Hi [Name],

[Name] has come back with a related question about the Harvey shire’s female lung cancer percentage (see below). Can you assist please.

Regards,

[Name] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
[r@health.wa.gov.au](mailto:r@health.wa.gov.au)

---

Hi [Name],

Still trying to make sense of these figures.

If the all-cancer incidence among females in Harvey is between 6 and 52 percent higher than the State Average. What is the percentage range for the statistically significant lung cancer figures?

Thank you

---

Hi [Name],

Thanks for your further queries. The following can be attributed to a WA Health spokesperson:

WA Health has analysed statistics for both males and females from the Cancer Registry for 2008 and 2012 for the Shires of Waroona and Harvey (Part B), the smallest geographic grouping available.

As defined by the Australian Bureau of Statistics, the Harvey (B) Statistical Local Area extends from Yarloop and Wagerup in the north to Roelands in the south and from the coast in the west out to the locality of Hoffman in the east, with a population of 8,597 in 2011.

The incidence of cancer types in Waroona Shire was similar to the State, and the same was found for males in the adjacent Harvey Part B SLA. In Harvey, the all-cancers incidence among females was between 6% and
52% higher than the State average, however the only individual cancer type in Harvey showing a significantly higher rate than the State average was lung cancer.

The WA Health and Wellbeing Surveillance System reported elevated smoking prevalence among female residents of the Harvey (B) population compared to the State in 2008 to 2012, but low statistical power limited detection of a significant difference due to a small sample size. Although the higher current smoking prevalence in this community may not fully explain the higher lung cancer rate in Harvey (B), it indicates that a complete description of the health status of the communities' population needs consideration when attributing ill-health to risk factor exposures.

Regards,

[Name] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
ph [number] | [email]@health.wa.gov.au
www.health.wa.gov.au

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Hi [Name]

Please approve/amend the attached draft for [Name]

Regards,

[Name]  | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
Email: [Email]
Website: [Website]

---

Hi [Name],

see responses below

---

Hi [Name],

Thanks for this. In anticipation of further questions, could we say simply that?

1) The difference between Waroona Shire’s 122 new cases and the 105 expected is not statistically significant (if in fact that’s the case) Yes

2) The incidence of cancer in the Waroona Shire is similar to Western Australia as a whole. Yes

Do we want to comment on the Child Health Institute survey of Wagerup? (see link below and also [Name]’s comments) No, we are now presenting more recent data

The survey report says age-standardised prevalence rates for cancer were higher but not statistically significant.

The survey also has "...a marked difference in the age profile, for both males and females, between the Community Health Survey sample and the population of the Wagerup region based on 2006 Census data. People in the age range 20-39 years were substantially less likely to participate in the survey, while people aged 55-79 years were proportionately over-represented in the sample. This may affect the validity of the survey results if people in these age groups had different health outcomes than the..."
remainder of the population."

Does “age-standardised” mean weighted for population demographics? Age-standardisation removes the disproportionate representation across age groups in the survey sample and provides an estimate at the population level. I think it would best to avoid this detail and concentrate on the more recent data, although it is not as specific as the Wagerup survey.

---

Hi

Please approve the attached response to the media request below.

---

Hi

The cancer cluster story hasn’t gone away. has come back with specific questions and some background this time (see below).

They will be doing a story in the next few days and want confirmation (or otherwise) the DoH figures are in line with s.

My recommendation is that we provide a brief plain English explanation (including any necessary qualifiers), rather than tables of figures.

Regards,

---

From: Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
www.health.wa.gov.au

Sent: Thursday, 24 October 2013 4:22 PM
To: cancer stats enquiry
Subject: RE: Cancer stats enquiry
The last health survey of communities around the Wagerup refinery (ie: the towns of Yarloop, Hamel, Cookernup and Waroona) was done in 2008 by the Institute of Child Health Research.

Here is a link to their report.


Please see Page 33 where it talks about the cancer rates being higher, but not statistically significant.

... says that since this report, cancer rates have been checked with the WA Health Department’s figures which have confirmed that cancer rates are not elevated.

Here is a transcript from ...

... After that survey, the health department looked at the cancer registry data in the area and concluded that there was no a significantly increased rate of cancer. It’s important to note that the survey was based on self reported data and involved a smaller sample of the community whereas the Cancer registry data is mandatory reporting of cancer diagnoses by medical people - it has a very high capture rate so you get a much bigger sample and it’s very high quality data.

So, I’m simply wanting to confirm ...’s comments by cross checking with the Cancer registry’s data for these towns across all cancer incidences.

Kind regards,

...
Hi [Name],

I'm looking for mortality rates from all types of cancer for all age groups for the Waroona/Hamel/Yarloop/Harvey area for the past ten years, if possible.

If you only have local government areas, then the Shire if Waroona would be best.

Kind regards

Sent from my iPhone

On Oct 10, 2013, at 4:56 PM, [Name] wrote:

Hi [Name],

Your enquiry about cancer statistics has been referred to me (as all media enquiries should be, as you know).

If you could clarify the details you are seeking it would be helpful - e.g. the area(s) concerned, cancer type, date range, and whether it is incidence or mortality data you are seeking.

Of course, the background to your enquiry would be useful too, as statistics usually require interpretation and explanation.

Regards,

[Name] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
[Email] @health.wa.gov.au
www.health.wa.gov.au

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Thank you all. Ideal!

Regards,

[Name] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
health@health.wa.gov.au
www.health.wa.gov.au

Hi

See our response below.

Cheers

---

Great work, [Name]
I have changed spelling of one word below

---

Hi - very well worded. All I might suggest is add "at this time" somewhere in the last sentence so as to forestall any accusation that we are locking the door forever.

Regards,

[Name]
Principal Medical Officer & Manager
Western Australian Cancer Registry
Dept of Health (WA)
1st floor C Block, 189 Royal St
Hi

Draft response below, please comment

The Department of Health has looked carefully at the lung cancer incidence, as well as the all cancer incidence in the Harvey (Part B) population.

Our investigation has found, of the 55 cancer types reported by the WA Cancer Registry, only lung cancer incidence in females was marginally statistically significantly higher than State female lung cancer incidence. When conducting over 100 (cancer types in males and females) statistical comparisons of this type some statistically significant results will be found by chance.

So, further investigation was undertaken on the pattern of cancer types within the population. It was found that among both males and females the most common cancers in the area (prostate, colorectal, breast, lung and melanoma) were the same as those for the State population. Also, from an overall cancer risk perspective, there was no evidence of an increase of any rare cancer types.

Further evidence was sought by investigating the age of diagnosis, as cancer occurring among younger age groups than normally expected might also indicate unusual levels of exposures. In case of both lung cancer and all cancer types in the area, the age at diagnosis distribution was similar if not older than the State population.

Finally, it is unlikely that exposure to an environmental agent was the cause of elevated lung cancer incidence among females in the area, as males should be affected in a similar way. In fact, the male lung cancer incidence in the area is statistically significantly lower than the State rate. Given the higher prevalence of daily smokers among females in the area compared to State females and males in the area, it seems the effect of tobacco smoking is the most likely explanation of the marginally elevated lung cancer incidence among females in the area.

The Department of Health considers no further investigation into the higher lung cancer incidence among females in the Harvey (Part B) area is warranted at this time based on the evidence above.

Cheers

Hi 

asks whether WA Health is/will be investigating the increased risk (of lung cancer in females in Harvey).
How should we respond? We have already drawn their attention to above-average smoking rates there. The original enquiry was linked to health issues in the area around the

Regards,

[Redacted] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
[Redacted]@health.wa.gov.au
www.health.wa.gov.au

From: [Redacted]
Sent: Tuesday, 5 November 2013 4:50 PM
To: [Redacted]
Subject: RE: Response re cancer comparisons

Thanks
Will the Health Department be further investigating this increase in risk?

Hi

The Standardised Incidence Rate Ratio (SIRR) for the relative risk of lung cancer in females in Harvey Part B is 1.91 (or 91% higher than the average).

Regards,

[Redacted] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
[Redacted]@health.wa.gov.au
www.health.wa.gov.au

From: [Redacted]
Sent: Tuesday, 5 November 2013 1:20 PM
To: [Redacted]
Subject: RE: Response re cancer comparisons

Hi

the “point estimate” is the best estimate of what the actual rate is.

From: [Redacted]
Sent: Tuesday, 5 November 2013 12:30 PM
To: [Redacted]
Subject: RE: Response re cancer comparisons

Hi

What is that?
Hi
Could you please ask the statisticians what their “point estimate” is.

Thank you

Hi

The Cancer Registry statisticians advise:

The lung cancer incidence SIRR in females in Harvey Part B was the only individual cancer type for which the 2008-2012 data suggested there may have been an elevated risk in the areas of concern. The statistical 95% confidence interval suggests the relative risk lies in the range from 100% of the State average (i.e. average or just barely more than average), to 295% of the State average (or almost 3 times as high as the average).

Regards,

[Name] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
@health.wa.gov.au
www.health.wa.gov.au

Hi

Still trying to make sense of these figures.

If the all-cancer incidence among females in Harvey is between 6 and 52 percent higher than the State Average.

What is the percentage range for the statistically significant lung cancer figures?

Thank you

Hi

Thanks for your further queries. The following can be attributed to a WA Health spokesperson:
WA Health has analysed statistics for both males and females from the Cancer Registry for 2008 and 2012 for the Shires of Waroona and Harvey (Part B), the smallest geographic grouping available.

As defined by the Australian Bureau of Statistics, the Harvey (B) Statistical Local Area extends from Yarloop and Wagerup in the north to Roelands in the south and from the coast in the west out to the locality of Hoffman in the east, with a population of 8,597 in 2011.

The incidence of cancer types in Waroona Shire was similar to the State, and the same was found for males in the adjacent Harvey Part B SLA. In Harvey, the all-cancers incidence among females was between 6% and 52% higher than the State average, however the only individual cancer type in Harvey showing a significantly higher rate than the State average was lung cancer.

The WA Health and Wellbeing Surveillance System reported elevated smoking prevalence among female residents of the Harvey (B) population compared to the State in 2008 to 2012, but low statistical power limited detection of a significant difference due to a small sample size. Although the higher current smoking prevalence in this community may not fully explain the higher lung cancer rate in Harvey (B), it indicates that a complete description of the health status of the communities' population needs consideration when attributing ill-health to risk factor exposures.

Regards,

[Redacted] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
[Redacted]@health.wa.gov.au
www.health.wa.gov.au

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Please consider the environment before printing this e-mail.
Dear [Name],

I approve the following consolidated response:

WA Health has analysed statistics for both males and females from the Cancer Registry for 2008 and 2012 for the Shires of Waroona and Harvey (Part B), the smallest geographic grouping available.

As defined by the Australian Bureau of Statistics, the Harvey (B) Statistical Local Area extends from Yarloop and Wagerup in the north to Roelands in the south and from the coast in the west out to the locality of Hoffman in the east, with a population of 8,597 in 2011.

The incidence of cancer types in Waroona Shire was similar to the State, and the same was found for males in the adjacent Harvey Part B SLA. In Harvey, the all-cancers incidence among females was between 6% and 52% higher than the State average, however the only individual cancer type in Harvey showing a significantly higher rate than the State average was lung cancer.

The WA Health and Wellbeing Surveillance System reported elevated smoking prevalence among female residents of the Harvey (B) population compared to the State in 2008 to 2012, but low statistical power limited detection of a significant difference due to a small sample size. Although the higher current smoking prevalence in this community may not fully explain the higher lung cancer rate in Harvey (B), it indicates that a complete description of the health status of the communities' population needs consideration when attributing ill-health to risk factor exposures.

regards

[Signature]

Executive Director
Public Health and Clinical Services Division
Department of Health
Level 3, C Block, 189 Royal St, EAST PERTH WA 6004

twitter handle: @health.wa.gov.au
www.health.wa.gov.au

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Thanks [Name] - that's an improvement.

---

From: [Name]
Sent: Wednesday, 30 October 2013 11:36 AM

---
Maybe we better says "all cancers combined in females" below at "<>" so it doesn't look silly to then mention one specific that was elevated - maybe instead of this -

While the incidence of cancer types in the adjacent Waroona Shire was similar to the State, the only statistically significant figure found was for female cancers in Harvey, which are between 6% and 52% higher than the State average. The only cancer in Harvey showing a significantly higher rate than the State average was lung cancer among females.

I'd say

- more words but just a tad clearer I think - feel free to differ!

This is why these simple things take so long to write! :)

Regards,

---

From: [Redacted]
Sent: Wednesday, 30 October 2013 11:28 AM
To: [Redacted]
Cc: [Redacted]
Subject: RE: T130410h.xls

Hi

I have added some further information on smoking from the HWSS survey and added a comment on cancer incidence in Waroona (in red).

---

From: [Redacted]
Sent: Tuesday, 29 October 2013 4:52 PM
To: [Redacted]
Cc: [Redacted]
Subject: RE: T130410h.xls

thanks [Redacted] - the map does help.
Perhaps we could strengthen the point that Yarloop/Wagerup sit on the border of Waroona and Harvey SLAs, and that while the cancer rate is higher in the Harvey SLA, it is not in the Waroona SLA.
Also if we could add in something about smoking rates in those SLAs, that might be helpful in terms of explaining the lung cancer rates.
[Redacted] is happy to wait till tomorrow on this ([Redacted] thinks he can access the smoking data in the morning), and any other comments [Redacted] may have

---

From: [Redacted]
Sent: Tuesday, 29 October 2013 4:22 PM
To: [Redacted]
Cc: [Redacted]
Subject: RE: T130410h.xls

See my suggestions below. I've attached a map of Harvey (B) if that helps.
Gentlemen – bearing in mind the original media enquiry – here’s my attempt to present this in simple form for [please approve/amend as necessary]:

WA Health has analysed statistics for both males and females from the Cancer Registry for 2008 and 2012 for the Shires of Waroona and Harvey (Part B), the smallest geographic grouping available.

While the incidence of cancer types in the adjacent Waroona Shire was similar to the State, the only statistically significant figure found was for female cancers in Harvey, which are between 6% and 52% higher than the State average. The only cancer in Harvey showing a significantly higher rate than the State average was lung cancer among females.

As defined by the Australian Bureau of Statistics, the Harvey (B) Statistical Local Area extends from Yarloop and Wagerup in the north to Roelands in the south and from the coast in the west out to the locality of Hoffman in the east, with a population of 8,597 in 2011.

The WA Health and Wellbeing Surveillance System reported elevated smoking prevalence among female residents of the Harvey (B) population compared to the State in 2008 to 2012, but low statistical power limited detection of a significant difference due to a small sample size. Although the higher current smoking prevalence in this community may not fully explain the higher lung cancer rate in Harvey (B), it indicates that a complete description of the health status of the communities’ population needs consideration when attributing ill-health to risk factor exposures.

Can we add a brief explanation about the size and population of Harvey vs the immediate area around the [redacted]? I understand Harvey is quite large.

Regards,

[Redacted] | Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health

Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
[redacted]@health.wa.gov.au
www.health.wa.gov.au

Hi. A few words -

In summary: SIRRS for 2008-2012(preliminary) combined show -
Male all-cancers SIRR for Waroona SLA of 1.12 but this is not statistically significantly different from one. No individual types show significant elevation.
Male all-cancers SIRR for Harvey Part B SLA of 1.02 but this is not statistically significantly different from one. No individual types show significant elevation.
Female all-cancers SIRR for Waroona SLA of 1.25 but this is not statistically significantly different from one. No individual types show significant elevation.
Female all-cancers SIRR for Harvey Part B SLA of 1.27 which is, statistically, likely to be between 6% and 52% higher than the State average. The only cancer type showing a significantly higher rate than the State average was lung cancers.

Regards,
hi - SIRRs for just those 2 shires. Have to meet with et al now, let me know if you think we should do more areas when convenient.

Regards,