Gaps in cancer treatment and outcomes for Aboriginal people in NSW, Australia

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Outline

- Where are the gaps in cancer outcomes?
- What do we know about the causes of these gaps?
- How might we address these gaps?

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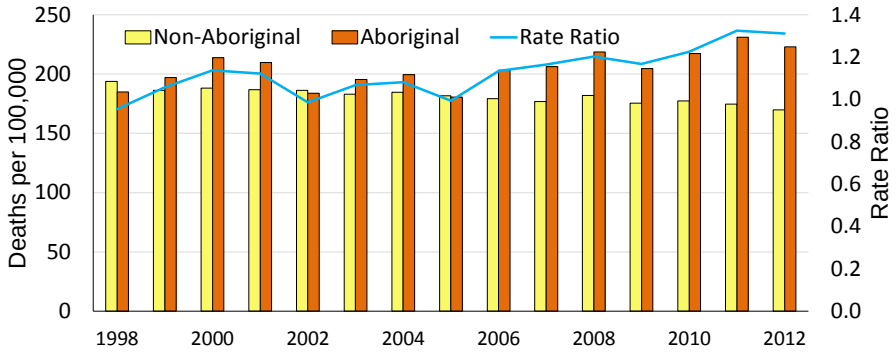
Gaps in cancer mortality rates in Australia



Mortality from all cancers for NSW, Qld, WA, SA, NT (AIHW 2014)

Age-standardised to Australian population in 2001

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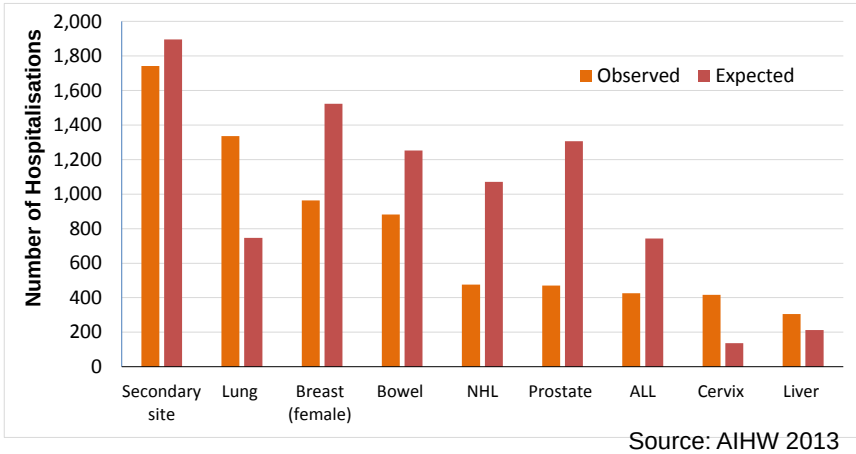
Gaps in hospitalisations for Aboriginal people with cancer



Source: AIHW 2013

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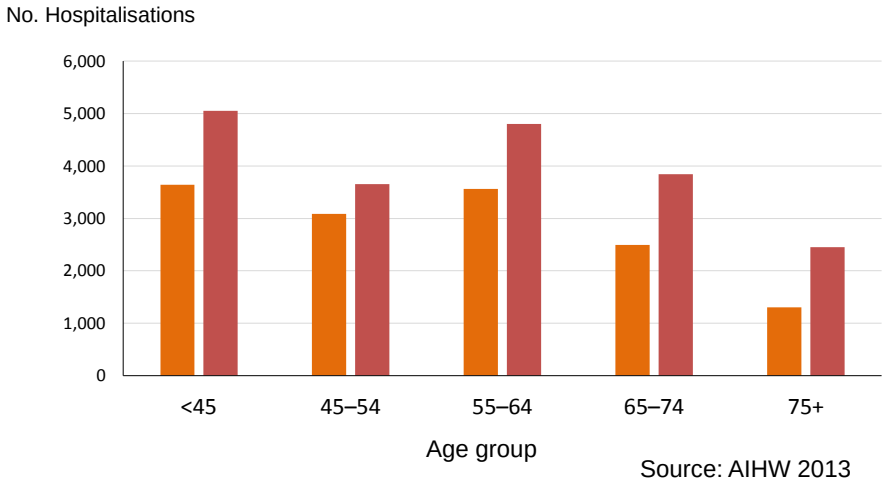
Gaps in hospitalisations for Aboriginal people with cancer by age



Source: AIHW 2013

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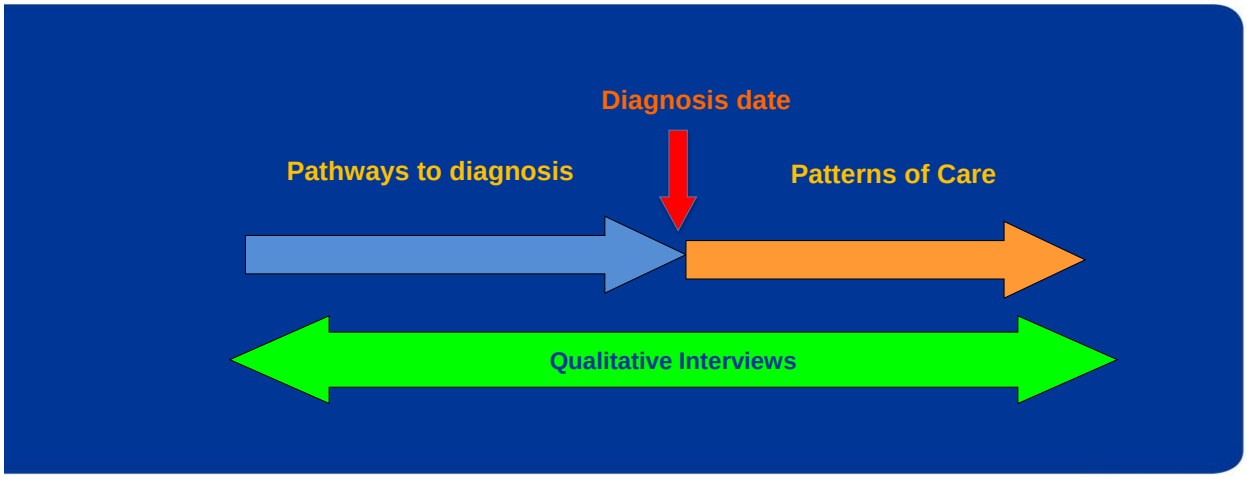
Aboriginal Patterns of Cancer Care Project (APOCC)



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Variations in cancer-specific mortality

Cancer Site	Adjusted Hazard Ratio Aboriginal vs non-Aboriginal people	95% Confidence interval
Breast	1.30	0.94 – 1.75

Adjusted for age, sex (where appropriate), year of diagnosis, spread of disease, comorbidities, place of residence, surgical treatment, area-level socioeconomic status, [site of cancer for bowel]
*Sub-distribution hazard ratio from competing risks regression

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Survival gaps are not entirely due to …

Variations in cancer survival were not entirely explained by differences in:

- Age
- Sex
- Spread of disease
- Comorbidities (except breast cancer)
- Surgical treatment received
- Socioeconomic disadvantage
- Place of residence

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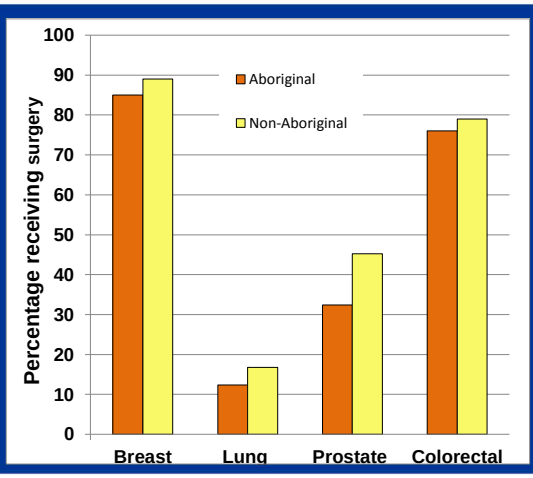
Variations in surgical treatment



These variations were not explained by differences in:

- Age
- Sex
- Spread of disease
- Comorbidities
- Socioeconomic disadvantage
- Place of residence

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Differences in treatment may be due to …

- **Practical barriers** such as a lack of transport, accommodation and childcare
- **Cultural and psychological barriers** – support, information and education. Need for more:
  - Aboriginal faces in cancer care
  - Training in cultural respect
  - Identification of individuals' needs based on level of Aboriginal Community Engagement (ACE scale)

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Aboriginal Community Engagement (ACE)

Three item scale. How much do you:

- Feel you belong to an Aboriginal community? (affect item)
- Feel you have in common with an Aboriginal community? (cognition item)
- Interact with an Aboriginal community? (behavioural item)

Likert scale: Not Much (0), Somewhat (1), Quite a bit (2), A lot (3)

Score is the average of the three responses

- Higher score indicates stronger community engagement

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Results

People with higher ACE scores were more likely to have:

- Lower awareness of cancer symptoms
- Mistrust of non-Aboriginal organisations
- Seen GP in Aboriginal Community Controlled Health Service

ACE score was not associated with:

- Most socio-demographic characteristics
- Attending screening or hospitals prior to diagnosis
- Trusting non-Aboriginal people

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Summary

Do NSW Aboriginal people with cancer have higher mortality, compared with non-Aboriginal people and, if so, why?

1. **Yes they do and lower treatment rates may contribute - addressed by reducing practical, psychological and cultural barriers.**

2. **Tailoring information and support services based on an individual's ACE score may improve their acceptance of treatment.**

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Thank you

www.cancercouncil.com.au/aboriginalcancer

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ACE Scale

- ACE is the average of the three responses
- Tested on 102 Aboriginal cancer survivors
  - Mean score was 1.72 (SD 1.03)
  - Not associated with most socio-demographic variables
  - Was internally consistent (Cronbach's Alpha 0.82)

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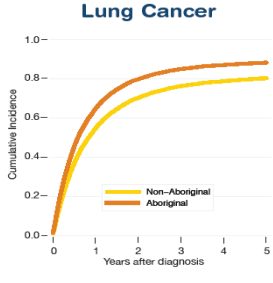
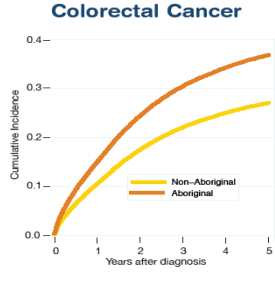
Cancer mortality up to 5 years after diagnosis





	n	5-year mortality *	n	5-year mortality *
Aboriginal	341	88%	278	37%
Non-Aboriginal	19813	80%	29499	27%

* Five-year modelled cumulative cancer-specific mortality

Source: APOCC

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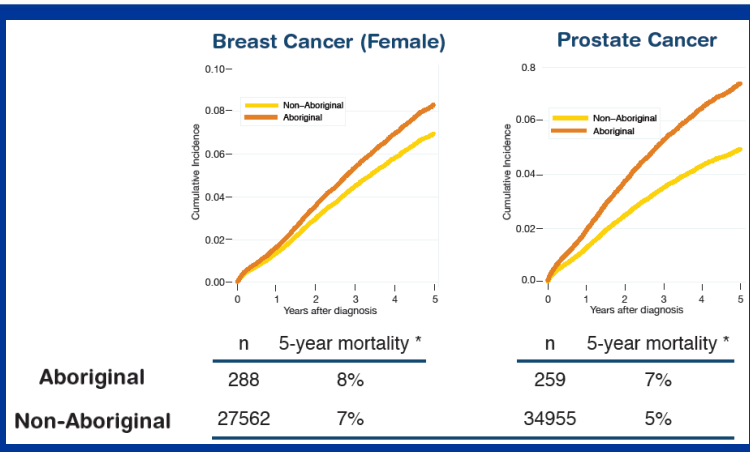
Cancer mortality up to 5 years after diagnosis



	Breast Cancer (Female)		Prostate Cancer	
	n	5-year mortality *	n	5-year mortality *
Aboriginal	288	8%	259	7%
Non-Aboriginal	27562	7%	34955	5%

Source: APOCC

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