

REGIONAL DIVERSITY

Cancer in Oceania

Oceania's three distinct sub-regions vary greatly in their cancer profiles (types of cancer and incidence and mortality rates).

① Oceania, a region that includes developed and transitioning economies, had an estimated 155,000 new cancers and 60,000 cancer deaths in 2012, with over 92% of the new cases and 87% of the deaths occurring in Australia and

New Zealand (ANZ). The remaining cases and deaths occurred in the French Pacific (French Polynesia and New Caledonia) and the rest of Oceania (Papua New Guinea and many small island states), which are sparsely populated.

② The leading five cancers are prostate, colorectal, breast, melanoma, and lung in ANZ; prostate, breast, lung, colorectal, and thyroid in the French Pacific; and breast, cervix, oral cavity, liver, and lung in the rest of Oceania. These patterns are driven by variation in exposure to risk factors and in access to health services.

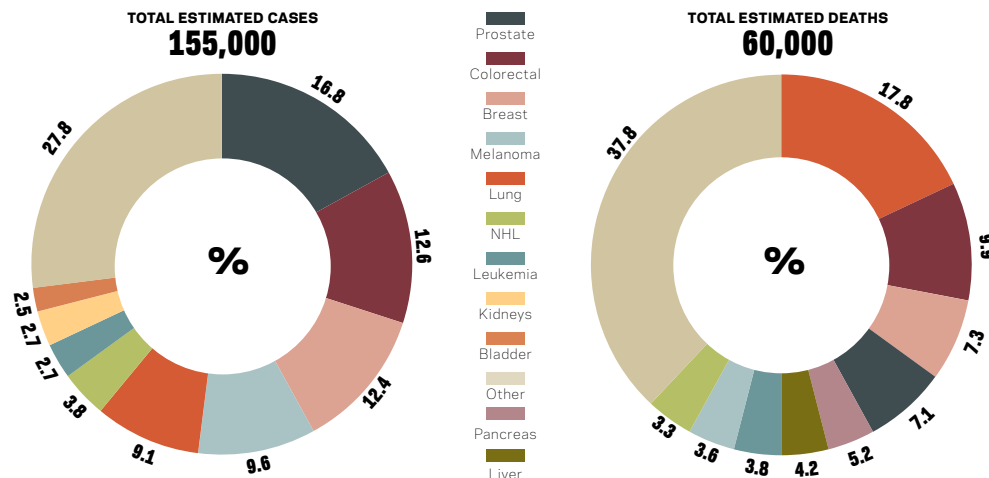
③ Lung cancer is the leading cause of cancer death within Oceania. Since the 1980s, lung cancer mortality among men has declined in Australia because of substantial declines in the prevalence of smoking. In contrast, rates continue to increase among women because of the lag in smoking reduction.

Incidence rates of breast cancer in ANZ are up to four times higher than in other countries in Oceania because of reproductive factors and mammography utilization (see chapter 12 - *Breast Cancer*). ⑤⑥ In contrast, cervix and liver cancers are more common in areas of Oceania other than ANZ. These cancers are linked to a high prevalence of human papillomavirus and hepatitis B infections. Organized screening for cervix cancer in Australia has achieved a decline in incidence.

⑦ Melanoma varies 35-fold, with ANZ rates around 35 per 100,000. ANZ has the highest incidence globally due to people of European descent being exposed to high levels of solar radiation. Within Australia, incidence varies with latitude.

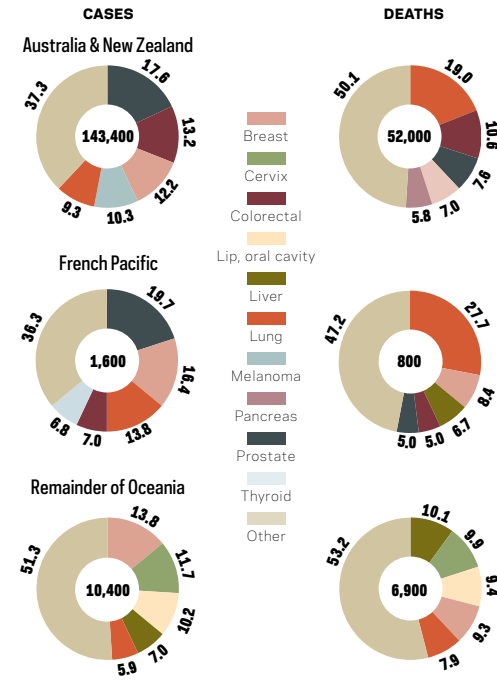
Cancer patterns in Oceania are driven by the large populations of high-income countries Australia and New Zealand.

ESTIMATED NUMBERS OF NEW CANCER CASES AND DEATHS, BOTH SEXES, 2012



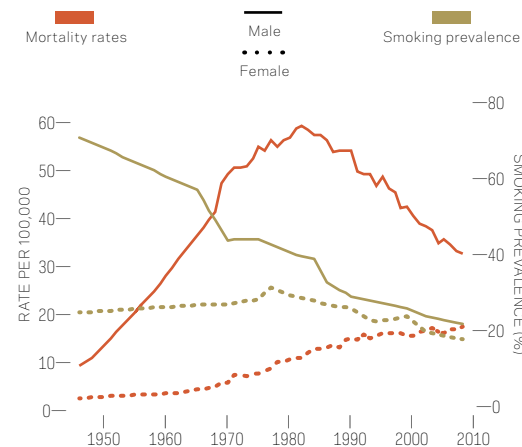
The three sub-regions of Oceania vary markedly in risk factors and treatment availability, resulting in diverse cancer profiles.

ESTIMATED TOTAL CANCER CASES AND CONTRIBUTION OF TOP 5 CANCER SITES BY SUBREGION, BOTH SEXES, 2012



The different lung cancer mortality trends observed by sex reflect the fact that smoking prevalence has been declining for Australian men since 1945 and for women since 1980.

TRENDS IN AGE-STANDARDIZED LUNG CANCER MORTALITY RATES PER 100,000 POPULATION AND SMOKING PREVALENCE (%), 1945-2010



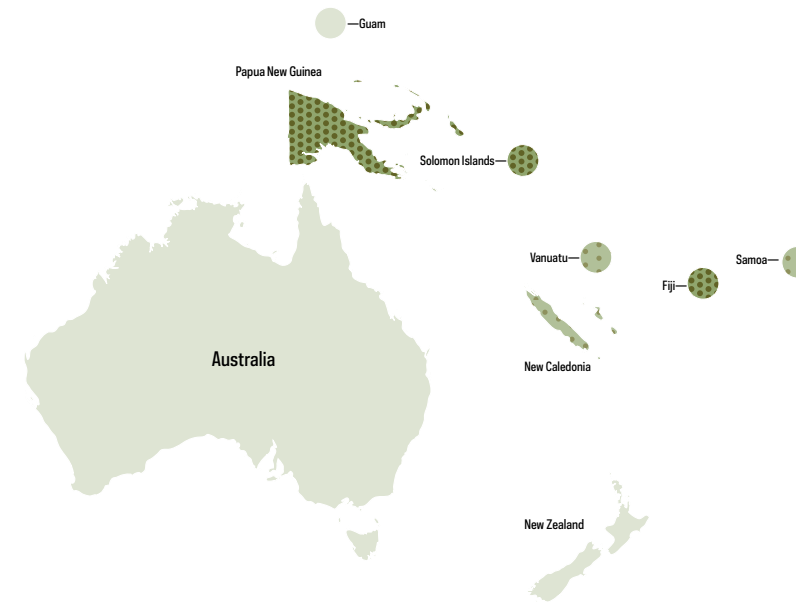
Cervical cancer incidence rate

ESTIMATED AGE-STANDARDIZED RATE (WORLD) PER 100,000, 2012

9.0 or less

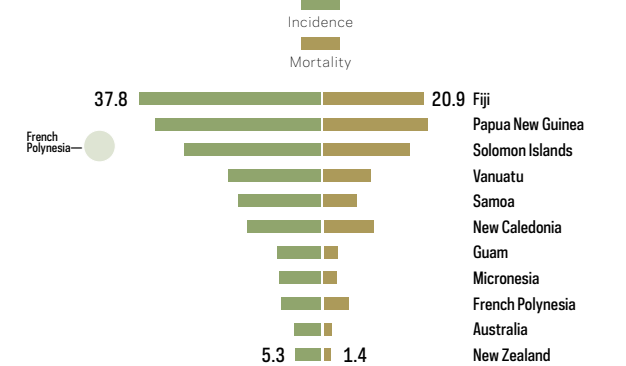
9.1-19.2

19.3 or more



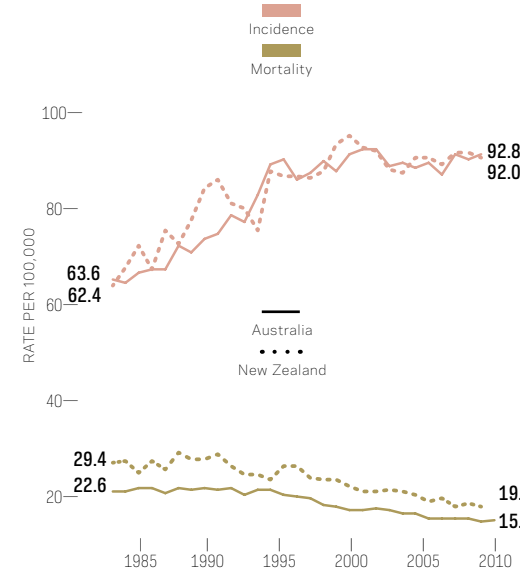
Cervical cancer incidence and mortality rates are much higher outside of Oceania countries of Australia, New Zealand and French Polynesia.

ESTIMATED AGE-STANDARDIZED RATE (WORLD) PER 100,000 FEMALES, 2012



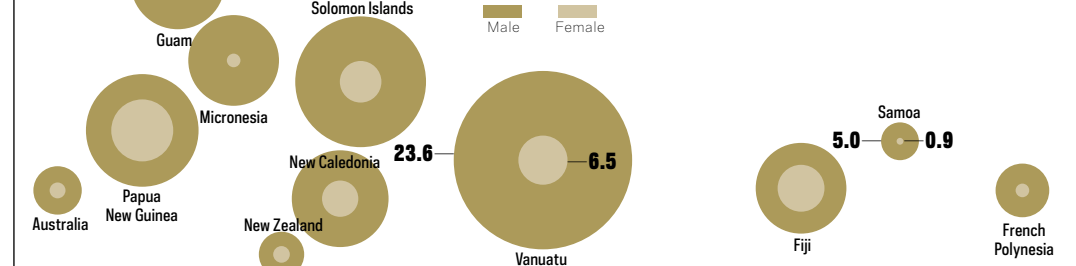
Breast cancer mortality rates in Australia and New Zealand have continued to decrease since the 1980s despite increases in incidence rates.

AGE-STANDARDIZED BREAST CANCER INCIDENCE AND MORTALITY RATES (WORLD) PER 100,000, 1982-2010



In both men and women, liver cancer incidence rates in Vanuatu are about five to six times as high as in Samoa.

ESTIMATED LIVER CANCER AGE-STANDARDIZED INCIDENCE RATES (WORLD) PER 100,000, 2012



Melanoma incidence rates in Australia and New Zealand are the highest in the world and are more than ten times higher than rates in other Oceania countries combined.

ESTIMATED AGE-STANDARDIZED INCIDENCE RATE (WORLD) BOTH SEXES COMBINED, 2012

