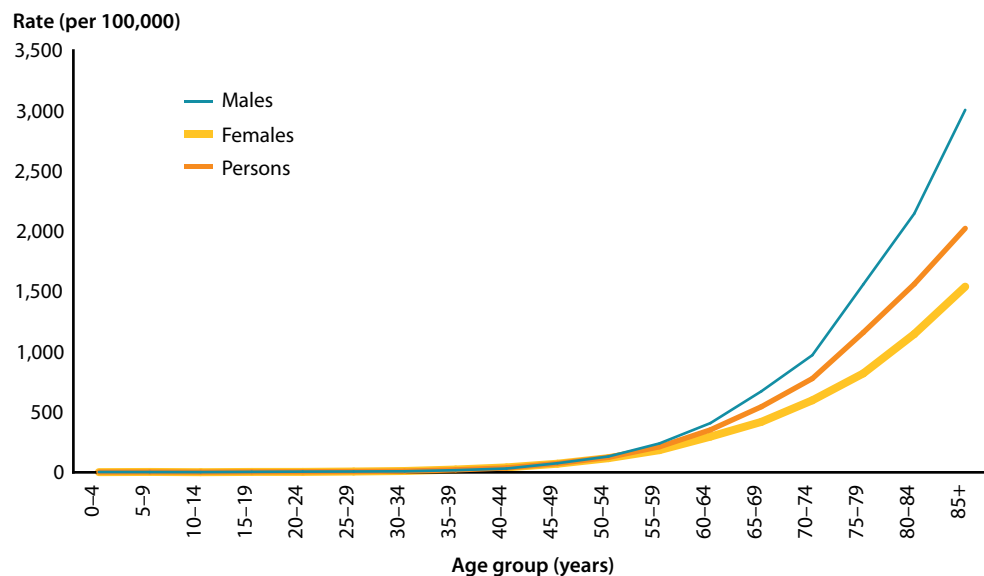
Find out more: Chapter 3 in *Cancer in Australia: an overview, 2010*

does MORTALITY DIFFER BY AGE?

Similar to the incidence rate, the rate of death from cancer increased with increasing age in 2007. The mortality rate was relatively low for people below the age of 35 years (that is, less than 10 deaths per 100,000 people) but, from that age onwards, the mortality rate increased steadily between each of the age groups. The highest mortality rate of 2,025 deaths per 100,000 people was observed in the oldest age group (those aged 85 years and over).

The likelihood of dying from cancer was similar for males and females up to and including the age of 50 to 54 years. However, after the age of 55 years the rate of death was higher and increased more steeply in males.

AGE-SPECIFIC MORTALITY RATES, ALL CANCERS COMBINED, AUSTRALIA, 2007



Notes

1. The rates shown are age-specific rates.
2. The data pertain to cancers coded in ICD-10 as C00–C97, D45, D46, D47.1 and D47.3.

Source: AIHW National Mortality Database.

Find out more: Chapter 3 in *Cancer in Australia: an overview, 2010*

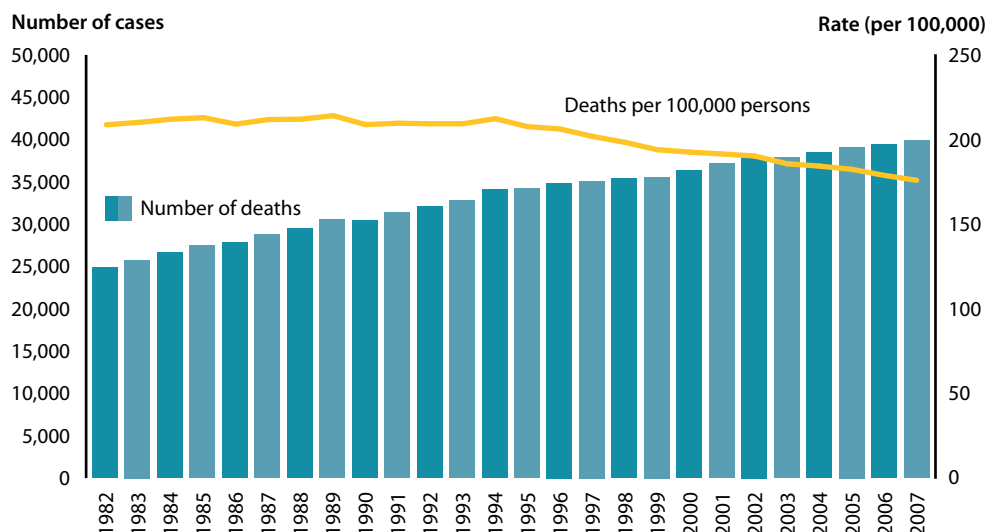
how HAS MORTALITY CHANGED OVER TIME?

The number of deaths from cancer has increased by 60% from 1982 (24,922 deaths) to 2007 (39,884 deaths).

It is estimated that there will be around 43,600 deaths from cancer in 2010.

Despite the increase in number of deaths, the age-standardised mortality rate for all cancers combined fell by 16% from 209 deaths per 100,000 people in 1982 to 176 deaths per 100,000 people in 2007.

MORTALITY FROM ALL CANCERS COMBINED, AUSTRALIA, 1982 TO 2007



Notes

1. The rates were age-standardised to the Australian population as at 30 June 2001.
2. The data pertain to cancers coded in ICD-10 as C00–C97, D45, D46, D47.1 and D47.3.

Source: AIHW National Mortality Database.

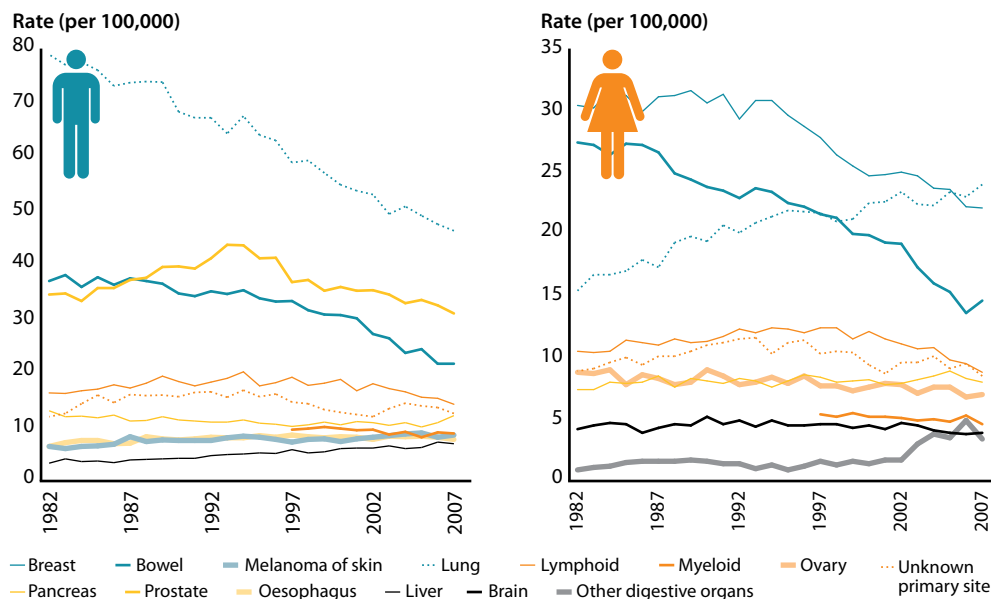
Find out more: Chapter 3 in *Cancer in Australia: an overview, 2010*

how HAVE MORTALITY RATES CHANGED FOR THE MOST COMMON CAUSES OF CANCER DEATH?

Mortality rates for the four major causes of cancer death in males—lung cancer, prostate cancer, bowel cancer and lymphoid cancers—decreased between 1982 and 2007. In contrast, the mortality rates increased for melanoma of the skin and liver cancer. There were no significant increases or decreases in the mortality rates from oesophageal cancer, pancreatic cancer, myeloid cancers and cancer of unknown primary site from 1982 to 2007.

Between 1982 and 2007 the mortality rate for females from lung cancer—the most common cause of cancer death—increased steadily. The mortality rate also increased for cancer of other digestive organs. In contrast, mortality rates decreased for breast cancer and ovarian cancer, while they remained fairly level for brain cancer, pancreatic cancer, myeloid cancers and cancer of unknown primary site.

MORTALITY FROM THE 10 MOST COMMON CAUSES OF CANCER DEATH, AUSTRALIA, 1982 TO 2007



Notes

1. The rates were age-standardised to the Australian population as at 30 June 2001 and are expressed per 100,000 population.
2. The first year for which national mortality data for myeloid cancers are available is 1997.

Source: AIHW National Mortality Database.

Find out more: Chapter 3 in *Cancer in Australia: an overview, 2010*

do **CANCER RATES DIFFER FOR INDIGENOUS AUSTRALIANS?**

In the 5-year period 2003 to 2007:

- 2,291 Indigenous Australians were diagnosed with cancer and 1,813 died from the disease.
- The incidence rate for all cancers combined was lower for Indigenous Australians than for non-Indigenous Australians. In contrast, the mortality rate from all cancers combined was higher for Indigenous Australians than for non-Indigenous Australians.
- Compared to non-Indigenous Australians, Indigenous Australians had higher incidence rates of cervical cancer, lung cancer and cancer of unknown primary site, but lower rates of bowel cancer, breast cancer in females, lymphoid cancers, melanoma of the skin and prostate cancer.
- Compared to non-Indigenous Australians, Indigenous Australians were more likely to die from cervical cancer, lung cancer and cancer of unknown primary site, but less likely to die from melanoma of the skin.

STATISTICALLY SIGNIFICANT DIFFERENCES IN AGE-STANDARDISED CANCER INCIDENCE AND MORTALITY RATES BY INDIGENOUS STATUS, 2003–2007

		Incidence	Mortality
<i>Cancer type</i>	Bowel	▼	
	Breast (in females)	▼	
	Cervical	▲	▲
	Lung	▲	▲
	Lymphoid	▼	
	Melanoma of skin	▼	▼
	Pancreas		
	Prostate	▼	
	Unknown primary site	▲	▲
	All cancers	▼	▲

Note: Arrows indicate that the age-standardised rate was statistically significantly higher or lower in Indigenous Australians compared with non-Indigenous Australians. A blank entry means that there was no statistically significant difference by Indigenous status.

Find out more: Chapter 4 in *Cancer in Australia: an overview, 2010*

do **CANCER RATES DIFFER BY REMOTENESS AREA?**

In the 5-year period 2003 to 2007:

- The incidence rates of breast cancer in females and lymphoid cancers tended to decrease with increasing remoteness. In contrast, the incidence rates of cervical cancer, lung cancer and cancer of unknown primary site tended to increase with increasing remoteness.
- The mortality rates of cervical cancer, lung cancer and cancer of unknown primary site tended to increase with increasing remoteness.

INCIDENCE AND MORTALITY BY REMOTENESS AREA, AUSTRALIA, 2003–2007

		Incidence	Mortality
Cancer type	Bowel		
	Breast (in females)	↘	
	Cervical	↗	↗
	Lung	↗	↗
	Lymphoid	↘	
	Melanoma of skin		
	Pancreas		
	Prostate		
	Unknown primary site	↗	↗
	All cancers		

Note: Arrows indicate that the age-standardised rate tended to increase or decrease as remoteness increased.

Find out more: Chapter 4 in *Cancer in Australia: an overview, 2010*

do CANCER RATES DIFFER BY SOCIOECONOMIC STATUS?

In the 5-year period 2003 to 2007:

- The incidence rates of breast cancer in females, lymphoid cancers and prostate cancer tended to increase with increasing socioeconomic status, while the incidence rates of bowel cancer, cervical cancer, lung cancer and cancer of unknown primary tended to decrease with increasing socioeconomic status.
- The mortality rates from all cancers combined as well as for bowel cancer, cervical cancer, lung cancer, prostate cancer and cancer of unknown primary site tended to decrease with increasing socioeconomic status.

INCIDENCE AND MORTALITY BY SOCIOECONOMIC STATUS, AUSTRALIA, 2003–2007

Cancer type	Incidence	Mortality
	↓	↓
	↑	
	↓	↓
	↓	↓
	↑	
	↑	↓
	↓	↓
All cancers		↓

Note: Arrows indicate that the age-standardised rate tended to increase or decrease from the lowest socioeconomic status group (group 1) to the highest socioeconomic status group (group 5).

Find out more: Chapter 4 in *Cancer in Australia: an overview, 2010*

what IS THE PROSPECT OF SURVIVAL?

For those diagnosed with cancer between 1998 and 2004, the 5-year relative survival for all cancers combined, excluding non-melanoma skin cancers, was 61%. In other words, 61 out of every 100 people diagnosed with cancer between 1998 and 2004 were alive 5 years after diagnosis.

Females had a better chance of survival than males, with the 5-year relative survival estimate equalling 64% for females and 58% for males.

FIVE-YEAR RELATIVE SURVIVAL, ALL CANCERS COMBINED, AUSTRALIA, 1998–2004



Notes

1. The highlighted male/female symbols represent the % of males/females that were alive 5-years after a diagnosis of cancer.
2. The data pertain to cancers coded in ICD-10 as C00–C97 (except for C44), D45, D46, D47.1 and D47.3.

Source: AIHW, CA & AACR 2008.

Find out more: Chapter 5 in *Cancer in Australia: an overview, 2010*

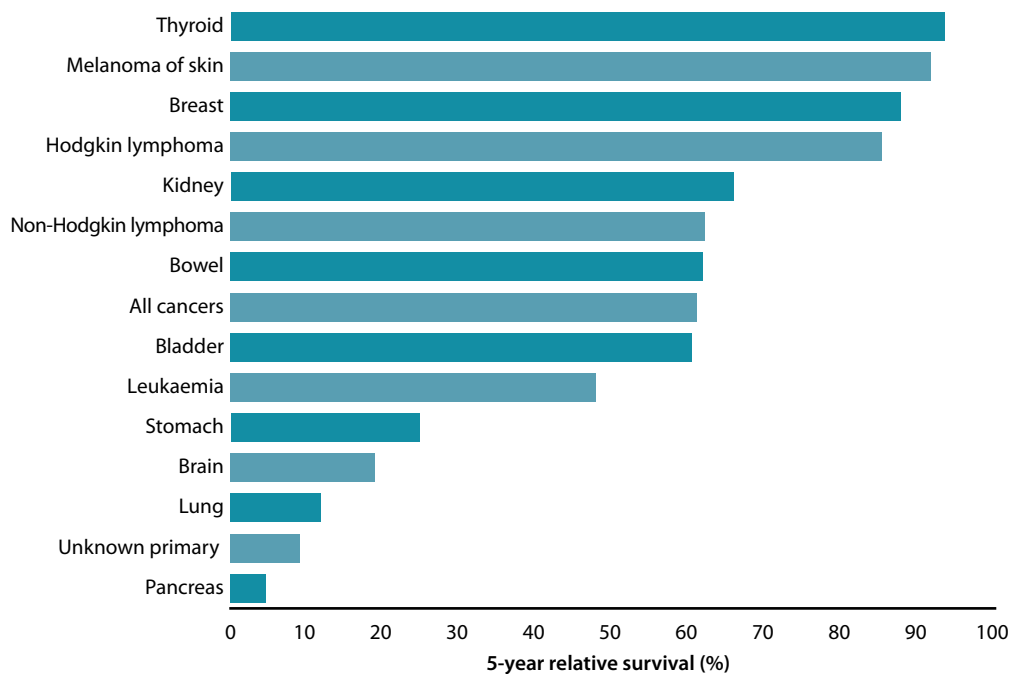
is THE PROSPECT OF SURVIVAL SIMILAR FOR ALL CANCER SITES?

In the 1998 to 2004 period, the highest 5-year relative survival was observed for those diagnosed with thyroid cancer (93%), melanoma of the skin (92%) and breast cancer (88%). In contrast, the lowest 5-year relative survival was observed for those diagnosed with pancreatic cancer (5%), cancer of unknown primary site (9%) and lung cancer (12%).

The 5-year relative survival also varied widely for both sexes.

- Among males, the 5-year relative survival was highest for those diagnosed with testicular cancer (97%), melanoma of the skin (90%) and thyroid cancer (88%) and lowest for those diagnosed with pancreatic cancer (5%), cancer of unknown primary site (11%) and lung cancer (11%).
- Among females, the 5-year relative survival was highest for those diagnosed with thyroid cancer (95%), melanoma of the skin (94%) and breast cancer (88%). In contrast, the lowest relative survival was observed for females diagnosed with pancreatic cancer (5%), cancer of unknown primary site (8%) and lung cancer (14%).

FIVE-YEAR RELATIVE SURVIVAL FOR SELECTED CANCERS, AUSTRALIA, 1998–2004



Source: AIHW, CA & AACR 2008.

Find out more: Chapter 5 in *Cancer in Australia: an overview, 2010*

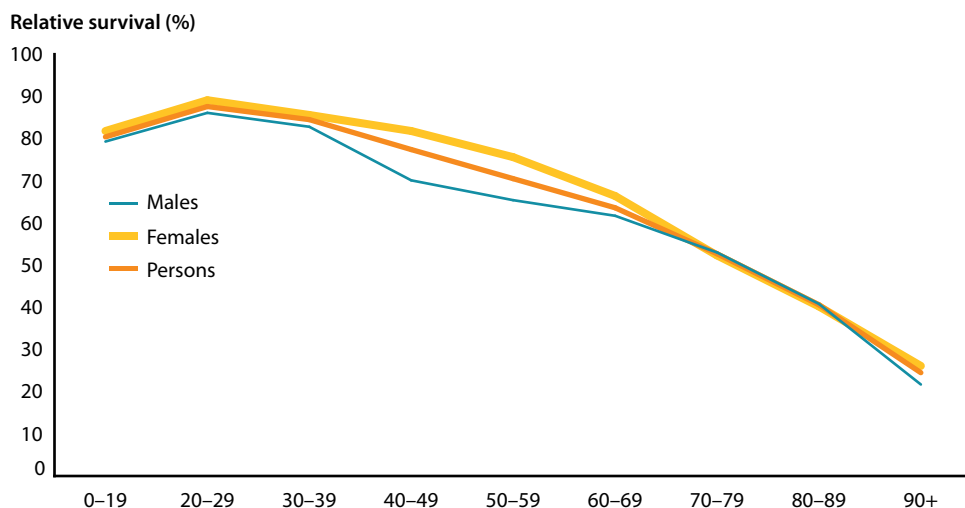
does SURVIVAL DIFFER BY AGE?

For all reportable cancers combined, 5-year relative survival was highest for those diagnosed with cancer between the ages of 20 and 29 years (88%). In contrast, the lowest survival proportion of 25% was observed for the oldest age group—people aged 90 years and over.

When comparing the age-specific relative survival estimates for males and females, there was one large difference between the sexes.

- Females aged 20 to 69 years had a better chance of survival than males in corresponding age groups. This disparity was most marked for those aged 40 to 49 years, where 5-year relative survival was 82% for females, but only 70% for males.

FIVE-YEAR RELATIVE SURVIVAL BY AGE AT DIAGNOSIS, ALL CANCERS COMBINED, AUSTRALIA, 1998–2004



Note: The data pertain to cancers coded in ICD-10 as C00–C97 (except for C44), D45, D46, D47.1 and D47.3.

Source: AIHW, CA & AACR 2008.

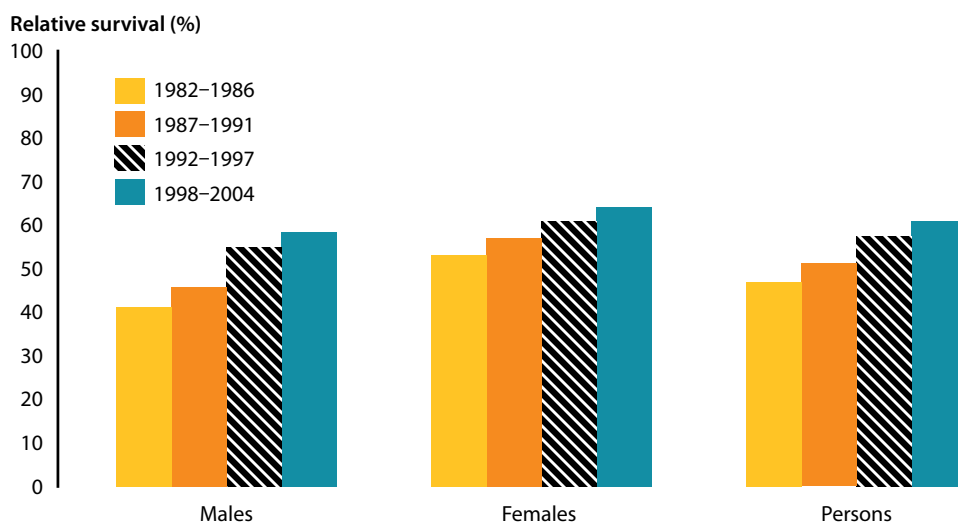
Find out more: Chapter 5 in *Cancer in Australia: an overview, 2010*

how HAS SURVIVAL CHANGED OVER TIME?

Survival prospects for those diagnosed with a reportable cancer have improved markedly over time. The 5-year relative survival for people diagnosed with cancer (other than non-melanoma skin cancer) increased from 47% in 1982–1986 to 61% in 1998–2004.

The trend towards increased 5-year relative survival is evident in both sexes; although the gain in survival has been greater for males than females. Specifically, the relative survival for males for all cancers combined increased from 41% in 1982–1986 to 58% in 1998–2004, compared to 53% to 64% for females. The gains in survival for both males and females can be explained by better diagnostic methods, earlier detection and improvements in treatment.

FIVE-YEAR RELATIVE SURVIVAL, ALL CANCERS COMBINED, AUSTRALIA, 1982–1986 TO 1998–2004



Note: The data pertain to cancers coded in ICD-10 as C00–C97 (except for C44), D45, D46, D47.1 and D47.3.

Source: AIHW, CA & AACR 2008.

Find out more: Chapter 5 in *Cancer in Australia: an overview, 2010*

has SURVIVAL IMPROVED FOR ALL CANCER SITES?

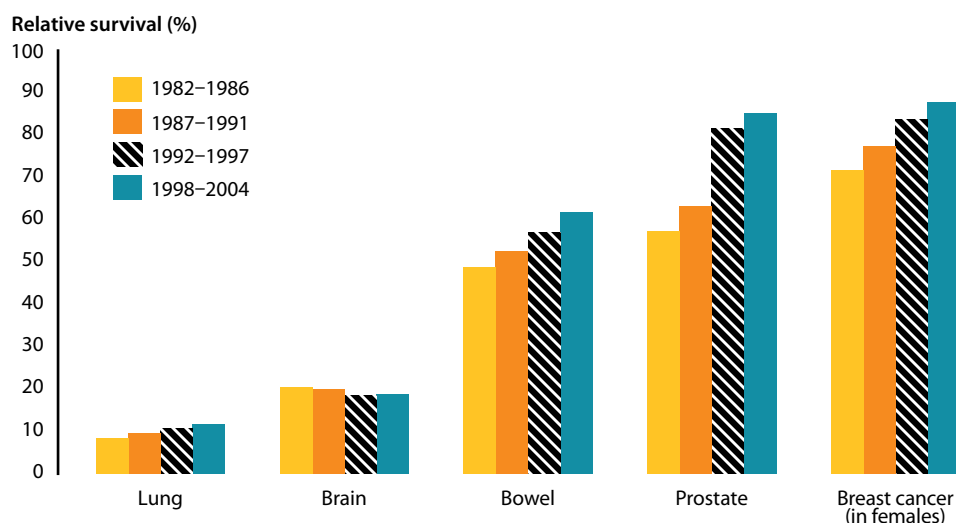
Improvements in 5-year relative survival were observed for many individual cancer sites between 1982–1986 and 1998–2004, including for the three most commonly diagnosed cancers—prostate cancer, breast cancer and bowel cancer.

The 5-year relative survival increased:

- from 57% to 85% for prostate cancer
- from 72% to 88% for breast cancer in females
- from 49% to 62% for bowel cancer.

However, gains in survival have not been consistent across all types of cancer. For example, for brain cancer and lung cancer there has been very little change and the 5-year relative survival has remained low at 19% to 20% for brain cancer and 9% to 12% for lung cancer.

FIVE-YEAR RELATIVE SURVIVAL FOR SELECTED CANCER SITES, AUSTRALIA, 1982–1986 TO 1998–2004



Source: AIHW, CA & AACR 2008.

Find out more: Chapter 5 in *Cancer in Australia: an overview, 2010*

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