



CANCER AUSTRALIA

Lower Gastro-Intestinal Tract Cancers

Definition

- Lower gastro-intestinal tract (GI) cancers include cancers of the colon and rectum (collectively termed “colorectal”) and anus.

Incidence and mortality

- In 2006, colorectal cancer was the second most common cancer in the Australian population, accounting for 13 per cent of all cancers.
- 7,432 new cases of colorectal cancer were reported in Australian males and 6,159 cases in females.
- The lifetime risk of developing colorectal cancer before the age of 75 is 1 in 22, with males having a higher risk than females (1 in 19 and 1 in 27 respectively).
- The incidence of anal cancer is far lower than colorectal cancer, with 325 new cases reported in 2005. More cases were reported in females (176) than males (149).
- In 2007, colorectal cancer was the second most common form of cancer death in Australia.
- In 2007, 4,047 deaths from colorectal cancer were recorded (10.1 per cent of all cancer related deaths), with the majority of deaths occurring in males (2,191 males compared to 1,856 females).
- In 2005, cancer of the anus was responsible for 54 deaths - 24 males and 30 females.

Trends

- The incidence rates of colorectal cancer have increased slightly over the last 20 years (6 per cent); however, mortality rates have steadily decreased (40 per cent).
- The slight increase in colorectal cancer is attributable to an increase in colon cancer. Colon and rectal cancer mortality rates have decreased in both genders.
- The incidence and mortality rates relating to anal cancer have remained low and relatively stable over the last 20 years.
- Colorectal cancer incidence and mortality rates increase with age, particularly after the age of 35 for incidence and 50 years for mortality. This pattern is seen in both genders.

Relative survival

- The percentage of the population that will be alive 5 years after their initial colorectal cancer diagnosis is:
 - 61.3 per cent males, 62.4 per cent females.

Risk factors

- Risk factors that increase the chance of developing lower GI cancers include:
 - Age
 - Smoking and alcohol consumption
 - Diet, weight, exercise
 - Large intestinal polyps
 - Other diseases (ulcerative colitis, diabetes)
 - Family history of lower GI cancers.

Sources: This factsheet draws on data published by the Australian Institute of Health and Welfare, including in:

- Australian Institute of Health and Welfare 2010. Australia's Health 2010. Australia's health series no. 12. Cat. no. AUS 122. Canberra: AIHW.
- Australian Institute of Health and Welfare, Cancer Australia & Australasian Association of Cancer Registries 2008. Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004. Cancer series no. 42 Cat. no. CAN 38. Canberra: AIHW.
- AIHW (Australian Institute of Health and Welfare) & AACR (Australasian Association of Cancer Registries) 2008. Cancer in Australia: an overview, 2008. Cancer series no. 46. Cat. no. CAN 42. Canberra: AIHW.
- www.aihw.gov.au/cancer/data/acim_books (viewed 15/11/2010) - 2006 incidence and 2007 mortality data.

The figures quoted relate to cancers C18-C20 as classified under the International Classification of Diseases (ICD – 10).

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