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

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Disclosure of Interest: None Declared
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 survival
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
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
Liver cancer 2002-2006 (Men)

SRR
- New Zealand: 3.64 [2.72–4.86]
- Northern Territory: 5.10 [1.19–21.93]
- Queensland: 3.27 [1.46–7.34]
- Western Australia: 2.66 [0.95–7.45]
- USA, Alaska: 1.43 [1.00–2.05]
- USA, Southwest: 0.98 [0.77–1.25]
- USA (Except Alaska): 0.82 [0.62–1.08]
- USA, Pacific Coast: 1.10 [0.44–2.77]
- USA, Northern Plains: 0.40 [0.12–1.35]
- USA, East: 0.0 [0.0–0.0]
# Cervical Cancer 2002-2006

## Cervix

<table>
<thead>
<tr>
<th>Region</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland</td>
<td>2.76 [1.68-4.52]</td>
<td></td>
</tr>
<tr>
<td>Canada, Alberta</td>
<td>2.31 [0.58-9.22]</td>
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</tr>
<tr>
<td>Northern Territory</td>
<td>2.36 [1.19-4.70]</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>2.05 [1.64-2.57]</td>
<td></td>
</tr>
<tr>
<td>Western Australia</td>
<td>1.87 [0.98-3.58]</td>
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<tr>
<td>USA, Alaska</td>
<td>1.24 [0.89-1.72]</td>
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<tr>
<td>USA, Southwest</td>
<td>0.81 [0.66-0.99]</td>
<td></td>
</tr>
<tr>
<td>USA (Except Alaska)</td>
<td>0.61 [0.46-0.81]</td>
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<tr>
<td>USA, Pacific Coast</td>
<td>0.62 [0.19-1.97]</td>
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<tr>
<td>USA, East</td>
<td>0.39 [0.17-0.91]</td>
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</tbody>
</table>
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 Indigenous communities, cancer survivors, experienced researchers, governments and funding bodies, we can seek ways to move forward.
We are pleased to announce the

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

Join NICaN to keep up to date:
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Please add this date to your diary

March
2016
Australia
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