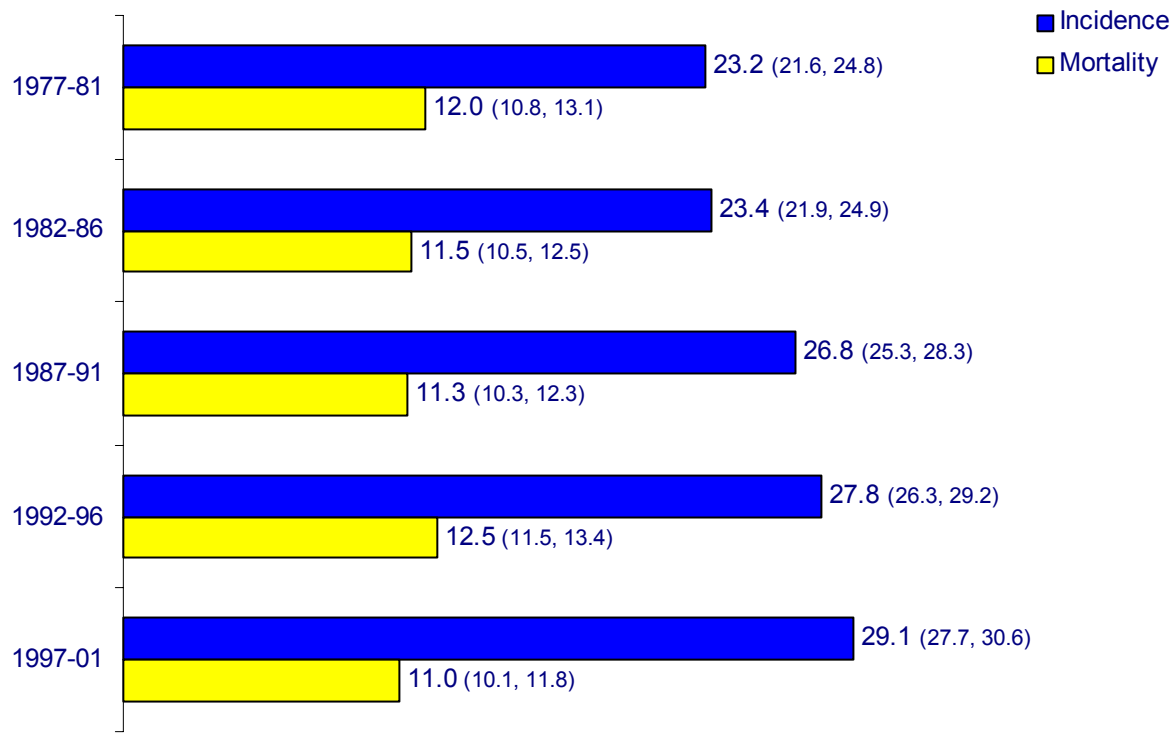


Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Colon**

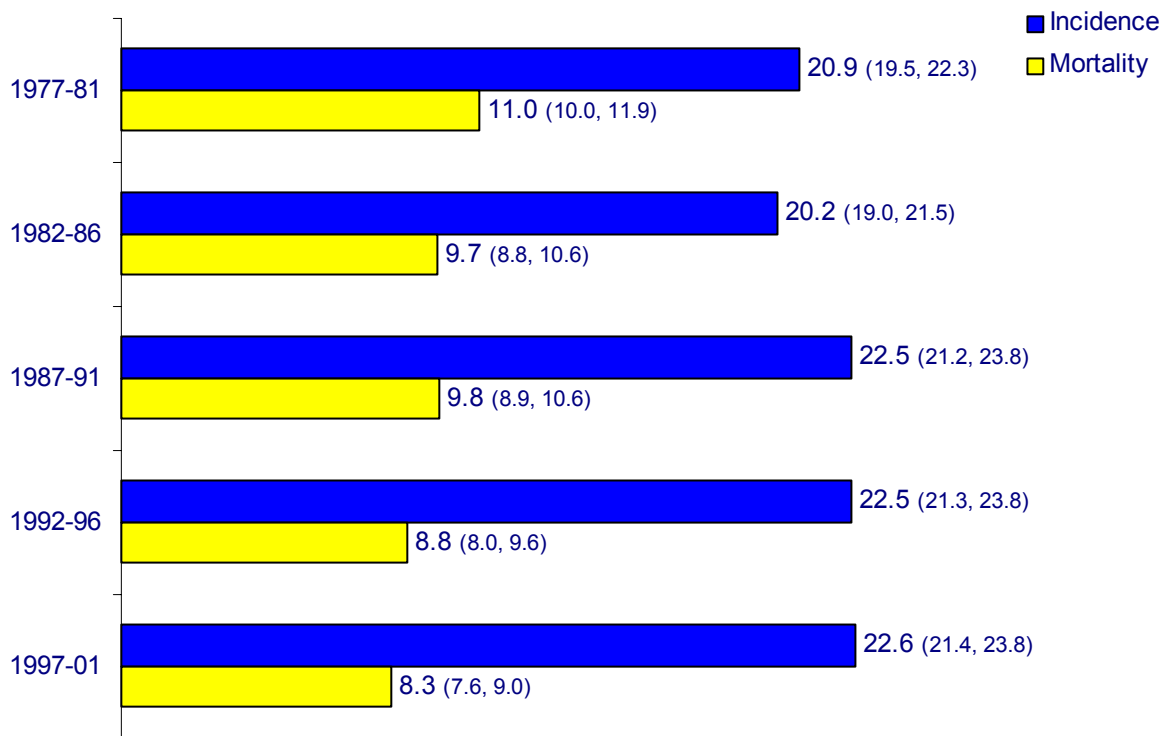
Males Incidence (95% confidence limits)



Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Colon**

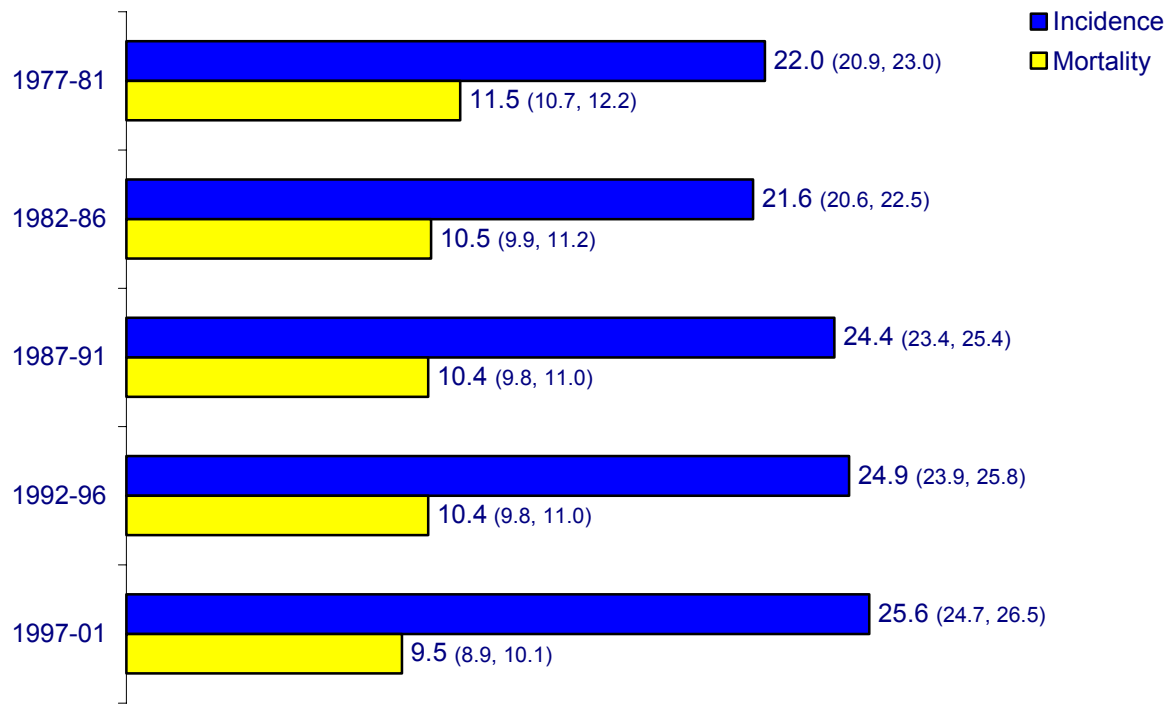
Females Incidence (95% confidence limits)



Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Colon**

Both Incidence (95% confidence limits)



COLON

- Australia and South Australia specifically had a high incidence of colon cancer by world standards in 1993-97, although not as high as New Zealand. The incidence varied about nine fold around the world. Diet is thought to have been a major contributor to this variation.
- Within South Australia, residents born overseas had an incidence only about three quarters that of the Australian born during 1977-2000. The overseas born had lower rates, irrespective of whether they were born in the United Kingdom/Ireland, Germany or other Northern European countries, Eastern Europe, Southern Europe or Asia.
- Residents of upper socio-economic areas of South Australia had higher incidence rates for cancers of the colon in 1977-2001 than observed in lower socio-economic areas. This is consistent with socio-economic trends reported for other populations predominantly of European extraction.
- In general, the incidence was about 7% higher in Adelaide than country regions in 1977-2001. Within Adelaide, the Northern region had a lower incidence than other regions, although not as low as in some country regions (i.e., the Far North and Riverland).
- **Incidence rates increased by about 16% between 1977-81 and 1997-2001, mostly due to an increase in males. By comparison, there was an approximate 17% reduction in mortality, largely due to a reduction among females. Case survivals from these cancers at five years from diagnosis have increased, such that reductions in mortality were possible despite the increase in incidence. The increases in case survival are attributed to earlier detection and treatment advances.**
- Behavioural and related risk factors include
 - Diets low in vegetables and potentially, those high in processed meat and fat.
 - Excess body weight.
 - Possibly drinking excess alcohol.