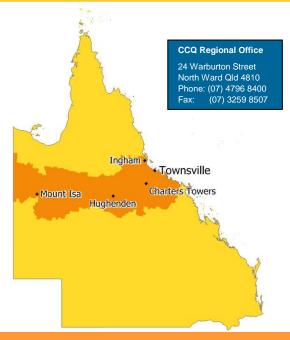
The CCQ Region of Northern Queensland covers nearly one fifth of Queensland (17% or 301,700 km²), stretching from Townsville in the east to the Northern Territory border in the west. In 2011 it had a population of 267,110, which is 6% of Queensland's total population.

The major population centres are Townsville, Mount Isa, Ingham and Charters Towers, with significant industries of the region including tourism, mining, cattle grazing and sugar cane farming.

The nearest radiation treatment centre for cancer patients in North Queensland is Townsville. The CCQ Regional Office for North Queensland is also located in Townsville.



| Region Characteristics (2011 data unless otherwise specified) | Northern Queensland | Queensland | |
|---|---------------------|------------|--|
| Per cent of population who | | | |
| are female | 49.1% | 50.1% | |
| are aged 50 years and over | 28.1% | 30.9% | |
| are Indigenous ¹ | 7.9% | 3.6% | |
| speak another language at home ¹ | 6.2% | 10.0% | |
| live in remote areas | 22.7% | 4.9% | |
| live within 2 hours drive of radiation treatment | 81.7% | 83.4% | |
| live more than 6 hours drive from radiation treatment | 10.9% | 3.9% | |
| live in disadvantaged areas | 15.9% | 12.1% | |
| live in affluent areas | 9.8% | 16.4% | |
| Life Expectancy at birth (2002-2006) | | | |
| Males | 76.3 years | 78.9 years | |
| Females | 82.2 years | 83.7 years | |
| Persons | 79.1 years | 81.3 years | |
| | | | |

| All Cancers* | Male | Female | Persons ² | Number diagnosed by year |
|---|-------------|----------|----------------------|--------------------------|
| Number of new cases per year: | 778 | 511 | 1289 | 800- |
| Chance of diagnosis by age 80: ³ | 1 in 2.0 | 1 in 3.0 | 1 in 2.3 | |
| Median age at diagnosis: | 66 yrs | 63 yrs | 65 yrs | 8 600- 80 100 |
| Percent surviving for 5 years: | 66% | 67% | 67% | to 400- |
| Number of deaths per year: | 257 | 175 | 432 | ₩ 400 |
| Percent deaths before age 80: | 75 % | 70% | 73% | 200- Male, —— Fema |
| | | | | 1996 1999 2002 2005 2008 |

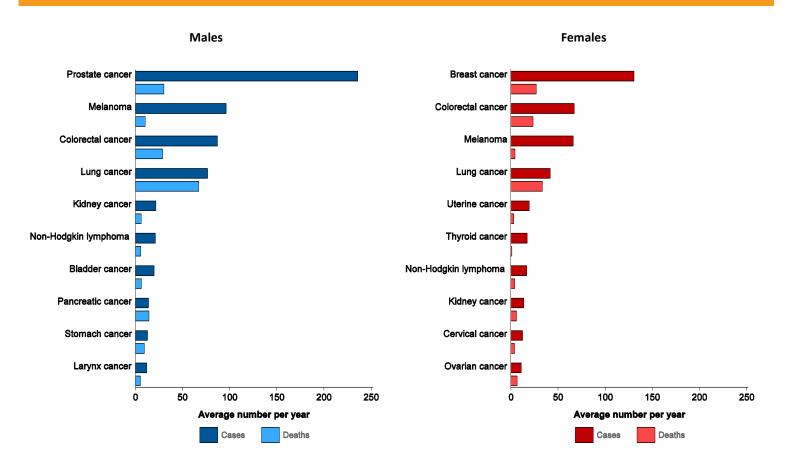
^{*}See notes on page 4 for more details.

^{1.} Regional boundaries for these data may differ slightly from other data in this document due to being based on a new Australian Bureau of Statistics geographical classification system. See http://www.abs.gov.au/geography for details.

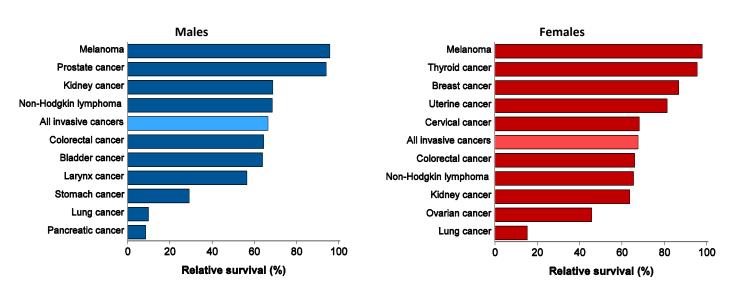
^{2.} Persons data may not equal the sum of males and females due to rounding.

^{3.} Cancers with a lifetime risk above 1 in 5 have the value provided to one decimal point.

The 10 most common cancers diagnosed in Northern Queensland by sex, 2007-2011



Five-year relative survival in Northern Queensland by type of cancer and sex, 2002-2011



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 2002-2011.

Facts about the most common cancers

Percent surviving for 5 years:

Percent deaths before age 80:

Number of deaths per year:

Number of deaths per year:

Percent deaths before age 80:

| Colorectal Cancer | Male | Female | Persons ¹ | |
|--------------------------------|---------|---------|----------------------|--|
| Number of new cases per year: | 87 | 67 | 154 | |
| Chance of diagnosis by age 80: | 1 in 13 | 1 in 19 | 1 in 15 | |
| Median age at diagnosis: | 66 yrs | 69 yrs | 67 yrs | |
| % surviving for 5 years: | 64% | 66% | 65% | |
| Number of deaths per year: | 29 | 23 | 52 | |
| Percent deaths before age 80: | 78% | 56% | 68% | |
| Lung Cancer | Male | Female | Persons ¹ | |
| Number of new cases per year: | 76 | 42 | 118 | |
| Chance of diagnosis by age 80: | 1 in 13 | 1 in 26 | 1 in 17 | |
| Median age at diagnosis: | 69 vrs | 67 vrs | 68 vrs | |

10%

67

84%

15%

81%

33

27

76%

12%

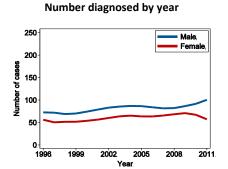
100

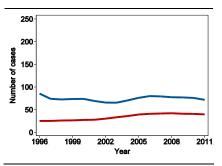
83%

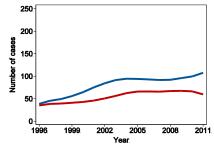
| Melanoma | Male | Female | Persons ¹ |
|--------------------------------|------------|---------|----------------------|
| Number of new cases per year: | 96 | 66 | 162 |
| Chance of diagnosis by age 85: | 1 in 13 | 1 in 21 | 1 in 16 |
| Median age at diagnosis: | 63 yrs | 55 yrs | 60 yrs |
| Percent surviving for 5 years: | 96% | 98% | 97% |
| Number of deaths per year: | 10 | ** | ** |
| Percent deaths before age 80: | 57% | 81% | 64% |

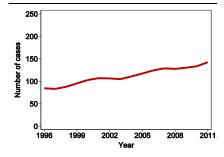
Female Breast CancerFemaleNumber of new cases per year:130Chance of diagnosis by age 80:1 in 10Median age at diagnosis:59 yrsPercent surviving for 5 years:87%

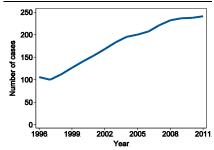
| Prostate Cancer | Male |
|--------------------------------|----------|
| Number of new cases per year: | 236 |
| Chance of diagnosis by age 80: | 1 in 4.9 |
| Median age at diagnosis: | 66 yrs |
| Percent surviving for 5 years: | 94% |
| Number of deaths per year: | 30 |
| Percent deaths before age 80: | 55% |











 $See \ notes \ on \ page \ 4 \ for \ more \ details. \ Cancers \ with \ a \ lifetime \ risk \ above \ 1 \ in \ 5 \ have \ the \ value \ provided \ to \ one \ decimal \ point.$

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

More information for those who like the details

| | Incide | Incidence ^a | | Mortality ^a | |
|------------------------|-------------------------|---|---------------------------------------|-------------------------|---|
| Type of Cancer | Average number per year | Annual rate ^b (per 100,000) | relative survival ^c (%) | Average number per year | Annual rate ^b (per 100,000) |
| | | Males | | | |
| All invasive cancers | 778 | 669 [648,690] | 66 [65,68] | 257 | 241 [228,255] |
| Prostate cancer | 236 | 201 [189,212] | 94 [92,96] | 30 | 33 [28,38] |
| Melanoma | 96 | 82 [75,90] | 96 [93,98] | 10 | 10 [8,14] |
| Colorectal cancer | 87 | 75 [68,82] | 64 [60,68] | 29 | 26 [22,31] |
| Lung cancer | 76 | 68 [61,75] | 10 [8,12] | 67 | 61 [54,68] |
| Kidney cancer | 22 | 19 [16,23] | 69 [59,77] | 6 | 5 [4,8] |
| Non-Hodgkin lymphoma | 21 | 18 [15,22] | 68 [60,76] | 6 | 5 [4,8] |
| Bladder cancer | 20 | 19 [15,23] | 64 [54,73] | 6 | 6 [4,9] |
| Pancreatic cancer | 14 | 12 [9,15] | 9 [4,15] | 14 | 12 [10,15] |
| Stomach cancer | 13 | 12 [9,15] | 29 [20,39] | 9 | 9 [7,12] |
| Larynx cancer | 12 | 10 [8,13] | 56 [45,67] | 5 | 5 [3,8] |
| | | Females | | | |
| All invasive cancers | 511 | 423 [407,440] | 67 [66,69] | 175 | 146 [137,156] |
| Breast cancer | 130 | 108 [100,116] | 87 [84,89] | 27 | 22 [18,26] |
| Colorectal cancer | 67 | 56 [50,62] | 66 [61,70] | 23 | 20 [16,24] |
| Melanoma | 66 | 54 [48,60] | 98 [95,100] | ** | ** |
| Lung cancer | 42 | 35 [31,40] | 15 [11,20] | 33 | 29 [24,33] |
| Uterine cancer | 19 | 16 [13,20] | 81 [73,87] | ** | ** |
| Thyroid cancer | 17 | 14 [11,17] | 95 [89,99] | ** | ** |
| Non-Hodgkin lymphoma | 17 | 14 [11,17] | 65 [56,74] | ** | ** |
| Kidney cancer | 14 | 11 [9,14] | 64 [53,73] | 6 | 5 [3,7] |
| Cervical cancer | 12 | 10 [8,13] | 68 [58,76] | ** | ** |
| Ovarian cancer | 11 | 9 [7,12] | 46 [35,56] | 6 | 5 [4,7] |
| | | Persons ^d | | | |
| All invasive cancers | 1289 | 542 [529,555] | 67 [66,68] | 432 | 190 [182,198] |
| Prostate cancer | 236 | n.a. | 94 [92,96] | 30 | n.a. |
| Melanoma | 162 | 67 [63,72] | 97 [95,98] | ** | ** |
| Colorectal cancer | 154 | 66 [61,71] | 65 [62,68] | 52 | 23 [21,26] |
| Breast cancer (female) | 130 | n.a. | 87 [84,89] | 27 | n.a. |
| Lung cancer | 118 | 51 [47,55] | 12 [10,14] | 100 | 44 [40,48] |
| Non-Hodgkin lymphoma | 38 | 16 [14,18] | 67 [61,73] | ** | ** |
| Kidney cancer | 35 | 15 [13,18] | 67 [60,73] | 12 | 5 [4,7] |
| Bladder cancer | 27 | 12 [10,14] | 61 [53,68] | 10 | 4 [3,6] |
| Pancreatic cancer | 23 | 10 [8,12] | 6 [3,9] | 23 | 10 [8,12] |
| Thyroid cancer | 23 | 9 [8,11] | 97 [92,100] | ** | ** |

Notes:

- a. Incidence and mortality data are averaged over the 5 year period from 2007-2011.
- b. Incidence and mortality rates have been directly age-standardised to the 2001 Australian Standard population, with 95% confidence intervals shown in brackets.
- c. 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 2002-2011.
- d. Persons data may not equal the sum of males and females due to rounding.

Symbols:

- ** Incidence or mortality counts that averaged less than 5 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).

Notes:

- 1. All data are sourced from the Queensland Cancer Registry. The access and use of these data for reporting purposes is subject to strict confidentiality and privacy constraints.
- Trend lines for incidence numbers have been smoothed using the "Lowess" method.
 Remote areas are defined by the ARIA+ classification (combines Remote and Very Remote).
- 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 Local Areas (SLAs) and "Disadvantaged areas" are the 20% of most disadvantaged SLAs as defined by the SEIFA
- 5. "Áffluent areas" are the 20% of most advantaged Statistical Local Areas (SLAs) and "Disadvantaged areas" are the 20% of most disadvantaged SLAs as defined by the SEIFA Index of Advantage and Disadvantage obtained from the Australian Bureau of Statistics.
- 6. Census and population data obtained from the Australian Bureau of Statistics.
- 7. "Percent survival" represents relative survival, which is the ratio of the time that cancer patients survive after being diagnosed with cancer to the expected survival of the general population, taking into account age, sex and year of diagnosis. This ratio is then multiplied by 100.

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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