

Appendixes

Appendix A: International Classification of Diseases, Ninth Revision—cancer site—codes and combinations

Buccal cavity		Prostate	185
Lip	140	Testis	186
Tongue	141	Penis and other male genital organs	187
Salivary glands	142	Bladder	188
Gum	143	Kidney, ureter and urethra	189
Floor of mouth	144	Gynaecological cancers	179–180, 182–184
Other and unspecified parts of mouth	145	Other and unspecified organs	
Pharynx		Eye	190
Oropharynx	146	Brain	191
Nasopharynx	147	Other and unspecified parts of the nervous system (NS)	192
Hypopharynx	148	Thyroid gland	193
Other sites within the lip, oral cavity and pharynx	149	Other endocrine glands	194
Head and neck	141–149	Unknown primary site	195–199
Digestive organs and peritoneum		Lymphatic and haematopoietic tissue	
Oesophagus	150	Non-Hodgkin's lymphomas (NHL)	200+202
Stomach	151	Lymphosarcoma and reticulosarcoma	200
Small intestine	152	Hodgkin's disease	201
Colon	153	Other neoplasms of lymphoid and histiocytic tissue	202
Rectum	154	Lymphomas	200–202
Colorectal	153–154	Multiple myeloma and immunoproliferative neoplasms	203
Liver and intrahepatic bile ducts	155	Lymphatic leukaemia	204
Gallbladder and extrahepatic bile ducts	156	Acute lymphatic leukaemia	204.0
Pancreas	157	Chronic lymphatic leukaemia	204.1
Retroperitoneum and peritoneum	158	Myeloid leukaemia	205
Unspecified digestive organs	159	Acute myeloid leukaemia	205.0
Respiratory system		Chronic myeloid leukaemia	205.1
Nasal cavities, middle ear and accessory sinuses	160	Monocytic leukaemia	206
Larynx	161	Other and unspecified leukaemias	207–208
Trachea, bronchus and lung	162	Leukaemias	204–208
Pleura	163		
Respiratory systems, ill-defined and other intrathoracic organs	164–165	Smoking-related cancers (aetiological fractions are applied to the following codes)	140, 141, 143–151, 154.3–154.4, 157, 161, 162, 180, 179+182, 184.4, 186, 188, 189.0, 189.1
Bone, connective tissue, skin and breast		Alcohol-related cancers (aetiological fractions are applied to the following codes)	141, 143–146, 148–149, 150, 155, 161, 174
Bone and articular cartilage	170		
Connective and other soft tissue	171		
Melanoma	172		
Non-melanocytic skin cancer (NMSC)	173		
Breast	174–175		
Genitourinary organs			
Cervix	180		
Placenta	181		
Corpus uteri	179+182		
Ovary and other uterine adnexae	183		
Other and unspecified female genital organs	184		

Note: Abbreviated versions of these names may be used in this report.

Source: World Health Organization 1977.

Appendix B: Methods

This section describes the methods used to calculate the estimates presented in the tables in this report. The calculations in the example below are applicable to both incidence and mortality.

Example table

Trachea, bronchus and lung cancer incidence (ICD 162)—males

	Australian 1998 male population*	Age-specific rate per 100,000 population	Australian 1991 Population Standard**	Expected number of cases	
Age group	column 1	column 2	column 3	column 4	column 5
0–4	1	658,557	0.2	1,271,703	2.5
5–9	0	679,115	0.0	1,272,208	0.0
10–14	0	671,916	0.0	1,241,619	0.0
15–19	0	674,294	0.0	1,364,074	0.0
20–24	3	691,414	0.4	1,396,764	5.6
25–29	1	737,171	0.1	1,399,663	1.4
30–34	5	703,307	0.7	1,425,735	10.0
35–39	24	745,555	3.2	1,328,387	42.5
40–44	58	698,248	8.3	1,294,271	107.4
45–49	113	654,875	17.3	1,029,145	178.0
50–54	267	591,213	45.2	846,934	382.8
55–59	379	446,092	85.0	725,950	617.1
60–64	667	368,937	180.8	736,868	1,332.3
65–69	978	334,283	292.6	671,390	1,964.5
70–74	1,156	286,022	404.2	510,755	2,064.5
75–79	922	200,522	459.8	384,495	1,767.9
80–84	440	110,080	399.7	229,828	918.6
85+	293	68,296	429.0	154,247	661.7
Total	5,307	9,319,897	56.9	17,284,036	58.2

* Australian Bureau of Statistics 2000.

** Australian Bureau of Statistics 1993.

Crude rates—all age groups

A crude incidence rate is defined as the number of new cases of cancer divided by the population at risk in a specified time period. A crude mortality rate substitutes deaths for new cases in this calculation. Both are conventionally expressed as annual rates per 100,000 population and may be calculated for males, females or persons, or for subsets of the population (for example, see age-specific rates). The total rate calculated in this way without adjustment for age or other factors is known as the 'crude rate'.

The crude rate is calculated by dividing the total number of cases across all age groups by the total population, for example

$$\begin{aligned} \text{Crude incidence rate for lung cancer} &= \frac{\text{Column 1 total}}{\text{Column 2 total}} \times 100,000 \\ &= \frac{5,307}{9,319,897} \times 100,000 \\ &= 56.9 \text{ per } 100,000 \end{aligned}$$

Age-specific rates

Age-specific rates are calculated by dividing the number of cases occurring in each specified age group by the corresponding population in the same age group expressed as a rate per 100,000 population. This rate may be calculated for particular age and sex groupings, for example

$$\begin{aligned} \text{Age-specific lung cancer incidence rates in males aged 75–79} &= \frac{\text{Column 1 for this age}}{\text{Column 2 for this age}} \times 100,000 \\ &= \frac{922}{200,522} \times 100,000 \\ &= 459.8 \text{ per } 100,000 \end{aligned}$$

Age-standardised rates (AS rate)

Rates are adjusted for age to facilitate comparisons between populations which have different age structures, for example between youthful and aging communities. There are two different methods commonly used to adjust for age. In this publication direct standardisation is used, in which age-specific rates are multiplied against a constant population (the Australian 1991 Population Standard or the World Standard Population). This effectively removes the influence of age structure on the summary rate which is described as the age-standardised rate. The method may be used for both incidence and mortality calculations. The method used for this calculation comprises three steps which can be followed by reference to the example table on the previous page.

- Step 1* Calculate the age-specific rate (as shown above) for each age group (column 3).
- Step 2* Calculate the expected number of cases in each 5-year age group by multiplying the age-specific rates (column 3) by the corresponding standard population (column 4) and dividing by 100,000, giving you the expected number of cases (column 5).

Step 3 To give the age-standardised rate, sum the expected number of cases in each age group (total column 5). Divide this sum by the total of the standard population used in the calculation and multiply by 100,000.

Confidence intervals (CI)

The age-standardised and crude incidence and mortality rates presented in the body of this report also show 95% confidence intervals. These confidence intervals indicate the variation that might be expected in such estimates purely by chance. The confidence intervals are calculated using the methods presented in Holman et al. (1987).

A relatively simple approximation of the confidence limits that readers might use when examining State and Territory age-standardised rates is as set out below.

$$95\% \text{ CI approximation} = \text{AS rate} \pm 1.96 \times \frac{\text{AS rate}}{\sqrt{\text{Number of cases}}}$$

Lifetime risk and cumulative rate

Lifetime risk is a measure which approximates the risk of contracting a particular cancer in a lifetime if the risks at the time of estimation remained throughout life. It is based on a mathematical relationship with the cumulative rate and is calculated in this publication for ages 0–74.

Cumulative rate is a directly standardised rate calculated by summing age-specific rates from equal age groups, for example 5–9, 10–14 years. An example is provided below.

$$\begin{aligned} \text{Cumulative rate} &= \frac{5 \times (\text{Sum of the age-specific rates}) \times 100}{100,000} \\ &= \frac{5 \times 1,038 \times 100}{100,000} \\ &= 5.19\% \end{aligned}$$

The factor of 5 is used to indicate the 5 years of life in each age group and the factor of 100 is used to present the result as a percentage. As age-specific rates are presented per 100,000 population (column 3), the result is divided by 100,000 to return the age-specific rates to a division of cases by population. Cumulative risk is related to cumulative rate by the expression:

$$\text{Cumulative risk} = \left(1 - e^{-\text{rate}/100}\right)$$

where rate is expressed as a percentage.

Lifetime risk is expressed as a '1 in n' proportion by taking the inverse of the above formula:

$$n = \frac{1}{(1 - e^{-rate/100})}$$

For lung cancer in men, the cumulative rate was 5.19% (see previous page), therefore:

$$\begin{aligned} n &= \frac{1}{(1 - e^{-5.19/100})} \\ &= 19.75 \end{aligned}$$

That is, for men, the lifetime risk (0–74 years) of developing lung cancer is 1 in 20, providing they remain at risk for the whole period and the 1998 age-specific rates apply throughout their lives. Note that no account has been taken of specific cancer risk factors, for example the risk for men who smoke would be higher than that for those who have never smoked.

Per cent of all cancers

The 'per cent of all cancers' measure is the proportion of all causes accounted for by a particular cancer. The measure may be computed for cancer incidence or mortality. Using an incidence example, the measure is calculated by taking the number of new cases of a particular cancer, for example lung cancer, and dividing that by the total number of all new cancer cases and multiplying by 100 to express it as a percentage. This is undertaken for each sex and for total persons. Note that for this publication the incidence and mortality of non-melanocytic skin cancers is not included in total new cancer cases.

Sex ratio

This measure indicates the relative incidence or mortality between the sexes. It can be calculated on the basis of observed numbers, crude rates, age-standardised rates or cumulative rates per cent. In this publication it is calculated using the age-standardised rates where the male rate is divided by the female rate for each cancer. Ratios greater than 1 indicate an excess in males while ratios less than 1 indicate an excess in females.

It is preferable to use either the age-standardised rates or the cumulative rate as these both adjust for age variations between male and female populations. In addition, the use of cumulative rate per cent discounts the occurrence of cancer in people aged over 75. This gives more emphasis, therefore, to early cancer diagnosis or death, and diminishes the impact of variable diagnostic investigation of the elderly.

Person-years of life lost

Person-years of life lost is a concept which attempts to measure the number of years of life lost per annum due to death as a result of a specific cause, for example lung cancer, given life expectancies at specific ages. Age groups 0–4 up to 70–74 were used for the calculations,

as deaths before age 75 are regarded as premature for both men and women. The method used in this publication for the calculation of person-years of life lost is an aggregation of years between age at death and 75 for each person for each cancer, for example a person dying at age 50 contributes 25 years to the measure of person-years of life lost.

Average annual rates of change

To indicate the extent of change in age-standardised rates over time, a linear line of best fit is calculated for the time frame in question. Average annual rates of change are then calculated using the geometric formula:

$$\text{Average rate of change} = \left((P_n / P_o)^{1/N} - 1 \right) \times 100$$

where

$$P_n = \text{rate at later year } n$$

$$P_o = \text{rate at earlier year } o$$

$$N = n - o.$$

This process averages out variations in the actual annual changes that may have occurred between the two points in time.

Appendix C: Population data

Australian resident population 1998

Age	1998		Total
	Males	Females	
0-4	658,557	624,234	1,282,791
5-9	679,115	645,215	1,324,330
10-14	671,916	640,736	1,312,652
15-19	674,294	639,297	1,313,591
20-24	691,414	665,691	1,357,105
25-29	737,171	733,145	1,470,316
30-34	703,307	706,925	1,410,232
35-39	745,555	748,913	1,494,468
40-44	698,248	702,629	1,400,877
45-49	654,875	649,539	1,304,414
50-54	591,213	570,287	1,161,500
55-59	446,092	431,183	877,275
60-64	368,937	370,123	739,060
65-69	334,283	348,707	682,990
70-74	286,022	329,909	615,931
75-79	200,522	267,923	468,445
80-84	110,080	180,000	290,080
85+	68,296	156,006	224,302
Total	9,319,897	9,410,462	18,730,359

Source: Australian Bureau of Statistics 2000.

Australian Standard Population and World Standard Population

Age	Australian Standard Population* (1991)		World Standard Population**(1966)	
		% of total		% of total
0-4	1,271,703	7.4	12,000	12.0
5-9	1,272,208	7.4	10,000	10.0
10-14	1,241,619	7.2	9,000	9.0
15-19	1,364,074	7.9	9,000	9.0
20-24	1,396,764	8.1	8,000	8.0
25-29	1,399,663	8.1	8,000	8.0
30-34	1,425,735	8.2	6,000	6.0
35-39	1,328,387	7.7	6,000	6.0
40-44	1,294,271	7.5	6,000	6.0
45-49	1,029,145	6.0	6,000	6.0
50-54	846,934	4.9	5,000	5.0
55-59	725,950	4.2	4,000	4.0
60-64	736,868	4.3	4,000	4.0
65-69	671,390	3.9	3,000	3.0
70-74	510,755	3.0	2,000	2.0
75-79	384,495	2.2	1,000	1.0
80-84	229,828	1.3	500	0.5
85+	154,247	0.9	500	0.5
Total	17,284,036	100.0	100,000	100.0

* Australian Bureau of Statistics 1993.

** Doll et al. 1966.

Appendix D: Cancer registration in Australia

The table below provides information about cancer registration in Australia. Each State and Territory operates its own registry. Generally, operational guidelines for each of the registries are similar and coincide with the objectives of the International Association of Cancer Registries. Although some registries operate under different coding systems for site, morphology and other variables, the bulk of information is directly comparable and has been reconciled for this publication. The reporting sources of the registries vary according to the local conditions and those bodies named in the legislation. Every attempt is made to report all cancer cases, although not every case will be identified. Cancer registries are dependent upon their reporting sources. Variation in reporting of cancers by age, sex, type, geographical location, country of birth or other variables does occur and may have effects on the final statistics. Occasionally, delays in reporting some case information may extend over several years but this has a minimal effect on the final reported data. In order to minimise the effects on the final reported registration, multiple reporting sources are used to compile case information where possible. Case information is exchanged between registries where there is cause for suspicion of duplicate registration. Further information regarding registry coding practices may be obtained by contacting the Registrar in each State or Territory.

States and Territories	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Total population (1998)	6,333,515	4,654,937	3,453,477	1,829,145	1,486,418	471,700	308,057	189,937
Per cent of Australian population	33.8	24.9	18.4	9.8	7.9	2.5	1.6	1.0
Per cent of population older than age 65	12.7	12.6	11.3	10.5	14.2	13.1	7.8	3.3
No. new cancers (1994–1998)**	27,072	20,113	14,546	6,741	7,074	2,203	964	366
First year of population registration	1972	1982	1982	1982	1977	1978	1972	1981
Year of legislation	1972	1982	1982	1981	1977	1992	1994	1991
Funding source	Pvte–Govt	Pvte–Govt	Govt	Govt	Govt	Pvte–Govt	Govt	Govt
ICD site coding	ICD-O-2	ICD-9	ICD-9	ICD-O-2	ICD-9	ICD-9	ICD-O-2	ICD-9
Morphology coding	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2	SNOMED-II	ICD-O-2	ICD-O-2	SNOMED-II
Reporting sources								
Public hospitals	Yes	Yes	Yes	No*	Yes	Yes	Yes	Yes
Private hospitals	Yes	Yes	Yes	No*	Yes	Yes	Yes	No
Repatriation hospitals	Yes	Yes	Yes	No*	Yes	Yes	Yes	No
Pathology laboratories	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Radiotherapy units	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Nursing homes	Yes	No	Yes	No	No	No*	Yes	No
Registrar of Births, Deaths and Marriages	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Doctors	No*	No*	No*	No*	No*	No*	No*	No*

* Data are provided on special request only.

** Refers to the average number of new cases over the 5-year period 1994–1998.

Appendix E: Cancer registries contact list

NSW Central Cancer Registry

NSW Cancer Council
LMB 1
KINGS CROSS NSW 1340

Phone: +61 2 9334 1902
Fax: +61 2 9368 0843
E-mail: ccr@nswcc.org.au
Home page: www.nswcc.org.au

Director: Professor Bruce Armstrong
E-mail: brucea@nswcc.org.au
Phone: +61 2 9334 1837

Registry Manager: Ms Elizabeth Tracey
E-mail: etracey@nswcc.org.au
Phone: +61 2 9334 1974

Victorian Cancer Registry

Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Phone: +61 3 9635 5000
Fax: +61 3 9635 5210
Home page: www.accv.org.au

Director: Professor Graham Giles
E-mail: ggg@accv.org.au
Phone: +61 3 9635 5154

Director Information Systems:
Ms Helen Farrugia
E-mail: helenf@accv.org.au
Phone: +61 3 9635 5318

Statistician: Mrs Vicky Thursfield
E-mail: vicky@accv.org.au
Phone: +61 3 9635 5162

Queensland Cancer Registry

Locked Bag 1450
SPRING HILL POST OFFICE QLD 4004

Phone: +61 7 3258 2331
Fax: +61 7 3258 2345

Director: Dr Ian Ring
E-mail: ian_ring@health.qld.gov.au
Phone: +61 7 3234 0921
Fax: +61 7 3234 1529

Registrar: Mrs Judy Symmons
E-mail: judith_symmons@health.qld.gov.au
Phone: +61 7 3258 2333
Fax: +61 7 3258 2345

Western Australian Cancer Registry

Health Information Centre
Health Department of Western Australia
PO Box 8172

Stirling Street
PERTH WA 6849

Phone: +61 8 9222 4022/4249
Fax: +61 8 9222 4236

E-mail: wacanreg@health.wa.gov.au
Home page: www.health.wa.gov.au

Director & Registrar: Dr Tim Threlfall
E-mail: tim.threlfall@health.wa.gov.au

South Australian Cancer Registry

Epidemiology Branch, Dept of Human Services
PO Box 6

RUNDLE MALL SA 5000

Phone: +61 8 8226 6372
Fax: +61 8 8226 6291

Home page: www.dhs.sa.gov.au/pehs/disease-control-status.htm

Director: Dr Colin Luke
E-mail: Colin.Luke@dhs.sa.gov.au
Phone: +61 8 8226 6360

Registrar: Ms Lesley Milliken
E-mail: Lesley.Milliken@dhs.sa.gov.au
Phone: +61 8 8226 6372

Medical Officer (Public Health Physician):
Dr Wayne Clapton
E-mail: Wayne.Clapton@dhs.sa.gov.au
Phone: +61 8 8226 6362

Tasmanian Cancer Registry

Menzies Centre for Population Health
Research

GPO Box 252-23
HOBART TAS 7001

Phone: +61 3 6226 7706
Fax: +61 3 6226 7704

Director: Dr Alison Venn
E-mail: Alison.Venn@utas.edu.au
Phone: +61 3 6226 7706

Registrar: Shevaun Pavlides
E-mail: shevaun.pavlides@utas.edu.au
Phone: +61 3 6226 7714
Fax: +61 3 6226 7704

Northern Territory Cancer Registry

Epidemiology & Statistics Branch
Territory Health Services
PO Box 40596
CASUARINA NT 0811

Phone: +61 8 8999 2977

Fax: +61 8999 2618

Director & Registrar: Dr John Condon

E-mail: john.condon@nt.gov.au

Phone: +61 8 8999 2977

Fax: +61 8 8999 2600

Epidemiologist: Mr Michael Pearce

E-mail:

michael.pearce@dwnhhse.health.nt.gov.au

Phone: +61 8 8999 2540

New Zealand Cancer Registry

Clinical Coding Services
New Zealand Health Information Service
Level 6, WestpacTrust House
119–125 Willis Street
PO Box 5013
Wellington
New Zealand

Phone: +64 4 922 1800

Fax: +64 4 922 1897

Team Leader: Christine Fowler

E-mail: christine.fowler@nzhis.govt.nz

Phone: +64 4 922 1864

Chief Analyst: Jim Fraser

E-mail: jim.fraser@nzhis.govt.nz

Phone: +64 4 922 1862

Australian Capital Territory Cancer Registry

ACT Cancer Registry
Clinical Epidemiology & Health Outcomes
Centre

Level 1, Building 5, The Canberra Hospital

PO Box 11

WODEN ACT 2606

Phone: +61 2 6244 4276

Fax: +61 2 6244 4138

Director: Dr Bruce Shadbolt

E-mail: bruce.shadbolt@act.gov.au

Phone: +61 2 6244 4288

Fax: +61 2 6244 4138

Registrar: Ms Barbara Stuart-Harris

E-mail: barbara.stuartharris@act.gov.au

Phone: +61 2 6244 4285

Appendix F: Tables published on the Internet

- Table 1: All cancers (except non-melanocytic skin cancers) (ICD-9 140–172, 174–208)
- Table 2: Cancer of the lip (ICD-9 140)
- Table 3: Cancer of the tongue (ICD-9 141)
- Table 4: Cancer of the salivary gland (ICD-9 142)
- Table 5: Cancer of the gum (ICD-9 143)
- Table 6: Cancer of the floor of mouth (ICD-9 144)
- Table 7: Cancer of other and unspecified parts of mouth (ICD-9 145)
- Table 8: Cancer of the oropharynx (ICD-9 146)
- Table 9: Cancer of the nasopharynx (ICD-9 147)
- Table 10: Cancer of the hypopharynx (ICD-9 148)
- Table 11: Cancer of other sites within the lip, oral cavity and pharynx (ICD-9 149)
- Table 12: Cancer of the head and neck (ICD-9 141–149)
- Table 13: Cancer of the oesophagus (ICD-9 150)
- Table 14: Cancer of the stomach (ICD-9 151)
- Table 15: Cancer of the small intestine (ICD-9 152)
- Table 16: Cancer of the colon (ICD-9 153)
- Table 17: Cancer of the rectum (ICD-9 154)
- Table 18: Cancer of the colon and rectum (ICD-9 153–154)
- Table 19: Cancer of the liver and intrahepatic bile ducts (ICD-9 155)
- Table 20: Cancer of the gallbladder and extrahepatic bile ducts (ICD-9 156)
- Table 21: Cancer of the pancreas (ICD-9 157)
- Table 22: Cancer of the retroperitoneum and peritoneum (ICD-9 158)
- Table 23: Cancer of the unspecified digestive organs (ICD-9 159)
- Table 24: Cancer of the nasal cavities, middle ear and accessory sinuses (ICD-9 160)
- Table 25: Cancer of the larynx (ICD-9 161)
- Table 26: Cancer of the trachea, bronchus and lung (ICD-9 162)
- Table 27: Cancer of the pleura (ICD-9 163)
- Table 28: Cancer of the other respiratory organs (ICD-9 164–165)
- Table 29: Cancer of the bone and articular cartilage (ICD-9 170)
- Table 30: Cancer of the connective and other soft tissue (ICD-9 171)
- Table 31: Cancer of the skin—melanoma (ICD-9 172)
- Table 32: Cancer of the skin—non-melanocytic (ICD-9 173)
- Table 33: Cancer of the breast (ICD-9 174–175)
- Table 34: Cancer of the cervix (ICD-9 180)
- Table 35: Cancer of the placenta (ICD-9 181)
- Table 36: Cancer of the uterus (ICD-9 179+182)
- Table 37: Cancer of the ovary and other uterine adnexae (ICD-9 183)

Table 38:	Cancer of the other and unspecified female genital organs (ICD-9 184)
Table 39:	Gynaecological cancers (ICD-9 179–180, 182–184)
Table 40:	Cancer of the prostate (ICD-9 185)
Table 41:	Cancer of the testis (ICD-9 186)
Table 42:	Cancer of the penis and other male genital organs (ICD-9 187)
Table 43:	Cancer of the bladder (ICD-9 188)
Table 44:	Cancer of the kidney and other and unspecified urinary organs (ICD-9 189)
Table 45:	Cancer of the eye (ICD-9 190)
Table 46:	Cancer of the brain (ICD-9 191)
Table 47:	Cancers of other central nervous system (ICD-9 192)
Table 48:	Cancers of the brain and nervous system (ICD-9 191–192)
Table 49:	Cancer of the thyroid gland (ICD-9 193)
Table 50:	Cancers of other endocrine glands (ICD-9 194)
Table 51:	Cancers of unknown primary site (ICD-9 195–199)
Table 52:	Lymphosarcoma and reticulosarcoma (ICD-9 200)
Table 53:	Hodgkin’s disease (ICD-9 201)
Table 54:	Lymphoid and histiocytic tissue (ICD-9 202)
Table 55:	Non-Hodgkin’s lymphoma (ICD-9 200+202)
Table 56:	Lymphomas (ICD-9 200–202)
Table 57:	Multiple myeloma (ICD-9 203)
Table 58:	Lymphatic leukaemia (ICD-9 204)
Table 59:	Acute lymphatic leukaemia (ICD-9 204.0)
Table 60:	Chronic lymphatic leukaemia (ICD-9 204.1)
Table 61:	Myeloid leukaemia (ICD-9 205)
Table 62:	Acute myeloid leukaemia (ICD-9 205.0)
Table 63:	Chronic myeloid leukaemia (ICD-9 205.1)
Table 64:	Monocytic leukaemia (ICD-9 206)
Table 65:	Other specified leukaemia (ICD-9 207)
Table 66:	Unspecified leukaemia (ICD-9 208)
Table 67:	Other and unspecified leukaemia (ICD-9 207–208)
Table 68:	Leukaemias (ICD-9 204–208)
Table 69:	Alcohol-related cancers
Table 70:	Smoking-related cancers