

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

International perspective

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

Estimates of lung cancer incidence for the year 2000 by the International Agency for Research on Cancer indicate that:

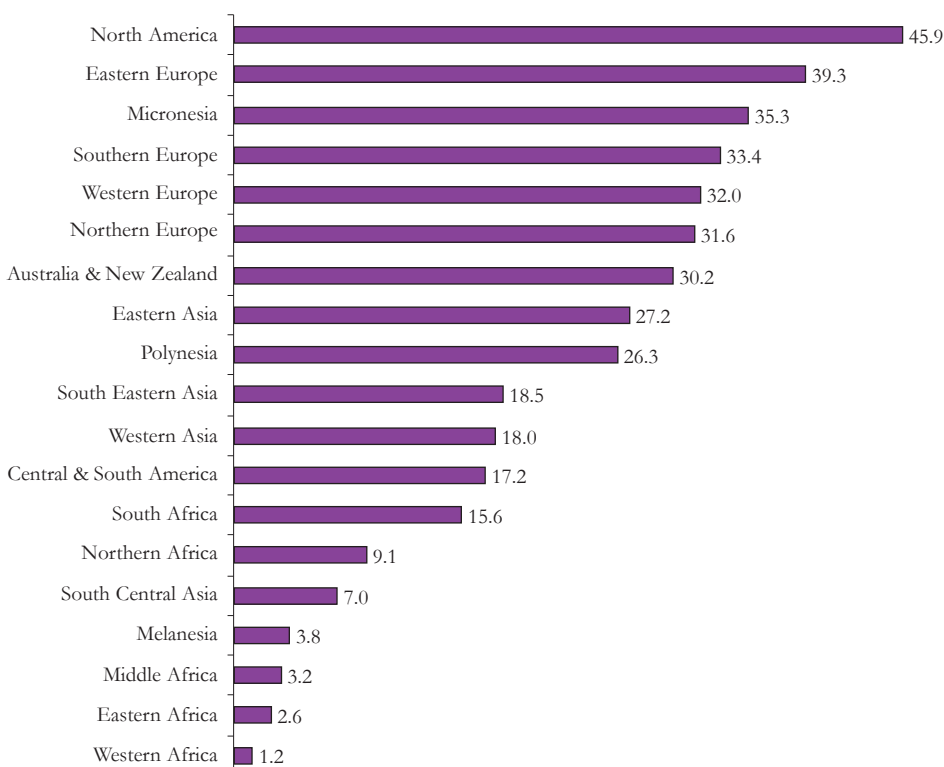
- ❖ North America had the highest rate of lung cancer in the world, with the incidence being one and a half times that of Australia and New Zealand.
- ❖ There was also a higher incidence of lung cancer in Micronesia and Europe than in Australia and New Zealand.

- ❖ Asia, Central & South America and Africa had lower incidences of lung cancer than Australia and New Zealand.
- ❖ The incidence of lung cancer in Australia and New Zealand was 25 times greater than that in Western Africa. (See Figure 1)

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Is there a difference between the incidence of lung cancer among people from culturally and linguistically diverse (CALD) backgrounds in South Australia and that in their country of birth?

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



* Data source: International Agency for Research on Cancer.

- ❖ The incidence of lung cancer was lower among South Australian residents from North America, Southern and Eastern Europe and New Zealand than applying to their parent populations.
- ❖ However the incidence of lung cancer was higher among South Australian residents from Northern Europe, UK and Ireland, Germany and Asia and the Middle East than applying to their parent populations. (See Figure 2)

Reducing the incidence of lung cancer among CALD residents in South Australia. How can GPs assist?

About 80% of lung cancer in Australia is caused by smoking. Therefore, it is imperative for GPs to talk about smoking with their patients.

It is helpful to use the 5A framework. The 5A framework is an evidence based approach that systematically supports patients who smoke.

- ❖ **Ask**, and record, the smoking status of all your patients.
- ❖ **Assess** their motivation and willingness to quit.
- ❖ **Advise** them of the effects of smoking for them personally.
- ❖ **Assist** them to quit. Set a quit date, give them a Quit book and Quitline card.
- ❖ **Arrange** for referral to the Quitline 131 848. A free Translating and Interpreting Service is available. Also arrange a follow-up appointment.

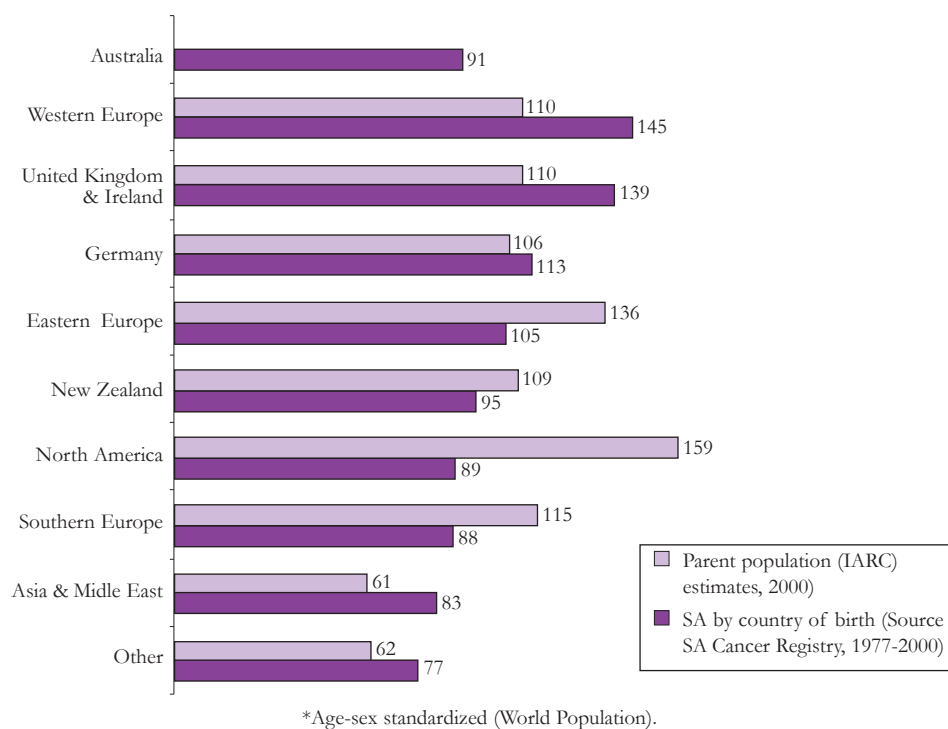
For more information about GPs and smoking cessation, ring Quit SA on **8291 4146**, or access our website **www.quitsa.org.au**.

In addition

- ❖ Be aware of the way the cultural background of your patients may affect smoking behaviour.
- ❖ Talk to them about the way smoking affects the health of other family members, especially children.
- ❖ Display Quit materials in different languages.
- ❖ Access the CALD information sheets in different languages on the Quitter's page of the national website: **www.quitnow.info.au**.
- ❖ Raise awareness about the availability of a CALD Project Officer from Quit SA who can provide presentations to CALD groups.

Figure 2: Incidence of lung 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") -



For free Quit SA resources and further information contact:

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Quitline: 131 848

Quit SA website:

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The South Australian cancer data presented in this fact sheet were extracted from reports of 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.

