

Appendixes

Appendix A: International Classification of Diseases, 10th Revision—cancer site—codes and combinations

Buccal cavity		Placenta	C58
Lip	C00	Prostate	C61
Tongue	C01–C02	Testis	C62
Salivary glands	C07–C08	Penis and other male genital organs	C60, C63
Gum	C03	Bladder	C67
Floor of mouth	C04	Kidney, ureter and urethra	C64–C66, C68
Other and unspecified parts of mouth	C05–C06	Other and unspecified organs	
Pharynx		Eye	C69
Oropharynx	C09–C10	Brain	C71
Nasopharynx	C11	Other and unspecified parts of the nervous system (NS)	C70, C72
Hypopharynx	C12–C13	Thyroid gland	C73
Other sites within the lip, oral cavity and pharynx	C14	Other endocrine glands	C74–C75
Head and neck	C01–C14	Unknown primary site	C76–C80, C26, C39
Digestive organs and peritoneum		Lymphatic and haematopoietic tissue	
Oesophagus	C15	Non-Hodgkin's lymphomas (NHL)	C82–C85, C96
Stomach	C16	Hodgkin's disease	C81
Small intestine	C17	All lymphomas	C81–C85, C96
Colon	C18	Multiple myeloma	C90
Rectum & anus	C19–C21	Immunoproliferative neoplasms	C88
Colorectal (including anus)	C18–C21	Lymphoid leukaemia	C91
Liver and intrahepatic bile ducts	C22	Acute lymphoblastic leukaemia	C91.0
Gallbladder and extrahepatic bile ducts	C23–C24	Chronic lymphocytic leukaemia	C91.1
Pancreas	C25	Myeloid leukaemia	C92
Retroperitoneum and peritoneum	C48	Acute myeloid leukaemia	C92.0
Respiratory system		Chronic myeloid leukaemia	C92.1
Nasal cavities, middle ear and accessory sinuses	C30–C31	Monocytic leukaemia	C93
Larynx	C32	Other leukaemias of specified cell type	C94
Trachea, bronchus and lung	C33–C34	Leukaemia of unspecified cell type	C95
Thymus, heart, mediastinum & pleura	C37–C38	All leukaemias	C91–C95
Bone, connective tissue, skin and breast		Smoking-related cancers (aetiological fractions are applied to the following codes)	C00–C06, C09–C16, C21.0, C21.2, C21.8, C25, C32–C34, 51.9, C60, C67, C64–C65
Bone and articular cartilage	C40–C41	Alcohol-related cancers (aetiological fractions are applied to the following codes)	C01–C06, C09–C10, C12–C15, C22, C32, C50 (sex=female)
Connective and other soft tissue	C47, C49		
Melanoma	C43		
Skin cancer other than melanoma	C44		
Breast	C50		
Genitourinary organs			
Vulva	C51		
Vagina	C52		
Cervix	C53		
Corpus uteri	C54–C55		
Ovary	C56		
Other & unspecified female genital organs	C57		

Source: World Health Organization 1992.

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-10 C33–34) – males

	No. of cases	Australian 2000 male population*	Age-specific rate per 100,000 population	Australian 2001 Population Standard**	Expected number of cases
Age group (years)	(column 1)	(column 2)	(column 3)	(column 4)	(column 5)
0–4	0	655,870	0.0	1,282,357	0.0
5–9	0	692,562	0.0	1,351,664	0.0
10–14	0	684,739	0.0	1,353,177	0.0
15–19	2	677,754	0.3	1,352,745	4.0
20–24	2	655,257	0.3	1,302,412	4.0
25–29	2	722,233	0.3	1,407,081	3.9
30–34	11	708,467	1.6	1,466,615	22.8
35–39	27	748,345	3.6	1,492,204	53.8
40–44	54	719,843	7.5	1,479,257	111.0
45–49	113	667,121	16.9	1,358,594	230.1
50–54	261	634,443	41.1	1,300,777	535.1
55–59	444	490,199	90.6	1,008,799	913.7
60–64	599	400,799	149.5	822,024	1,228.5
65–69	839	332,035	252.7	682,513	1,724.6
70–74	1,086	299,587	362.5	638,380	2,314.1
75–79	989	219,590	450.4	519,356	2,339.1
80–84	524	118,969	440.5	330,050	1,453.7
85+	325	77,518	419.3	265,235	1,112.0
Total	5,278	9,505,331		19,413,240	

* Australian Bureau of Statistics 2001a.

** Australian Bureau of Statistics 2002a.

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:

$$\begin{aligned}
 \text{Crude incidence rate for lung cancer} &= \frac{\text{Column 1 total}}{\text{Column 2 total}} \times 100,000 \\
 &= \frac{5,278}{9,505,331} \times 100,000 \\
 &= 55.5 \text{ per } 100,000
 \end{aligned}$$

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:

$$\begin{aligned}
 \text{Age-specific lung cancer incidence rates in males aged 75-79} &= \frac{\text{Column 1 for this age}}{\text{Column 2 for this age}} \times 100,000 \\
 &= \frac{989}{219,590} \times 100,000 \\
 &= 450.4 \text{ per } 100,000
 \end{aligned}$$

Age-standardised rates (AS rate)

Rates are adjusted for age to facilitate comparisons between populations that have different age structures, for example, between youthful and ageing 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 new WHO 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 five-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 that 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 years.

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.

$$\begin{aligned} \text{Cumulative rate} &= \frac{5 \times (\text{Sum of the age-specific rates}) \times 100}{100,000} \\ &= \frac{5 \times 926.8 \times 100}{100,000} \\ &= 4.63\% \end{aligned}$$

The factor of 5 is used to indicate the five 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 4.63%, therefore:

$$\begin{aligned} n &= \frac{1}{(1 - e^{-4.63/100})} \\ &= 22.10 \end{aligned}$$

That is, for men, the lifetime risk (0-74 years) of developing lung cancer is 1 in 22, providing they remain at risk for the whole period and the 2000 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 skin cancers other than melanoma are 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 years. 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 that 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 years up to 70-74 years were used for the calculations, as deaths before age 75 years 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 years 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.

Cure rate and survival time

Two quantities of particular interest in the study of cancer are the proportion of people who are 'cured' of the disease and the mean survival of those who ultimately die from the disease (see, for example, Tallis et al. 1988 and De Angelis et al. 1999). In this case, a cure is defined as having, on average, the same overall risk of death as the general population who do not have a diagnosis of colorectal cancer.

Estimates of these quantities can be based on estimates of relative survival rates for each cancer. The relative survival rate is used because it is an estimate of the proportion of people who would survive for a specific length of time following a diagnosis of cancer if all other possible causes of death are excluded. Hence the analysis is not confounded by mortality from other causes (the 'background mortality').

Let

P = the proportion of the cancer patients who will be cured of the cancer; and

t = time since diagnosis;

T = the mean time to death from the cancer for those not cured of the cancer;

S_t = the overall cumulative relative survival rate at time t ;

S_t^C = the relative survival rate for those cured of the cancer; and

S_t^D = the relative survival rate for those not cured of the cancer.

An equation for S_t can be written as

$$S_t = P * S_T^C + (1 - P) * S_T^D$$

People who are cured of the cancer are assumed to have an identical risk of death to the general population. This means that $S_t^C \equiv 1$, so the equation can be rewritten as

$$S_t = P + (1 - P) * S_T^D$$

Time to death can be modelled using a suitable probability distribution. One of the most common distributions for survival times is the Weibull distribution. It is based on the assumption that the instantaneous risk of death from cancer either increases or decreases at a constant rate in the period following diagnosis.

Using the Weibull distribution, the equation can be rewritten as

$$S_t = P + (1 - P) * e^{-(\lambda t)^\beta}$$

The parameters P , λ and β can be estimated in SAS PROC NLIN using a weighted least squares method, where the weight used in the analysis is the inverse of the estimated variance of the S_t values.

Verdecchia et al. (1998) proposed this way of modelling the relative survival rate. They investigated probability distributions for colon cancer and concluded that the Weibull was a reasonable fit. De Angelis et al. (1999) proposed a more complicated form of the model which allowed for covariates. They also investigated probability distributions for colon cancer and found the Weibull to be a reasonable fit. Investigation of the Weibull distribution carried out as part of the analyses for this report confirmed that it provided a reasonable fit for Australian colorectal cancer data. Hence the modelled results presented in Chapter 2 are based on the Weibull distribution.

Appendix C: Population data

Australian resident population, 2000

Age (years)	2000		
	Males	Females	Total
0–4	655,870	623,100	1,278,970
5–9	692,562	657,321	1,349,883
10–14	684,739	652,475	1,337,214
15–19	677,754	649,402	1,327,156
20–24	655,257	635,881	1,291,138
25–29	722,233	727,009	1,449,242
30–34	708,467	718,323	1,426,790
35–39	748,345	756,421	1,504,766
40–44	719,843	728,900	1,448,743
45–49	667,121	674,128	1,341,249
50–54	634,443	623,134	1,257,577
55–59	490,199	473,483	963,682
60–64	400,799	396,853	797,652
65–69	332,035	345,081	677,116
70–74	299,587	333,643	633,230
75–79	219,590	287,744	507,334
80–84	118,969	190,000	308,969
85+	77,518	175,151	252,669
Total	9,505,331	9,648,049	19,153,380

Source: Australian Bureau of Statistics 2001a.

Australian Standard Population and World Standard Population

Age (years)	Australian Standard Population* (2001)		New WHO World Standard Population** (2002)	
		% of total		% of total
0–4	1,282,357	6.6	8,800	8.8
5–9	1,351,664	7.0	8,700	8.7
10–14	1,353,177	7.0	8,600	8.6
15–19	1,352,745	7.0	8,500	8.5
20–24	1,302,412	6.7	8,200	8.2
25–29	1,407,081	7.2	7,900	7.9
30–34	1,466,615	7.6	7,600	7.6
35–39	1,492,204	7.7	7,200	7.2
40–44	1,479,257	7.6	6,600	6.6
45–49	1,358,594	7.0	6,000	6.0
50–54	1,300,777	6.7	5,400	5.4
55–59	1,008,799	5.2	4,600	4.6
60–64	822,024	4.2	3,700	3.7
65–69	682,513	3.5	3,000	3.0
70–74	638,380	3.3	2,200	2.2
75–79	519,356	2.7	1,500	1.5
80–84	330,050	1.7	900	0.9
85+	265,235	1.4	600	0.6
Total	19,413,240	100.0	100,000	100.0

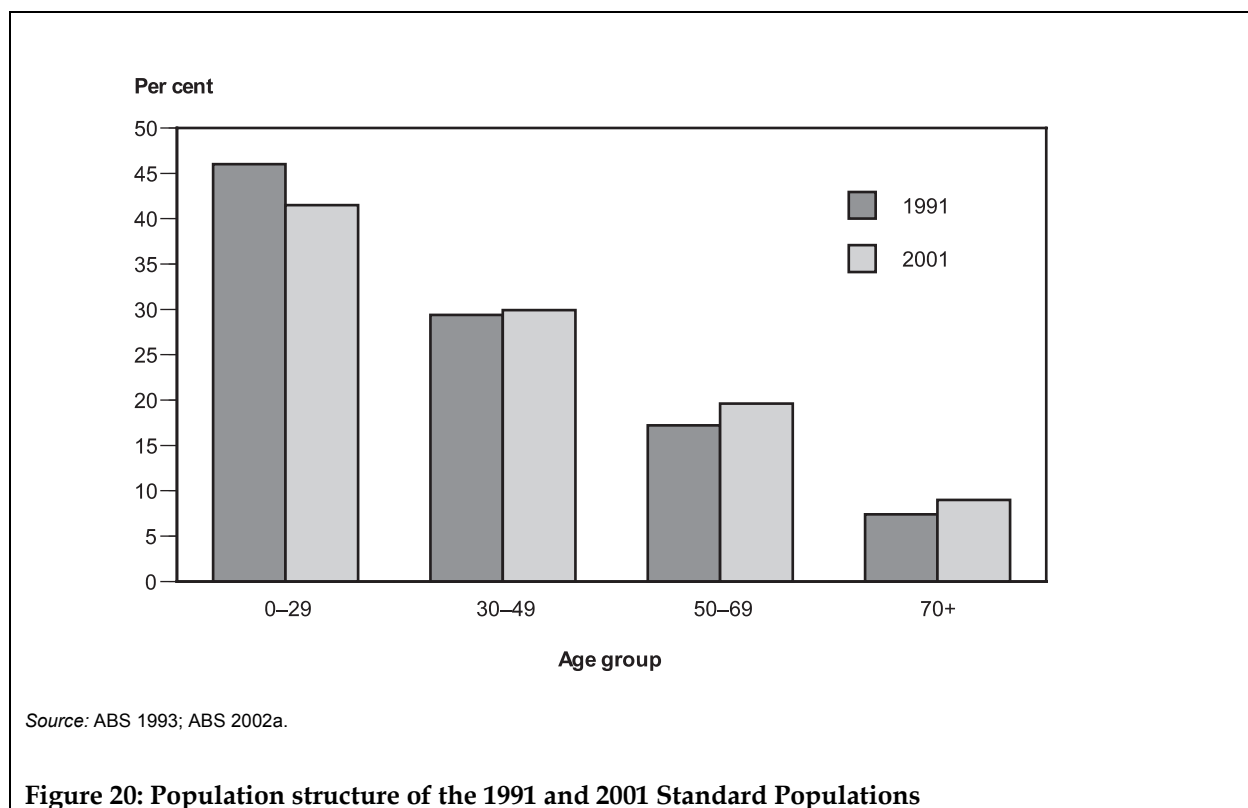
* Australian Bureau of Statistics 2002a.

**Ahmad et al, 2002.

1991 and 2001 Standard Populations

Previous Cancer Series publications (*Cancer in Australia 1991–1994* onwards) have reported rates standardised to the Australian 1991 Standard Population. Considerable differences can be observed between those rates calculated in previous years and those calculated this year, as the current publication contains rates standardised to the Australian 2001 Standard Population.

These differences can be attributed to the differing age structures of the 1991 and 2001 Australian populations (see Figure 20). In 1991 there was a greater proportion of people under the age of 30 years, where there are fewer cancers diagnosed and in 2001 there was a greater proportion of people aged over 50 years, where most of the cancers occur. Therefore, it is no great surprise that, for most cancers, rates standardised to the 2001 Australian Standard Population are higher than those standardised to the 1991 Australian Standard Population.



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 (2000)	6,575,217	4,804,726	3,628,946	1,901,159	1,511,728	471,795	319,317	197,768
Per cent of Australian population	33.9	24.7	18.7	9.8	7.8	2.4	1.6	1.0
Per cent of population older than age 65	13.1	13.0	11.6	11.0	14.6	13.8	8.6	3.7
No. of new cancers (1996–2000)	27,857	20,784	15,266	6,900	7,270	2,152	1,042	400
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-O-2	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2
Morphology coding	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2	ICD-O-2
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**

* Refers to the average number of new cases over the five-year period 1996–2000.

** Information is provided on special request only.

Appendix E: Cancer registries contact list

New South Wales Central Cancer Registry

New South Wales 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: Dr Freddy Sitas
E-mail: freddys@nswcc.org.au
Registry Manager: Ms Elizabeth Tracey
E-mail: etracey@nswcc.org.au
Phone: +61 2 9334 1974

Victorian Cancer Registry

The Cancer Council Victoria
1 Rathdowne Street
CARLTON SOUTH VIC 3053
Phone: +61 3 9635 5000
Fax: +61 3 9635 5210
Home page: www.cancervic.org.au
Director: Professor Graham Giles
Director Cancer Epidemiology Centre,
Deputy Director Cancer Control
Research Institute
1 Rathdowne Street
CARLTON SOUTH VIC 3053
E-mail: ggg@cancervic.org.au
Phone: +61 3 9635 5155
Director Information Systems:
Ms Helen Farrugia
E-mail: helen.farrugia@cancervic.org.au
Phone: +61 3 9635 5318
Information Manager:
Mrs Vicky Thursfield
E-mail: vicky.thursfield@cancervic.org.au
Phone: +61 3 9635 5162

Northern Territory Cancer Registry

Health Gains Planning Unit
Northern Territory Department of Health
and Community Services
PO Box 40596
CASUARINA NT 0811
Phone: +61 8 8999 2977
Fax: +61 8 8999 2618
Director & Registrar: Dr John Condon
E-mail: john.condon@nt.gov.au
Phone: +61 8 8999 2977
Fax: +61 8 8999 2600

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

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
Home page: www.menzies.utas.edu.au
Director: Dr Alison Venn
E-mail: Alison.Venn@utas.edu.au
Phone: +61 3 6226 7706
Registrar: Leah Newman
E-mail: leah.newman@utas.edu.au
Phone: +61 3 6226 7757
Fax: +61 3 6226 7704

Queensland Cancer Registry

Queensland Cancer Fund
Locked Bag 1450
SPRING HILL POST OFFICE QLD 4004

Phone: +61 7 3258 2331
Fax: +61 7 3258 2345
Home page: www.qldcancer.com.au

Director: Dr Joanne Aitken
Queensland Cancer Fund
553 Gregory Terrace, Fortitude Valley
Locked Bag 1450
SPRING HILL POST OFFICE QLD 4004

E-mail: joannea@qcfepi.org.au
Phone: +61 7 3258 2309
Fax: +61 7 3258 2345

Registrar: Ms Di Skilton
E-mail: diana_skilton@health.qld.gov.au
Phone: +61 7 3258 2333
Fax: +61 7 3258 2345

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

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

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

Australian Capital Territory Cancer Registry

Population Health Research Centre
ACT Health
Level 1, Building 5
The Canberra Hospital
PO Box 11
WODEN ACT 2606

Manager: Sally Rubenach
E-mail: sally.rubenach@act.gov.au
Phone: +61 2 6244 2174
Fax: +61 2 6244 4138

Registrar: Dr Berrin Kose
E-mail: berrin.kose@act.gov.au
Phone: +61 2 6244 4285

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: Di Best
E-mail: di_best@nzhis.govt.nz
Phone: +64 4 922 1885

Chief Analyst: Jim Fraser
E-mail: jim.fraser@nzhis.govt.nz
Phone: +64 4 922 1862

National Cancer Statistics Clearing House

Australian Institute of Health and Welfare

GPO Box 570

CANBERRA ACT 2601

Phone: +61 2 6244 1000

Fax: + 61 2 6244 1299

E-mail: cancer@aihw.gov.au

Home page:

www.aihw.gov.au/cancer/ncsch/

Unit Head: John Harding

E-mail: john.harding@aihw.gov.au

Phone: + 61 2 6244 1140

Contact Officer: Ian McDermid

E-mail: ian.mcdermid@aihw.gov.au

Phone: + 61 2 6244 1230

Australasian Association of Cancer Registries

Secretariat

C/- Health Registers and Cancer Monitoring Unit

Australian Institute of Health and Welfare

GPO Box 570

CANBERRA ACT 2601

E-mail: cancer@aihw.gov.au

Web page:

www.aihw.gov.au/cancer/aacr/

Phone: +61 2 6244 1000

Fax: + 61 2 6244 1299

Appendix F: Tables published on the Internet

Table 1:	All cancers (ICD-10 C00–97 except skin cancers other than melanoma C44)
Table 2:	Cancer of the lip (ICD-10 C00)
Table 3:	Cancer of the tongue (ICD-10 C01–C02)
Table 4:	Cancer of the salivary gland (ICD-10 C07–C08)
Table 5:	Cancer of the mouth (ICD-10 C03–C06)
Table 6:	Cancer of the gum (ICD-10 C03)
Table 7:	Cancer of the floor of mouth (ICD-10 C04)
Table 8:	Cancer of the palate and other and unspecified parts of mouth (ICD-10 C05–C06)
Table 9:	Cancer of the tonsil (ICD-10 C09)
Table 10:	Cancer of the oropharynx (ICD-10 C10)
Table 11:	Cancer of the tonsil and oropharynx (ICD10 C09–C10)
Table 12:	Cancer of the nasopharynx (ICD-10 C11)
Table 13:	Cancer of the hypopharynx (ICD-10 C12–C13)
Table 14:	Cancer of other and ill-defined sites within the lip, oral cavity and pharynx (ICD-10 C14)
Table 15:	Cancer of the head and neck (ICD-10 C01–C14)
Table 16:	Cancer of the oesophagus (ICD-10 C15)
Table 17:	Cancer of the stomach (ICD-10 C16)
Table 18:	Cancer of the small intestine (ICD-10 C17)
Table 19:	Cancer of the colon (ICD-10 C18)
Table 20:	Cancer of the rectum (ICD-10 C19–C20)
Table 21:	Cancer of the anus (ICD-10 C21)
Table 22:	Cancer of the colon and rectum (including anus) (ICD-10 C18–C21)
Table 23:	Cancer of the colon and rectum (excluding anus) (ICD-10 C18–C20)
Table 24:	Cancer of the liver and intrahepatic bile ducts (ICD-10 C22)
Table 25:	Cancer of the gallbladder and extrahepatic bile ducts (ICD-10 C23–C24)
Table 26:	Cancer of the pancreas (ICD-10 C25)
Table 27:	Cancer of the nasal cavities, middle ear and accessory sinuses (ICD-10 C30–C31)
Table 28:	Cancer of the larynx (ICD-10 C32)
Table 29:	Cancer of the trachea, bronchus and lung (ICD-10 C33–C34)
Table 30:	Cancer of the thymus, heart, mediastinum and pleura (ICD-10 C37–C38)
Table 31:	Cancer of the bone and articular cartilage (ICD-10 C40–C41)
Table 32:	Cancer of the skin – melanoma (ICD-10 C43)
Table 33:	Cancer of the skin – other than melanoma (ICD-10 C44)
Table 34:	Mesothelioma (ICD-10 C45)

Table 35:	Kaposi's sarcoma (ICD-10 C46)
Table 36:	Cancer of the peripheral nerves and autonomic nervous system (ICD-10 C47)
Table 37:	Cancer of the retroperitoneum and peritoneum (ICD-10 C48)
Table 38:	Cancer of other connective and soft tissue (ICD-10 C49)
Table 39:	Cancer of other connective and soft tissue and autonomic nervous system (ICD-10 C47–C49)
Table 40:	Cancer of the breast (ICD-10 C50)
Table 41:	Cancer of the vulva (ICD-10 C51)
Table 42:	Cancer of the vagina (ICD-10 C52)
Table 43:	Cancer of the cervix uteri (ICD-10 C53)
Table 44:	Cancer of the corpus uteri (ICD-10 C54)
Table 45:	Cancer of the uterus unspecified (ICD-10 C55)
Table 46:	Cancer of the corpus uteri and uterus unspecified (ICD-10 C54–C55)
Table 47:	Cancer of the ovary (ICD-10 C56)
Table 48:	Cancer of the other and unspecified female genital organs (ICD-10 C57)
Table 49:	Cancer of the placenta (ICD-10 C58)
Table 50:	Cancer of the penis (ICD-10 C60)
Table 51:	Cancer of the prostate (ICD-10 C61)
Table 52:	Cancer of the testis (ICD-10 C62)
Table 53:	Cancer of the other and unspecified male genital organs (ICD-10 C63)
Table 54:	Cancer of the penis and other and unspecified male genital organs (ICD10 C60, C63)
Table 55:	Cancer of the kidney (ICD-10 C64)
Table 56:	Cancer of the renal pelvis (ICD-10 C65)
Table 57:	Cancer of the ureter (ICD-10 C66)
Table 58:	Cancer of the bladder (ICD-10 C67)
Table 59:	Cancer of the other urinary organs (ICD-10 C68)
Table 60:	Cancer of the kidney and other urinary organs (ICD-10 C64–C66, C68)
Table 61:	Cancer of the eye (ICD-10 C69)
Table 62:	Cancer of the brain (ICD-10 C71)
Table 63:	Cancer of the meninges and other central nervous system (ICD-10 C70, C72)
Table 64:	Cancer of the brain and nervous system (ICD-10 C70–C72)
Table 65:	Cancer of the thyroid gland (ICD-10 C73)
Table 66:	Cancers of the adrenal glands (ICD-10 C74)
Table 67:	Cancers of other endocrine glands (ICD-10 C75)
Table 68:	Cancer of the adrenal glands and other endocrine glands (ICD10 C74, C75)
Table 69:	Cancers of unknown primary site (ICD-10 C76–C80, C26, C39)

- Table 70: Hodgkin's disease (ICD-10 C81)
- Table 71: Non-Hodgkin's lymphoma (ICD-10 C82–C85, C96)
- Table 72: Lymphoma NOS (ICD-O-2 M9590/3)
- Table 73: All lymphomas (ICD-10 C81–C85, C96)
- Table 74: Immunoproliferative neoplasms (ICD-10 C88)
- Table 75: Multiple myeloma (ICD-10 C90)
- Table 76: Lymphoid leukaemia (ICD-10 C91)
- Table 77: Acute lymphoblastic leukaemia (ICD-10 C91.0)
- Table 78: Chronic lymphocytic leukaemia (ICD-10 C91.1)
- Table 79: Myeloid leukaemia (ICD-10 C92)
- Table 80: Acute myeloid leukaemia (ICD-10 C92.0)
- Table 81: Chronic myeloid leukaemia (ICD-10 C92.1)
- Table 82: Monocytic leukaemia (ICD-10 C93)
- Table 83: Other leukaemias of specified cell type (ICD-10 C94)
- Table 84: Leukaemia of unspecified cell type (ICD-10 C95)
- Table 85: Other and unspecified malignant neoplasms of lymphoid, haematopoietic and related tissues (ICD-10 C96)
- Table 86: All leukaemias (ICD-10 C91–95)
- Table 87: Malignant neoplasms of independent (primary) multiple sites (ICD-10 C97)
- Table 88: Alcohol-related cancers
- Table 89: Smoking-related cancers