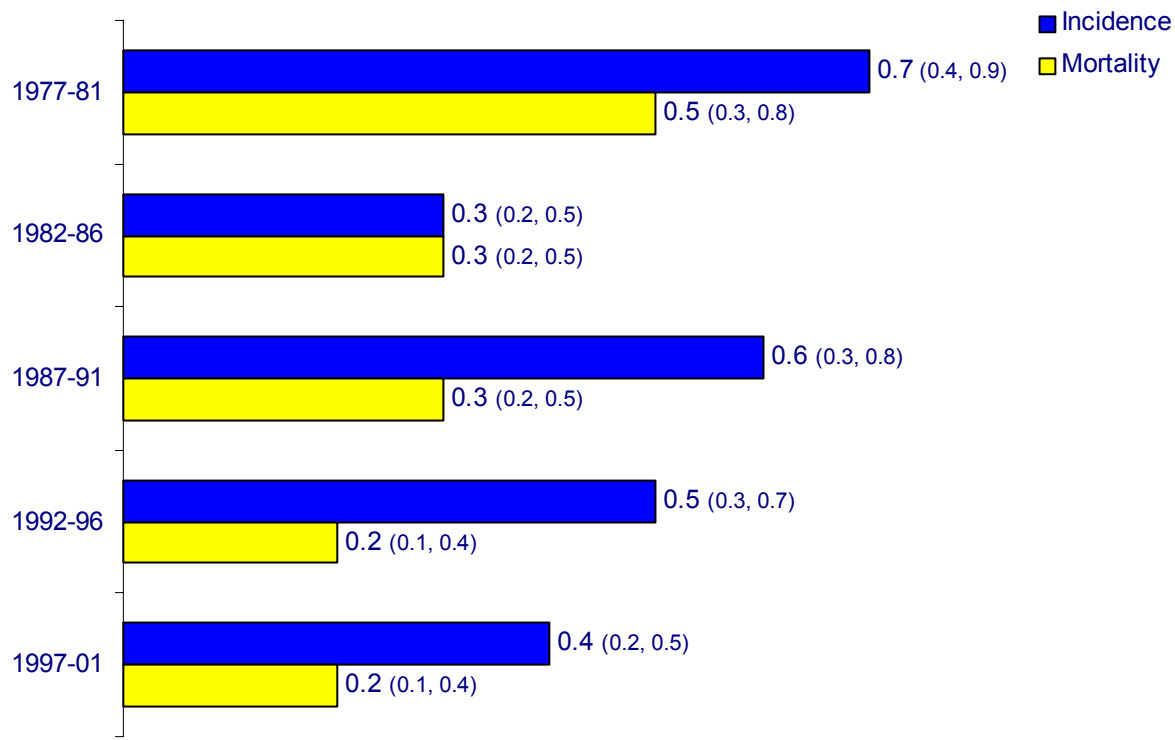


Annual incidence and mortality rates for cancer in South Australia in 1977-2001 for calendar-year groupings per 100,000 (age-standardized to World Population)

Cancer site: **Nasopharynx**

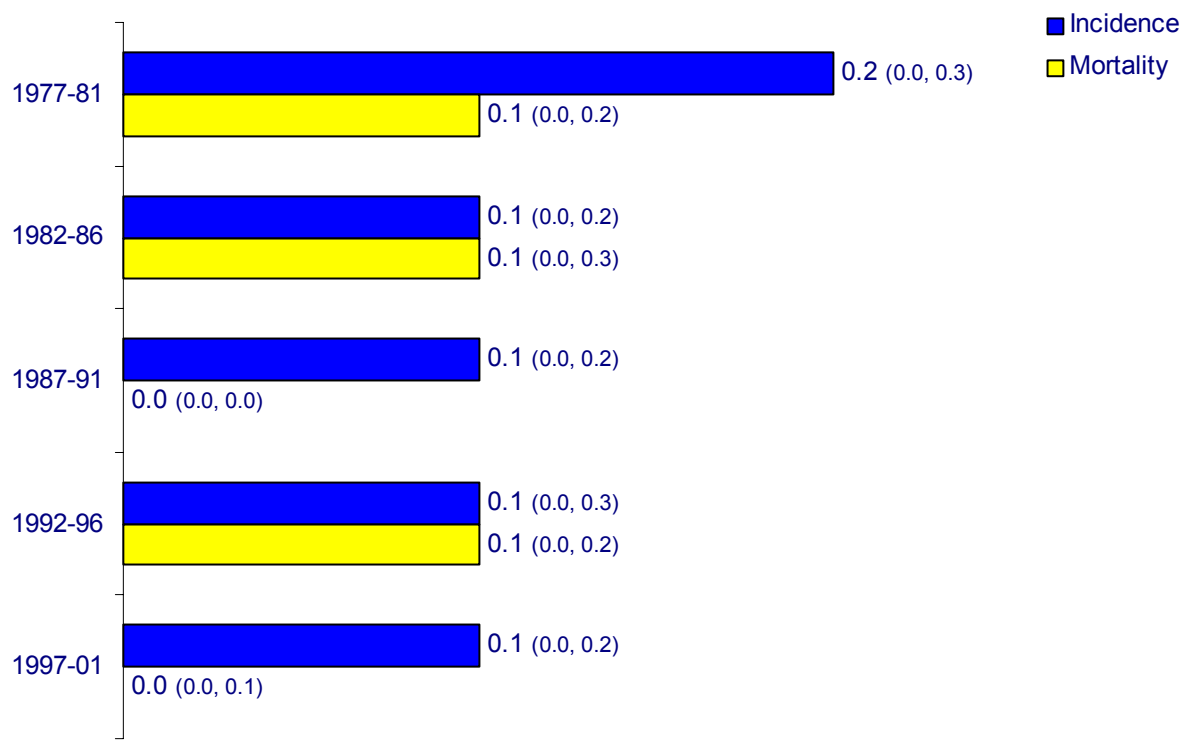
Males Incidence (95% confidence limits)



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: **Nasopharynx**

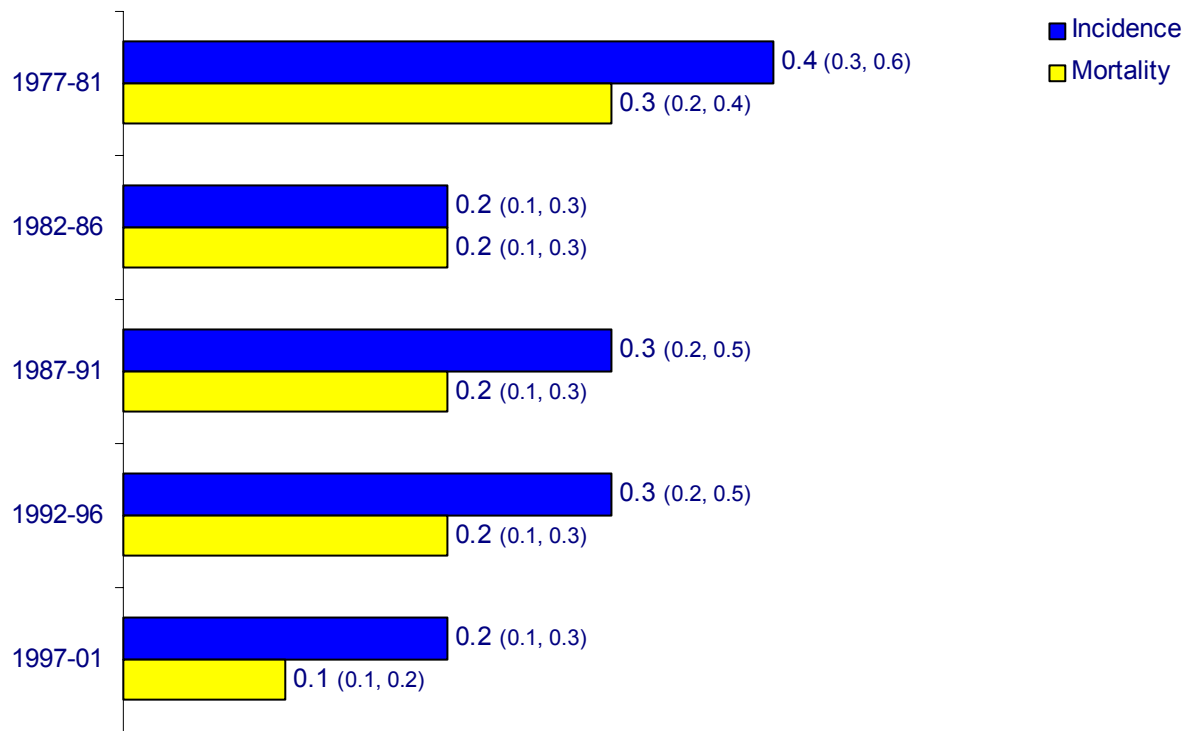
Females Incidence (95% confidence limits)



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: **Nasopharynx**

Both Incidence (95% confidence limits)



NASOPHARYNX

- The incidence of these cancers is much higher in Asia and (less so) Africa than in other regions of the world. The variation in global incidence was about eight fold in 1993-97.
- Within South Australia in 1977-2000, residents born overseas had an incidence almost twice that of the Australian born. Rates were 10 times higher in the Asian born and more than twice as high in residents born in Southern Europe.
- The incidence of these cancers did not vary by socio-economic status in South Australia during 1977-2001 any more than attributable to chance. Similarly, there were no differences by region of residence of a magnitude greater than attributable to chance. Nonetheless, there is the indication that the Western region of Adelaide had a higher incidence than the Southern region. This probably reflects differences in places of residence of the Asian born and of residents born in Southern Europe.
- **While there was some suggestion of a decline in incidence and mortality for these cancers during 1977-2001, the difference was small and potentially due to chance.**
- Behavioural and environmental risk factors include:
 - The consumption of fish, salted according to Chinese tradition (as practised in southern and south-eastern China), especially consumption from early childhood.
 - Exposure to the Epstein-Barr virus. Although this infection correlates with increased risk, there is still uncertainty about its causal significance.
 - Potentially the inhalation of formaldehyde, as may have occurred from the production of plastics and resins, and the inhalation of smoke and fumes, wood dust, and wood-treatment chemicals.