

# Glossary

**AACR:** Australasian Association of Cancer Registries

**ABS:** Australian Bureau of Statistics

**ACT:** Australian Capital Territory – a land-locked territory of Australia situated within the state of New South Wales on the eastern seaboard, with a population of 319,317 (2001). Its capital city is Canberra, which is also Australia’s capital city.

**Additional diagnosis:** conditions or complaints either co-existing with the principal diagnosis or arising during the episode of care. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources.

**Admitted patient:** a patient who undergoes a hospital’s formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person’s home.

**AIHW:** Australian Institute of Health and Welfare

**AS rate (ASR):** age-standardised rate. See Appendix B for definition.

**Australian Refined Diagnosis Related Groups (AR-DRGs):** an Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.

**Average length of stay (ALOS):** the average length of stay is the ratio of the number of patient days in hospital to the number of separations. This is calculated excluding same-day patients.

**Cancer (malignant neoplasm):** a term used to describe one of several diseases which result when the process of cell division, by which tissues normally grow and renew themselves, becomes uncontrolled and leads to the development of malignant cells. These cancer cells multiply in an uncoordinated way, independently of normal growth control mechanisms, to form a tumour. This tumour may expand locally by invasion or systemically by metastasis via the lymphatic or vascular systems. If left untreated most malignant tumours will eventually result in death. (See ‘What is cancer?’ page 1.)

**Cancer death:** a death for which the underlying cause is indicated as cancer. Persons with cancer who die of other causes are not counted in the death statistics in this publication.

**CI:** confidence interval

**CNS:** central nervous system

**Epidemiology:** the quantitative study of the distribution and determinants of health-related states and events in populations, and the application of this study to the control of health problems

**IARC:** International Agency for Research on Cancer

**ICD-10:** International Classification of Diseases – a coding system used to identify the primary site of the malignancy. This publication uses the 10th revision of the ICD classification.

**Incidence:** *see* new cancer case

**ML:** myeloid leukaemia

**Mortality:** *see* cancer death

**National Health Priority Areas (NPHAs):** A collaborative initiative of Commonwealth, state and territory governments that seeks to focus public attention and health policy on areas that contribute significantly to the burden of disease in Australia and for which there is potential for health gain. Cancer control is one of the NHPAs and the eight priority cancers are colorectal cancer, lung cancer, melanoma, non-melanoma skin cancers, breast cancer (for women), cancer of the cervix, prostate cancer and non-Hodgkin's lymphoma.

**NCSCH:** National Cancer Statistics Clearing House

**New cancer case:** a person who has a new cancer diagnosed for the first time. One person may have more than one cancer and therefore may be counted twice in incidence statistics if it is decided that the two cancers are not of the same origin. This decision is based on a series of principles set out in more detail in a publication by Jensen et al. (1991).

**NHMD:** National Hospital Morbidity Database

**NHL:** non-Hodgkin's lymphoma

**NOS:** not otherwise specified

**NSW:** New South Wales – a state of Australia on the eastern seaboard which has the largest capital city in Australia, Sydney, and a population of 6,575,217 (2001)

**NT:** Northern Territory – a territory in the north of Australia, with a population of 197,768 (2001) and Darwin as its capital city

**Principal diagnosis:** the principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for occasioning the admitted patient's episode of care in hospital

**Procedure block:** the block number is a means of numerically ordering groups of related procedure codes

**PSA:** prostate-specific antigen

**PYLL:** person-years of life lost

**Qld:** Queensland – a state in the north-east of Australia, with a population of 3,628,946 (2001) and Brisbane as its capital city

**SA:** South Australia – a state in the southern part of Australia, with a population of 1,511,728 (2001) and Adelaide as its capital city.

**Separation mode:** status at separation of person from hospital (discharge/transfer/death) and place to which person is released (where applicable)

**SES:** socioeconomic status

**SNOMED:** Systematised Nomenclature of Medicine.

**Tas:** Tasmania – an island state in the south-east of Australia, with a population of 471,795 (2001) and Hobart as its capital city

**Vic:** Victoria – a state in the south-east of Australia, with a population of 4,804,726 (2001) and Melbourne as its capital city

**WA:** Western Australia – the western-most state of Australia, with a population of 1,901,159 (2001) and Perth as its capital city

**WHO:** World Health Organization

# Data sources

## **National Cancer Statistics Clearing House database**

Cancer is a notifiable disease in all states and territories. The data are collected by cancer registries and include clinical and demographic information about people with newly diagnosed cancer. This information is obtained from hospitals, pathologists, radiation oncologists, cancer treatment centres and nursing homes.

The AIHW is responsible for the national collection of cancer incidence statistics through the National Cancer Statistics Clearing House. National statistics are available for all years from 1982 to 2001.

## **National mortality database**

Registration of deaths in Australia is the responsibility of the state and territory Registrars of Births, Deaths and Marriages. Information on the cause of death is supplied by the medical practitioner certifying the death or by a coroner. Other information about the deceased is supplied by a relative or other person acquainted with the deceased or by an official institution where the death occurred. Registration of death is a legal requirement in Australia, and compliance is virtually complete.

The registrars provide deaths data to the ABS for coding and compilation into national statistics. The AIHW also holds these data without unique identifiers in a national mortality database.

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# Related publications

A list of related publications from state and territory cancer registries follows.

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