# Regional statistics.



# Cancer in Wide Bay Burnett

The CCQ region of Wide Bay Burnett covers almost 33,100km<sup>2</sup>, or about 2% of total Queensland. In 2015 the population was approximately 206,714, or 4.3% of Queensland's total population.

The major population centres are Bundaberg, Maryborough and Gayndah, while Hervey Bay and Fraser Island are important tourist centres in the region. Sugarcane farming is an important industry.

The nearest radiation treatment centres for cancer patients in the Wide Bay Burnett region are in Bundaberg, Hervey Bay (opened in 2018) and Rockhampton. The CCQ Regional Office for Wide Bay Burnett is located in Bundaberg.



Region Characteristics (2015 data unless otherwise specified)	Wide Bay Burnett	Queensland
Per cent of population who		
are female	50.9%	50.2%
are aged 50 years and over	29.0%	22.8%
are Indigenous	4.5%	4.4%
speak another language at home (2011 data)	3.6%	10.0%
live in remote areas	0.0%	2.6%
live within 2 hours drive of radiation treatment	100%	89.2%
live more than 6 hours drive from radiation treatment	0.0%	1.7%
live in disadvantaged areas	78.2%	18.0%
live in affluent areas	0.0%	19.8%

II Cancers*	Male	Female	Persons <sup>1</sup>
Number of new cases per year:	1021	676	1697
Chance of diagnosis by age 80:2	1 in 2.0	1 in 2.8	1 in 2.3
Median age at diagnosis:	70 yrs	67 yrs	69 yrs
Five-year relative survival:	68%	<b>68%</b>	68%
Number of deaths per year:	348	223	571
Percent deaths before age 80:	65%	66%	65%

\*See notes on page 4 for more details

1. Persons data may not equal the sum of males and females due to rounding.

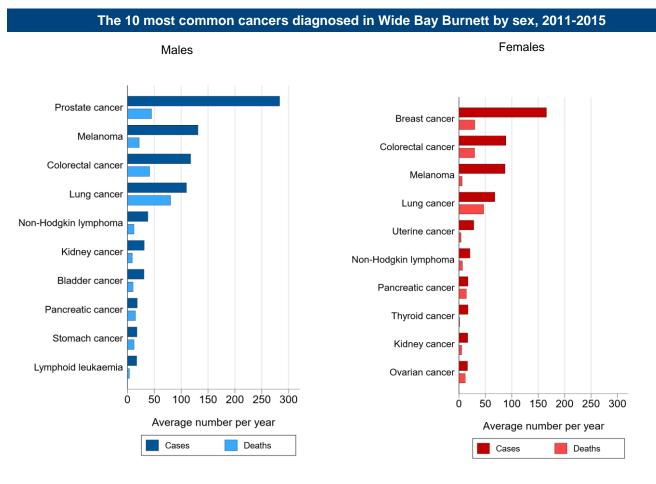
2. Cancers with a lifetime risk above 1 in 5 have the value provided to one decimal point.



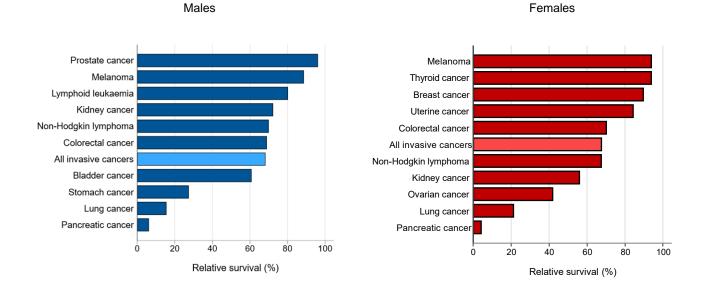
Year

# Every minute, every hour, every day.





Five-year relative survival in Wide Bay Burnett by type of cancer and sex, 2011-2015



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 2011-2015.



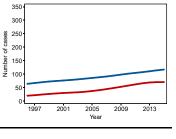
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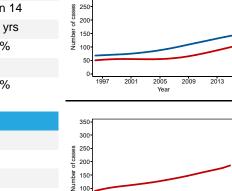
### Facts about the most common cancers

Colorectal Ca	incer	Male	Female	Persons <sup>1</sup>	Number diagnosed by year
	Number of new cases per year:	118	89	206	350 Male
(1, 1)	Chance of diagnosis by age 80:	1 in 13	1 in 19	1 in 15	300- Female
$\left( \left( \tau \right) \right)$	Median age at diagnosis:	71 yrs	72 yrs	71 yrs	8 230- 8 200-
	Five-year relative survival:	69%	70%	70%	2 150- E 100-
	Number of deaths per year:	41	30	71	ž 100- 50-
	Percent deaths before age 80:	61%	53%	58%	0 1997 2001 2005 2009 2013 Year

Lung Cancer		Male	Female	Persons <sup>1</sup>	
	Number of new cases per year:	110	68	178	
$\wedge$	Chance of diagnosis by age 80:	1 in 14	1 in 21	1 in 16	
(ریسکر)	Median age at diagnosis:	71 yrs	70 yrs	71 yrs	
	Five-year relative survival:	16%	21%	18%	
	Number of deaths per year:	80	47	127	
	Percent deaths before age 80:	76%	80%	77%	



Melanoma		Male	Female	Persons <sup>1</sup>
	Number of new cases per year:	131	87	218
$\bigcirc$	Chance of diagnosis by age 85:	1 in 11	1 in 18	1 in 14
(2)	Median age at diagnosis:	68 yrs	65 yrs	67 yrs
Five-year relative survival:		89%	94%	91%
	Number of deaths per year:	22	6	28
	Percent deaths before age 80:	57%	47%	55%



2005 Year

2009

2013

350 300

250

50

0

1997

2001

Prostate Can	cer	Male	350-
	Number of new cases per year:	283	300-
Å	Chance of diagnosis by age 80:	1 in 5	§ 250-
	Median age at diagnosis:	68 yrs	200- 8 150-
11	Five-year relative survival:	96%	E 100-
	Number of deaths per year:	45	50-
	Percent deaths before age 80:	46%	1997 2001 2005 2009 2013 Year

Female

166

1 in 9

64 yrs

90%

30

67%

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 equal the sum of males and females due to rounding.

Number of new cases per year:

Chance of diagnosis by age 80:

Median age at diagnosis:

Five-year relative survival:

Number of deaths per year:

Percent deaths before age 80:



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**Female Breast Cancer** 



	Incide	nce <sup>a</sup>		Morta	lity <sup>a</sup>
Type of cancer	Average number per year	Annual rate <sup>b</sup> (per 100,000)	Five-year relative survival <sup>c</sup> (%)	Average number per year	Annual rate <sup>b</sup> (per 100,000)
		Male	S		
All invasive cancers	1021	677 [658,697]	68 [67,70]	348	232 [221,243]
Prostate cancer	283	173 [163,182]	96 [94,98]	45	31 [27,35]
Melanoma	131	93 [85,101]	89 [85,92]	22	15 [12,18]
Colorectal cancer	118	79 [72,86]	69 [64,74]	41	27 [24,31]
Lung cancer	110	69 [63,75]	16 [12,19]	80	51 [46,57]
Non-Hodgkin lymphoma	38	27 [23,32]	70 [60,78]	12	8 [6,11]
Kidney cancer	31	22 [18,26]	72 [62,81]	9	5 [4,8]
Bladder cancer	31	20 [17,24]	61 [49,72]	10	7 [5,9]
Pancreatic cancer	18	12 [10,15]	6 [2,14]	15	10 [8,12]
Stomach cancer	18	11 [9,14]	27 [18,38]	12	8 [6,11]
Lymphoid leukaemia	17	11 [9,14]	80 [66,91]	**	**
		Fema	les		
All invasive cancers	676	461 [444,477]	68 [66,70]	223	138 [130,147]
Breast cancer	166	114 [106,123]	90 [87,92]	30	19 [16,22]
Colorectal cancer	89	58 [52,64]	70 [65,75]	30	18 [15,22]
Melanoma	87	65 [59,72]	94 [90,97]	6	4 [2,5]
Lung cancer	68	43 [39,48]	21 [17,26]	47	29 [25,33]
Uterine cancer	28	18 [15,21]	84 [75,91]	**	**
Non-Hodgkin lymphoma	21	13 [11,16]	68 [56,77]	7	4 [3,6]
Pancreatic cancer	17	11 [8,13]	4 [1,11]	14	9 [7,11]
Thyroid cancer	17	14 [11,18]	94 [85,99]	**	**
Kidney cancer	17	10 [8,13]	56 [43,68]	5	3 [2,4]
Ovarian cancer	16	11 [8,14]	42 [31,53]	12	7 [5,10]
		Perso			
All invasive cancers	1697	566 [553,579]	68 [67,69]	571	181 [174,188]
Prostate cancer	283	n.a.	96 [94,98]	45	n.a.
Melanoma	218	79 [74,84]	91 [88,93]	28	9 [8,11]
Colorectal cancer	206	68 [64,73]	70 [66,73]	71	23 [20,25]
Lung cancer	178	56 [52,59]	18 [15,21]	127	39 [36,43]
Female breast cancer	166	n.a.	90 [87,92]	30	n.a.
Non-Hodgkin lymphoma	59	20 [18,22]	69 [62,75]	19	6 [5,7]
Kidney cancer	48	16 [14,18]	66 [58,74]	14	4 [3,5]
Bladder cancer	40	12 [10,14]	60 [50,70]	14	4 [3,5]
Pancreatic cancer	35	11 [10,13]	5 [2,10]	29	9 [8,11]
Uterine cancer	28	n.a.	84 [75,91]	**	**

Notes:

Incidence and mortality data are averaged over the 5 year period from 2011-2015. a.

b. Incidence and mortality rates have been directly age-standardised to the 2001 Australian Standard population, with 95% confidence intervals shown in brackets.

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 2011-2015 c.

d. Persons data may not equal the sum of males and females due to rounding.

Symbols: \*\* Incidence or mortality counts that averaged less than five 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).



# Every minute, every hour, every day.



#### Methodology

- 1. All cancer data are sourced from the Queensland Cancer Register. The access and use of these data for reporting purposes is subject to strict confidentiality and privacy constraints.
- 2. Census and population data were obtained from the Australian Bureau of Statistics.
- 3. Population death data used in relative survival calculations were obtained from the Australian Coordinating Registry of Births, Deaths and Marriages.
- 4. All calculations were performed using Stata v14.2.
- 5. Trend lines for incidence numbers have been smoothed using the 'Lowess' method.
- 6. Remote areas are defined by the Remoteness Areas 2011 classification (combines Remote and Very Remote).
- 7. 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.
- 'Affluent areas' are the 20% of most advantaged Statistical Areas 2 (SA2s) and 'Disadvantaged areas' are the 20% of most disadvantaged SA2s as defined by the 2011 SEIFA Index of Advantage and Disadvantage obtained from the Australian Bureau of Statistics.
- 9. Relative survival compares overall survival among those diagnosed with cancer to the expected survival of the general population, taking into account age, sex and year of diagnosis.

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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