

Australian Cancer Database 2007 Data Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Data quality statement summary:

Important note

To avoid excessive repetition in what follows, the word 'cancer' is used to mean 'cancer, excluding basal cell carcinomas of the skin and squamous cell carcinomas of the skin'. In most states and territories these two very common skin cancers are not notifiable diseases and as such are not in the scope of the ACD.

Summary of key issues

- All states and territories maintain a population-based cancer registry to which all cancer cases and deaths must be reported.
- The AIHW compiles the ACD using information from state and territory registers.
- Some duplication may occur where the same person and cancer have been registered in two or more jurisdictions. The AIHW temporarily resolves these instances, but full resolution usually occurs with the following year's release.
- The level of duplication is small, about 0.17% of all records.
- Cancer registry databases change every day, adding new records and improving the quality of existing records as new information becomes available. Information on ACD records may therefore change from year to year.

Description

All states and territories have legislation that makes cancer a notifiable disease. All hospitals, pathology laboratories, radiotherapy centres and registries of births, deaths and marriages must report cancer cases and deaths to the state/territory population-based cancer registry.

Each registry supplies incidence data annually to the AIHW under an agreement between the registries and the AIHW. These data are compiled into the ACD, the only repository of national cancer incidence data.

Institutional environment: The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth)*, ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <http://www.aihw.gov.au/>.

The AIHW has been maintaining the ACD since 1986.

Timeliness: This version of the ACD contains data on all cancer cases diagnosed between 1982 and 2007.

Each jurisdictional cancer registry supplies data annually to the AIHW. Because each jurisdiction operates on its own data compilation and reporting cycle, the ACD cannot be fully compiled until the final jurisdiction supplies its data.

Accessibility: The AIHW website provides cancer incidence and mortality data, which can be downloaded free of charge. Numerous reports, including the biennial *Cancer In Australia*, are published and are available on the AIHW website where they can be downloaded without charge. Users can request data not available online or in reports via the Cancer and Screening Unit of the AIHW on (02) 6244 1000 or via email to cancer@aihw.gov.au. Requests that take longer than half an hour to compile are charged for on a cost-recovery basis. General enquiries about AIHW publications can be made to the Communications, Media and Marketing Unit on (02) 6244 1032 or via email to info@aihw.gov.au.

Researchers who are following a cohort of people enrolled in a longitudinal study of health outcomes can request the AIHW to undertake data linkage of their cohort to the ACD. Such requests must be approved by the AIHW Ethics Committee as well as the ethics committees governing access to the state/territory cancer registries.

Interpretability: Information on the ACD is available on the AIHW website.

While numbers of new cancers are easy to interpret, other statistical calculations (for example, calculations of age-standardised rates and confidence intervals) are more complex and their concepts may be confusing to some users. In most publications there is an appendix on statistical methods as well as technical notes.

Relevance:	<p>The ACD is highly relevant for monitoring trends in cancer incidence. The data are used for many purposes: by policy makers to evaluate health intervention programs and as background data for health labour force planning, health expenditure, and so forth; by pharmaceutical companies to assess the size of the market for new drugs; by researchers to explore the epidemiology of cancer; by insurance companies to evaluate the risk of people being diagnosed with cancer.</p> <p>The ACD contains information on all reported cancer cases and deaths in Australia. Data can be provided at state and territory level and at Remoteness Area level. The 3rd edition of the International Classification of Diseases for Oncology (ICD-O-3) is used to classify cancer cases. Data can also be classified according to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).</p> <p>The ACD also contains the name and date of birth of each person who has been diagnosed with cancer. This allows researchers who have enrolled people in a study to link their database to the ACD to find out which of their study subjects have been diagnosed with cancer, what kind of cancer, and when. (Such data linkage can only be undertaken after receiving approvals from various ethics committees.) This kind of research gives insight into cancer risk factors. Data linkage is also undertaken when a researcher has been contracted to investigate a potential cancer cluster in a workplace or small area.</p>
Accuracy:	<p>The publication <i>Cancer incidence in five continents</i> is issued about every 5 years as a collaborative effort by the International Agency for Research on Cancer (IARC) and the worldwide network of cancer registries. Australia's cancer registries continue to pass IARC's numerous tests for data quality. Details of the tests and Australia's cancer registries' results in them can be found in the above-mentioned book and appendices of the registries' annual incidence reports.</p> <p>Each year, when all the registries' new data have been compiled into the new ACD, a data linkage process called the national deduplication is undertaken. This process detects instances where the same person and cancer have been registered in two or more jurisdictions. This could happen, for example, when a person attends hospitals in different jurisdictions. All such instances that are found are temporarily resolved at the AIHW by removing one record while the relevant jurisdictions are notified of the situation so that they can determine in which jurisdiction the person was a usual resident at the time of diagnosis. Their resolution will flow through to the ACD in the next year's data supply. In recent years the national deduplication has resulted in the removal of about 3,500 records from the ACD, which is about 0.17% of all records supplied by the jurisdictions.</p> <p>While all state and territory cancer registries collect information on Indigenous status, in some jurisdictions the level of identification of Indigenous Australians is considered to be insufficient to enable analysis. Data for four states and territories—New South Wales, Queensland, Western Australia and the Northern Territory—are considered suitable for analysis.</p> <p>Cancer registry databases change every day, and not just because new records are added. Existing records are changed if new, more precise, information about the diagnosis becomes available. Also, any typographical errors that are discovered by routine data checking procedures are corrected by referring to the source documentation. Finally, existing records can be deleted if it is discovered that the initial diagnosis of cancer was incorrect, for example, the tumour was in fact benign, or the person is found to be not a resident of that state/territory. As a result of all these issues, the number of cancer cases reported by AIHW for any particular year may change slightly over time, and data published by a cancer registry at a certain point in time may differ slightly from what is published by the AIHW at a different time.</p>
Coherence:	<p>Cancer data are reported and published annually by the AIHW. While there are sometimes changes to coding for particular cancers, it is possible to map coding changes to make meaningful comparisons over time.</p>

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
Steward:	Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

See also [Australian Cancer Database 2008 Data Quality Statement](#)
[AIHW Data Quality Statements](#), Standard 20/07/2012