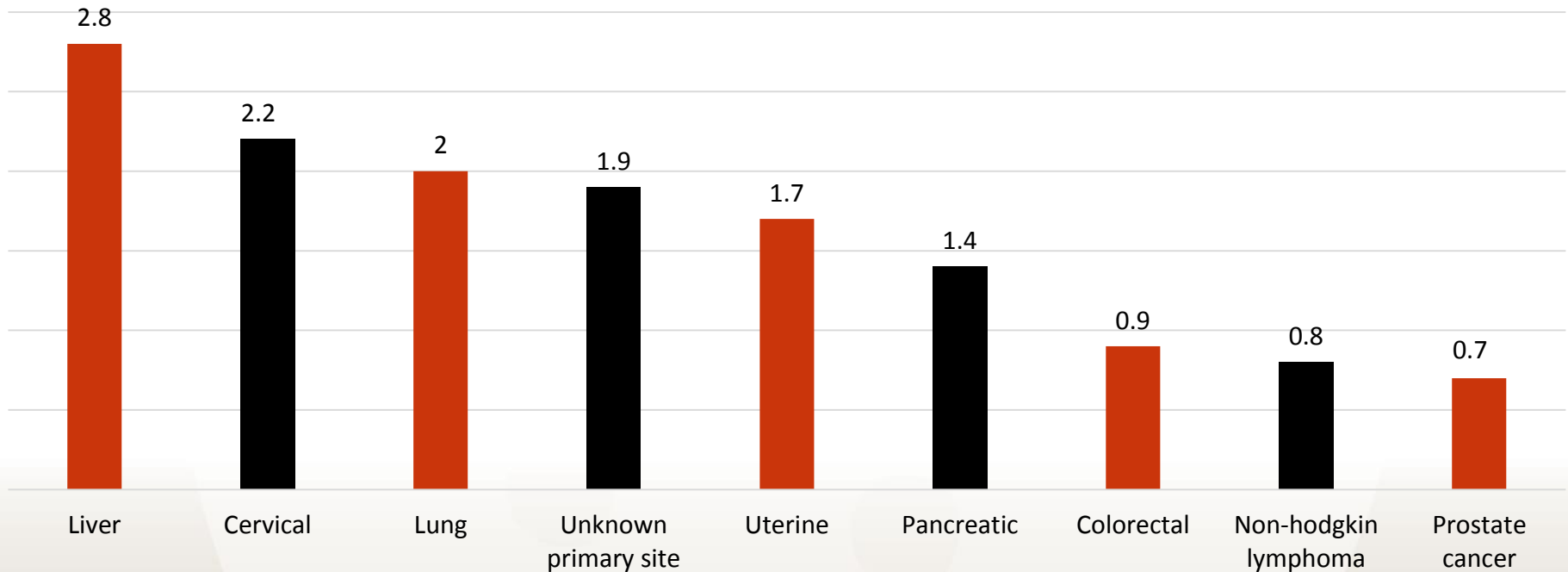




# **Cancer and Aboriginal and Torres Strait Islander people - Gail Garvey**

# Overall cancer incidence is higher amongst Indigenous Australians

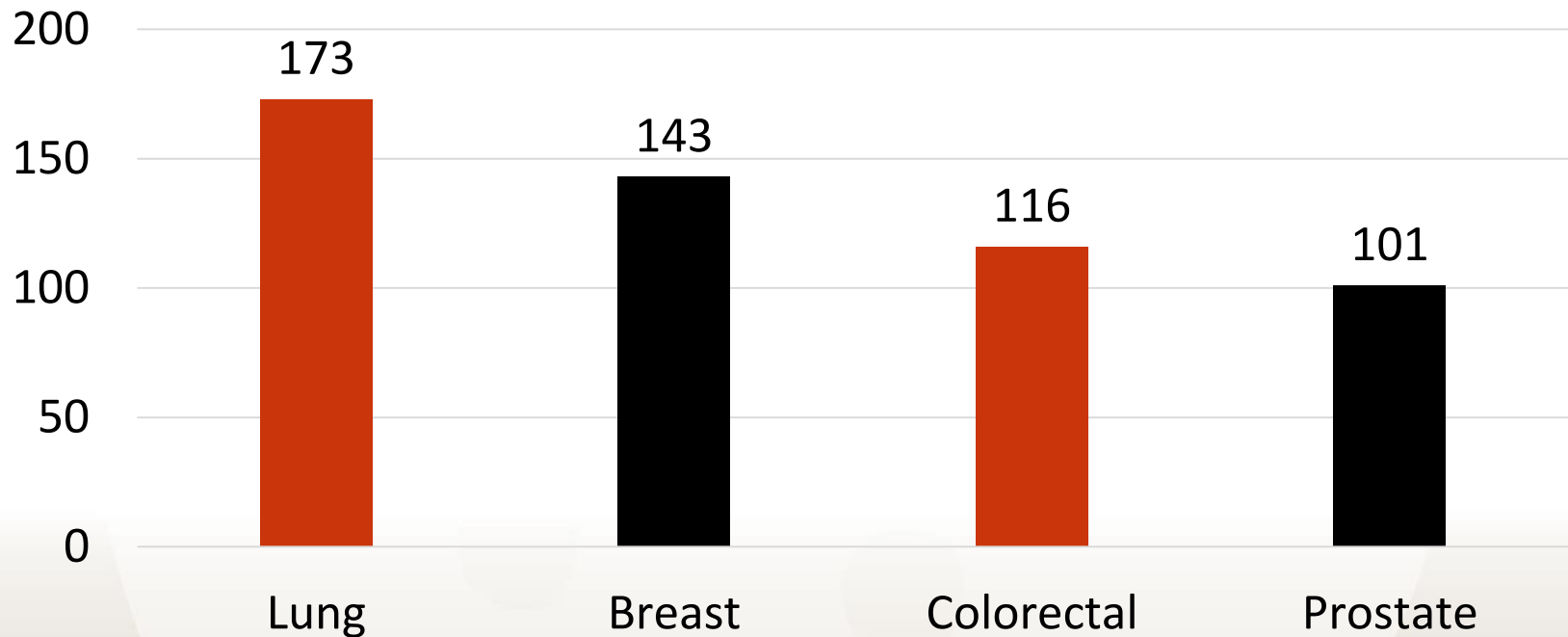
Cancer groups: Indigenous Australians vs non-Indigenous Australians



Australian Institute of Health and Welfare. (2017). *Cancer in Australia 2017*. Cancer series no. 101. Cat. no. CAN 100. Canberra: AIHW.

# Most common cancers

Most common cancers newly diagnosed in Indigenous Australians annually, 2008 to 2012

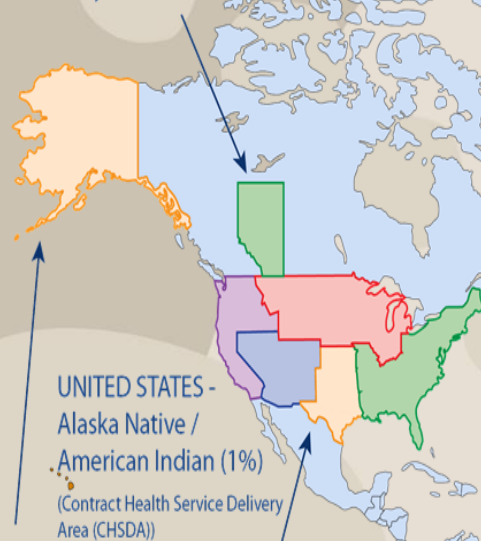


Australian Institute of Health and Welfare. (2017). *Cancer in Australia 2017*.

CANADA - Aboriginal (4.3%): First Nation, Inuit, M

CANADA, Alberta (FN 3.3%; Inuit 0.1%)

M	F
CRC	CRC
Lung	Lung
Prostate	Breast
Kidney	Cervix



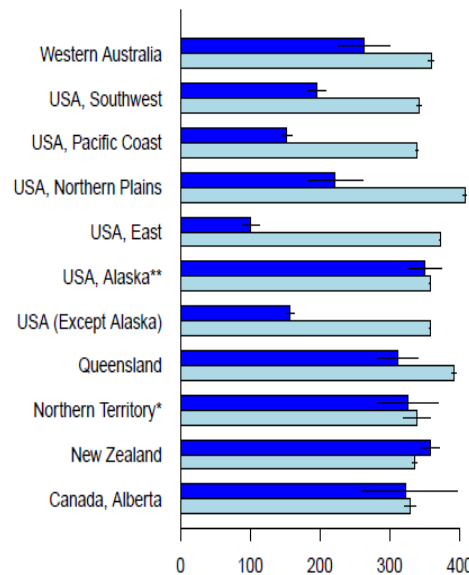
USA, Alaska (15.6%)

M	F
Lung	Breast
CRC	CRC
Prostate	Lung
Stomach	Uterus
Kidney	Stomach

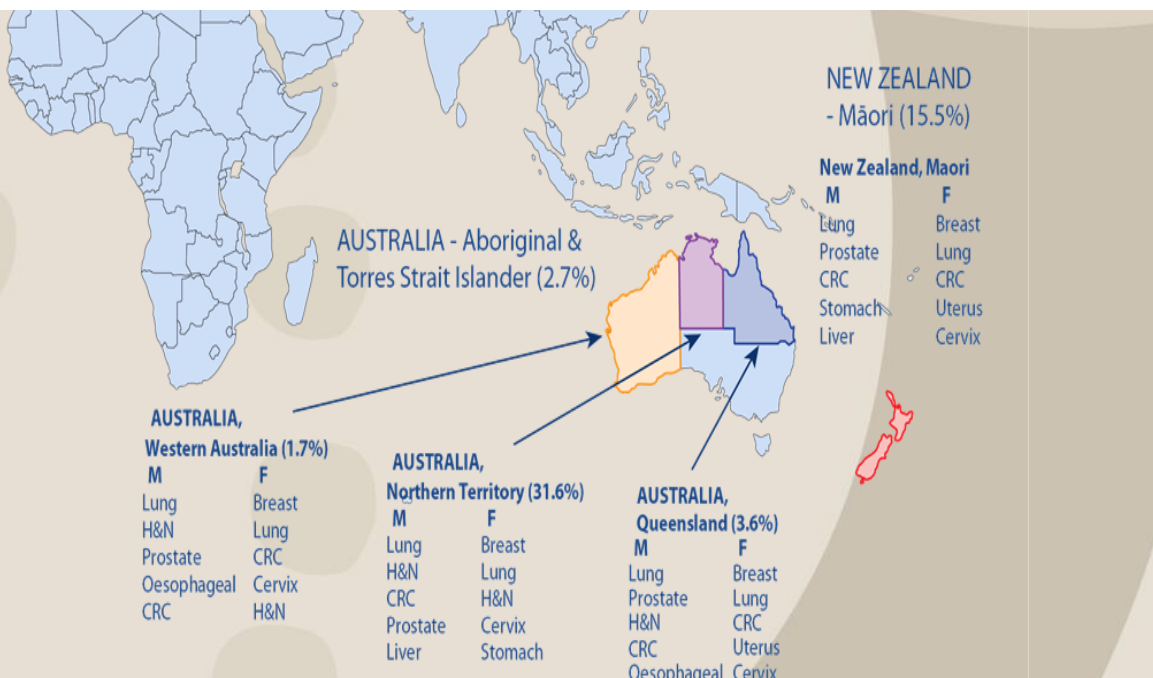
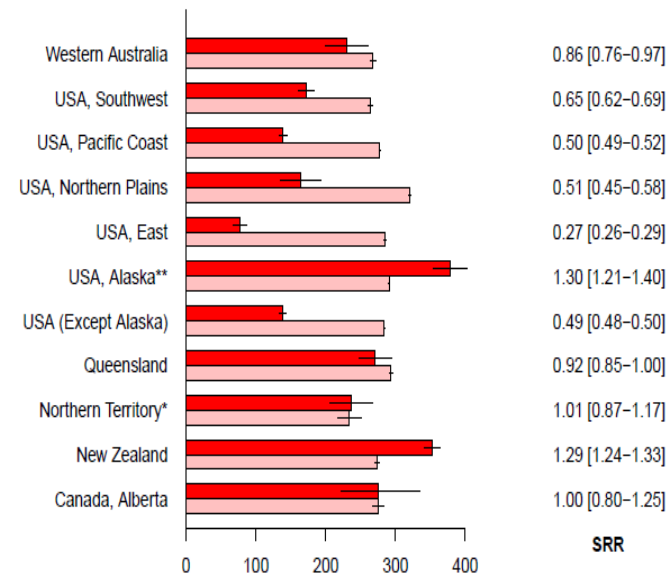
USA (Except Alaska) (1%)

M	F
Prostate	Breast
CRC	Lung
Lung	CRC
Kidney	Uterus
Liver	Kidney

All sites excluding non-melanoma skin (ALLbutC44)



All sites excluding non-melanoma skin (ALLbutC44)

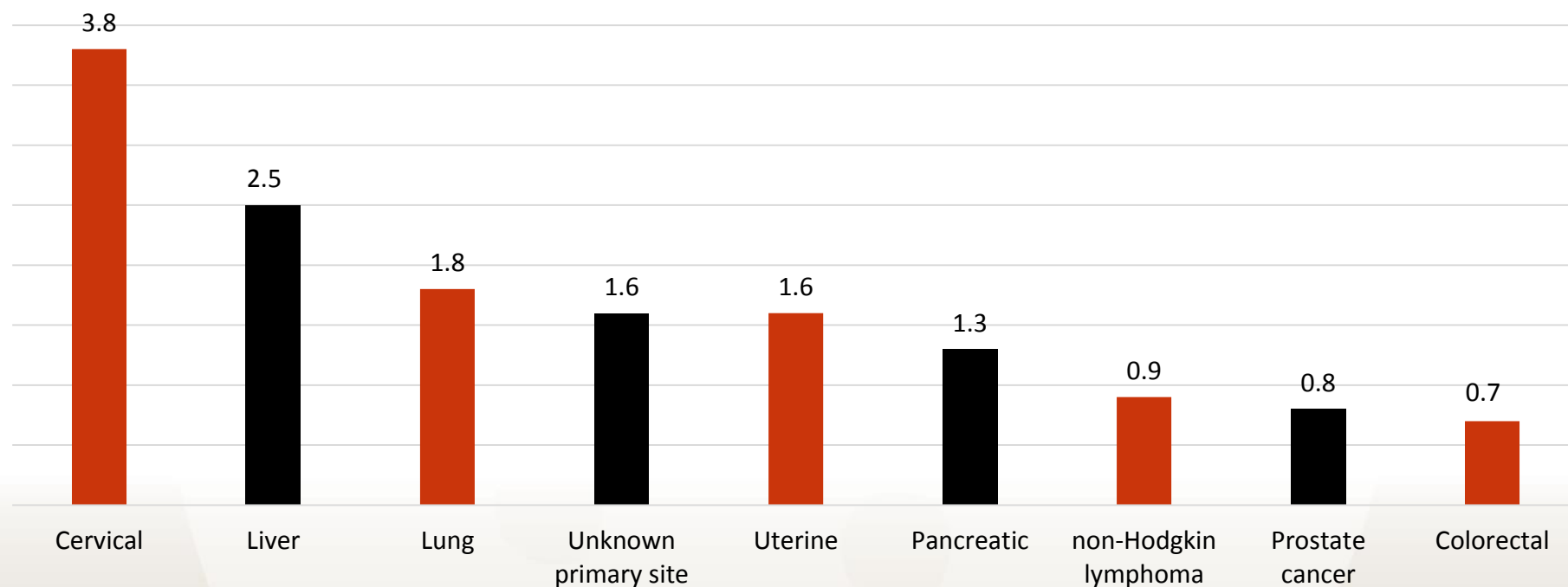


•Moore SP, Antoni S, Colquhoun A, Healy B, Ellison-Loschmann L, Potter J, Garvey G, Bray F. Cancer incidence in indigenous people in Aust, NZ, Canada, and the USA: a comparative population-based study. Lancet Oncology. 2015

# Significantly higher overall cancer mortality rate



Mortality by Cancer Group - Indigenous Australians vs non-Indigenous Australians



Australian Institute of Health and Welfare. (2017). *Cancer in Australia 2017*. Cancer series no. 101. Cat. no. CAN 100. Canberra: AIHW.

# Cancer death rate increasing




1998

2012

**16%**   
increase

Indigenous cancer death rate

 10% decrease  
non-Indigenous  
cancer death rate

# Reasons for poorer outcomes



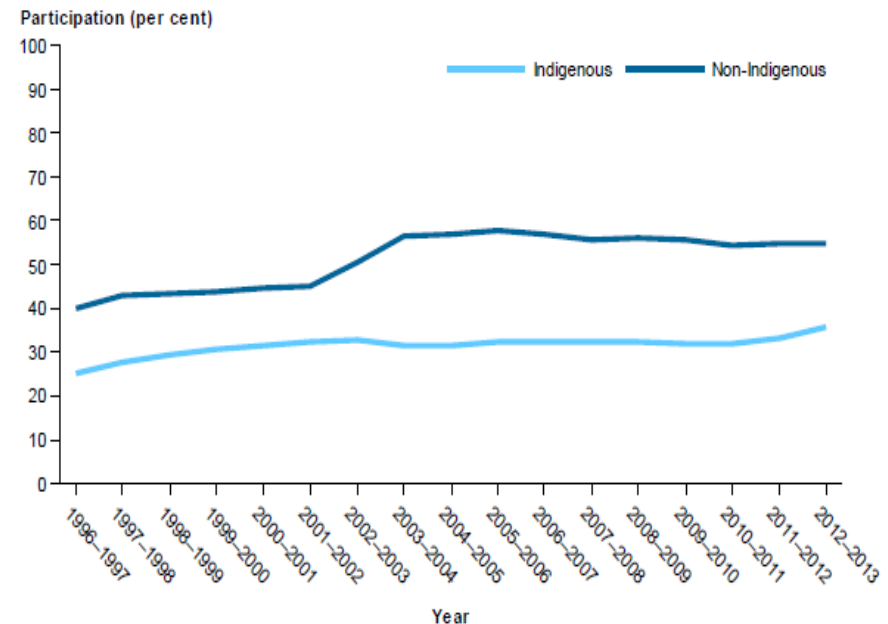
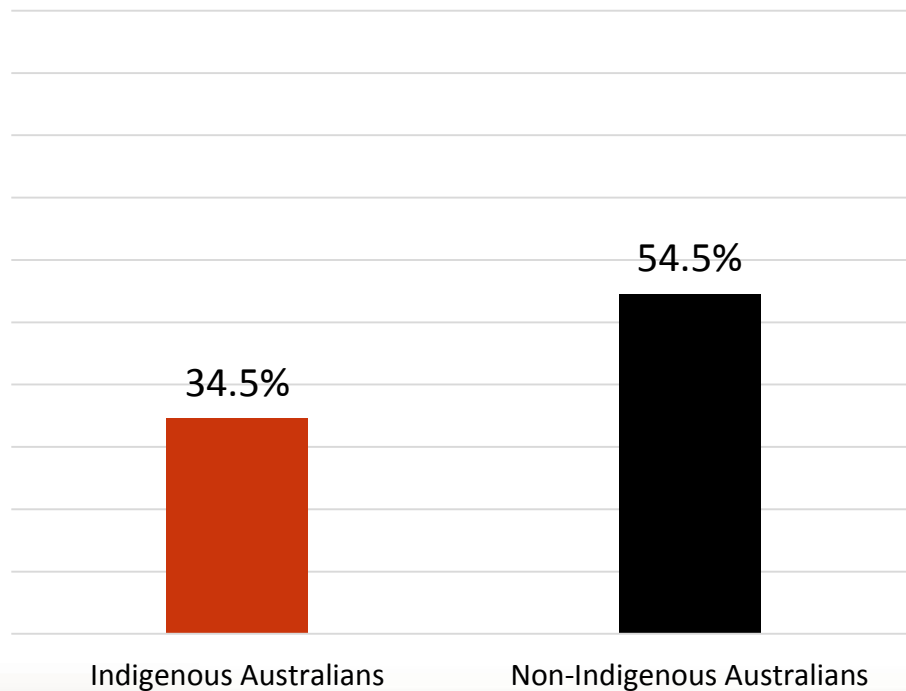
## Indigenous Australians...

- Higher incidence of cancers with poorer prognoses<sup>1</sup>
- Diagnosed with cancers at later stage<sup>2-6</sup>
- Higher rates of co-morbidities<sup>4,5</sup>
- Lower cancer treatment uptake<sup>1,2</sup>
- Receive less cancer treatment<sup>1</sup>
- Higher odds of receiving less cancer care concordant with clinical guidelines<sup>7</sup>



# Screening disparities

Age-standardised participation in BreastScreen Australia  
(mammogram) in 2012-2013



Note: The non-Indigenous participation rate excludes women with Indigenous status 'not stated' and is therefore lower than the total Australian participation rate.

Source: AIHW analysis of BreastScreen Australia data. Data for this figure are available in Table A.1.7.

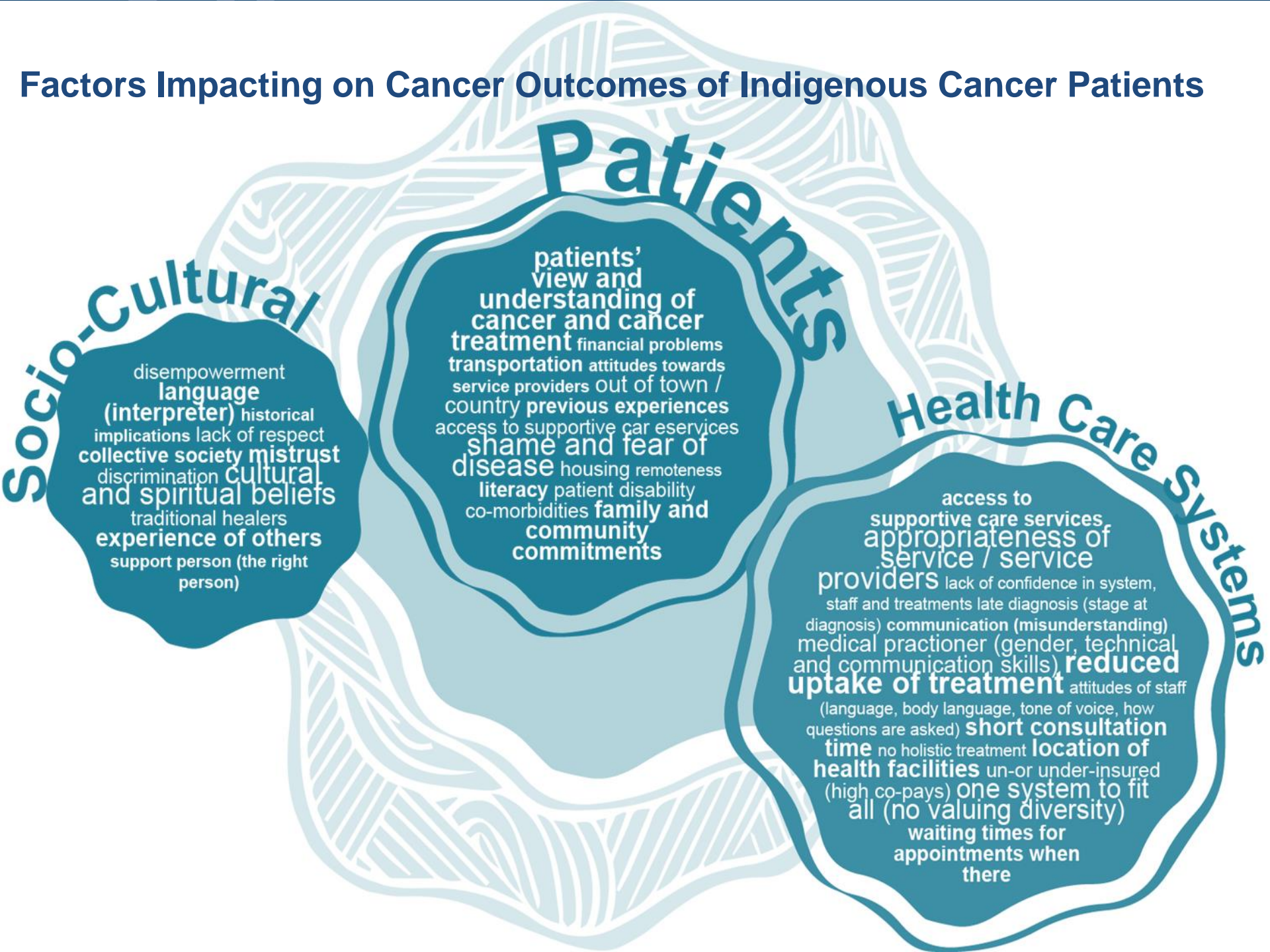
Figure 3.6: Participation of women aged 50-69 in BreastScreen Australia, by Indigenous status, 1996-1997 to 2012-2013



# Cancer risk factors

- **higher** rates of **lung cancer** could be explained by the higher prevalence of **smoking** (38%, 18%)
- higher rates of **cervical cancer** could be explained in part by the higher prevalence of **chronic infections** (HPV), and **lower participation** in **screening**
- **Liver cancer**: higher incidence may be explained by higher rates of **risky alcohol consumption** and higher prevalence of **hepatitis B infection**

# Factors Impacting on Cancer Outcomes of Indigenous Cancer Patients





# **Research strategies to investigate disparities in cancer outcomes**

# National Research Program Grants

1. **NHMRC Centre of Research Excellence Discovering Indigenous Strategies to improve Cancer Outcomes Via Engagement, Research Translation and Training “DISCOVER-TT” – End date Oct 2018 Funding NHMRC**
2. **Strategic Research Partnership to improve Cancer Control for Indigenous Australians Funding Cancer Council NSW & WA – End date Sept 2018**

## **Western Australia collaborators**

- Professor Sandra Thompson, Western Australia Centre for Rural Health, UWA
- Doctor Mick Adams, Australian Indigenous HealthInfoNet
- Professor Samar Aoun, Curtin University
- Doctor Shaouli Shahid, Curtin University
- Support an Aboriginal Cadet (Mikayla Hollows), Masters student ( Leanne Pilkington) and PhD candidate (Belinda Davis)

# National Cervical Screening Program

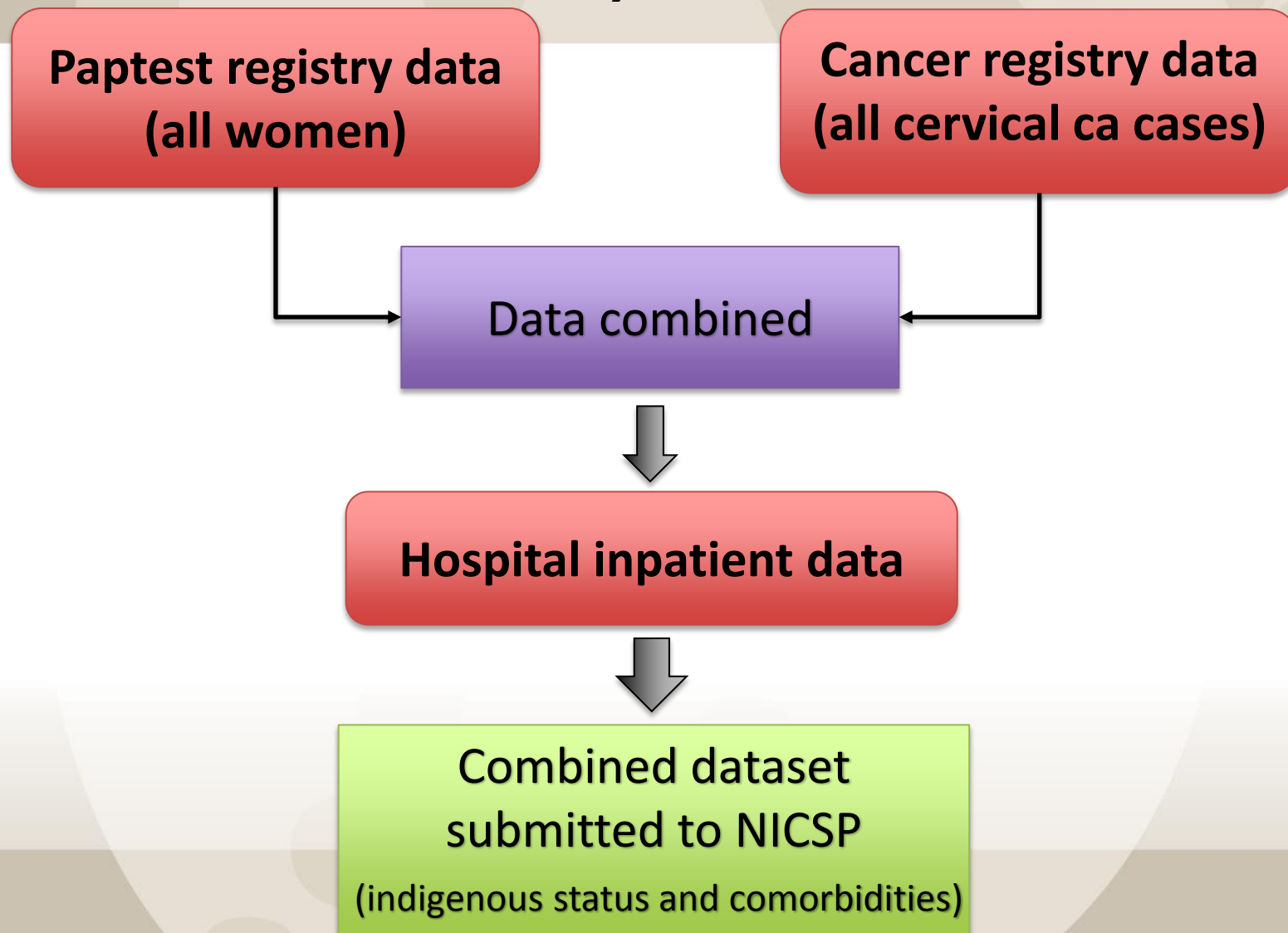
A joint Australian, State and Territory Government initiative

National data linkage Research project

**Cant report on Aboriginal and Torres Strait Islander women's participation**

**Assess Indigenous women's participation, abnormalities after a pap test and timeliness to follow up**

# Linkage within each state and territory (1997 to most recent)



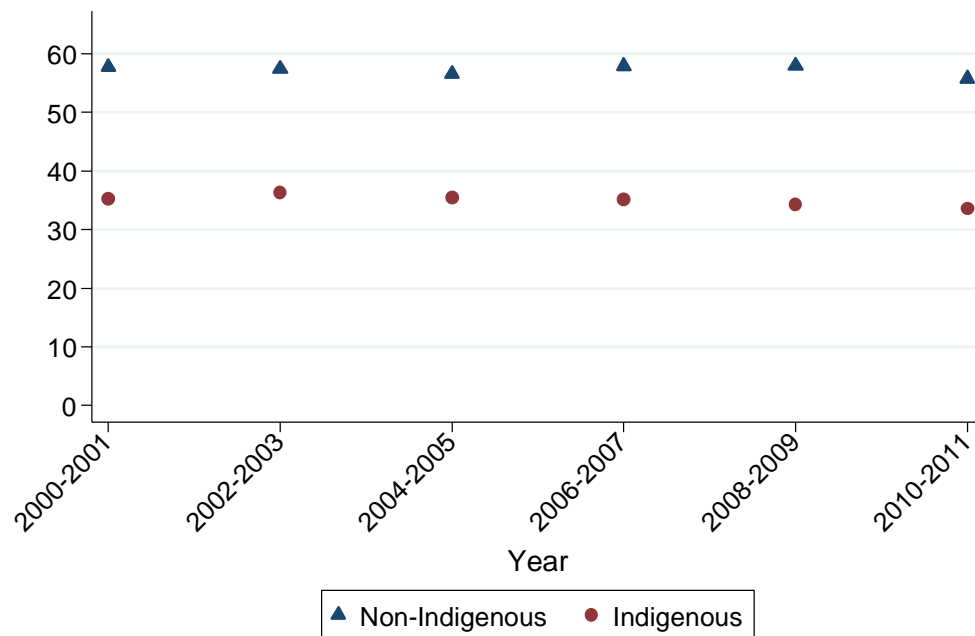


# Indigenous women's cervical screening in Queensland

## Main Findings for Queensland

- Approx. 1.4 million women & ~29000 linked to a record in the ever-Indigenous extract from hospital admissions
- 5 million Pap records available
- Only using 2000-2011 data

- Indigenous women participate less (20 percentage point diff)
- No change over time.



Age-standardised participation using the Australian 2001 population

# Reviewing national population based screening programs

## **NATIONAL BOWELCANCER**

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### **SCREENING PROGRAM**

Developing education and training material for health professions and piloting the delivery of this program via primary health care services

**Menzies contracted by DoH to pilot an Alternative Pathway to screening**



# Development and validation of an Indigenous Quality of Life and Wellbeing Index for health decision making

The **Indigenous Quality of life and Wellbeing Index** will measure and value quality of life and wellbeing dimensions that are **important to Indigenous people** to improve the relevance and transparency of health decision making.

Specifically, this project will:

1. Identify the dimensions of wellbeing and quality of life relevant for Indigenous people
2. Develop and validate a descriptive system for a QOL/wellbeing index that appropriately captures these dimensions;
3. Develop a scoring system for the new tool

**NHMRC Funded:** 2017-2021

**Investigators:** Howard, Garvey, Radcliffe, Tong, Cunningham, Cass, Whop

# Unmet Needs Assessment



- Needs assessment is the **patient perspective** on concerns and **degree to which they require help**
- Solution-focused
- Measures gap between **experience** and **expectations**

# Most frequent unmet needs of Aboriginal and Torres Strait Islander Cancer Patients

Prevalence of unmet needs vary by jurisdiction

## • Queensland study

- 248 Indigenous Ca pts
- 71% reported at least one unmet need.
- Domains
  - Mostly Physical/psychological

### Items

- Money worries (22%)
- Concerns about the worries of those close to you (15%)
- Worrying about the illness spreading or getting worse (14%)
- Feeling down or sad (13%)
- Anxiety (12%)
- Worry about results of treatment (12%)
- Work around the home (11%)

## • Semi-National Study

- 148 Indigenous Ca pts
- 65% reported at least one unmet need.
- Domains
  - Physical/psychological

### ➤ NT and WA more unmet needs in the practical/cultural domain

- 'money worries'
- 'costs of accommodation'
- 'having an Indigenous person to talk to and support you, someone who understands your culture'

# Conclusions

- Continuing to build on this work
  - Under screened groups
  - Health literacy
  - Strategies to increase uptake and completion of treatment
  - Coordination of care
  - Building partnerships and networks
  - Hot North?????