

International efforts to assess cancer burden and care among Indigenous peoples globally

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I acknowledge the traditional custodians of this land. I wish to pay respects to their elders past and present, and acknowledge their cultural heritage and cultural beliefs that are still as important to the living Aboriginal and Torres Strait Islander people today.



Introduction

Indigenous people in many parts of the world suffer disproportionately worse health, poverty and shorter life expectancy.

Cancer burden among Indigenous people globally has largely been overlooked:

- ? not a priority
- ? ascertainment of Indigenous status inadequate

Evidence from Australia, New Zealand, Canada and the United States, four highly developed countries:

- greater cancer incidence and mortality and worse cancer survival¹

Scope of work

IARC recently undertook a program to investigate cancer burden among Indigenous populations globally. This included:

- assessment of IARC resources to investigate incidence, mortality and survival
- review of literature
- networking with IARC partners and developing new collaborations
- specific research projects

Selected projects

Published:

Cancer in indigenous people in Latin America and the Caribbean: a review.

(Moore et al 2014)

- dearth of data

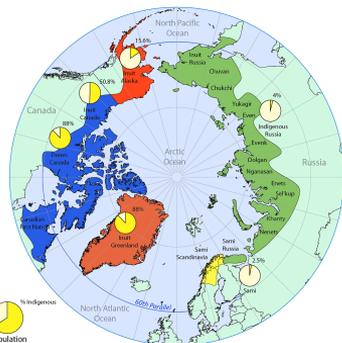
The burden of stomach cancer in indigenous populations: a systematic review and global assessment. (Arnold et al 2014)

- greater burden

International variations in childhood cancer in indigenous populations: a systematic review

(Valery et al 2014)

- limited evidence



In progress:

- Circumpolar region - little recent data

In Progress

A comparison of cancer incidence rates among Indigenous people in Australia, New Zealand, Canada and the US, four highly developed countries

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Methods

Incidence data derived from population-based cancer registries; 3 Australian states; Queensland, WA, NT; New Zealand; Alberta, Canada; the 5 Contract Health Service Delivery Area (CHSDA) regions of the US (SEER 13).

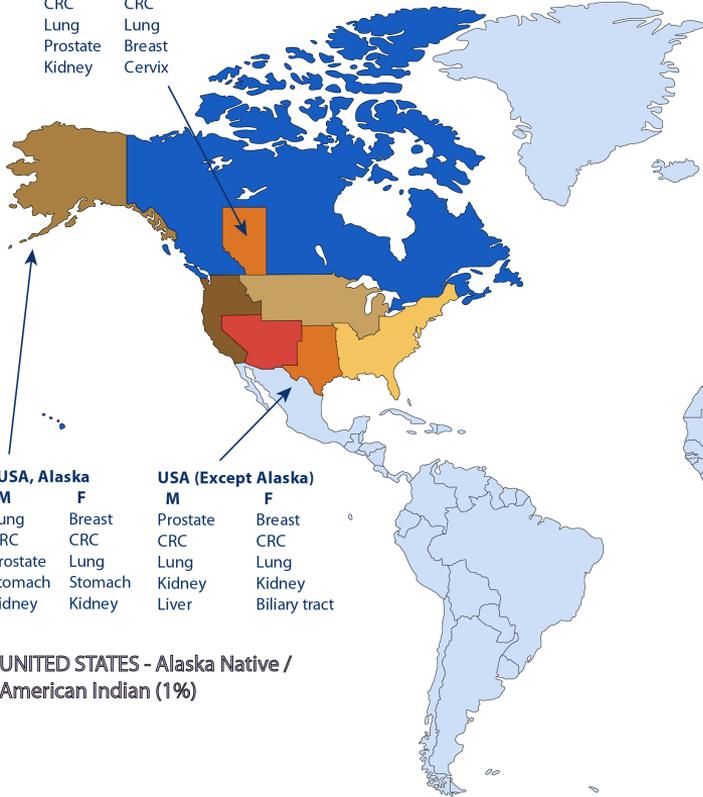
Age-standardized incidence rates computed by registry, year, sex, site and ethnicity (2002-2006), using the world standard population (Segi 1966). Rates for Alberta were calculated directly by the registry.

Most common cancers

CANADA - Aboriginal (3.8%): First Nation, Inuit, Métis

CANADA, Alberta

M	F
CRC	CRC
Lung	Lung
Prostate	Breast
Kidney	Cervix



USA, Alaska

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

USA (Except Alaska)

M	F
Prostate	Breast
CRC	CRC
Lung	Lung
Kidney	Kidney
Liver	Biliary tract

UNITED STATES - Alaska Native / American Indian (1%)

NEW ZEALAND - Māori (15.5%)

New Zealand, Māori

M	F
Lung	Breast
Prostate	Lung
CRC	CRC
Stomach	Cervix
Liver	Stomach

AUSTRALIA,

Western Australia

M	F
Lung	Breast
H&N	Lung
Prostate	CRC
Oesophagus	Cervix
CRC	H&N

AUSTRALIA,

Northern Territory

M	F
Lung	Breast
H&N	Lung
CRC	H&N
Prostate	Cervix
Liver	CRC

AUSTRALIA,

Queensland

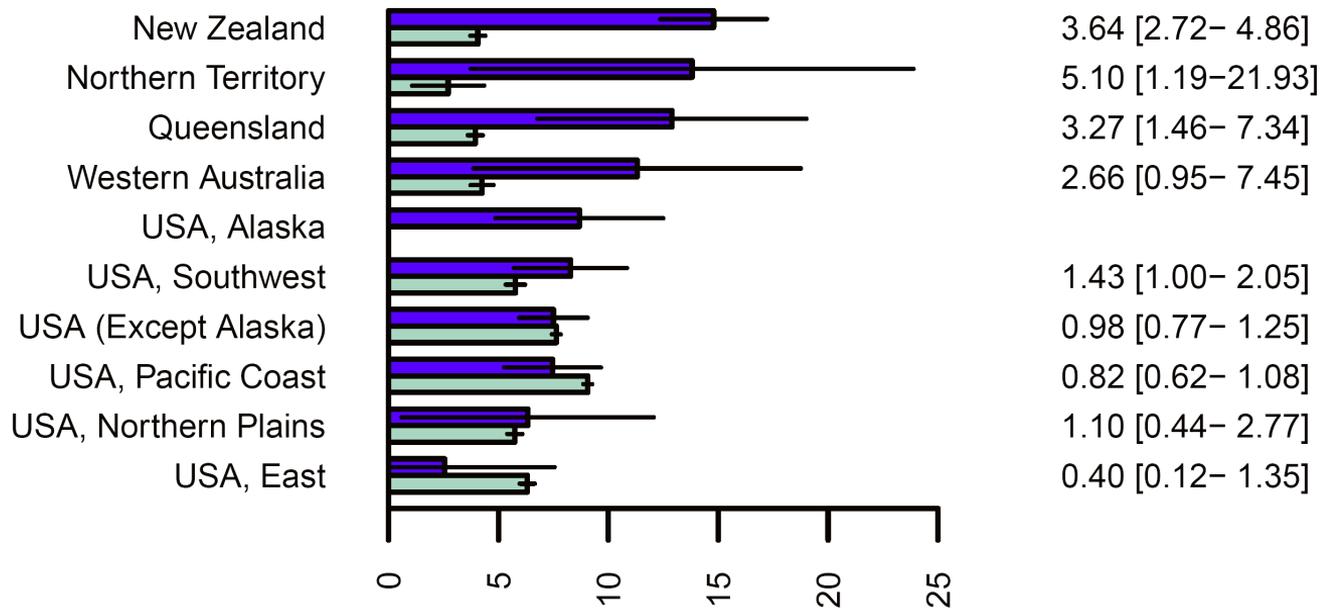
M	F
Lung	Breast
H&N	Lung
Prostate	CRC
CRC	Cervix
Oesophagus	H&N

AUSTRALIA - Aboriginal & Torres Strait Islander (2.7%)

Liver cancer 2002-2006 (Men)

	Indigenous
	Non-Indigenous

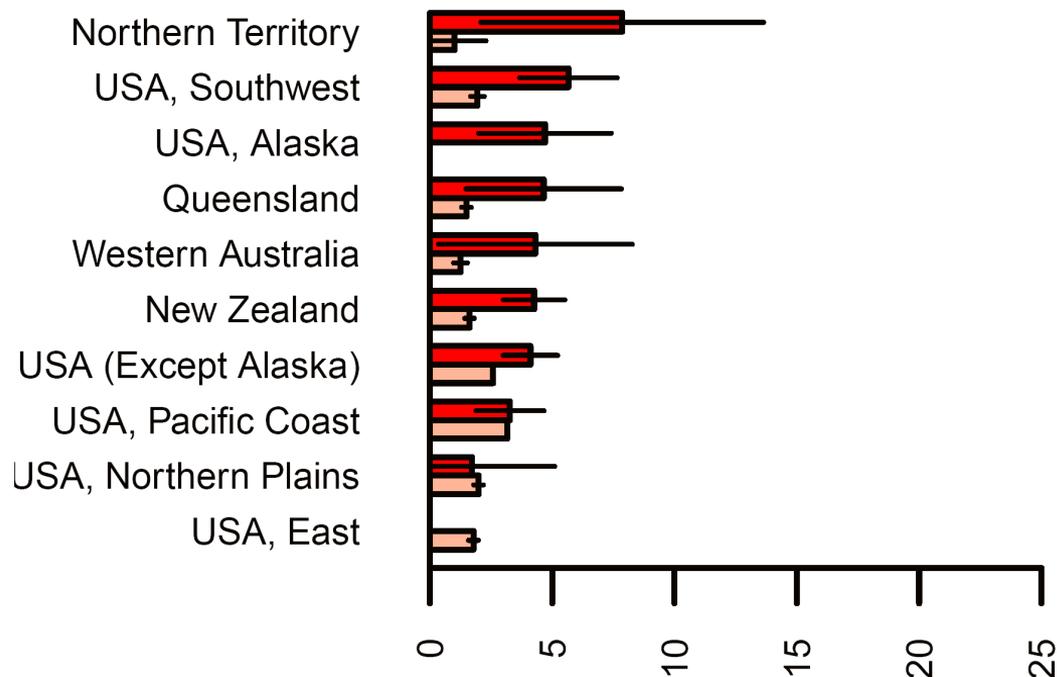
Liver



Liver Cancer 2002- 2006 (Women)

Liver

Indigenous
Non-Indigenous



SRR

7.86 [1.45-42.73]

2.92 [1.66- 5.15]

3.12 [0.99- 9.80]

3.45 [0.70-17.06]

2.63 [1.67- 4.14]

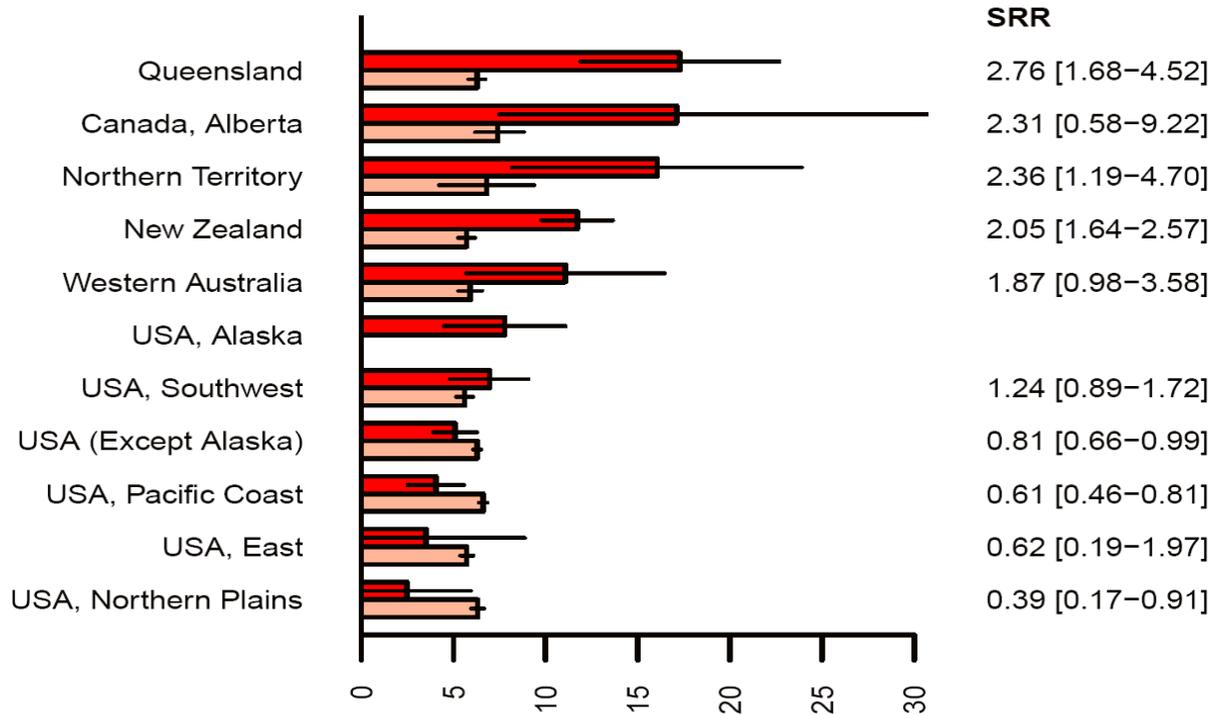
1.59 [1.14- 2.23]

1.03 [0.71- 1.49]

0.86 [0.13- 5.66]

Cervical Cancer 2002-2006

Cervix



Conclusions

- There are higher rates of some preventable cancers
- Lack of available, consistent data
- Greater understanding of cancer burden among Indigenous populations is of major importance to public health, given that poorer outcomes contribute to the lower life expectancies of many Indigenous peoples.

Barriers include:

- History of poor consultation & engagement with Indigenous people (diminished trust)
- Inadequate identification of Indigenous status in health records
- Lengthy and disparate processes for data acquisition across and within countries

Way forward....

We need a concerted effort to better understand what is needed to address cancer disparities in Indigenous people.

With extensive consultation, and partnerships between with Indigenous communities, cancer survivors, experienced researchers, governments and funding bodies, we can seek ways to move forward.



Save the Date

We are pleased to announce the

**International Indigenous
Cancer Conference:**
*connecting, communicating and
collaborating across the globe*

Join NICaN to keep up to date:
nican@menzies.edu.au
www.nican.org.au
+61 7 3169 4201

Please add this date
to your diary

**March
2016
Australia**

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