

MORTALITY FROM CANCER

Cancer is the second leading cause of death after CVD in the Asia-Pacific region. Cancer was the cause of an estimated 4.5 million deaths (or 16.3% of total deaths) in Asia-Pacific in 2016 (WHO, 2018a).

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 (Islami et al., 2017; Wilson et al., 2018; Whiteman & Wilson, 2016). 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, 2013).

Mongolia had higher cancer mortality rates, all with over 200 deaths per 100 000 population in 2016 (Figure 3.14). Cancer deaths were less common in Sri Lanka, India, Nepal, Bangladesh and Fiji, and they had less than 90 deaths per 100 000 population.

The average rate of death in Asia-Pacific countries was lower than that of OECD countries (115.5 in lower-middle and low, 111.9 in high and 104.1 in upper-middle income Asia-Pacific countries versus 120.9 deaths per 100 000 population in 2016). While cancer mortality had increased in all Asia-Pacific countries and territories, India, Papua New Guinea, Brunei Darussalam and Fiji reported an increase from 2000-16 of 1.2%, 6%, 12.5% and 27.2% respectively.

Trachea, bronchus and lung cancer were the leading type of cancer in upper-middle and high-income Asia-Pacific countries (Figure 3.15), accounting for 19.7%, and 19.8% of all cancer deaths – on average – respectively in 2016. Liver cancer was the first cause of cancer deaths in lower-middle and low income Asia-Pacific countries, accounting for around 17% of cancer deaths in 2016. 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 and Thailand. Incidence is expected to fall in coming decades, with

increased immunisation for hepatitis B (see indicator “Child vaccination programmes” in Chapter 7).

Other main causes of cancer deaths were stomach, colorectal and breast cancer. Mortality from stomach cancer accounted for 6.3% and 5.7% all cancer deaths in high-income and upper-middle income countries respectively, linked to *Helicobacter pylori* infection, with deaths more prevalent in Mongolia, China, the Republic of Korea, Japan and Viet Nam. Colorectal cancer deaths were higher in New Zealand, Singapore and Brunei Darussalam. Breast cancer deaths, the most common cause among women, were responsible for over 15% of all cancer deaths in Pakistan and Fiji, and the mortality rate was also high in Solomon Islands, Malaysia and the Philippines.

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 (Figure 3.16). OECD and high-income Asia-Pacific countries had high mortality rates among older people (70 years or more), whereas lower-middle and low income Asia-Pacific countries had high mortality rates for people aged less than 60 years. For a large number of cancers, the risk of developing the disease rises with age but in lower-middle and low-income countries, life expectancy is considerably lower than other countries, so the older people die of other diseases.

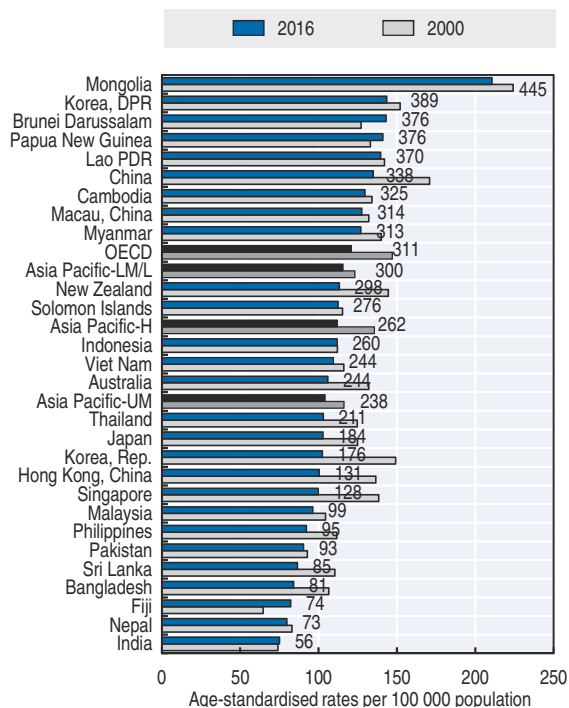
As with cardiovascular disease, the ageing of the population will lead to many more cases of cancer in coming decades, taxing underprepared health systems. Since the drugs and technologies for treating patients are expensive, cancer control planning in the Asia-Pacific region might more effectively target 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, 2013).

Definition and comparability

See indicator “Mortality from all causes” in Chapter 3 for definition, source and methodology underlying mortality rates.

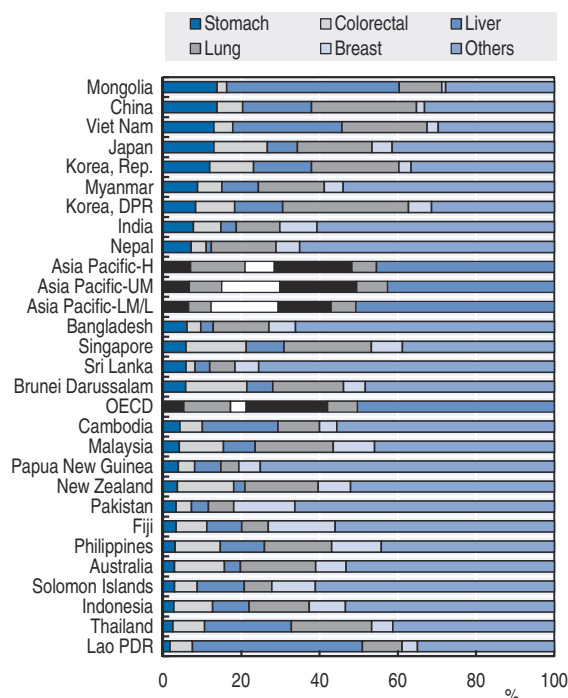
Cancer mortality rates for Hong Kong, China and Macau, China are not age-standardised.

3.14. All cancers, estimated mortality rates, 2000 and 2016



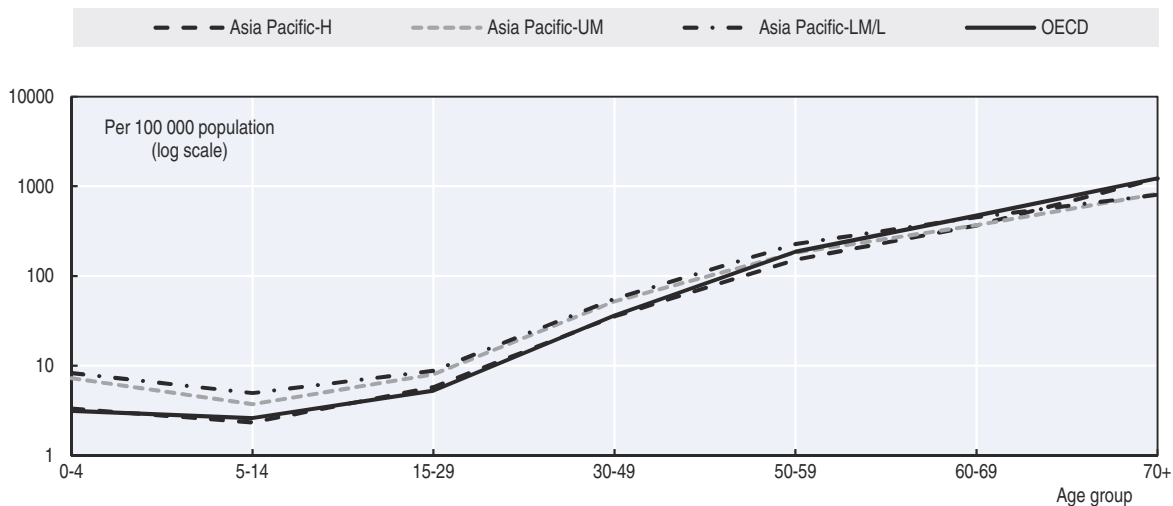
Source: WHO Global Burden of Disease, 2018; Department of Health, Hong Kong, China, 2018; Disease Registry, Macau, China, 2017.
 StatLink <http://dx.doi.org/10.1787/888933867170>

3.15. Proportions of cancer deaths, 2016



Source: WHO Global Burden of Disease, 2018.
 StatLink <http://dx.doi.org/10.1787/888933867189>

3.16. Malignant neoplasms, age-specific mortality rates, Asia-Pacific countries by income group and OECD, 2016



Source: WHO Global Burden of Disease, 2018.

StatLink <http://dx.doi.org/10.1787/888933867208>



From:

Health at a Glance: Asia/Pacific 2018 Measuring Progress towards Universal Health Coverage

Access the complete publication at:

https://doi.org/10.1787/health_glance_ap-2018-en

Please cite this chapter as:

OECD/World Health Organization (2018), "Mortality from cancer", in *Health at a Glance: Asia/Pacific 2018: Measuring Progress towards Universal Health Coverage*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance_ap-2018-12-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.