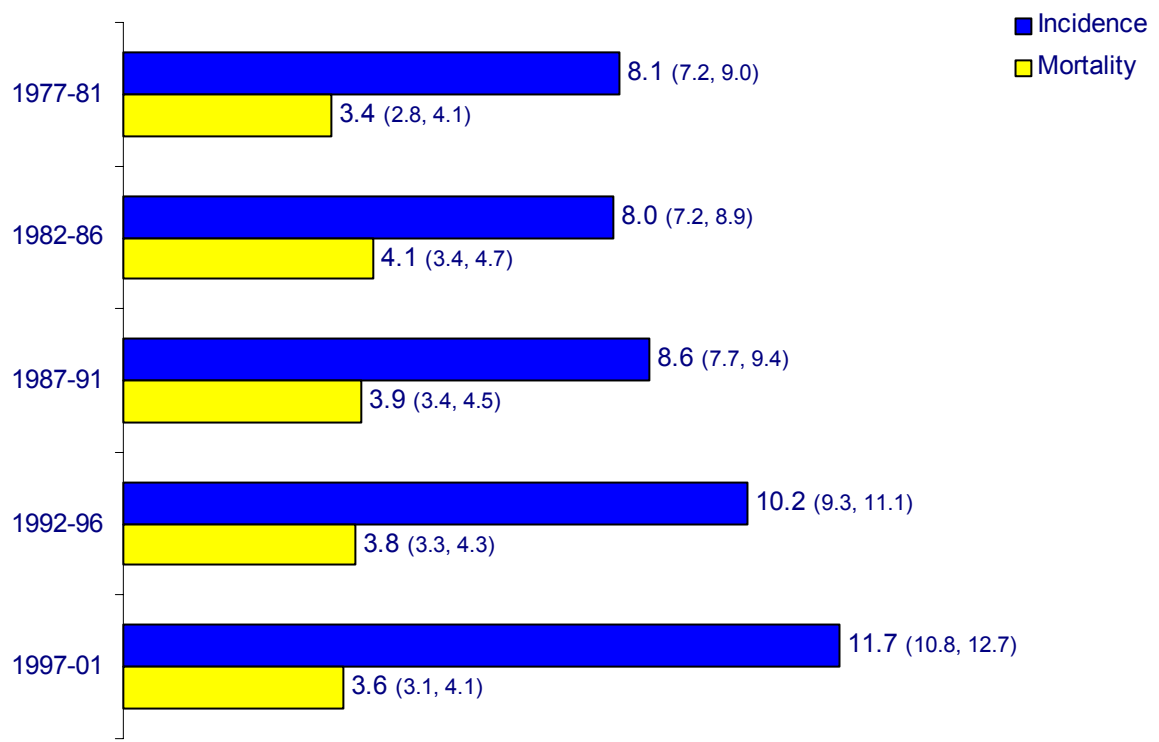


# Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Kidney**

Males

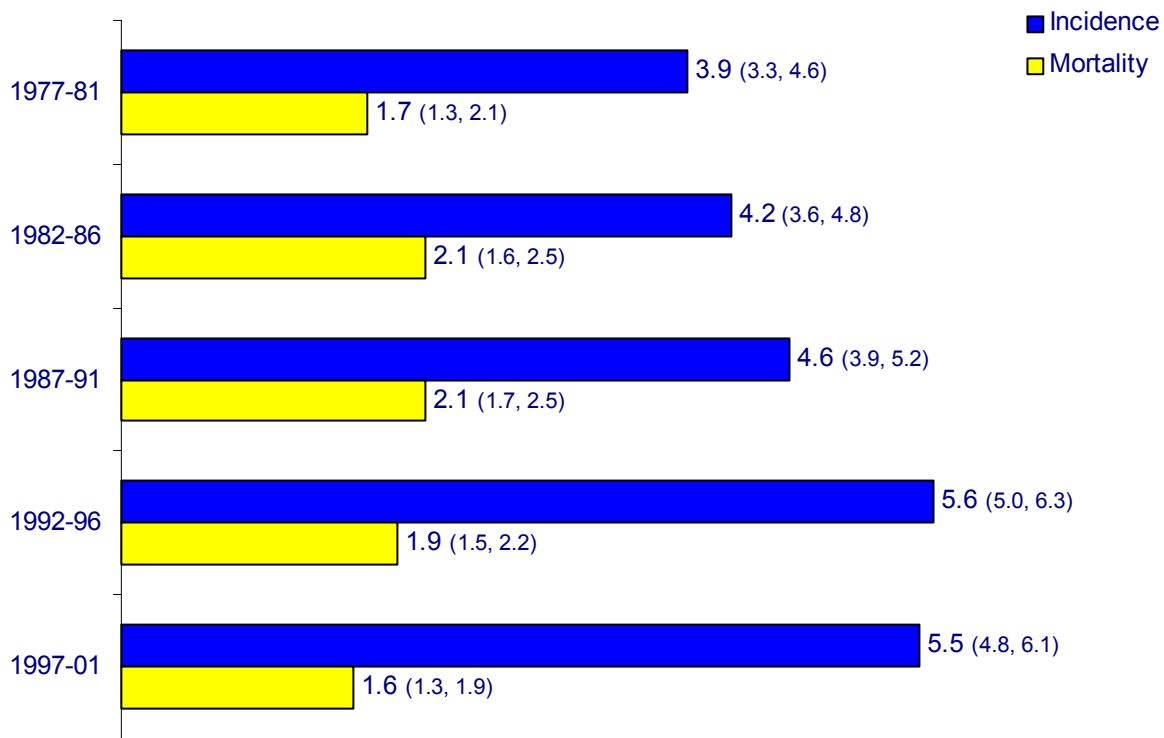
Incidence (95% confidence limits)



# 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: **Kidney**

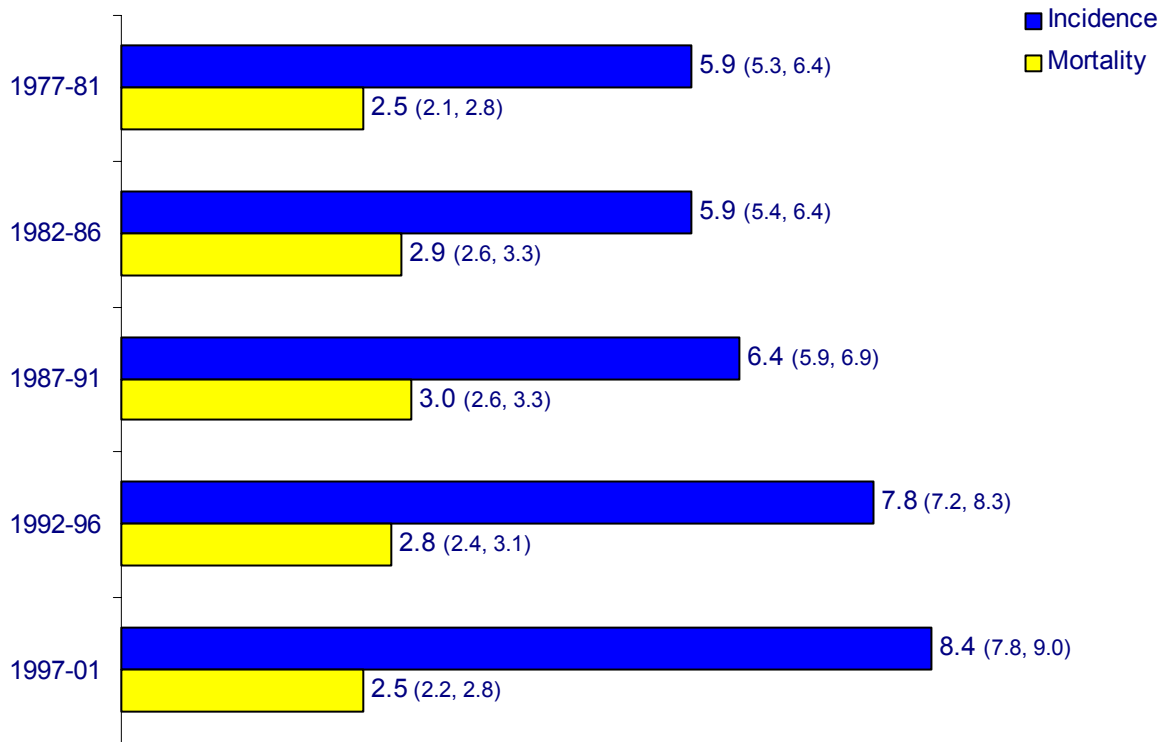
Females Incidence (95% confidence limits)



# 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: **Kidney**

Both Incidence (95% confidence limits)



## KIDNEY

- The incidence of kidney cancer varies more than seven fold in different regions of the world. The incidence in South Australia is typical of that seen in Australia overall. During 1993-97, it was lower than for Eastern Europe and Germany, but higher than for Africa, Asia, Central and South America, and the United Kingdom/Ireland.
- Within South Australia in 1977-2000, the incidence was higher in residents born in Northern Europe (excluding Germany) than among the Australian born, but lower in those born in Asia and Southern Europe.
- Although kidney cancers tended to have an elevated incidence in lower socio-economic areas of South Australia in 1977-2001, the difference was within the range attributable to chance.
- Meanwhile, the incidence was about 18% higher in Adelaide in 1977-81 than generally applying in country regions. Within Adelaide, the Eastern region had a relatively low rate, whereas exceptionally low rates were suggested for Kangaroo Island, the West Coast and Far North.
- **Incidence rates increased by about 42% between 1977-81 and 1997-2001. Increases have been reported for many populations and partly attributed to increased detection from ultrasonography and other diagnostic advances. Real increases in incidence also are suspected in response to a growing prevalence of obesity.**
- Risk factors include:
  - Tobacco smoking.
  - Long-term exposures to phenacetin in past decades for the relief of pain
  - Being overweight.
  - Exposures to large doses of ionising radiation.
  - Possibly a high level of consumption of dietary fat.
  - Possibly certain occupational exposures, including exposures to asbestos or coke oven emissions.