

Cancer is the second leading cause of death after CVD in the Asia/Pacific region. Cancer was the cause of an estimated 4.1 million deaths (or 14% of total deaths) in Asia/Pacific countries in 2012 (WHO, 2014i).

There are more than 100 different types of cancers, with most named after the organ in which they start. Cancer occurs when abnormal cells divide without control and are able to invade other tissues. While genetics are a risk factor, only about 5% to 10% of all cancers are inherited. Modifiable risk factors such as smoking, obesity, exercise, and excess sun exposure, as well as environmental exposures, explain as much as 90-95% of all cancer cases (Anand et al., 2008). Prevention, early detection and treatment remain at the forefront in the battle to reduce the burden of cancer, and progress towards fighting cancer needs to be monitored not only by mortality rates but also by survival estimates, taking account of early detection of the disease and the effectiveness of treatment (OECD, 2013a).

Mongolia; DPR Korea; China; Hong Kong, China; Papua New Guinea and the Lao PDR had higher cancer mortality rates, all with over 125 deaths per 100 000 population in 2012 (Figure 1.6.1). Cancer deaths were less common in Sri Lanka, India, Nepal, Bangladesh, Fiji and Pakistan, and they had less than 90 deaths per 100 000 population.

The average rate of death in 20 Asian countries was lower than that of OECD countries (106 versus 129 deaths per 100 000 population in 2012). But cancer mortality had increased faster in the Asia/Pacific region than OECD countries since 2000, narrowing the gap with OECD countries. There was a substantial increase of 33% for prostate cancer deaths, 26% increase for pancreas cancer deaths, 23% increase for colorectal cancer deaths, 22% increase for lung cancer deaths and 21% increase for breast cancer deaths between 2000 and 2012. During the same period, there was a decline of 11% for stomach cancer deaths and 3% for oesophagus cancer deaths (WHO, 2014i).

Lung and liver cancer were two leading types of cancer in the region (Figure 1.6.2). Lung cancer accounted for 17% of all cancer deaths on average in 20 Asian countries in 2012. Rates were high in DPR Korea with 46 deaths per 100 000 population, followed by China with 38 deaths per 100 000 population, while the average was 17 deaths per 100 000 population in Asian countries. It is anticipated that rates will continue to rise if strong and multifaceted anti-smoking initiatives are not undertaken. Liver cancer accounted for 16% of cancer deaths in Asian countries in 2012. In Mongolia, with the highest cancer mortality, the

large proportion of deaths was due to liver cancer, precipitated by hepatitis B infection. Besides Mongolia, liver cancer deaths occurred frequently in the Lao PDR, Viet Nam, China and Thailand. Incidence is expected to fall in coming decades, with increased immunisation for hepatitis B (see Indicator 5.1 “Child vaccination programmes”).

Other main causes of cancer deaths were stomach, colorectal and breast cancer. Mortality from stomach cancer accounted for 8% of all cancer deaths, linked to *Helicobacter pylori* infection, with deaths more prevalent in Mongolia, China, the Republic of Korea and Viet Nam. Colorectal cancer deaths were higher in New Zealand, Singapore, Japan, DPR Korea and the Republic of Korea. Breast cancer deaths, the most common cause among women, were responsible for over 15% of all cancer deaths in Pakistan and the mortality rate was also high in Papua New Guinea, Fiji, the Philippines and New Zealand.

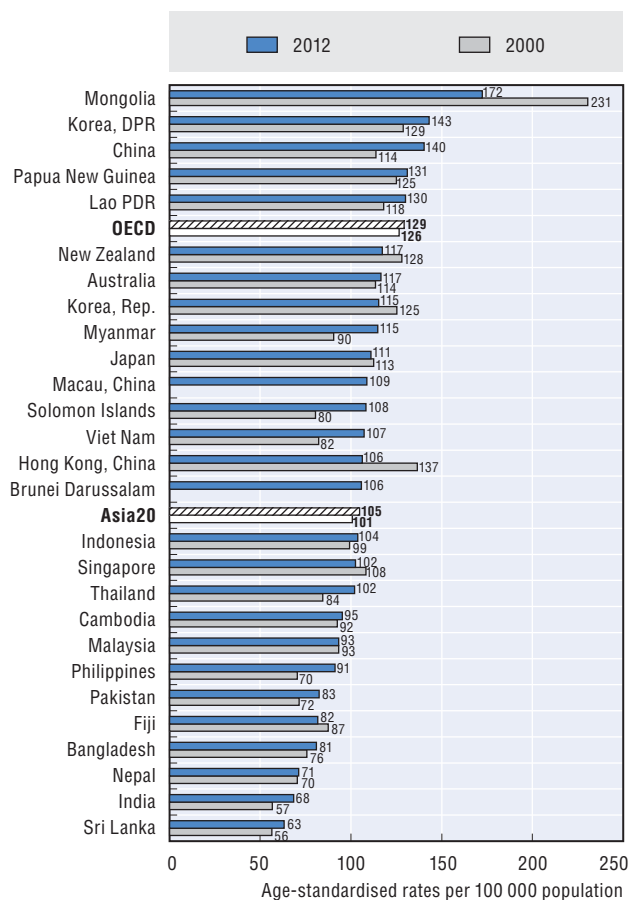
Cancer causes the highest economic loss among top causes of death worldwide as a large proportion of cancer deaths occur in the economically productive age group, and for a group aged 30-59, the age-specific mortality rate in Japan was lower than China, India and Indonesia (Figure 1.6.3). China had high mortality rates among the older people while the rate was less than one-third of the Chinese level for the older people in India. For a large number of cancers, the risk of developing the disease rises with age but in India, life expectancy is considerably lower than other countries, so the older people die of other diseases.

As with cardiovascular disease, an ageing population will lead to many more cases of cancer in coming decades, taxing underprepared health systems. Since the drugs and technologies for treating patients are expensive, cancer control planning in the Asia/Pacific region might more effectively target smoking, physical activity and overweight/obesity. Early diagnosis is also a key to reducing mortality, so access to cancer diagnosis and care needs to be promoted through public health interventions or wider health coverage (OECD, 2013a).

Definition and comparability

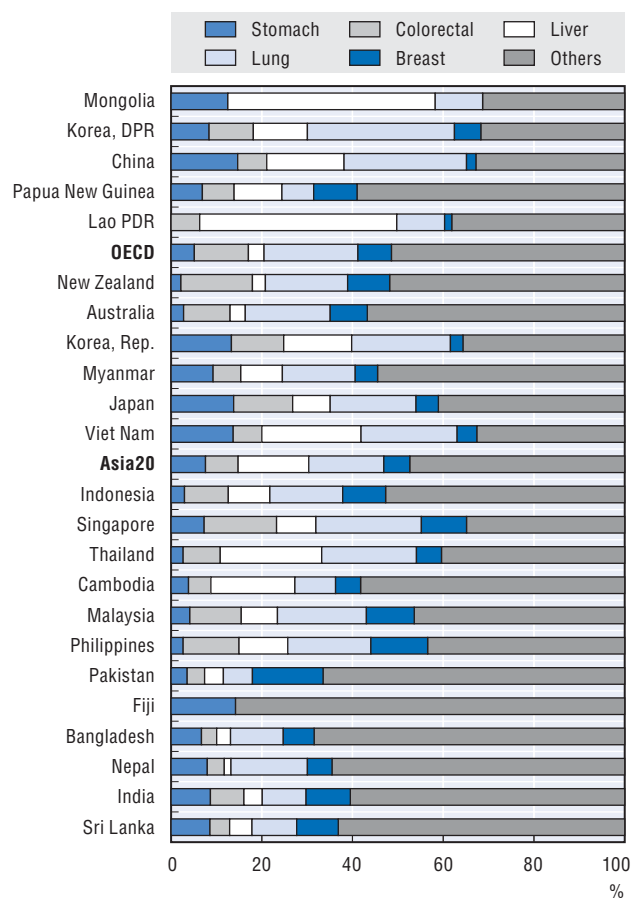
See Indicator 1.4 “Mortality from all causes” for definition, source and methodology underlying mortality rates.

1.6.1. All cancers, estimated mortality rates, 2000 and 2012



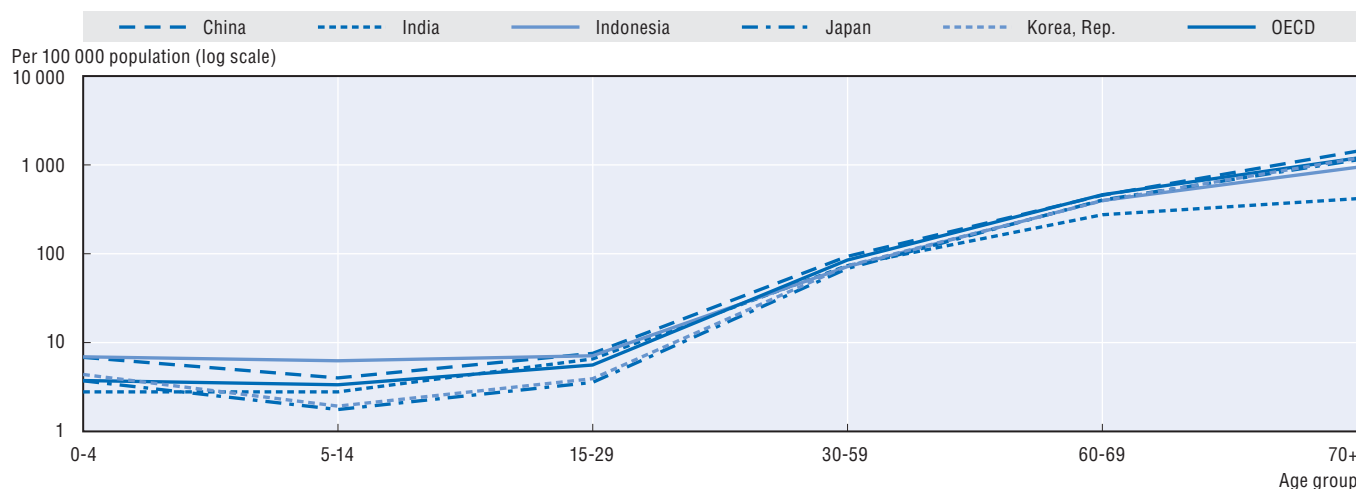
Source: WHO Global Burden of Disease, 2014; Department of Health, Hong Kong, China, 2014; Disease Registry, Macau, China, 2014.

1.6.2. Proportions of cancer deaths, 2012



Source: WHO Global Burden of Disease, 2014.

1.6.3. All cancers, age-specific mortality rates, selected countries and OECD, 2012



Source: WHO Global Burden of Disease, 2014.

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