FOCUS ON
CANCER IN THE ACT

ACT Government Health

INTRODUCTION

Cancer is one of the greatest health burdens for the ACT population. Advances in prevention, early detection and treatment mean that more people are surviving and living longer with cancer. This Focus On report gives an overview of cancer statistics in the ACT. Following Focus On reports will describe the trends of different types of cancer in more detail.

CANCER INCIDENCE

What do we know about cancer incidence in the ACT?

In 2013

1,547

new cases of cancer (excluding non-melanoma skin cancers) were diagnosed in ACT residents

53% males **47% females**

The incidence rate for the ACT in 2013 was

418.6

cases per 100,000 people compared to

482.7

cases per 100,000 people for Australia in 2013[1]

The median age at diagnosis was older for males at 66 years than females who had a median age at diagnosis of 63 years. More males than females are diagnosed with cancer each year.

Source: ACT Cancer Registry, Epidemiology Section, ACT Health

CANCER DEATHS

What do we know about cancer deaths in the ACT?

In 2012

422

people died from cancer

54% males **46% females**

The mortality rate for the ACT in 2012 was

123.3

deaths per 100,000 people compared to

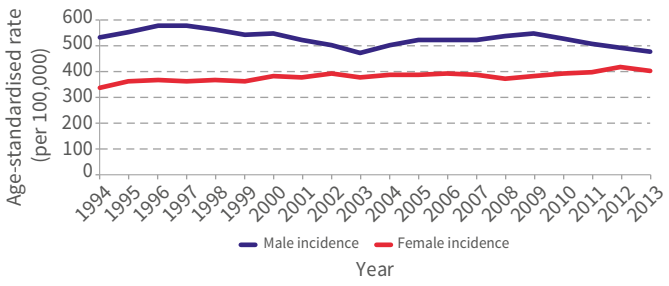
169.3

deaths per 100,000 people for Australia in 2012[1]

The median age for cancer death was 75 years for both males and females. More males than females die from cancer each year.

Source: ACT Cancer Registry, Epidemiology Section, ACT Health

Figure 1: All cancers in the ACT, age-standardised incidence rates per 100,000, males and females, 1994–2013

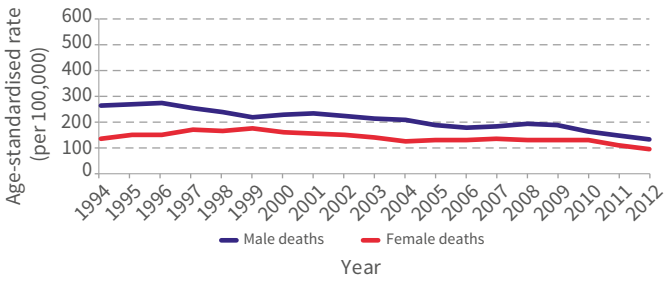


Source: ACT Cancer Registry, Epidemiology Section, ACT Health

Notes: 1. Rates were age-standardised to the 2001 Australian population.

2. Rates are 3-year leading averages (i.e. the average of the year listed and the two previous years).

Figure 2: All cancers in the ACT, age-standardised death rates per 100,000, males and females, 1994–2012



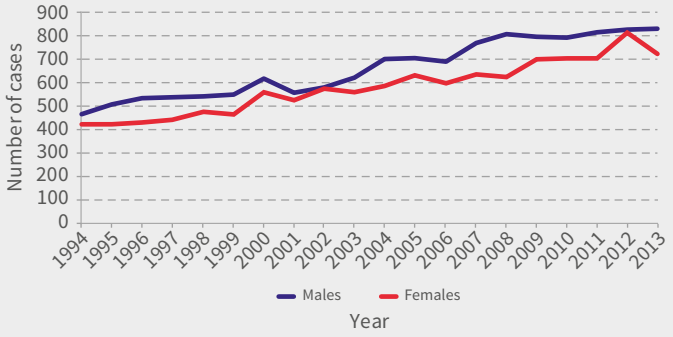
Source: ACT Cancer Registry, Epidemiology Section, ACT Health

Notes: 1. Rates were age-standardised to the 2001 Australian population.

2. Rates are 3-year leading averages (i.e. the average of the year listed and the two previous years).

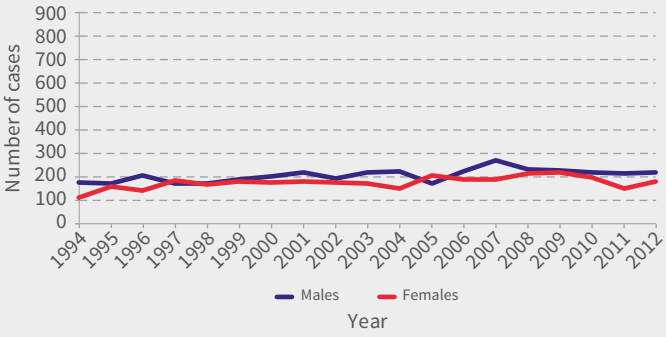
CANCER TRENDS

Figure 3: Number of cases of cancer diagnosed in the ACT, all cancers combined, males and females, 1994–2013



Source: ACT Cancer Registry, Epidemiology Section, ACT Health

Figure 4: Number of deaths due to cancer in ACT, all cancers combined, males and females, 1994–2012



Source: ACT Cancer Registry, Epidemiology Section, ACT Health

How have cancer incidence rates changed over time for males?

For males, there has been a statistically significant 0.4% decrease in the incidence rate per year (Figure 1), since 1994 when cancer reporting became mandatory.

This trend is likely to be influenced by lung cancer rates which have decreased in males by 2.1% each year since 1994. The trend for males has also been influenced by changes in the incidence rate of prostate cancer, largely due to a decrease in Prostate Specific Antigen (PSA) testing.[2]

How have cancer incidence rates changed over time for females?

For females, since 1994, there has been a statistically significant 0.4% increase in the incidence rate per year (Figure 1).

This rate is influenced by breast cancer incidence following the detection of more cases after the establishment of BreastScreen Australia in 1991.[2]

How have cancer death rates changed over time for males?

For males, after adjusting for age, the death rate decreased by 2.7% each year between 1994 and 2012 (Figure 2).

It is likely that this reduction since 1994 can be attributed to decreases in death rates for lung cancer, prostate cancer and colorectal cancer.[2]

How have cancer death rates changed over time for females?

For females, after adjusting for age, the death rate decreased by 2.1% each year between 1994 and 2012 (Figure 2).

It is likely that this reduction is due to decreases in death rates from breast cancer and colorectal cancer.[2]

The number of cancer cases is increasing as our population grows and ages.

1. Despite trends in incidence rates in males and females being relatively stable overall since 1994 the number of cases of cancer in the ACT has increased considerably over that time due to population increases and the ageing of the population (Figure 3).

2. As one of the major risk factors for cancer is older age, the number of people with cancer in the ACT is likely to increase as the proportion of older people in the population grows.

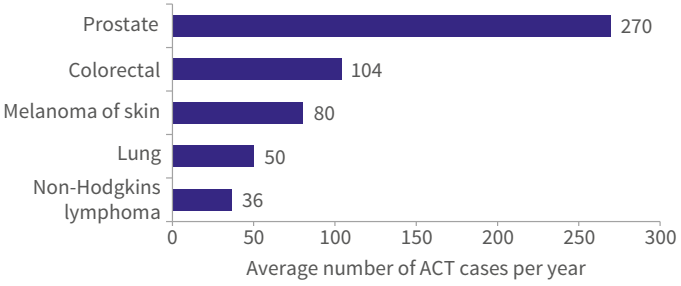
3. Similarly, while there has been a decrease in death rates for both males and females, there has been an increase in the number of deaths from cancer for both sexes because of the increase in the population of the ACT and the growth in the proportion of older people in the population (Figure 4).

COMMON TYPES OF CANCER

What are the most common types of cancer in males in the ACT?

For the period 2009–2013, the five most commonly diagnosed cancers accounted for 67% of all newly diagnosed cancers in males (Figure 5).

Figure 5: Common cancers diagnosed in males in the ACT, 2009–2013

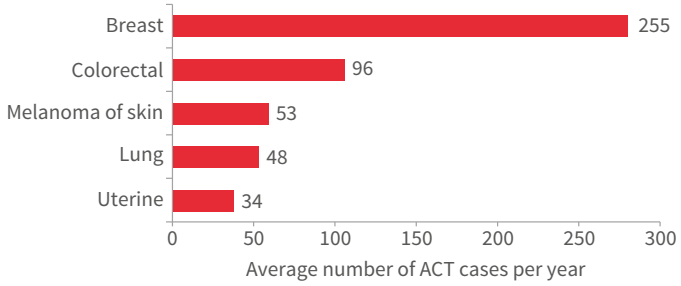


Source: ACT Cancer Registry, Epidemiology Section, ACT Health

What are the most common types of cancer in females in the ACT?

For the period 2009–2013, the five most commonly diagnosed cancers accounted for 67% of all newly diagnosed cancers in females (Figure 6).

Figure 6: Common cancers diagnosed in females in the ACT, 2009–2013



Source: ACT Cancer Registry, Epidemiology Section, ACT Health

What do we measure

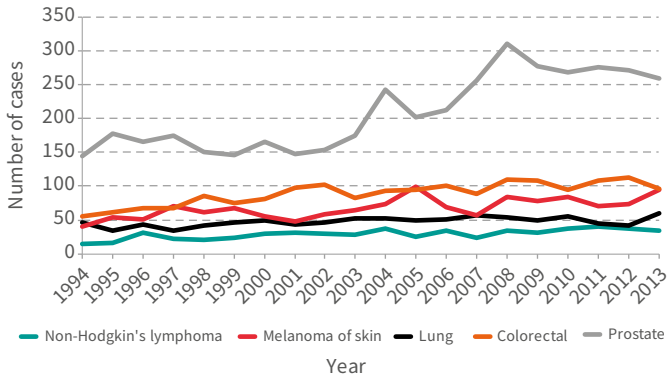
The *ACT Cancer Registry* registers all new cases of cancer diagnosed (cancer incidence) in ACT residents (excluding non-melanoma skin cancers) and all deaths of people with cancer in order to gain a comprehensive picture of the burden of cancer across our population. This information is used to improve cancer prevention programs, evaluate how well cancer screening programs are working, and to provide statistics to better plan cancer health services and policies for cancer prevention and health care. The data are also used to monitor the health outcomes of people who are diagnosed with and treated for cancer in the ACT.

How have the most common types of cancer in males changed over time?

Figure 7 shows the changes over time in the number of cases for the five most common cancers in males.

There have been increases in the numbers of cases for the five most common cancers in males, but the biggest impact on the overall number of cases comes from prostate cancer.

Figure 7: Number of cases of cancer diagnosed in ACT males, five most common cancers, 1994–2013



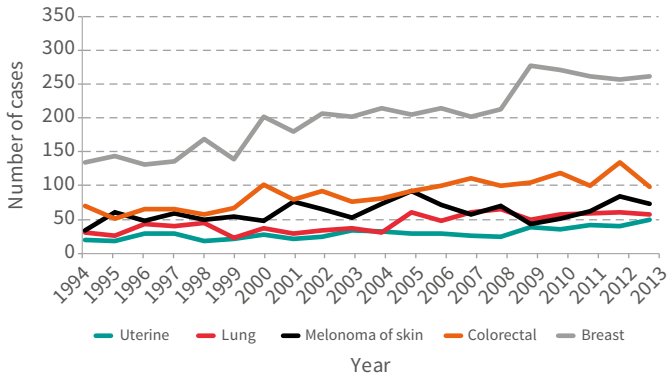
Source: ACT Cancer Registry, Epidemiology Section, ACT Health

How have the most common types of cancer in females changed over time?

Figure 8 shows the changes over time in the number of cases for the five most common cancers in females.

There have been increases in the numbers of cases for the five most common cancers in females, but the biggest impact on the overall number of cases comes from breast cancer.

Figure 8: Number of cases of cancer diagnosed in ACT females, five most common cancers, 1994–2013



Source: ACT Cancer Registry, Epidemiology Section, ACT Health

COMMON CAUSES OF CANCER DEATH

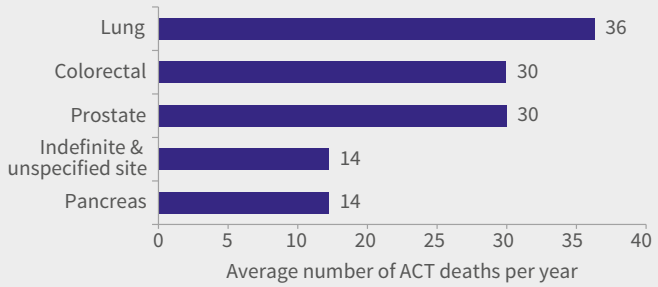
What are the most common causes of cancer death in the ACT?

For the period 2008–2012, the five most common causes of death from cancer accounted for 53% of all cancer deaths in males (Figure 9) and 61% in females (Figure 10).

For males the five most common causes of cancer death were from lung, colorectal and prostate cancers, cancers of indefinite and unspecified site and pancreatic cancer.

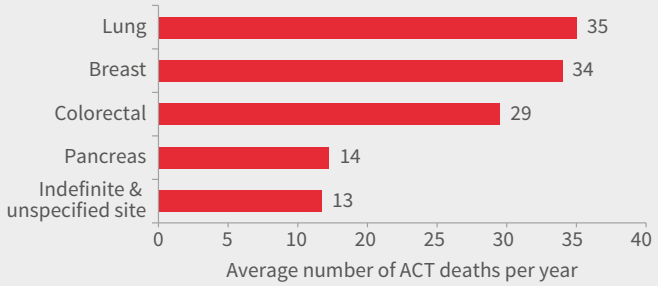
For females the five most common causes of cancer death were lung, breast, colorectal and pancreatic cancers, and cancers of indefinite and unspecified site.

Figure 9: Common causes of cancer death in males, ACT, 2008–2012



Source: ACT Cancer Registry, Epidemiology Section, ACT Health

Figure 10: Common causes of cancer death in females, ACT, 2008–2012



Source: ACT Cancer Registry, Epidemiology Section, ACT Health

PREVENTING CANCER

Recent Australian research shows that more than one third of cancers may be preventable through lifestyle modification.[3,4] There are several key risk factors that if modified may prevent lifestyle attributable cancers. These are:

- Tobacco smoking
- Insufficient physical activity
- Excess body weight
- Alcohol consumption
- Dietary factors such as not eating enough vegetables, fruits and whole grains, and eating too much red or processed meat
- Exposure to ultraviolet (UV) radiation
- Unsafe sex or drug use
- Occupational exposures & hazards.

Cancer screening programs

Cancer screening can help detect some cancers early which can significantly improve outcomes.

- **Breast cancer** — Breastscreen ACT provides free screening every two years and follow up services to ACT resident women from the age of 40 years. For more information see: *http://www.health.act.gov.au/our-services/women-youth-and-children/breastscreen*
- **Cervical cancer** — Women aged between 25-74 years need a cervical screening test every five years, even if they have received the human papillomavirus (HPV) vaccine. Talk to your GP. For more information see: *http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/content/cervical-screening-1*
- **Bowel cancer** — People over fifty years of age should screen for bowel cancer at specified ages. Ask your GP or pharmacist about bowel screening. For more information see: *http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/content/bowel-screening-1*

Note
All rates in this report were age-standardised to the 2001 Australian population.

REFERENCES

1. Australian Institute of Health and Welfare (AIHW) Australian Cancer Incidence and Mortality (ACIM) books: Canberra: AIHW. [accessed 11 May 2017] *http://www.aihw.gov.au/acim-books*
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4. Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.