



## Appendix A » Statistics Definitions and Descriptions

### Aboriginal Population

**Source:** 2006 Census, Statistics Canada.

Aboriginal people living in a geographic area as a proportion of the total population

Included in the Aboriginal identity population are those persons who reported identifying with at least one Aboriginal group, that is, North American Indian, Métis or Inuit and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the *Indian Act of Canada* and/or those who reported they were members of an Indian band or First Nation. Aboriginal population excludes institutional residents.

### Colorectal Screening

**Source:** Canadian Community Health Survey, Statistics Canada, 2009/2010.

Population aged 35 and over who reported they had ever had a colonoscopy or Sigmoidoscopy

The total population for the item was everyone within the age range who provided a 'yes' or 'no' answer. It does not take into account the people that replied 'do not know', refused to answer or simply did not respond at all. The rate is the number of yeses as a proportion of the total population.

Richmond, North Vancouver Island and North East HSDAs represent regions where the sampling variability, which gives an indication of the precision of a given estimate, is reported between 16.6% and 33.3% and are identified as 'use the data with caution'.

### Current Smoker, Daily or Occasional

**Source:** Canadian Community Health Survey, Statistics Canada, 2009/2010.

Population aged 12 and over who reported being a current smoker

Daily smokers refer to those who reported smoking cigarettes every day. It does not take into account the number of cigarettes smoked. Occasional smokers refer to those who reported smoking cigarettes occasionally. This includes former daily smokers who now smoke occasionally.

### Heavy Drinking

**Source:** Canadian Community Health Survey, Statistics Canada, 2009/2010.

Population aged 12 and over who reported having 5 or more drinks on one occasion, at least once a month in the past year



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**Appendix A » Statistics Definitions and Descriptions (cont.)**

**Heavy Drinking (cont.)**

Starting in 2009, the denominator includes all the population aged 12 and over. This change applies to rates from all years in this table. In data released before 2009, the denominator included only the population who reported having had at least one drink in the past 12 months. Increasing the population in the denominator reduces the estimate rates. This change was implemented to produce more comparable rates over time and is more consistent with methods used in calculating other indicators.

**Leisure-Time Physical Activity, Moderately Active or Active**

**Source:** Canadian Community Health Survey, Statistics Canada, 2009/2010.

Population aged 12 and over who reported a level of physical activity, based on their responses to questions about the nature, frequency and duration of their participation in leisure-time physical activity

Respondents are classified as active, moderately active or inactive based on an index of average daily physical activity over the past 3 months. For each leisure time physical activity engaged in by the respondent, average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 to 2.9 kcal/kg/day = moderately active; less than 1.5 kcal/kg/day = inactive.

**Overweight or Obese**

**Source:** Canadian Community Health Survey, Statistics Canada, 2009/2010.

Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories:

- normal weight = least health risk;
- underweight and overweight = increased health risk;
- obese, class I = high health risk;
- obese, class II = very high health risk;
- obese, class III = extremely high health risk.

BMI is calculated by dividing the [respondent's body weight (in kilograms)] by their [height (in metres) squared].

A definition change was implemented in 2004 to conform to the World Health Organization (WHO) and Health Canada guidelines for body weight classification. The index is calculated for the population aged 18 and over, excluding pregnant females and persons less than 3 feet (0.914 metres) tall or greater than 6 feet 11 inches (2.108 metres).



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**Appendix A » Statistics Definitions and Descriptions (cont.)**

**Overweight or Obese (cont.)**

According to the World Health Organization (WHO) and Health Canada guidelines, the index for body weight classification is:

- less than 18.50 (underweight);
- 18.50 to 24.99 (normal weight);
- 25.00 to 29.99 (overweight);
- 30.00 to 34.99 (obese, class I);
- 35.00 to 39.99 (obese, class II);
- 40.00 or greater (obese, class III).

**Rural Area Population**

**Source:** 2006 Census, Statistics Canada.

The term population centre has replaced the term urban area. Population centres are defined as an area with a population of at least 1,000 and a density of 400 or more people per square kilometre. All areas outside population centres continue to be defined as rural areas. Population centres are divided into three groups based on the size of their population:

- small population centres, with a population of between 1,000 and 29,999
- medium population centres, with a population of between 30,000 and 99,999
- large urban population centres, consisting of a population of 100,000 and over

These counts and rates exclude institutional residents. Rates were calculated on randomly rounded data and may not necessarily add up to 100%.

**Visible Minority Population**

**Source :** Canadian Institute for Health Information (CIHI), Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS); Alberta Health and Wellness, Alberta Ambulatory Care Database; Fichier des hospitalisations MED-ÉCHO, ministère de la Santé et des Services sociaux, April 1, 2008 to March 31, 2009. **CANSIM table no.:** [109-0300](#)

The *Employment Equity Act* defines visible minorities as 'persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour'. Visible minority excludes institutional residents and Aboriginal persons.



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**Appendix B » Cancer Statistics Methodology**

The information included in this appendix relates to the cancer statistics provided in Section 6.

Cancer cases included in the statistics are:

- classified according to the *International Classification of Diseases for Oncology - Third Edition (ICDO-3)*
- BC resident
- invasive/malignant disease as well as in-situ disease for bladder

Cases excluded are:

- in-situ disease, except bladder
- benign neoplasms
- non-melanoma skins

The data used in this report was obtained from the BC Cancer Registry, the BC Vital Statistics Agency.

The classification of the cancer disease types is according to the Canadian Cancer Statistics Cancer Definitions as shown below:

<b>Cancer</b>	<b>ICD-0-3 Site/Histology Type* (Incidences)</b>	<b>ICD – 10 (Mortality)</b>
Oral	C00-C14	C00-C14
Esophagus	C15	C15
Stomach	C16	C16
Colorectal	C18-C20, C26.0	C18- C21, C26.0
Liver	C22.0	C22.0, C22.2-C22.7
Pancreas	C25	C25
Larynx	C32	C32
Lung	C34	C34
Melanoma	C44 (Type 8720-8790)	C43
Breast	C50	C50
Cervix	C53	C53
Body of Uterus	C54-C55	C54-C55
Ovary	C56.9	C56
Prostate	C61.9	C61
Testis	C62	C62
Bladder (including in situ)	C67	C67
Kidney	C64.9, C65.9	C64-C65
Brain	C70-C72	C70 -C72
Thyroid	C73.9	C73
Hodgkin Lymphoma*	Type 9650-9667	C81
Non-Hodgkin Lymphoma*	Type 9590-9596, 9670-9719, 9727-9729	C82-C85, C96.3
	Type 9823, all sites except C42.0,.1,.4	
	Type 9827, all sites except C42.0., 1,.4	
Multiple Myeloma*	Type 9731, 9732, 9734	C90.0, C90.2



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**Appendix B » Cancer Statistics Methodology (cont.)**

<b>Cancer</b>	<b>ICD-0-3 Site/Histology Type* (Incidences)</b>	<b>ICD – 10 (Mortality)</b>
Leukemia*	Type 9733, 9742, 9800-0801, 9805, 9820, 9826, 9831-9837, 9840, 9860-9861, 9863, 9866-9867, 9870- 9876, 9891, 9895-9897, 9910	C91-C95, C90.1
	9920, 9930-9931, 9940, 9945, 9946, 9948, 9963-9964 Type 9823 and 9827, sites C42.0., 1,.4	
All other cancers	All sites C00-C80, C97 not listed above	All sites C00-C80, C97 not listed above
All Other and Unspecified Cancers (grouping used only in Tables A1 and A2)	Type 9140, 9740, 9741, 9750-9758, 9760-9769, 9950-9962, 9970-9989 C76.0-C76.8 (type 8000-9589) C80.9 (type 8000-9589) C42.0-C42.4 (type 8000-9589) C77.0-C77.9 (type 8000-9589) C44.0-C44.9 excluding type 8050-8084, 8090-8110, 8720-8790, 9590 – 9989	
All Cancers	All invasive sites	All invasive sites

\*Histology types 9500-9989 (leukemia, Lymphoma and multiple myeloma) and 9050-9055 (mesothelioma) are excluded from other specific organ sites.

Note: ICD – O-3 refers to the *International Classification of Diseases for Oncology, Third Edition*. ICD-10 refers to the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*



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## **Appendix C » Cancer Agency Information System Definitions for Radiation and All Drug Therapy**

### **All Drug Therapy Cases**

Chemotherapy includes IV or oral chemo or hormone therapy. First chemotherapy prescription date on pharmacy database. Chemotherapy may or may not be administered at a BCCA centre. Any drug therapy with a start date within 365 days of diagnosis. May be any intent and patient is counted only once. “Any drug therapy”/”all new cases” is used to calculate the utilization rate.

### **Health Authority / Health Service Delivery Area**

Includes Health Authority / Health Service Delivery Areas at time of diagnosis.

### **New Cases**

Cancer cases in this table include all invasive cancer diagnosis, excluding non-melanoma skin cancers, for BC residents with a diagnosis date from 01 January 2007 to 31 December 2009

### **Radiation Cases**

Radiation Start Date at any time from diagnosis to 365 days from diagnosis. May be any intent: radical, adjuvant or palliative. If patient had RT once or multiple RT courses patient is counted only once. “Any radiation therapy”/”all new cases” is used to calculate the utilization rate.