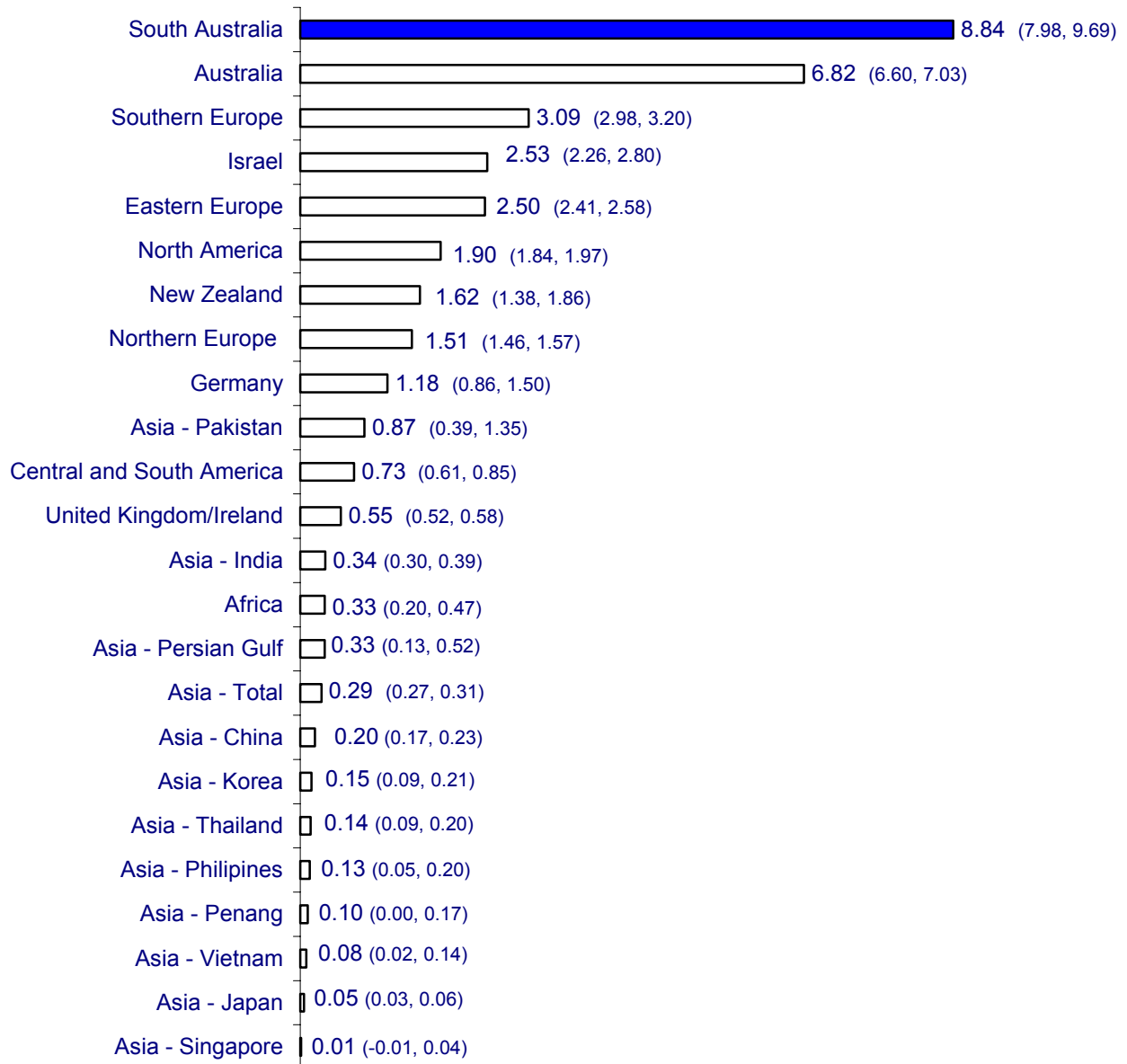


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer: Lip (mucosal surfaces)

Males

Incidence (95% confidence limits)

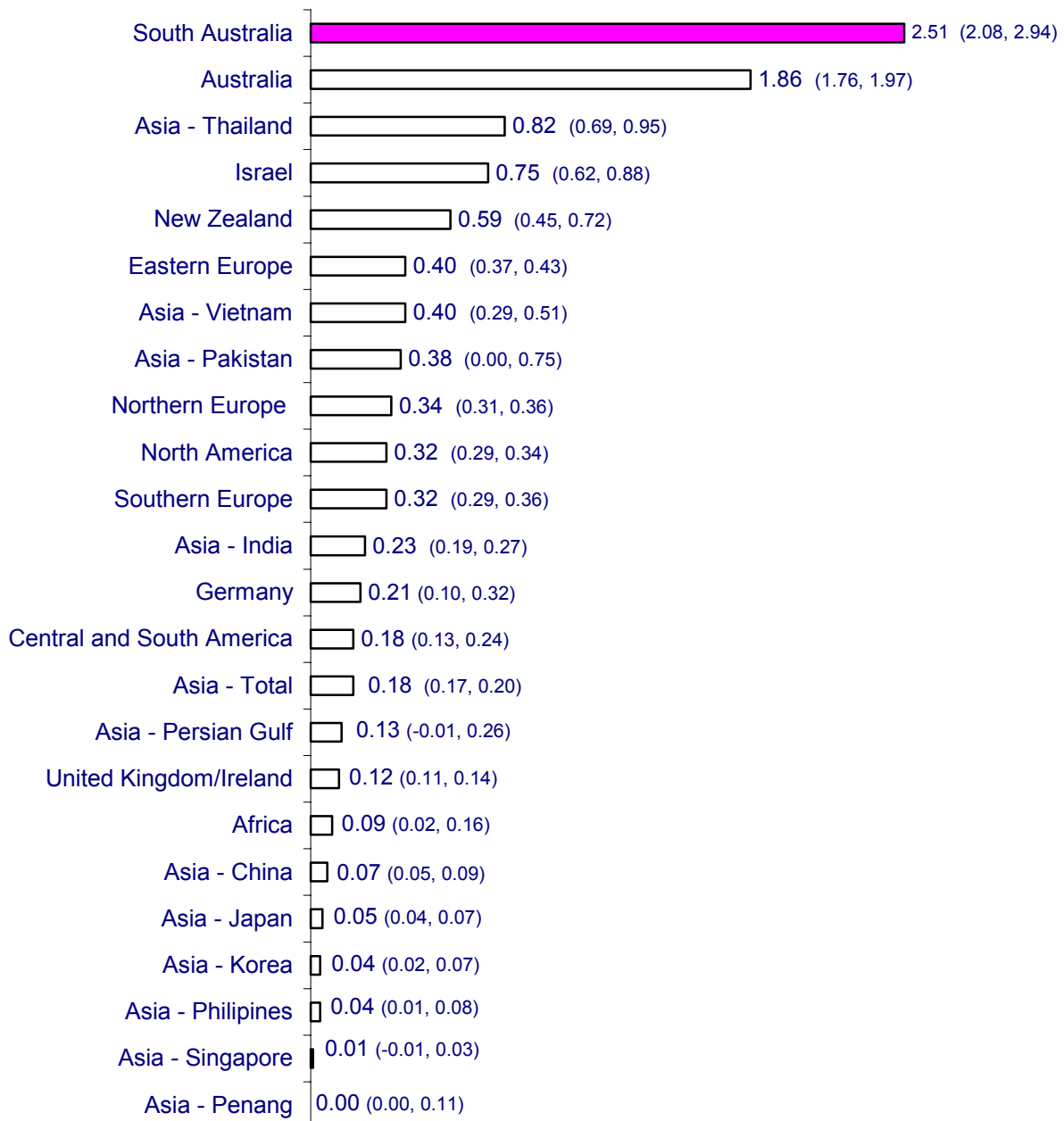


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer: Lip (mucosal surfaces)

Females

Incidence (95% confidence limits)

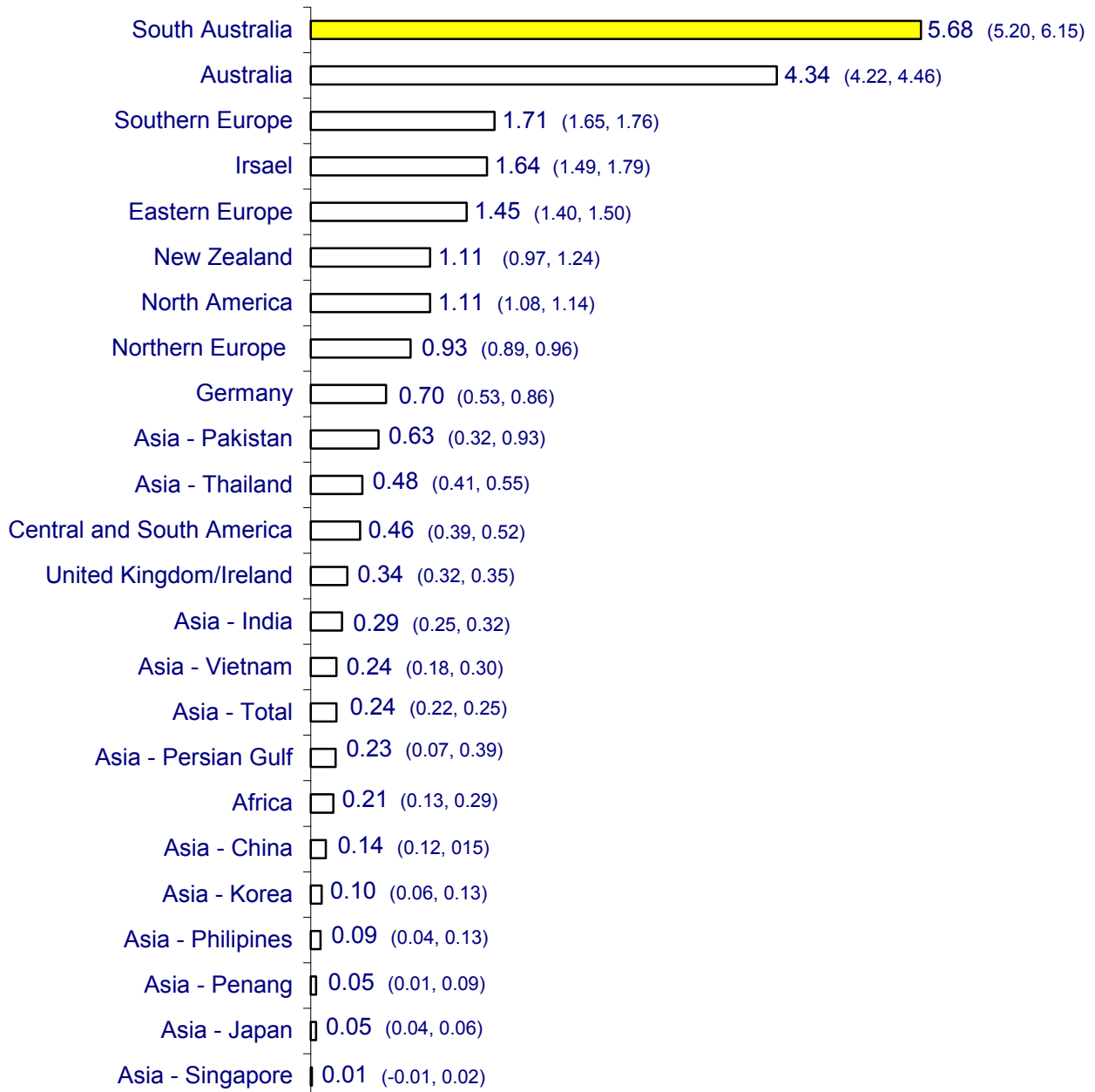


Annual incidence of cancer per 100,000 circa 1993-97 by region of the world (age-standardized to World Population)

Cancer: Lip (mucosal surfaces)

Both

Incidence (95% confidence limits)



LIP

- **Cancers of the mucous membranes of the lips (i.e., excluding cancers of the skin of the lip) are monitored by most cancer registries. A variation in incidence greater than 20 fold was recorded for these cancers around the world in 1993-97, which would largely reflect differences in sun exposure and skin colouring. South Australia and Australia collectively recorded the highest incidence of this cancer. It is thought that the higher rate in South Australia than elsewhere in Australia is artificial, however, reflecting differences in the criteria used to differentiate lesions of the skin of the lip from those of the adjacent mucous membranes.**
- South Australians born overseas had a lip cancer incidence about two thirds lower during 1977-2000 than South Australians born in Australia.
 - Rates were lowest among residents born in Asia where skin colouring would have been protective.
 - The main factor responsible for the high incidence in the Australian born would have been chronic excess exposure to the sun from an early age.
- During 1977-2001, South Australians from high socio-economic areas had a lower incidence of lip cancer than residents of lower socio-economic areas, probably due to lower levels of chronic sun exposure.
- The incidence was about 90% higher in country regions than in Adelaide during 1977-2001, reflecting higher levels of sun exposure among country residents. Within Adelaide, the Eastern region of Adelaide tended to have a lower incidence, whereas the incidence was relatively high for the Western region. The highest incidence presented during this period in Lincoln, followed by the West Coast and Pirie. By comparison, country regions with lower incidence rates included the Far North, which would have been affected by high numbers of Aboriginal residents (who have low rates), plus Mt Lofty Ranges, the Fleurieu Peninsular and Barossa.
- Between 1977-81 and 1997-2001, the incidence increased by about two thirds, although without a continuing increase during the 1990s. Sun exposure likely accounted for real increases in incidence, but increased cancer detection also may have contributed. Meanwhile, deaths from these cancers were rare and non-random changes in mortality rate were not detected.