

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

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

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 1997 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	0	663,326	0.0	1,271,703	0.0
5–9	0	674,264	0.0	1,272,208	0.0
10–14	0	671,797	0.0	1,241,619	0.0
15–19	1	663,680	0.2	1,364,074	2.7
20–24	4	697,074	0.6	1,396,764	8.4
25–29	1	727,726	0.1	1,399,663	1.4
30–34	3	710,389	0.4	1,425,735	5.7
35–39	19	737,306	2.6	1,328,387	34.5
40–44	54	688,428	7.8	1,294,271	101.0
45–49	126	649,590	19.4	1,029,145	199.7
50–54	260	557,455	46.6	846,934	394.7
55–59	449	432,830	103.7	725,950	752.8
60–64	645	360,382	179.0	736,868	1,319.0
65–69	953	336,529	283.2	671,390	1,901.4
70–74	1,139	281,090	405.2	510,755	2,069.6
75–79	856	189,861	450.9	384,495	1,733.7
80–84	525	108,495	483.9	229,828	1,112.1
85+	287	63,988	448.5	154,247	691.8
Total	5,322	9,214,210	57.8	17,284,036	59.8

* Australian Bureau of Statistics 1997b.

** 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 (e.g. 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 e.g.

$$\begin{aligned}
 \text{Crude incidence rate for lung cancer} &= \frac{\text{Column 1 total}}{\text{Column 2 total}} \times 100,000 \\
 &= \frac{5,332}{9,214,210} \times 100,000 \\
 &= 57.8 \text{ per } 100,000
 \end{aligned}$$

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, e.g.

$$\begin{aligned}
 \text{Age-specific lung cancer incidence rates in males aged 75-79} &= \frac{\text{Column 1 for this age}}{\text{Column 2 for this age}} \times 100,000 \\
 &= \frac{856}{189,861} \times 100,000 \\
 &= 450.9 \text{ per } 100,000
 \end{aligned}$$

Age-standardised rates (AS Rate)

Rates are adjusted for age to facilitate comparisons between populations which have different age structures, e.g. between youthful and ageing communities. There are two different methods commonly used to adjust for age. In this publication we use direct standardisation 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* Sum the expected number of cases in each age group to give the age-standardised rate (total column 5). If the standard population is not the World Standard

Population then divide this sum by the total of the standard population 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, e.g. 5–9, 10–14 years. An example is provided below.

$$\begin{aligned} \text{Cumulative rate} &= \frac{5 \times (\text{Sum of the age-specific rates}) \times 100}{100,000} \\ &= \frac{5 \times 1048.8 \times 100}{100,000} \\ &= 5.24\% \end{aligned}$$

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 5.24% (see previous page), therefore:

$$\begin{aligned} n &= \frac{1}{(1 - e^{-5.24/100})} \\ &= 19.59 \end{aligned}$$

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 1997 age-specific rates apply throughout their lives. Note that no account has been taken of specific cancer risk factors, e.g. 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, e.g. 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, e.g. 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, e.g. 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 = rate at later year n

P_o = 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.

Mortality to incidence ratio

The mortality to incidence ratio is calculated by dividing the number of deaths for a particular cancer by the number of new cases for that cancer in a specified time period. If registration is complete and the incidence of the cancer in question is not changing rapidly, the mortality to incidence ratio should reflect long-term survival.

Appendix C: Population data

Australian resident population 1997

Age	1997		Total
	Males	Females	
0-4	663,326	628,962	1,292,288
5-9	674,264	640,884	1,315,148
10-14	671,797	640,312	1,312,109
15-19	663,680	630,243	1,293,923
20-24	697,074	674,613	1,371,687
25-29	727,726	724,812	1,452,538
30-34	710,389	714,205	1,424,594
35-39	737,306	740,902	1,478,208
40-44	688,428	692,235	1,380,663
45-49	649,590	640,059	1,289,649
50-54	557,455	536,230	1,093,685
55-59	432,830	419,785	852,615
60-64	360,382	362,859	723,241
65-69	336,529	351,722	688,251
70-74	281,090	328,316	609,406
75-79	189,861	255,728	445,589
80-84	108,495	178,966	287,461
85+	63,988	149,112	213,100
Total	9,214,210	9,309,945	18,524,155

Source: Australian Bureau of Statistics 1997b.

Australian Standard Population* and World Standard Population**

Age	Australian Standard Population (1991)		World Standard Population	
		% 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 & Smith 1982.

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 (1997)	6,272,784	4,605,210	3,397,071	1,797,870	1,479,680	473,478	308,011	186,907
Per cent of Australian population	33.8	24.8	18.3	9.7	8.0	2.6	1.7	1.0
Per cent of population older than age 65	12.7	12.6	11.2	10.4	14.1	12.9	7.5	3.3
No. new cancers (1997)	27,287	20,296	14,922	6,422	7,226	2,090	982	413
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.

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

Registrar: Ms Kathryn Whitfield
E-mail: kathryn@accv.org.au
Phone: +61 3 9635 5160

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

Queensland Cancer Registry

Locked Bag 1450
SPRING HILL 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 St
PERTH WA 6849

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

Home page: www.health.wa.gov.au
E-mail: wacanreg@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.health.sa.gov.au/pehs/health-stats.htm

Director: Associate Professor David Roder
Phone: +61 8 8226 6350
E-mail: David.Roder@dhs.sa.gov.au

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
Phone: +61 8 8226 6362
E-mail: Wayne.Clapton@dhs.sa.gov.au

Tasmanian Cancer Registry

Menzies Centre for Population Health
Research

GPO Box 252-23
HOBART TAS 7001

Phone: +61 3 6226 7714
Fax: +61 3 6226 7704

Director: Professor Terry Dwyer
E-mail: T.Dwyer@utas.edu.au
Phone: +61 3 6226 7702

Registrar: Dr Alison Venn
E-mail: Alison.Venn@utas.edu.au

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: Mr Edouard D'Espaignet
E-mail: edouard.despaignet@nt.gov.au
Phone: +61 8 8999 2933
Fax: +61 8 8999 2700

Epidemiologist: Mr Michael Pearce
E-mail:
michael.pearce@dwnhhse.health.nt.gov.au
Phone: +61 8 8999 2540

Australian Capital Territory Cancer Registry

Clinical Epidemiology & Health Outcomes
Centre
Level 2, Building 6 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@dpa.act.gov.au
Phone: +61 2 6244 4288
Fax: +61 2 6244 4138

Registrar: Ms Barbara Stuart-Harris
E-mail: barbara_stuartharris@dpa.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: Christine Fowler
Phone: +64 4 922 1864
E-mail: christine.fowler@nzhis.govt.nz

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

Appendix F: Tables published on the Internet

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

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