

## 6 Incidence of bowel cancer

Bowel cancer incidence statistics in Australia are held in the Australian Cancer Database maintained by the National Cancer Statistics Clearing House (NCSCCH). The aim of the NCSCCH is to foster the development and dissemination of national cancer statistics for Australia.

The NCSCCH receives data from individual state and territory cancer registries on cancer diagnosed in residents of Australia. This began with cases first diagnosed in 1982, and currently contains data on cancers diagnosed up to and including 2006.

### Fast facts

In 2006:

- there were 13,591 people diagnosed with bowel cancer (7,432 males; 6,159 females)
- bowel cancer accounted for 13.1% of all invasive cancers diagnosed, making it the second most commonly diagnosed cancer in Australia, after prostate cancer
- the age-standardised incidence rate for bowel cancer was 74 per 100,000 males, 52 per 100,000 females and 62 per 100,000 persons
- the risk of being diagnosed with bowel cancer by age 85 years was 1 in 10 for males, 1 in 14 for females and 1 in 12 for persons
- the average age of diagnosis was 69 years for males and 71 years for females.

## Bowel cancer incidence

Bowel cancer comprises cancer of the colon and cancer of the rectum, collectively known as colorectal cancer. An objective of the NBCSP is to reduce the incidence of bowel cancer in Australia. Positive FOBTs and subsequent colonoscopies identify and treat polyps and adenomas which might develop into cancer, thereby reducing incidence. However, it is expected that during the first few years of the NBCSP incidence rates may increase, as developed cancers (as well as polyps and adenomas) that had not shown symptoms are found earlier through screening. This should stabilise over time.

This chapter provides bowel cancer incidence data, grouped by age, sex and population subgroups. Supplementary data tables are included in Appendix A. Detailed numbers and rates for bowel cancer in Australia over time can be found in the AIHW *Australian Cancer Incidence and Mortality* (ACIM) workbook for colorectal cancer, an interactive workbook that includes incidence data from 1982 to 2006 and mortality data from 1968 to 2006. This workbook is available at <[www.aihw.gov.au/cancer/data/acim\\_books/index.cfm](http://www.aihw.gov.au/cancer/data/acim_books/index.cfm)>.

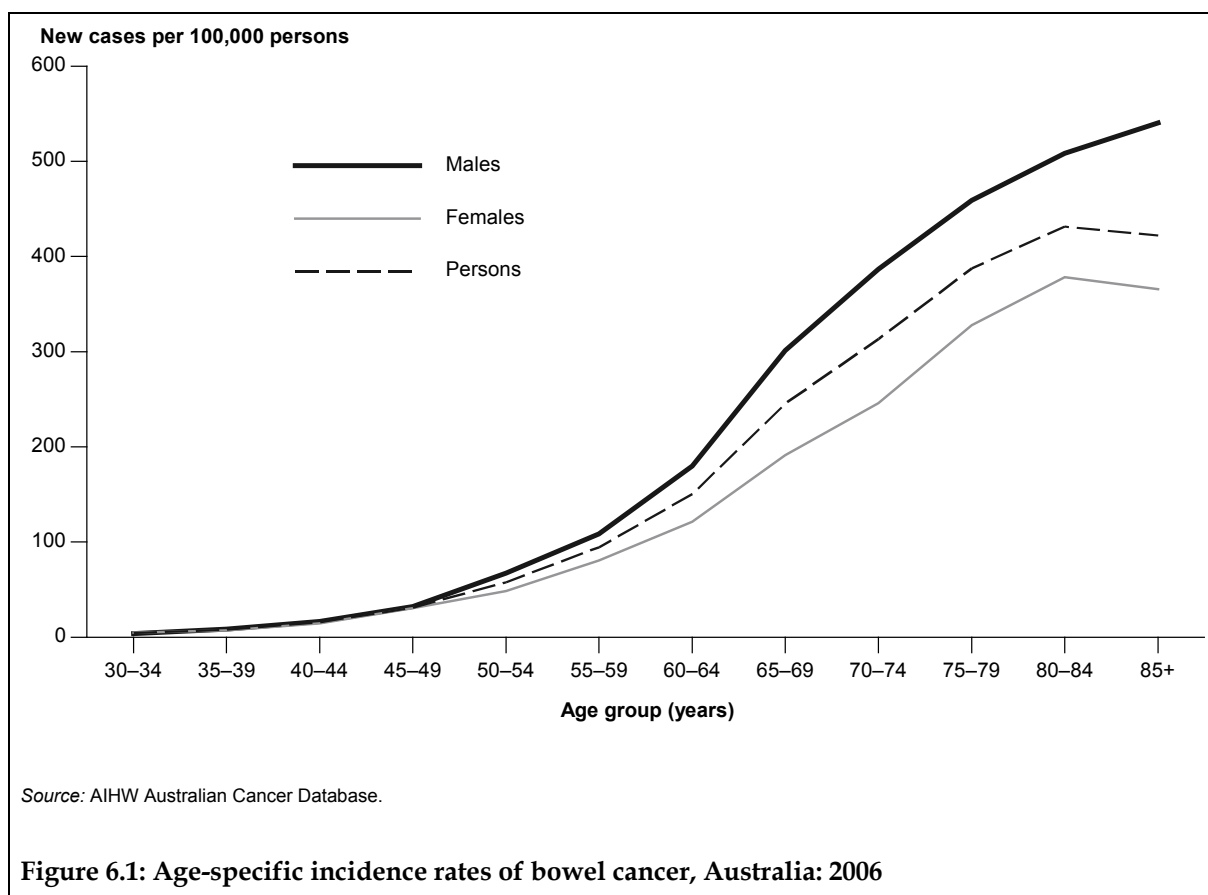
## Bowel cancer incidence by state and territory

The incidence of bowel cancer varied between jurisdictions in the period 2001–2005 (tables A.3a–A.4c). Queensland (64.5 cases per 100,000 persons), South Australia (64.0) and Victoria (63.7) had the highest age-standardised incidence rate of bowel cancer. The lowest age-standardised incidence rate was in the Northern Territory (50.0 per 100,000 persons).

## Bowel cancer incidence by age and sex

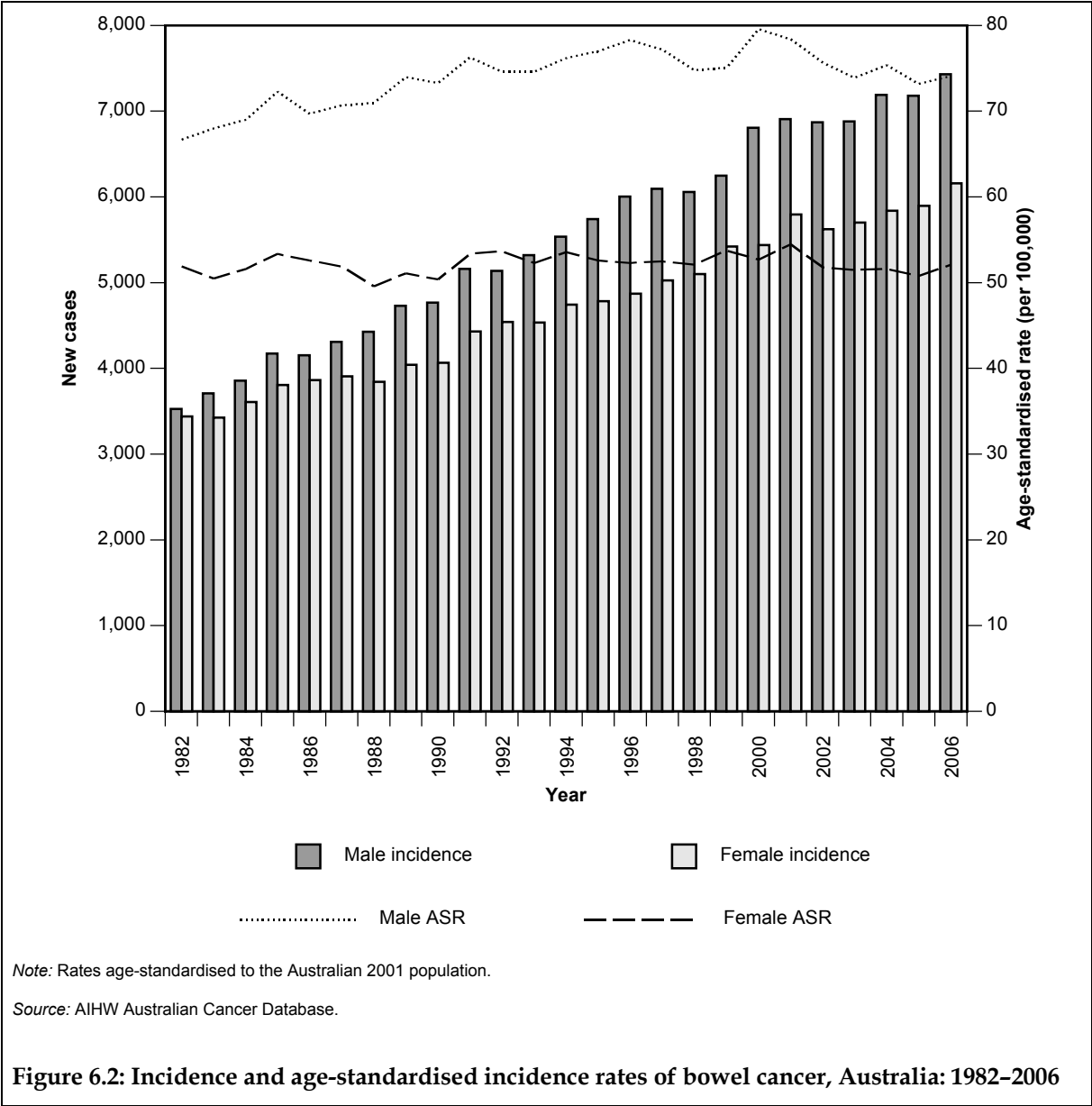
Similar to previous years, bowel cancer incidence was relatively rare before age 45 in 2006; however, the incidence rate increased sharply with age thereafter (Figure 6.1). The highest incidence rate was in people aged 80 years and over (more than 400 cases per 100,000 population).

About 27% of the new cases diagnosed were in people aged 50–65 years, with 5% being diagnosed in people specifically aged 50, 55 or 65 years – the current NBCSP target ages.



### Trends

The number of new cases of bowel cancer for males has doubled (100% increase) between 1982 and 2006, with incidence in females showing a slightly smaller (80%) increase. While the age-standardised rates for bowel cancer were similar between 1982 and 2006 (a 0.4% increase for males and a 0.1% decrease for females) the effect of the ageing population in Australia means the burden bowel cancer places on the health care system (through the number of new cases requiring treatment) is still increasing (Figure 6.2 and tables A.1a–A.2c). Any changes due to the NBCSP will not be apparent for a number of years.



### Bowel cancer incidence by region

The age-standardised incidence rates of bowel cancer between 2001 and 2006 were highest in *Inner regional* areas (62.5 cases per 100,000) and *Major cities* (62.1) (tables A.5a–A.6c). *Very remote* areas had a statistically significant lower age-standardised incidence rate (43.9 per 100,000) than the other regions.