



Current evidence regarding cancer inequities for Māori

Prof Diana Sarfati



INDIGENOUS PEOPLE AND CANCER
A shared agenda for Aotearoa, Australia and Pacific nations

Topics To Cover Today:

- Inequities in cancer outcomes:
 - Who gets cancer?
 - Are cancer outcomes different?
 - Why do differences in outcomes exist?



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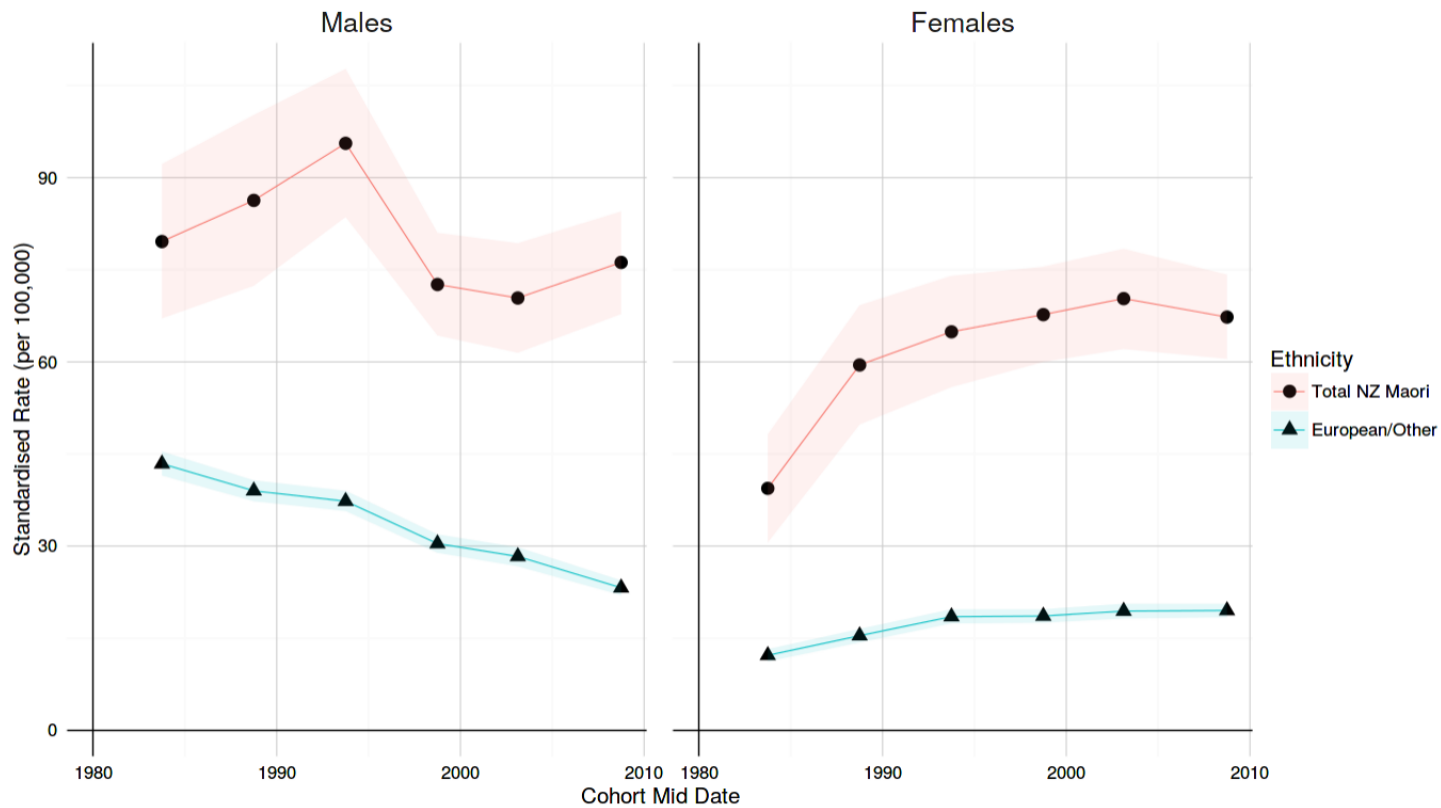
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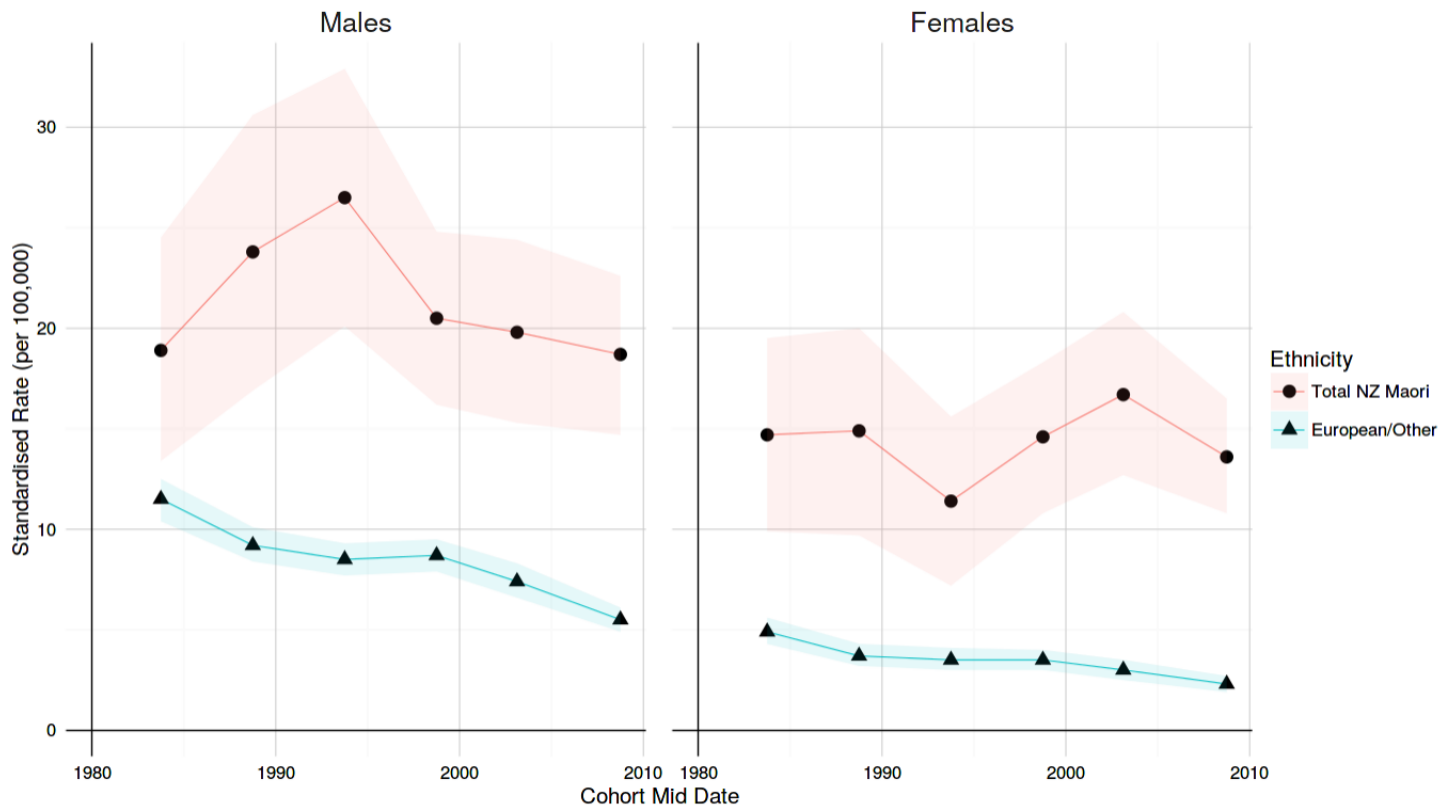
Lung Cancer Incidence, 1-74 yrs



Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Stomach Cancer Incidence, 1-74 yrs

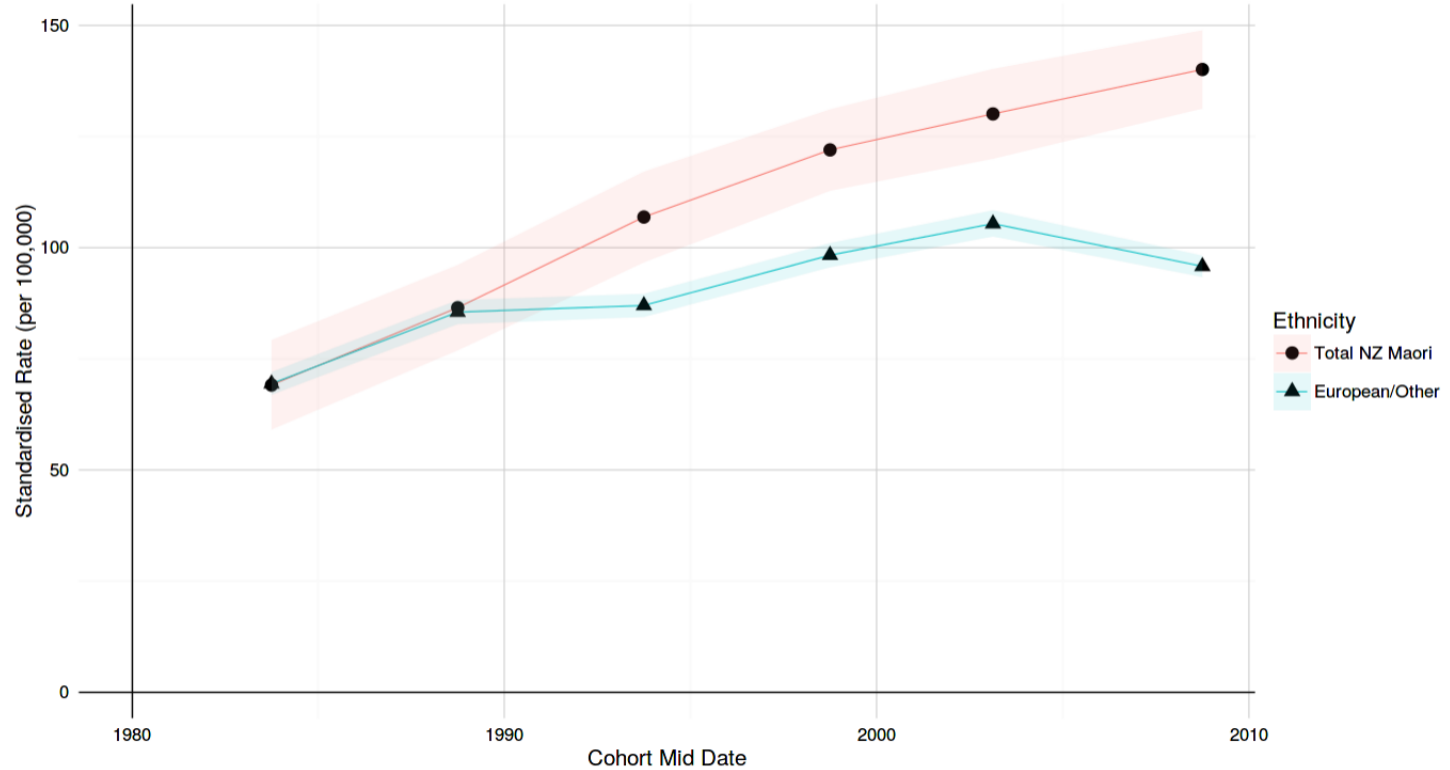


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Breast Cancer Incidence, 1-74 yrs

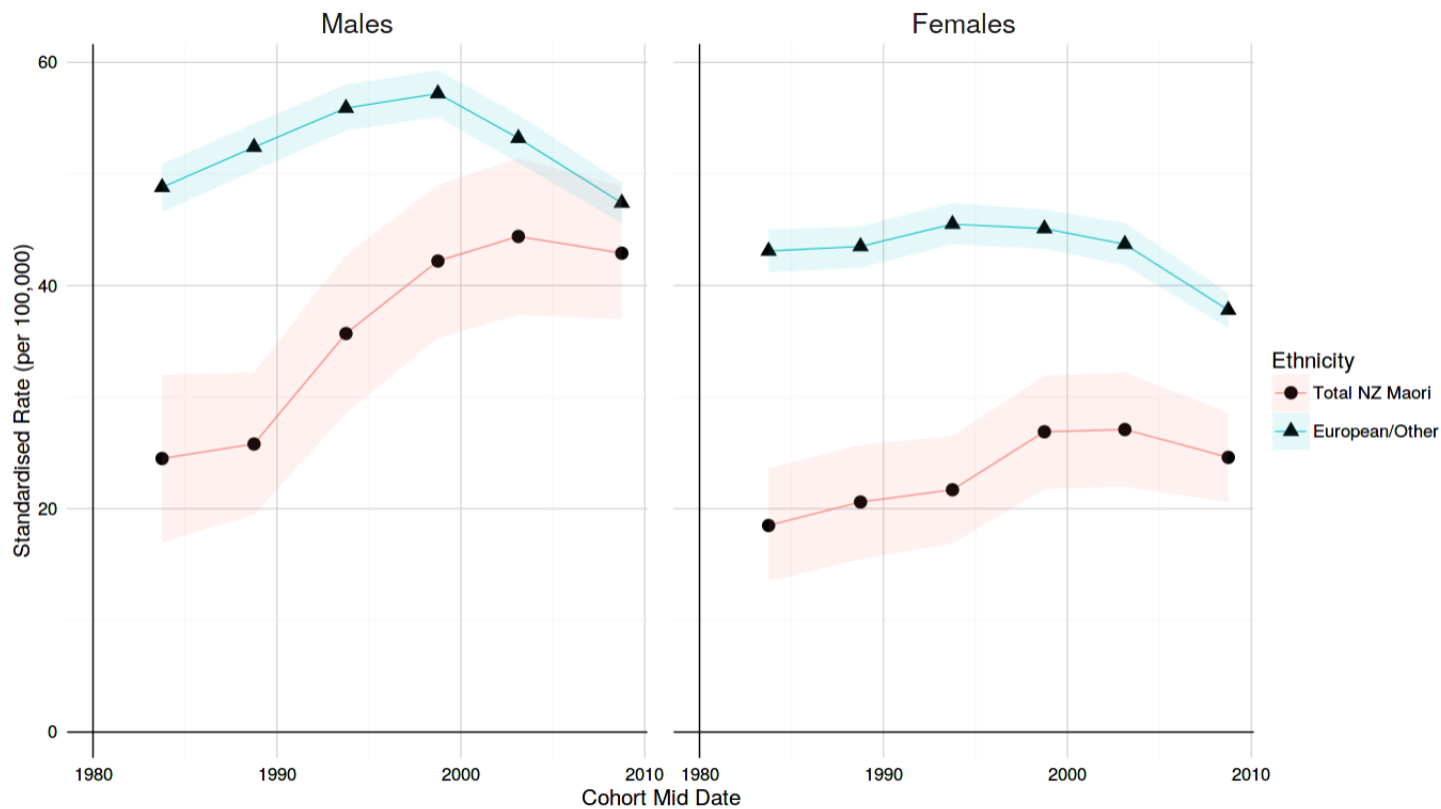
Females



Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



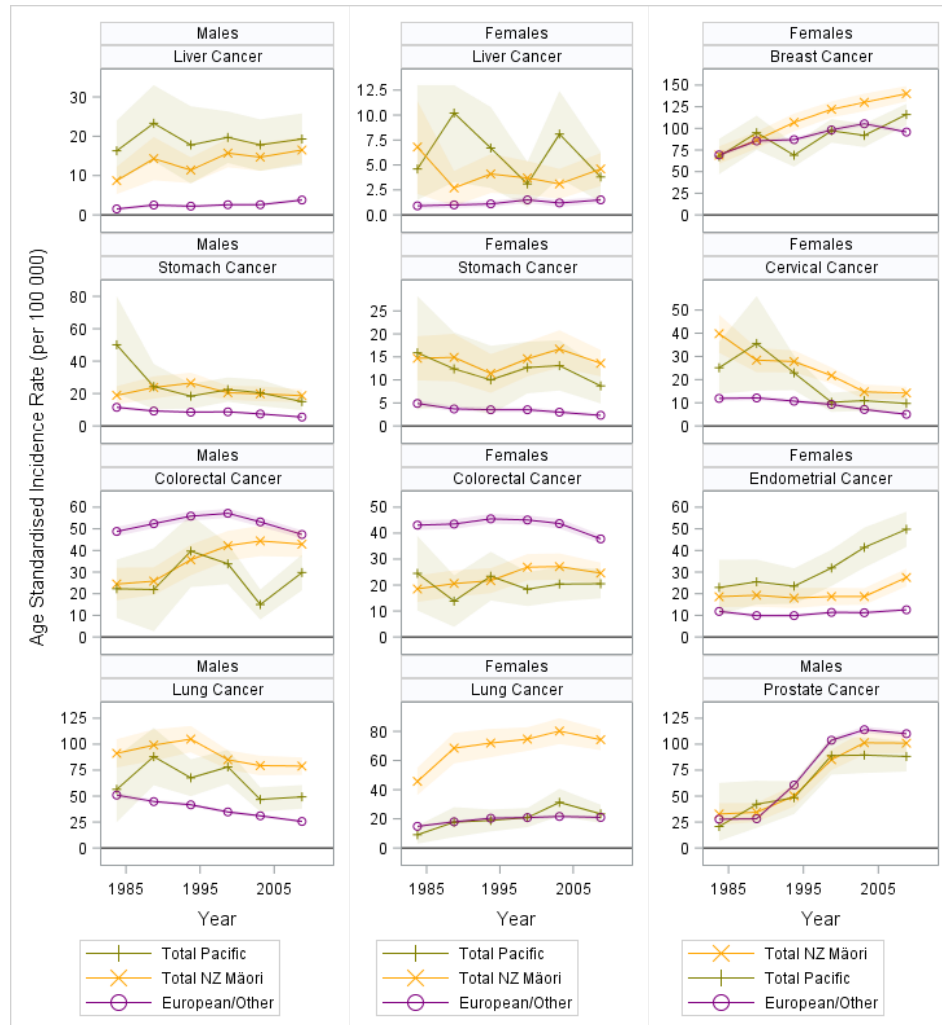
Colorectal Cancer Incidence, 1-74 yrs



Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Figure 1: Trends in cancer incidence by ethnic group, males and females aged 1-74 years in New Zealand 1981-2011



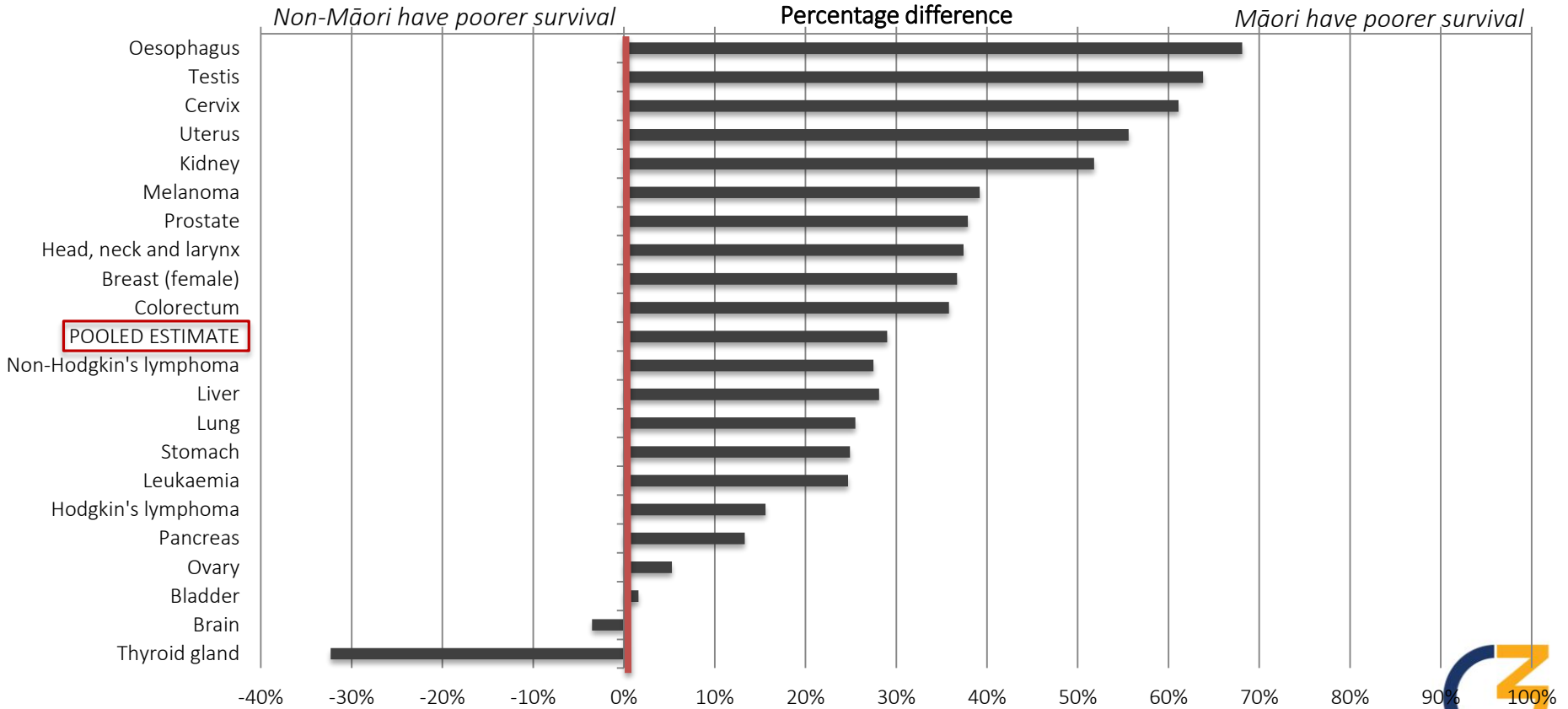
Teng AM, Atkinson J, Disney G, Wilson N, Sarfati D, McLeod M, Blakely T. Ethnic Inequalities in Cancer Incidence and Mortality: Census-Linked Cohort Studies with 87 Million Years of Person-Time Follow-Up. *BMC Cancer* 2016;16:755. DOI: 10.1186/s12885-016-2781-4.

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Percentage difference in cancer mortality between Māori and non-Māori, 1991-2004



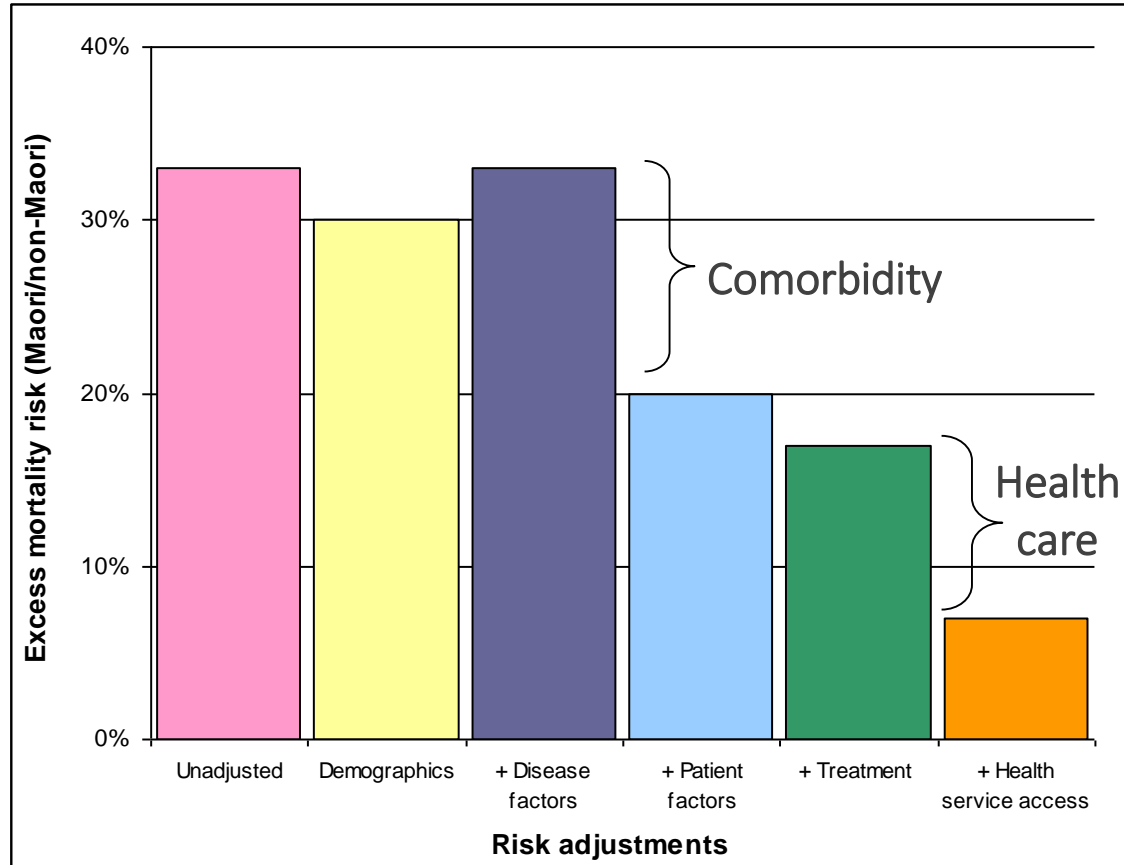
Source: Soeberg, Blakely, Sarfati et al. 2012. Ethnic and socioeconomic trends in cancer survival, New Zealand, 1991-2004

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Māori/non-Māori Disparity in Colon Cancer Survival



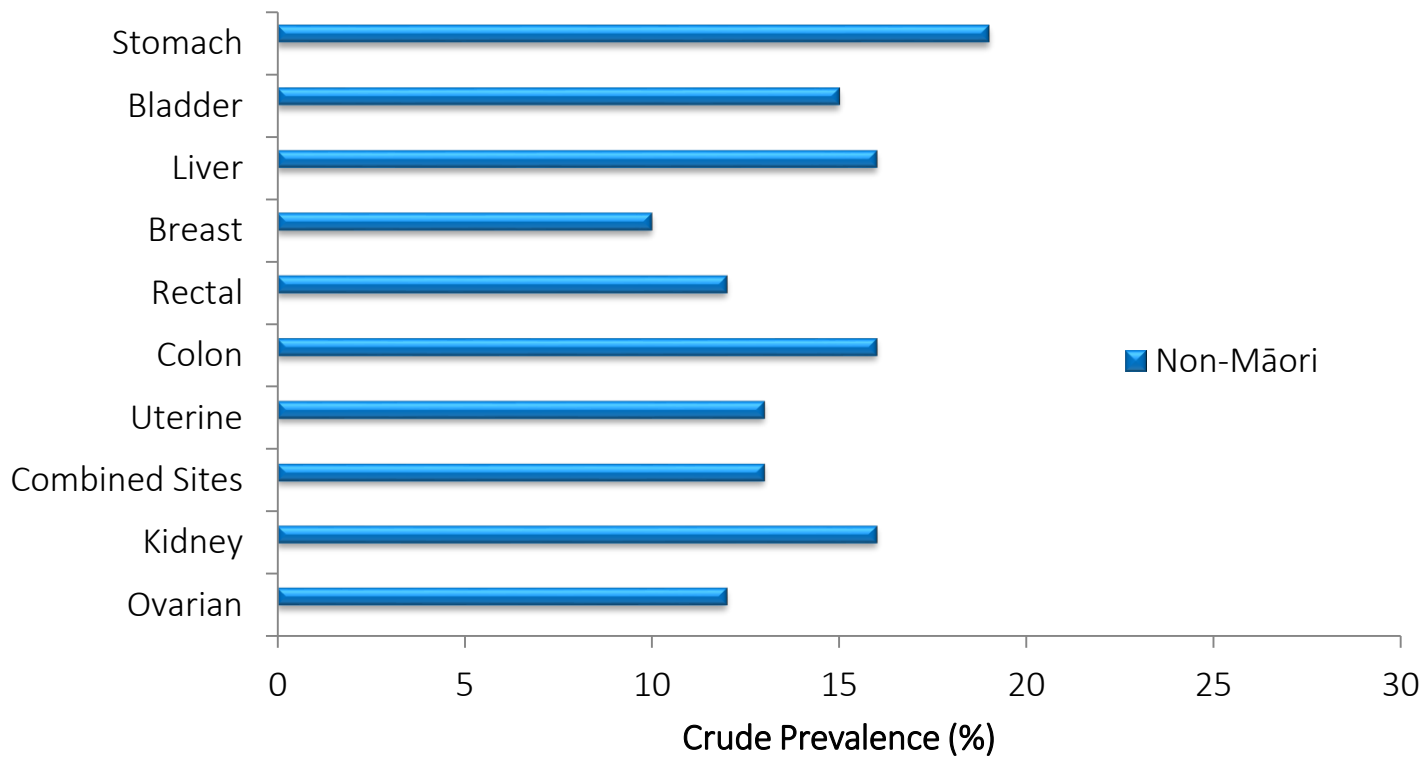
Source: Hill, Sarfati, et al. (2010). *J Epi Comm Health*, 64, p117-123.



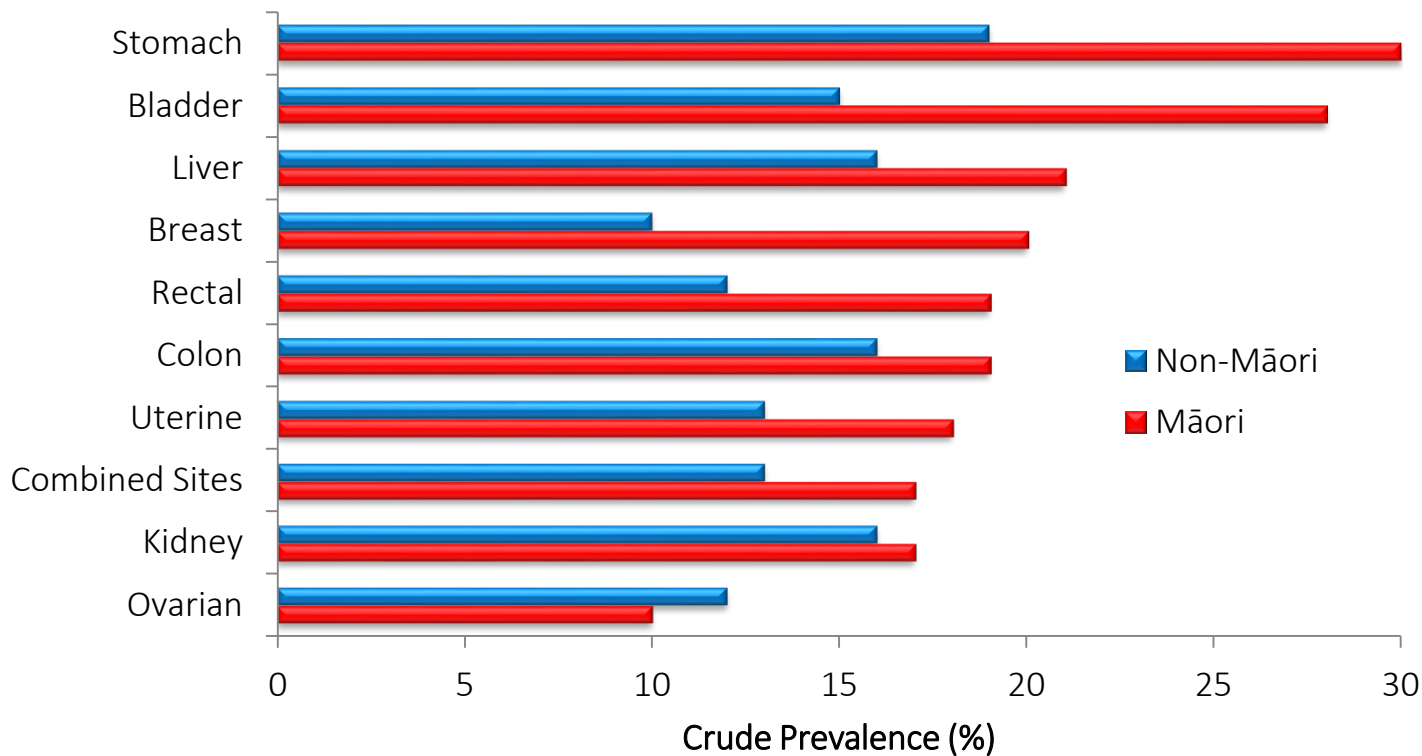
What about **comorbidity**?



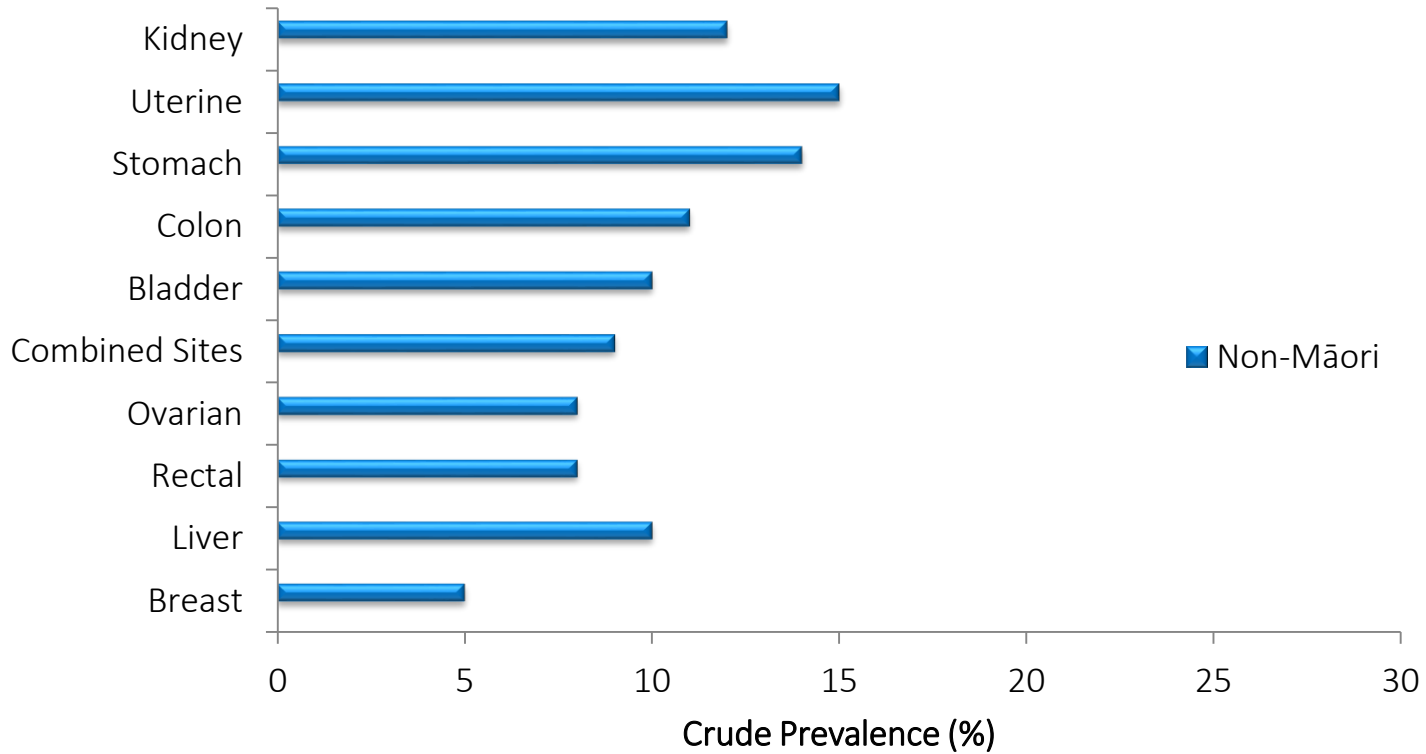
Hypertension (Primary)



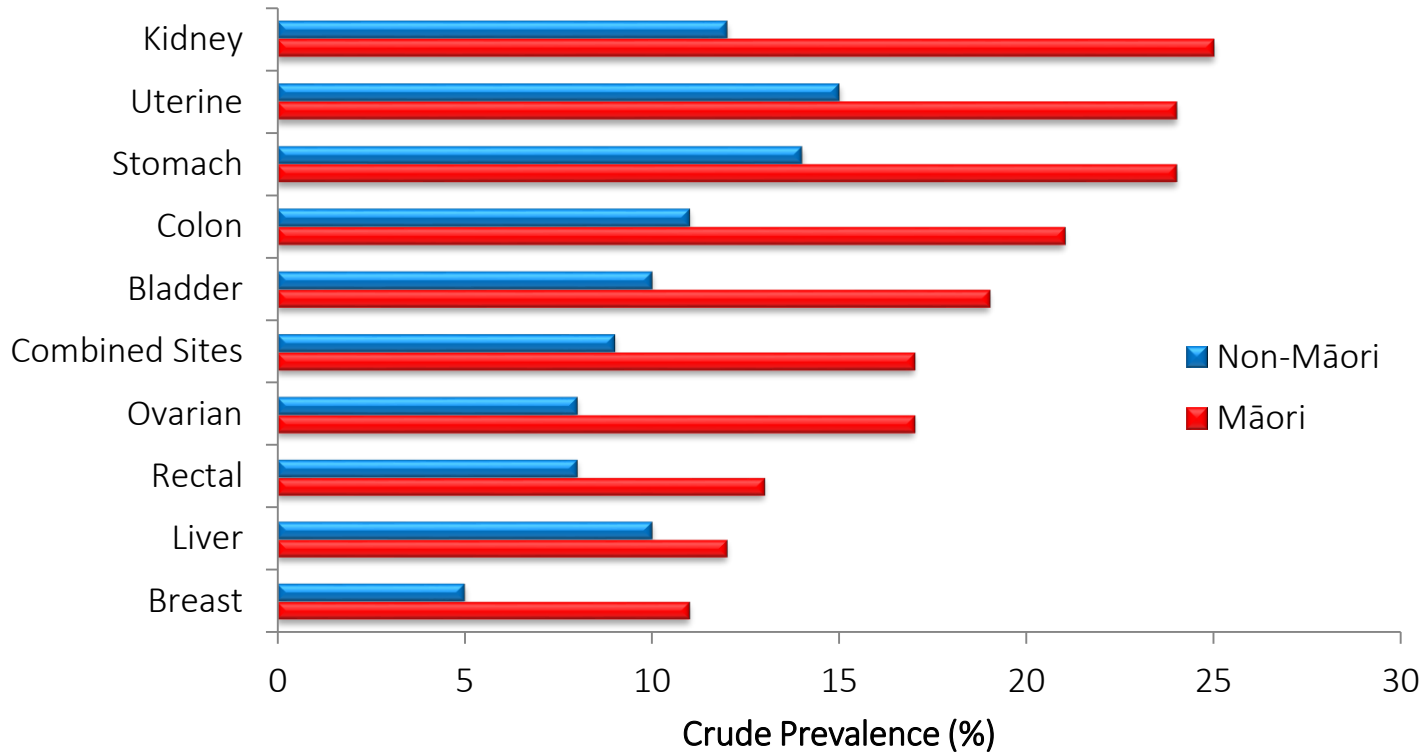
Hypertension (Primary)



Diabetes (Any)

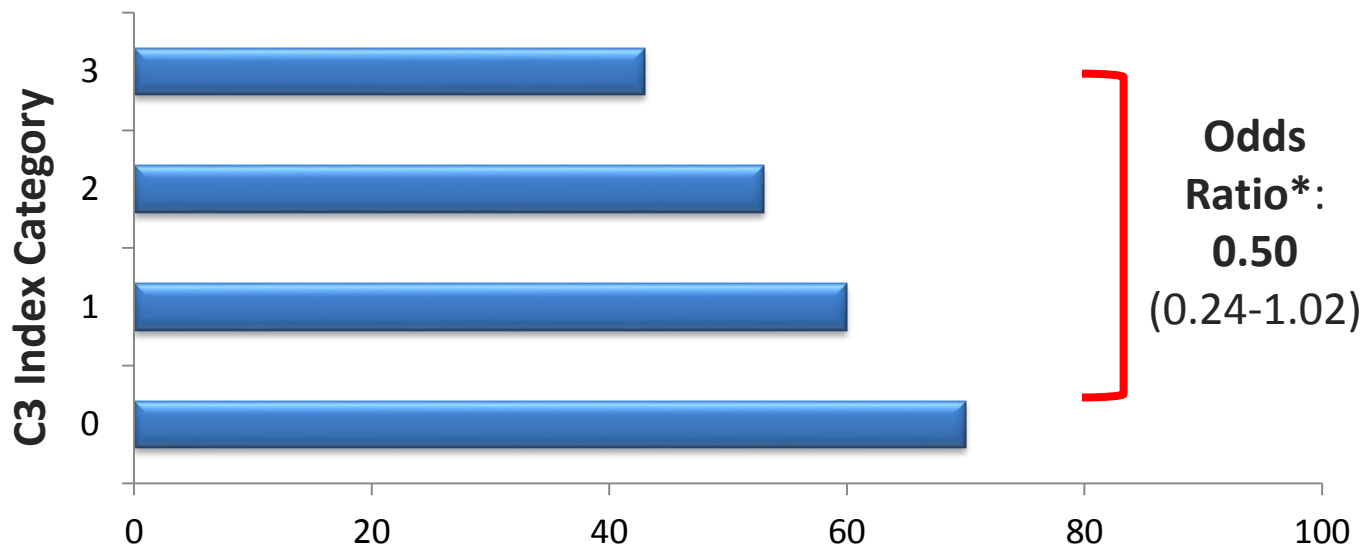


Diabetes (Any)



Impact of comorbidity on cancer treatment

Upper GI – Stage I-III Surgery



Received Curative Surgery (%) *For age, sex, site, ethnicity, deprivation

The Impact of Comorbidity on Cancer and Its Treatment

Diana Sarfati, MBChB, MPH, PhD^{1*}; Bogda Koczwara, BMBS, MBioethics²; Christopher Jackson, MBChB^{3,4}

Comorbidity is common among cancer patients and, with an aging population, is becoming more so. Comorbidity potentially affects the development, stage at diagnosis, treatment, and outcomes of people with cancer. Despite the intimate relationship between comorbidity and cancer, there is limited consensus on how to record, interpret, or manage comorbidity in the context of cancer, with the result that patients who have comorbidity are less likely to receive treatment with curative intent. Evidence in this area is lacking because of the frequent exclusion of patients with comorbidity from randomized controlled trials. There is evidence that some patients with comorbidity have potentially curative treatment unnecessarily modified, compromising optimal care. Patients with comorbidity have poorer survival, poorer quality of life, and higher health care costs. Strategies to address these issues include improving the evidence base for patients with comorbidity, further development of clinical tools to assist decision making, improved integration and coordination of care, and skill development for clinicians. *CA Cancer J Clin* 2016;66:337-350. © 2016 American Cancer Society.

Keywords: cancer, chronic disease, comorbidity, multimorbidity, neoplasms



CME

CNE

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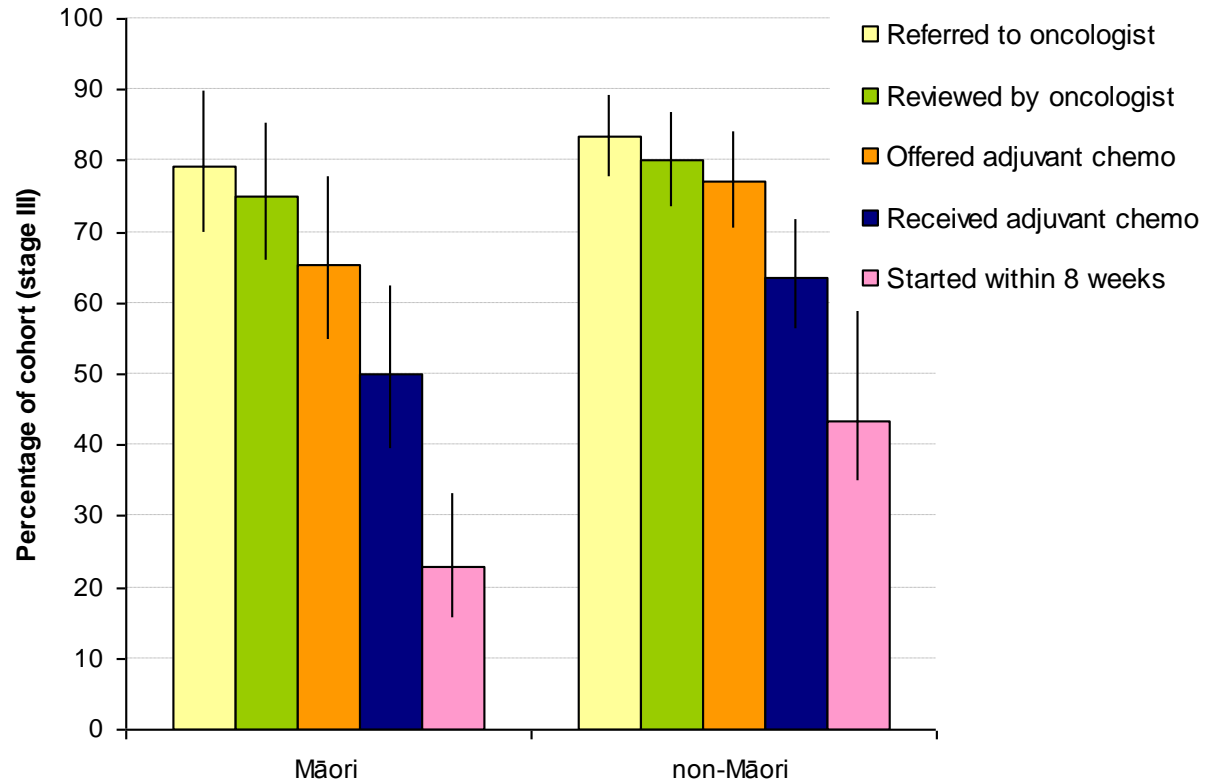
C3 feasibility study

- 71 patients with newly diagnosed bowel cancer:
 - Intervention:
 - Review and active management of comorbidity
 - Polypharmacy
 - Mental health
 - Psychosocial issues

What about **health services**?



Patients with Stage III Colon Cancer: Treatment Pathway

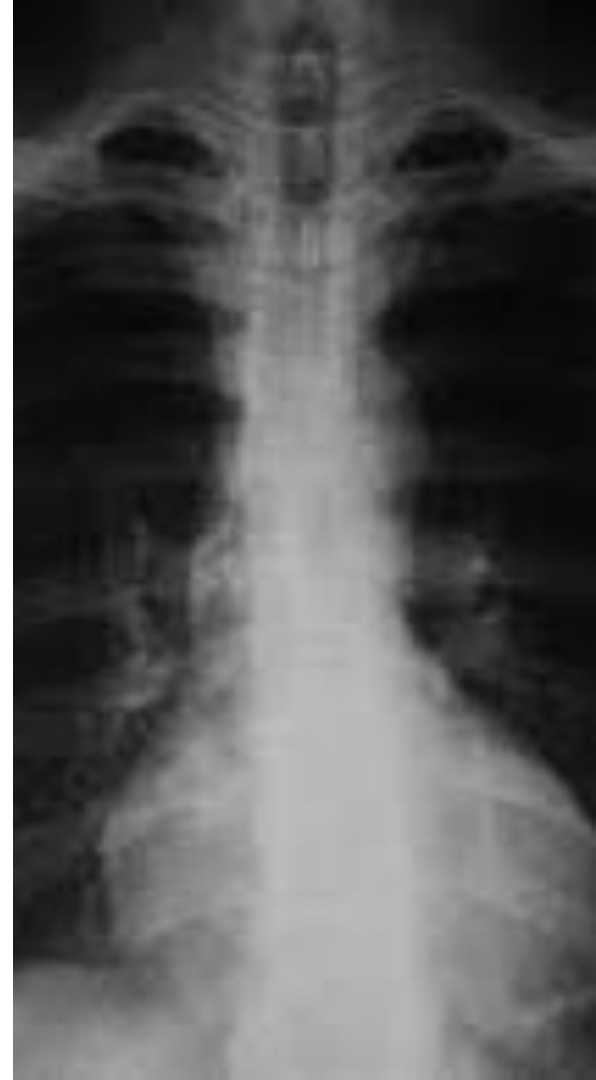


Source: Hill, Sarfati, et al. (2010). *Cancer*, 116(13), p3205-3214.



Not just colon cancer...

- “Māori were four times less likely to receive curative rather than palliative anticancer treatment for nonmetastatic disease compared with Europeans
- even after adjusting for age, gender, NZDep, CCI [comorbidity], tumor type, stage and patient declining management.”



Summary:

- Higher cancer incidence for several cancers
- Different trends over time
- Good evidence of survival inequities
- No one place on the cancer control pathway can 'fix' inequities
- Need comprehensive approach



Acknowledgements

- C3 team
- NZCMS Data Explorer team
- Sarah Hill
- Health Research Council
- Ministry of Health
- Cancer Society of New Zealand





CANCER AND
CHRONIC CONDITIONS
RESEARCH GROUP