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## Authors' response to Sepsis in cancer: a question of definition

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We would like to thank Valentine et al.<sup>1</sup> for taking the time to comment on our article 'Epidemiology of sepsis in cancer patients in Victoria, Australia: a population-based study using linked data',<sup>2</sup> recently published in the *Australian and New Zealand Journal of Public Health*. We agree that the ability to systematically monitor the incidence of sepsis and its outcomes is important. This would require 1) a common understanding of the definition of sepsis among clinicians; 2) accurate documentation by clinicians; and 3) accurate translation into ICD-10-AM by clinical coders.

The process we used for sepsis identification allowed us to exploit the linked datasets available in Victoria and to compare our results to previously published investigations using similar strategies. We identified sepsis in admitted episodes in which the treating clinician(s) had recorded a clinical diagnosis of sepsis; i.e. the word 'sepsis' was present on the discharge summary to be coded as such. Therefore, this assumed an accurate clinical diagnosis as well as appropriate documentation. We acknowledge the diagnostic accuracy, documentation and translation into ICD-10-AM could vary between clinicians and clinical coders and that these factors may result in sepsis being under-diagnosed and under-reported in Victorian hospitals.

We fully agree with the authors regarding the need for a more robust approach to coding for sepsis, but this should incorporate an internationally agreed-upon definition of sepsis. The ICD-10 has evolved considerably

since it was introduced in 1990 (and subsequent implementation of ICD-10-AM in Australia in 1998), with changes occurring in response to international consensus statements regarding sepsis definition. It is expected that there will be further changes with ICD-11, which is due to be introduced by participating countries in the next few years (<https://www.who.int/classifications/icd/en/>). The implementation of the ICD-11 in Australia could provide an opportunity to introduce a nationally agreed upon definition and coding of sepsis, with this including education of clinicians and clinical coders. The rising profile of sepsis in hospital practice and management might generate interest to support this.

### References

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