W.A.C.R Task Management System

Task: 130410

TASK HEADER

Client: [Redacted]  
Req mode: E  
Received: 9/10/2013  
Entered: 10/10/2013  
Required: 31/12/2013  
Finished: 25/10/2013

Request: [Redacted] requested for stats waroona and supposed did not wish to get communications involved [Redacted] and [Redacted] involved in my absence. Edits suggested to [Redacted] doc 25/10.

Keywords: STATS QRY [Redacted]

Comments: [Redacted] Yarloop also mentioned. Wagerup, Hamel, Cookernup. Made T130410a.dbf to use for stats, from Incidata. Made T130410a.dbf ex Incidata, T130410e.doc, d.xls > [Redacted]

Time Estimate: 3  
Actual: 1.5  
Fee:

Status: F  
Type: DGA  
FLAG:

Project: n  
Priority: 1

Tuesday, 10 May 2016
From: [Redacted]

Sent: Wednesday, 9 October 2013 11:48 AM

To: [Redacted]

Dear [Redacted],

Just trying to get some cancer stats for a specific area in the state. Is that possible?
The area I’m looking at is the Waroona Shire.

Kind regards,

[Redacted]

Please consider the environment before printing this e-mail.

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I would appreciate a copy of what is released in due course, to file for future reference - thanks for organizing.

Regards,

[Name]

Principal Medical Officer & Manager
Western Australian Cancer Registry
Dept. of Health (WA)
1st floor C Block, 159 Royal St
EAST PERTH WA 6004

Website: http://www.health.wa.gov.au/wacanreg/
Alternative e-mail: WACANREG@HEALTH.WA.GOV.AU
(Data Collection & Analysis, Statutory & Non-Admitted, Data Integrity Directorate, Performance, Activity & Quality Division)

Please consider the environment before printing this e-mail

Hi,

I have prepared a response, with figures and have included an interpretation which states exactly that.

I have sent it for approval by [Name] (Acting Executive Director Public Health and Clinical Services) in your absence.

Once approved I will send on for decision by you and DG.

Cheers

[Name]

Hi all,

Providing figures to journalists without context or explanation invites misinterpretation (I've worked in PR, media and market research and can provide horror stories to illustrate this).
That's why WA Health's media policy is that ALL media enquiries come through Communications.

Let's see what the figures show first and if they show something, then I'll consider whether someone needs to explain.

If [redacted], please direct [redacted] to me.

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: Wednesday, 9 October 2013 4:48 PM
To: [redacted]
Cc: [redacted]
Subject: RE: stats

Hi [redacted],

Regarding a timeframe, said sometime tomorrow would be fine. I raised with the reason why the data was needed and [redacted] was not prepared to say. [redacted] said that there is no story as yet and it was just research at present. [redacted] seemed wary of the involvement of Communications because it might "elevate the request to a whole new level."

Perhaps [redacted] was hoping to be provided with the data independent of Communications involvement? (that's me speculating again!)

We discussed very briefly and sort of concluded that that at this stage the figures themselves, without a context, were fairly innocuous.

Regards

[redacted]

Program Manager
Data Collection & Analysis - Statutory & Non-Admitted
Data Integrity Directorate
Performance Activity and Quality Division

---

From: [redacted]
Sent: Wednesday, 9 October 2013 3:28 PM
To: [redacted]
Subject: RE: stats

OK - we can extract total cancer deaths and SMR using HealthTracks - so can produce quickly. Although the number would be a little different to those reported by [redacted]

From: [redacted]
10/10/2013
Sent: Wednesday, 9 October 2013 3:24 PM
To:
Subject: RE: stats

Yes......None specified....I tried to ring her without getting through. Will try again in a little while...

Regards

Program Manager
Data Collection & Analysis - Statutory & Non-Admitted
Data Integrity Directorate
Performance Activity and Quality Division

From: [Redacted]
Sent: Wednesday, 9 October 2013 2:57 PM
To: [Redacted]
Subject: RE: stats

Hi

What is the timeframe for this response?

From: [Redacted]
Sent: Wednesday, 9 October 2013 2:14 PM
To: [Redacted]
Cc: [Redacted]
Subject: FW: stats

Hi

Had a call from [Redacted] (see below) as [Redacted] is away. It seems to want cancer mortality data rather than incidence so am sending on to you. I asked [Redacted] to copy it in to the email as I wanted someone from Communications involved as the initial contact was directly to [Redacted] on phone.

I am assuming "mortality for all cancers" is one figure. The SDR would be another. From the nature of the enquiry it could be about a cancer cluster but that is speculation on my part. I was expecting from the phone call that [Redacted] may want data for lots of LGAs, but the fact that it is only one makes me think that there is a particularly angle to the request.

Regards

Program Manager
Data Collection & Analysis - Statutory & Non-Admitted
Data Integrity Directorate
Performance Activity and Quality Division

10/10/2013
From: [redacted]
Sent: Wednesday, 9 October 2013 12:01 PM
To: [redacted]
Cc: [redacted]
Subject: stats

Hi,

I'm looking for stats for the Shire of Waroona
Mortality for all cancers...in the last ten years if that's do-able.
Also, if is there a standardized ratio figure (SDR), as there is with the PHIDU social health Atlas, that would be useful.

Thank you

Kind regards,


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hi, hope this is in time to be useful, see tracked changes. I couldn’t face editing this on the phone! I think the wording at the ends is particularly good. I hope the changes are OK, happy to discuss on [redacted] as long as you’re aware it will be on silent a lot of the next few days.

Regards,

---

Begin forwarded message:

From: [redacted]
Date: 10 October 2013 4:30:51 PM AWST
To: [redacted]
Subject: Waroona data

Hi [redacted],

If you have time whilst on leave, could you review the data I have extracting using HealthTracks and the interpretation in preparation in providing this information to the media?

Thanks

Principal Epidemiologist | Epidemiology Branch
Public Health and Clinical Services Division
Department of Health
Level 3, C Block, 189 Royal Street, EAST PERTH WA 6004
www.health.wa.gov.au
Number and Standardised Incidence Ratio\(^1\) for deaths due to all cancers\(^2\), combined, Waroona Shire, 2007 to 2011

<table>
<thead>
<tr>
<th></th>
<th>Cases</th>
<th>Standardised Mortality Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>72</td>
<td>1.15</td>
<td>(0.90-1.45)</td>
</tr>
<tr>
<td>Females</td>
<td>50</td>
<td>1.19</td>
<td>(0.88-1.57)</td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>1.16</td>
<td>(0.97-1.39)</td>
</tr>
</tbody>
</table>

Source: WA Cancer Registry and Epidemiology Branch, Department of Health, Western Australia. October 2013.

Notes:
1. Ratio of observed incidence cases to those expected if the rate in Waroona was the same as the Western Australia rate
2. Includes all malignant, invasive cancers included in standard cancer incidence reporting

There were 122 new cancer cases recorded among residents of the Waroona Shire from 2007 to 2011. The Standardised Incidence Ratio (SIR) for males and females combined was 1.16, with the 95% confidence interval including one, indicating that the cancer incidence among residents in the Waroona Shire was between 3 per cent lower than the State cancer incidence and 39 per cent higher than the State incidence. This interpretation of the SIR among males and females was similar for males and females, indicating that statistically the incidence for both genders was similar to the State incidence, although the possibility of a higher incidence among Waroona males and females could not be ruled out.

Cancer is a broad term for a range of disease types which have many different causes and it is unlikely a single cause will explain increased cases within a population. It is also difficult to associate cancer cases with location as the place of exposure is uncertain due to relocation of the population. The place of residence of people diagnosed with cancer is recorded at the time of diagnosis and cancer may take a long time to develop from exposure, over which time a person may have relocated.

In addition, the nature of exposure can be behavioural, environmental, occupational or in association with genetic characteristics. Attributing a single cause to the increased cancer incidence in isolation from such this information is not possible.
Number and Standardised Mortality Ratio for deaths due to all cancers, Waroona Shire, 2006 to 2010

<table>
<thead>
<tr>
<th></th>
<th>Deaths</th>
<th>Standardised Mortality Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>36</td>
<td>1.68</td>
<td>(1.18-2.32)</td>
</tr>
<tr>
<td>Females</td>
<td>19</td>
<td>1.31</td>
<td>(0.79-2.04)</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>1.53</td>
<td>(1.16-2.00)</td>
</tr>
</tbody>
</table>

Source: WA Mortality Database and Epidemiology Branch, Department of Health, Western Australia. October 2013.

Notes:
3. Ratio of observed deaths to those expected if the rate in Waroona was the same as the Western Australia rate.
3.4 Includes all malignant, in situ and benign cancers, as well as neoplasms of uncertain malignant potential known nature.

There were 55 deaths due to cancer among residents of the Waroona Shire from 2006 to 2010. The Standardised Mortality Rate-Ratio was 1.53, with the 95% confidence interval above one, indicating that the rate of cancer deaths among residents in the Waroona Shire was between 18 and 132 per cent higher than the State rate. While the SMR among males indicated that the male rate was also significantly higher that the State male rate, the SMR among females indicates the death rate among females could be as low as 21 per cent lower than the State female rate or up to 104 per cent higher.

Interpretation of cancer mortality rates in relation to an area is even more complex than for cancer incidence. Not only do the problems with place and type of exposure remain, but also management and treatment of the cancer cases once diagnosed may vary from one area to another. Again, more detailed information than the SMRs provided here is needed to determine if exposure to a single cause results in an excess of cancer mortality.
Hi [name]

I have been asked by [name] to respond to the media request below and have prepared the draft response attached. Do either of you have anything more specific information relating to the [area] study or the area that you think needs to be added?

Thanks

Hi [name]

The [area] cluster story hasn’t gone away. [name] 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 [figure].

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

Regards,

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

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

Hi [name]

The last health survey of communities around the Wagerup refinery (i.e. 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.


25/10/2013
Please see Page 33 where it talks about the cancer rates being higher, but not statistically significant.

[BLANK] 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 [BLANK].

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 [BLANK]’s comments by cross checking with the Cancer registry’s data for these towns across all cancer incidences.

Kind regards,

From: [BLANK]
Sent: Thursday, 10 October 2013 5:08 PM
To: [BLANK]
Subject: RE: Cancer stats enquiry

Thanks.

What does this relate to and why the enquiry now?

Regards,

[BLANK] Principal Media Coordinator
Media and Communications | Communications Directorate
Department of Health
Level 3, B Block, 189 Royal Street, EAST PERTH WA 6004
[BLANK]@health.wa.gov.au
www.health.wa.gov.au

From: [BLANK]
Sent: Thursday, 10 October 2013 5:05 PM
To: [BLANK]
Subject: Re: Cancer stats enquiry

Hi [BLANK],

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

25/10/2013
On Oct 10, 2013, at 4:56 PM, [blurred_text] wrote:

Hi [blurred_text],

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,

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

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Hi, suggested changes in the attached, same name as yours so beware!

While I am preparing the data here for 2012 reporting using the 2012 estimated pops by SLA, I am absolutely committed to the idea of setting up so as to look at the whole State if possible and not being pushed into any precipitate response for just this area, using the more recent data.

Regards,
There were 122 new cancer cases recorded among residents of the Waroona Shire during the period 2007 to 2011. During this time 105 new cancers would have been expected to have been diagnosed in the population of the Waroona Shire if the incidence of cancer in the Waroona Shire was similar to that of the State population. Based on these numbers of new cases, statistically, the cancer incidence in the Waroona Shire population was similar to the State incidence, although the possibility of a higher incidence among the Waroona Shire population could not be ruled out.

Cancer is a broad term for a range of disease types which have many different causes and it is unlikely a single cause will explain any general increase of cancer within a population. It is also difficult to attribute cancer cases to residential or occupational location as as many people re-locate in both the short and the long-term. The place of residence of people diagnosed with cancer is recorded at the time of diagnosis and cancer may take a long time to develop from exposure, over which time a person may have relocated.

In addition, development of a cancer may be due in part to behavioural, environmental, occupational or genetic characteristics, and attributing a single cause to the increased cancer incidence in isolation from such information is not possible.
Nothing to add to suggested amendments.

It is however worthwhile noting that the Telethon Institute report doesn't really support an increase in cancer and argues that the borderline statistical increase in cancer for Cookernup is more than likely a statistical anomaly. It also quotes Tim's 2004 report that there was no increase in cancer incidence for the Wagerup Shire. The current Wagerup data show a slight increase over the State cancer rate and the West may use this to their own reporting advantage. We (DOH) needs to be prepared for a possible sensational headline.

It is likely to use their long term worker health study to support their claims that their operations have not revealed any increase in cancer incidence. Their Australia wide study (but including all of their WA operations) would have had more respondents than the Telethon study. This will leave DOH to answer the cancer issue.

---

**PRINCIPAL TOXICOLOGIST**  
ENVIRONMENTAL HEALTH DIRECTORATE  
PUBLIC HEALTH & CLINICAL SERVICES DIVISION  
DEPARTMENT OF HEALTH

Grace Vaughan House, 227 Stubbs Tce., Shenton Park  
Postal address: PO Box 8172, Perth Business Centre, WA 6849  
email: health@health.wa.gov.au  
web: http://www.health.wa.gov.au

promoting health | preventing disease | managing risk

Used a (new) Incidata.dbf

set filter to behaviour $ "369" . and. year>="1993" & & NOTE this will include any skin SCC/BCC that are in the database

copy to T130410a fields sex, age5, dob, path_date, year, catype, age5, path_addr path_town, path_pcode, sla, slaname, hserv2, hzone2
194154 records copied

Script for t130410a.pgm –

Read T130410a.dbf

Route T130410a.txt
Select path_town = "Cookernup"
Tables year sex
Tables catype sex
Select

Select path_town = "Hamel"
Tables year sex
Tables catype sex
Select

Select path_town = "Wagerup"
Tables year sex
Tables catype sex
Select

Select path_town = "Yarloop"
Tables year sex
Tables catype sex
Select

Select path_town = "Waroona"
Tables year sex
Tables catype sex
Select

Select slaname="Waroona"
Tables year sex
Tables catype sex
Select

Select slaname = "Harvey (S) – Pt A"
Tables year sex
Tables catype sex
Select

Select slaname = "Harvey (S) – Pt B"
Tables year sex
Tables catype sex
Select

Route screen
MORE, MORE, Monday 28/1; to meet 29/1

From: [Redacted]
Sent: Monday, 28 October 2013 1:54 PM
To: [Redacted]
Cc: [Redacted]
Subject: RE: Cancer stats enquiry
Attachments: t130410d.xls

Tracking:

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Delivered: 28/10/2013 1:54 PM</td>
</tr>
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<td></td>
<td>Delivered: 28/10/2013 1:54 PM</td>
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<td></td>
<td>Delivered: 28/10/2013 1:54 PM</td>
</tr>
</tbody>
</table>

Hi. Attached, some quick case counts by year and sex and cancer type - for possible consideration tomorrow.

Regards,

From: [Redacted]
Sent: Monday, 28 October 2013 12:41 PM
To: [Redacted]
Cc: [Redacted]
Subject: RE: Cancer stats enquiry

Hi,

I'm going to be out all afternoon - can we schedule a meeting for early tomorrow morning. We could look at the numbers involved provided by [Redacted] and by then I should have some idea of the logistics involved in deriving population numbers for these small areas and if calculation of rates/6ratios is possible.

From: [Redacted]
Sent: Monday, 28 October 2013 12:28 PM
To: [Redacted]
Cc: [Redacted]
Subject: RE: Cancer stats enquiry

The trouble is, the significance of a list of # cases per year for a locality name, in the absence of a denominator population, cannot be assessed. I'm going to do some totals right now, and look at that referenced report below, can we get together briefly sometime this afternoon? I probably need it to be after 1:00 though and before 4:30.

Principal Medical Officer & Manager
Western Australian Cancer Registry
Dept. of Health (WA)
1st floor C Block, 169 Royal St
EAST PERTH WA 6004

Website: http://www.health.wa.gov.au/wacancer/
Alternative e-mail: WACANREG@HEALTH.WA.GOV.AU
(Data Collection & Analysis, Statutory & Non-Admitted, Data Integrity Directorate, Performance, Activity & Quality Division)

Please consider the environment before printing this e-mail

From: [Redacted]
Sent: Monday, 28 October 2013 10:56 AM
To: [Redacted]
Cc: [Redacted]

28/10/2013
Subject: RE: Cancer stats enquiry

Thanks:

As this is for media, I think it is important we provide stats with a simple explanation/interpretation and don't provide comparisons if they are not statistically significant.

Regards,

[Redacted] 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

From: [Redacted]
Sent: Monday, 28 October 2013 10:46 AM
To: [Redacted]
Cc: [Redacted]

Hi - coming in soon, at the dentist with [Redacted]. We can provide counts but not denominators and I worry about meaningfulness. So, can be done but we should discuss.

Regards.

On 28 Oct 2013, at 9:54 am, [Redacted] wrote:

Hi

The incidence data that Epi has can't answer the request below.

Please advise if this is a realistic request of the Cancer Registry data?

Thanks

[Redacted]

From: [Redacted]
Sent: Monday, 28 October 2013 9:34 AM
To: [Redacted]
Cc: [Redacted]

Subject: RE: Cancer stats enquiry

Hi

[Redacted] has now asked for figures for the towns of Hamel and Wagerup are in the Shire of Waroona and Yarloop and Cookernup are in the Shire of Harvey. [Redacted] says Wagerup doesn't exist anymore as a town so figures may not be available.

They want to be able to do a comparison between the Cancer Registry and pages 74 to 78 of the 2008 community survey done by the Institute of Child Health Research

Does the Registry have figures available at town level?

I have already told [Redacted] that one of the effects of getting figures at a finer level (if they are available) is that the sample sizes are likely to be smaller and therefore any differences are even less likely to be statistically significant.

28/10/2013
Regards,

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