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**Incidence and mortality data for 1997
and selected data for 1998 and 1999**

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Australian Institute of Health and Welfare
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Preface

The Australian Institute of Health and Welfare (AIHW) and the Australasian Association of Cancer Registries (AACR) are pleased to present *Cancer in Australia 1997*, the most recent report generated from the National Cancer Statistics Clearing House (NCSCCH). This report contains national cancer incidence and mortality data and also includes data from another of the AACR members, New Zealand, and features some international comparisons using recent data available.

The AACR and the Institute wish to acknowledge the efforts of all the cancer registries in compiling and providing timely data to the NCSCCH so that this report could be published. We intend to continue to improve provision of data on cancer in Australia, undertake a work program that encourages further standardisation of cancer registry information and increase analysis of the national data collection (e.g. survival analysis).

Cancer registration is a legal requirement in all States and Territories. The data are collected to monitor cancer trends, assist national efforts to understand the causes of cancer, and assist prevention efforts and treatment decisions. Data confidentiality and the uses to which cancer registry data can be put are controlled by State and Territory registries (under State and Territory law) and within the AIHW under the *Australian Institute of Health and Welfare Act 1987*. The cancer registries together with the Institute and community organisations (e.g. cancer charity organisations) intend to promote further public awareness of their data collections and findings. Particular use has been made of the Internet in improving public access to data by a number of the registries. A home page for the AACR has been developed on the AIHW web site (<http://www.aihw.gov.au/cancer>) with links to Australian and international cancer-related organisations. A data dissemination tool will be available in the near future.

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Contributors

This joint report between the Australian Institute of Health and Welfare (AIHW) and the Australasian Association of Cancer Registries would not have been possible without the cooperation and effort of those who direct the operation, promotion and development of the State and Territory cancer registries. These people, identified below, have all worked to produce the national cancer incidence statistics in this publication.

Incidence information provided by State and Territory cancer registries is sourced predominantly from hospitals, pathologists and departments of radiation oncology, with supplementary information provided by medical practitioners in private practice. The major contributors of information on cancer deaths are the State and Territory Registrars of Births, Deaths and Marriages, and the Australian Bureau of Statistics. We thank them for their contribution.

Funding and support of cancer registries in Australia is undertaken by State and Territory governments and various charity bodies. We recognise the support of the State and Territory governments, the New South Wales Cancer Council, the Anti-Cancer Council of Victoria, the Queensland Cancer Fund, the Cancer Foundation of Western Australia, the Northern Territory Anti-Cancer Foundation and the Australian Cancer Society. Finally, the contributions of the staff and volunteers who work with the State and Territory cancer registries are acknowledged.

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Executive summary

This report presents national cancer incidence and mortality statistics for 1997 and is part of a series of publications concerning cancer patterns in Australia. The State and Territory cancer registries provide the incidence data for this report whereas the mortality data are provided by the State and Territory Registrars of Births, Deaths and Marriages and coded by the Australian Bureau of Statistics.

Each year, approximately 350,000 new cancer cases are diagnosed in Australia. A large proportion of these, approximately 270,000, are non-melanocytic skin cancers. Incidence data for this cancer are not collected on a routine basis by cancer registries, and are not reported in this publication.

Excluding non-melanocytic skin cancers, there were 79,538 new cancer cases and 33,966 deaths due to cancer in Australia in 1997. At the incidence rates prevailing in 1997, it would be expected that 1 in 3 men and 1 in 4 women would be directly affected by cancer in the first 75 years of life. Further, an estimated 261,000 potential years of life would be lost to the community each year as a result of people dying of cancer before the age of 75. Cancer currently accounts for 28% of male deaths and 24% of female deaths.

In males, prostate cancer (9,725 new cases diagnosed in 1997) is the most common registrable cancer, followed by colorectal cancer (6,139), lung cancer (5,322) and melanoma (4,649). These four cancers account for 60% of all registrable cancers in males.

In females, breast cancer (10,096) is the most common registrable cancer, followed by colorectal cancer (5,106), melanoma (3,717) and lung cancer (2,497). These four cancers account for 59% of all registrable cancers in females.

The most common cancers causing death are lung (4,615), colorectal (2,544) and prostate (2,449) cancers in males, and breast (2,596), colorectal (2,134) and lung (2,068) cancers in females.

The risk of cancer increases with age, with twice as many cancers diagnosed in those over the age of 60 as in those under 60.

Between 1992 and 1997, age-standardised incidence rates for all cancers combined (except non-melanocytic skin cancers) declined for males by an average of 0.3% and rose for females by an average of 0.9% per year but death rates declined for both males and females by an average of 1.3% and 0.6% per year respectively. A significant proportion of the rise in female incidence rates can be attributed to the continuing increase of breast cancer incidence which in turn can be attributed in part to detection of prevalent cancers by the breast screening programs. The recent fall in male incidence rate is strongly influenced by the decline in prostate and lung cancer rates. The introduction of prostate-specific antigen testing and its later fall in use has induced the rapid rise and subsequent fall of prostate cancer incidence rates in recent years.

Cigarette smoking is estimated to have directly caused 10,391 new cases of cancer (13% of all new cases of cancer) and 6,909 deaths (20% of cancer deaths) in 1997. Between 1992 and 1997, the male incidence rate for smoking-related cancers fell by an average of 1.5% per year, while the rate for females rose by 0.6% per year. Over the same period, mortality rates fell by 1.9% per annum for males and rose by 0.7% per annum for females.

Incidence and mortality rates for cervical cancer have continued to fall at a rapid rate. These gains are due, in part, to the success of the National Cervical Screening Program.

A comparison with some countries with similar economic development to Australia shows that Australia's male and female incidence rates are fairly average but that our mortality rates compare favourably with the selected countries. Australia's melanoma rates are

amongst the highest in the world while our colorectal and prostate rates are also relatively high. Lung and liver cancer rates in Australia are lower than in most other countries. In a direct comparison with New Zealand, Australia's female mortality rates are substantially lower than New Zealand's for several cancers, with cancers of the breast and lung showing the largest differences. Cancer incidence and mortality rates in New Zealand males are slightly higher than those of Australian males for most types of cancer.