Glossary

**Age-standardised rate**: a method of removing the influence of age when comparing populations with different age structures. This is usually necessary because the rates of many diseases vary strongly (usually increasing) with age. The age structures of the different populations are converted to the same ‘standard’ structure, which allows comparison of disease rates (AIHW 2006).

**Asymptomatic**: without symptoms.

**Benign**: not malignant.

**Bowel cancer**: comprises cancer of the colon and cancer of the rectum, collectively known as colorectal cancer.

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

**Cancer (malignant neoplasm)**: a large range of diseases in which some of the body’s cells become defective, and begin to multiply out of control. These cells can invade and damage the area around them, and can also spread to other parts of the body to cause further damage (AIHW 2006).

**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 lies.

**Colonoscopy**: procedure to examine the bowel using a special scope (colonoscope) usually carried out in a hospital or day clinic.

**Colonoscopy follow-up rate**: the proportion of people with a positive FOBT who subsequently had a colonoscopy.

**CT colonography**: a procedure that produces computed tomography (CT) pictures of the bowel by X-raying from many different angles.

**Double contrast barium enema**: a type of bowel X-ray in which barium sulphate and air are added into the bowel to assist in visualising the outline of the bowel and detecting abnormal growths.

**Eligible population**: for this report monitoring people invited in 2008, Australians turning 50, 55 and 65 years of age between 1 January 2008 and 31 December 2008 who have not opted off or suspended participation in the Program.

**False-positive**: a test result that incorrectly indicates a person has the condition being tested when they do not have the condition.

**FOBT**: immunochemical faecal occult blood test—a self-administered test to detect blood in bowel motions, but not bowel cancer itself. The FOBT is analysed by a pathology laboratory, and results forwarded to the register participant and primary health care practitioner (if nominated). Pathologists categorise the returned FOBT into one of three groups:

1. correctly completed
2. incorrectly completed
3. unsatisfactory.
Participants are provided with specific instructions on how to complete the FOBT. Any tests not completed according to these instructions are classified as incorrectly completed. Unsatisfactory tests refer to those tests that could not be processed due to a problem with the kit (for example, an expired kit, kit samples that have been taken more than 2 weeks apart, or a kit that has taken over 1 month in transit to arrive). Participants with FOBTs that are not correctly completed are requested to complete another FOBT. See Appendix B for details of the participant screening pathway.

**FOBT result:** FOBT results are classified by pathologists as either:
1. positive (blood is detected in at least one of two samples)
2. negative (blood is not detected)
3. inconclusive (the participant is asked to complete another kit).

**Histopathology:** the microscopic study of the structure and composition of tissues and associated disease.

**Incidence:** the number of new cases (for example, of an illness or event) occurring during a given period (AIHW 2006).

**Indigenous Australian:** a person of Aboriginal and/or Torres Strait Islander descent who identifies as Aboriginal and/or Torres Strait Islander.

**Invitee:** a person who has been invited to participate in the National Bowel Cancer Screening Program.

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

**Malignant:** abnormal changes consistent with cancer.

**Metastasis:** the process by which cancerous cells are transferred from one part of the body to another to form a secondary cancer; for example, via the lymphatic system or the bloodstream.

**Mortality:** see Cancer death.

**Opt off:** invitees who do not wish to participate in the National Bowel Cancer Screening Program now or in the future may opt off the Program. Invitees will not be contacted again. Invitees may elect to opt back on at a later date.

**Participant:** a person who has agreed to participate in the National Bowel Cancer Screening Program by returning a completed FOBT kit and Participant Details form.

**Positive predictive value:** proportion of people with a positive FOBT who have adenomas or cancer detected at colonoscopy and confirmed by histopathology.

**Positivity rate:** number of positive FOBT results as a percentage of the total number of valid FOBT results.

**Primary health care practitioner:** classified by Medicare Australia as a general practitioner or other primary health care provider. This may include remote health clinics or other specialists providing general practitioner services.

**Primary health care practitioner follow-up rate:** the proportion of people who were sent a positive FOBT result and who subsequently visit a primary health care practitioner.

**Radiation therapy:** the treatment of disease with any type of radiation, most commonly with ionising radiation, such as X-rays, beta rays and gamma rays.
Register: National Bowel Cancer Screening Program Register maintained by Medicare Australia.

Screening: repeated testing, at regular intervals, of apparently well people to detect a medical condition at an earlier stage than would otherwise be the case.

Sigmoidoscopy: inspection of last portion of the bowel through either a rigid or flexible hollow tube.

Significant difference: where rates are referred to as significantly different, or one rate is deemed significantly higher or lower than another, these differences are statistically significant. Rates are deemed statistically significantly different when their confidence intervals do not overlap, since their difference is greater than what could be explained by chance. See Confidence intervals in Appendix D for more information.

Socioeconomic status: see Appendix C for details.

Suspend: invitees who would like to participate in the National Bowel Cancer Screening Program but are unable to do so at this time. Invitees will be contacted once the nominated suspension period has elapsed.

Target population: For the NBCSP, Australians turning 55 or 65 years of age between 1 May 2006 and 31 December 2008 (Phase 1), or Australians turning 50, 55 or 65 years of age between 1 January 2008 and 31 December 2010 (Phase 2).

Tumour: an abnormal growth of tissue. Can be benign (not a cancer) or malignant (a cancer) (AIHW 2006).

Underlying cause of death: the condition, disease or injury initiating the sequence of events leading directly to death; that is, the primary, chief, main or principal cause (AIHW 2006).

Valid results: only FOBT results that are either positive or negative are classified as valid results. Inconclusive results are excluded.
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