CANCER IN NSW: INCIDENCE AND MORTALITY 1996

Marylon Coates and Bruce Armstrong

NSW Cancer Council, Sydney

This article highlights some of the information available from the latest report of cancer incidence and mortality in NSW,¹ published by the NSW Cancer Council in July 1999. A decrease in deaths due to cancer mortality was confirmed for both men and women. This fall was mainly due to decreases in rates of death from cancers of the stomach, rectum and pancreas in both sexes; lung cancer in men; and breast and gynaecological cancers in women. The number of new cases (incidence rate) of prostate cancer fell in 1995 and 1996. This followed a dramatic increase in rates between 1988 and 1994 associated with widespread use of prostate specific antigen testing.

THE 1996 REPORT

Cancer has been a notifiable disease in NSW since 1 January 1972. Notifications are provided by patient care institutions, such as hospitals, and by pathology laboratories. The annual report of cancer incidence and mortality contains:

- · numbers and rates
- · leading cancers
- · most common cancers by age
- childhood cancers
- trends and projections
- information about specific cancers, including five-year survival and regional variation
- · age-specific tables of incidence and mortality
- appendices about the Cancer Registry, coding practices, the demography of NSW, statistics and publications.

MOST COMMON CANCERS

For 1996, 26,230 new cases of cancer and 11,707 deaths due to cancer were registered. Prostate, lung, melanoma of skin, colon and rectum were the five most common cancers in men. Breast, colon, melanoma of skin, lung and rectum were the five most common cancers in women.

TRENDS IN INCIDENCE AND MORTALITY

Between 1973–1977 and 1996, the incidence rates of cancer of all sites combined rose by 37 per cent for males and 27 per cent for females. The major contributors to this increase were prostate cancer and melanoma in men and breast cancer in women. Notable trends described in the report included the following:

- Prostate cancer incidence rates fell in 1996 following rapid increases between 1988 and 1994.
- Rates for lung cancer continued to decrease in males and were similar in females to the high rates in the previous three years.
- Cervical cancer was only two-thirds as common as in the mid-1970s.

- For all cancers, mortality rates have fallen annually since 1986 by 0.9 per cent in males and 0.6 per cent in females. Age-adjusted mortality in men is currently the lowest it has been since the NSW Cancer Registry began operation, and it is the lowest in women since 1980.
- The large increases in incidence of cancers of the prostate in men and breast in women have not been reflected in mortality rates, but the changes in mortality from stomach, pancreatic, and lung cancers and mesothelioma are similar to those in incidence.

Figures 2 and 3 are drawn from the report and show the average annual changes in cancer incidence and mortality from 1986 to 1996.

SURVIVAL

Five-year relative survival rates range from more than 95 per cent for cancers of the lip, testis and thyroid, to less than 10 per cent for mesothelioma and cancers of the liver and pancreas. Detailed information on survival rates from cancer is available in *Survival from Cancer in NSW in* 1980 to 1995.²

REGIONAL VARIATION

By and large, cancer incidence is fairly uniformly distributed throughout NSW. However:

- rates of melanoma were high in all coastal Health Services north of Sydney
- rates of lung cancer were high in males from Central, Western and South Western Sydney
- rates of lung cancer were low, but rates of breast cancer were high, in Northern and South Eastern Sydney.

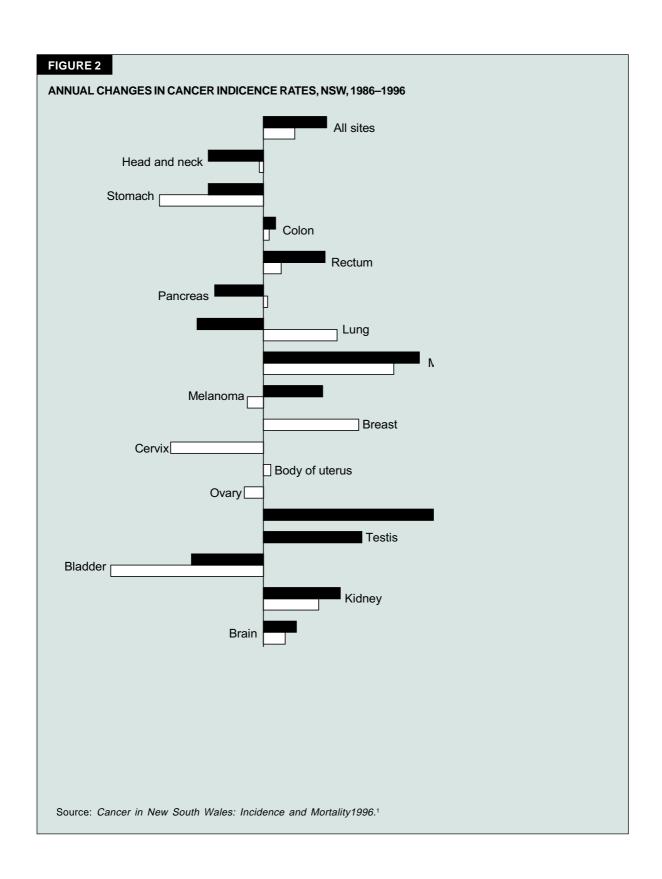
Detailed information on regional variation is available in *Cancer Maps for NSW: Variation by Local Government Area, 1991 to 1995.*³

REFERENCES

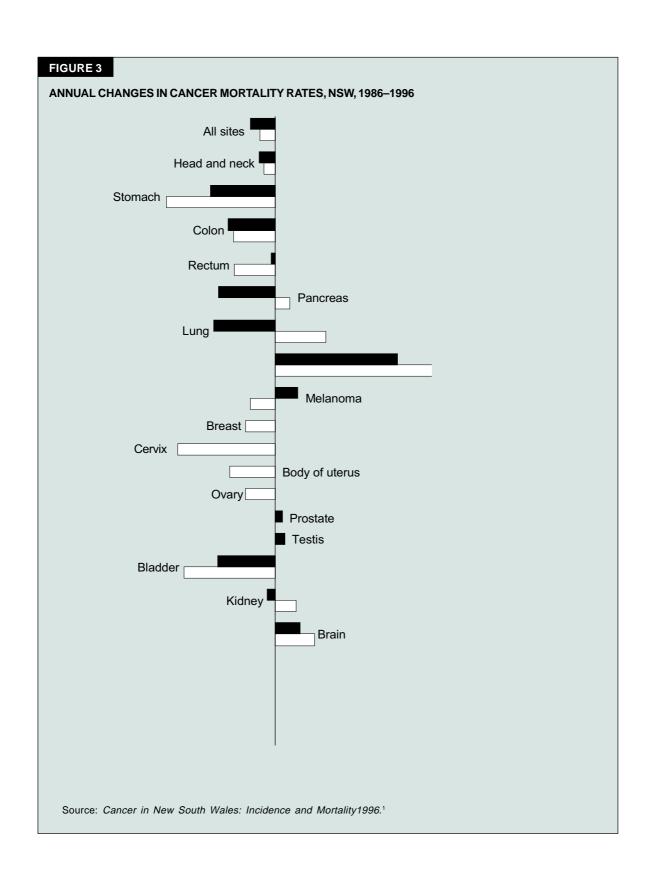
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Further information can be found found under 'Statistics' on the Cancer Council's Web site at **www.nswcc.org.au**. A printed copy of *Cancer in New South Wales: Incidence and Mortality 1996* can be ordered from the NSW Cancer Council, Locked Mail Bag 1, King's Cross NSW 1340, or by telephone: (02) 9334 1902.

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