

The Incidence of Colorectal Cancer in South Australia by Country of Birth

International perspective

How does the incidence of colorectal cancer in Australia compare with that of other countries?

Data from 153 cancer registries around the world in 1990 showed that:

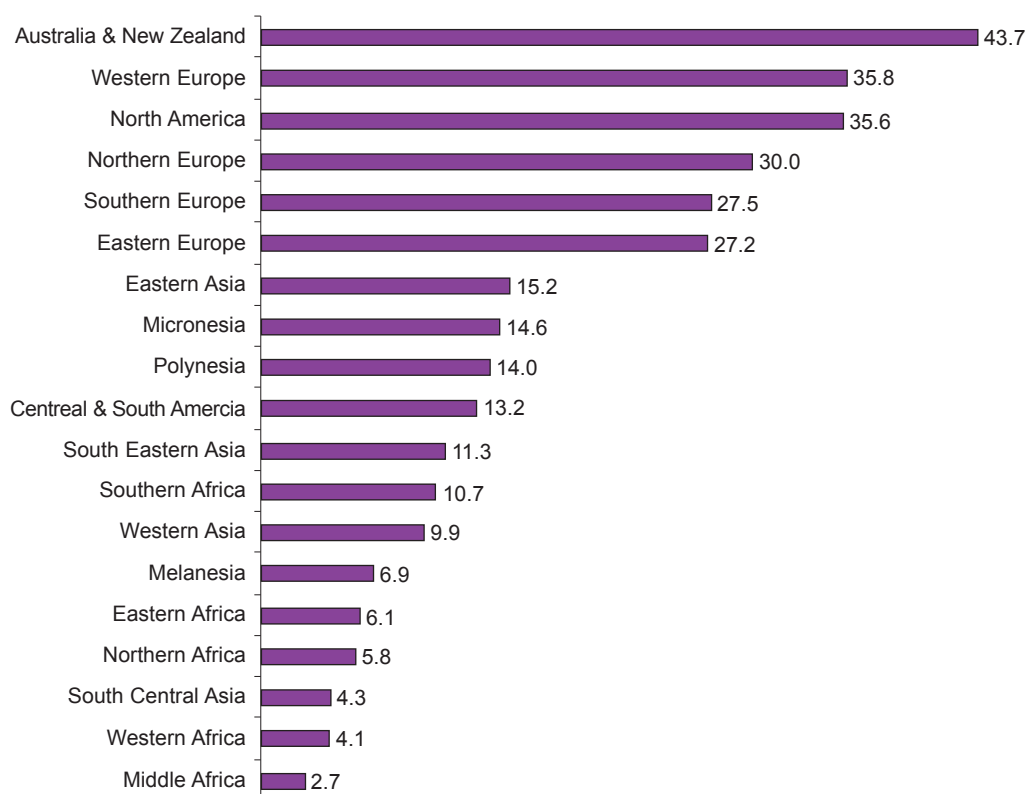
- ❖ Australia and New Zealand had the highest incidence of colorectal cancer, while parts of South Central Asia and Africa had the lowest rates.
- ❖ The incidence of colorectal cancer in Australia and New Zealand was sixteen times higher than that in Middle Africa. (See Figure 1.)

The incidence of colorectal cancer in South Australia by country of birth

Do residents from culturally and linguistically diverse (CALD) backgrounds in South Australia have a higher or lower incidence of colorectal cancer?

- ❖ In 1977-2000 Australian and New Zealand born residents in South Australia had an incidence of colorectal cancer higher than that of residents from most other countries.
- ❖ In particular, they had a higher incidence than residents from Germany, the United Kingdom/Ireland, Northern Europe, Eastern Europe, Southern Europe and Asia/the Middle East.

Figure 1: Estimated age-sex standardized (World Population) incidence of colorectal cancer per 100,000 population for the year 2000*



*Data Source: International Agency for Research on Cancer.

Is there a difference between the incidence of colorectal cancer among culturally and linguistically diverse residents in South Australia and that found in their country of birth?

- ❖ Overseas born residents in South Australia had a significantly higher incidence than that found in their parent populations (See Figure 2).
- ❖ This would suggest that migrants living in South Australia have a higher risk of developing colorectal cancer, presumably due to the adoption of Australian dietary and lifestyle behaviours.

Reducing the incidence of colorectal cancer: a role for General Practitioners

Prevention

- ❖ **Encourage a healthy diet.** WHO's International Agency for Research on Cancer has highlighted the opportunities that exist to prevent colorectal cancer by dietary means. These cancers could be reduced by 35% through the adoption of diets richer in vegetables and lower in fat and potentially, heavily cooked and processed meats. In addition increased intakes of fibre, resistant starch and carotenoids could be beneficial.
- ❖ **Encourage moderation in alcohol consumption.**
- ❖ **Encourage physical activity** 30 minutes of moderate activity a day is recommended.
- ❖ **Encourage a healthy body weight** A body mass index of between 18.5 and 25 is recommended.
- ❖ **Support** the culturally and linguistically diverse community in their traditional choices that are compatible with a healthy lifestyle.

Early detection

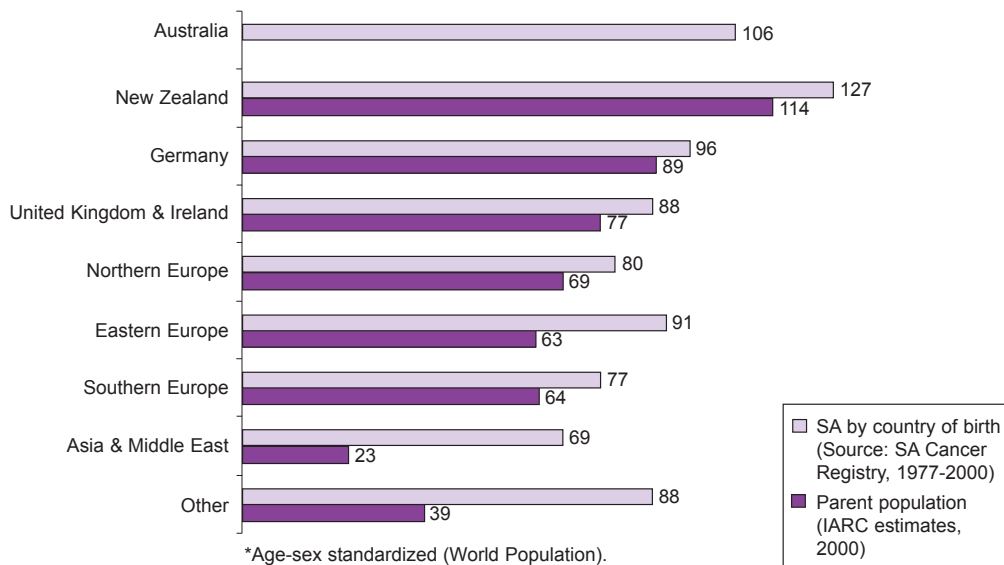
- ❖ **Offer** annual faecal occult blood testing to patients over the age of 50. Plans are underway in Australia for population screening for colorectal cancer.
- ❖ **Refer** to the Current Best Advice about the Familial Aspects of Colorectal Cancer (Australian Cancer Network) in managing patients with higher risk of developing colorectal cancer.

CALD resources and Information

- ❖ **Display** nutritional information in different languages. These are available from The Cancer Council South Australia.

Figure 2: Incidence of colorectal cancer by country of birth in South Australia, compared with the incidence in parent populations*

- South Australian rate used as the reference (reference set at "100") -



- ❖ **Raise awareness** of the availability of free telephone interpreter services for CALD patients seeking advice from the **Cancer Help Line (13 11 20)**.
- ❖ **Access** information sheets about healthy nutrition and exercise in several different languages from the following website: www.mhcs.health.nsw.gov.au.
- ❖ **Raise awareness** of the availability of trained speakers from The Cancer Council South Australia who can present information about healthy nutrition and exercise to different CALD groups. (Contact the Speakers' Bureau on 8291 4157.)

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The South Australian cancer data presented in this fact sheet were extracted from annual reports published by the SA Cancer Registry, plus a supplementary data output from the Department of Human Services, for the 1977-2000 period. We also acknowledge the contribution of Associate Professor David Roder, Centre for Cancer Control Research, The Cancer Council South Australia.

