Abbreviations

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 310,173 (1999). Its capital city is Canberra, which is also Australia's capital city.

AIHW: Australian Institute of Health and Welfare.

ASR: age-standardised rates.

CI: Confidence interval: a range determined by variability in data, within which there is a specified (usually 95%) chance that the true value of a calculated parameter (e.g. relative risk) lies.

DHSH: Commonwealth Department of Human Services and Health (1994 to 1996)

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 6,411,680 (1999).

NT: Northern Territory—a Territory in the north of Australia with a population of 192,882 (1999) and Darwin as its capital city.

Qld: Queensland—a State in the north-east of Australia with a population of 3,512,356 (1999) and Brisbane as its capital city.

SA: South Australia — a State in the southern part of Australia with a population of 1,493,074 (1999) and Adelaide as its capital city.

SLA: Statistical local area—the smallest spatial unit used to geographically classify locations for economic, social and demographic statistics other than those collected in population censuses.

Tas: Tasmania—an island State in the south-east of Australia with a population of 470,074 (1999) and Hobart as its capital city.

The Program: The BreastScreen Australia Program.

Vic: Victoria—a State in the south-east of Australia with a population of 4,712,173 (1999) and Melbourne as its capital city.

WA: Western Australia—the largest State in Australia, located in the west with a population of 1,861,016 (1999) and Perth as its capital city.

WHO: World Health Organization.

Glossary

Adjuvant: enhancing or administered to enhance the effectiveness of a treatment or substance.

Administrative databases: observations about events that are routinely recorded or required by law to be recorded. Such events include births, deaths, hospital separations and cancer incidence. Administrative databases include the National Mortality Database, the National Hospital Morbidity Database and the National Cancer Statistics Clearing House Database.

Age-specific rate: a rate for a specific age group. The numerator and denominator relate to the same age group.

Age-standardised rate: weighted average of age-specific rates according to a standard distribution of the population by age to eliminate the effect of different age distributions and thus facilitate valid comparison of groups with differing age compositions.

Assessment: further investigation of a mammographic abnormality or symptom reported at screening. This includes women who choose assessment outside the Program.

Benchmark: a criterion against which something is measured.

Benign: not cancerous.

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.

Cancer death: a death where the underlying cause is indicated as cancer. Persons with cancer dying of other causes are not counted in the death statistics in this publication.

Confidence interval: a computed interval within which there is a specified (usually 95%) chance that the true value of a variable such as a mean, proportion or rate is contained within the interval.

Core biopsy: removal of a cylindrical sample of breast tissue under a local or general anaesthetic through a needle for microscopic examination.

Data: refers to the building blocks of health information including observations from administrative databases and health survey data sets.

Ductal carcinoma in situ: a non-invasive tumour of the mammary gland (breast), arising from cells lining the ducts.

Early review: a woman is screened but not cleared for routine rescreening but referred for further assessment within 6 to 12 months of the index screen.

Early rescreen: a woman attends for a routine rescreen less than 24 months from previous negative screen (or less than 12 months for women recommended for annual screening).

Eligible population: any women 40 years or over.

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.

False negative: means that the test has incorrectly observed that the disease is not present.

False positive: means that the test has incorrectly observed that the disease is present.

Film reading: viewing of a radiographic depiction of the breast (mammogram) to determine the presence or absence of a tumour.

Fine-needle aspiration biopsy: removal of breast tissue under a local anaesthetic through a fine needle for microscopic examination.

Incidence: the number of instances of illness commencing, or of persons falling ill, during a given period.

Incident screening round: is the screening episode of a woman who has had a mammogram within the past five years.

Index screening year: the year for which the interval cancer rate and the program sensitivity is determined.

Index screens: all screening examinations performed within the index screening year.

Indicators: observations about data that have been analysed to provide a means of comparing measures of health within and between population groups.

Indigenous: a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community with which he or she is associated.

Information: observations about data that have been analysed to provide a means of comparing measures of health within and between population groups.

International Classification of Diseases: WHO's internationally accepted classification of death and disease. The Ninth Revision (ICD-9) is currently in use.

Interval cancer: is any invasive breast cancer diagnosed in the interval following a negative screening episode and before the next scheduled screening examination.

Invasive cancer: a tumour whose cells have a tendency to invade healthy or normal tissues.

Lymph node: masses of lymphatic tissue, often bean-shaped, that produce lymphocytes and through which lymph filters. These are located throughout the body.

Mammogram: a radiographic depiction of the breast.

Metastasis: the process by which a disease is transferred from one part of the body to another, for example, via the lymphatic system or the bloodstream.

Morbidity: a measure of illness when referring to ill health in an individual or ill health in a population or group.

Mortality: see cancer death.

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).

Next scheduled screening examination: 24 months after previous screen unless the woman is recommended for annual rescreening when the next scheduled screening examination is 12 months.

Population estimates: official population numbers compiled by the Australian Bureau of Statistics at both State/Territory and SLA level by age and sex, as at 30 June each year. These estimates allow for comparisons to be made between geographic areas of differing population sizes and age structures.

Prevalence: the number of instances of a given disease or other condition in a given population at a designated time.

Prevalent screening round: is the screening episode of a woman who has never had a mammogram before, or a woman who has not had a mammogram within the past five years (in or out of the Program).

Program sensitivity: is the percentage of invasive breast cancers detected by the Program amongst the total number of invasive breast cancers found in Program-screened women.

Recruitment: the strategies that aim to promote participation of women in the BreastScreen Australia Program through direct contact with women in the target age group and education of health practitioners and the general public. Women are encouraged to attend every two years.

Rescreening: the next screening examination after the screening episode in the index screening year.

Risk factor: an attribute or exposure that is associated with an increased probability of a specified outcome, such as the occurrence of a disease. Risk factors are not necessarily the causes of disease.

Screen-detected cancer: an invasive breast cancer detected during a screening episode.

Screening: the performance of tests on apparently well people in order to detect those who have a disease from those who probably do not. As a screening test is not intended to be diagnostic, a person with a positive or suspicious result must be referred for diagnosis and treatment.

Screening episode: includes screening examination and assessment. Early review within 6–12 months of initial screen is not considered part of the screening episode.

Screening round: the first screening round is a woman's first visit to a mammography screening service. a subsequent screening round means that she has been screened before. If she attends for the fourth screening round, she has been screened three times before.

Screening round (first): a woman's first visit to a BreastScreen Australia mammography screening service.

Screening round (subsequent): a woman's visit to a BreastScreen Australia mammography screening service when she has attended such a service before.

Sensitivity: the proportion of people with the disease who have a positive test for the disease.

Small cancer: an invasive cancer 10 mm or less in size.

Symptom: any evidence of disease apparent to the patient. For the purposes of this report, symptoms refer to self-reported breast lump and/or blood-stained/watery nipple discharge.

Target population: women aged between 50 and 69 years.

Torres Strait Islander: a person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which he or she lives.

Ultrasound: diagnostic method based on the reflection of ultrasonic sound waves, generated through scanning of the breast. The reflections are viewed on a computer screen or photograph, and checked for variations in images.

Unit record file: observations containing person-specific records from health surveys and administrative databases that are unanalysed and not tabulated. This is the most basic form of data and cannot be accessed for general use without assurances that appropriate confidentiality measures are in place.

Women-years at risk: all women screened in the index screening year who are resident in the State/Territory in which they are screened who have not reported a personal history of breast cancer.

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