

Appendixes

Appendix A: WHO classification of lymphoid and haematopoietic neoplasms

Table A.1: WHO classification of lymphoid and haematopoietic neoplasms and the corresponding ICD-O-3 morphology codes

Group	ICD-O-3 morphology codes (all malignant)
<i>Lymphoid neoplasms</i>	
Hodgkin lymphomas	9650–55, 9659, 9661–65, 9667
B-cell neoplasms	9670–71, 9673, 9675, 9678–80, 9684, 9687, 9689–91, 9695, 9698–99, 9728, 9731–34, 9823, 9826, 9833, 9836, 9940
T-cell and NK-cell neoplasms	9700–02, 9705, 9708–09, 9714, 9716–19, 9729, 9827, 9831, 9834, 9837, 9948
Non-Hodgkin lymphomas, NOS	9591, 9727, 9820, 9832, 9835
Composite Hodgkin / non-Hodgkin lymphoma	9596
Lymphoid neoplasms, NOS	9590
<i>Myeloid neoplasms</i>	
Acute myeloid leukaemias	9805, 9840, 9861, 9866–67, 9870–74, 9891, 9895–97, 9910, 9920, 9930–31
Chronic myeloproliferative diseases	9875, 9950, 9960–64
Myelodysplastic syndromes	9980, 9982–87, 9989
Myelodysplastic / myeloproliferative diseases	9876, 9945–46
Myeloid neoplasms, NOS	9860, 9863
<i>Lymphoid / myeloid neoplasms, NOS</i>	9800–01
<i>Other lymphoid and haematopoietic neoplasms</i>	
Mast cell diseases	9740–42
Histiocytic and dendritic cell neoplasms	9750, 9754–58
Other immunoproliferative diseases	9760–62, 9764, 9766

Source: Adapted from WHO (2001) to incorporate various 'NOS' morphology codes and the 'Other immunoproliferative diseases' group.

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, Australia, 2002

	No. of cases in 2002	Australian 2002 male population ^(a)	Age-specific rate per 100,000 population	Australian 2001 Population Standard ^(a)	Expected number of cases
Age group	(column 1)	(column 2)	(column 3)	(column 4)	(column 5)
0–4	1	651,556	0.2	1,282,357	3
5–9	0	691,399	0.0	1,351,664	0
10–14	0	700,013	0.0	1,353,177	0
15–19	2	696,033	0.3	1,352,745	4
20–24	4	676,737	0.6	1,302,412	8
25–29	3	689,035	0.4	1,407,081	6
30–34	5	744,130	0.7	1,466,615	10
35–39	15	733,565	2.0	1,492,204	30
40–44	56	751,657	7.5	1,479,257	111
45–49	118	684,477	17.2	1,358,594	234
50–54	222	650,897	34.1	1,300,777	444
55–59	453	550,272	82.3	1,008,799	830
60–64	608	427,466	142.2	822,024	1,169
65–69	812	344,606	235.6	682,513	1,608
70–74	1,107	304,348	363.7	638,380	2,322
75–79	1,031	233,554	441.4	519,356	2,292
80–84	624	137,123	455.1	330,050	1,502
85+	338	86,265	391.8	265,235	1,039
Total	5,399	9,753,133		19,413,240	

(a) Australian Bureau of Statistics 2005.

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' below). 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:

$$\begin{aligned} \text{Crude incidence rate for lung cancer} &= \frac{\text{Column 1 total}}{\text{Column 2 total}} \times 100,000 \\ &= \frac{5,399}{9,753,133} \times 100,000 \\ &= 55.4 \text{ per } 100,000 \end{aligned}$$

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:

$$\begin{aligned} \text{Age-specific lung cancer incidence rates in males aged 75-79} &= \frac{\text{Column 1 for this age}}{\text{Column 2 for this age}} \times 100,000 \\ &= \frac{1,031}{233,554} \times 100,000 \\ &= 441.4 \text{ per } 100,000 \end{aligned}$$

Age-standardised rates (ASRs)

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 2001 Population Standard or the WHO 2000 World Standard Population). This effectively removes the influence of age structure on the summary rate and 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 by 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.

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

Risk to age 75 and age 85

These quantities are measures that approximate the risk of contracting (or dying from) a particular cancer before a given age, assuming that the risks at the time of estimation remained throughout life. It is based on a mathematical relationship with the cumulative rate. An example for risk to age 75 follows.

The cumulative rate is calculated by summing the age-specific rates for the age groups from 0-4 to 70-74. Using the example table at the start of this appendix we have:

$$\begin{aligned} \text{Cumulative rate} &= \frac{5 \times (\text{Sum of the age-specific rates}) \times 100}{100,000} \\ &= \frac{5 \times 886.8 \times 100}{100,000} \\ &= 4.43\% \end{aligned}$$

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:

$$\text{Cumulative risk} = 1 - e^{-\text{rate}/100}$$

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:

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

Continuing with the example, the cumulative rate was 3.84%. Therefore:

$$\begin{aligned} n &= \frac{1}{(1 - e^{-4.43/100})} \\ &= 23.06 \end{aligned}$$

That is, for men, the risk to age 75 of developing lung cancer is about 1 in 23, providing they remain at risk for the whole period and the 2002 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 percentage of all cancers 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-melanoma skin cancers 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. 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 rate or the cumulative rate as these both adjust for age variations between male and female populations. In addition, the use of cumulative rate to a certain age, for example 85 years, discounts the occurrence of cancer in people aged over 85 years. This gives more emphasis 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. The method used in this publication for the calculation of person-years of life lost is the number of years between age at death and 75 years, or 85 years, summed over all persons. For example, a person dying at age 50 contributes 25 years, or 35 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:

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

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.

Cancers attributed to smoking and excessive alcohol consumption

Data on cancers attributed to smoking and excessive alcohol consumption are derived from a series of age- and sex-specific aetiological fractions developed by Ridolfo and Stevenson (2001) and from cancer incidence estimates for specific cancer sites for 2003. These fractions are based on an analysis of international and Australian studies and estimate the probability that a specific agent (alcohol or tobacco) causes a specific disease (cancer). The cancers thought to be directly attributable to smoking (excluding passive smoking) and alcohol are listed in Table A.2 on the next page.

While tobacco and alcohol have each been associated with cancer in their own right, they often occur together and may interact to produce higher or lower risks. To the extent possible, the estimates of the aetiological fractions have been derived to represent the independent contribution of each risk factor. However, it is not possible to allow for all the complexities of the interactions between risk factors using this methodology. Hence the fractions for tobacco and alcohol cannot be summed to give a combined effect of the two risk factors.

Table A.2: Cancer site and percentage of cancers attributed to excessive alcohol consumption and to smoking

Cancer site	Males (per cent)	Females (per cent)
Cancers attributed to excessive alcohol consumption		
Oral cancers ^(a)	39	31
Oesophagus	46	40
Liver	39	35
Larynx	51	46
Female breast cancer	—	12
Cancers attributed to smoking		
Oral cancers ^(a)	57	51
Oesophagus	54	46
Stomach	14	11
Anus	48	41
Pancreas	24	19
Larynx	73	66
Lung	84	77
Vulva	—	40
Penis	30	—
Bladder	43	36
Renal parenchyma	28	21
Renal pelvis	55	48

(a) Oral cancers include C01–C06 and C09–C14.

Source: Ridolfo & Stevenson 2001.

Appendix C: Population data

Australian resident population, 2003

Age (years)	Males	Females	Total
0–4	648,280	616,337	1,264,617
5–9	686,684	650,780	1,337,464
10–14	707,035	672,422	1,379,457
15–19	698,587	665,547	1,364,134
20–24	696,402	667,642	1,364,044
25–29	683,946	677,970	1,361,916
30–34	753,661	766,190	1,519,851
35–39	726,362	735,055	1,461,417
40–44	763,933	770,184	1,534,117
45–49	696,193	706,208	1,402,401
50–54	654,034	657,524	1,311,558
55–59	584,059	570,788	1,154,847
60–64	439,569	430,831	870,400
65–69	355,712	365,745	721,457
70–74	302,603	329,740	632,343
75–79	240,645	298,451	539,096
80–84	145,767	221,296	367,063
85+	89,975	196,489	286,464
Total	9,873,447	9,999,199	19,872,646

Source: Australian Bureau of Statistics.

Australian Standard Population and World Standard Population

Age (years)	Australian Standard Population (2001)		WHO World Standard Population (2000)	
	Number	Per cent of total	Number	Per cent of total
0–4	1,282,357	6.6	8.86	8.9
5–9	1,351,664	7.0	8.69	8.7
10–14	1,353,177	7.0	8.60	8.6
15–19	1,352,745	7.0	8.47	8.5
20–24	1,302,412	6.7	8.22	8.2
25–29	1,407,081	7.2	7.93	7.9
30–34	1,466,615	7.6	7.61	7.6
35–39	1,492,204	7.7	7.15	7.1
40–44	1,479,257	7.6	6.59	6.6
45–49	1,358,594	7.0	6.04	6.0
50–54	1,300,777	6.7	5.37	5.4
55–59	1,008,799	5.2	4.55	4.5
60–64	822,024	4.2	3.72	3.7
65–69	682,513	3.5	2.96	3.0
70–74	638,380	3.3	2.21	2.2
75–79	519,356	2.7	1.52	1.5
80–84	330,050	1.7	0.91	0.9
85+	265,235	1.4	0.63	0.6
Total	19,413,240	100.0	100.03	100.0

Sources: Australian Bureau of Statistics and Ahmad et al. (2000).

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 IACR. 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 affect 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 (2003)	6,682,053	4,911,425	3,801,039	1,949,948	1,526,301	477,305	323,363	198,544
Per cent of Australian population	33.6	24.7	19.1	9.8	7.7	2.4	1.6	1.0
Per cent of population aged 65 and over	13.33	13.23	11.87	11.42	14.88	14.12	9.03	4.17
No. of new cancers per year ^(a)	30,389	21,589	17,196	8,042	7,607	2,383	1,147	447
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	Pvte-Govt	Govt	Govt	Pvte-Govt	Govt	Govt
Topography coding	ICD-O-3	ICD-O-3	ICD-O-3	ICD-O-3	ICD-9	ICD-O-3	ICD-O-3	ICD-9
Morphology coding	ICD-O-3	ICD-O-3	ICD-O-3	ICD-O-3	ICD-O-1	ICD-O-3	ICD-O-3	ICD-O-1
Reporting sources								
Public hospitals	Yes	Yes	Yes	No ^(b)	Yes	Yes	Yes	Yes
Private hospitals	Yes	Yes	Yes	No ^(b)	Yes	Yes	Yes	No
Repatriation hospitals	Yes	Yes	Yes	No ^(b)	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 ^(b)	Yes	No
Registrar of Births, Deaths and Marriages	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Doctors	No ^(b)	No ^(b)	No ^(b)	No ^(b)	No ^(b)	No ^(b)	No ^(b)	No ^(b)

(a) Refers to the average annual number of new cases over the 5-year period 1999–2003.

(b) Information is provided on special request only.

Appendix E: Cancer registries contact list

New South Wales Central Cancer Registry

Cancer Institute NSW
Locked Bag 1
Woolloomooloo NSW 2011
Phone: +61 2 8374 5600
Fax: +61 2 8374 5744
Email: ccr@cancerinstitute.org.au
Website: www.cancerinstitute.org.au/cancer_inst/programs/centralcr
Operations manager: Ms Narelle Grayson
Coding manager: Ms Maria Arcorace

Victorian Cancer Registry

The Cancer Council Victoria
1 Rathdowne Street
Carlton South VIC 3053
Phone: +61 3 9635 5000
Fax: +61 3 9635 5210
Website: 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
Email: graham.giles@cancervic.org.au
Phone: +61 3 9635 5155
Director Information Systems:
Ms Helen Farrugia
Email: helen.farrugia@cancervic.org.au
Phone: +61 3 9635 5318
Information Manager: Mrs Vicky Thursfield
Email: vicky.thursfield@cancervic.org.au
Phone: +61 3 9635 5162

Northern Territory Cancer Registry

Health Gains Planning
Dept of Health and Community Services
PO Box 40596
Casuarina NT 0811
Phone: +61 8 8985 8078
Fax: +61 8 8985 8075
Acting registrar: Ms Karen Dempsey
Email: karen.dempsey@nt.gov.au
Phone: +61 8 8985 8081
Fax: +61 8 8985 8075

Western Australian Cancer Registry

Information Collection and Management
Dept of Health (WA)
PO Box 8172
Perth Business Centre
Perth WA 6849
Phone: +61 8 9222 4022 or 4249
Fax: +61 8 9222 4236
Website: www.health.wa.gov.au/wacr
Email: wacanreg@health.wa.gov.au
Director & Registrar: Dr Tim Threlfall
Email: tim.threlfall@health.wa.gov.au
Coding advisor: Dr Judy Thompson
Email: judy.thompson@health.wa.gov.au
Analyst/programmer: John Langley
Email: John.langley@health.wa.gov.au
Case officers:
Cathy/Charmaine/Colleen/Kaye/Nola:
(08) 9222 then 4246, 4265, 4215, 4249 or 4269

Queensland Cancer Registry

Locked Bag 1450
Spring Hill QLD 4004
Spring Hill QLD 4004
Phone: +61 7 3258 2341
Fax: +61 7 3258 2345
Website: www.qldcancer.com.au

Director: Dr Joanne Aitken
Queensland Cancer Fund
553 Gregory Terrace, Fortitude Valley
Locked Bag 1450
Spring Hill QLD 4004

Email: JoanneAitken@qldcancer.com.au
Phone: +61 7 3258 2300
Fax: +61 7 3258 2345

Registrar: Ms Marilla Fraser
Email: marilla_fraser@health.qld.gov.au
Phone: +61 7 3258 2333
Fax: +61 7 3258 2345

Assistant Registrar: Ms Julie Moore
Email: julie_moore@health.qld.gov.au
Phone: +61 7 3258 2366
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 6158
Fax: +61 8 8226 6672
Website: www.dh.sa.gov.au/pehs/branches/branch-cancer-registry.htm

Email: Epidemiology@health.sa.gov.au

Director: Dr Ron Somers
Email: Ron.Somers@health.sa.gov.au
Phone: +61 8 8226 6361

Data manager: Mr Kevin Priest
Email: Kevin.Priest@health.sa.gov.au

Tasmanian Cancer Registry

Menzies Research Institute
Private Bag 23
Hobart TAS 7001

Phone: +61 3 6226 7757
Fax: +61 3 6226 7755
Website: www.menzies.utas.edu.au/re_cancer_reg.html

Director: A/Prof Alison Venn
Phone: +61 3 6226 7706

Registry manager: Marita Dalton
Email: tcr@mail.menzies.utas.edu.au
Phone: +61 3 6226 7757

Australian Capital Territory Cancer Registry

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

Phone: +61 2 6207 4032
Fax: +61 2 6244 4138

Director: Linda Halliday
Email: cancerregistry@act.gov.au
Phone: +61 2 6207 4036

Data Manager: Rosalind Sexton
Email: cancerregistry@act.gov.au
Phone: +61 2 6207 4032

New Zealand Cancer Registry

New Zealand Health Information Service
Ministry of Health
PO Box 5013
Wellington NEW ZEALAND

Phone: +64 4 816 3334
Fax: +64 4 816 2897
Website: www.nzhis.govt.nz

Team Leader: Susan Hanna
Email: Susan_Hanna@nzhis.govt.nz

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

Email: cancer@aihw.gov.au

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

Unit Head: John Harding

Email: cancer@aihw.gov.au

Phone: + 61 2 6244 1140

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

Email: cancer@aihw.gov.au

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

Phone: +61 2 6244 1000

Fax: + 61 2 6244 1299

Appendix F: Data sources

National Cancer Statistics Clearing House database

Cancer (excluding NMSC) 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 compilation of national cancer incidence statistics through the National Cancer Statistics Clearing House. National statistics are available for all years from 1982 to 2003.

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 in its national mortality database.

Abbreviations and glossary

AACR: Australasian Association of Cancer Registries

ABS: Australian Bureau of Statistics

ACIM books: Australian Cancer Incidence and Mortality books

ACT: Australian Capital Territory

AIHW: Australian Institute of Health and Welfare

ARIA: Accessibility/Remoteness Index of Australia

ASGC: Australian Standard Geographical Classification

ASR: age-standardised rate. See Appendix B for definition.

ASR(A): age-standardised rate using the Australian 2001 Standard Population

ASR(W): age-standardised rate using the World 2000 Standard Population

Aust: Australia

BCC: Basal cell carcinoma

Cancer (malignant neoplasm): a term used to describe one of many 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?' on 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.

CD: Census Collection District

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.

GRIM books: General Record of Incidence of Mortality books

IACR: International Association of Cancer Registries

IARC: International Agency for Research on Cancer

ICD-10: International Classification of Diseases, 10th edition

ICD-10-AM: International Classification of Diseases, 10th edition, Australian Modification

ICD-O-2: International Classification of Diseases for Oncology, 2nd edition

ICD-O-3: International Classification of Diseases for Oncology, 3rd edition

Incidence: *see* new cancer case

IR: Inner Regional (area)

Lymphoid and haematopoietic neoplasms: (also called lymphohaematopoietic neoplasms and haematological neoplasms) neoplasms of the generative cells of the blood and lymphoid tissues; usually found in blood, bone marrow, spleen or lymph nodes.

MBS: Medicare Benefits Schedule

MC: Major Cities (area)

Mortality: *see* cancer death

National Health Priority Areas (NHPAs): A collaborative initiative of the Australian, 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-melanocytic skin cancer, breast cancer in females, cervical cancer, prostate cancer and non-Hodgkin lymphoma.

NCSC: National Cancer Statistics Clearing House

New cancer case: a person who has a new cancer diagnosed for the first time. A 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 called the 'multiple primary rules'. For the latest version see <www.iacr.com.fr/MPrules_july2004.pdf>.

NMSC: non-melanocytic skin cancer (also called non-melanoma skin cancer). Any skin cancer other than melanoma. See the introduction to Chapter 2.

NOS: not otherwise specified

NSW: New South Wales

NT: Northern Territory

OR: Outer Regional (area)

PSA: prostate-specific antigen

PYLL: person-years of life lost

Qld: Queensland

R: Remote (area)

SA: South Australia

SCC: squamous cell carcinoma

SIR: standardised incidence ratio

SMR: standardised mortality ratio

Tas: Tasmania

Vic: Victoria

VR: Very Remote (area)

WA: Western Australia

WHO: World Health Organization

References

- ABS (Australian Bureau of Statistics) 2001. Outcomes of ABS views on remoteness consultation, Australia. Information paper. Cat. no. 1244.0.00.001. Canberra: ABS.
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