National Healthcare Agreement: PI 02-Incidence of selected cancers, 2018 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	681692
Registration status:	Health!, Standard 30/01/2018

Data quality

Data quality statement summary:

- The most recent data available for inclusion in this indicator are 2013 for New South Wales and 2014 for the other jurisdictions.
- This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate widely from year to year; these changes should be interpreted with caution.
- The completeness of Indigenous identification in cancer registry data varies between jurisdictions. Those with sufficiently complete identification to enable reliable reporting of cancer incidence rates are New South Wales, Victoria, Queensland, Western Australia and the Northern Territory. Indigenous data for the other jurisdictions are not published.
- Cancer Institute NSW (CINSW) has recently identified issues with its Indigenous status variable for incidence from 2008 onwards. Therefore, the rates reported in this indicator may not be final.
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- The incidence rate in Indigenous Australians may fluctuate considerably from year to year due to the behaviour of rare events in small populations.
- Remoteness area and socioeconomic group are based on Statistical Area Level 2 (SA2) of residential address at the time of diagnosis.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is Australia's national agency for health and welfare statistics and information. The role of the AIHW is to provide information on Australia's health and welfare, through statistics and data development that inform discussion and decisions on policy and services.

The AIHW works closely with all state, territory and Australian Government health authorities in collecting, analysing and disseminating data. The AIHW is an independent statutory authority within the Health portfolio, and is responsible to the Minister for Health. The AIHW is governed by a Board, which is accountable to the Parliament of Australia through the Minister.

The National Cancer Statistics Clearing House, housed at the AIHW, is a collaborative partnership between the AIHW and the Australasian Association of Cancer Registries. Cancer incidence data are supplied to the AIHW by state and territory cancer registries. These data are compiled by AIHW to form the Australian Cancer Database. All jurisdictions have legislation requiring mandatory reporting of all cancer cases with the exception of basal cell carcinoma of the skin and squamous cell carcinoma of the skin.

Timeliness:

The most recent data available for inclusion in this indicator are 2013 for New South Wales and 2014 for the other jurisdictions.

Accessibility:

Cancer publications and annually updated data are freely available on the AIHW website. More specialised data can be requested via the website by lodging a customised data request. These are charged for on a cost-recovery basis.

Interpretability:

While numbers of new cancers are easy to interpret, calculation of age-standardised rates is more complex and the concept may be confusing to some readers. Information on how and why age-standardised rates have been calculated and how to interpret them is available in all AIHW cancer publications presenting data in this format, for example, *Cancer in Australia, 2017* (AIHW 2017). Information about the Australian Cancer Database is available on the AIHW website.

Relevance: The data used to calculate this indicator are accurate and of high quality. The mandatory reporting of cancers and the use of estimated resident populations (ERPs) based on Census data for denominators provides the most comprehensive data coverage possible. The data are appropriate for this indicator.

Accuracy: The 2014 data for the Australian Capital Territory provided to the AIHW excluded provisional death-certificate-only (DCO) cases because these were not available. Based on Australian Capital Territory data for the years 2009–2013, the AIHW estimates that there were 32 DCO cases in the Australian Capital Territory for 2014 across all cancer types (1.9% of all cancers).

For Indigenous status, the numerator for ‘Indigenous’ is the number of people who self-reported that they were Indigenous at the time of diagnosis. ‘Other’ includes those who self-reported that they were not Indigenous at the time of diagnosis and those who chose not to identify as either Indigenous or non-Indigenous.

The completeness of Indigenous identification in cancer registry data varies between jurisdictions. Those with sufficiently complete identification to enable reliable reporting of cancer incidence rates are New South Wales, Victoria, Queensland, Western Australia and the Northern Territory. Indigenous data for the other jurisdictions are not published.

Socioeconomic group rankings (by Index of Relative Socio-Economic Disadvantage score) are calculated by SA2 using a population-based method at the Australia-wide level. That is, the quintiles are national quintiles, not state and territory quintiles.

An SA2-to-remoteness-area concordance and SA2-to-socioeconomic-group concordance were used to allocate remoteness area and socioeconomic group to each record on the Australian Cancer Database based on the person’s SA2 of residence at time of diagnosis.

Caution is required when examining differences across remoteness area and socioeconomic group categories. The SA2 of a person is determined by the cancer registry based on the address provided by the person. Some people may supply an address other than that where they normally reside or the details the person provides may not correspond to a valid address, meaning that their cancer record cannot be allocated to a remoteness area or socioeconomic group category at all. Such records are excluded from the tables and this may affect some remoteness area and socioeconomic categories more than others. Also, remoteness areas are based on 2011 classifications. The accuracy of these classifications may decrease over time due to changes in infrastructure within SA2 boundaries since 2011.

Due to the very small number of diagnoses involved, disaggregation by Indigenous status, or remoteness area, or socioeconomic group, by state and territory is not necessarily robust.

This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate widely from year to year; these changes should be interpreted with caution.

This indicator is calculated based on data that have been supplied to the AIHW and undergone extensive checks at both the source cancer registry and the AIHW. The state and territory cancer registries have checked the tables and given their approval for the AIHW to supply them to the Productivity Commission.

Coherence:

These data are published annually by the AIHW. While sometimes there are changes to coding for particular cancers, it is possible to map coding changes to make meaningful comparisons over time.

Not all state and territory cancer registries use the same ICD-10 code groupings to classify certain cancers, e.g. the AIHW defines bowel cancer as ICD-10 codes C18–C20, whereas some cancer registries also include C21. This may mean that data presented here are different to those reported by jurisdictional cancer registries, for certain cancers. The definitions used in this indicator are as follows:

- Bowel cancer: ICD-10 codes C18–C20
- Lung cancer: ICD-10 codes C33–C34
- Melanoma of the skin: ICD-10 code C43
- Breast cancer in females: ICD-10 code C50 and sex female
- Cervical cancer: ICD-10 code C53.

Cancer Institute NSW (CINSW) has recently identified issues with its Indigenous status variable for incidence from 2008 onwards. Therefore the rates reported in this indicator may not be final.

The CINSW uses an imputation method to impute missing Indigenous status for reporting purposes. This may lead to differences between the Indigenous rates presented for New South Wales in this indicator and the Indigenous rates presented in CINSW incidence reports.

The incidence rate in Indigenous Australians may fluctuate considerably from year to year due to the behaviour of rare events in small populations.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: AIHW (Australian Institute of Health and Welfare) 2017. Cancer in Australia 2017. Cat. no. CAN 100. Canberra: AIHW. Viewed 22 December 2017, https://www.aihw.gov.au/reports/cancer/cancer-in-australia-2017/contents/table-of-contents.

Relational attributes

Related metadata references: Supersedes National Healthcare Agreement: PI 02-Incidence of selected cancers, 2017 QS
Health!, Standard 31/01/2017

Indicators linked to this Data Quality statement: National Healthcare Agreement: PI 02–Incidence of selected cancers, 2018
Health!, Superseded 19/06/2019