

National Healthcare Agreement: P04-Incidence of selected cancers, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	392605
Registration status:	<ul style="list-style-type: none">• Health, Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: P04-Incidence of selected cancers, 2010 Health , Superseded 08/06/2011
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Data quality

Quality statement summary:	<ul style="list-style-type: none">• The quality of Indigenous identification in cancer registry data varies between jurisdictions. National disaggregation by Indigenous status is based on jurisdictions with adequate data quality (such as Qld, WA, SA and NT).• Remoteness and socioeconomic status are based on postcode of residential address at the time of diagnosis.
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Institutional environment:	The National Cancer Statistics Clearing House (NCSCH), housed at the Australian Institute of Health and Welfare (AIHW), is a collaborative partnership between the AIHW and the Australasian Association of Cancer Registries (AACR).
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Cancer incidence data are supplied to the AIHW by state and territory cancer registries. These data are compiled by the AIHW to form the Australian Cancer Database (ACD). All jurisdictions have legislation requiring mandatory reporting of all cancer cases (with the exception of basal cell carcinoma and squamous cell carcinoma of the skin). This means cancer incidence ascertainment is complete for cancers reported in this indicator.

For further information see the AIHW website.

Timeliness:	Data available for the 2010 COAG Reform Council baseline report are based on cancers diagnosed in 2006.
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Accessibility:	The NCSCH provides cancer incidence and mortality data annually, via the AIHW website where they can be downloaded free of charge. A biennial report <i>Cancer in Australia</i> is published and is also available on the AIHW website where it can be downloaded without charge.
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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 users. Information on how and why the 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, <i>Cancer in Australia: an overview</i> 2008. Information on all of the AIHW-held data sets, in this case the ACD, is available on the AIHW website. Information on Australian Bureau of Statistics (ABS) data is available on the ABS website. Extensive literature is also available on cancer coding and interpretation of cancer data and can be located both on the internet and in hard copy.
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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 (ERP) based on Census data for denominators provides the most comprehensive data coverage possible. The data are appropriate for this indicator.
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Accuracy: Analyses by remoteness and socioeconomic index for areas are based on postcode of usual residence. There may be differences in the collection of data for allocation of 'usual residence'. Census data are rigorous when applying the definition for 'usual residence'. However, people may not be so rigorous when reporting their 'usual residence' to clinicians.

Incidence rates which are calculated using small numbers (e.g. for infrequent cancers) can be highly variable. Confidence intervals have been provided to indicate the extent to which conclusions can be made about the relative risk of different population subgroups.

This indicator is calculated on data that have been supplied to the AIHW. Prior to publication, the results of state and territory analyses are referred back to jurisdictions for checking and clearance. Any errors found by jurisdictions are corrected by the AIHW once confirmed.

Cells have been suppressed to protect confidentiality (where the presentation could identify a person or a single service provider), where rates are highly volatile (i.e. the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence: While this is the first year of reporting this indicator, these data are published annually. The AIHW has published the national incidence of breast and bowel cancer in 2006, which matches the data presented in this indicator. Incidence of other cancers in 2006 has not yet been published.

While there are sometimes changes to coding for particular cancers, it is possible to map coding changes to make meaningful comparisons over time.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Has been superseded by [National Healthcare Agreement: PI 04-Incidence of selected cancers, 2011 QS](#)

- [Health](#), Superseded 04/12/2012