

The background is a vibrant Aboriginal-style artwork. It features a central figure with a long, dark, sinuous body, possibly representing a snake or a stylized human form. The figure is adorned with white, feathery or hair-like tufts at various points and has a red, triangular shape on its midsection. The figure is set against a blue background with yellow and green diagonal lines. To the right, there is a white sun with a central circle and several curved rays. The overall composition is dynamic and colorful, with a mix of black, white, red, blue, yellow, and green.

Closing the Divide in Cancers

**Catherine Jacka, Research Officer,
Queensland Institute of Medical Research**

Cancer in Aboriginal & Torres Strait Islander people in Australia

- Cancer is a leading cause of death
 - Indigenous Australians (17% of all deaths)
 - All Australians (30% of all deaths)
- No national data on cancer incidence
 - poor quality of identification of Indigenous people in most administrative data collections
- Until recently, reliable data was only available for the NT, WA and SA
- NSW and QLD have data for selected populations

Sue Moore PhD Candidate
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Cancer incidence and mortality for Indigenous people in Queensland 1997-2006

	Cancer Site and ICD-10 code	Observed number of cases	Standardised Incidence Ratio SIR (95% CI)	Observed number of deaths	Standardised Mortality Ratio SMR (95% CI)	
21% lower	All Cancers (C1-C80)	1468	0.79 (0.75, 0.83)	745	1.38 (1.28, 1.48)	38% higher
	Head and Neck (C1-C14)	85	1.23 (0.98,1.52)	49	3.32 (2.46, 4.39)	3x higher
	Digestive Cancer (C15-C25)	313	1.02 (0.91, 1.13)	180	1.27 (1.09, 1.47)	
	Oesophageal (C15)	39	2.33 (1.65, 3.18)	33	2.85 (1.96, 4.00)	~3x higher
	Stomach (C16)	38	1.38 (0.98, 1.90)	29	1.58 (1.06, 2.27)	
People ↓ 39%	Colorectal (C18-20)	125	0.61 (0.51, 0.73)	40	0.57 (0.41, 0.78)	
	Liver and Biliary tract (C22-C24)	61	2.88 (2.20, 3.70)	46	3.15 (2.31, 4.21)	3x higher
	Pancreas (C25)	34	1.21 (0.84, 1.70)	27	1.13 (0.74, 1.64)	
	Respiratory (C30- C38)	267	1.73 (1.53, 1.95)	214	1.91 (1.66, 2.18)	
	Trachea, Bronchus, Lung (C33-C34)	244	1.77 (1.55, 2.01)	198	1.85 (1.60, 2.12)	~2x higher
	Bone and Cartilage (C40-C41)	7	0.85 (0.34, 1.74)	1	0.35 (0.01,1.96)	
People ↓ 93%	Melanoma (C44)	22	0.07 (0.04, 0.11)	4	0.17 (0.05, 0.44)	83% lower
	Mesothelial and soft tissue (C45-C49)	18	0.69 (0.40,1.09)	8	0.67 (0.29,1.33)	
Women ↓ 39%	Breast (C50)	165	0.61 (0.52, 0.71)	42	0.89 (0.65, 1.21)	11% lower
	Female genital organs (C51-C58)	182	1.99 (1.71, 2.30)	75	3.23 (2.54, 4.05)	
	Cervix (C53)	71	2.65 (2.07, 3.34)	32	5.57 (3.81, 7.87)	
	Corpus Uteri (C54)	60	1.83 (1.40, 2.35)	20	4.50 (2.75, 6.95)	
	Ovary (C56)	34	1.39 (0.97, 1.95)	20	1.76 (1.08, 2.72)	
	Male genital organs (C60-C63)	85	0.44 (0.35, 0.55)	27	0.95 (0.62, 1.38)	
Men ↓ 59%	Prostate (C61)	69	0.41 (0.32, 0.52)	25	0.91 (0.58, 1.34)	
	Urinary Tract (C64-C68)	67	0.67 (0.52, 0.85)	25	1.07 (0.70, 1.59)	
	Bladder (C67)	34	0.62 (0.43, 0.87)	12	1.18 (0.61, 2.07)	
	Eye, Brain and other CNS (C69-C72)	21	0.47 (0.29, 0.72)	14	0.53 (0.29, 0.89)	
	Brain and CNS (C70-C72)	19	0.51 (0.31, 0.80)	14	0.55 (0.30, 0.92)	
	Thyroid and Other Endocrine (C73-C75)	33	0.74 (0.51, 1.03)	4	1.34 (0.37, 3.44)	
	Thyroid (C73)	31	0.76 (0.51, 1.07)	3	2.81 (0.58, 8.21)	
	Unspecified Site (C80)	61	1.40 (1.07, 1.80)	48	1.57 (1.16, 2.08)	
	Lymphomas and Leukaemias	97	0.67 (0.54, 0.82)	43	0.96 (0.69, 1.29)	
	All other neoplasms	45	1.00 (0.73, 1.33)	11	0.84 (0.42, 1.50)	

Our most commonly occurring cancers

Indigenous men

- Lung cancer
- Prostate
- Lymphomas and leukaemias
- Colorectal
- Head and neck cancers

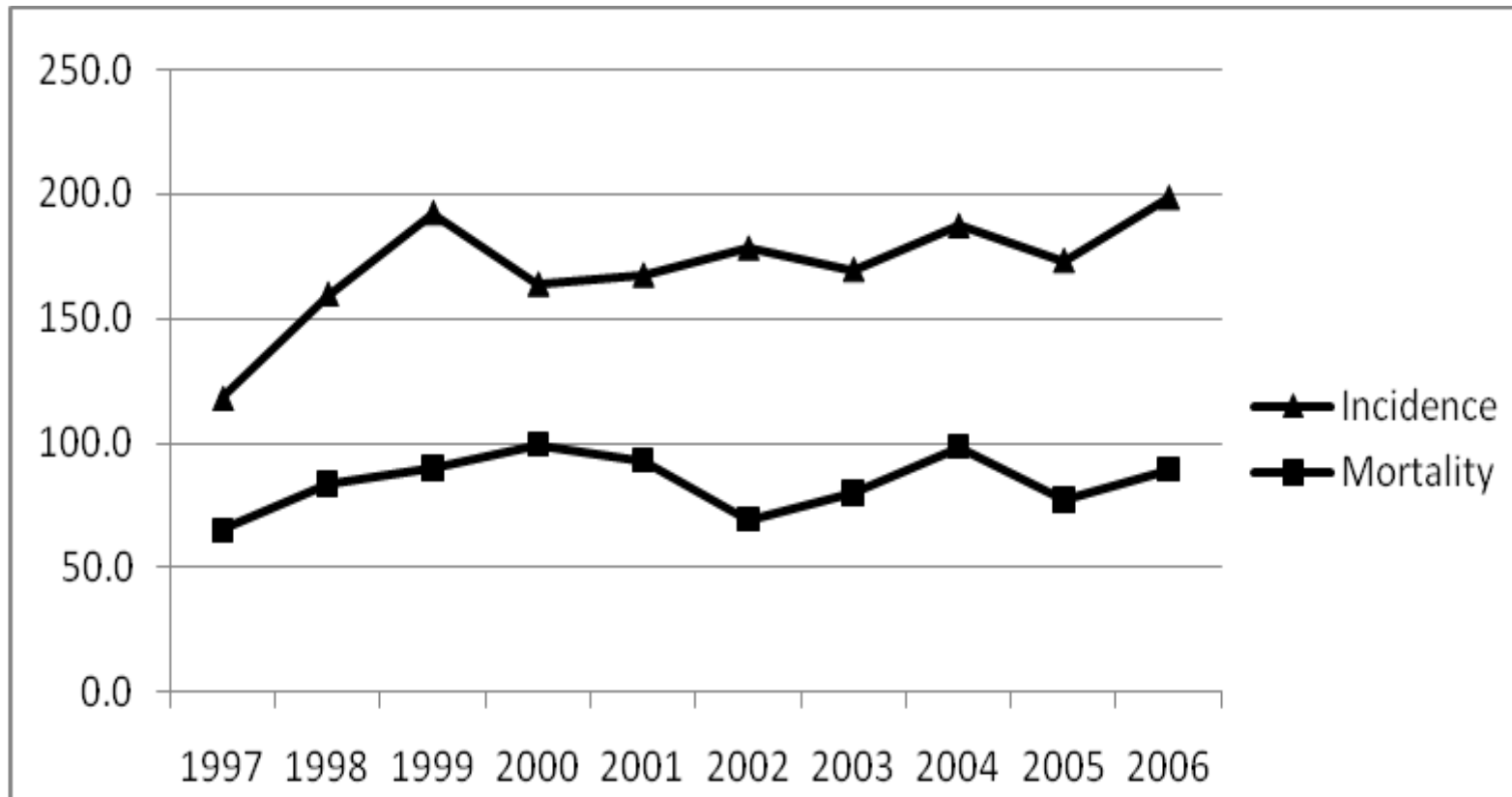


Indigenous women

- Breast
- Lung
- Cervix
- Colorectal
- Corpus uteri



Incidence and Mortality in Qld



Cancer diagnosis, treatment, and survival in Indigenous and non-Indigenous Australians: a matched cohort study

Patricia C Valery, Michael Coory, Janelle Stirling, Adèle C Green

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Ethical Approval

Throughout the study the Queensland Aboriginal and Islander Health Forum acted as a community resource to provide community consultation and support. Ethical clearances were obtained from the human research ethics committees of the Queensland Institute of Medical Research, the Queensland Health Department and all hospitals who assisted in the data collection.

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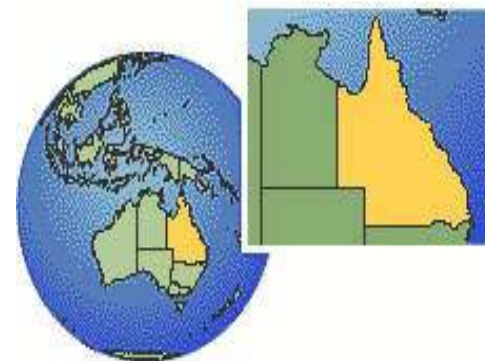


CANCER IN TORRES STRAIT ISLANDER AND ABORIGINAL PEOPLE Diagnosis, treatment and survival



This pamphlet *Overpowered by Cancer* is one of a collection portraying Aboriginal women's perspective of cancer and its related treatment. The collection of artwork, prepared by Aile Rogers, contributed to the data that shaped a PhD thesis on Aboriginal women with cancer by Dr Deborah Price.

Lancet 2006; 367:1842-48



Study Results

- Stage at diagnosis differed ($p= 0.007$)
 - **Localized cancers: 47% Indigenous v53% non-Indigenous**
 - Regional cancers: 19% Indigenous 19% non-Indigenous
 - Distant metastases: 22% Indigenous 21% non-Indigenous
 - Information was missing: **12% Indigenous 7% non-Indigenous**
- Indigenous cases were more likely to have co-morbidities
 - diabetes mellitus
 - hypertension
 - acute coronary conditions
 - chronic renal disease
 - respiratory disease

Study Results for all cancers



Cancer treatment

- 20% less likely to receive chemotherapy
- 9% less likely to receive radiotherapy
- 24% less likely to have surgery
- Took longer to have their surgery

**The likelihood of death from cancer was
30% higher for Indigenous cases**

Taking into account the differences in

- cancer stage at diagnosis
- reduced uptake of cancer treatment
- higher rates of co-morbidities

Factors impacting on Survival Outcomes of Indigenous Cancer Patients



Patients

Patients' views and understanding of cancer & cancer treatment

Financial problems

Transportation

Attitudes towards service providers

Out of town / country

Previous experiences

Shame and fear of disease

Housing

Remoteness

Literacy

Patient disability

Co-morbidities

Family & community commitments

Disempowerment

Language (interpreter)

Historical implications

Support person (the right person)

Experience of others

Socio-Cultural

Lack of respect

Mistrust

Discrimination

Collective society

Traditional healers

Cultural & Spiritual beliefs

Appropriateness of service / service providers

Reduced uptake of treatment

No holistic treatment

Location of health facilities

Lack of confidence in system, staff & treatments

Late diagnosis (stage at diagnosis)

Health Care System

un- or under-insured (high co-pays)

Communication (misunderstanding)

Medical Practitioner (gender, technical and communication skills)

Attitudes of staff (language, body language, tone of voice, how questions are asked)

One system to fit all (no valuing of diversity)

Short consultation time

Waiting times for appointments when there

Qualitative study to investigate the experiences of Indigenous cancer patients and health professionals who provide cancer support services

A pilot study.

Gail Garvey, Suzanne Moore, Catherine Jacka, Anna Hawkes, Patricia Valery

Comments included:

- *“Can’t do nothing much [about cancer]”*
- *“Aboriginal people often think that surgery causes cancer to spread and this is why some people do not have treatment”*
- *“I did not know what was going on. I was given a black dye injection, felt nauseous and ran away”.*
- *“I still don’t know what’s going on because I’m scared of asking”*
- *“I had to be strong for them [referring to family] because I was the eldest male in the family but then there was no-one there that I could sort through and I still carry that with me to this day”*

Do quality of life and supportive care needs vary between Indigenous and non-Indigenous cancer survivors?

A pilot study.

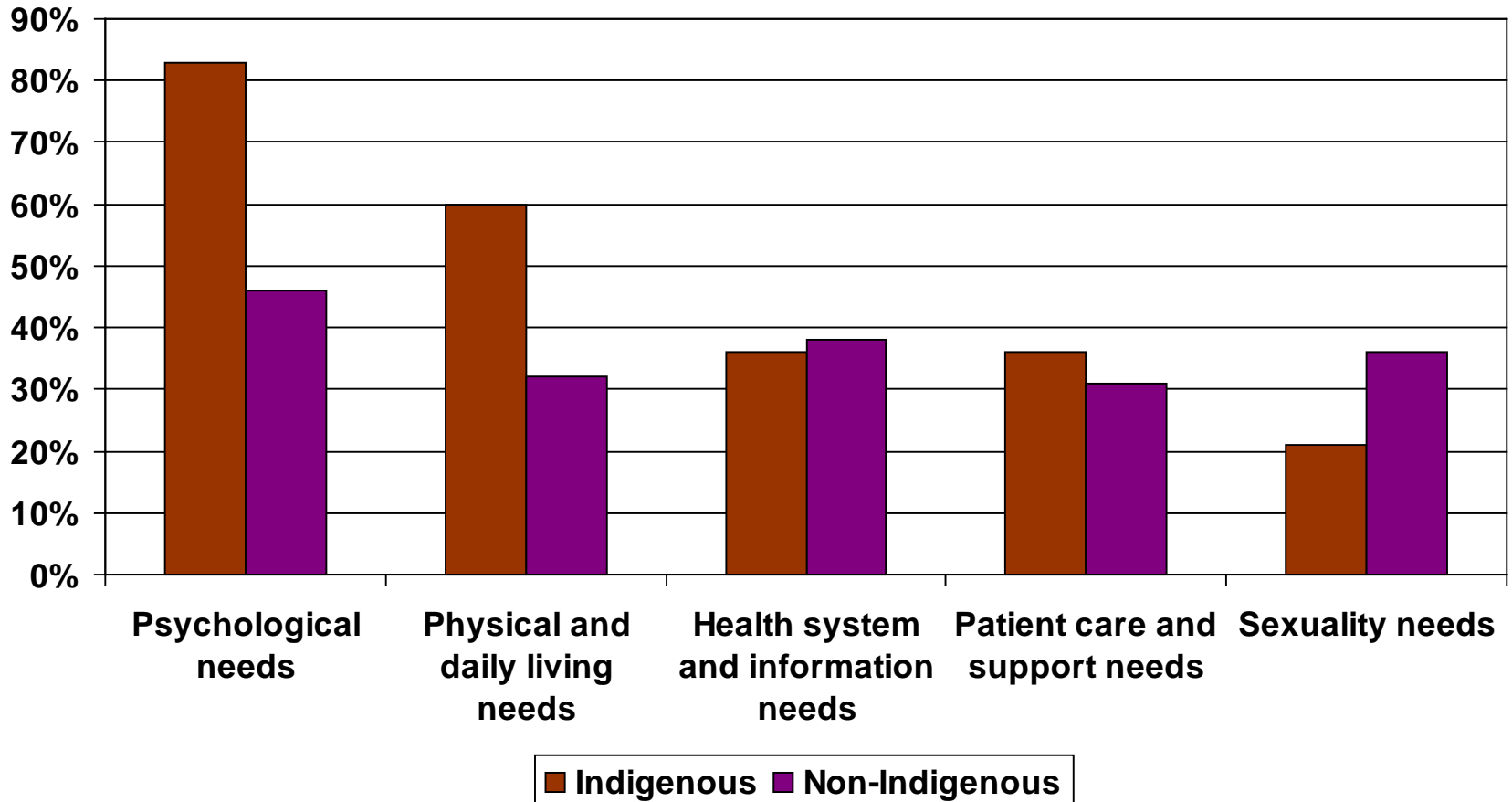
Vanessa Beesley, Patricia Valery, Anna Hawkes, Peter O'Rourke, Adele Green, Diana Battistutta, Catherine Jacka, Gail Garvey
Clinical Oncological Society of Australia (COSA) 2008

- 802 women diagnosed with women's cancer
- 14 Indigenous: 42 non-Indigenous
(of similar age, cancer type, stage, and place of residence)
- Compared:
 - Quality of Life survey (FACT-G)
 - Supportive Care Needs survey (SCNS-SF34)

and we found that ...

- Quality of life was poorer
- Needs were different

Unmet needs



Most common ranked 'Moderate' or 'High' unmet needs

Top 3 Indigenous need items

1. Not being able to do the things they used to do
2. Feeling down and depressed
3. Feelings of sadness

Top 3 Non- Indigenous need items

1. Concerns about the worries of those close to you
2. Being informed about things you can do to help yourself get well
2. Changes in sexual feelings

What we know so far about Indigenous people with cancer in Queensland

- diagnosed late (perhaps not as late as we originally thought);
- receive less cancer treatment
- take longer to receive their treatment
- report more co-morbidities
- ?? have higher supportive care needs
- ?? have reduced quality of life

...Supportive Care Needs...

Develop/adapt a survey that is appropriate for Indigenous patients

... so that we can

assess the supportive care needs of Indigenous patients

How are we developing the survey?

Phase 1 (completed)

- 24 patient interviews
- 1 group discussion

Revised version of the survey

Phase 2 (under way)

- More patient interviews
- 2 group discussions

Final version of the survey

Phase 3 (~July 2010 to Dec 2011)

- Interview patients using the final survey
- Brisbane, Townsville and Cairns



Future Work

- Trial an ‘Indigenous Patient Navigator’ to Respond to the Specific Identified Support Needs of Indigenous Cancer Patients (2011)

Thank you

