pancare FOUNDATION

Why Upper GI:

Australia's new leading cause of cancer deaths

October 2026

Provocate



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Act Now

It's official. Australia has a new leading cause of cancer-related deaths. But it's not the one the public – or policy makers – think.

Pancare-Provocate® exclusive analysis of 2004-2024 ABS Cause of Death data and exclusive public polling, aligned to 12x Cancer Australia tumour streams.

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Why Upper GI?

- Doug Hawkins, CEO, Pancare Foundation

Upper gastrointestinal (Upper GI) cancers - pancreatic, liver, stomach, oesophageal and biliary - now collectively cause more deaths in Australia than any other cancer group. Yet their combined toll remains largely unrecognised.

To highlight this silent killer, Pancare Foundation and Provocate® examined two decades of cancer death data using established tumour streams from Cancer Australia - the same groupings used to report research funding. We then compared our findings with research spend and public perception, with the results showing low funding and awareness for Upper GI cancers.

When viewed together, these cancers present a national challenge that can be missed when each cancer is considered separately. This report makes that challenge visible and identifies priorities for a coordinated response. Pancare's forthcoming 2026 State of the Nation addendum report will examine these solutions in greater depth.

Our aim is to build on the progress made in other cancer groups. Australia needs greater investment across cancer prevention, diagnosis, treatment, care and research, with Upper GI cancers receiving the attention that reflects their growing burden in our community.

Why Upper GI cancers are Australia's new leading cause of cancer deaths – and need urgent intervention and investment now.

57

minutes

One Australian now dies from an Upper GI cancer.

*Annual average

#1

Upper GI cancers have surpassed lung as AU's biggest cancer killer.

1 in 5

Cancer deaths from Upper GI, yet less than 1 in 10 research dollars.

1 in 50

Just 2% of Aussies identify Upper GI as the leading cancer killer.

100%

Upper GI cancer deaths grew double all cancer deaths this past decade.

Provocate® & Pancare analysis of 2024 ABS Cause of Death data (Nov 2025) & YouGov public polling (Dec 2025), aligned to official Cancer Australia tumour groupings.

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1. Now

Upper GI cancers now cause more deaths than any other group of cancers in Australia for the first time in history.

Pancare-Provocate® exclusive analysis of 2004-2024 ABS Cause of Death data and exclusive public polling, aligned to 12x Cancer Australia tumour streams.

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Highest Cancer Deaths

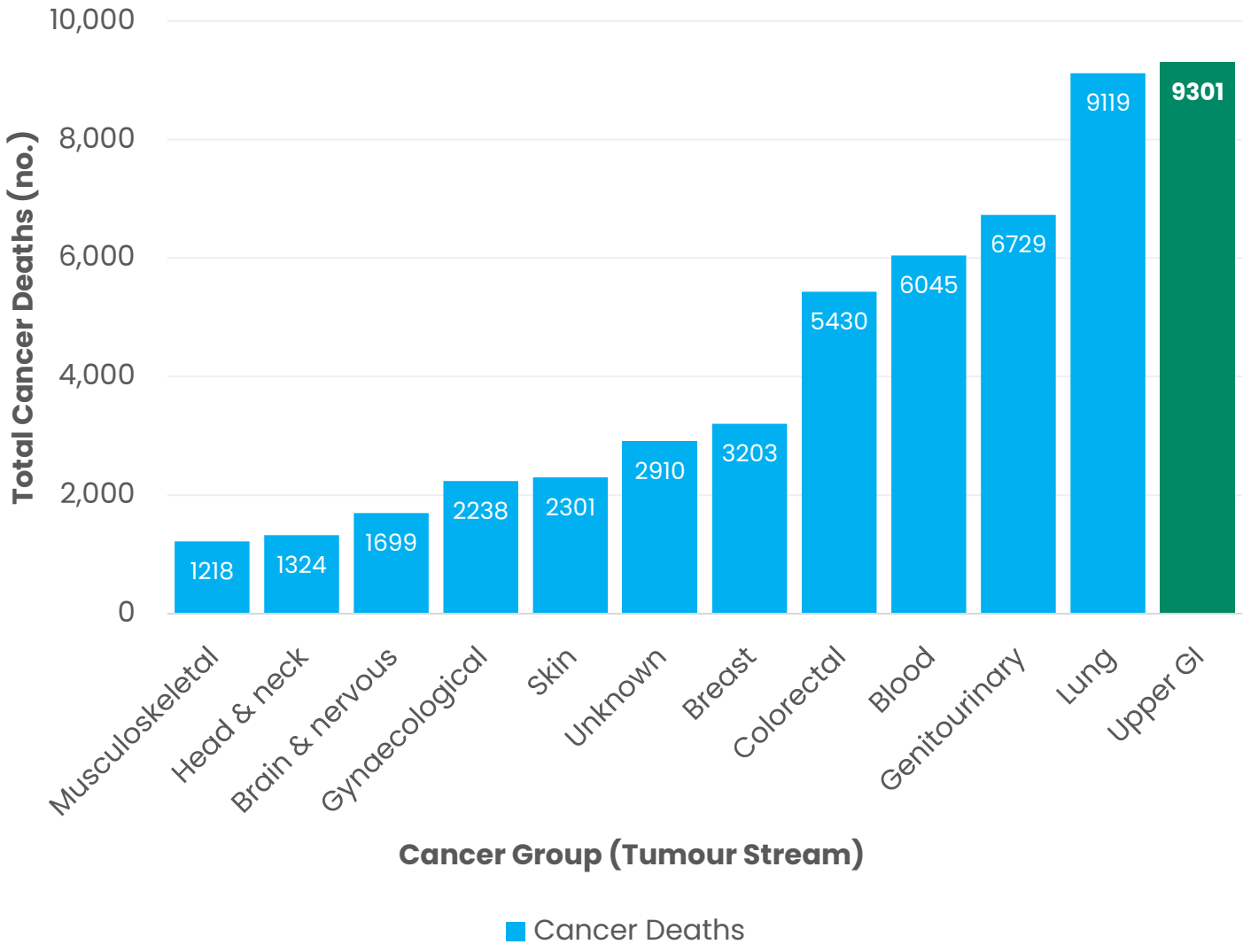
Insight: Upper gastrointestinal (Upper GI) cancers now cause more deaths in Australia than any other group of cancers, surpassing lung cancers in the most recent Australian Bureau of Statistics (ABS) cancer death data, Pancare and Provocate®'s analysis reveals.

Impact: This equates to one Australian dying from an Upper GI cancer every 57 minutes – more than any other cancer group. This represents 25 Australians losing their lives every day, signalling a national emergency which is exacerbated by low awareness, vague symptoms, and low investment in research into early diagnosis and treatment.

Investigate: Establishing a standalone Upper GI cancer Action Plan, with national coordination, to address their high burden.

Integrating Australian Cancer Plan Actions: 1.2.1, 1.2.2, 1.2.4, 1.5.4, 3.5.1, 4.2.2

Figure 1: Cancer Grouping With the Highest Number of Deaths in Australia



Provocate® and Pancare analysis of 2024 ABS Cause of Death data (Nov 2025), aligned to official Cancer Australia tumour groupings.

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Highest Share of Cancer Deaths

Insight: Upper GI cancers now make up nearly 1 in 5 cancer deaths (18%). That's despite being allocated less than 1 in 10 cancer research dollars, Pancare-Provocate® analysis of the most recent Cancer Australia audit of cancer research spending shows.

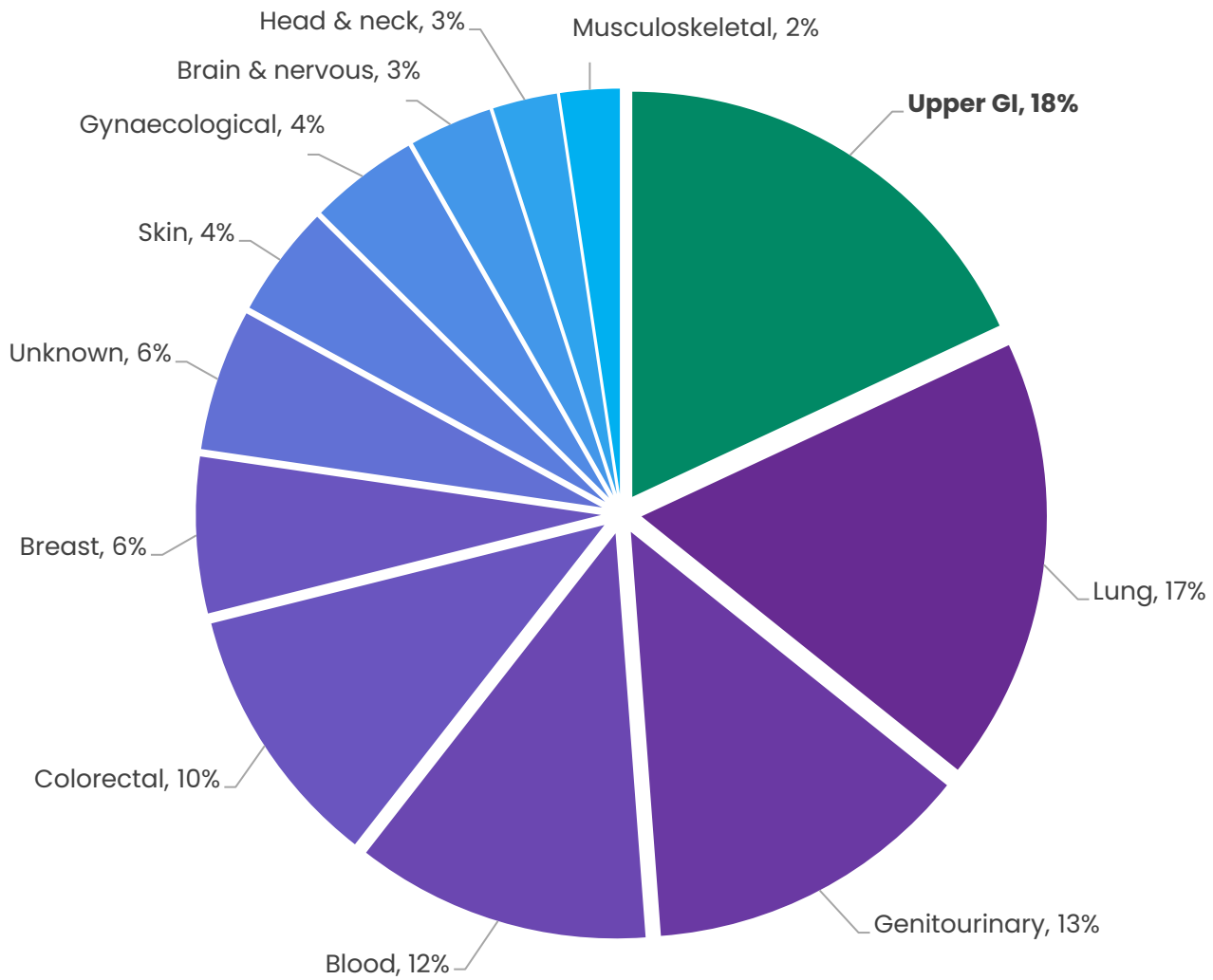
Impact: As a result, Upper GI cancers rank first for deaths but seventh for research funding, well behind higher-profile causes, such as breast and skin cancers. For some low-survival cancers like Upper GI, limited commercial incentives can leave research gaps that require dedicated public investment.

Investigate: Establishing an Upper GI Action Plan with dedicated funding, reflective of the high burden and unmet need, or prioritising Upper GI cancers in existing missions.

Integrating Australian Cancer Plan Actions: 4.2.2

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Figure 2: Cancer Grouping With the Highest Proportion of Deaths in Australia



Provocate® and Pancare analysis of 2024 ABS Cause of Death data (Nov 2025), aligned to official Cancer Australia tumour groupings from its audit of cancer research funding 2012 to 2020.

Lowest Awareness

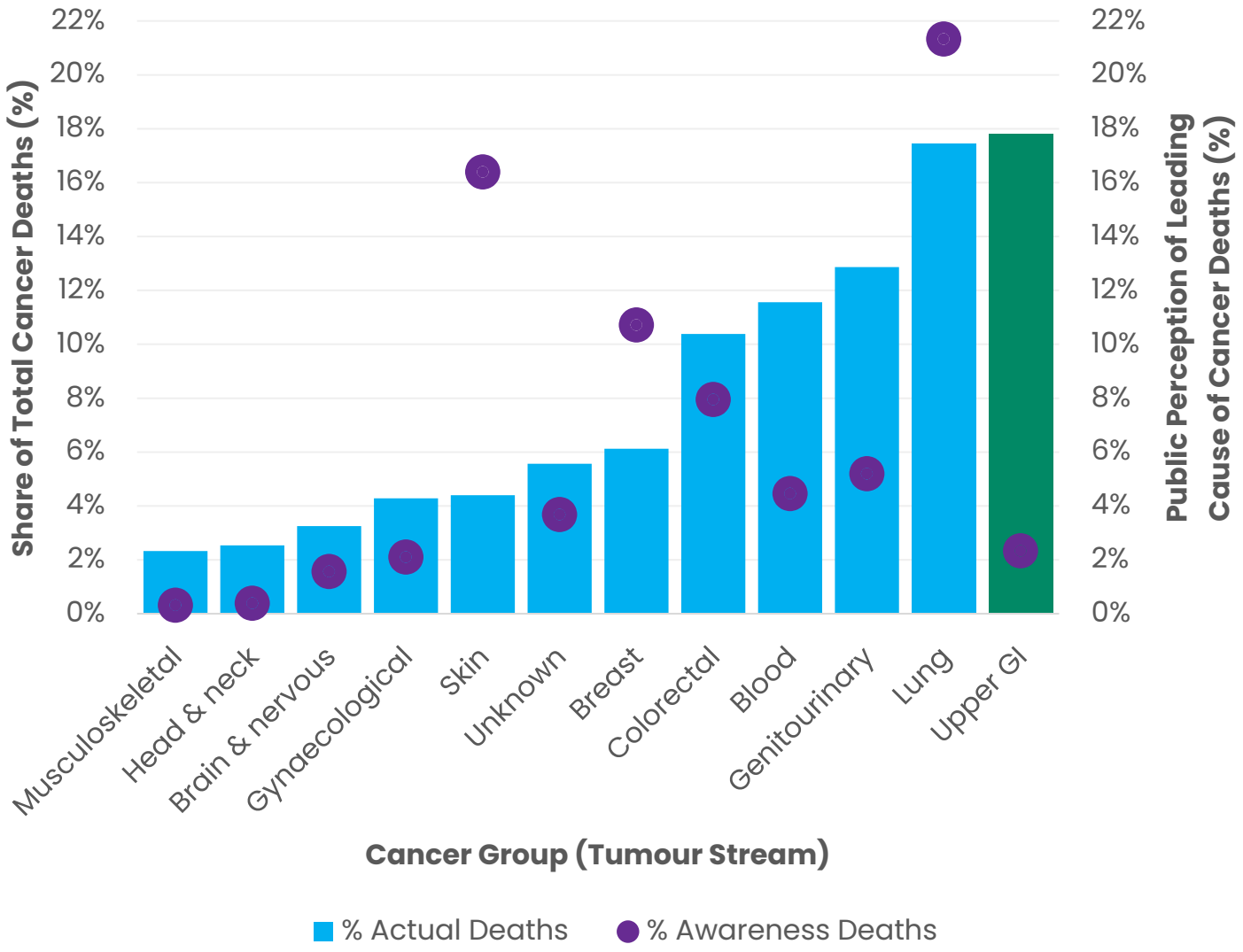
Insight: Yet, there is currently a very low public awareness of the true burden of Upper GI cancers, with only 1 in 50 (2%) Australians believing they cause the most cancer deaths, despite making up nearly 1 in 5 cancer deaths, according to a YouGov poll of over 1,000 adults as part of the Pancare-Provocate® study.

Impact: In fact, Upper GI cancers had the lowest awareness of the top five deadliest cancer groups, including one tenth that of lung cancers (21%). This challenge is exacerbated by often vague symptoms and late diagnosis leading to poor survival and quality of life.

Investigate: Funding a national Upper GI symptom awareness campaign, co-designed with priority populations to overcome barriers to early diagnosis.

Integrating Australian Cancer Plan Actions: 1.2.1, 1.2.5, 2.2.2, 6.2.1

Figure 3: Cancer Grouping With the Highest Proportion of Deaths in Australia – Actual vs Public Perception



Provocate® & Pancare analysis of 2024 ABS Cause of Death data (Nov 2025) & YouGov public polling (Dec 2025), aligned to official Cancer Australia tumour groupings.

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Rank Outsiders

Insight: Similarly, high-profile cancers such as skin, breast and bowel (colorectal) ranked 2nd, 3rd, and 4th respectively in terms of the public's belief they were the leading cause of cancer deaths by group in Australia, despite actually ranking 8th, 6th and 5th respectively.

Impact: It's not surprising these cancers with long-standing national screening programs or public health campaigns are substantially over-represented in public awareness. However, it highlights the disparity between attention and funding - and the positive outcomes that could be achieved for Upper GI cancers with increased focus and investment.

Investigate: Making Upper GI symptom education a consistent part of public conversations and primary care training.

Integrating Australian Cancer Plan Actions: 1.2.1, 2.2.2, 2.2.3, 2.5.2, 5.2.2

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Figure 4: Cancer Grouping With the Highest Proportion of Deaths in Australia – Actual vs Public Perception

Cancer Group	Description As Presented in Survey	Deaths (no.)	Actual (%)	Aware (%)	Actual (Rank)	Aware (Rank)
Upper GI	e.g. pancreatic cancer, liver cancer, stomach cancer	9,301	17.8%	2.3%	1	8
Lung	e.g. non-small cell lung cancer, small cell lung cancer, metastatic lung cancer	9,119	17.4%	21.3%	2	1
Genitourinary	e.g. prostate cancer, kidney cancer, bladder cancer	6,729	12.9%	5.2%	3	5
Haematological	e.g. leukaemia, lymphoma, myeloma	6,045	11.6%	4.5%	4	6
Colorectal	e.g. colon cancer, rectal cancer, metastatic bowel cancer	5,430	10.4%	8.0%	5	4
Breast	e.g. ductal carcinoma, lobular carcinoma, metastatic breast cancer	3,203	6.1%	10.7%	6	3
Unknown Primary	e.g. a cancer already spread but doctors cannot identify the organ it first started	2,910	5.6%	3.7%	7	7
Skin	e.g. melanoma, basal cell carcinoma, squamous cell carcinoma	2,301	4.4%	16.4%	8	2
Gynaecological	e.g. ovarian cancer, cervical cancer, uterine cancer	2,238	4.3%	2.1%	9	9
Brain & Nervous	e.g. glioblastoma, astrocytoma, meningioma	1,699	3.2%	1.6%	10	10
Head & Neck	e.g. throat cancer, mouth/oral cancer, thyroid cancer	1,324	2.5%	0.4%	11	11
Musculoskeletal	e.g. osteosarcoma, soft-tissue sarcoma, Ewing sarcoma	1,218	2.3%	0.3%	12	12

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Provocate® & Pancare analysis of 2024 ABS Cause of Death data (Nov 2025) & YouGov public polling (Dec 2025), aligned to official Cancer Australia tumour groupings.

Provocate

2. Growth

Upper GI cancer deaths grew faster than any other group of cancers the past 20 years.

Pancare-Provocate® exclusive analysis of 2004-2024 ABS Cause of Death data and exclusive public polling, aligned to 12x Cancer Australia tumour streams.

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Highest Growth

Insight: Upper GI cancers grew at double the rate of all cancer deaths and population growth over the past decade. Overall, Upper GI cancers also recorded the highest growth in deaths of any tumour stream in the past 10 (+35%) and 20 (+74%) years.

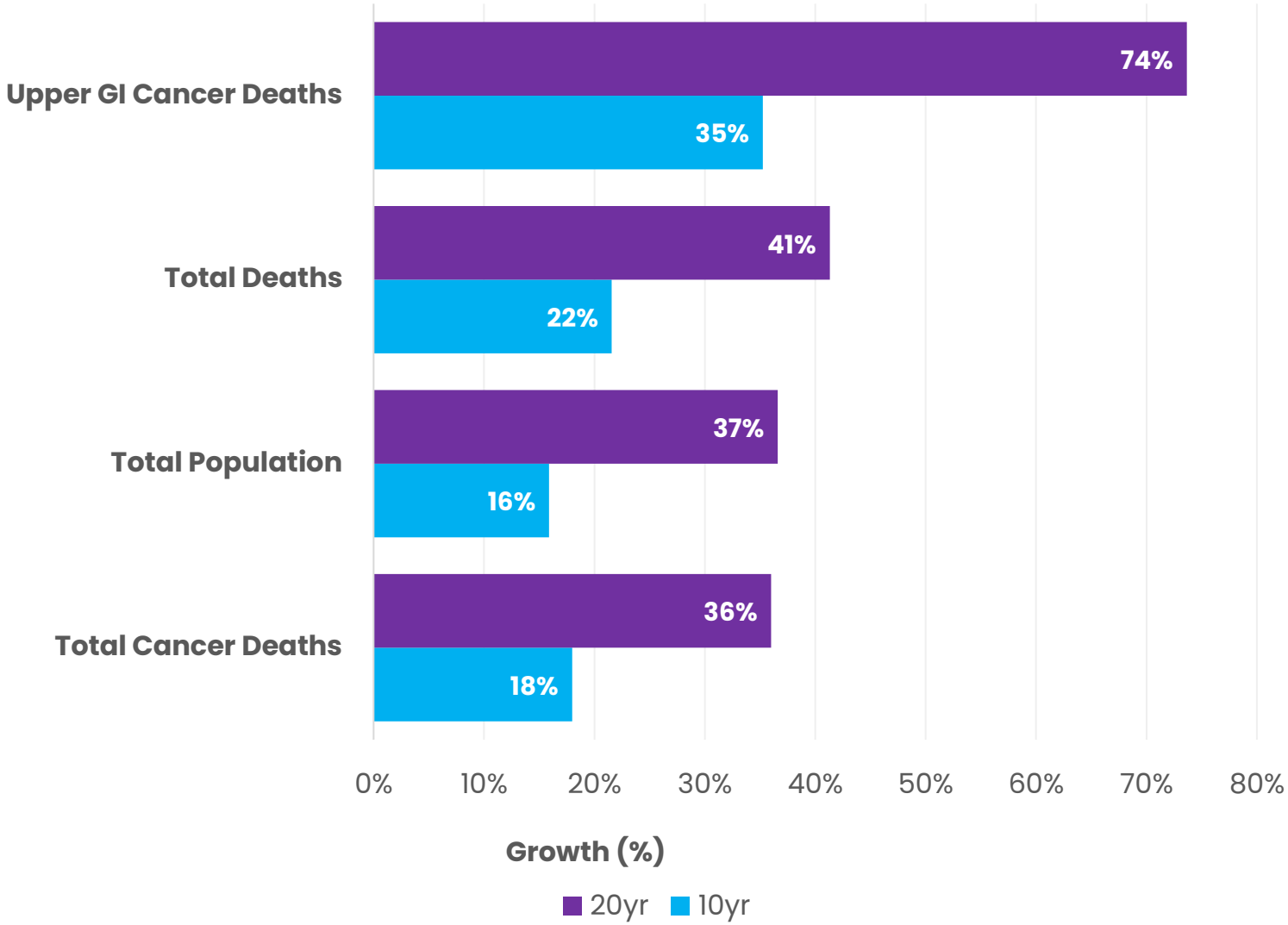
Impact: This reflects Upper GI cancer death rates (crude) rising from about 27 deaths per 100,000 persons in 2004 to 34 deaths per 100,000 persons in 2024. The importance of this growth is exacerbated by the fact that, despite total cancer death numbers rising in the past 20 years, overall crude cancer mortality rates remain broadly unchanged over this period.

Investigate: Prioritising national reporting of Upper GI cancer burden and care variation, using existing national data and registries.

Integrating Australian Cancer Plan Actions: 3.5.1, 4.5.1

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Figure 5: Growth (%) in Upper GI Cancer Deaths vs Total Cancer Deaths



Provocate® and Pancare analysis of 2004 to 2024 ABS Cause of Death data (Nov 2025), aligned to official Cancer Australia tumour groupings.

Fastest Acceleration

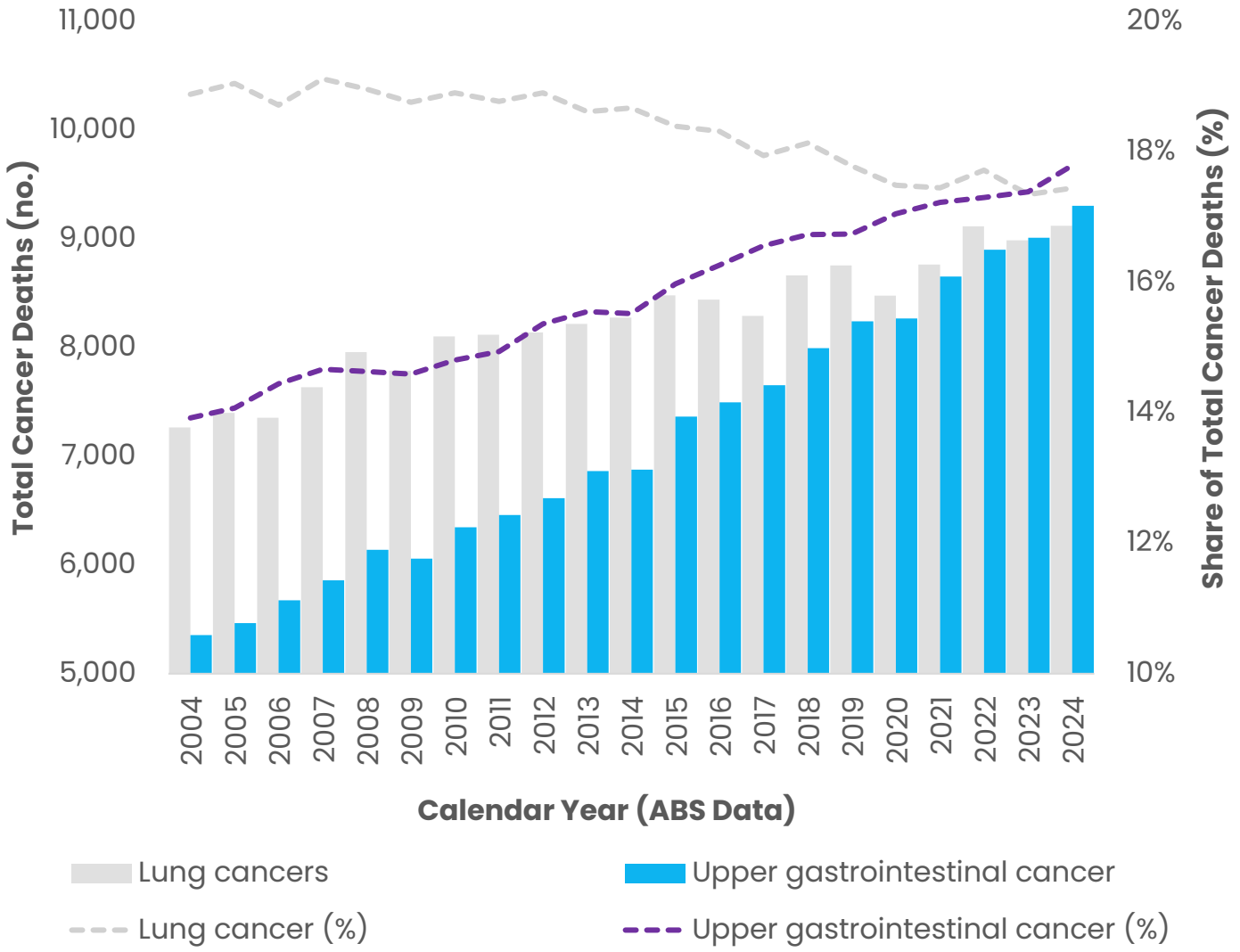
Insight: Upper GI cancer deaths grew at triple the rate of lung cancer deaths the past 10 and 20 years. This data is supported by Upper GI cancer's share of total cancer deaths growing from 14% to 18% between 2004 and 2024, compared to lung cancer's share of deaths declining from 19% to 17%.

Impact: This acceleration not only helps explain how Upper GI cancers have now surpassed lung cancers as Australia's deadliest tumour group, but highlights the need for urgent intervention to slow this trajectory in line with the priority given to lung and other high-priority cancers in recent years.

Investigate: Prioritising evidence-based screening or surveillance options for high-risk Upper GI cancer populations.

Integrating Australian Cancer Plan Actions: 1.2.4, 1.5.3, 1.5.4, 4.2.2

Figure 6: Historical Growth in Upper GI Cancer vs Lung Cancer Deaths the Past 20 yrs (2004 to 2024)



Provocate® and Pancare analysis of 2004 to 2024 ABS Cause of Death data (Nov 2025), aligned to official Cancer Australia tumour groupings.

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Lack of Urgency

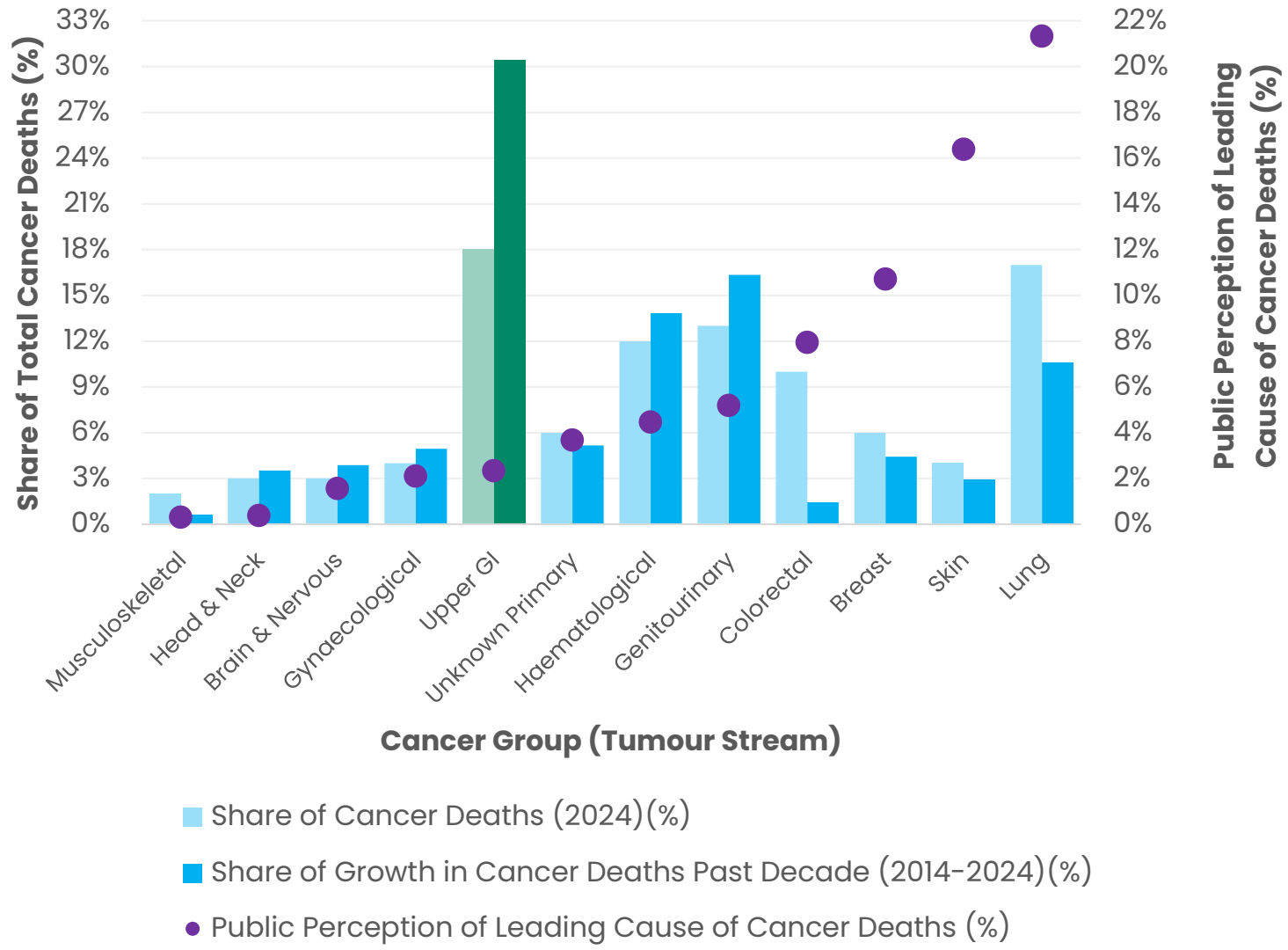
Insight: Upper GI cancers aren't just responsible for 1 in 5 cancer deaths overall, but also about 1 in 3 additional cancer deaths over the past decade. For example, annual cancer deaths rose by almost 8,000 between 2014 and 2024, with Upper GI cancers accounting for more than 2,400 (30%) of that increase.

Impact: In contrast, lung, skin, breast and bowel cancers all saw their share of cancer deaths fall the past decade despite public perceptions. This pattern reiterates a public, policy and political blind spot for Upper GI cancers, but also a path forward via sustained investment.

Investigate: Funding a staged Upper GI program combining symptom awareness, rapid diagnostic pathways and high-risk surveillance where evidence supports it.

Integrating Australian Cancer Plan Actions: 1.2.4, 1.5.3, 2.2.2, 3.2.1, 3.2.3, 5.2.2

Figure 7: Share of Total and New Cancer Deaths vs Perception of Highest Cause of Cancer Deaths by Tumour Stream



Provocate® analysis of 2004 to 2024 ABS Cause of Death data (Nov 2025) & YouGov polling (Dec 2025), aligned to official Cancer Australia tumour streams.

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All Cancers Matter

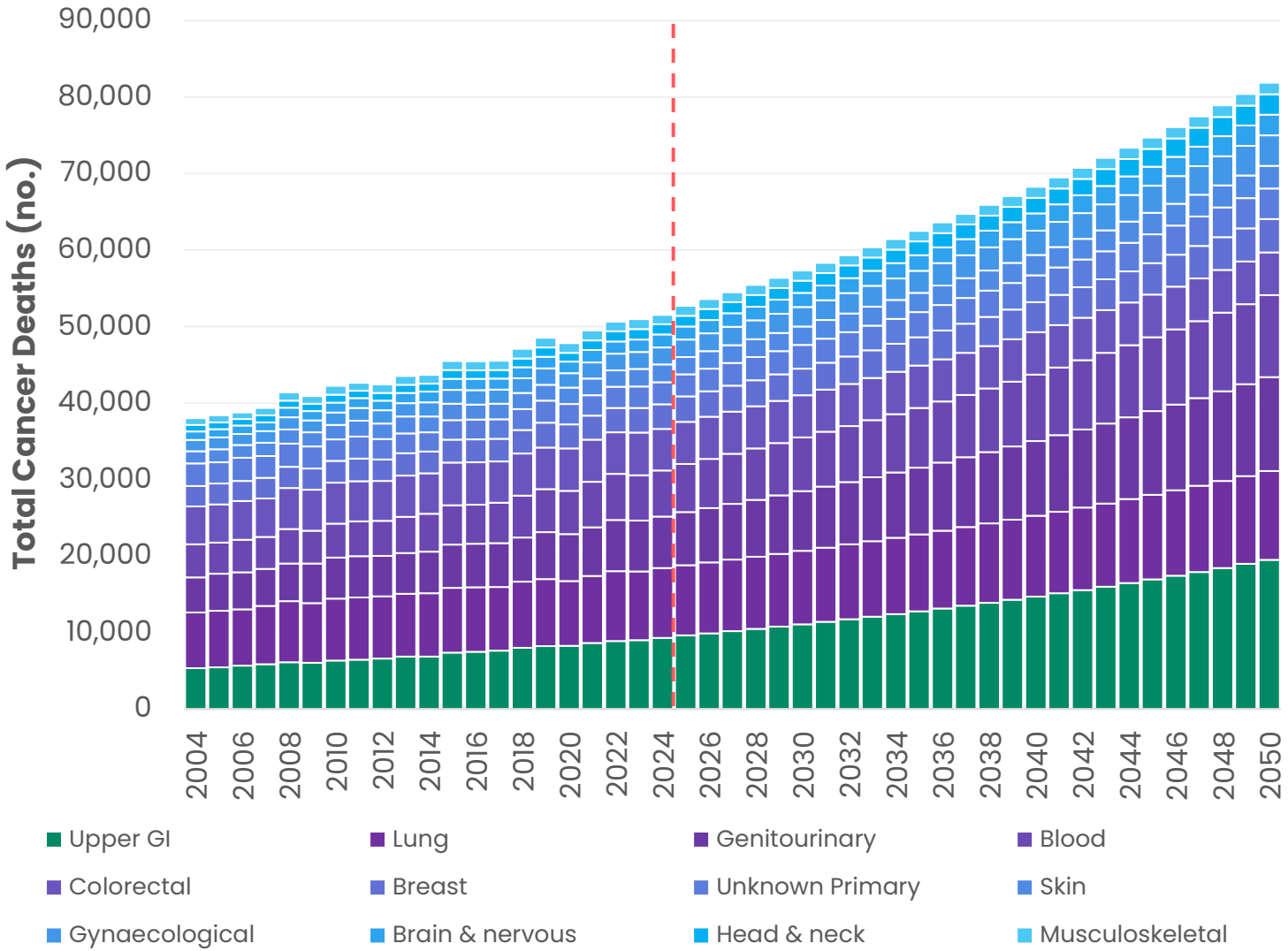
Insight: If current growth trends continue, Upper GI cancer deaths could reach approximately 1 in 4 cancer deaths by 2050, compared with 1 in 5 now and 1 in 7 twenty years ago, under a log-linear trend scenario. In contrast, lung cancers would follow the reverse trajectory, declining from 19% in 2004 to 14% by 2050.

Impact: That said, Figure 8 shows cancer deaths overall will continue to grow in Australia based on current trends. This is why increased funding for Upper GI cancers must be part of a broader investment boost for all cancers, not a competitive redistribution of the existing pie.

Investigate: Expanding cancer investment to meet growing Upper GI cancer burden, including research and specialist workforce capacity, while growing all cancer funds.

Integrating Australian Cancer Plan Actions: 4.2.2, 4.5.3, 5.2.1, 5.5.1

Figure 8: Historical & Projected Cancer Deaths by Tumour Group (2004 – 2050)



Provocate® and Pancare analysis of 2004–2024 ABS Cause of Death data (Nov 2025), aligned to official Cancer Australia tumour groupings. Projections to 2050 use log-linear regression fitted to 2015–2024 data.

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3. Drivers

A doubling of pancreatic and a tripling of liver cancer deaths are driving Upper GI cancer's rise as Australia's biggest cancer killer.

Pancare-Provocate® exclusive analysis of 2004-2024 ABS Cause of Death data and exclusive public polling, aligned to 12x Cancer Australia tumour streams.

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Individual Responsibility

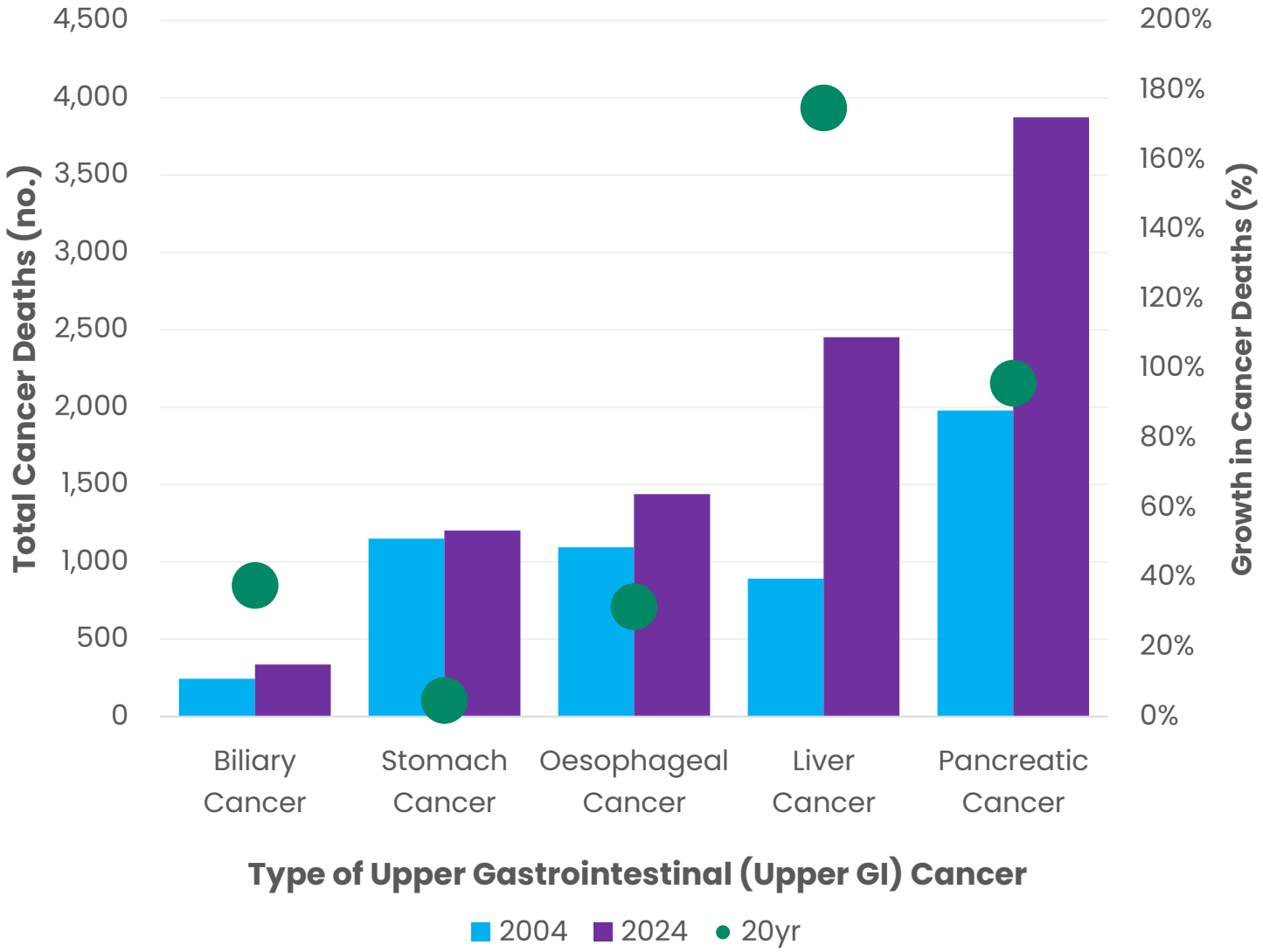
Insight: The rapid rise in Upper GI cancers as the leading cause of cancer deaths in Australia is being primarily driven by a near doubling (+96%) and tripling (+175%) in pancreatic and liver cancer deaths the past 20 years.

Impact: Of the five types of Upper GI cancers, pancreatic is the lead cause of deaths, followed by liver cancer, which overtook fellow Upper GI cancers stomach and oesophageal the past 20 years. Even with Optimal Care Pathways (OCPs) now covering all five cancers, standards alone cannot close gaps relating to early diagnosis, treatment and access to specialist care.

Investigate: Funding timely, equitable molecular and genomic testing for Upper GI patients to guide treatment decisions, along with workforce and infrastructure changes.

Integrating Australian Cancer Plan Actions: 1.5.4, 3.2.3, 3.5.1, 5.2.1, 5.5.2

Figure 9: Growth in Individual Upper GI Cancer Deaths in the Past 20 yrs (2004 to 2024)



Provocate® and Pancare analysis of 2004-2024 ABS Cause of Death data (Nov 2025), aligned to official Cancer Australia tumour groupings.

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Growing Pains

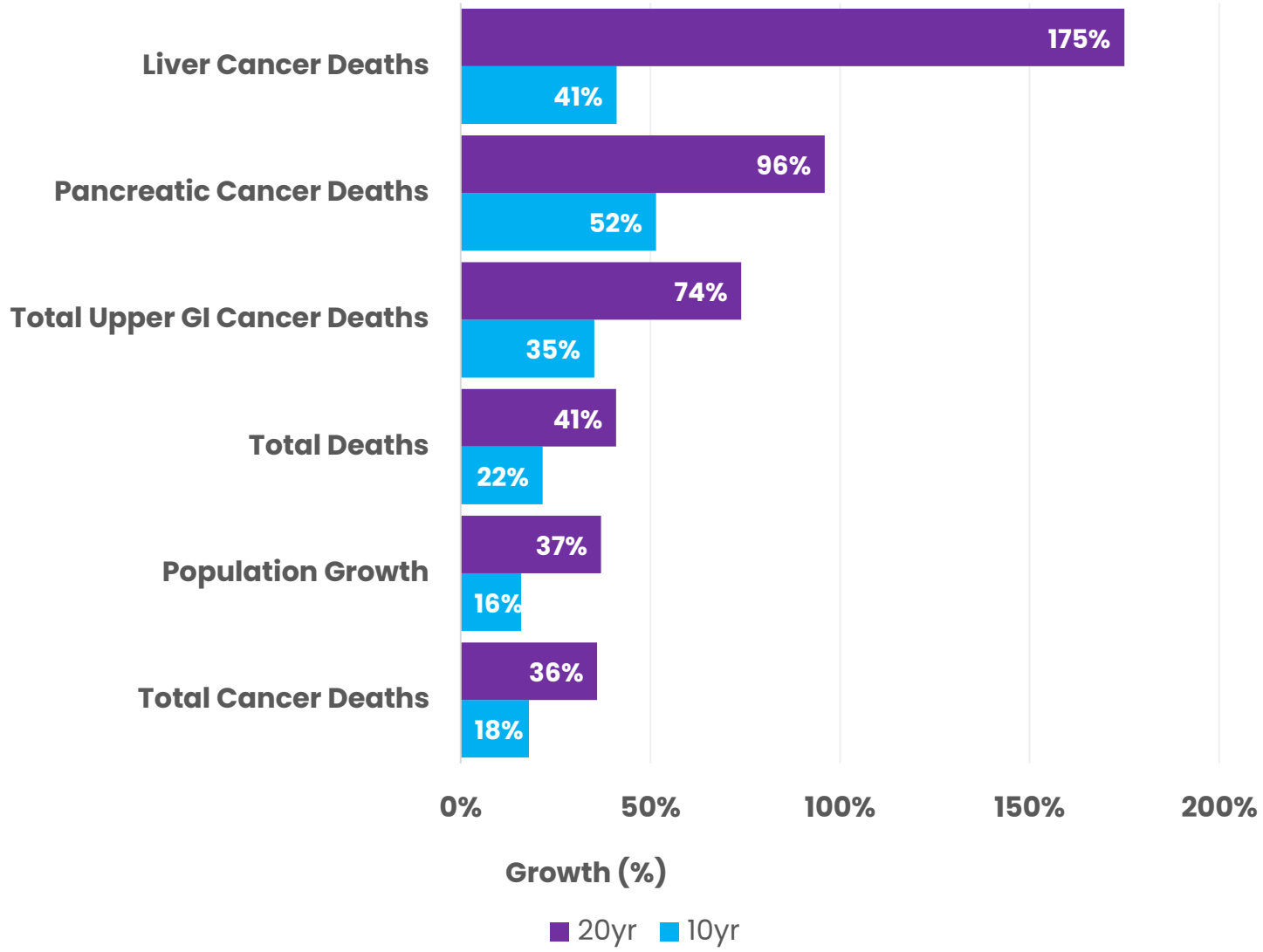
Insight: Pancreatic and liver cancers have also grown at three and five times the rate of total cancer deaths respectively the past two decades, while outpacing population growth at similar rates. That's despite total cancer deaths in Australia growing slower than the population over the same 20-year period.

Impact: This record growth saw pancreatic cancer surpass prostate cancer for the first time in the most recent ABS data (2024) to now be Australia's second biggest individual cancer killer, while deaths from liver cancer are on track to overtake deaths from all liver diseases.

Investigate: Expanding specialist Upper GI nursing, dietetic and palliative care capacity, supported by dedicated training pathways.

Integrating Australian Cancer Plan Actions: 2.2.1, 2.5.1, 3.2.2, 3.2.4, 3.5.3, 5.2.1, 5.5.1, 5.5.2

Figure 10: Growth (%) in Types of Upper GI Cancer Deaths vs Total Cancer Deaths



Provocate® and Pancare analysis of 2004-2024 ABS Cause of Death data (Nov 2025), aligned to official Cancer Australia tumour groupings.

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Triple Threat

Insight: Three of the five types of Upper GI cancers - pancreatic, liver and oesophageal - feature in the top 10 individual causes of cancer deaths, the only tumour stream with multiple.

Impact: Pancreatic cancer has also risen from 6th place to 2nd the past two decades, passing prominent cancers like breast (2017) and colon (2010) - both of which have national screening programs and associated government-funded awareness campaigns. Liver cancer has also risen from 14th to 6th place between 2004 and 2024, surpassing high-profile cancers like skin and brain.

Investigate: Establishing national reporting on Upper GI cancer care against existing Optimal Care Pathways, including outcomes for priority populations.

Integrating Australian Cancer Plan Actions: 3.2.1, 3.5.1, 3.5.2, 4.2.1, 4.5.1

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Figure 11: Cancer Death Rankings and Counts by Individual Cancer Type over 20 years (2004 to 2024)

Individual Cancer	Cancer Group	2004		2014		2024	
Single Code	Tumour Stream	Rank	Deaths	Rank	Deaths	Rank	Deaths
Bronchus & Lung (C34)	Lung	1	7,262	1	8,268	1	9,113
Pancreas (C25)	**Upper GI**	**6**	**1,978**	**4**	**2,556**	**2**	**3,873**
Prostate (C61)	Genitourinary	3	2,761	2	3,109	3	3,835
Breast (C50)	Breast	4	2,661	3	2,850	4	3,203
Without Specific Site (C80)	Unknown	5	2,210	5	2,499	5	2,910
Liver (C22)	**Upper GI**	**14**	**892**	**7**	**1,738**	**6**	**2,452**
Rectosigmoid Colon (C19)	Colorectal	22	515	8	1,608	7	2,212
Brain (C71)	Brain & Nervous	11	1,081	10	1,367	8	1,663
Melanoma (Skin) (C43)	Skin	7	1,209	9	1,469	9	1,483
Oesophagus (C15)	**Upper GI**	**10**	**1,093**	**12**	**1,203**	**10**	**1,438**

Provocate® and Pancare analysis of 2004-2024 ABS Cause of Death data (Nov 2025) by individual ICD-10 cancer types.

Uncertain Future

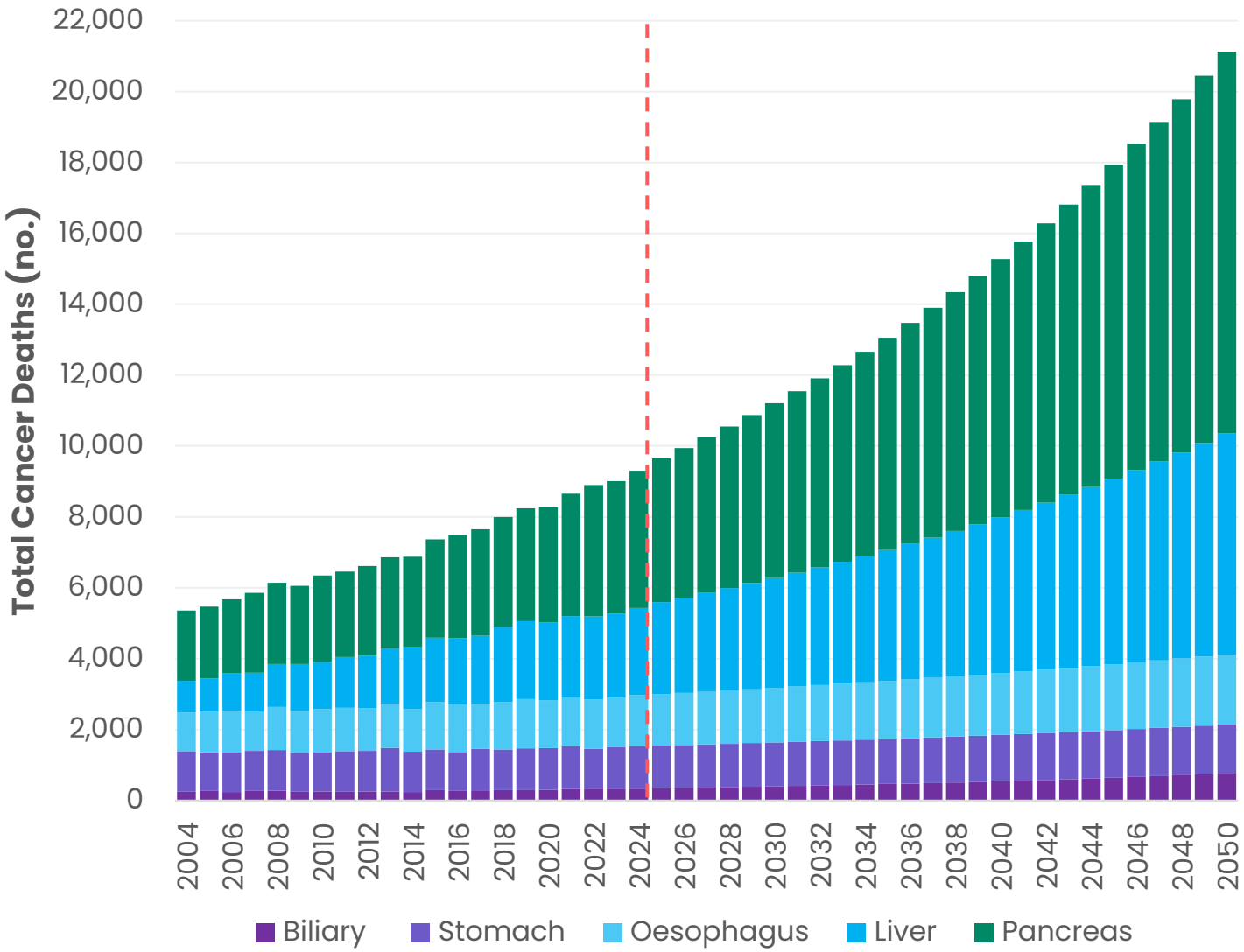
Insight: If current trends continued, pancreatic cancer could become Australia's single biggest cancer killer on its own within the next 25 to 30 years, based on the same log-linear model.

Impact: While these projections are not predictions, they illustrate the growing danger if urgent changes aren't made. The recent $4 billion fall in federal health spending in 2025-26, first revealed by Provocate®, heightens this risk. Changing this trajectory requires sustained investment in research, clinical trials and access to effective treatment, plus a united public, policy and political approach to raising the profile of Upper GI cancers.

Investigate: Prioritising Upper GI cancer trial capacity and timely, equitable access to effective new diagnostics and therapies.

Integrating Australian Cancer Plan Actions: 3.2.3, 3.5.3, 4.2.2, 4.5.3

Figure 12: Historical and Projected Cancer Deaths by Individual Upper GI Cancer Type (2004 – 2050)



Provocate® and Pancare analysis of 2004–2024 ABS Cause of Death data (Nov 2025), aligned to Cancer Australia tumour groupings. Projections to 2050 use log-linear regressions fitted to 2015–2024 data. Tumour stream and individual cancer projections are fitted independently, so individual projections may not sum to the projected stream total.

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Five priorities for Upper GI cancers

1. **Research**
   A dedicated Upper GI research Action Plan and new funding.
2. **Testing**
   Timely, equitable access to molecular and genetic testing.
3. **Treatments**
   Better access and affordability for effective therapies.
4. **Awareness**
   Public symptom awareness and clinician education.
5. **Accountability**
   National care-quality benchmarking and reporting.

Key signs to look out for

- Persistent heartburn or indigestion
- Ongoing stomach or back pain
- Unexplained weight loss
- Difficulty swallowing
- Jaundice (yellowing of skin or whites of eyes)
- Loss of or changes in appetite

If symptoms persist or worsen, speak with your GP.
Support: pancare.org.au

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Appendix A: Table 1. Scorecard of Current State of Cancer Deaths by Tumour Group

Cancer Group (Tumour Stream)	ICD Codes	Examples (as presented to survey respondents)	Deaths (no.)	Actual (%)	Aware (%)	Research (%)	Actual (Rank)	Aware (Rank)	Research (Rank)
Cancer Overall	C00-C97, D45-D47	e.g. all cancers	52,288	100%	100%	100.0%	Total	Total	Total
Upper Gastrointestinal	C15, C16, C22-C25	e.g. pancreatic cancer, liver cancer, stomach cancer	9,301	17.8%	2.3%	7.5%	1	8	7
Lung	C33-C34	e.g. non-small cell lung cancer, small cell lung cancer, metastatic lung cancer	9,119	17.4%	21.3%	5.7%	2	1	9
Genitourinary	C60-C68	e.g. prostate cancer, kidney cancer, bladder cancer	6,729	12.9%	5.2%	6.7%	3	5	8
Haematological	C81-C96, D45-D47	e.g. leukaemia, lymphoma, myeloma	6,045	11.6%	4.5%	22.4%	4	6	1
Colorectal	C18-C20, C26	e.g. colon cancer, rectal cancer, metastatic bowel cancer	5,430	10.4%	8.0%	8.5%	5	4	5
Breast	C50	e.g. ductal carcinoma, lobular carcinoma, metastatic breast cancer	3,203	6.1%	10.7%	16.3%	6	3	2
Unknown Primary	C77-C80, C97	e.g. a cancer already spread but doctors cannot identify which organ it first started	2,910	5.6%	3.7%	1.1%	7	7	11
Skin	C43-C44	e.g. melanoma, basal cell carcinoma, squamous cell carcinoma	2,301	4.4%	16.4%	10.5%	8	2	4
Gynaecological	C51-C58	e.g. ovarian cancer, cervical cancer, uterine cancer	2,238	4.3%	2.1%	7.9%	9	9	6
Brain & Nervous System	C70-C72, C75	e.g. glioblastoma, astrocytoma, meningioma	1,699	3.2%	1.6%	11.6%	10	10	3
Head & Neck	C00-C14, C30-C32	e.g. throat cancer, mouth/oral cancer, thyroid cancer	1,324	2.5%	0.4%	1.6%	11	11	10
Musculoskeletal	C40-C41, C45-C49	e.g. osteosarcoma, soft-tissue sarcoma, Ewing sarcoma	1,218	2.3%	0.3%	0.9%	12	12	12
None of the Above	-	e.g. not sure, none of the above	-	-	23.6%	-	-	-	-

Provocate® & Pancare analysis of 2024 ABS Cause of Death data (Nov 2025) & YouGov public polling (Dec 2025), aligned to official Cancer Australia tumour groupings from its audit of cancer research funding 2012 to 2020. Figures for the 12 tumour streams do not sum to the overall cancer total due to exclusions.

Appendix B: Table 2. Growth in Cancer Deaths by Tumour Group Over the Past 10 and 20 years

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Cancer Group (Tumour Stream)	ICD Codes	Examples	2004	2014	2024	10yr	20yr	10yr (%)	20yr (%)
Cancer Overall	C00-C97, D45-D47	e.g. all cancers	38,478	44,320	52,288	7,968	13,810	18%	36%
Upper Gastrointestinal	C15, C16, C22-C25	e.g. pancreatic cancer, liver cancer, stomach cancer	5,356	6,877	9,301	2,424	3,945	35%	74%
Lung	C33-C34	e.g. non-small cell lung cancer, small cell lung cancer, metastatic lung cancer	7,264	8,274	9,119	845	1,855	10%	26%
Genitourinary	C60-C68	e.g. prostate cancer, kidney cancer, bladder cancer	4,607	5,427	6,729	1,302	2,122	24%	46%
Haematological	C81-C96, D45-D47	e.g. leukaemia, lymphoma, myeloma	4,309	4,942	6,045	1,103	1,736	22%	40%
Colorectal	C18-C20, C26	e.g. colon cancer, rectal cancer, metastatic bowel cancer	4,964	5,315	5,430	115	466	2%	9%
Breast	C50	e.g. ductal carcinoma, lobular carcinoma, metastatic breast cancer	2,661	2,850	3,203	353	542	12%	20%
Unknown Primary	C77-C80, C97	e.g. a cancer already spread but doctors cannot identify which organ it first started	2,956	2,499	2,910	411	-46	16%	-2%
Skin	C43-C44	e.g. melanoma, basal cell carcinoma, squamous cell carcinoma	1,573	2,071	2,301	230	728	11%	46%
Gynaecological	C51-C58	e.g. ovarian cancer, cervical cancer, uterine cancer	1,496	1,844	2,238	394	742	21%	50%
Brain & Nervous System	C70-C72, C75	e.g. glioblastoma, astrocytoma, meningioma	1,110	1,391	1,699	308	589	22%	53%
Head & Neck	C00-C14, C30-C32	e.g. throat cancer, mouth/oral cancer, thyroid cancer	866	1,044	1,324	280	458	27%	53%
Musculoskeletal	C40-C41, C45-C49	e.g. osteosarcoma, soft-tissue sarcoma, Ewing sarcoma	880	1,171	1,218	47	338	4%	38%

Provocate® and Pancare analysis of 2004-2024 ABS Cause of Death data (Nov 2025), aligned to official Cancer Australia tumour groupings. Figures for the 12 tumour streams do not sum to the overall cancer total due to exclusions.

Pancare Foundation's upcoming 2026 State of the Nation report addendum will provide detailed solutions to the problems raised in this report - and facing the tens of thousands of Australians impacted by Upper GI cancers every year. Contact Dr Mark Buzza below for more details.

Pancare Foundation is Australia's leading charity dedicated to improving the lives of people affected by upper gastrointestinal (GI) cancers, including pancreatic, liver, stomach, biliary and oesophageal cancers. Founded in 2011, Pancare is committed to providing specialised support programs, counselling services and reliable, evidence-based information to help patients and their families navigate every stage of their cancer experience.

Contact:

Dr Mark Buzza
Head of Research, Innovation and Advocacy
mark.buzza@pancare.org.au
linkedin.com/in/mark-buzza
www.pancare.org.au

Provocate®

Provocate® are Australia's foremost advocacy analysts, with our insights at the heart of the biggest ideas & issues impacting the health of the nation since 2017, with globally award-winning results. This includes the first independent Australian firm to rank in the global Top 20 public relations campaigns (2024-25) and the first-ever Queensland firm to feature in the world's Top 75 communications innovators. This is thanks to our simple system for tackling the most complex problems: Provoke. Campaign. Communicate®. Let's Provocate®.

Contact:

Troy Bilsborough
Managing Director & Founder
troy.bilsborough@provocate.com.au
linkedin.com/in/troybilsborough
www.provocate.com.au

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Methodology

Awareness Analysis:

Polling: Awareness figures are from polling questions designed by Provocate® and undertaken by YouGov Plc for Pancare Foundation as part of this study. Total sample size was 1,015 adults. Fieldwork was undertaken between 8th-10th December 2025. The survey was carried out online. The figures have been weighted and are representative of all Australian adults (aged 18+). They were compared with Pancare-Provocate® analysis of the most recent (2024), Australian Bureau of Statistics (ABS) data, released 14 November 2025.

The YouGov survey was conducted using an online interview administered to members of the YouGov Plc Australian panel of 71,000+ individuals who have agreed to take part in surveys. Emails were sent to panellists selected at random from the base sample. The e-mail invites them to take part in a survey and provides a generic survey link. Once a panel member clicks on the link they are sent to the survey that they are most required for, according to the sample definition and quotas. (The sample definition could be "adult population" or a subset such as "adult females"). Invitations to surveys don't expire and respondents can be sent to any available survey. The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample. The profile is normally derived from census data or, if not available from the census, from industry accepted data. YouGov plc make every effort to provide representative information. All results are based on a sample and are therefore subject to statistical errors normally associated with sample-based information.

Authors: Troy Bilsborough (Provocate®), Dr Mark Buzza (Pancare), Dr Bethany Anderson (Pancare)

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ABS Causes of Death Analysis:

Source: Analysis of Australian Bureau of Statistics (ABS), *Causes of Death, Australia* (Catalogue No. 3303.0), Table 1.2 — underlying cause of death by sex (registered deaths), reference years 2003–2024. ABS-defined ICD-10 causes have been aligned to clinically relevant tumour streams consistent with Cancer Australia reporting frameworks.

Measure: Number of registered deaths by underlying cause of death, reported for Persons, Males and Females. Data status reflects ABS reporting schedules: final for reference years 2003–2021, revised for 2022, and preliminary for 2023–2024, subject to future ABS revision. Analysis uses the ABS November 2025 release; subsequent revisions are not incorporated.

Tumour-stream alignment: Causes of death are classified using the International Classification of Diseases, 10th Revision (ICD-10), as published by the ABS. For this study, ABS-defined ICD-10 causes were aligned to tumour streams to support analysis and communication. The 12 tumour streams were determined from Cancer Australia's *Cancer Research in Australia: An overview of funding for cancer research projects and programs in Australia, 2012 to 2020*. Where the ABS provides a direct category, values were extracted without modification. Where tumour streams are not provided as a single ABS category, values were constructed by summing constituent ABS ICD-10 line items. Where relevant conditions could not be separated within an ABS line item, the full count was included.

Mortality time-frequency: Average intervals between deaths were calculated by dividing the number of minutes in each calendar year—527,040 in 2004 and 2024, and 525,600 in 2014—by the annual deaths for each cancer group. Headline intervals were rounded to the nearest whole minute.

Mortality Rates: Crude rates were calculated by dividing the total number of annual deaths recorded within each specified cancer grouping by the official Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) baseline for 30 June of the respective calendar year, expressed as annual deaths per 100,000 population.

Cause of Death Forecasting: Log-linear (regression): Assumes deaths grow at a steady percentage rate each year, based on the overall trend across the past decade (2015 to 2024 inclusive). These are trend-based scenarios, not predictions, and do not explicitly model future demographic or treatment changes.

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