during the study period. Follow-up time was estimated from the worker’s commencement date to the end of employment.

The AIHW provided records of all breast cancer diagnoses that were reported between 1 January 1982 and 31 December 2005 among ABC female employees (although some cases may have been missed by probabilistic record linkage). Identification of women who had a breast cancer diagnosis before they joined the ABC may have been incomplete if the diagnosis occurred before 1982, when cancer registration became nearly universal in Australia (except for the Northern Territory and the Australian Capital Territory).

While all Australian cancer registries have high standards of case ascertainment and completeness of cancer reporting, they do not include cases of cancer diagnosed outside Australia. However, no cases of breast cancer diagnosed outside Australia were identified by self-report. In our hands, record linkage yielded more breast cancer cases than self-report, and thus provided a more complete national picture.

CONCLUSION

Except in Queensland, we found no evidence of an excess risk of breast cancer among ABC female employees compared with the risk in the Australian general population. This supports the observed increased risk of breast cancer at ABC Toowong are unlikely to be present in ABC studios elsewhere in Australia.

ACKNOWLEDGEMENTS

Joyce Burcham acted as Project Coordinator for the latter half of the study, managed data validation, and performed statistical analysis. We wish to thank research assistants Mahina Abarayetche and Rachel Bienenstock and the ABC staff — including Don Smith, Head of Workplace Relations, Jane Liggett, Strategy and Communications Project Manager, and Helen Curzon, Manager Payroll Output, whose cooperation was essential to the quality of these data. Ramon Racca, Senior Workforce Analyst, was most helpful in producing selections of the ABC HR data to support data checking. We also thank the expert panel (Bruce Armstrong [Chair], Norman Swan, Malcolm Sim and Joanne Atken) that reviewed the original protocol for our investigation and commented on a draft report. Thanks also to the state and territory cancer registries that supplied the unit record incidence data for our analysis.

COMPETING INTERESTS

The ABC funded our project but had no influence over the study protocol, analysis and interpretation of results. The ABC had no influence over the expert panel that was appointed to review the study protocol and the first draft report. The protocol was also reviewed by the Cancer Council’s independent research review committee.

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SNAPSHOT

Two in one: more than we bargained for

A 61-year-old woman presented for management of a large, toxic multinodular goitre. A decision about therapeutic modality (radioiodine ablation or total thyroidectomy) was facilitated by an incidental finding, on computed tomography, of a large, anterior mediastinal thymoma (Figure, A), confirmed by core biopsy. The patient had no symptoms of tumour compression or paraneoplastic phenomena such as myasthenia gravis. She underwent a total thyroidectomy and resection of the thymoma by median sternotomy. Histopathological examination revealed a completely encapsulated and resected thymoma (stage 1, World Health Organization type B2 [mixed epithelial and lymphoid cells]) measuring 140 × 80 × 45 mm (Figure, B), and a benign multinodular goitre.

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(Received 12 Nov 2009, accepted 24 Feb 2010)