# Cancer incidence and mortality in Western Australia, 2012 

A report of the Western Australian Cancer Registry


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Data Integrity Directorate, Performance Activity and Quality Division Department of Health
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## Summary - Cancer incidence and mortality in Western Australia, 2012

The Western Australian Cancer Registry has provided population-based cancer data since 1982 for use in the planning of health care services and the support of cancer-related research, at local, national and international levels. Most of this report is concerned with invasive tumours, or "cancers", using standardised reporting practices as used in other cancer registries in Australia and overseas. This report deals primarily with cancer incidence and cancer-related mortality in Western Australian residents, who comprise approximately $10 \%$ of the Australian population.

## CANCER INCIDENCE

There were 11939 new cases of cancer recorded in Western Australians in 2011, 6689 (56\%) occurring in males and 5250 in females. Age-standardised incidence rates were 353 per 100,000 males, and 274 per 100,000 females. The rate in males is significantly decreased from that seen in 2011 but the incidence rate in females has been relatively stable. The estimated cumulative risk of cancer to age 75 years was 1 in 3 for males, and 1 in 4 for females.

The most common cancers in males in 2012 were prostate cancer, melanoma, colorectal cancer and lung cancer, while breast cancer predominated among females, followed by colorectal cancer, melanoma and lung cancer. Colorectal cancer was the most common type affecting both males and females.

Based on 2012 data, one in 7 men would be expected to have a diagnosis of prostate cancer before the age of 75 , and one in 10 women would be expected to develop breast cancer.

## CANCER MORTALITY

Among Western Australian residents, there were 4002 deaths due to cancer in 2012, 2273 in males and 1729 in females. All-cancers mortality rates for 2012 were 105 deaths per 100,000 males (decreased since 2010 and 2011) and 73 per 100,000 females (no recent change). As usual in recent years, the most common causes of cancer-related death in males were lung, colorectal and prostate cancers, while lung, breast and colorectal cancers were the most common in females. Pancreatic cancer was the fourth most common cause of cancer-related death in both sexes.

As in recent years, lung cancer was the most common cause of cancer-related death for both males and females, killing one in 43 males and one in 51 females before age 75 . Based on 2012 data, one in 166 men could be expected to die from prostate cancer, and one in 70 women to die from breast cancer, before age 75 .

CANCER IN CHILDREN
There were 79 children under the age of 15 years diagnosed with cancer in 2012 (Ageadjusted rates 22 per 100,000 in males and 12 in females), as well as five children with benign brain tumours. The case numbers were higher than the 58 cases in 2010 but similar to those reported for 2011.

## OTHER CANCERS

Melanoma of the skin was - as in most years since 1982 - the most common cancer and cause of cancer-related mortality in males in the 15-39 years age range, and second most common incident cancer in females in this age range. In persons over the age of 40 years, prostate
and breast cancers, melanoma, colorectal and lung cancers, remain the most common incident cancers.

DATA COLLECTION
The last year has seen further advances in processing of information and streamlining some processes, with more pathology laboratories using electronic transmission methods for notification. One section of this report shows the "Cancer" statistics in conjunction with the Registry's throughput of a wider spread of tumour types, in an attempt to show the specialty workloads and possible health promotion target areas in a broader context than "cancers" alone.

## Acknowledgments

This report is based on data recorded and maintained by the staff of the Western Australian Cancer Registry, whose dedication and attention to detail are much appreciated.

We also wish to acknowledge the invaluable contribution of the Western Australian pathologists, haematologists and radiation oncologists who supply the vast majority of the Registry's primary notifications, and the health professionals and organisations who supply additional information in response to our enquiries.

The cooperation of other Australian Cancer Registries regarding procedures, coding, duplication and demarcation issues, and of staff of the Australian Cancer Database at AIHW, Canberra, is acknowledged as playing a vital part in ensuring data quality and comparability.

The Registry staff are grateful to have access to a variety of supporting services in order to produce reports on cancer; these include population figures and projections, mapping, hospitalisation data, legal advice, computing services and general support and encouragement.

## 1 Overview and Methods

### 1.1 This Report

## Overview

This is the latest in the Registry's series of annual reports, and is devoted largely to Western Australian cancer incidence and mortality for 2012. In the interest of timeliness, regular sections may contain less commentary and interpretation than in some past reports, but there is substantially more coverage of technical and data-related issues. It is anticipated that more detailed discussion of particular issues will continue to be made available in other reports as the opportunity arises.

The Western Australian Cancer Registry (WACR) is a population-based cancer registry established in 1981, operating within the Department of Health (Western Australia). The main information sources are reports from pathologists, haematologists and radiation oncologists, supplemented by death registrations, hospital statistical discharge (HMDS) records, as well as information from hospital files and clinical information systems, and responses to enquiries directed to treating medical practitioners.

The WACR is managed within the Data Integrity Branch of the Performance, Activity and Quality Division of the Department of Health (Western Australia). A summary of the legislative basis of the Registry can be found in Appendix 1.

### 1.2 General structure; how to find information

The major sections are based on cancers diagnosed, and deaths due to cancer, in 2012.

- Data for most common cancers are presented under headings based on incidence, mortality and age,
- Detailed data for all cancers for 2012 are found in the tables of Appendices 3A and 3B. The layout of those tables follows the coding system summarised in material available at www.health.wa.gov.au/wacr/home.
- Data for selected geographic areas are presented in Appendices 3D and 3E.

Readers seeking detailed information for particular cancers not shown in tables, should contact WACR for further information.
Information from this report, and other WACR information, is available at -
http://www.health.wa.gov.au/wacr/statistics/stats_full.cfm

### 1.3 Interpretation

Western Australia is particularly polarised into metropolitan and rural areas, with huge differences in population density and there are likely to be some statistical biases due to the difficulties of transport and the location of services within the State. Throughout this report, readers should be aware that assessing the relevance of changes in cancer incidence and mortality is complex and depends on the size of underlying populations and their age structures. Caution is required in assessing changes on the basis of single rate comparisons.

The Cancer Registry database is continually updated in the light of the most recent available information. Accordingly, numbers in this report for earlier years may vary slightly from those in previous publications, as some Western Australian cases are eventually found to have been diagnosed elsewhere, or in earlier years, and case-counts necessarily rise and fall
as new information arrives. Mortality information, in particular, sheds new light on a person's cancer history and often leads to the initiation of new enquiries.

As a guide, while total cancers for 2011 were quoted at 11636 in our previous report, ${ }^{1}$ the total currently recorded for 2011 is 11691 , an increase of about $0.5 \%$. Mortality data are generally more stable, but the benefits of more timely incidence reporting must be weighed against the apparent stability of the data as time passes.

### 1.4 Statistical methods

Statistics from the Registry commonly fall into one of two major groups: incidence is reported for all malignancies except primary squamous cell and basal cell skin cancers (SCC and BCC ), and mortality for all malignancies and certain other tumours or tumour-like conditions. The usual statistics calculated for both types of report are briefly discussed below; formulae and relevant details are in Appendix 2B.

Rates are calculated separately for males and females, expressed as events (diagnoses or deaths) per 100,000 person-years:

Age-specific rates (ASPR) are based on five-year age groups and are calculated by dividing the numbers of cases by the population of the same sex and age group. Wholepopulation data come from the ABS and regional data from the Epidemiology Branch, Department of Health (WA).
Age-standardised rates (ASR in Tables) are calculated by the direct method, as a summation of weighted age-specific rates. Tables show the $95 \%$ confidence interval (C.I.) for ASRs. When a subset of age groups (e.g. 15-39 years) is considered, the term ageadjusted rate (AAR) is used instead of ASR.

The World Standard Population $1960^{2}$ remains in routine use for ASR calculation, as in most cancer registries worldwide. However in some tables a second ASR and 95\% C.I. are shown, using the Australian (2001) ${ }^{3}$ population standard, labelled "ASR2". These ASRs are usually quite different, and comparisons need to take note of which "standard" is being used.

Cumulative Incidence and Cumulative Risk are closely related. Cumulative incidence is an estimate of the proportion of persons, up to a specific age, who have been affected by a particular condition at some time. In Registry reports, this is expressed as a percentage.

Cumulative risk (LR) estimates the probability of having cancer (incidence) or dying of it (mortality), up to a specific age. This is derived from the relevant cumulative incidence figures, and calculated for ages 0 to 74 years (see Appendix 2B for formulae).
In this report, LR is expressed as a " 1 in $n$ " chance of diagnosis or death. As indicated in relevant tables, a "-" is used to indicate a lack of data (no cases), and a "*" to indicate no data for cases under 75 years of age, or a "risk" smaller than 1 in 10,000.

Person years of life lost (PYLL) is an estimate of the number of years of life lost due to specific causes, calculated to age 75 years; an index of premature death (see Appendix 2B).

Rates and risks: It should be noted that incidence and mortality rates and cumulative risks may not be in proportion to one another because of differences in the age structures of populations.

Small numbers: Some small-number case counts and associated percentages and rates in this report have been obscured or omitted where they relate to specific types of conditions.

## 2. Cancer in Western Australia, 2012

### 2.1 All cancers

### 2.1.1 Incidence

In 2012, there were 11939 new diagnoses of cancer in Western Australia, just over $2 \%$ more than reported a year ago for 2011. Despite continuing growth in case numbers, as a consequence of population growth, the all-cancers age-standardised incidence rate was not significantly changed in women. However in males, the all-cancers incidence rate was significantly lower than in the last 2 years, and prostate cancer incidence fell to the level last seen in 2010. There were 6689 cancers diagnosed in males (ASR 353 per 100,000) and 5250 in females (ASR 274) (Table 1). Cancers in males accounted for $56 \%$ of all cases.

The estimated cumulative risk of cancer to age 75 years was 1 in 3 for males and 1 in 4 for females; the cumulative incidence of cancer (the proportion of persons in whom cancer had been diagnosed by age 75 ) was $42 \%$ for males and $31 \%$ for females. These measures have remained essentially unchanged in recent years.
Cancer is generally more common in females than in males between ages 30 and 55 (mainly ovarian and breast cancers), but prostate cancer and lung cancer account for much of the male predominance in older ages.

The differences in cancer incidence rates across the age range can be seen for individual cancers and all cancers combined, in Appendix 3A.

### 2.1.2 Mortality

Among Western Australian residents in 2012 there were 4002 deaths due to cancer ( 2273 in males, 1729 in females) (Table 1). Mortality ASRs were 105 deaths per 100,000 males (slightly reduced since 2011) and 73 per 100,000 in females (essentially unchanged). The estimated cumulative risk of death due to cancer before age 75 years was 1 in 10 for males and 1 in 13 for females.

There was no significant change in the age-pattern of cancer mortality in 2012. Cancer death rates generally increased for both males and females from age 20. All-cancers death rates among males were consistently higher than in females at ages greater than 55 years.

These cancer deaths include 80 deaths due to non-melanoma skin cancers, $79 \%$ of them in males. Of these, 54 ( $68 \%$ ) were due to squamous or basal cell carcinomas, types not included in "cancer" incidence statistics. As noted in the Registry's last report, the annual number of non-melanoma skin-cancer related deaths continues to increase.

Other deaths that are not included in these mortality statistics were -
21 cancer-related deaths in persons not normally resident in Western Australia 7 deaths due to benign tumours (all but 2 CNS tumours)
4 deaths due to "uncertain malignant potential" lymphohaematopoietic neoplasms
8 deaths due to "uncertain malignant potential" non-lymphohaematopoietic neoplasms 1965 deaths due to non-tumour-related causes among persons with a Registry tumour record ( 1067 males, 898 females)
43 deaths of unresolved cause among persons with a tumour record (pending outcome of coronial investigations).

### 2.2 Common cancers - Incidence and Mortality

The most common incident cancer types in males and females are shown in summary form in Figure 1, with the detailed statistics in Table 1. Prostate cancer incidence has been relatively unstable since 2009, with a fall reported in 2010 being repeated in 2012 (Fig. 9).

For further breakdown by age group, and including the less common cancer types, see Appendix 3A; for incidence statistics from different Regions within WA see Appendix 3 .

Figure 1. Cancer incidence, Western Australia, 2012: common cancers

Males (6689)


Females (5250)


The cancers most commonly causing death are shown in summary form in Figure 2, with the detailed statistics in Table 1. There have been only minor differences in the relative impact of these most common types in recent years. Lung cancer now appears firmly established as a more frequent cause of mortality in women than breast cancer, and continues to be the most common cause of cancer-related death in males.

For further breakdown by age group, and including the less common cancer types, see Appendix 3B; for mortality statistics from different Regions within WA see Appendix $3 E$.

Figure 2. Cancer mortality, Western Australia, 2012: common cancers

Males (2273)


Females (1729)


Table 1. Cancer incidence and mortality, Western Australia 2012: leading types in males and females
Incidence

| Males | Cases \% ASR 95\%. Remales |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | Cases | \% | ASR | $95 \%$ c.i. | Risk |
| Prostate | 2108 | 31.5 | 110.0 | 105-115 | 7 | Breast | 1608 | 30.63 | 89.7 | 85.2-94.2 | 10 |
| Melanoma (skin) | 696 | 10.4 | 37.7 | 34.8-40.6 | 23 | Colorectal | 602 | 11.47 | 27.8 | 25.4-30.2 | 31 |
| Colorectal | 647 | 9.7 | 32.8 | 30.2-35.4 | 25 | Colon | 428 | 8.152 | 19.3 | 17.3-21.3 | 45 |
| Colon | 441 | 6.6 | 21.8 | 19.7-23.9 | 40 | Rectum | 171 | 3.257 | 8.3 | 7.0-9.6 | 104 |
| Rectum | 206 | 3.1 | 11.0 | 9.5-12.5 | 69 | Melanoma (skin) | 453 | 8.629 | 25.0 | 22.6-27.4 | 38 |
| Lung | 580 | 8.7 | 28.3 | 25.9-30.7 | 31 | Lung | 451 | 8.59 | 20.9 | 18.9-23.0 | 39 |
| Lymphoma | 309 | 4.6 | 17.1 | 15.1-19.0 | 53 | Lymphoma | 219 | 4.171 | 11.8 | 10.1-13.4 | 82 |
| Lymphoma NOS | 10 | 0.1 | 0.4 | 0.1-0.7 | 9057 | Lymphoma NOS | 6 | 0.114 | 0.2 | 0.0-0.3 | * |
| Hodgkin lymphoma | 41 | 0.6 | 2.8 | 1.9-3.6 | 385 | Hodgkin lymphoma | 20 | 0.381 | 1.7 | 0.9-2.5 | 816 |
| NHL | 258 | 3.9 | 13.9 | 12.1-15.6 | 62 | NHL | 193 | 3.676 | 9.9 | 8.4-11.3 | 92 |
| Bladder \& urinary tract | 210 | 3.1 | 9.8 | 8.4-11.2 | 92 | Thyroid gland | 188 | 3.581 | 12.1 | 10.4-13.9 | 84 |
| Kidney | 205 | 3.1 | 11.5 | 9.8-13.1 | 76 | Uterus | 183 | 3.486 | 10.0 | 8.5-11.4 | 76 |
| Leukaemia | 167 | 2.5 | 10.2 | 8.5-11.9 | 96 | Ovary | 133 | 2.533 | 6.8 | 5.6-8.0 | 128 |
| Leukaemia NOS | <5 | NR | NR | 0-0.2 | * | Pancreas | 128 | 2.438 | 5.6 | 4.5-6.6 | 157 |
| Lymphoid leukaemia | 91 | 1.4 | 5.7 | 4.4-7.0 | 170 | Unknown primary | 127 | 2.419 | 4.7 | 3.7-5.6 | 239 |
| Myeloid leukaemia | 74 | 1.1 | 4.4 | 3.3-5.5 | 227 | Leukaemia | 118 | 2.248 | 6.9 | 5.5-8.3 | 151 |
| Leukaemia, other | <5 | NR | NR |  |  | Leukaemia NOS | <5 | NR | NR | 0-0.1 | * |
| Unknown primary | 156 | 2.3 | 7.3 | 6.1-8.5 | 149 | Lymphoid leukaemia | 57 | 1.086 | 3.7 | 2.6-4.8 | 306 |
| Pancreas | 138 | 2.1 | 7.0 | 5.8-8.2 | 119 | Myeloid leukaemia | 60 | 1.143 | 3.2 | 2.3-4.1 | 297 |
| Stomach | 132 | 2.0 | 6.6 | 5.4-7.8 | 138 | Leukaemia, other | <5 | NR | NR |  |  |
| Lip, gum \& mouth | 131 | 2.0 | 7.3 | 6.0-8.6 | 125 | Kidney | 99 | 1.886 | 5.2 | 4.1-6.4 | 169 |
| Oesophagus | 108 | 1.6 | 5.6 | 4.6-6.7 | 140 | Cervix | 97 | 1.848 | 6.5 | 5.2-7.8 | 175 |
| Brain | 106 | 1.6 | 6.9 | 5.5-8.4 | 149 | Myeloma | 79 | 1.505 | 3.6 | 2.7-4.4 | 245 |
| Liver | 102 | 1.5 | 5.3 | 4.3-6.4 | 163 | Bladder \& urinary tract | 75 | 1.429 | 2.9 | 2.2-3.6 | 340 |
| Myeloma | 97 | 1.5 | 5.0 | 4.0-6.0 | 161 | Brain | 75 | 1.429 | 4.7 | 3.5-5.9 | 230 |
| Mesothelioma | 88 | 1.3 | 4.3 | 3.4-5.2 | 174 | Stomach | 63 | 1.2 | 2.7 | 2.0-3.5 | 341 |
| Testis | 81 | 1.2 | 5.9 | 4.6-7.1 | 222 | Lip, gum \& mouth | 60 | 1.143 | 2.8 | 2.0-3.6 | 335 |
| Skin (NMSC exc. SCC/BCC) | 75 | 1.1 | 3.6 | 2.7-4.5 | 272 | Skin (NMSC exc. SCC/BCC) | 51 | 0.971 | 2.4 | 1.7-3.2 | 328 |
| Thyroid gland | 74 | 1.1 | 4.4 | 3.4-5.5 | 214 | Liver | 45 | 0.857 | 2.0 | 1.4-2.6 | 398 |
| Myelodysplastic diseases | 62 | 0.9 | 2.7 | 2.0-3.4 | 384 | Gallbladder / bile ducts | 41 | 0.781 | 1.7 | 1.2-2.3 | 541 |
| All cancers | 6689 | 100.0 | 353.2 | 344-362 | 3 | All cancers | 5250 | 100.0 | 274.1 | 266-282 | 4 |


| Mortality <br> Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 488 | 21.5 | 22.3 | 20.2-24.3 | 43 | Lung | 361 | 20.9 | 15.9 | 14.1-17.6 | 51 |
| Colorectal | 240 | 10.6 | 11.4 | 9.9-12.9 | 86 | Breast | 285 | 16.5 | 13.1 | 11.5-14.8 | 70 |
| Colon | 149 | 6.6 | 6.6 | 5.5-7.7 | 163 | Colorectal | 175 | 10.1 | 6.1 | 5.1-7.1 | 170 |
| Rectum | 91 | 4.0 | 4.8 | 3.8-5.8 | 180 | Colon | 131 | 7.6 | 4.5 | 3.6-5.4 | 250 |
| Prostate | 230 | 10.1 | 9.1 | 7.9-10.3 | 166 | Rectum | 44 | 2.5 | 1.6 | 1.1-2.1 | 532 |
| Pancreas | 129 | 5.7 | 6.2 | 5.1-7.3 | 137 | Pancreas | 113 | 6.5 | 4.7 | 3.7-5.6 | 198 |
| Melanoma (skin) | 109 | 4.8 | 5.5 | 4.5-6.6 | 170 | Unknown primary | 85 | 4.9 | 2.7 | 2.1-3.4 | 485 |
| Stomach | 99 | 4.4 | 4.7 | 3.7-5.7 | 198 | Ovary | 80 | 4.6 | 3.6 | 2.8-4.5 | 229 |
| Lymphoma | 99 | 4.4 | 4.6 | 3.7-5.6 | 198 | Lymphoma | 62 | 3.6 | 2.3 | 1.6-2.9 | 527 |
| Lymphoma NOS | <5 | NR | NR | 0.0-0.3 | * | Lymphoma NOS | <5 | NR | NR | 0-0.1 | * |
| Hodgkin lymphoma | NR | NR | NR | 0.0-0.4 | 4562 | Hodgkin lymphoma | <5 | NR | NR | 0-0.4 | 7598 |
| NHL | 90 | 4.0 | 4.3 | 3.4-5.2 | 207 | NHL | 57 | 3.3 | 2.0 | 1.4-2.6 | 566 |
| Unknown primary | 98 | 4.3 | 4.3 | 3.4-5.2 | 258 | Leukaemia | 54 | 3.1 | 2.5 | 1.7-3.3 | 437 |
| Brain | 77 | 3.4 | 4.2 | 3.2-5.2 | 210 | Leukaemia NOS | 0 |  |  |  |  |
| Oesophagus | 75 | 3.3 | 3.7 | 2.8-4.5 | 232 | Lymphoid leukaemia | 21 | 1.2 | 1.1 | 0.5-1.6 | 1187 |
| Bladder \& urinary tract | 70 | 3.1 | 2.8 | 2.1-3.5 | 511 | Myeloid leukaemia | 33 | 1.9 | 1.4 | 0.9-2.0 | 691 |
| Liver | 68 | 3.0 | 3.4 | 2.6-4.2 | 236 | Leukaemia, other | 0 |  |  |  | - |
| Skin (NMSC inc. SCC/BCC) | 63 | 2.8 | 2.7 | 2.0-3.4 | 352 | Brain | 52 | 3.0 | 2.8 | 2.0-3.6 | 326 |
| Mesothelioma | 59 | 2.6 | 2.7 | 2.0-3.4 | 314 | Myeloma | 46 | 2.7 | 1.8 | 1.2-2.4 | 583 |
| Kidney | 54 | 2.4 | 2.6 | 1.9-3.3 | 383 | Stomach | 43 | 2.5 | 1.7 | 1.1-2.2 | 678 |
| Leukaemia | 54 | 2.4 | 2.5 | 1.8-3.3 | 450 | Uterus | 40 | 2.3 | 1.8 | 1.2-2.4 | 510 |
| Leukaemia NOS | <5 | NR | NR | 0-0.3 | 5189 | Melanoma (skin) | 38 | 2.2 | 1.6 | 1.1-2.2 | 580 |
| Lymphoid leukaemia | 19 | 0.8 | 0.8 | 0.4-1.1 | 2381 | Bladder \& urinary tract | 34 | 2.0 | 1.1 | 0.7-1.5 | 1221 |
| Myeloid leukaemia | 32 | 1.4 | 1.6 | 1.0-2.2 | 621 | Gallbladder / bile ducts | 31 | 1.8 | 1.2 | 0.8-1.7 | 1057 |
| Leukaemia, other | <5 | NR | NR | 0-0.3 | * | Liver | 26 | 1.5 | 1.1 | 0.6-1.6 | 766 |
| Myeloma | 44 | 1.9 | 1.9 | 1.3-2.5 | 543 | Myelodysplastic diseases | 23 | 1.3 | 0.8 | 0.4-1.1 | 2053 |
| Myelodysplastic diseases | 36 | 1.6 | 1.6 | 1.0-2.1 | 617 | Kidney | 18 | 1.0 | 0.7 | 0.3-1.0 | 2062 |
| Gallbladder / bile ducts | 28 | 1.2 | 1.2 | 0.7-1.7 | 996 | Skin (NMSC inc. SCC/BCC) | 17 | 1.0 | 0.5 | 0.2-0.7 | 2987 |
| Pharynx | 26 | 1.1 | 1.5 | 0.9-2.0 | 576 | Oesophagus | 16 | 0.9 | 0.6 | 0.3-1.0 | 1762 |
| Lip, gum \& mouth | 14 | 0.6 | 0.7 | 0.3-1.1 | 1551 | Vulva | 15 | 0.9 | 0.5 | 0.2-0.8 | 2826 |
| All cancer deaths | 2273 | 100.0 | 105.4 | 101-110 | 10 | All cancer deaths | 1729 | 100.0 | 72.7 | 68.9-76.5 | 13 |

[^0]
### 2.3 Cancer in different age groups

### 2.3.1 Cancer in children

Incidence: In children under the age of 15 years, there were 79 cases of cancer diagnosed in 2012, 51 males and 28 females. The most common types were leukaemias ( 24 cases), brain tumours (17) and neuroblastomas (10). Incidence rates were similar to those reported for 2011.

Numbers and rates by age group are in Appendix 3A and Appendix 3B. An International Classification of Childhood Cancer (Version 3) table based on major diagnostic groups is found in Appendix 3C. That classification includes a further 5 "uncertain malignant potential" brain tumours not included in the statistics above.

### 2.3.2 Cancer in the $\mathbf{1 5 - 3 9}$ years age range

In the 15 to 39 years age range, there were 646 cancer diagnoses in 2012, $7 \%$ more than in 2011. There were 63 cancer-related deaths in this age group in 2011, similar to the 2011 number, but there were more deaths in males and fewer in females. The most common types are shown in summary form in Figures 3 and 4, with the detailed statistics in Table 2 and 3.

Figure 3. Cancer incidence, Western Australia, 2012: common cancers in the 15 to 39 years age group

Males (282)


Females (364)


Figure 4. Cancer mortality, Western Australia, 2012: common cancers in the 15 to 39 years age group



### 2.3.3 Cancer in the 40-64 years age range

There were 4775 new cancer cases in the age range 40 to 64 years, prostate and breast being most common, with an overall risk of cancer occurring in this age range of 1 in 7 for both males and females, with a significant reduction in male incidence and a non-significant increase among females. There were 1015 cancer-related deaths in this age range, with mortality rates relatively unchanged in males and females.

The most common types are shown in summary form in Figures 5 and 6, with the detailed statistics in Table 2 and 3.

Figure 5. Cancer incidence, Western Australia, 2012: common cancers in the 40 to 64 years age group


Figure 6. Cancer mortality, Western Australia, 2012: common cancers in the 40 to 64 years age group


### 2.3.4 Cancer in persons aged 65 and over

There were 6439 new cancer diagnoses in persons over the age of 65 years in 2012. In this age range, prostate cancer ( 1284 cases) outnumbered any other specific cancer type in either sex (Table 2) and accounted for $33 \%$ of diagnoses in males. Overall male incidence rates in this age group were significantly lower than in 2011, with minimal change in females. Among females, breast cancer predominated (590 cases, 23\%).

There were 2917 cancer-related deaths in this age range in 2012, showing a marginallysignificant reduction in males but little change in females since 2011. In persons over the age of 65 years, lung cancer was the most common cause of cancer-related death, causing 634 deaths, $15 \%$ more than in 2011, the increase being more marked among females.

The most common types are shown in summary form in Figures 7 and 8, with the detailed statistics in Table 2 and 3.

Figure 7. Cancer incidence, Western Australia, 2012: common cancers in the 65 years $\&$ over age group


Females (2573)


Figure 8. Cancer mortality, Western Australia, 2012: common cancers in the 65 years \& over age group

Males (1675)


Females (1242)


Table 2. Cancer incidence, Western Australia, 2012: leading types by sex and age group (ASR: age-adjusted rate)

15 to 39 years

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | $95 \%$ c.i. | Risk |
| Melanoma (skin) | 53 | 18.8 | 10.5 | 7.7-13.4 | 351 | Breast | 91 | 25.0 | 17.8 | 14.1-21.5 | 189 |
| Testis | 53 | 18.8 | 10.9 | 7.9-13.8 | 356 | Melanoma (skin) | 56 | 15.4 | 11.4 | 8.4-14.5 | 306 |
| Lymphoma | 39 | 13.8 | 8.1 | 5.5-10.7 | 467 | Thyroid gland | 48 | 13.2 | 10.1 | 7.2-13.0 | 361 |
| Lymphoma NOS | <5 | NR | NR | 0-1.0 | 9057 | Cervix | 42 | 11.5 | 8.8 | 6.1-11.5 | 414 |
| Hodgkin lymphoma | 21 | 7.4 | 4.6 | 2.6-6.5 | 876 | Colorectal | 25 | 6.9 | 5.2 | 3.2-7.3 | 686 |
| NHL | NR | NR | NR | 1.6-4.7 | 1124 | Colon | 13 | 3.6 | 2.8 | 1.3-4.4 | 1318 |
| Colorectal | 18 | 6.4 | 3.4 | 1.8-4.9 | 1029 | Rectum | 11 | 3.0 | 2.2 | 0.9-3.5 | 1556 |
| Colon | 12 | 4.3 | 2.3 | 1.0-3.5 | 1552 | Lymphoma | 23 | 6.3 | 5.3 | 3.1-7.5 | 736 |
| Rectum | 6 | 2.1 | 1.1 | 0.2-2.0 | 3049 | Lymphoma NOS | 0 |  |  |  |  |
| Brain | 14 | 5.0 | 2.8 | 1.3-4.3 | 1300 | Hodgkin lymphoma | 14 | 3.8 | 3.4 | 1.6-5.2 | 1212 |
| Leukaemia | 14 | 5.0 | 2.9 | 1.4-4.4 | 1318 | NHL | 9 | 2.5 | 1.9 | 0.6-3.2 | 1873 |
| Leukaemia NOS | <5 | NR | NR |  |  | Brain | 16 | 4.4 | 3.5 | 1.8-5.3 | 1083 |
| Lymphoid leukaemia | <5 | NR | NR | 0.0-1.6 | 4614 | Leukaemia | 12 | 3.3 | 2.6 | 1.1-4.1 | 1422 |
| Myeloid leukaemia | 10 | 3.5 | 2.1 | 0.8-3.4 | 1845 | Leukaemia NOS | < | NR | NR |  |  |
| Leukaemia, other | 0 |  |  |  |  | Lymphoid leukaemia | <5 | NR | NR | 0-1.8 | 5383 |
| Lip, gum \& mouth | 12 | 4.3 | 2.3 | 1.0-3.6 | 1509 | Myeloid leukaemia | 9 | 2.5 | 1.8 | 0.6-3.0 | 1931 |
| Bone | 10 | 3.5 | 2.5 | 0.9-4.1 | 1750 | Leukaemia, other | 0 |  |  |  |  |
| All cancers | 282 | 100.0 | 57.2 | 50.5-64.0 | 66 | All cancers | 364 | 100.0 | 75.7 | 67.8-83.6 | 48 |

40 to 64 years

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | $95 \%$ c.i. | Risk |
| Prostate | 820 | 32.9 | 191.8 | 179-205 | 18 | Breast | 927 | 40.6 | 231.2 | 216-246 | 17 |
| Melanoma (skin) | 286 | 11.5 | 68.8 | 60.8-76.8 | 53 | Melanoma (skin) | 228 | 10.0 | 56.8 | 49.4-64.2 | 68 |
| Colorectal | 220 | 8.8 | 52.4 | 45.5-59.4 | 69 | Colorectal | 179 | 7.8 | 43.6 | 37.2-50.1 | 82 |
| Colon | 132 | 5.3 | 31.5 | 26.1-36.9 | 115 | Colon | 117 | 5.1 | 28.7 | 23.5-33.9 | 125 |
| Rectum | 88 | 3.5 | 20.9 | 16.6-25.3 | 170 | Rectum | 61 | 2.7 | 14.7 | 11.0-18.5 | 238 |
| Lung | 170 | 6.8 | 40.0 | 34.0-46.0 | 86 | Lung | 134 | 5.9 | 32.3 | 26.9-37.8 | 108 |
| Lymphoma | 113 | 4.5 | 27.4 | 22.3-32.4 | 137 | Thyroid gland | 113 | 4.9 | 28.3 | 23.1-33.6 | 137 |
| Lymphoma NOS | 0 |  |  |  |  | Uterus | 93 | 4.1 | 22.6 | 18.0-27.2 | 158 |
| Hodgkin lymphoma | 8 | 0.3 | 2.0 | 0.6-3.4 | 2027 | Lymphoma | 90 | 3.9 | 22.4 | 17.8-27.0 | 169 |
| NHL | 105 | 4.2 | 25.4 | 20.5-30.2 | 147 | Lymphoma NOS | 0 |  |  |  |  |
| Kidney | 106 | 4.3 | 25.5 | 20.6-30.3 | 145 | Hodgkin lymphoma | 5 | 0.2 | 1.3 | 0.2-2.4 | 3007 |
| Lip, gum \& mouth | 61 | 2.4 | 15.1 | 11.3-18.9 | 260 | NHL | 85 | 3.7 | 21.1 | 16.6-25.6 | 179 |
| Leukaemia | 51 | 2.0 | 12.3 | 8.9-15.7 | 293 | Ovary | 56 | 2.5 | 13.8 | 10.2-17.4 | 268 |
| Leukaemia NOS | 0 |  |  |  |  | Leukaemia | 49 | 2.1 | 12.1 | 8.7-15.5 | 303 |
| Lymphoid leukaemia | 30 | 1.2 | 7.3 | 4.7-9.9 | 497 | Leukaemia NOS | 0 |  |  |  |  |
| Myeloid leukaemia | 21 | 0.8 | 5.1 | 2.9-7.2 | 711 | Lymphoid leukaemia | 24 | 1.1 | 6.0 | 3.6-8.5 | 606 |
| Leukaemia, other | 0 |  |  |  |  | Myeloid leukaemia | 25 | 1.1 | 6.1 | 3.7-8.4 | 606 |
| All cancers | 2490 | 100.0 | 592.0 | 569-615 | 7 | All cancers | 2285 | 100.0 | 566.3 | 543-590 | 7 |


| 65 years and over |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Males | Females |  |  |  |  |  |  |  |  |  |  |
|  | Cases | \% | ASR | $95 \%$ c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 1284 | 33.2 | 883.0 | 834-932 | 11 | Breast | 590 | 22.9 | 361.7 | 331-393 | 29 |
| Colorectal | 409 | 10.6 | 264.1 | 238-290 | 41 | Colorectal | 398 | 15.5 | 213.3 | 190-236 | 53 |
| Colon | 297 | 7.7 | 187.6 | 166-210 | 63 | Colon | 298 | 11.6 | 158.0 | 138-178 | 72 |
| Rectum | 112 | 2.9 | 76.5 | 61.9-91.0 | 120 | Rectum | 99 | 3.8 | 54.5 | 42.9-66.2 | 207 |
| Lung | 405 | 10.5 | 255.0 | 229-281 | 48 | Lung | 313 | 12.2 | 179.1 | 158-200 | 60 |
| Melanoma (skin) | 356 | 9.2 | 234.8 | 210-260 | 45 | Melanoma (skin) | 169 | 6.6 | 94.2 | 78.8-110 | 119 |
| Bladder \& urinary tract | 164 | 4.2 | 101.5 | 85.3-118 | 128 | Lymphoma | 104 | 4.0 | 56.3 | 44.6-68.0 | 210 |
| Lymphoma | 155 | 4.0 | 99.3 | 83.2-115 | 108 | Lymphoma NOS | 6 | 0.2 | 2.5 | 0.3-4.7 | * |
| Lymphoma NOS | 8 | 0.2 | 3.8 | 1.1-6.5 | * | Hodgkin lymphoma | 0 |  |  |  |  |
| Hodgkin lymphoma | 12 | 0.3 | 8.2 | 3.4-12.9 | 1033 | NHL | 98 | 3.8 | 53.8 | 42.3-65.3 | 214 |
| NHL | 135 | 3.5 | 87.3 | 72.1-103 | 121 | Unknown primary | 98 | 3.8 | 40.3 | 31.4-49.2 | 443 |
| Unknown primary | 115 | 3.0 | 67.5 | 54.7-80.2 | 250 | Pancreas | 93 | 3.6 | 49.1 | 38.2-59.9 | 254 |
| Kidney | 88 | 2.3 | 58.7 | 46.1-71.3 | 174 | Uterus | 84 | 3.3 | 55.6 | 43.0-68.1 | 155 |
| Pancreas | 87 | 2.3 | 56.4 | 44.2-68.6 | 196 | Ovary | 70 | 2.7 | 40.3 | 30.1-50.6 | 271 |
| Leukaemia | 87 | 2.3 | 58.0 | 45.5-70.5 | 188 | Bladder \& urinary tract | 58 | 2.3 | 26.8 | 19.2-34.4 | 558 |
|  |  |  |  |  |  | Kidney | 53 | 2.1 | 30.1 | 21.4-38.8 | 346 |
|  |  |  |  |  |  | Myeloma | 53 | 2.1 | 27.8 | 19.7-36.0 | 418 |
| All cancers | 3866 | 100.0 | 2531.4 | 2450-2613 | 5 | All cancers | 2573 | 100.0 | 1437.8 | 1378-1498 | 8 |

Table 3. Cancer mortality, Western Australia, 2012: leading types by sex and age group (ASR: age-adjusted rate)
15 to 39 years

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Deaths | \% | ASR | 95\%c.i. | Risk |  | Deaths | \% | ASR | 95\%c.i. | Risk |
| Melanoma (skin) | 9 | 22.0 | 1.8 | 0.6-3.0 | 2021 | Breast | 5 | 22.7 | 1.0 | 0.1-1.8 | 3379 |
| Colorectal | 8 | 19.5 | 1.5 | 0.5-2.5 | 2284 | Brain | <5 | NR | NR | 0-1.5 | 5477 |
| Colon | <5 | NR | NR | 0-1.1 | 6033 | Colorectal | <5 | NR | NR | 0-0.9 | 8717 |
| Rectum | NR | NR | NR | 0.1-1.8 | 3674 | Colon | <5 | NR | NR | 0-0.9 | 8717 |
| Brain | 5 | 12.2 | 1.0 | 0.1-1.9 | 3799 | Rectum | 0 |  |  |  | - |
| Lymphoma | <5 | NR | NR | 0-1.4 | 5873 | Cervix | <5 | NR | NR | 0-1.0 | 8794 |
| Lymphoma NOS | 0 |  |  |  | - | Leukaemia | <5 | NR | NR | 0-1.1 | 8455 |
| Hodgkin lymphoma | <5 | NR | NR | 0-0.5 | * | Leukaemia NOS | 0 |  |  |  | - |
| NHL | <5 | NR | NR | 0-1.1 | 8746 | Lymphoid leukaemia | 0 |  |  |  | - |
| Leukaemia | <5 | NR | NR | 0-1.2 | 5959 | Myeloid leukaemia | <5 | NR | NR | 0-1.1 | 8455 |
| Leukaemia NOS | 0 |  |  |  | - | Leukaemia, other | 0 |  |  |  | - |
| Lymphoid leukaemia | 0 |  |  |  | - | Stomach | <5 | NR | NR | 0-0.6 | * |
| Myeloid leukaemia | <5 | NR | NR | 0-1.2 | 5959 | Lung | <5 | NR | NR | 0-0.6 |  |
| Leukaemia, other | 0 |  |  |  | - | Melanoma (skin) | <5 | NR | NR | 0-0.7 |  |
| Pancreas | <5 | NR | NR | 0-0.9 | 9581 | Connective/ soft tissues | <5 | NR | NR | 0-0.6 |  |
| Testis | <5 | NR | NR | 0-1.1 | 9527 | Uterus | <5 | NR | NR | 0-0.6 |  |
| Lip, gum \& mouth | <5 | NR | NR | 0-0.5 | * | Kidney | <5 | NR | NR | 0-0.6 | * |
| All cancer deaths | 41 | 100.0 | 8.3 | 5.8-10.9 | 448 | All cancer deaths | 22 | 100.0 | 4.6 | 2.6-6.6 | 770 |

40 to 64 years

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Deaths | \% | ASR | 95\%c.i. | Risk |  | Deaths | \% | ASR | 95\%c.i. | Risk |
| Lung | 121 | 21.8 | 28.2 | 23.1-33.2 | 120 | Breast | 112 | 24.3 | 27.7 | 22.6-32.9 | 134 |
| Colorectal | 65 | 11.7 | 15.6 | 11.8-19.4 | 228 | Lung | 91 | 19.7 | 21.8 | 17.3-26.3 | 158 |
| Colon | 30 | 5.4 | 7.2 | 4.6-9.8 | 490 | Pancreas | 27 | 5.9 | 6.5 | 4.1-9.0 | 530 |
| Rectum | 35 | 6.3 | 8.5 | 5.6-11.3 | 427 | Ovary | 26 | 5.6 | 6.3 | 3.8-8.7 | 559 |
| Brain | 35 | 6.3 | 8.4 | 5.6-11.2 | 434 | Colorectal | 25 | 5.4 | 6.1 | 3.7-8.5 | 571 |
| Pancreas | 34 | 6.1 | 7.9 | 5.2-10.6 | 440 | Colon | 20 | 4.3 | 4.9 | 2.7-7.0 | 715 |
| Melanoma (skin) | 32 | 5.8 | 7.7 | 5.0-10.4 | 480 | Rectum | 5 | 1.1 | 1.2 | 0.2-2.3 | 2829 |
| Oesophagus | 29 | 5.2 | 6.7 | 4.3-9.2 | 489 | Brain | 21 | 4.6 | 5.3 | 3.0-7.5 | 681 |
| Liver | 26 | 4.7 | 6.1 | 3.7-8.4 | 573 | Unknown primary | 13 | 2.8 | 3.2 | 1.5-5.0 | 1150 |
| Stomach | 25 | 4.5 | 6.0 | 3.7-8.4 | 605 | Uterus | 12 | 2.6 | 2.9 | 1.2-4.5 | 1178 |
| Lymphoma | 23 | 4.2 | 5.4 | 3.2-7.6 | 654 | Stomach | 11 | 2.4 | 2.7 | 1.1-4.3 | 1388 |
| Lymphoma NOS | NR | NR | NR |  | - | Gallbladder / bile ducts | 11 | 2.4 | 2.6 | 1.1-4.1 | 1335 |
| Hodgkin lymphoma | <5 | NR | NR | 0-0.6 | * | Leukaemia | 11 | 2.4 | 2.7 | 1.1-4.2 | 1349 |
| NHL | 22 | 4.0 | 5.2 | 3.0-7.4 | 684 | Leukaemia NOS | NR | NR | NR |  | - |
| Kidney | 19 | 3.4 | 4.7 | 2.6-6.8 | 806 | Lymphoid leukaemia | <5 | NR | NR | 0-1.1 | 6954 |
| Prostate | 18 | 3.2 | 4.2 | 2.2-6.1 | 784 | Myeloid leukaemia | 9 | 2.0 | 2.2 | 0.8-3.6 | 1674 |
| Pharynx | 16 | 2.9 | 3.8 | 1.9-5.6 | 942 | Leukaemia, other | 0 |  |  |  | - |
| All cancer deaths | 554 | 100.0 | 131.0 | 120-142 | 27 | All cancer deaths | 461 | 100.0 | 112.5 | 102-123 | 32 |

65 years and over

| Males |  |  | Females |  |  |  |  |  |  |  |
| :--- | ---: | ---: | ---: | ---: | ---: | :--- | ---: | ---: | ---: | ---: |
|  | Deaths | $\%$ | ASR | $95 \%$ c.i. | Risk |  | Deaths | $\%$ | ASR | $95 \%$ c.i. | Risk

### 2.4 Cancer incidence trends 2003-2012

Changes in the reported incidence of any disease may be due to a combination of technical issues such as the completeness and timeliness of data provision, and actual disease occurrence which may be due to changes in risk factors in the recent or more distant past, or changes in detection methods.

This section includes line graphs showing how incidence rates for several cancer types have changed over time, and how they differ between males and females. In each, the central line for each sex (bold and solid for males, dashed for females) indicates the trend in the age-standardised rate (ASR) and the associated statistical uncertainty ( $95 \%$ confidence interval) is indicated by a pair of accompanying lines with markers. The relative width of the confidence intervals is generally smaller for the most common conditions - for example, "All cancers" (Figure 9).

Trends that may reflect changes in smoking prevalence include decreasing incidence of lung cancer in males, while incidence increases in females. However, there were increases in bladder and urinary cancers, also commonly linked to smoking, in both males and females.

Prostate cancer incidence rose in 2011 after a fall the previous year, but has fallen again. Colorectal cancer incidence has fallen since 2011 and preliminary data for 2013 suggest this is likely to continue. There is insufficient evidence on hand to suggest whether changes may be related to the National Bowel Cancer Screening Program, but the changes are similar to those seen in recent data from Victoria. ${ }^{4}$ (A screening program may detect increased numbers of "prevalent" cases at the outset, but also prevent future incident cancers via removal of precursor lesions such as benign polyps and in situ carcinomas.)

Breast cancer incidence among women appears to be generally increasing since a low point in 2007, while for melanoma the general decrease in incidence over recent years has continued in both males and females.

Figure 9. Cancer incidence, WA, 2003-2012: trends for selected cancers

( ___ Males, _ _ _ _ Females )

Figure 9 (cont.) Cancer incidence, WA, 2003-2012: trends for selected cancers

## Lung cancer



Bladder \& urinary tract


Prostate cancer


Figure 9 (cont.) Cancer incidence, WA, 2003-2012: trends for selected cancers

## Breast cancer



Melanoma


Colorectal cancer


### 2.5 Cancer incidence and mortality in Aboriginals

As numbers of cancer cases among Aboriginal people in Western Australia are low and vary considerably from year to year, Registry statistics are generally presented using several years of pooled data. Table 4 shows incidence and mortality data for the most common cancers, for the period 2008-2012 combined, with annual average case numbers. Lung cancer was the most common incident cancer in Aboriginal males, and the second most common in females. Compared with incidence in the general population, prostate cancer was less common, and melanoma very much less common in both males and females; but primary liver cancer was relatively much more common in both males and in females.

The all-cancers incidence ASRs for Aboriginals were somewhat lower than for the whole population among males, and similar for females. However, cancer mortality among Aboriginals was much higher than in the total population, whether the comparison is based on the "World standard" ASRs as shown in Table 4, or an alternative Australian population standard.

Table 4. Cancer incidence and mortality in Aboriginals, Western Australia, 2008-2012: Most common cancers

INCIDENCE (2008-2012 annual averages)
Males
Females

|  | Cases |  |  | Risk (1 |  |  | Cases |  | Risk (1 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Cancer type | per year | \% | ASR | 95\% c.i. | in $n$ ) | Cancer type | per year | \% | ASR | 95\% c.i. | in $\boldsymbol{n}$ ) |
| Lung | 9 | 14.0 | 50.3 | 35.2-65.4 | 16 | Breast | 17 | 23.8 | 68 | 53.1-82.9 | 14 |
| Colorectal | 7 | 10.0 | 28.7 | 18.2-39.2 | 35 | Lung | 7 | 10.1 | 32.6 | 21.7-43.5 | 22 |
| Prostate | 6 | 9.4 | 34.2 | 21.7-46.7 | 18 | Uterus | 7 | 9.0 | 25.3 | 16.2-34.3 | 36 |
| Liver | 4 | 6.7 | 19.3 | 10.6-27.9 | 34 | Cervix | 4 | 6.0 | 11.9 | 6.8-16.9 | 99 |
| Unknown primary | 3 | 5.2 | 18.9 | 9.6-28.3 | 60 | Leukaemia | 4 | 5.8 | 15.5 | 8.5-22.6 | 53 |
| Tonsil / oropharynx | 3 | 4.9 | 14.8 | 6.9-22.7 | 40 | Colorectal | 4 | 5.5 | 16.4 | 9.0-23.9 | 54 |
| Oesophagus | 3 | 4.3 | 10.3 | 4.6-16.0 | 77 | Unknown primary | 3 | 3.8 | 11.2 | 5.1-17.3 | 77 |
| Leukaemia | 3 | 4.0 | 9.3 | 3.7-14.9 | 164 | Ovary | 3 | 3.6 | 8.8 | 3.7-13.8 | 125 |
| Lip, gum \& mouth | 2 | 3.6 | 10 | 4.0-16.1 | 78 | Liver | 2 | 3.3 | 9.2 | 3.8-14.6 | 98 |
| Pancreas | 2 | 3.3 | 10.1 | 3.9-16.2 | 88 | Pancreas | 2 | 3.3 | 9.3 | 3.8-14.9 | 83 |
| Tongue | 2 | 3.0 | 7.9 | 2.7-13.1 | 133 | Oesophagus | 2 | 2.7 | 7.5 | 2.7-12.3 | 115 |
| Stomach | 2 | 2.7 | 6.1 | 1.9-10.3 | 144 | Bladder \& urinary tract | 2 | 2.2 | 6.2 | 1.7-10.7 | 125 |
| Larynx | 2 | 2.4 | 7.1 | 1.9-12.2 | 207 | Thyroid | 2 | 2.2 | 4.5 | 1.4-7.7 | 250 |
| Melanoma (skin) | 2 | 2.4 | 0 | 1.4-10.0 | 126 |  |  |  |  |  |  |
| Testis | 2 | 2.4 | 3.8 | 1.2-6.5 | 331 |  |  |  |  |  |  |
| All cancers | 66 | (100) | 301.9 | 267-337 | 3 | All cancers | 73 | (100) | 275.8 | 246-305 | 4 |

MORTALITY (2008-2012 annual averages)
Males
Females

| Cancer type | Deaths |  |  |  | Risk (1) |  | Deaths |  |  |  | Risk (1) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | per year | \% | ASR | 95\% c.i. | in $n$ ) | Cancer type | per year | \% | ASR | 95\% c.i. | in $n$ ) |
| Lung | 8 | 23.0 | 47.5 | 32.6-62.3 | 16 | Lung | 6 | 17.9 | 26.7 | 16.9-36.4 | 32 |
| Liver | 3 | 9.3 | 14.5 | 7.1-21.8 | 47 | Breast | 5 | 13.9 | 19.3 | 11.4-27.3 | 53 |
| Unknown primary | 3 | 8.2 | 17.1 | 8.2-26.1 | 68 | Unknown primary | 3 | 7.5 | 11 | 4.7-17.2 | 70 |
| Oesophagus | 2 | 6.6 | 8.8 | 3.6-14.0 | 128 | Pancreas | 2 | 6.4 | 8.7 | 3.3-14.1 | 89 |
| Colorectal | 2 | 6.0 | 12 | 4.6-19.3 | 96 | Liver | 2 | 5.8 | 8.1 | 2.9-13.3 | 106 |
| Tonsil / oropharynx | 2 | 5.5 | 9.7 | 3.2-16.2 | 72 | Leukaemia | 2 | 5.8 | 7.2 | 2.5-11.9 | 122 |
| Tongue | 2 | 4.4 | 6.3 | 1.6-11.0 | 113 | Oesophagus | 2 | 5.2 | 6.9 | 2.2-11.5 | 127 |
| Pancreas | 2 | 4.4 | 7.4 | 2.1-12.6 | 135 | Colorectal | 2 | 4.6 | 6.2 | 1.7-10.7 | 189 |
| Prostate | 2 | 4.4 | 9.7 | 2.8-16.6 | 88 |  |  |  |  |  |  |
| All cancers | 37 | (100) | 184.7 | 157-213 | 5 | All cancers | 35 | (100) | 137.6 | 116-159 | 7 |

## 3. Cancer in Western Australia: Data and technical issues

### 3.1 Basis of diagnosis

Cancers may be diagnosed by a variety of methods, and many methods may be used in the same case. Cancer registries generally record a "best basis of diagnosis" as a guide to the specificity and reliability of the information. Generally "microscopic" methods (histology, cytology, haematology) are regarded as most reliable as compared with clinical findings or imaging. Diagnoses based only on a death certificate ("DCO") are not generally wellregarded (see below). The Registry also uses hospital discharge data ("Hospital Morbidity Data System" or "HMDS") to reduce letter-based enquiries and case note review, if data are consistent.
In the Registry's previous report ${ }^{1}$ the basis of diagnosis was shown for "cancers" (invasive malignancies) only. In Table 5, we present the same information for all tumour records including those relating to in situ, benign and "uncertain malignant potential" neoplasms. Overall, almost $96 \%$ of cases were based on a specific pathology test performed on a specimen of blood or other tissue. Historically, the common cancers least likely to be based on microscopic examination were primary liver cancers, pancreatic cancer and cancers of unknown primary site.
Table 5. Tumour records in Western Australia, 2012: Diagnosis methods

| Basis of diagnosis | Cases | $\%$ | Basis of diagnosis | Cases | $\%$ |
| :--- | ---: | ---: | :--- | ---: | ---: |
| Microscopic NOS | 19 | 0.1 | Surgery | 13 | 0.1 |
| Histology | 15185 | 85.0 | Necropsy | 6 | 0.0 |
| Cytology | 1731 | 9.7 | DCO | 47 | 0.3 |
| Haematology | 184 | 1.0 | DC \& HMDS | 15 | 0.1 |
| Imaging | 465 | 2.6 | Unknown | 82 | 0.5 |
| Clinical | 94 | 0.5 |  | 17119 | 95.8 |
| Biochemical/Immunologic test | 22 | 0.1 | All "microscopic" bases | 17863 | $(100)$ |

(DC \& HMDS - Death certificate and consistent HMDS data only.)

### 3.2 Death Certificate and Hospital Morbidity Data System cases

"Death certificate only" (DCO) cancer records are those based solely on a death notification's cause of death text. In Western Australia, there were 44 DCO cancers recorded for $2012(0.4 \%$ of all cases) and 13 "DC and HMDS" cases recorded for 2012 (Figure 10 ), with a combined total of only $0.5 \%$.
Having a low proportion of DCO cases is widely regarded as an important index of data quality in a Cancer Registry. Although reliability and specificity concerns limit the reliance placed on the "DC \& HMDS" records they are preferred over DCOs. The combined total of these two types of records - $0.5 \%$ - is an indicator of good quality in the Registry's data collection by international standards when the North American "gold standard" for DCO cases is $3 \%$ or less. ${ }^{5}$

Figure 10. Death Certificate Only (DCO) and "DC \& HMDS" cancers 2012: common types


### 3.3 Registry-initiated enquiries

Among all the invasive tumour records currently on file with 2012 diagnosis dates, there were 458 which were initially recorded on the basis of a death notification alone, and 557 that were initially based only on an HMDS record. Enhancing the quality of these records is part of the result of the hospital file requests and enquiry letters generated by Registry staff. In 2012 there were a total of 1321 individual enquiries initiated about 1184 persons, and 1587 people appeared on a "grouped enquiry" file request list sent to a hospital; the total number of persons about whom some enquiry was initiated in 2012 was 2710.

## 3.4 "Cancer" in context: summary of all tumour types

The Cancer Registry handles many more tumours than those counted in the incidence tables such as Table 1. The workload includes the recording and following up of reports of tumours that are later determined to have been diagnosed when persons were not WA residents, and of many other tumour types that are legally notifiable including "second primary" cancers, pre-invasive or in situ tumours, neoplasms of borderline malignancy or uncertain malignant potential, and benign tumours of the brain and central nervous system. There are also many cases of skin basal cell and squamous cell carcinoma (BCC and SCC) resulting from pathology reports sent in error, or follow-up of (poorly-coded) radiotherapy and hospital discharge information.
The "Incident cancers" and the additional tumours dealt with for 2012 are shown in Table 6. Where applicable, the different classes of tumours of the same body area, or of similar morphological type, are shown on the same line. Some "classes" are not relevant to some sites or types and are shown as " $\mathrm{n} / \mathrm{a}$ ", for example the term "in situ" has no meaning in the context of a leukaemia and other non-epithelial tumours. Some tumour classes that are technically possible, for example benign colorectal or breast tumours, are not tabulated as there are few cases and notification is not required (shown as "."). Skin BCC and SCC, though not notifiable, are included as there are large numbers of reports received.
The groupings seen may give a useful indication of the relative neoplasm-related workloads of the various clinical specialties, and of the possible targets for health promotion messages. Overall, the 11939 "cancers" routinely reported in this statistical summary represented only $67 \%$ of the 17803 notifiable and commonly-notified neoplasms diagnosed in 2012 in Western Australians.

Table 6. Summary of types of incident neoplasm reported for 2012, Western Australia

| Tumour classification (ICD-O-3 Behaviour code/s) | $\begin{gathered} \text { Benign } \\ 0 \end{gathered}$ | Uncertain malignant potential 1 | in situ (first) 2 | in situ (subsequent) 2* | Invasive (first) 3 | Invasive (subsequent) 3* | $\begin{gathered} \text { Metastatic } \\ \mathbf{6 , 9} \end{gathered}$ | All | (\%) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Site-specific tumours |  |  |  |  |  |  |  |  |  |
| Prostate | - | $<5^{* *}$ | 0 | 0 | 2108 | <5 | 0 | 2109 | 11.8 |
| Breast | - | 0 | 293 | 19 | 1616 | 214 | 0 | 2142 | 12.0 |
| Colorectal | - | 49 | 21 | 0 | 1246 | 57 | 0 | 1373 | 7.7 |
| Melanoma (skin) | - | 52 | 1368 | 274 | 1095 | 216 | 54 | 3059 | 17.2 |
| Lung, bronchus \& trachea | - | 0 | 0 | 0 | 1031 | 16 | 0 | 1047 | 5.9 |
| SCC \& BCC of skin | - | <5 | 59 | <5 | 806 | 75 | 0 | 943 | 5.3 |
| Kidney | - | 0 | 0 | 0 | 304 | 0 | 0 | 304 | 1.7 |
| Bladder \& urinary tract | - | 0 | 403 | 199 | 285 | 40 | 0 | 927 | 5.2 |
| Pancreas | - | 0 | 0 | 0 | 266 | 0 | 0 | 266 | 1.5 |
| Thyroid gland | - | 0 | 0 | 0 | 262 | <5 | <5 | 263 | 1.5 |
| Stomach | - | 0 | 0 | 0 | 195 | <5 | <5 | 196 | 1.1 |
| Lip, gum \& mouth | - | 0 | 0 | 0 | 191 | 5 | 0 | 196 | 1.1 |
| CNS (Brain \& spinal cord) | 100 | 31 | 0 | 0 | 186 | 0 | 0 | 317 | 1.8 |
| Uterus (corpus) | - | 0 | 0 | 0 | 183 | 0 | 0 | 183 | 1.0 |
| Liver \& intrahepatic bile ducts | - | 0 | 0 | 0 | 147 | 0 | 0 | 147 | 0.8 |
| Oesophagus | - | 0 | 0 | 0 | 143 | 0 | 0 | 143 | 0.8 |
| Ovary | - | 34 | <5 | <5 | 133 | 0 | 0 | 168 | 0.9 |
| Non-melanoma skin cancer (exc. SCC/BCC) | - | 31 | <5 | <5 | 126 | 7 | 0 | 166 | 0.9 |
| Cervix | - | <5 | 951 | 49 | 97 | <5 | <5 | 1099 | 6.2 |
| Mesothelioma | - | 0 | 0 | 0 | 109 | 0 | 0 | 109 | 0.6 |
| Other site-specific tumours | - | 278 | 105 | 14 | 738 | 6 | 0 | 1141 | 6.4 |
| Unknown primary site | $\mathrm{n} / \mathrm{a}^{* *}$ | n/a | n/a | n/a | n/a | n/a | 283 | 283 | 1.6 |
| Lymphohaematopoietic neoplasms 0.0 |  |  |  |  |  |  |  |  |  |
| Lymphomas | n/a | 0 | 0 | 0 | 528 | 24 | n/a | 552 | 3.1 |
| Leukaemias | n/a | 0 | 0 | 0 | 285 | 19 | n/a | 304 | 1.7 |
| Myeloma \& plasma cell tumours | n/a | 0 | <5 | 0 | 176 | <5 | n/a | 179 | 1.0 |
| Other lymphohaematopoietic neoplasms | n/a | 33 | <5 | 0 | 152 | <5 | n/a | 186 | 1.0 |
|  |  |  |  |  |  |  |  |  | 0.0 |
| All tumour types | 100 | 509 | 3203 | 557 | 12408 | 688 | 337 | 17802 | (100) |
|  | (0.6 \%) | (2.9\%) | (18.0 \%) | (3.1 \%) | (69.7 \%) | (3.9 \%) | (1.9 \%) | (100) |  |

* Actual database uses a modified code. ${ }^{* *}<5$ indicates number in the range $0-4$. *** "n/a" means the Behaviour is not a valid concept for the row descriptor.


## 4. References

1 Threlfall TJ, Thompson JR (2013). Cancer incidence and mortality in Western Australia, 2011. Department of Health, Western Australia, Perth. Statistical series number 97.

2 Segi M (1960) Cancer mortality for selected sites in 24 countries (1950-1957). Sendai, Japan, Tohoku University Press.

3 Population by age and sex. 2001 Census Edition - Final. Australian Bureau of Statistics, Canberra, cat. 3201.0

4 Thursfield V, et al. Cancer in Victoria: Statistics \& trends 2012. Cancer Council Victoria, Melbourne 2013.

5 Nishri D. The Ontario Cancer Registry and its Data Quality. Cancer Care Ontario, referenced at URL http://www.apheo.ca/resources/indicators/OCR\ \ its\ data\ quality\ Nishri\ Feb 2011.pdf

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Note: Appendix 3A now contains an incidence data summary for the most common cancers on page A3-10.

## Appendix 1. About The Western Australian Cancer Registry

## Appendix 1A. Overview and technical issues

## History and role

The Western Australian Cancer Registry is a population-based cancer registry established in 1981. The Health (Notification of Cancer) Regulations 1981 require the reporting of cancers diagnosed by pathologists, haematologists and radiation oncologists. The Registry was established in recognition of the potential importance of reliable population-based cancer data in the planning of services and in the prevention and treatment of cancer.

Surveillance of cancer extends beyond State and national boundaries and this Registry cooperates with other State registries and the Australian Institute of Health and Welfare (AIHW) which collates State information and manages the Australian Cancer Database in Canberra. Data are also provided to the International Agency for Research on Cancer in Lyon, France, for inclusion in Australian statistics published locally and world-wide.

The Registry is a member of the Australasian Association of Cancer Registries (AACR) which includes all Territory and State cancer registries, and the International Association of Cancer Registries (IACR). The AACR meets regularly to discuss matters such as common coding systems, comparability of data between areas in Australia and involvement in Australia-wide cancer research projects.

## Registry scope

The Western Australian Cancer Registry reports on cancers and other neoplasms diagnosed in persons while resident in Western Australia. A separate register is maintained for recording asbestos exposure and other history for all cases of mesothelioma. In practice, the Registry records available information about Western Australians with cancers diagnosed elsewhere, as this is often vital to the interpretation of new reports or mortality information.

As in other Australian cancer registries, information concerning tumours diagnosed in Western Australia in persons ordinarily resident elsewhere in Australia, is sent to the relevant State or Territory cancer registry, and is not included in Western Australian incidence statistics.

Cancer deaths in current or former Western Australian residents are recorded when possible, regardless of place of death or address at diagnosis, to facilitate survival analysis. However, in routine tables of mortality, geographic location is based on place of residence at time of death rather than on the place of death. Accordingly, the Registry's mortality statistics routinely include deaths in Western Australia, of persons resident in Western Australia at the time. In contrast to incidence, mortality reports include deaths due to all non-melanoma skin cancers including basal cell and squamous cell carcinomas (BCC and SCC).

## Legislative basis

The Registry acted with the delegated authority of the Executive Director of Public Health with respect to the Health (Notification of Cancer) Regulations 1981, until June 2011 when the new HEALTH (WESTERN AUSTRALIAN CANCER REGISTER) REGULATIONS 2011 took effect.

The Regulations require the notification of in situ neoplasms and all non-melanoma skin cancers other than primary BCC and SCC, as well as all invasive malignancies and a variety of other neoplasms. The Regulations and a summary of changes can be seen at -
http://www.health.wa.gov.au/wacr/home/regulations.cfm

## Sources of data

Most notifications are received from pathology laboratories, which supply pathology reports on paper or computer data files. The electronic notification system relies on the tumour codes or "notify Registry" flags generated by pathologists to select the reports to be sent to the Registry, and it is believed that this has enhanced the completeness of reporting from the larger hospital laboratories. Radiation oncologists also notify the Registry of patients treated for cancer.

In-house linkage routines are used to link pathology and mortality data files to the Registry to permit creation of new records, or the updating of date, place and cause of death information. Additional cancer registrations are obtained from the remaining (unmatched) mortality records after electronically scanning the written cause of death and other fields on a data file. Data are now obtained from the WA Registrar-General's Office via the Data Linkage Branch of the Population Health Division. Where a death notification includes information about a tumour previously unknown to the Registry, records are created and efforts are then made to obtain independent verification of tumour details. Those for which no supporting information can be obtained after research are treated in subsequent reports as "death certificate only" (DCO) tumours.
Additional information, including country of birth and Aboriginality or indigenous status, can often be obtained from extracts of the W.A. Hospital Morbidity Data System (HMDS) files, or via on-line access to clinical information systems.

## Data handling and maintenance

Since 2008 when a new SQL Server database was commissioned, Registry staff have converted all paper records into image files that are stored within the database; the process for historical information is now completed. This permits non-Registry users with appropriate permissions and computer access, to find information without making enquiries of other staff, and frees Registry staff from the task of locating paper records for coding or review.

New registrations and updates are made on the custom-designed database, which also manages and stores the case lists and correspondence associated with the "further enquiry" process. In general, cancer cases are recorded with one demographic record for each person with a separate, linked record for each tumour, each of which may have from one to many associated "notifications". Incomplete records, or those found to be inaccurate in the light of new information, are progressively updated, and the data continually enhanced until the time of any final update (such as when adding mortality information). Registry records that are duplicates of existing cases are now handled by cross-referencing to the "valid" case, rather than deletion, minimising the repetition of "detective" work if more information comes to hand later.

Statistics are produced from database extracts using the Registry's own incidence and mortality rates calculation system and a variety of other statistical and graphics software packages. Software for routine statistical reports is constantly being developed and upgraded to reflect changes in coding systems, geographical area boundaries and the types of information requests received. The vast majority of tables in this report are created directly from this in-house software.

Where resources permit, customised tabulations using similar area and age group subdivisions are available to anyone who makes a request.

## Coding practices

## General

The coding of tumour data is based on the International Classification of Diseases for Oncology (ICD-O) which originated as an extension of Chapter II (Neoplasms) of the Ninth Revision of the International Classification of Diseases (ICD-9); which was superseded by ICD-10.
ICD-O permits separate coding of topography ("site"), morphology ("tissue") and behaviour, and thus allows a more comprehensive characterisation of some tumours than the single-code ICD-9 and ICD-10 classification system. Topography and morphology codes in this report are from ICD-O third edition (2000) (ICD-O-3), ${ }^{\text {a }}$ following the successful conversion of software, and translation of historical data in 2003.
In general, for incidence reporting, leukaemias, lymphomas and other lymphohaematopoietic malignancies are grouped on the basis of morphology codes, as for cutaneous melanoma, Kaposi sarcoma and mesothelioma, while others are tabulated on the basis of topography, or location. This Registry uses behaviour code "6" to indicate tumours of unknown primary site.
For the sake of consistency in reporting of incidence and mortality data, causes of death are coded to morphology (lymphohaematopoietic malignancies, Kaposi sarcoma and mesothelioma) and topography (others). Melanoma deaths are coded to the ICD-10 code, C43x, to distinguish them from deaths due to non-melanoma skin cancers (C44n). In accordance with IACR guidelines adopted by AACR, deaths due to melanomas of unknown primary site are treated as primary skin melanoma for tabulation purposes.

Diagnoses in non-Western Australian residents are excluded from incidence reporting routines but are recorded for reference. A system of "aliasing" duplicate or otherwise invalid records allows ongoing reconciliation of old and current data, necessary for follow-up studies.
Cancer Registry mortality reporting has been based on death certificate coding performed within the Registry since 1990. Reconciliation with coding by the Australian Bureau of Statistics was once a useful monthly process but ABS has refused to support this since 2005. This exchange was extremely helpful, as annual ABS-coded mortality files are normally not released until well into the year following death, which is, in some cases, a delay of almost 2 years.

## Multiple tumours

Two or more discrete tumours of different (3-character) sites in any individual are counted separately for the purposes of incidence statistics. However, in accordance with international practice, similar tumours arising in sites coded with the same first three characters are counted as one.

This, in effect, means that a person who has two similar tumours diagnosed, even many years apart, is reported only once in incidence statistics. This applies even when tumours arise in paired organs, e.g. lung or breast and are regarded as truly separate, unless the tumour types are different enough to permit both to be counted. Groups of types considered to be different, for the purposes of allowing the counting of more than one tumour of the same "site", are based on an ICD-O-3-based table as promulgated by the International Association of Cancer Registries (refer to http://www.iacr.com.fr/MPrules july2004.pdf). Using these rules, for example, a squamous cell carcinoma of the lung and an adenocarcinoma of the lung arising at any time will both be counted in incidence statistics. Lymphohaematopoietic malignancies are treated differently, being tabulated by morphology, and their discovery in a

[^1]particular site does not preclude the counting of different types of neoplasms in the same site. The urinary tract is treated as a special case of an "extended site", whereby multiple transitional cell carcinomas of sites C65x to C68x , including bladder (C67x), are counted only once in a person.

While these practices govern the reporting of cancers for incidence statistics in accordance with international practice, it is an inescapable conclusion that multiple tumours have separate effects on health, and the best illustration of this is in relation to survival. Cases occur in which a person has a breast carcinoma, and is treated and considered cured, only to die from a second primary breast carcinoma arising many years later. Measuring survival time from the first tumour diagnosis (the "incident" tumour) and ignoring the presence of the second, can lead to a simplistic analysis which falsely overestimates survival times. To allow better analysis, the Registry continues to record all tumours separately, so that statistics counting tumours, rather than cases, can be provided if required.

This Report uses the "multiple-primary" rules based on the ICD-O-3 classification and tumour groupings will differ slightly from those used in some previous publications (see Appendix 2E).

## "Death certificate only" cancers

"Death certificate only" (DCO) cancers are those for which no information other than a death certificate is available. From mortality data, records of previously unknown tumours are created on the Cancer Registry, and efforts are made to obtain independent verification of details. Those for which no supporting information can be obtained after research are treated in subsequent reports as DCO tumours. Up to 60 tumours are followed up in this way each month, and supporting information is eventually obtained for the vast majority. Very few tumour records remain in this category. Tumours of unknown primary site have been consistently more common among DCO cases than among cancers in general.

To achieve such a low proportion of DCO cases, reporting of statistics must be delayed until most follow-up is complete. Rapid access to death notifications assists the Registry to commence enquiries while information is still accessible. Due to workload issues, DCO cases are now been treated as "resolved" if a compatible hospital discharge record is found, and a special Basis of Diagnosis code of "H" is used.

## Lymphomas

ICD-O codes are used for coding lymphomas, however several "in-house" morphology codes are used when the best ICD-O code is too general; these are shown in the footnote to the table in Appendix 2E(b). These codes are converted, when contributing data to others, to the relevant less-specific ICD-O code.

## Basis of diagnosis

Most notifications result from diagnoses made on the basis of tissue examination (histology, cytology, haematology), and these are regarded as the most reliable. Their percentage of the total cases is shown in the "TD\%" column of some tables in this report.

## Additional data for specific tumour types

A number of additional data items are collected for some tumours. For primary invasive breast cancer, the Registry records, for example, maximum tumour diameter, number of axillary lymph nodes biopsied and the number affected by cancer, whether a tumour is multicentric, and whether there is associated ductal carcinoma in situ (DCIS) outside the margins of the invasive tumour. For primary skin melanoma, the thickness of the tumour and Clark's
level are recorded (Breslow 1970 ${ }^{\text {a }}$; Clark et al $1975^{\text {b }}$ ) and used in many of this Registry's reports.

## Quality assurance

Data quality is assessed in various ways, both continuous and occasional. On a continuous basis, all coding on pathology reports, and the details entered on the database, are checked by a second member of the Registry staff, and queries are referred to a Registry medical officer. In addition, the Registry database system incorporates various "unusual case" warnings, based on dates, sex, and age. A case-flagging system, based on site and tissue combinations and the rules encapsulated in a modified version of IARC's "Check" routine, warns of unusual code combinations. A verification code is assigned to records which do not fit the "rules" but which are believed to be correctly coded.
Available external indicators of Registry completeness are all potentially biased in favour of cancers which are more often serious, causing hospitalisation or death. Reports from radiation oncologists supplement the receipt of reports based on previous pathology specimens, and support the recording of those cancers which were not diagnosed histologically. The Hospital Morbidity Data System, which records details of all hospitalisations in Western Australia, is another potential source of information regarding Registry completeness.
If trends in incidence, mortality and migration are constant, then the ratio of the number of new cancer diagnoses registered to the number of cancer deaths (mortality to incidence ratio) serves as a crude indicator of completeness.

## Uses of Cancer Registry data

Non-identifying data are available for release to interested parties, subject to time constraints, as data files or as finished tables and figures. Only data which do not identify any patient, care provider or institution can be treated in this manner. Release of named information is strictly controlled (see "Confidentiality guidelines") and data can only be released to persons other than the original providers (or other clinicians involved in ongoing care of the individual) with personal consent, or a formal approval from the Department of Health (WA)'s Human Research Ethics Committee (HREC).
Data are used in a wide variety of research projects, including the recruitment of subjects for descriptive and case-control studies. Specific requests have included data on incidence in specific areas, cancer deaths by location and institution type, melanoma levels and depths, mesothelioma deaths and occupation, teenage cancers, myeloma survival and ocular melanoma. Registry data have been used in a number of studies of cancer incidence, and in a number of national projects, most notably those commissioned by the National Breast Cancer Centre (now part of Cancer Australia).
In addition to technical and statistical enquiries, the Registry receives general and personal enquiries regarding cancer services and medical problems; these are referred when appropriate to other agencies and treating physicians.
The Registry provides support for four hospital-based cancer registries (HBCRs). In the hospital setting, with clinical and pathological staging and treatment data, the availability of mortality data facilitates the assessment of outcomes using survival analysis.

[^2]
## Appendix 1B. Current issues

## Registry staffing and workload

In 2003, a long process resulted in reclassification of "Clerical Officers" to a higher level, redesignated "Data Quality Officers". In 2011, one position was converted to a Data Quality Coordinator role. A clerical officer was temporarily attached to the Registry until March 2014. The resources now available to service the needs of a population of 2 million people include -
Principal Medical Officer/Manager 1.0 fte
Medical Officer/coding adviser 0.2 fte
Data Quality Coordinator 1.0 fte
Data Quality Officers
Mesothelioma research officer 0.25 fte
Analyst/programmer
1.0 fte

Additional resources used include financial/ Human Resources services and Epidemiology Branch advice on some statistical issues. However all reports such as this are produced primarily within the Registry itself.

As noted in previous reports, increases in number of "notifications" and other workload estimates exceed population growth rates, and underscore the need to properly resource disease registries and ensure a continued capacity to deal with the demands of health service planners, researchers, students and the public.

## Assessment of current notification system and Regulations

Until 2011, Western Australia was the only Australian State with no legal requirement for the direct notification of cancer diagnoses by hospitals; there is consequently some incompleteness in WA statistics for some cancer types. As a result of two successful "Graduate Officer" placement requests made under a new Department of Health program in 2004, a review and update of a previous assessment of the opportunities for more complete notification based on hospital data for non-pathologically diagnosed cancers, was completed and is summarised in Cancer incidence and mortality in Western Australia, 2005. ${ }^{\text {a }}$

These findings were published in support of a process of seeking changes to the Health (Notification of Cancer) Regulations 1981 so as to require hospital notification, among other things. Current data systems cannot be used satisfactorily for this purpose as there are 3 key data items - basis of diagnosis, date of diagnosis and place of residence at diagnosis - that are not included. The Registry has participated in consultations concerning a replacement of the (public) hospital Patient Administration System (PAS), and a cancer notification module from the currently-favoured replacement system has been demonstrated. New Regulations are now in place, but effective changes in some aspects of notification must await changes in hospital information systems.

[^3]```
Appendix 2. Technical and miscellaneous information
Appendix 2A. Glossary
General
    AAR Age-adjusted rate - rate resulting from age-standardisation using only a subset
        of the entire age range for cases and population, e.g. 0-15 years.
    ABS Australian Bureau of Statistics
    ASR Age-standardised rate per 100,000 persons ("World standard"
        population) (Segi 1960)a
ASPR Age-specific rate per 100,000 persons in a specified age range
BCC Basal cell carcinoma
CNS Central Nervous system (meninges, brain, spinal cord, cranial nerves and
        pituitary gland)
DCO Death certificate only
d/o disorder
ICD-O International Classification of Diseases for Oncology
LHN Lymphohaematopoietic neoplasms (mainly lymphomas, leukaemias and
        myeloma)
LR Lifetime (cumulative) risk (to a particular age, usually 75 years)
NMSC Non-melanoma skin cancer
NOS Not otherwise specified
PYLL Person-years of life lost (before a particular age, usually 75 years)
SCC Squamous cell carcinoma
SD Standard deviation
U/S Unspecified
Additional terms used in headings or cells of incidence and mortality tables:
95\%c.i. Statistical \(95 \%\) confidence interval
Crude Crude rate per 100,000 persons
Cum inc Cumulative incidence (\%)(before a particular age, usually 75 years)
Risk Lifetime risk (usually to age 75; 1 in \(n\) ). In some tables, "-" indicates no data, "*" indicates a risk of less than 1 in 1,000.
TD\% Percentage of diagnoses made on basis of tissue examination (histology, haematology or cytology).
\(<5 \quad\) Case count between 1 and 4 inclusive
NR Not Reported - an ASPR or a percentage based on a cell " \(<5\) "; or a case count suppressed so as to prevent calculation.
\({ }^{\text {a }}\) Segi M (1960) Cancer mortality for selected sites in 24 countries (1950-1957). Sendai, Japan, Tohoku University Press.
```


## Appendix 2B. Statistical methods and formulae

## Age groups

The basis for most statistics is a summation of cases by five-year age groups. Age groups are expressed in whole years, i.e. "10-14" means 10.0 to $14.99 . .$. years.

## Rates

Rates in this report are calculated separately for males and females and are expressed as cases per 100,000 person-years. (If one year's data are being analysed, this is equivalent to $n$ cases per 100,000 population for that year.)

Age-specific rates are based on five-year age intervals and are calculated by dividing the numbers of cases by the population of the same sex and age group, over the relevant period.

Crude rates are calculated simply as the total cases divided by the total population over a wide age range; they are not suitable as a basis for comparison of rates in different areas if the age-structures of the populations differ.

Age-standardised rates (ASR in Tables) are calculated by the direct method ${ }^{\text {a }}$ and represent a summation of weighted age-specific rates (weighting being determined by the relative proportion of the population in each age group compared with the proportion in the World Standard Population ${ }^{\text {b }}$ ). Weightings by other population standards can be used if requested.

The standard deviation, or Estimated Standard Error (ESE) is used as a measure of variability for rates in tables; an approximate $95 \%$ confidence interval for a rate is (rate $\pm 1.96$ ESE).

Formulae:
$\mathrm{ASR}=10^{5} \times \Sigma_{i} r_{i} \times w_{i} ; \quad \mathrm{ESE}=10^{5} / W \times\left[\Sigma_{i}\left\{r_{i} \times\left(1-r_{i}\right) \times w_{i}^{2} / n_{i}\right\}\right]^{1 / 2}$,
where $w_{i}$ is the World Standard Population ${ }^{\mathrm{b}}$ for the ith age group, $W=\Sigma_{i} w_{i}$ and $\Sigma_{i}$ denotes summation over all (relevant) age groups.

Subsets of the full age range: where a subset of age groups is considered, the term ageadjusted rate is used instead of ASR, to indicate that standardisation has taken only the age groups of interest into account for both cases and population.

Comparison of rates between different areas may be done using indirect standardisation. In this process, for example, the State population and age-specific rates are used to calculate an expected number of cases in different areas, based on their populations; the observed and expected numbers are compared using the Standardised Incidence (or Mortality) Ratio and a $95 \%$ confidence interval.
${ }^{a}$ Rothman KJ (1986) Modern epidemiology. Little, Brown \& Company, Boston.
${ }^{\mathrm{b}}$ Segi M (1960) Cancer mortality for selected sites in 24 countries (1950-1957). Sendai, Japan, Tohoku University Press.

## Cumulative Incidence and Cumulative Risk

The cumulative incidence of a condition (at a given age) is a measure of the proportion of all persons who have, by that age, been affected by the condition; the Registry calculates this for cancer incidence, and death due to cancer. Cumulative rates are calculated by summing the age-specific rates for specified five year age groups, and are expressed as percentages unless otherwise noted.

In general, a risk is derived from the cumulative rate and is interpreted as a " 1 in $n$ " chance of developing the disease, whereas cumulative rates are commonly presented as percentages affected. In Registry reports, risk is usually presented as cumulative risk derived from the cumulative risk for age groups $0-4$ to $70-74$. However, in tables restricted to age subgroups, risk is derived from the cumulative rate calculated for the age groups listed - e.g. 15-39 years, 40-64 years and 65 years and older.

The method for risk calculations assumes that the risks at the time of estimation remain the same throughout life, and does not account for the effects of death from other causes or interventions which may reduce the chances of a cancer diagnosis.

## Formulae:

The formulae for Cl and risk are:

$$
C I=\quad \Sigma_{i} r_{i} \times 5 ; \quad \text { Risk }=1 /\left(1-e^{-C l}\right) .
$$

## Person years of life lost

Person-years of life lost (PYLL) is an estimate of the number of years of life lost due to specific causes of death, and is calculated up to age 75 years, as an index of premature death. The calculations rely on the use of all-causes mortality data for the whole of Western Australia using the methods of Hakulinen and Teppo as presented in Holman et al. ${ }^{\text {a. }}$

In this report the PYLL is calculated for age 0 to 74 years as a measure of premature death.

## Formulae:

For each cause of death, the PYLL lost for the $i$ th five-year age group is given by:
$S_{i}=5 \times\left\{\Sigma_{j=0, \ldots, i-1}\left\{d_{j} \times p_{j}^{1 / 2} \times P_{j+1, i} \times\left[a_{i} \times\left(1-p_{i}\right)+p_{i}\right]+d_{i} \times\left(1-a_{i}\right) \times\left(1+p_{i}^{1 / 2}\right) / 2\right\}\right.$
where $a_{i}$ is the proportion of the $i$ th five-year interval that a person dying during that interval lives, on average. The values used are $0.09,0.46,0.54,0.57,0.49,0.50,0.52,0.54$, $0.54,0.54,0.53,0.52,0.52,0.52,0.51,0.51,0.48,0.45$ for age groups $0-4,5-9, \ldots, 85+, d_{i}$ is the number of deaths from the cause of death of interest in the $i$ th age group, $p_{i}$ is the probability of surviving the $i$ th age interval after eliminating the cause of death of interest, and
$P_{j+1, i}=\prod_{k=j+1, \ldots, i-1} p_{k}$ for $j+1<i$, or 1 for $j+1=i$.
The quantity $p_{i}$ is calculated as -
$p_{i}=\left\{\left(1-5 \times a_{i} \times r_{i}\right) /\left(1+5 \times\left(1-a_{i}\right) \times r_{i}\right)\right\}^{\left(D_{i}-d_{i}\right) / D_{i}}$
where $r_{i}$ is the death rate and $D_{i}$ is the total number of deaths for the $i$ th age group.

[^4]
## Appendix 2C. Populations and geographic areas

Populations used for calculation of 2012 rates

| Age | Males | $(\%)$ | Females | $(\%)$ | Total | $(\%)$ |
| ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| $0-4$ | 79660 | 6.6 | 84165 | 6.8 | 163825 | 6.7 |
| $5-9$ | 73120 | 6.0 | 77335 | 6.2 | 150455 | 6.1 |
| $10-14$ | 73310 | 6.1 | 77885 | 6.3 | 151195 | 6.2 |
| $15-19$ | 77865 | 6.4 | 82700 | 6.6 | 160565 | 6.5 |
| $20-24$ | 84620 | 7.0 | 91780 | 7.4 | 176400 | 7.2 |
| $25-29$ | 91695 | 7.6 | 99025 | 8.0 | 190720 | 7.8 |
| $30-34$ | 87165 | 7.2 | 92785 | 7.5 | 179950 | 7.3 |
| $35-39$ | 84470 | 7.0 | 89375 | 7.2 | 173845 | 7.1 |
| $40-44$ | 86720 | 7.2 | 90440 | 7.3 | 177160 | 7.2 |
| $45-49$ | 85040 | 7.0 | 87995 | 7.1 | 173035 | 7.1 |
| $50-54$ | 80430 | 6.7 | 82255 | 6.6 | 162685 | 6.6 |
| $55-59$ | 74175 | 6.1 | 74710 | 6.0 | 148885 | 6.1 |
| $60-64$ | 65435 | 5.4 | 67110 | 5.4 | 132545 | 5.4 |
| $65-69$ | 50730 | 4.2 | 51885 | 4.2 | 102615 | 4.2 |
| $70-74$ | 37395 | 3.1 | 36805 | 3.0 | 74200 | 3.0 |
| $75-79$ | 28940 | 2.4 | 26244 | 2.1 | 55184 | 2.2 |
| $80-84$ | 22805 | 1.9 | 18456 | 1.5 | 41261 | 1.7 |
| $85+$ | 25315 | 2.1 | 14180 | 1.1 | 39495 | 1.6 |
| TOTAL | 1208890 | $(100)$ | 1245130 | $(100)$ | 2454020 | $(100)$ |

[^5]The Department of Health's area of responsibility is administered through two Area Health Services (AHS) (metropolitan) and the WA Country Health Service (WACHS), comprising seven Regions. Overall, the area is divided into 34 Health Districts (HD), each lying entirely within an Area Health Service (AHS) or Health Region (HR). Areas may not match "current" arrangements at any given point in time however data files and population files are synchronised to ensure accurate calculation of incidence and mortality rates in this report. The table and maps below should assist comparison of boundaries and area names with those used in previous reports.

Health District composition of Area Health Services and Regions as used for this Report

| CHS Kimberley HR | CHS Goldfields HR | North Metro AHS |
| :--- | :---: | :--- |
| East Kimberley HD | Northern Goldfields HD | NMAHS Bayswater-Bassendean HD |
| West Kimberley HD | South East Coastal HD | NMAHS Joondalup HD |
| CHS Pilbara HR | CHS Great Southern HR | NMAHS Kalamunda HD |
| East Pilbara HD | Central Great Southern HD | NMAHS Oceanic HD |
| West Pilbara HD | Lower Great Southern HD | NMAHS Stirling Coastal HD |
| CHS Midwest HR | CHS South West HR | NMAHS Stirling SE Coastal HD |
| Gascoyne HD | Blackwood HD | NMAHS Valley and Hills HD |
| Geraldton HD | Bunbury HD | NMAHS Wanneroo HD |
| Midwest HD | Busselton HD | South Metro AHS |
| Murchison HD | Leeuwin HD | SMAHS Armadale HD |
| CHS Wheatbelt HR | Leschenault HD | SMAHS Bentley HD |
| Coastal Wheatbelt HD | Warren HD | SMAHS Fremantle HD |
| Eastern Wheatbelt HD | Wellington HD | SMAHS Peel HD |
| Southern Wheatbelt HD |  | SMAHS Rockingham-Kwinana HD |
| Western Wheatbelt HD |  |  |

[^6]

## Appendix 2D. Access to Registry information

Release of data may occur at a number of levels:
Summarised statistical information containing no means of identifying any individual patient, doctor, laboratory or hospital will be available for the purposes of general information and education.

More detailed statistical information, which may include "unit record" data files for analysis, but containing no means of identifying any individual patient, doctor, laboratory or hospital, may be released by the Principal Medical Officer.

Identified information will normally be made available to relevant Australian State or Territory Cancer Registries and to the Australian Institute of Health and Welfare, for the purposes of improving data quality and consistency. Data are released to the AIHW subject to a provision that any use of such identified data for other purposes is to be referred to this Registry for approval.

Special information pertaining to identified patients of a particular hospital or doctor may be released by the Principal Medical Officer to the Medical Superintendent of the hospital, or to the doctor, in response to a written request; such requests may be referred to the Department of Health (Western Australia)'s HREC if there is concern regarding the identification of individual service providers.

Applications for further information required for specific areas of research will be referred to the HREC which, subject to formal application, may approve the release of identified information to researchers.

The objectives and functions of the HREC include the following key points Objectives -

- Promote the ethical use of health information.
- Promote ethical standards of human research.
- Protect the welfare, rights and dignity of individuals.
- Facilitate ethical research through efficient and effective review processes.

Functions -

- To provide independent, competent and timely ethical review of projects involving the use and disclosure of personal health information and other research projects with respect to their ethical acceptability.
- To review projects involving personal health information and other research projects in accordance with the National Statement on Ethical Conduct in Human Research (National Statement) and the DOH Practice Code for the Use of Personal Health Information.
- To review projects requiring the use and disclosure of personal health information without consent.

The Committee's details and relevant documentation may be found at http://www.health.wa.gov.au/healthdata/HREC/index.cfm.

## Appendix 2E. Cancer codes

(a) ICD-O Site codes

| Codes(1) |  |  | Site/Topography | Codes |  | Site/Topography |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| C00 | - | C06 | Lip, gum \& mouth (excludes C01-C02) | C49 |  | Connective, subcutaneous \& other soft tissues |
| C01 |  | C02 | Tongue | C50 |  | Breast |
| C07 |  |  | Parotid gland | C51 |  | Vulva |
| C08 |  |  | Salivary glands | C52 |  | Vagina |
| C09 |  | C14 | Pharynx (excludes C11) | C53 |  | Cervix uteri |
| C11 |  |  | Nasopharynx | C54 |  | Corpus uteri (Uterus) |
| C15 |  |  | Oesophagus | C55 |  | Uterus, NOS (rarely used) |
| C16 |  |  | Stomach | C56 |  | Ovary |
| C17 |  |  | Small intestine | C57 |  | Uterine adnexa \& other fem. genital |
| C18 |  |  | Colon | C58 |  | Placenta |
| C19 | - | C20 | Rectosigmoid junction \& rectum | C60 |  | Penis |
| C21 |  |  | Anus | C61 |  | Prostate gland |
| C22 |  |  | Liver \& intrahepatic bile ducts | C62 |  | Testis |
| C23 |  | C24 | Gallbladder \& bile ducts | C63 |  | Male genital, other |
| C25 |  |  | Pancreas | C64 |  | Kidney (excludes renal pelvis C65) |
| C30 |  | C31 | Nasal cavity \& sinuses, middle \& inner ear | C65 | - C68 | Bladder \& urinary tract |
| C32 |  |  | Larynx | C69 |  | Eye \& lacrimal gland |
| C33 |  | C34 | Lung, bronchus \& trachea | C70 |  | Meninges (cerebral \& spinal) |
| C37 |  |  | Thymus | C71 |  | Brain |
| C38 |  |  | Pleura, heart \& mediastinum | C72 |  | Spinal cord \& cranial nerves |
| C40 |  | C41 | Bones, joints \& articular cartilages | C73 |  | Thyroid gland |
| C44 |  |  | Skin | C74 |  | Adrenal gland |
| C47 |  |  | Nervous system, peripheral \& autonomic | C75 |  | Endocrine glands, other |
| C48 |  |  | Retroperitoneum and peritoneum | C80 |  | Unknown primary site |

Notes: (1) Only 1st 3 characters shown. Groupings based on IARC rules governing the reporting of incident cancers for ICDO-3. Using these same rules, non-lymphohaematopoietic neoplasms of primary sites reported as C26 (Intestinal tract NOS), C39 (respiratory tract ill-defined / NOS), C42 (haematopoietic system), C76 (large body regions NOS) and C77 (lymph nodes) are tabulated as cancers of unknown primary site.

## (b) Morphology code groups for lymphohaematopoietic malignancies

The tabulation scheme for lymphohaematopoietic neoplasms (LHNs) used in previous WACR reports was based on a combination of groupings used in ICD-O, ICD9 and ICD10, which reflected, to varying degrees, previous well-accepted classification schemes such as the REAL and the Working Formulation. Increasingly, classification of such tumours as used by pathologists and clinicians has changed, and older headings have become somewhat irrelevant to modern medical practice.

The tabulation groupings used in this report are based on those used in the ICD-O-3 classification, which has been influenced by the WHO Classification of Haematopoietic and Lymphoid Neoplasms (2001). In the current report, group headings still retain terms such as lymphoma and leukaemia, for the sake of familiarity. While these names remain in the WHO scheme for individual conditions, group headings have in many cases been replaced by less-specific terms such as "B-Cell neoplasms" and "T-cell neoplasms" which may be unfamiliar to some users of Cancer Registry data. Depending on developments in this area (and on decisions made by other Registries, and by others who are concerned that cancer classification should be compatible with non-cancer disease classifications using ICD10), future reports may eventually follow the WHO classification scheme.

Since 2003, some conditions previously not regarded as malignant (e.g. polycythaemia and myelodysplastic diseases) are now included as "cancers".

## Revised multi-level tabulation scheme for reporting of malignant lymphohaematopoietic neoplasms (WACR 2003, updated 2011)



| 4 Other lymphohaematopoietic malignancies |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 4 a | Myelodysplastic diseases, all |  | HM* |  |
|  | 4 a 1 | Refractory anaemias/cytopaenias | HMR | 9980-9985 |
|  | 4 a 2 | Myelodysplastic syndromes | HMS | 9986-9989 |
| 4b | Chronic myeloproliferative diseases, all |  | HC* |  |
|  | 4b1 | Chronic MPD, NOS | HCX | 9960 |
|  | 4b2 | Polycythaemia rubra vera | HCP | 9950 |
|  | 4b3 | Myelofibrosis/sclerosis | HCS | 9961 |
|  | 4b4 | Other chronic MPDs | HCO | 9962-9964 |
| 4c | Other immunoproliferative malignancies |  | HI* |  |
|  | 4c1 | Mast cell tumours | HIM | 9740-9742 |
|  | 4 c 2 | Malignant histiocytic/dendritic cell neoplasms | HIH | 9750, 9754-9758 |
|  | 4 c 3 | Other \& unspecified immunoproliferative neoplasms | HII | 9760-9764 |

[^7]
## Appendix 2F. WACR publications since 1996

Note: It is strongly recommended that retrospective studies utilise time-series that have been produced using updated versions of historical data, available from the Registry; and that figures from old reports not be used for such purposes. However, various topics of interest may be found in previous publications listed here.

Threlfall TJ, Whitfort MJ, Thompson JR (1996) Cancer incidence and mortality in Western Australia, 1992-1994. Health Department of Western Australia, Perth, Statistical Series num. 45.

Threlfall T, Morgan A (1996) Malignant mesothelioma in Western Australia, 1960 to 1994. Health Department of Western Australia, Perth, Statistical Series number 46.

Threlfall TJ (1997) Cancer incidence and mortality projections for Western Australia, 1996-2001. Health Department of Western Australia, Perth, Statistical Series number 50.

Threlfall TJ, Thompson JR (1997) Cancer incidence and mortality in Western Australia, 1995. Health Department of Western Australia, Perth, Statistical Series number 51.
Threlfall TJ, Thompson JR (1998) Cancer incidence and mortality in Western Australia, 1996. Health Department of Western Australia, Perth, Statistical Series number 55.

Threlfall TJ, Thompson JR (1999) Cancer incidence and mortality in Western Australia, 1997. Health Department of Western Australia, Perth, Statistical Series number 57.
Threlfall TJ, Brameld K (2000) Cancer survival in Western Australian residents, 1982-1997. Health Department of Western Australia, Perth, Statistical Series number 60.

Threlfall TJ, Thompson JR (2000) Cancer incidence and mortality in Western Australia, 1998. Health Department of Western Australia, Perth, Statistical Series number 61.
Threlfall TJ, Thompson JR (2002) Cancer incidence and mortality in Western Australia, 1999 and 2000. Health Department of Western Australia, Perth, Statistical Series number 65.

Threlfall TJ, Thompson JR (2003) Cancer incidence and mortality in Western Australia, 2001. Health Department of Western Australia, Perth, Statistical Series number 68.
Threlfall TJ, Thompson JR (2004) Cancer incidence and mortality in Western Australia, 2002.
Department of Health, Western Australia, Perth. Statistical series number 71.
Threlfall TJ, Thompson JR, Olsen N (2005). Cancer in Western Australia: Incidence and mortality 2003 and Mesothelioma 1960-2003. Department of Health, Western Australia, Perth. Statistical series number 74.

Threlfall TJ, Thompson JR (2006). Cancer incidence and mortality in Western Australia, 2004. Department of Health, Western Australia, Perth. Statistical series number 76.
Threlfall TJ, Thompson JR (2007). Cancer incidence and mortality in Western Australia, 2005. Department of Health, Western Australia, Perth. Statistical Series Number 81.

Threlfall TJ, Thompson JR (2007). Cancer incidence and mortality in Western Australia, 2006. Department of Health, Western Australia, Perth. Statistical Series Number 82.
Threlfall TJ, Thompson JR (2009). Cancer incidence and mortality in Western Australia, 2007. Department of Health, Western Australia, Perth. Statistical series number 86.

Threlfall TJ, Thompson JR (2010). Cancer incidence and mortality in Western Australia, 2008. Department of Health, Western Australia, Perth. Statistical series number 87.
Threlfall TJ, Thompson JR (2011). Cancer incidence and mortality in Western Australia, 2009. Department of Health, Western Australia, Perth. Statistical series number 91.

Threlfall TJ, Thompson JR (2012). Cancer incidence and mortality in Western Australia, 2010. Department of Health, Western Australia, Perth. Statistical series number 94.
Threlfall TJ, Thompson JR (2013). Cancer incidence and mortality in Western Australia, 2011. Department of Health, Western Australia, Perth. Statistical series number 97.

## Appendix 2G. Guide to tables in Appendix 3

Note: The order of cancer types in the tables in Appendix 2E is the basis for the wide-format incidence and mortality tables in Appendix 3.

## Terms and formatting

Terms used in table headings are explained under "Statistical methods" (Section 1.4) and abbreviations repeated in Appendix 2A.

Age groups are expressed in whole years, i.e. "10-14" means 10.0 to $14.99 \ldots$ years.
For most cancers in the wide-format tables which follow, there are 2 rows for each sex. The upper one contains total cases, ASR, $95 \%$ confidence interval, risk and other summary statistics.

Under the headings for individual age groups, the upper rows also contain counts (cases or deaths) in whole numbers.

The numbers (1 decimal place) shown in the lower rows for each sex are age-specific rates per 100,000 for the relevant age group.

The larger, wide-format tables e.g. Appendices $3 \mathrm{~A}, \mathrm{~B}$ and C , contain some sections which are summaries of others within the tables (e.g. "All Lymphomas"), hence the summation of case numbers or rates over all rows of the tables will not match the totals at the end of each table, which were calculated separately.

## Order of cancer types within tables

In general, tables follow the order of cancer types as listed in Appendix 2E, with sitespecific cancers listed first, then lymphohaematopoietic malignancies - lymphomas, myeloma, mast cell tumours, miscellaneous immunoproliferative tumours, then leukaemias - followed by the Unknown Primary Site and Total Cancers groups.

Note: The mortality appendix table includes deaths due to all non-melanoma skin cancers (NMSC), some of which are not listed in the Incidence tables. Some NMSC, such as Merkel cell or sweat gland carcinomas, are included in incidence statistics in this report, but these do NOT include basal cell carcinoma or squamous cell carcinoma (ICD-O-3 morphology codes 8050-8110).

## - Notes -

Appendix 3A now contains an incidence data summary for the most common cancer types on page A3-10.
In Appendix 3B, the "Total deaths due to cancer" appears on page A3-19. The "Total deaths (cancer and non-cancer) of Cancer Registry cases" on page A3-20 includes noncancer and all other deaths in persons with a valid WA tumour record.

$\underset{\text { Age }}{\text { Appendix }} \quad \underset{\text { O-4 }}{ }$ 3A. Cancer incidence, Western Australia, 2012







 CHRONIC MYELOPROLIFERATIVE DISEASES Chronic myeloproliferative disorder, NOS
M

| Polycythaemia rubra vera |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| M | $\begin{aligned} & <5 \\ & N R \end{aligned}$ |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | 10 | 0.4 | 0.1-0.7 | 90.0 | 0.0 | 4544 | 0.9 (0.3-1.4) |
| F |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ |  |  |  |  | $\begin{aligned} & <5 \\ & \text { NR } \\ & \hline \end{aligned}$ |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | 5 | 0.2 | 0.0-0.3 | 80.0 | 0.0 | * | 0.4 (0.0-0.7) |
| Myelofibrosis/sclerosis M |  |  |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{gathered} <5 \\ N R \end{gathered}$ |  | $\begin{gathered} <5 \\ \text { NR } \end{gathered}$ |  |  | <5 | 0.2 | 0-0.3 | 100.0 | 0.0 | 5853 | 0.2 (0-0.5) |
| F |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ |  |  |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | 5 | 0.2 | 0.0-0.3 | 100.0 | 0.0 | 5106 | 0.3 (0.0-0.6) |
| Other chronic myeloproliferative d/o M | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & N R \end{aligned}$ |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | 13 | 0.7 | 0.3-1.1 | 100.0 | 0.1 | 1411 | 1.1 (0.5-1.7) |
| F | $\begin{aligned} & <5 \\ & \mathrm{NR} \end{aligned}$ | $\begin{aligned} & <5 \\ & \mathrm{NR} \end{aligned}$ |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{array}{r} <5 \\ \text { NR } \\ \hline \end{array}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \\ & \hline \end{aligned}$ | $\begin{aligned} & <5 \\ & N R \\ & \hline \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | 13 | 0.5 | 0.2-0.9 | 100.0 | 0.0 | 2048 | 0.9 (0.4-1.5) |






A3-14
Cancer incidence and mortality in Western Australia, 2012
Appendix 3B. Cancer mortality, Western Australia, 2012

| Age $\quad 0-4 \quad 5-9 \quad 10-1415019$ 20-24 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | $85+$ | Total | ASR | 95\% c.i. | PYLL | Cuminc | Risk | ASR2 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Retroperitoneum and peritoneum (C480-C489) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M |  |  |  |  |  |  |  |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | <5 | 0.1 | 0-0.2 | 0.0 | 0.0 | * | 0.2 (0-0.5) |
| F |  |  |  |  |  |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{gathered} <5 \\ N R \end{gathered}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{gathered} <5 \\ \text { NR } \end{gathered}$ | 7 | 0.3 | 0.1-0.5 | 16.7 | 0.0 | 3023 | 0.5 (0.1-0.9) |
| Connective, subcutaneous \& other soft tissues (C490-C499) M |  |  |  |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | 7 | 0.3 | 0.1-0.5 | 30.3 | 0.0 | 3852 | 0.6 (0.1-1.0) |
| F | $\begin{gathered} <5 \\ \text { NR } \end{gathered}$ |  |  | $\begin{gathered} <5 \\ N R \end{gathered}$ |  | $\begin{gathered} <5 \\ N R \end{gathered}$ |  |  |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  | <5 | 0.2 | 0-0.4 | 69.2 | 0.0 | 5057 | 0.3 (0.0-0.6) |
| Breast (C500-C509) M |  |  |  |  |  |  |  |  | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  |  | <5 | 0.0 | 0-0.1 | 0.0 | 0.0 | * | 0.1 (0-0.3) |
| F | $\begin{array}{r} 5 \\ 5.9 \end{array}$ | $\begin{array}{r} 10 \\ 11.5 \end{array}$ | $\begin{array}{r} 18 \\ 21.2 \end{array}$ | $\begin{array}{r} 24 \\ 29.8 \end{array}$ | $\begin{array}{r} 27 \\ 36.4 \end{array}$ | 33 50.4 | $\begin{array}{r} 31 \\ 61.1 \end{array}$ | $\begin{array}{r} 26 \\ 69.5 \end{array}$ | $\begin{array}{r} 24 \\ 82.9 \end{array}$ | $\begin{array}{r} 37 \\ 162.2 \end{array}$ | $\begin{array}{r} 50 \\ 197.5 \end{array}$ | 285 | 13.1 | 11.5-14.8 | 2613.6 | 1.4 | 70 | 21.0 (18.5-23.4) |
| Vulva (C510-C519) F |  |  |  |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | 5 17.3 | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | 15 | 0.5 | 0.2-0.8 | 42.9 | 0.0 | 2826 | 1.2 (0.6-1.7) |
| $\begin{aligned} & \text { Vagina (C520-C529) } \\ & \mathrm{F} \end{aligned}$ |  |  |  |  |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ |  |  |  |  | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | <5 | 0.1 | 0-0.3 | 23.8 | 0.0 | 6544 | 0.2 (0-0.4) |
| Cervix uteri (C530-C539) $<5$ <br> F NR | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{aligned} & <5 \\ & N R \end{aligned}$ | $\begin{aligned} & <5 \\ & N R \end{aligned}$ |  |  | $<5$ NR | $\begin{aligned} & <5 \\ & \text { NR } \end{aligned}$ | 14 | 0.8 | 0.3-1.2 | 236.7 | 0.1 | 1302 | 1.0 (0.5-1.6) |
| Corpus uteri (C540-C549) F | $\begin{aligned} & <5 \\ & N R \end{aligned}$ |  | $<5$ $N R$ | < $N$ | < N | 6 9.2 | 8 15.8 | $<5$ $N R$ | 7 24.2 | < NR | 7 27.7 | 40 | 1.8 | 1.2-2.4 | 284.0 | 0.2 | 510 | 2.9 (2.0-3.8) |

$0 \quad-$

| $2.8-4.5$ | 539.4 | 0.4 | 229 | $6.0(4.7-7.3)$ |
| :---: | :---: | :---: | :---: | :---: |
| $0.0-0.5$ | 35.7 | 0.0 | 3857 | $0.5(0.1-0.9)$ |



$\begin{array}{ll}\bullet & \stackrel{m}{0} \\ 0 & 0\end{array}$ 0

* $\quad 0.1(0-0.2)$
Appendix 3B. Cancer mortality, Western Australia, 2012

$\begin{array}{lllllllllllll}\text { Age } & 0-4 & 5-9 & 10-14 & 15-19 & 20-24 & 25-29 & 30-34 & 35-39 & 40-44 & 45-49 & 50-54 & 55-59\end{array}$ $\qquad$ $\begin{array}{lllllll} & 2.6 & 1.9-3.3 & 390.9 & 0.3 & 383 & 4.6(3.4-5.9)\end{array}$
1.4 (0.7-2.0)







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A3-16

Appendix 3B. Cancer mortality, Western Australia, 2012

A3-18
Cancer incidence and mortality in Western Australia, 2012
Appendix 3B. Cancer mortality, Western Australia, 2012


A3－20
Appendix 3B．Cancer mortality，Western Australia， 2012
$\begin{array}{lll}0-0.2 & 26 & 0.0\end{array} \quad * \quad 0.2(0-0.4)$


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Deaths due to non－lymphohaematopoietic tumours of uncertain／unspecified nature
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Deaths due to benign tumours in $C R$ cases
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Deaths due to lymphohaematopoietic tumours of uncertain malignant potential

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Other non－＂cancer＂mortality data， 2012 $\qquad$

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$\begin{array}{ccc}<5 & <5 \\ N R & N R & N R \\ \text { Deaths of undetermined cause in CR cases } & \end{array}$

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17.9 \\
19 \\
22.5 \\
\hline
\end{array}
$$

$\begin{array}{rr}410 & 935 \\ 1797.9 & 3693.5\end{array}$







Appendix 3D. Cancer incidence, Western Australia, 2012: Leading types by sex and geographic area

CHS Kimberley Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 15 | 22.4 | 67.8 | 33.1-103 | 12 | Breast | 14 | 28.6 | 72.1 | 33.1-111 | 12 |
| Lung | 8 | 11.9 | 35.4 | 10.5-60.2 | 24 | Melanoma (skin) | 8 | 16.3 | 38.9 | 11.0-66.8 | 22 |
| Colorectal | 5 | 7.5 | 20.2 | 2.0-38.4 | 34 | Uterus | 6 | 12.2 | 35.4 | 6.1-64.7 | 18 |
| Colon | <5 | NR | NR | 0-23.7 | 80 | Cervix | <5 | NR | NR | 0-24.2 | 116 |
| Rectum | <5 | NR | NR | 0-22.2 | 58 | Kidney | <5 | NR | NR | 0-37.2 | 72 |
| Melanoma (skin) | <5 | NR | NR | 0.3-27.3 | 78 | Pancreas | <5 | NR | NR | 0-25.7 | 271 |
| Leukaemia | <5 | NR | NR | 0.4-42.2 | 49 | Lung | <5 | NR | NR | 0-22.7 | 85 |
| Leukaemia NOS | 0 |  |  |  |  | Leukaemia | <5 | NR | NR | 0-22.0 | 104 |
| Lymphoid leukaemia | <5 | NR | NR | 0-26.9 | 88 | Leukaemia NOS | 0 |  |  |  |  |
| Myeloid leukaemia | < | NR | NR | 0-24.0 | 112 | Lymphoid leukaemia | <5 | NR | NR | 0-14.1 | 169 |
| Leukaemia, other | 0 |  |  |  |  | Myeloid leukaemia | <5 | NR | NR | 0-13.2 | 271 |
| Lip, gum \& mouth | <5 | NR | NR | 0-28.3 | 67 | Leukaemia, other | 0 |  |  |  |  |
| Liver | <5 | NR | NR | 0-27.7 | 47 | Myeloma | <5 | NR | NR | 0-17.8 | 146 |
| Pancreas | <5 | NR | NR | 0-30.8 | 45 |  |  |  |  |  |  |


| All cancers | 67 | 100.0 | 297.9 | $226-370$ | 3 | All cancers | 49 | 100.0 | 246.5 | $175-318$ | 4 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## CHS Pilbara Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 18 | 27.3 | 62.5 | 31.4-93.6 | 14 | Breast | 8 | 19.5 | 25.2 | 7.7-42.8 | 42 |
| Melanoma (skin) | 7 | 10.6 | 21.1 | 2.9-39.2 | 34 | Colorectal | 6 | 14.6 | 27.2 | 3.4-51.1 | 33 |
| Lymphoma | 5 | 7.6 | 9.8 | 1.2-18.4 | 113 | Colon | <5 | 9.8 | 14.1 | 0-29.6 | 69 |
| Lymphoma NOS | 0 |  |  |  |  | Rectum | <5 | NR | NR | 0-31.3 | 62 |
| Hodgkin lymphoma | <5 | NR | NR | 0-5.3 | 669 | Melanoma (skin) | 5 | 12.2 | 14.5 | 1.7-27.4 | 87 |
| NHL | <5 | NR | NR | 0.1-15.8 | 136 | Lymphoma | <5 | NR | NR | 0.1-25.6 | 75 |
| Colorectal | <5 | NR | NR | 0-33.1 | 118 | Lymphoma NOS | 0 |  |  |  |  |
| Colon | <5 | NR | NR | 0-33.1 | 118 | Hodgkin lymphoma | 0 |  |  |  |  |
| Rectum | 0 |  |  |  |  | NHL | <5 | NR | NR | 0.1-25.6 | 75 |
| Lung | <5 | NR | NR | 0.0-28.1 | 57 | Thyroid gland | <5 | NR | NR | 0-21.3 | 96 |
| Kidney | <5 | NR | NR | 0.2-17.4 | 117 | Lung | <5 | NR | NR | 0-31.4 | 52 |
| Unknown primary | <5 | NR | NR | 0-30.5 | 128 | Cervix | <5 | NR | NR | 0-16.2 | 209 |
| Lip, gum \& mouth | <5 | NR | NR | 0-12.4 | 207 | Uterus | <5 | NR | NR | 0-25.2 | 78 |
|  |  |  |  |  |  | Brain | <5 | NR | NR | 0-14.5 | 224 |



CHS Midwest Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 47 | 21.8 | 76.6 | 54.2-99.0 | 10 | Breast | 50 | 35.2 | 106.2 | 76.3-136 | 7 |
| Colorectal | 25 | 11.6 | 44.1 | 26.5-61.8 | 15 | Colorectal | 18 | 12.7 | 33.4 | 17.4-49.4 | 25 |
| Colon | 13 | 6.0 | 21.7 | 9.6-33.7 | 32 | Colon | 14 | 9.9 | 25.7 | 11.7-39.8 | 33 |
| Rectum | 12 | 5.6 | 22.5 | 9.6-35.4 | 29 | Rectum | <5 | NR | NR | 0-15.5 | 93 |
| Lung | 25 | 11.6 | 40.5 | 24.3-56.7 | 22 | Lung | 13 | 9.2 | 26.6 | 11.6-41.5 | 38 |
| Melanoma (skin) | 21 | 9.7 | 41.0 | 22.8-59.2 | 24 | Melanoma (skin) | 9 | 6.3 | 21.3 | 6.8-35.8 | 49 |
| Leukaemia | 12 | 5.6 | 28.3 | 10.7-45.9 | 41 | Lymphoma | 6 | 4.2 | 14.5 | 2.2-26.9 | 68 |
| Leukaemia NOS | 0 |  |  |  |  | Lymphoma NOS | <5 | NR | NR |  |  |
| Lymphoid leukaemia | 5 | 2.3 | 14.4 | 0.1-28.7 | 168 | Hodgkin lymphoma | <5 | NR | NR | 0-12.5 | 476 |
| Myeloid leukaemia | 7 | 3.2 | 13.9 | 3.5-24.3 | 54 | NHL | 5 | 3.5 | 10.3 | 1.1-19.5 | 80 |
| Leukaemia, other | 0 |  |  |  |  | Pancreas | 5 | 3.5 | 6.7 | 0.4-12.9 | 347 |
| Bladder \& urinary tract | 10 | 4.6 | 16.7 | 6.0-27.4 | 60 | Thyroid gland | 5 | 3.5 | 11.0 | 1.2-20.8 | 109 |
| Lip, gum \& mouth | 9 | 4.2 | 15.5 | 5.0-25.9 | 52 | Liver | <5 | NR | NR | 0-15.2 | 86 |
| Unknown primary | 7 | 3.2 | 12.1 | 2.8-21.4 | 82 | Ovary | <5 | NR | NR | 0-16.4 | 104 |


| All cancers | 216 | 100.0 | 384.8 | $331-438$ | 3 | All cancers | 142 | 100.0 | 290.4 | $241-340$ | 3 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

Appendix 3D. Cancer incidence, Western Australia, 2012: Leading types by sex and geographic area

CHS Wheatbelt Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 88 | 29.1 | 110.4 | 87.0-134 | 7 | Breast | 59 | 29.8 | 92.9 | 68.0-118 | 10 |
| Colorectal | 40 | 13.2 | 46.0 | 31.1-60.8 | 18 | Colorectal | 25 | 12.6 | 31.5 | 18.2-44.8 | 29 |
| Colon | 30 | 9.9 | 33.6 | 21.1-46.1 | 25 | Colon | 16 | 8.1 | 19.1 | 8.8-29.3 | 46 |
| Rectum | 10 | 3.3 | 12.4 | 4.3-20.4 | 62 | Rectum | 9 | 4.5 | 12.4 | 3.9-20.9 | 76 |
| Lung | 35 | 11.6 | 38.5 | 25.4-51.5 | 24 | Lung | 18 | 9.1 | 19.7 | 10.1-29.3 | 43 |
| Melanoma (skin) | 20 | 6.6 | 24.5 | 13.3-35.7 | 35 | Melanoma (skin) | 18 | 9.1 | 26.6 | 13.6-39.6 | 35 |
| Lymphoma | 13 | 4.3 | 17.4 | 6.4-28.5 | 79 | Uterus | 10 | 5.1 | 13.5 | 4.5-22.6 | 58 |
| Lymphoma NOS | <5 | NR | NR | 0-14.7 | 249 | Lymphoma | 8 | 4.0 | 10.3 | 2.6-18.1 | 89 |
| Hodgkin lymphoma | <5 | NR | NR | 0-4.1 | 584 | Lymphoma NOS | 0 |  |  |  |  |
| NHL | 9 | 3.0 | 9.7 | 2.9-16.5 | 144 | Hodgkin lymphoma | 0 |  |  |  |  |
| Kidney | 10 | 3.3 | 13.6 | 5.0-22.1 | 58 | NHL | 8 | 4.0 | 10.3 | 2.6-18.1 | 89 |
| Stomach | 9 | 3.0 | 12.3 | 3.9-20.7 | 74 | Leukaemia | 7 | 3.5 | 13.9 | 2.1-25.7 | 108 |
| Pancreas | 8 | 2.6 | 9.6 | 2.9-16.4 | 60 | Leukaemia NOS | <5 | NR | NR |  |  |
| Bladder \& urinary tract | 8 | 2.6 | 9.1 | 2.6-15.6 | 93 | Lymphoid leukaemia | 5 | 2.5 | 10.2 | 0-20.7 | 178 |
| Leukaemia | 8 | 2.6 | 10.0 | 3.0-17.0 | 65 | Myeloid leukaemia | <5 | NR | NR | 0-9.0 | 271 |
| Lymphoid leukaemia | 6 | 2.0 | 7.4 | 1.4-13.4 | 93 | Leukaemia, other | 0 |  |  |  |  |
| Myeloid leukaemia | <5 | NR | NR | 0-6.2 | 212 |  |  |  |  |  |  |
| All cancers | 302 | 100.0 | 371.5 | 328-415 | 3 | All cancers | 198 | 100.0 | 294.9 | 250-340 | 4 |

CHS Goldfields Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | $95 \%$ c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 37 | 25.9 | 105.9 | 71.5-140 | 8 | Breast | 26 | 27.7 | 85.8 | 52.5-119 | 10 |
| Lung | 28 | 19.6 | 81.2 | 50.9-112 | 11 | Colorectal | 13 | 13.8 | 40.7 | 17.8-63.5 | 25 |
| Colorectal | 13 | 9.1 | 38.4 | 17.4-59.4 | 21 | Colon | NR | NR | NR | 15.8-60.3 | 25 |
| Colon | 8 | 5.6 | 24.2 | 7.3-41.1 | 33 | Rectum | <5 | NR | NR | 0-7.8 | * |
| Rectum | 5 | 3.5 | 14.1 | 1.6-26.6 | 54 | Melanoma (skin) | 10 | 10.6 | 33.3 | 12.4-54.1 | 28 |
| Melanoma (skin) | 11 | 7.7 | 33.1 | 13.3-52.9 | 30 | Lung | 7 | 7.4 | 23.5 | 5.5-41.4 | 37 |
| Leukaemia | 7 | 4.9 | 19.7 | 5.0-34.3 | 61 | Ovary | 5 | 5.3 | 14.9 | 1.4-28.4 | 61 |
| Leukaemia NOS | NR | NR | NR |  |  | Leukaemia | 5 | 5.3 | 16.9 | 0.8-33.1 | 83 |
| Lymphoid leukaemia | <5 | NR | NR | 0-10.1 | 177 | Leukaemia NOS | 0 |  |  |  |  |
| Myeloid leukaemia | 6 | 4.2 | 16.3 | 3.2-29.3 | 93 | Lymphoid leukaemia | <5 | NR | NR | 0-24.8 | 190 |
| Leukaemia, other | 0 |  |  |  |  | Myeloid leukaemia | < | NR | NR | 0-14.4 | 146 |
| Stomach | 5 | 3.5 | 14.9 | 1.7-28.0 | 47 | Leukaemia, other | 0 |  |  |  |  |
| Pancreas | <5 | NR | NR | 0.1-24.2 | 168 | Cervix | < | NR | NR | 0-21.4 | 66 |
| Lymphoma | < | NR | NR | 0.2-24.7 | 42 | Thyroid gland | < | NR | NR | 0-21.6 | 89 |
| NHL | < | NR | NR | 0.2-24.7 | 42 |  |  |  |  |  |  |
| Myeloma | <5 | NR | NR | 0.1-23.8 | 46 |  |  |  |  |  |  |
| All cancers | 143 | 100.0 | 415.2 | 347-483 | 3 | All cancers | 94 | 100.0 | 308.7 | 245-373 | 3 |


| CHS Great Southern Region |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Males | Females |  |  |  |  |  |  |  |  |  |  |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 87 | 37.2 | 131.6 | 103-160 | 6 | Breast | 54 | 30.2 | 98.4 | 70.9-126 | 9 |
| Colorectal | 23 | 9.8 | 37.1 | 21.3-53.0 | 20 | Colorectal | 24 | 13.4 | 38.9 | 21.1-56.8 | 25 |
| Colon | 13 | 5.6 | 19.1 | 8.3-29.9 | 37 | Colon | 18 | 10.1 | 29.9 | 13.8-46.1 | 35 |
| Rectum | 10 | 4.3 | 18.0 | 6.4-29.7 | 42 | Rectum | 6 | 3.4 | 9.0 | 1.5-16.6 | 79 |
| Melanoma (skin) | 16 | 6.8 | 26.2 | 12.0-40.4 | 30 | Lung | 17 | 9.5 | 25.9 | 12.8-39.1 | 29 |
| Lung | 15 | 6.4 | 19.4 | 9.2-29.7 | 72 | Melanoma (skin) | 11 | 6.1 | 19.3 | 7.5-31.0 | 44 |
| Bladder \& urinary tract | 11 | 4.7 | 14.0 | 5.5-22.5 | 77 | Lymphoma | 8 | 4.5 | 14.9 | 4.0-25.9 | 68 |
| Lymphoma | 9 | 3.8 | 13.6 | 4.5-22.8 | 44 | Lymphoma NOS | <5 | NR | NR |  |  |
| Lymphoma NOS | <5 | NR | NR |  |  | Hodgkin lymphoma | <5 | NR | NR | 0-6.4 | 465 |
| Hodgkin lymphoma | <5 | NR | NR | 0-2.3 | * | NHL | 7 | 3.9 | 12.8 | 2.7-22.9 | 79 |
| NHL | 8 | 3.4 | 12.9 | 3.9-21.8 | 44 | Leukaemia | 8 | 4.5 | 15.4 | 2.7-28.1 | 68 |
| Leukaemia | 7 | 3.0 | 14.9 | 1.8-27.9 | 86 | Leukaemia NOS | <5 | NR | NR |  |  |
| Leukaemia NOS | 0 |  |  |  |  | Lymphoid leukaemia | 5 | 2.8 | 12.0 | 0-24.0 | 94 |
| Lymphoid leukaemia | 6 | 2.6 | 13.2 | 0.6-25.8 | 114 | Myeloid leukaemia | <5 | NR | NR | 0-7.5 | 242 |
| Myeloid leukaemia | <5 | NR | NR | 0-5.0 | 355 | Cervix | 7 | 3.9 | 21.1 | 5.3-36.9 | 60 |
| Leukaemia, other | 0 |  |  |  |  | Uterus | 7 | 3.9 | 11.4 | 2.3-20.6 | 77 |
| Myeloma | 7 | 3.0 | 8.9 | 1.8-16.0 | 111 | Ovary | 7 | 3.9 | 10.5 | 2.1-18.9 | 97 |
| All cancers | 234 | 100.0 | 354.3 | 306-402 | 3 | All cancers | 179 | 100.0 | 317.2 | 266-368 | 3 |

Appendix 3D. Cancer incidence, Western Australia, 2012: Leading types by sex and geographic area

## CHS South West Region



All cancers
$\begin{array}{llllll}546 & 100.0 & 375.3 & 343-408 & 3 & \text { All cancers }\end{array}$
$358 \quad 100.0 \quad 251.5 \quad 224-279$
4

| WA Country - all |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Males | Females |  |  |  |  |  |  |  |  |  |  |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 463 | 29.4 | 106.5 | 96.7-116 | 7 | Breast | 324 | 30.5 | 86.9 | 77.3-96.5 | 10 |
| Melanoma (skin) | 158 | 10.0 | 37.9 | 31.8-44.0 | 26 | Colorectal | 125 | 11.8 | 30.0 | 24.5-35.5 | 28 |
| Colorectal | 151 | 9.6 | 34.0 | 28.5-39.5 | 22 | Colon | 92 | 8.7 | 21.7 | 17.0-26.4 | 40 |
| Colon | 100 | 6.4 | 22.0 | 17.6-26.4 | 36 | Rectum | 33 | 3.1 | 8.3 | 5.4-11.3 | 96 |
| Rectum | 51 | 3.2 | 12.0 | 8.6-15.3 | 57 | Melanoma (skin) | 104 | 9.8 | 28.5 | 22.9-34.2 | 33 |
| Lung | 149 | 9.5 | 32.3 | 27.0-37.6 | 28 | Lung | 90 | 8.5 | 21.8 | 17.1-26.4 | 35 |
| Lymphoma | 60 | 3.8 | 13.8 | 10.2-17.4 | 63 | Uterus | 41 | 3.9 | 10.5 | 7.2-13.8 | 70 |
| Lymphoma NOS | 6 | 0.4 | 1.3 | 0.1-2.5 | 1960 | Lymphoma | 38 | 3.6 | 10.1 | 6.7-13.4 | 101 |
| Hodgkin lymphoma | 5 | 0.3 | 1.2 | 0.1-2.3 | 980 | Lymphoma NOS | <5 | NR | NR |  |  |
| NHL | 49 | 3.1 | 11.3 | 8.0-14.5 | 70 | Hodgkin lymphoma | <5 | NR | NR | 0-2.5 | 1232 |
| Leukaemia | 56 | 3.6 | 15.1 | 10.9-19.4 | 67 | NHL | 35 | 3.3 | 9.0 | 5.9-12.0 | 110 |
| Leukaemia NOS | 0 |  |  |  |  | Thyroid gland | 35 | 3.3 | 9.9 | 6.6-13.2 | 92 |
| Lymphoid leukaemia | 31 | 2.0 | 8.7 | 5.4-12.1 | 123 | Leukaemia | 32 | 3.0 | 9.0 | 5.6-12.5 | 127 |
| Myeloid leukaemia | 25 | 1.6 | 6.4 | 3.8-9.0 | 145 | Leukaemia NOS | 0 |  |  |  |  |
| Leukaemia, other | 0 |  |  |  |  | Lymphoid leukaemia | 17 | 1.6 | 5.4 | 2.6-8.3 | 239 |
| Kidney | 42 | 2.7 | 10.0 | 6.9-13.0 | 87 | Myeloid leukaemia | 15 | 1.4 | 3.6 | 1.7-5.5 | 270 |
| Bladder \& urinary tract | 40 | 2.5 | 8.7 | 6.0-11.5 | 103 | Leukaemia, other | 0 |  |  |  |  |
| Unknown primary | 40 | 2.5 | 8.9 | 6.0-11.7 | 105 | Ovary | 26 | 2.5 | 6.3 | 3.8-8.8 | 145 |
| Lip, gum \& mouth | 35 | 2.2 | 8.5 | 5.6-11.4 | 117 | Unknown primary | 24 | 2.3 | 5.3 | 3.0-7.6 | 166 |
| Pancreas | 33 | 2.1 | 7.4 | 4.8-9.9 | 118 | Pancreas | 22 | 2.1 | 4.6 | 2.6-6.6 | 191 |
| Stomach | 32 | 2.0 | 7.3 | 4.7-9.9 | 128 | Cervix | 22 | 2.1 | 7.2 | 4.1-10.3 | 170 |
| Mesothelioma | 29 | 1.8 | 6.6 | 4.2-9.1 | 103 | Myeloma | 21 | 2.0 | 5.2 | 2.9-7.6 | 142 |
| Oesophagus | 26 | 1.7 | 5.9 | 3.6-8.2 | 121 | Kidney | 20 | 1.9 | 5.3 | 2.8-7.8 | 199 |
| Brain | 24 | 1.5 | 5.9 | 3.4-8.4 | 188 | Brain | 16 | 1.5 | 4.8 | 2.3-7.3 | 228 |
| Myeloma | 24 | 1.5 | 5.5 | 3.2-7.7 | 131 | Lip, gum \& mouth | 14 | 1.3 | 3.3 | 1.5-5.2 | 266 |
| Liver | 23 | 1.5 | 5.3 | 3.1-7.5 | 138 | Skin (NMSC exc. SCC/BCC) | 11 | 1.0 | 2.4 | 0.9-3.9 | 313 |
| Thyroid gland | 21 | 1.3 | 5.3 | 3.0-7.7 | 176 | Bladder \& urinary tract | 11 | 1.0 | 2.3 | 0.9-3.8 | 374 |
| Testis | 19 | 1.2 | 5.9 | 3.2-8.6 | 205 | Liver | 10 | 0.9 | 2.7 | 1.0-4.4 | 257 |
| Pharynx | 18 | 1.1 | 4.2 | 2.2-6.2 | 230 | Vulva | 9 | 0.8 | 1.9 | 0.6-3.2 | 518 |
| Skin (NMSC exc. SCC/BCC) | 18 | 1.1 | 3.8 | 2.0-5.6 | 196 | Gallbladder / bile ducts | 8 | 0.8 | 1.5 | 0.4-2.6 | 555 |
| All cancers | 1574 | 100.0 | 365.2 | 347-384 | 3 | All cancers | 1061 | 100.0 | 274.8 | 258-292 | 4 |

Appendix 3D. Cancer incidence, Western Australia, 2012: Leading types by sex and geographic area

## North Metro AHS

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 807 | 31.6 | 107.6 | 100-115 | 7 | Breast | 680 | 31.0 | 91.0 | 83.9-98.1 | 11 |
| Melanoma (skin) | 280 | 11.0 | 38.7 | 34.1-43.3 | 21 | Colorectal | 223 | 10.2 | 25.1 | 21.6-28.7 | 33 |
| Colorectal | 238 | 9.3 | 30.6 | 26.6-34.5 | 28 | Colon | 149 | 6.8 | 16.1 | 13.3-18.9 | 50 |
| Colon | 165 | 6.5 | 20.6 | 17.4-23.9 | 44 | Rectum | 72 | 3.3 | 8.7 | 6.6-10.9 | 102 |
| Rectum | 73 | 2.9 | 9.9 | 7.6-12.3 | 80 | Melanoma (skin) | 201 | 9.2 | 26.3 | 22.5-30.1 | 36 |
| Lung | 221 | 8.7 | 27.1 | 23.4-30.8 | 32 | Lung | 179 | 8.2 | 20.0 | 16.9-23.1 | 41 |
| Lymphoma | 123 | 4.8 | 17.5 | 14.3-20.7 | 51 | Lymphoma | 98 | 4.5 | 13.2 | 10.4-16.0 | 68 |
| Lymphoma NOS | <5 | NR | NR | 0-0.5 | * | Lymphoma NOS | <5 | NR | NR | 0-0.3 |  |
| Hodgkin lymphoma | <5 | NR | NR | 2.0-5.3 | 299 | Hodgkin lymphoma | <5 | NR | NR | 0.7-3.3 | 688 |
| NHL | 99 | 3.9 | 13.6 | 10.8-16.3 | 62 | NHL | 87 | 4.0 | 11.1 | 8.7-13.5 | 76 |
| Bladder \& urinary tract | 79 | 3.1 | 9.7 | 7.5-11.9 | 82 | Thyroid gland | 82 | 3.7 | 12.8 | 10.0-15.7 | 82 |
| Kidney | 67 | 2.6 | 9.5 | 7.2-11.9 | 97 | Uterus | 75 | 3.4 | 10.3 | 8.0-12.7 | 68 |
| Unknown primary | 59 | 2.3 | 6.6 | 4.8-8.4 | 184 | Pancreas | 60 | 2.7 | 6.6 | 4.8-8.4 | 135 |
| Pancreas | 56 | 2.2 | 7.1 | 5.2-9.0 | 118 | Unknown primary | 48 | 2.2 | 4.1 | 2.8-5.4 | 304 |
| Lip, gum \& mouth | 51 | 2.0 | 7.1 | 5.1-9.1 | 120 | Leukaemia | 48 | 2.2 | 6.7 | 4.6-8.7 | 147 |
| Stomach | 50 | 2.0 | 6.4 | 4.6-8.2 | 133 | Leukaemia NOS | <5 | NR | NR | 0-0.1 | * |
| Liver | 47 | 1.8 | 6.3 | 4.4-8.2 | 149 | Lymphoid leukaemia | 22 | 1.0 | 3.4 | 1.8-5.0 | 319 |
| Leukaemia | 46 | 1.8 | 6.5 | 4.4-8.5 | 133 | Myeloid leukaemia | 25 | 1.1 | 3.2 | 1.9-4.6 | 272 |
| Leukaemia NOS | <5 | NR | NR | 0-0.3 | * | Leukaemia, other | <5 | NR | NR |  |  |
| Lymphoid leukaemia | 27 | 1.1 | 4.0 | 2.4-5.6 | 200 | Ovary | 47 | 2.1 | 5.7 | 4.0-7.4 | 147 |
| Myeloid leukaemia | 18 | 0.7 | 2.4 | 1.2-3.6 | 392 | Cervix | 44 | 2.0 | 6.6 | 4.6-8.7 | 177 |
| Leukaemia, other | <5 | NR | NR |  |  | Kidney | 37 | 1.7 | 4.9 | 3.2-6.7 | 165 |
| Oesophagus | 43 | 1.7 | 5.7 | 4.0-7.5 | 146 | Myeloma | 37 | 1.7 | 3.9 | 2.6-5.3 | 233 |
| Myeloma | 43 | 1.7 | 5.4 | 3.8-7.1 | 160 | Bladder \& urinary tract | 36 | 1.6 | 3.3 | 2.1-4.5 | 316 |
| Brain | 42 | 1.6 | 6.6 | 4.5-8.8 | 152 | Brain | 32 | 1.5 | 5.1 | 3.2-7.1 | 206 |
| Testis | 32 | 1.3 | 5.8 | 3.8-7.9 | 236 | Skin (NMSC exc. SCC/BCC) | 25 | 1.1 | 3.2 | 1.9-4.5 | 232 |
| Skin (NMSC exc. SCC/BCC) | 31 | 1.2 | 3.9 | 2.4-5.4 | 254 | Connective/ soft tissues | 21 | 1.0 | 3.1 | 1.7-4.6 | 337 |
| Thyroid gland | 29 | 1.1 | 4.4 | 2.8-6.1 | 218 | Liver | 20 | 0.9 | 1.9 | 1.0-2.8 | 497 |
| Myelodysplastic diseases | 27 | 1.1 | 3.2 | 1.9-4.4 | 268 |  |  |  |  |  |  |
| Mesothelioma | 26 | 1.0 | 3.0 | 1.8-4.3 | 286 |  |  |  |  |  |  |
| All cancers | 2554 | 100.0 | 341.6 | 328-355 | 3 | All cancers | 2193 | 100.0 | 276.6 | 264-289 | 4 |

South Metro AHS

| Males | \% ASR Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | $95 \%$ c.i. | Risk |
| Prostate | 838 | 32.7 | 114.6 | 107-122 | 7 | Breast | 604 | 30.3 | 89.9 | 82.5-97.4 | 10 |
| Colorectal | 258 | 10.1 | 34.5 | 30.1-38.9 | 25 | Colorectal | 254 | 12.7 | 29.4 | 25.4-33.4 | 30 |
| Colon | 176 | 6.9 | 23.0 | 19.4-26.5 | 38 | Colon | 187 | 9.4 | 21.4 | 18.0-24.8 | 42 |
| Rectum | 82 | 3.2 | 11.5 | 9.0-14.1 | 68 | Rectum | 66 | 3.3 | 7.8 | 5.8-9.9 | 111 |
| Melanoma (skin) | 258 | 10.1 | 36.6 | 32.0-41.3 | 24 | Lung | 182 | 9.1 | 21.5 | 18.1-24.8 | 38 |
| Lung | 210 | 8.2 | 27.1 | 23.3-30.9 | 32 | Melanoma (skin) | 148 | 7.4 | 21.6 | 17.9-25.3 | 45 |
| Lymphoma | 126 | 4.9 | 18.6 | 15.2-22.0 | 51 | Lymphoma | 83 | 4.2 | 11.0 | 8.3-13.6 | 95 |
| Lymphoma NOS | <5 | NR | NR | 0-0.3 | * | Lymphoma NOS | 5 | 0.3 | 0.4 | 0-0.7 | 3945 |
| Hodgkin lymphoma | <5 | NR | NR | 1.3-4.1 | 367 | Hodgkin lymphoma | 7 | 0.4 | 1.7 | 0.4-2.9 | 866 |
| NHL | 110 | 4.3 | 15.8 | 12.7-19.0 | 59 | NHL | 71 | 3.6 | 8.9 | 6.6-11.3 | 110 |
| Kidney | 96 | 3.7 | 14.4 | 11.4-17.5 | 58 | Thyroid gland | 71 | 3.6 | 12.6 | 9.6-15.6 | 82 |
| Bladder \& urinary tract | 91 | 3.6 | 10.6 | 8.3-12.8 | 97 | Uterus | 67 | 3.4 | 9.3 | 7.0-11.7 | 92 |
| Leukaemia | 65 | 2.5 | 11.4 | 8.3-14.4 | 93 | Ovary | 60 | 3.0 | 8.3 | 6.1-10.6 | 106 |
| Leukaemia NOS | <5 | NR | NR | 0-0.4 | 3985 | Unknown primary | 55 | 2.8 | 4.8 | 3.4-6.3 | 242 |
| Lymphoid leukaemia | 33 | 1.3 | 5.7 | 3.6-7.9 | 180 | Pancreas | 46 | 2.3 | 5.0 | 3.4-6.6 | 168 |
| Myeloid leukaemia | 31 | 1.2 | 5.5 | 3.4-7.7 | 203 | Kidney | 42 | 2.1 | 5.5 | 3.7-7.2 | 160 |
| Leukaemia, other | 0 |  |  |  |  | Stomach | 38 | 1.9 | 4.4 | 2.9-5.9 | 209 |
| Unknown primary | 57 | 2.2 | 7.0 | 5.1-8.9 | 159 | Leukaemia | 38 | 1.9 | 5.9 | 3.8-8.0 | 177 |
| Stomach | 50 | 2.0 | 6.5 | 4.6-8.4 | 150 | Leukaemia NOS | 0 |  |  |  |  |
| Pancreas | 49 | 1.9 | 6.6 | 4.7-8.6 | 119 | Lymphoid leukaemia | 18 | 0.9 | 2.9 | 1.4-4.4 | 358 |
| Lip, gum \& mouth | 45 | 1.8 | 7.0 | 4.9-9.1 | 135 | Myeloid leukaemia | 20 | 1.0 | 3.0 | 1.5-4.5 | 348 |
| Brain | 40 | 1.6 | 8.0 | 5.3-10.7 | 130 | Leukaemia, other | 0 |  |  |  |  |
| Oesophagus | 39 | 1.5 | 5.4 | 3.6-7.1 | 147 | Cervix | 31 | 1.6 | 5.9 | 3.8-8.0 | 178 |
| Mesothelioma | 33 | 1.3 | 4.1 | 2.7-5.6 | 179 | Bladder \& urinary tract | 28 | 1.4 | 2.7 | 1.6-3.8 | 353 |
| Liver | 32 | 1.2 | 4.3 | 2.8-5.8 | 207 | Lip, gum \& mouth | 27 | 1.4 | 3.4 | 2.0-4.9 | 278 |
| Testis | 30 | 1.2 | 5.9 | 3.8-8.1 | 219 | Brain | 27 | 1.4 | 4.1 | 2.4-5.8 | 271 |
| Myeloma | 30 | 1.2 | 4.2 | 2.6-5.7 | 189 | Myeloma | 21 | 1.1 | 2.3 | 1.2-3.4 | 439 |
| Skin (NMSC exc. SCC/BCC) | 26 | 1.0 | 3.2 | 1.9-4.5 | 392 | Oesophagus | 17 | 0.9 | 2.3 | 1.1-3.4 | 340 |
| Thyroid gland | 24 | 0.9 | 3.8 | 2.2-5.4 | 243 | Gallbladder / bile ducts | 17 | 0.9 | 2.0 | 1.0-3.0 | 478 |
| Pharynx | 22 | 0.9 | 3.4 | 1.9-4.8 | 241 |  |  |  |  |  |  |
| All cancers | 2561 | 100.0 | 358.3 | 344-373 | 3 | All cancers | 1996 | 100.0 | 270.6 | 258-283 | 4 |

Appendix 3D. Cancer incidence, Western Australia, 2012: Leading types by sex and geographic area

| WA Metro - all |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Males | Females |  |  |  |  |  |  |  |  |  |  |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 1645 | 32.2 | 111.1 | 106-117 | 7 | Breast | 1284 | 30.7 | 90.5 | 85.4-95.6 | 10 |
| Melanoma (skin) | 538 | 10.5 | 37.7 | 34.4-41.0 | 22 | Colorectal | 477 | 11.4 | 27.2 | 24.5-29.8 | 32 |
| Colorectal | 496 | 9.7 | 32.5 | 29.6-35.5 | 26 | Colon | 336 | 8.0 | 18.6 | 16.5-20.8 | 46 |
| Colon | 341 | 6.7 | 21.8 | 19.4-24.2 | 41 | Rectum | 138 | 3.3 | 8.3 | 6.8-9.8 | 106 |
| Rectum | 155 | 3.0 | 10.7 | 9.0-12.5 | 73 | Lung | 361 | 8.6 | 20.7 | 18.4-23.0 | 40 |
| Lung | 431 | 8.4 | 27.1 | 24.4-29.7 | 32 | Melanoma (skin) | 349 | 8.3 | 24.0 | 21.4-26.7 | 40 |
| Lymphoma | 249 | 4.9 | 18.0 | 15.7-20.4 | 51 | Lymphoma | 181 | 4.3 | 12.1 | 10.2-14.0 | 79 |
| Lymphoma NOS | <5 | NR | NR | 0.0-0.3 | * | Lymphoma NOS | 6 | 0.1 | 0.2 | 0.0-0.4 | 8081 |
| Hodgkin lymphoma | <5 | NR | NR | 2.1-4.3 | 329 | Hodgkin lymphoma | 17 | 0.4 | 1.9 | 1.0-2.8 | 759 |
| NHL | 209 | 4.1 | 14.7 | 12.6-16.8 | 60 | NHL | 158 | 3.8 | 10.1 | 8.4-11.7 | 89 |
| Bladder \& urinary tract | 170 | 3.3 | 10.1 | 8.6-11.7 | 89 | Thyroid gland | 153 | 3.7 | 12.7 | 10.7-14.8 | 82 |
| Kidney | 163 | 3.2 | 11.9 | 10.0-13.8 | 73 | Uterus | 142 | 3.4 | 9.8 | 8.2-11.5 | 78 |
| Unknown primary | 116 | 2.3 | 6.8 | 5.5-8.1 | 171 | Ovary | 107 | 2.6 | 6.9 | 5.5-8.3 | 124 |
| Leukaemia | 111 | 2.2 | 8.7 | 7.0-10.5 | 111 | Pancreas | 106 | 2.5 | 5.8 | 4.6-7.0 | 149 |
| Leukaemia NOS | <5 | NR | NR | 0-0.3 | 8022 | Unknown primary | 103 | 2.5 | 4.5 | 3.5-5.5 | 269 |
| Lymphoid leukaemia | 60 | 1.2 | 4.8 | 3.5-6.1 | 191 | Leukaemia | 86 | 2.1 | 6.3 | 4.8-7.8 | 160 |
| Myeloid leukaemia | 49 | 1.0 | 3.8 | 2.7-5.0 | 273 | Leukaemia NOS | <5 | NR | NR | 0-0.1 | * |
| Leukaemia, other | 0 |  |  |  |  | Lymphoid leukaemia | 40 | 1.0 | 3.2 | 2.1-4.3 | 336 |
| Pancreas | 105 | 2.1 | 6.9 | 5.5-8.2 | 119 | Myeloid leukaemia | 45 | 1.1 | 3.1 | 2.1-4.1 | 305 |
| Stomach | 100 | 2.0 | 6.4 | 5.1-7.7 | 142 | Leukaemia, other | <5 | NR | NR |  |  |
| Lip, gum \& mouth | 96 | 1.9 | 7.0 | 5.5-8.4 | 128 | Kidney | 79 | 1.9 | 5.2 | 4.0-6.4 | 163 |
| Oesophagus | 82 | 1.6 | 5.6 | 4.3-6.8 | 146 | Cervix | 75 | 1.8 | 6.3 | 4.8-7.8 | 177 |
| Brain | 82 | 1.6 | 7.3 | 5.6-9.0 | 141 | Bladder \& urinary tract | 64 | 1.5 | 3.0 | 2.2-3.8 | 332 |
| Liver | 79 | 1.5 | 5.3 | 4.1-6.6 | 172 | Brain | 59 | 1.4 | 4.6 | 3.3-5.9 | 232 |
| Myeloma | 73 | 1.4 | 4.8 | 3.7-6.0 | 173 | Myeloma | 58 | 1.4 | 3.1 | 2.2-4.0 | 302 |
| Testis | 62 | 1.2 | 5.9 | 4.4-7.3 | 227 | Stomach | 57 | 1.4 | 3.1 | 2.2-4.0 | 293 |
| Mesothelioma | 59 | 1.2 | 3.6 | 2.6-4.5 | 220 | Lip, gum \& mouth | 46 | 1.1 | 2.7 | 1.8-3.5 | 361 |
| Skin (NMSC exc. SCC/BCC) | 57 | 1.1 | 3.6 | 2.6-4.6 | 306 | Skin (NMSC exc. SCC/BCC) | 40 | 1.0 | 2.5 | 1.7-3.3 | 330 |
| Thyroid gland | 53 | 1.0 | 4.1 | 3.0-5.3 | 229 | Liver | 35 | 0.8 | 1.8 | 1.1-2.5 | 464 |
| Myelodysplastic diseases | 47 | 0.9 | 2.7 | 1.9-3.6 | 368 | Gallbladder / bile ducts | 33 | 0.8 | 1.8 | 1.1-2.5 | 534 |
| All cancers | 5115 | 100.0 | 349.7 | 340-360 | 3 | All cancers | 4189 | 100.0 | 273.7 | 265-283 | 4 |

All Western Australia

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Prostate | 2108 | 31.5 | 110.0 | 105-115 | 7 | Breast | 1608 | 30.6 | 89.7 | 85.2-94.2 | 10 |
| Melanoma (skin) | 696 | 10.4 | 37.7 | 34.8-40.6 | 23 | Colorectal | 602 | 11.5 | 27.8 | 25.4-30.2 | 31 |
| Colorectal | 647 | 9.7 | 32.8 | 30.2-35.4 | 25 | Colon | 428 | 8.2 | 19.3 | 17.3-21.3 | 45 |
| Colon | 441 | 6.6 | 21.8 | 19.7-23.9 | 40 | Rectum | 171 | 3.3 | 8.3 | 7.0-9.6 | 104 |
| Rectum | 206 | 3.1 | 11.0 | 9.5-12.5 | 69 | Melanoma (skin) | 453 | 8.6 | 25.0 | 22.6-27.4 | 38 |
| Lung | 580 | 8.7 | 28.3 | 25.9-30.7 | 31 | Lung | 451 | 8.6 | 20.9 | 18.9-23.0 | 39 |
| Lymphoma | 309 | 4.6 | 17.1 | 15.1-19.0 | 53 | Lymphoma | 219 | 4.2 | 11.8 | 10.1-13.4 | 82 |
| Lymphoma NOS | 10 | 0.1 | 0.4 | 0.1-0.7 | 9057 | Lymphoma NOS | 6 | 0.1 | 0.2 | 0.0-0.3 |  |
| Hodgkin lymphoma | 41 | 0.6 | 2.8 | 1.9-3.6 | 385 | Hodgkin lymphoma | 20 | 0.4 | 1.7 | 0.9-2.5 | 816 |
| NHL | 258 | 3.9 | 13.9 | 12.1-15.6 | 62 | NHL | 193 | 3.7 | 9.9 | 8.4-11.3 | 92 |
| Bladder \& urinary tract | 210 | 3.1 | 9.8 | 8.4-11.2 | 92 | Thyroid gland | 188 | 3.6 | 12.1 | 10.4-13.9 | 84 |
| Kidney | 205 | 3.1 | 11.5 | 9.8-13.1 | 76 | Uterus | 183 | 3.5 | 10.0 | 8.5-11.4 | 76 |
| Leukaemia | 167 | 2.5 | 10.2 | 8.5-11.9 | 96 | Ovary | 133 | 2.5 | 6.8 | 5.6-8.0 | 128 |
| Leukaemia NOS | <5 | NR | NR | 0-0.2 | * | Pancreas | 128 | 2.4 | 5.6 | 4.5-6.6 | 157 |
| Lymphoid leukaemia | 91 | 1.4 | 5.7 | 4.4-7.0 | 170 | Unknown primary | 127 | 2.4 | 4.7 | 3.7-5.6 | 239 |
| Myeloid leukaemia | 74 | 1.1 | 4.4 | 3.3-5.5 | 227 | Leukaemia | 118 | 2.2 | 6.9 | 5.5-8.3 | 151 |
| Leukaemia, other | <5 | NR | NR |  |  | Leukaemia NOS | <5 | NR | NR | 0-0.1 |  |
| Unknown primary | 156 | 2.3 | 7.3 | 6.1-8.5 | 149 | Lymphoid leukaemia | 57 | 1.1 | 3.7 | 2.6-4.8 | 306 |
| Pancreas | 138 | 2.1 | 7.0 | 5.8-8.2 | 119 | Myeloid leukaemia | 60 | 1.1 | 3.2 | 2.3-4.1 | 297 |
| Stomach | 132 | 2.0 | 6.6 | 5.4-7.8 | 138 | Leukaemia, other | <5 | NR | NR |  |  |
| Lip, gum \& mouth | 131 | 2.0 | 7.3 | 6.0-8.6 | 125 | Kidney | 99 | 1.9 | 5.2 | 4.1-6.4 | 169 |
| Oesophagus | 108 | 1.6 | 5.6 | 4.6-6.7 | 140 | Cervix | 97 | 1.8 | 6.5 | 5.2-7.8 | 175 |
| Brain | 106 | 1.6 | 6.9 | 5.5-8.4 | 149 | Myeloma | 79 | 1.5 | 3.6 | 2.7-4.4 | 245 |
| Liver | 102 | 1.5 | 5.3 | 4.3-6.4 | 163 | Bladder \& urinary tract | 75 | 1.4 | 2.9 | 2.2-3.6 | 340 |
| Myeloma | 97 | 1.5 | 5.0 | 4.0-6.0 | 161 | Brain | 75 | 1.4 | 4.7 | 3.5-5.9 | 230 |
| Mesothelioma | 88 | 1.3 | 4.3 | 3.4-5.2 | 174 | Stomach | 63 | 1.2 | 2.7 | 2.0-3.5 | 341 |
| Testis | 81 | 1.2 | 5.9 | 4.6-7.1 | 222 | Lip, gum \& mouth | 60 | 1.1 | 2.8 | 2.0-3.6 | 335 |
| Skin (NMSC exc. SCC/BCC) | 75 | 1.1 | 3.6 | 2.7-4.5 | 272 | Skin (NMSC exc. SCC/BCC) | 51 | 1.0 | 2.4 | 1.7-3.2 | 328 |
| Thyroid gland | 74 | 1.1 | 4.4 | 3.4-5.5 | 214 | Liver | 45 | 0.9 | 2.0 | 1.4-2.6 | 398 |
| Myelodysplastic diseases | 62 | 0.9 | 2.7 | 2.0-3.4 | 384 | Gallbladder / bile ducts | 41 | 0.8 | 1.7 | 1.2-2.3 | 541 |
| All cancers | 6689 | 100.0 | 353.2 | 344-362 | 3 | All cancers | 5250 | 100.0 | 274.1 | 266-282 | 4 |

Appendix 3E. Cancer mortality, Western Australia, 2012: Leading types by sex and geographic area

## CHS Kimberley Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | $95 \%$ c.i. | Risk |
| Lung | 8 | 27.6 | 33.5 | 10.0-56.9 | 27 | Liver | <5 | NR | NR | 0-22.0 | 104 |
| Liver | 5 | 17.2 | 23.8 | 2.6-45.0 | 23 | Lung | <5 | NR | NR | 0-27.4 | 87 |
| Lip, gum \& mouth | <5 | NR | NR | 0-16.7 | 115 | Leukaemia | <5 | NR | NR | 0-22.0 | 104 |
| Pharynx | < | NR | NR | 0-21.3 | 85 | Leukaemia NOS | 0 |  |  |  | - |
| Prostate | < | NR | NR | 0-24.1 | 73 | Lymphoid leukaemia | < | NR | NR | 0-14.1 | 169 |
| Stomach | <5 | NR | NR | 0-14.0 | 170 | Myeloid leukaemia | <5 | NR | NR | 0-13.2 | 271 |
| Gallbladder / bile ducts | < | NR | NR | 0-16.0 | 112 | Leukaemia, other | 0 |  |  |  | - |
| Pancreas | <5 | NR | NR | 0-16.0 | 112 | Colorectal | <5 | NR | NR | 0-14.1 | * |
| Nasal cavity \& sinuses | < | NR | NR | 0-14.0 | 170 | Colon | < | NR | NR | 0-14.1 | * |
| Melanoma (skin) | < | NR | NR | 0-10.0 | 357 | Rectum | 0 |  |  |  | - |
| Testis | < | NR | NR | 0-10.3 | 459 | Tongue | <5 | NR | NR | 0-18.9 | 126 |
| Kidney | <5 | NR | NR | 0-11.2 | 319 | Gallbladder / bile ducts | <5 | NR | NR | 0-18.9 | 126 |
| Thyroid gland | <5 | NR | NR | 0-16.4 | 73 | Pancreas | <5 | NR | NR | 0-13.2 | 271 |
| Unknown primary | < | NR | NR | 0-13.4 | * | Breast | < | NR | NR | 0-13.2 | 225 |
| Myelodysplastic diseases | <5 | NR | NR | 0-10.4 | 229 | Brain | <5 | NR | NR | 0-18.9 | 126 |
|  |  |  |  |  |  | Unknown primary | <5 | NR | NR | 0-14.1 | 169 |
|  |  |  |  |  |  | Myelodysplastic diseases | < | NR | NR | 0-11.2 | 319 |
| All cancer deaths | 29 | 100.0 | 127.7 | 80.6-175 | 6 | All cancer deaths | 14 | 100.0 | 71.1 | 33.3-109 | 14 |

## CHS Pilbara Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Colorectal | <5 | NR | NR | 0-27.7 | 43 | Lung | <5 | NR | NR | 0-43.0 | 40 |
| Colon | <5 | NR | NR | 0-11.6 | 205 | Brain | <5 | NR | NR | 0-16.1 | 162 |
| Rectum | <5 | NR | NR | 0-21.9 | 55 | Melanoma (skin) | <5 | NR | NR | 0-8.3 | 431 |
| Lung | <5 | NR | NR | 0-20.5 | 353 | Breast | <5 | NR | NR | 0-26.1 | 69 |
| Mesothelioma | <5 | NR | NR | 0-19.8 | 86 |  |  |  |  |  |  |
| Pharynx | <5 | NR | NR | 0-11.6 | 205 |  |  |  |  |  |  |
| Oesophagus | <5 | NR | NR | 0-11.6 | 205 |  |  |  |  |  |  |
| Anus | <5 | NR | NR | 0-16.9 | 106 |  |  |  |  |  |  |
| Pancreas | <5 | NR | NR | 0-6.7 | 353 |  |  |  |  |  |  |
| Brain | <5 | NR | NR | 0-6.9 | 515 |  |  |  |  |  |  |
| Unknown primary | <5 | NR | NR | 0-21.9 | * |  |  |  |  |  |  |
| Lymphoma | <5 | NR | NR | 0-21.9 | * |  |  |  |  |  |  |
| Lymphoma NOS | 0 |  |  |  | - |  |  |  |  |  |  |
| Hodgkin lymphoma | 0 |  |  |  | - |  |  |  |  |  |  |
| NHL | <5 | NR | NR | 0-21.9 | * |  |  |  |  |  |  |


| All cancer deaths | 13 | 100.0 | $\mathbf{6 0 . 3}$ | $24.8-95.9$ | 17 | All cancer deaths |  | $\mathbf{6}$ | 100.0 | $\mathbf{3 6 . 3}$ | $4.0-68.6$ | 21 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## CHS Midwest Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 19 | 24.7 | 29.9 | 16.2-43.6 | 31 | Lung | 12 | 20.7 | 24.2 | 10.2-38.1 | 27 |
| Prostate | 9 | 11.7 | 12.6 | 4.1-21.1 | 97 | Breast | 11 | 19.0 | 18.8 | 7.0-30.7 | 59 |
| Unknown primary | 6 | 7.8 | 9.5 | 1.6-17.4 | 107 | Colorectal | 7 | 12.1 | 10.9 | 2.3-19.5 | 86 |
| Colorectal | 5 | 6.5 | 8.7 | 1.0-16.4 | 79 | Colon | <5 | NR | NR | 0-12.8 | 152 |
| Colon | <5 | NR | NR | 0-11.5 | 97 | Rectum | <5 | NR | NR | 0-10.2 | 199 |
| Rectum | <5 | NR | NR | 0-8.0 | 420 | Oesophagus | <5 | NR | NR | 0-7.0 | * |
| Pharynx | <5 | NR | NR | 0.1-16.0 | 95 | Liver | <5 | NR | NR | 0-14.0 | 86 |
| Pancreas | < | NR | NR | 0.1-14.8 | 86 | Ovary | <5 | NR | NR | 0-7.2 | * |
| Oesophagus | <5 | NR | NR | 0-11.5 | 229 | Unknown primary | <5 | NR | NR | 0-11.4 | 114 |
| Liver | <5 | NR | NR | 0-14.6 | 139 | Lymphoma | <5 | NR | NR | 0-11.6 | 100 |
| Myelodysplastic diseases | < | NR | NR | 0-9.2 | 420 | Lymphoma NOS | 0 |  |  |  | - |
|  |  |  |  |  |  | Hodgkin lymphoma | 0 |  |  |  | - |
|  |  |  |  |  |  | NHL | <5 | NR | NR | 0-11.6 | 100 |
|  |  |  |  |  |  | Pancreas | < | NR | NR | 0-8.9 | 347 |
|  |  |  |  |  |  | Melanoma (skin) | <5 | NR | NR | 0-7.3 | 199 |
| All cancer deaths | 77 | 100.0 | 126.3 | 97.1-156 | 8 | All cancer deaths | 58 | 100.0 | 100.5 | 73.4-128 | 9 |

## Appendix 3E. Cancer mortality, Western Australia, 2012: Leading types by sex and geographic area

CHS Wheatbelt Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 26 | 22.6 | 26.2 | 15.9-36.5 | 35 | Lung | 11 | 20.0 | 13.7 | 5.3-22.2 | 65 |
| Colorectal | 20 | 17.4 | 22.8 | 12.4-33.3 | 38 | Breast | 10 | 18.2 | 12.5 | 4.0-20.9 | 90 |
| Colon | 11 | 9.6 | 11.1 | 4.3-17.9 | 87 | Melanoma (skin) | 6 | 10.9 | 5.7 | 0.4-11.0 | 548 |
| Rectum | 9 | 7.8 | 11.8 | 3.8-19.7 | 68 | Colorectal | <5 | NR | NR | 0-4.2 | * |
| Lymphoma | 10 | 8.7 | 10.3 | 3.6-17.1 | 95 | Colon | <5 | NR | NR | 0-2.0 | * |
| Lymphoma NOS | <5 | NR | NR | 0-1.9 | * | Rectum | <5 | NR | NR | 0-3.1 | * |
| Hodgkin lymphoma | 0 |  |  |  | - | Gallbladder / bile ducts | <5 | NR | NR | 0-5.5 | * |
| NHL | NR | NR | NR | 3.1-16.3 | 95 | Pancreas | <5 | NR | NR | 0-7.7 | 153 |
| Pancreas | 7 | 6.1 | 6.5 | 1.5-11.5 | 122 | Ovary | <5 | NR | NR | 0-9.8 | 158 |
| Melanoma (skin) | 7 | 6.1 | 9.5 | 2.4-16.6 | 71 | Unknown primary | <5 | NR | NR | 0-4.1 | * |
| Prostate | 7 | 6.1 | 7.3 | 1.8-12.8 | 193 |  |  |  |  |  |  |
| Oesophagus | 6 | 5.2 | 7.2 | 1.4-13.0 | 81 |  |  |  |  |  |  |
| Bladder \& urinary tract | 5 | 4.3 | 5.0 | 0.6-9.4 | 333 |  |  |  |  |  |  |
| Unknown primary | 5 | 4.3 | 4.7 | 0.5-9.0 | 167 |  |  |  |  |  |  |


| All cancer deaths | 115 | 100.0 | 124.6 | $101-148$ | 8 | All cancer deaths |  | 55 | 100.0 | 64.9 | $46.4-83.4$ | 17 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

CHS Goldfields Region

| Males | Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 16 | 28.6 | 45.8 | 23.2-68.5 | 16 | Breast | 11 | 28.9 | 32.7 | 12.9-52.5 | 26 |
| Stomach | 7 | 12.5 | 23.3 | 6.0-40.5 | 24 | Lung | 8 | 21.1 | 25.3 | 7.0-43.6 | 31 |
| Brain | 5 | 8.9 | 15.2 | 1.8-28.6 | 68 | Ovary | 5 | 13.2 | 14.4 | 1.4-27.3 | 86 |
| Pancreas | <5 | NR | NR | 0.2-25.0 | 56 | Liver | <5 | NR | NR | 0-24.1 | 69 |
| Pharynx | <5 | NR | NR | 0-19.0 | 162 | Colorectal | <5 | NR | NR | 0-18.7 | 69 |
| Prostate | <5 | NR | NR | 0-19.5 | 71 | Colon | <5 | NR | NR | 0-11.4 | 105 |
| Kidney | <5 | NR | NR | 0-18.3 | 91 | Rectum | <5 | NR | NR | 0-11.8 | 201 |
| Colorectal | <5 | NR | NR | 0-17.3 | 118 | Leukaemia | < | NR | NR | 0-16.6 | 407 |
| Colon | <5 | NR | NR | 0-11.4 | * | Leukaemia NOS | 0 |  |  |  | - |
| Rectum | <5 | NR | NR | 0-10.1 | 118 | Lymphoid leukaemia | <5 | NR | NR | 0-14.6 | 407 |
| Oesophagus | <5 | NR | NR | 0-13.3 | 158 | Myeloid leukaemia | <5 | NR | NR | 0-4.6 | * |
| Liver | <5 | NR | NR | 0-13.4 | 144 | Leukaemia, other | 0 |  |  |  | - |
| Mesothelioma | <5 | NR | NR | 0-15.5 | 105 |  |  |  |  |  |  |
| Unknown primary | <5 | NR | NR | 0-16.3 | 71 |  |  |  |  |  |  |


| All cancer deaths | 56 | 100.0 | 170.0 | $125-215$ | 5 | All cancer deaths |  | 38 | 100.0 | 117.0 | $78.3-156$ | 8 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |


| CHS Great Southern Region |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Males |  |  |  |  |  | Females |  |  |  |  |  |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 12 | 14.8 | 15.1 | 6.2-23.9 | 59 | Lung | 10 | 17.2 | 11.9 | 3.9-19.9 | 53 |
| Prostate | 12 | 14.8 | 15.0 | 6.1-23.9 | 66 | Brain | 6 | 10.3 | 14.5 | 1.9-27.1 | 58 |
| Colorectal | 8 | 9.9 | 12.9 | 3.6-22.2 | 60 | Colorectal | 5 | 8.6 | 6.1 | 0.2-11.9 | 150 |
| Colon | NR | NR | NR | 2.5-18.2 | 68 | Colon | <5 | NR | NR | 0-9.3 | 392 |
| Rectum | <5 | NR | NR | 0-7.5 | 474 | Rectum | <5 | NR | NR | 0-4.9 | 242 |
| Skin (NMSC inc. SCC/BCC) | 5 | 6.2 | 5.0 | 0.4-9.6 | 248 | Breast | 5 | 8.6 | 9.9 | 1.2-18.6 | 71 |
| Brain | 5 | 6.2 | 7.6 | 0.6-14.6 | 151 | Ovary | 5 | 8.6 | 6.3 | 0.2-12.4 | 176 |
| Myeloma | 5 | 6.2 | 5.1 | 0.4-9.8 | 355 | Unknown primary | <5 | NR | NR | 0-10.5 | 150 |
| Melanoma (skin) | <5 | NR | NR | 0-18.7 | 221 | Lymphoma | <5 | NR | NR | 0-8.8 | 321 |
|  |  |  |  |  |  | Lymphoma NOS | 0 |  |  |  | - |
|  |  |  |  |  |  | Hodgkin lymphoma | 0 |  |  |  | - |
|  |  |  |  |  |  | NHL | <5 | NR | NR | 0-8.8 | 321 |
|  |  |  |  |  |  | Gallbladder / bile ducts | <5 | NR | NR | 0-7.2 | 429 |
|  |  |  |  |  |  | Melanoma (skin) | <5 | NR | NR | 0-7.9 | 121 |
|  |  |  |  |  |  | Uterus | <5 | NR | NR | 0-6.4 | 321 |
|  |  |  |  |  |  | Leukaemia | <5 | NR | NR | 0-3.2 | * |
| All cancer deaths | 81 | 100.0 | 115.3 | 87.7-143 | 9 | All cancer deaths | 58 | 100.0 | 84.0 | 59.9-108 | 10 |

Appendix 3E. Cancer mortality, Western Australia, 2012: Leading types by sex and geographic area

## CHS South West Region

| Males |  |  |  |  |  | Females |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 35 | 19.7 | 19.3 | 12.7-26.0 | 46 | Lung | 31 | 20.7 | 19.7 | 12.5-27.0 | 35 |
| Prostate | 25 | 14.0 | 11.5 | 6.8-16.2 | 221 | Breast | 20 | 13.3 | 12.3 | 6.7-18.0 | 62 |
| Unknown primary | 14 | 7.9 | 8.8 | 3.8-13.7 | 130 | Colorectal | 19 | 12.7 | 9.3 | 4.7-13.8 | 109 |
| Colorectal | 13 | 7.3 | 8.1 | 3.5-12.8 | 111 | Colon | NR | NR | NR | 4.2-13.2 | 109 |
| Colon | NR | NR | NR | 1.7-9.1 | 174 | Rectum | <5 | NR | NR | 0-1.4 |  |
| Rectum | <5 | NR | NR | 0-5.5 | 309 | Pancreas | 10 | 6.7 | 5.1 | 1.7-8.4 | 232 |
| Stomach | 10 | 5.6 | 6.1 | 2.1-10.1 | 147 | Brain | 9 | 6.0 | 7.5 | 1.9-13.1 | 129 |
| Melanoma (skin) | 9 | 5.1 | 7.1 | 2.2-12.0 | 152 | Ovary | 8 | 5.3 | 4.3 | 1.1-7.5 | 205 |
| Lymphoma | 9 | 5.1 | 5.0 | 1.6-8.5 | 233 | Unknown primary | 7 | 4.7 | 3.9 | 0.8-7.0 | 190 |
| Lymphoma NOS | <5 | NR | NR | 0-2.0 | * | Leukaemia | 7 | 4.7 | 6.4 | 0.8-12.1 | 166 |
| Hodgkin lymphoma | 0 |  |  |  | - | Leukaemia NOS | 0 |  |  |  | - |
| NHL | NR | NR | NR | 1.0-7.5 | 233 | Lymphoid leukaemia | < | NR | NR | 0-9.4 | 292 |
| Pancreas | 7 | 3.9 | 3.6 | 0.8-6.4 | 468 | Myeloid leukaemia | <5 | NR | NR | 0-4.4 | 383 |
| Skin (NMSC inc. SCC/BCC) | 7 | 3.9 | 4.2 | 1.0-7.4 | 134 | Leukaemia, other | 0 |  |  |  | - |
| Brain | 7 | 3.9 | 4.4 | 1.1-7.8 | 206 | Melanoma (skin) | 5 | 3.3 | 2.8 | 0.2-5.5 | 233 |
| Oesophagus | 6 | 3.4 | 3.4 | 0.6-6.2 | 287 | Skin (NMSC inc. SCC/BCC) | 5 | 3.3 | 1.6 | 0.2-3.1 | * |
| Liver | 6 | 3.4 | 3.3 | 0.5-6.0 | 232 | Myeloma | 5 | 3.3 | 2.5 | 0.1-4.9 | 477 |
| Mesothelioma | <5 | NR | NR | 0-4.3 | 381 | Bladder \& urinary tract | <5 | NR | NR | 0-4.4 | 395 |
| Kidney | <5 | NR | NR | 0-4.7 | 400 | Anus | <5 | NR | NR | 0-3.6 | 392 |
| Bladder \& urinary tract | <5 | NR | NR | 0-4.5 | 346 | Liver | <5 | NR | NR | 0-3.5 | 331 |
| Leukaemia | <5 | NR | NR | 0-5.3 | 579 | Gallbladder / bile ducts | <5 | NR | NR | 0-1.5 |  |
| Leukaemia NOS | 0 |  |  |  | - | Mesothelioma | <5 | NR | NR | 0-3.8 | 477 |
| Lymphoid leukaemia | <5 | NR | NR | 0-2.9 | 1070 | Vulva | < | NR | NR | 0-1.8 | * |
| Myeloid leukaemia | <5 | NR | NR | 0-3.5 | 1263 | Uterus | < | NR | NR | 0-1.9 | * |
| Leukaemia, other | 0 |  |  |  | - |  |  |  |  |  |  |
| Myelodysplastic diseases | <5 | NR | NR | 0-4.3 | 411 |  |  |  |  |  |  |
| Small intestine | <5 | NR | NR | 0-2.9 | 1070 |  |  |  |  |  |  |
| Myeloma | <5 | NR | NR | 0-2.0 | * |  |  |  |  |  |  |


| All cancer deaths | 178 | 100.0 | 102.0 | $86.3-118$ | 11 | All cancer deaths |  | 150 | 100.0 | 90.8 | $74.8-107$ | 10 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |


| WA Country - all |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Males | Females |  |  |  |  |  |  |  |  |  |  |
|  | Cases | \% | ASR | 95\%c.i. | Risk |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 118 | 21.5 | 24.6 | 20.1-29.1 | 36 | Lung | 76 | 20.1 | 17.8 | 13.6-21.9 | 40 |
| Prostate | 58 | 10.6 | 10.8 | 7.9-13.7 | 126 | Breast | 59 | 15.6 | 13.8 | 10.1-17.5 | 62 |
| Colorectal | 50 | 9.1 | 11.1 | 7.9-14.2 | 73 | Colorectal | 37 | 9.8 | 6.9 | 4.5-9.3 | 143 |
| Colon | 32 | 5.8 | 6.8 | 4.4-9.2 | 123 | Colon | 27 | 7.1 | 5.3 | 3.1-7.4 | 188 |
| Rectum | 18 | 3.3 | 4.2 | 2.3-6.2 | 179 | Rectum | 10 | 2.6 | 1.7 | 0.5-2.8 | 593 |
| Unknown primary | 32 | 5.8 | 6.7 | 4.3-9.1 | 153 | Ovary | 24 | 6.3 | 5.1 | 2.9-7.2 | 206 |
| Pancreas | 27 | 4.9 | 5.6 | 3.4-7.7 | 156 | Pancreas | 18 | 4.7 | 3.8 | 2.0-5.7 | 248 |
| Stomach | 26 | 4.7 | 5.9 | 3.6-8.2 | 125 | Brain | 18 | 4.7 | 5.5 | 2.8-8.1 | 161 |
| Melanoma (skin) | 24 | 4.4 | 6.1 | 3.5-8.6 | 161 | Unknown primary | 18 | 4.7 | 3.5 | 1.8-5.3 | 225 |
| Lymphoma | 24 | 4.4 | 4.6 | 2.7-6.6 | 226 | Melanoma (skin) | 17 | 4.5 | 3.6 | 1.8-5.4 | 229 |
| Lymphoma NOS | <5 | NR | NR | 0-0.9 | * | Leukaemia | 16 | 4.2 | 4.4 | 2.0-6.8 | 268 |
| Hodgkin lymphoma | <5 | NR | NR | 0-0.4 | * | Leukaemia NOS | 0 |  |  |  | - |
| NHL | 20 | 3.6 | 4.1 | 2.2-5.9 | 226 | Lymphoid leukaemia | 7 | 1.8 | 2.6 | 0.5-4.7 | 472 |
| Brain | 23 | 4.2 | 5.3 | 3.1-7.5 | 184 | Myeloid leukaemia | 9 | 2.4 | 1.8 | 0.5-3.0 | 622 |
| Skin (NMSC inc. SCC/BCC) | 19 | 3.5 | 3.6 | 1.9-5.3 | 244 | Leukaemia, other | 0 |  |  |  | - |
| Oesophagus | 18 | 3.3 | 4.0 | 2.1-5.9 | 198 | Liver | 10 | 2.6 | 2.9 | 1.1-4.7 | 230 |
| Liver | 18 | 3.3 | 4.2 | 2.2-6.2 | 157 | Lymphoma | 10 | 2.6 | 2.1 | 0.7-3.5 | 340 |
| Bladder \& urinary tract | 15 | 2.7 | 2.9 | 1.4-4.4 | 454 | Lymphoma NOS | 0 |  |  |  | - |
| Pharynx | 13 | 2.4 | 3.1 | 1.4-4.8 | 281 | Hodgkin lymphoma | 0 |  |  |  | - |
| Kidney | 12 | 2.2 | 2.6 | 1.1-4.1 | 393 | NHL | 10 | 2.6 | 2.1 | 0.7-3.5 | 340 |
| Leukaemia | 12 | 2.2 | 2.7 | 1.1-4.3 | 648 | Myeloma | 9 | 2.4 | 1.7 | 0.5-2.9 | 585 |
| Leukaemia NOS | 0 |  |  |  | - | Gallbladder / bile ducts | 8 | 2.1 | 1.4 | 0.4-2.5 | 1464 |
| Lymphoid leukaemia | 5 | 0.9 | 1.0 | 0.1-1.9 | 3153 | Uterus | 8 | 2.1 | 1.7 | 0.4-2.9 | 566 |
| Myeloid leukaemia | 7 | 1.3 | 1.7 | 0.3-3.1 | 816 | Oesophagus | 7 | 1.8 | 1.5 | 0.3-2.8 | 628 |
| Leukaemia, other | 0 |  |  |  | - | Skin (NMSC inc. SCC/BCC) | 5 | 1.3 | 0.6 | 0.1-1.2 |  |
| Mesothelioma | 11 | 2.0 | 2.4 | 1.0-3.9 | 297 | Bladder \& urinary tract | 5 | 1.3 | 1.2 | 0.1-2.4 | 515 |
| Myelodysplastic diseases | 10 | 1.8 | 2.1 | 0.8-3.5 | 406 | Mesothelioma | <5 | NR | NR | 0-2.0 | 953 |
| Myeloma | 9 | 1.6 | 1.5 | 0.5-2.4 | 2357 | Vulva | <5 | NR | NR | 0-1.4 | 3181 |
| All cancer deaths | 549 | 100.0 | 117.1 | 107-127 | 8 | All cancer deaths | 379 | 100.0 | 85.7 | 76.5-94.9 | 11 |

## Appendix 3E. Cancer mortality, Western Australia, 2012: Leading types by sex and geographic area

North Metro AHS

| Males | Cases \% ASR 95\%c.i. Risk Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | Cases | \% | ASR | $95 \%$ c.i. | Risk |
| Lung | 180 | 21.9 | 20.7 | 17.5-23.8 | 47 | Lung | 152 | 21.8 | 16.1 | 13.3-18.8 | 50 |
| Colorectal | 94 | 11.4 | 11.0 | 8.7-13.3 | 96 | Breast | 109 | 15.7 | 11.5 | 9.1-13.9 | 89 |
| Colon | 56 | 6.8 | 6.0 | 4.3-7.6 | 217 | Colorectal | 69 | 9.9 | 6.1 | 4.5-7.7 | 169 |
| Rectum | 38 | 4.6 | 5.0 | 3.4-6.6 | 171 | Colon | 54 | 7.8 | 4.6 | 3.2-6.0 | 230 |
| Prostate | 78 | 9.5 | 7.4 | 5.7-9.1 | 350 | Rectum | 15 | 2.2 | 1.5 | 0.7-2.3 | 632 |
| Pancreas | 48 | 5.8 | 6.0 | 4.2-7.7 | 135 | Pancreas | 56 | 8.0 | 5.7 | 4.1-7.3 | 174 |
| Melanoma (skin) | 45 | 5.5 | 5.6 | 3.9-7.3 | 160 | Ovary | 28 | 4.0 | 3.2 | 1.9-4.4 | 242 |
| Stomach | 41 | 5.0 | 4.7 | 3.2-6.3 | 239 | Unknown primary | 28 | 4.0 | 1.9 | 1.1-2.8 | 992 |
| Unknown primary | 34 | 4.1 | 3.7 | 2.4-5.0 | 308 | Lymphoma | 27 | 3.9 | 2.5 | 1.4-3.6 | 563 |
| Lymphoma | 34 | 4.1 | 4.4 | 2.9-5.9 | 173 | Lymphoma NOS | NR | NR | NR |  | - |
| Lymphoma NOS | <5 | NR | NR | 0-0.3 | * | Hodgkin lymphoma | <5 | NR | NR | 0-0.8 | 6462 |
| Hodgkin lymphoma | <5 | NR | NR | 0-0.4 | 5987 | NHL | 26 | 3.7 | 2.2 | 1.2-3.1 | 616 |
| NHL | 32 | 3.9 | 4.2 | 2.7-5.7 | 178 | Stomach | 19 | 2.7 | 1.8 | 0.9-2.8 | 603 |
| Oesophagus | 28 | 3.4 | 3.5 | 2.2-4.9 | 240 | Leukaemia | 19 | 2.7 | 1.8 | 0.9-2.7 | 651 |
| Liver | 27 | 3.3 | 3.2 | 1.9-4.4 | 316 | Leukaemia NOS | 0 |  |  |  | - |
| Mesothelioma | 23 | 2.8 | 2.6 | 1.5-3.7 | 382 | Lymphoid leukaemia | 7 | 1.0 | 0.6 | 0.1-1.1 | 1744 |
| Brain | 23 | 2.8 | 3.1 | 1.8-4.4 | 301 | Myeloid leukaemia | 12 | 1.7 | 1.2 | 0.4-2.0 | 1039 |
| Leukaemia | 21 | 2.6 | 2.4 | 1.4-3.5 | 403 | Leukaemia, other | 0 |  |  |  | - |
| Leukaemia NOS | <5 | NR | NR | 0-0.6 | 4038 | Myeloma | 19 | 2.7 | 1.7 | 0.9-2.5 | 821 |
| Lymphoid leukaemia | 6 | 0.7 | 0.6 | 0.1-1.2 | 1847 | Bladder \& urinary tract | 18 | 2.6 | 1.3 | 0.6-2.0 | 1167 |
| Myeloid leukaemia | 13 | 1.6 | 1.6 | 0.7-2.4 | 590 | Brain | 15 | 2.2 | 1.9 | 0.9-2.9 | 390 |
| Leukaemia, other | 0 |  |  |  | - | Uterus | 14 | 2.0 | 1.3 | 0.6-2.1 | 842 |
| Bladder \& urinary tract | 19 | 2.3 | 2.0 | 1.1-2.9 | 815 | Melanoma (skin) | 13 | 1.9 | 1.5 | 0.6-2.4 | 840 |
| Myelodysplastic diseases | 18 | 2.2 | 2.0 | 1.0-2.9 | 601 | Gallbladder / bile ducts | 12 | 1.7 | 1.3 | 0.5-2.1 | 784 |
| Skin (NMSC inc. SCC/BCC) | 16 | 1.9 | 1.9 | 0.9-2.8 | 439 | Liver | 11 | 1.6 | 0.7 | 0.2-1.1 | 3014 |
| Myeloma | 16 | 1.9 | 1.8 | 0.9-2.8 | 513 | Kidney | 11 | 1.6 | 1.1 | 0.4-1.8 | 1167 |
| Kidney | 14 | 1.7 | 1.7 | 0.8-2.7 | 541 | Skin (NMSC inc. SCC/BCC) | 9 | 1.3 | 0.6 | 0.2-1.0 | 1507 |
| Pharynx | 9 | 1.1 | 1.3 | 0.4-2.1 | 614 | Cervix | 8 | 1.1 | 1.0 | 0.3-1.7 | 952 |
| Gallbladder / bile ducts | 9 | 1.1 | 1.0 | 0.3-1.7 | 986 |  |  |  |  |  |  |
| Tongue | 6 | 0.7 | 0.7 | 0.1-1.3 | 1719 |  |  |  |  |  |  |
| All cancer deaths | 821 | 100.0 | 95.6 | 88.8-102 | 11 | All cancer deaths | 696 | 100.0 | 68.7 | 63.1-74.3 | 15 |

South Metro AHS

| Males | Cases \% ASR 95\% Risk Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 190 | 21.0 | 22.7 | 19.3-26.1 | 44 | Lung | 133 | 20.3 | 14.8 | 12.0-17.5 | 59 |
| Colorectal | 96 | 10.6 | 12.0 | 9.5-14.6 | 85 | Breast | 117 | 17.9 | 14.4 | 11.6-17.3 | 61 |
| Colon | 61 | 6.8 | 7.2 | 5.3-9.1 | 154 | Colorectal | 69 | 10.6 | 5.8 | 4.2-7.3 | 191 |
| Rectum | 35 | 3.9 | 4.9 | 3.2-6.5 | 187 | Colon | 50 | 7.6 | 4.0 | 2.8-5.3 | 337 |
| Prostate | 94 | 10.4 | 9.8 | 7.8-11.9 | 124 | Rectum | 19 | 2.9 | 1.8 | 0.9-2.7 | 438 |
| Pancreas | 54 | 6.0 | 6.9 | 5.0-8.8 | 128 | Pancreas | 39 | 6.0 | 4.1 | 2.7-5.5 | 205 |
| Lymphoma | 41 | 4.5 | 4.9 | 3.3-6.5 | 213 | Unknown primary | 39 | 6.0 | 3.1 | 2.0-4.3 | 515 |
| Lymphoma NOS | 0 |  |  |  | - | Ovary | 28 | 4.3 | 3.4 | 2.1-4.8 | 227 |
| Hodgkin lymphoma | <5 | NR | NR | 0-0.9 | 2425 | Lymphoma | 25 | 3.8 | 2.1 | 1.2-3.1 | 667 |
| NHL | 38 | 4.2 | 4.5 | 3.0-6.0 | 233 | Lymphoma NOS | <5 | NR | NR | 0-0.2 | * |
| Melanoma (skin) | 40 | 4.4 | 5.2 | 3.5-6.9 | 189 | Hodgkin lymphoma | <5 | NR | NR | 0-0.5 | 5588 |
| Bladder \& urinary tract | 36 | 4.0 | 3.6 | 2.3-4.8 | 395 | NHL | 21 | 3.2 | 1.8 | 0.9-2.7 | 757 |
| Stomach | 32 | 3.5 | 3.9 | 2.5-5.3 | 240 | Stomach | 21 | 3.2 | 2.0 | 1.0-2.9 | 603 |
| Unknown primary | 32 | 3.5 | 3.5 | 2.2-4.8 | 343 | Brain | 19 | 2.9 | 2.3 | 1.2-3.4 | 531 |
| Brain | 31 | 3.4 | 4.8 | 3.1-6.4 | 170 | Leukaemia | 19 | 2.9 | 2.0 | 1.0-3.0 | 453 |
| Oesophagus | 29 | 3.2 | 3.6 | 2.2-4.9 | 250 | Leukaemia NOS | 0 |  |  |  | - |
| Skin (NMSC inc. SCC/BCC) | 28 | 3.1 | 3.1 | 1.9-4.3 | 371 | Lymphoid leukaemia | 7 | 1.1 | 0.5 | 0.1-0.9 | 2951 |
| Kidney | 28 | 3.1 | 3.5 | 2.1-4.9 | 287 | Myeloid leukaemia | 12 | 1.8 | 1.5 | 0.6-2.4 | 535 |
| Mesothelioma | 25 | 2.8 | 3.0 | 1.8-4.2 | 275 | Leukaemia, other | 0 |  |  |  | - |
| Liver | 23 | 2.5 | 3.1 | 1.8-4.4 | 245 | Uterus | 18 | 2.8 | 2.4 | 1.2-3.5 | 346 |
| Leukaemia | 21 | 2.3 | 2.6 | 1.4-3.8 | 421 | Myeloma | 18 | 2.8 | 2.0 | 1.0-3.0 | 444 |
| Leukaemia NOS | <5 | NR | NR | 0-0.4 | 3985 | Myelodysplastic diseases | 14 | 2.1 | 1.1 | 0.4-1.7 | 1310 |
| Lymphoid leukaemia | 8 | 0.9 | 0.8 | 0.2-1.4 | 2691 | Gallbladder / bile ducts | 11 | 1.7 | 1.0 | 0.3-1.7 | 1357 |
| Myeloid leukaemia | 12 | 1.3 | 1.6 | 0.7-2.6 | 570 | Bladder \& urinary tract | 11 | 1.7 | 0.6 | 0.2-1.1 | 5588 |
| Leukaemia, other | NR | NR | NR |  | - | Melanoma (skin) | 8 | 1.2 | 0.8 | 0.2-1.3 | 1182 |
| Myeloma | 19 | 2.1 | 2.4 | 1.3-3.5 | 383 | Tongue | 6 | 0.9 | 0.7 | 0.1-1.3 | 1279 |
| Gallbladder / bile ducts | 16 | 1.8 | 1.8 | 0.8-2.7 | 824 | Vulva | 6 | 0.9 | 0.5 | 0.1-0.9 | 2951 |
| Myelodysplastic diseases | 8 | 0.9 | 0.8 | 0.2-1.4 | 956 |  |  |  |  |  |  |
| Lip, gum \& mouth | 7 | 0.8 | 0.8 | 0.2-1.4 | 2504 |  |  |  |  |  |  |
| All cancer deaths | 903 | 100.0 | 108.9 | 101-116 | 10 | All cancer deaths | 654 | 100.0 | 69.8 | 63.8-75.7 | 14 |

Appendix 3E. Cancer mortality, Western Australia, 2012: Leading types by sex and geographic area

WA Metro - all

| Males | Cases \% ASR 95\%c.i. Risk Females |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | Cases | \% | ASR | 95\%c.i. | Risk |
| Lung | 370 | 21.5 | 21.6 | 19.3-23.9 | 45 | Lung | 285 | 21.1 | 15.4 | 13.5-17.3 | 54 |
| Colorectal | 190 | 11.0 | 11.5 | 9.8-13.2 | 90 | Breast | 226 | 16.7 | 12.9 | 11.1-14.8 | 73 |
| Colon | 117 | 6.8 | 6.6 | 5.3-7.8 | 181 | Colorectal | 138 | 10.2 | 5.9 | 4.8-7.1 | 179 |
| Rectum | 73 | 4.2 | 4.9 | 3.8-6.1 | 179 | Colon | 104 | 7.7 | 4.3 | 3.4-5.3 | 272 |
| Prostate | 172 | 10.0 | 8.6 | 7.3-10.0 | 183 | Rectum | 34 | 2.5 | 1.6 | 1.0-2.2 | 518 |
| Pancreas | 102 | 5.9 | 6.4 | 5.1-7.7 | 132 | Pancreas | 95 | 7.0 | 4.9 | 3.8-6.0 | 188 |
| Melanoma (skin) | 85 | 4.9 | 5.4 | 4.2-6.6 | 173 | Unknown primary | 67 | 5.0 | 2.5 | 1.8-3.2 | 687 |
| Lymphoma | 75 | 4.4 | 4.6 | 3.5-5.7 | 191 | Ovary | 56 | 4.1 | 3.3 | 2.4-4.2 | 236 |
| Lymphoma NOS | <5 | NR | NR | 0-0.1 | * | Lymphoma | 52 | 3.9 | 2.3 | 1.6-3.0 | 608 |
| Hodgkin lymphoma | <5 | NR | NR | 0-0.5 | 3495 | Lymphoma NOS | <5 | NR | NR | 0-0.1 | * |
| NHL | 70 | 4.1 | 4.3 | 3.3-5.4 | 202 | Hodgkin lymphoma | <5 | NR | NR | 0-0.6 | 5958 |
| Stomach | 73 | 4.2 | 4.3 | 3.3-5.4 | 240 | NHL | 47 | 3.5 | 2.0 | 1.4-2.7 | 677 |
| Unknown primary | 66 | 3.8 | 3.6 | 2.7-4.5 | 324 | Stomach | 40 | 3.0 | 1.9 | 1.3-2.6 | 599 |
| Oesophagus | 57 | 3.3 | 3.6 | 2.6-4.5 | 244 | Leukaemia | 38 | 2.8 | 1.9 | 1.2-2.6 | 537 |
| Bladder \& urinary tract | 55 | 3.2 | 2.8 | 2.0-3.5 | 531 | Leukaemia NOS | 0 |  |  |  | - |
| Brain | 54 | 3.1 | 3.9 | 2.8-5.0 | 219 | Lymphoid leukaemia | 14 | 1.0 | 0.5 | 0.2-0.9 | 2178 |
| Liver | 50 | 2.9 | 3.1 | 2.2-4.0 | 277 | Myeloid leukaemia | 24 | 1.8 | 1.3 | 0.7-1.9 | 712 |
| Mesothelioma | 48 | 2.8 | 2.8 | 2.0-3.6 | 320 | Leukaemia, other | 0 |  |  |  | - |
| Skin (NMSC inc. SCC/BCC) | 44 | 2.6 | 2.5 | 1.7-3.2 | 404 | Myeloma | 37 | 2.7 | 1.8 | 1.2-2.5 | 582 |
| Kidney | 42 | 2.4 | 2.6 | 1.8-3.4 | 380 | Brain | 34 | 2.5 | 2.1 | 1.3-2.8 | 451 |
| Leukaemia | 42 | 2.4 | 2.5 | 1.7-3.3 | 414 | Uterus | 32 | 2.4 | 1.8 | 1.2-2.5 | 497 |
| Leukaemia NOS | <5 | NR | NR | 0-0.4 | 4011 | Bladder \& urinary tract | 29 | 2.1 | 1.0 | 0.6-1.4 | 1902 |
| Lymphoid leukaemia | 14 | 0.8 | 0.7 | 0.3-1.1 | 2223 | Gallbladder / bile ducts | 23 | 1.7 | 1.2 | 0.7-1.7 | 983 |
| Myeloid leukaemia | 25 | 1.5 | 1.6 | 0.9-2.2 | 583 | Melanoma (skin) | 21 | 1.6 | 1.2 | 0.6-1.7 | 965 |
| Leukaemia, other | 0 |  |  |  | - | Myelodysplastic diseases | 20 | 1.5 | 0.7 | 0.4-1.1 | 2139 |
| Myeloma | 35 | 2.0 | 2.1 | 1.4-2.8 | 441 | Liver | 16 | 1.2 | 0.6 | 0.3-1.0 | 1956 |
| Myelodysplastic diseases | 26 | 1.5 | 1.4 | 0.8-2.0 | 732 | Kidney | 16 | 1.2 | 0.8 | 0.3-1.2 | 1625 |
| Gallbladder / bile ducts | 25 | 1.5 | 1.4 | 0.8-1.9 | 905 | Skin (NMSC inc. SCC/BCC) | 12 | 0.9 | 0.4 | 0.2-0.7 | 2375 |
| Pharynx | 13 | 0.8 | 1.0 | 0.4-1.5 | 846 | Cervix | 12 | 0.9 | 0.8 | 0.3-1.3 | 1224 |
| All cancer deaths | 1724 | 100.0 | 102.0 | 97.0-107 | 10 | All cancer deaths | 1350 | 100.0 | 69.1 | 65.1-73.2 | 14 |



## Delivering a Healthy WA


[^0]:    (NHL - Non-Hodgkin lymphoma; Refer to Statistical Methods, Section 1.4, for other terms \& abbreviations used)

[^1]:    a World Health Organization (2000) ICD-O: International classification of diseases for oncology (Third Edition). WHO, Geneva.

[^2]:    a Breslow A (1970) Thickness, cross-sectional area and depth of invasion in the prognosis of cutaneous melanoma. Ann Surg 172, 902-908
    ${ }^{\mathrm{b}}$ Clark WH et al (1975) The developmental biology of primary cutaneous malignant melanoma. Seminars in Oncology $2,83$.

[^3]:    ${ }^{\text {a }}$ Threlfall TJ, Thompson JR (2007). Cancer incidence and mortality in Western Australia, 2005. Department of Health, Western Australia, Perth. Statistical Series Number 81.

[^4]:    ${ }^{a}$ Holman CDJ, Hatton WM, Armstrong BK, English DR (1987) Cancer mortality trends in Australia, volume II, 1910 - 1984. Health Department of Western Australia, Perth, Occasional Paper number 18.

[^5]:    (Mid-year data from Australian Bureau of Statistics as collated by Performance Activity \& Quality Division, Department of Health, and used for calculation of rates in this Report.)

[^6]:    * CHS - Country Health Service; AHS - Area Health Service

[^7]:    *9597, *9598 and *9599 are WACR codes for "NOS" NHL which are able to be grouped as low, intermediate or high grade respectively but which could only be otherwise placed in the ICD-O classification as code 9591.

