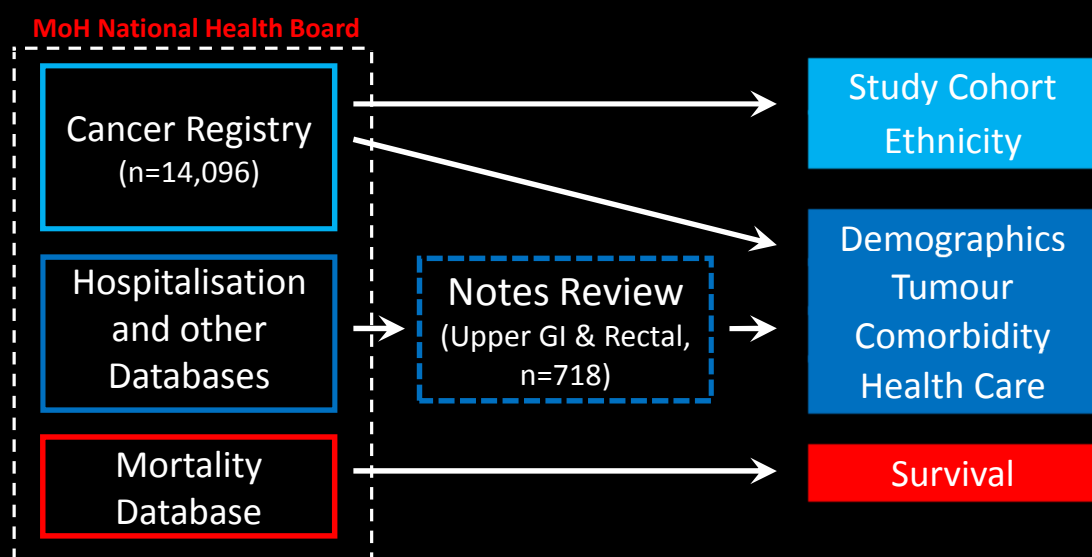


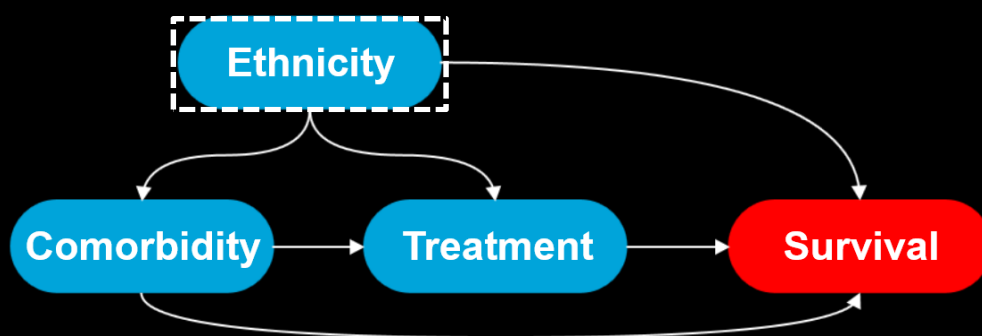
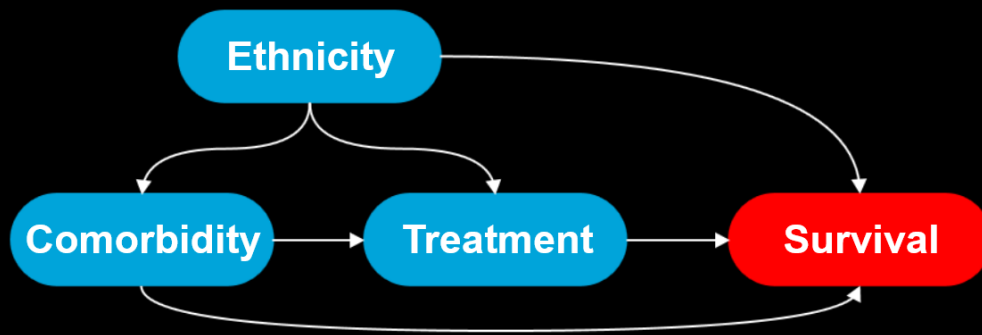


Cancer Control and Screening
Research Group
Wellington

What were the key findings from the routinely-collected data?

Dr Jason Gurney

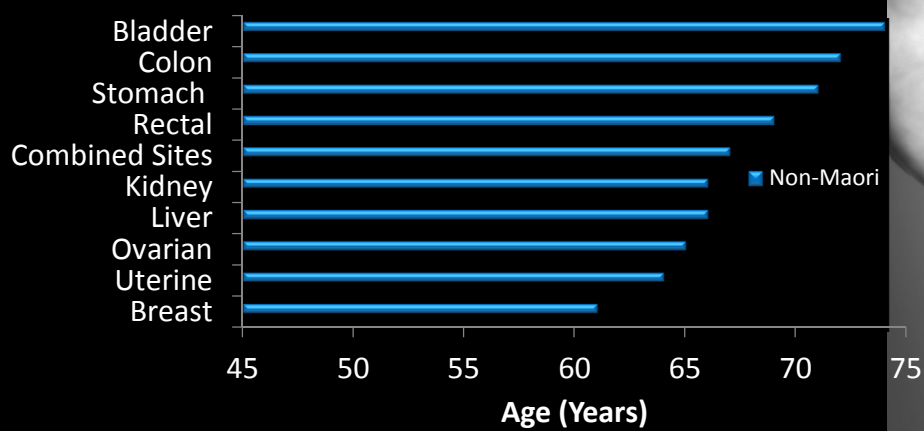


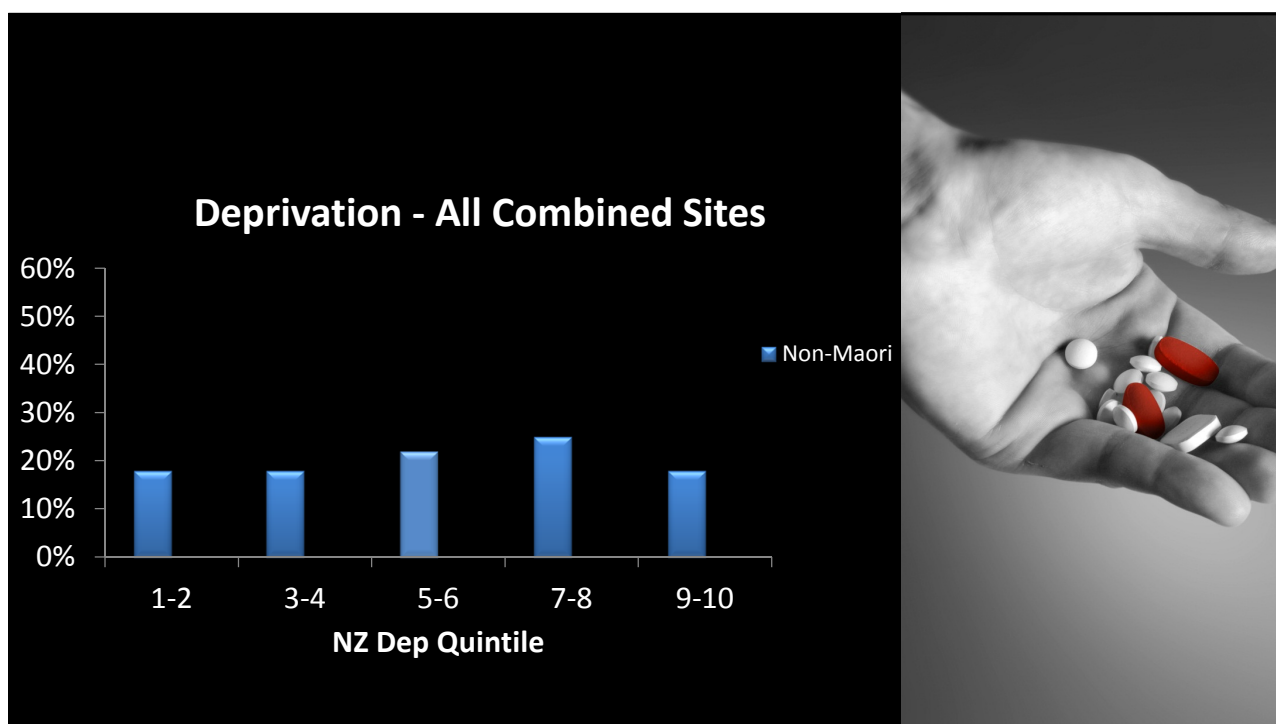
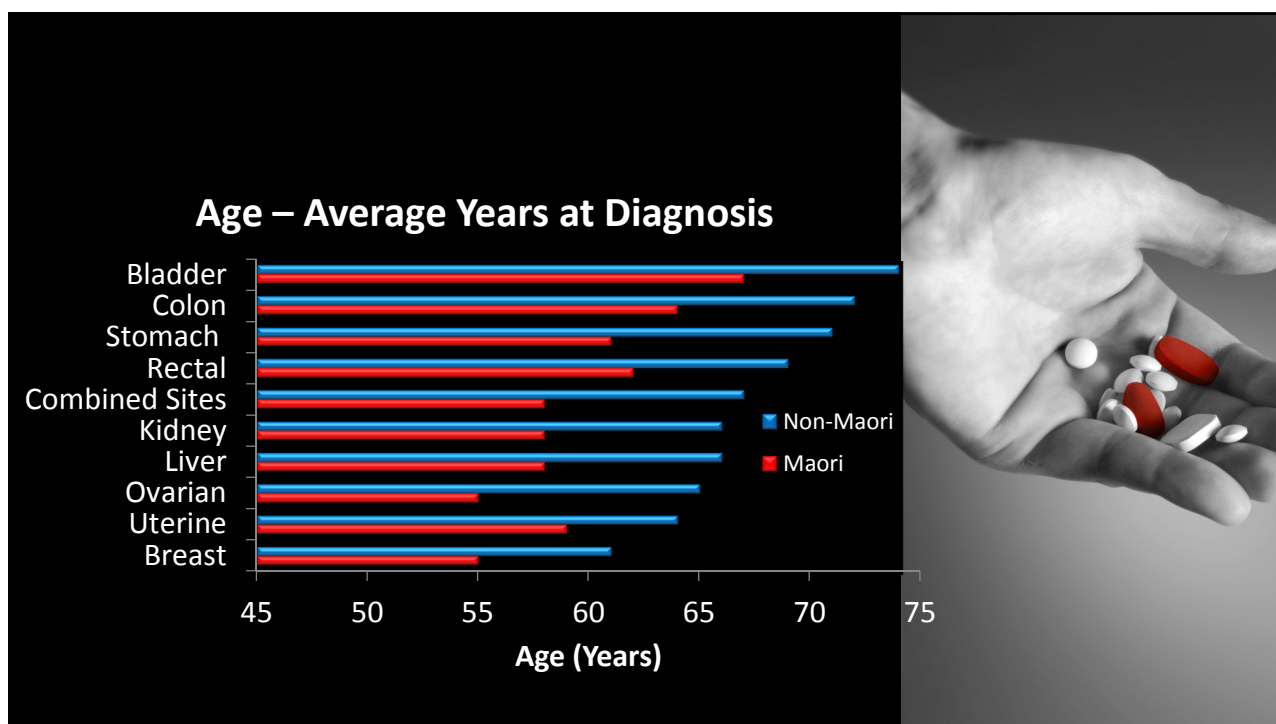


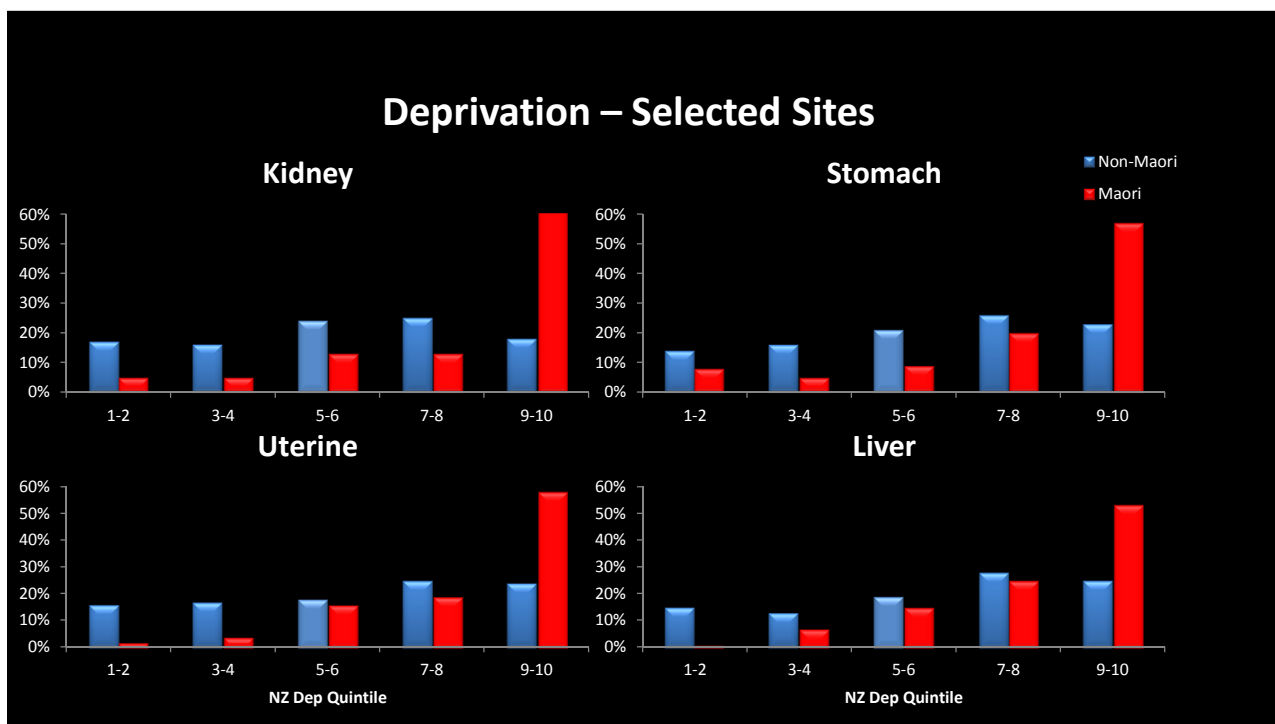
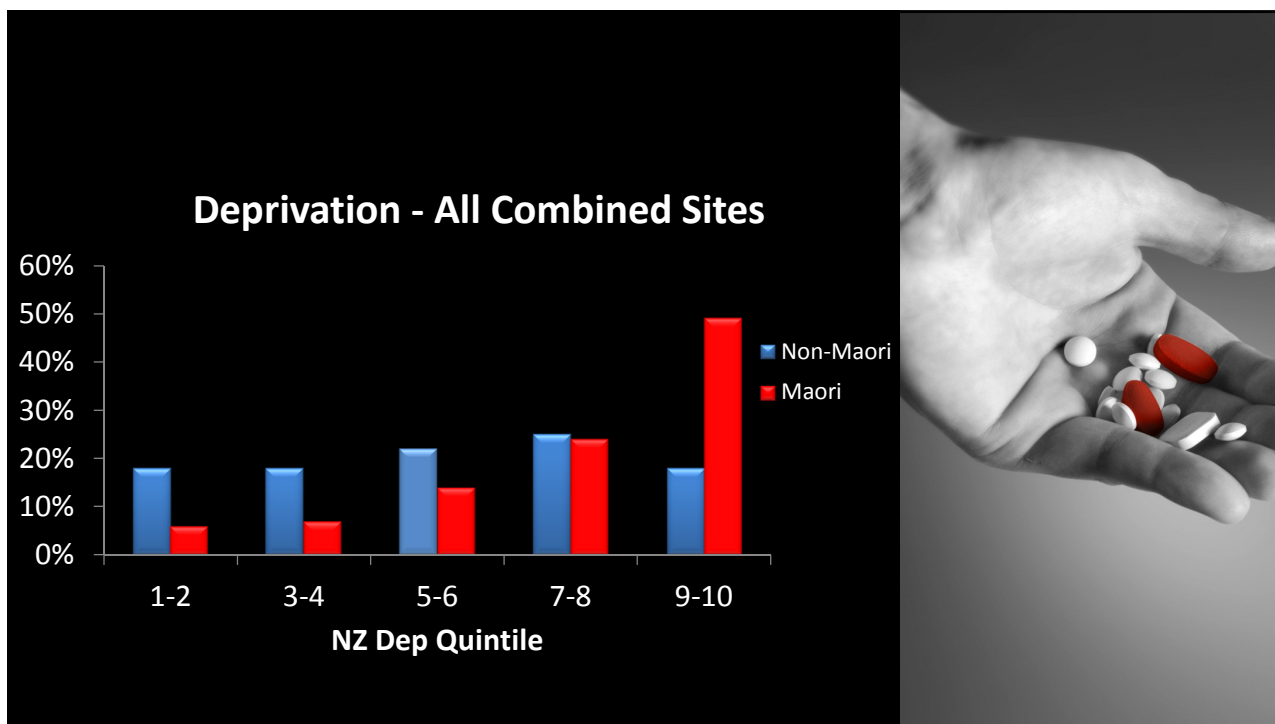
Māori cancer patients are **different** to non-Māori cancer patients.

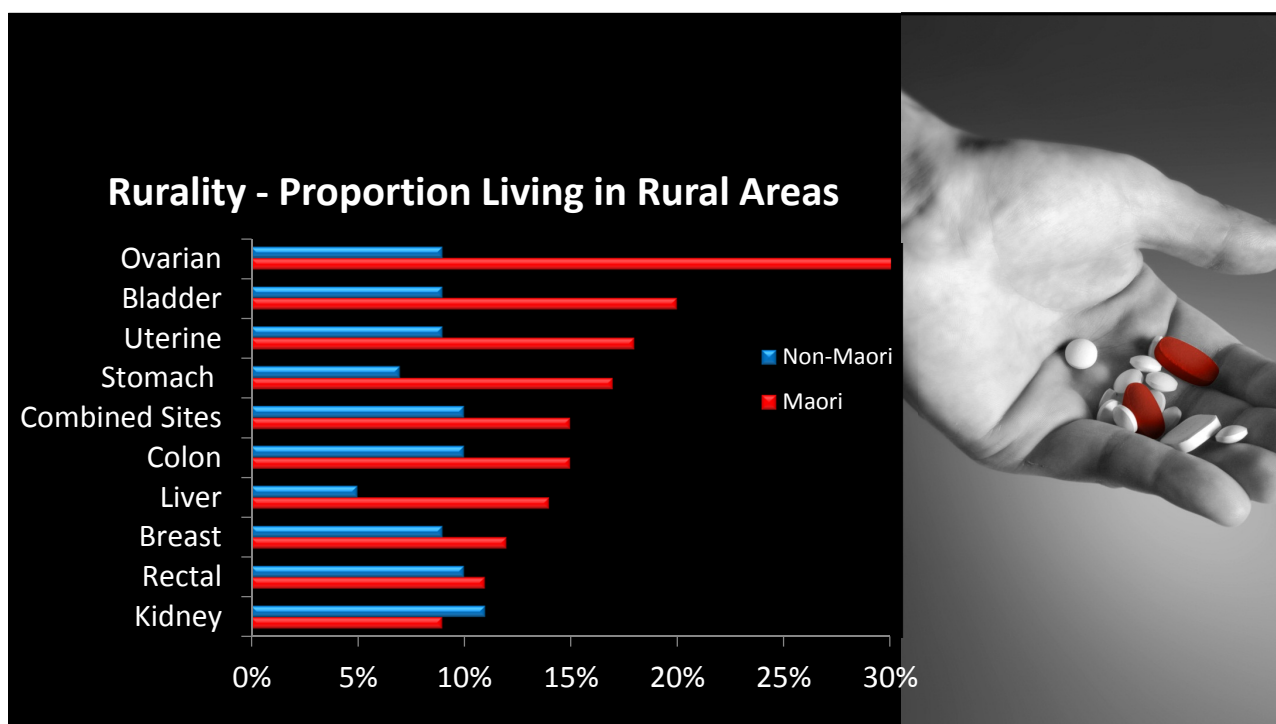
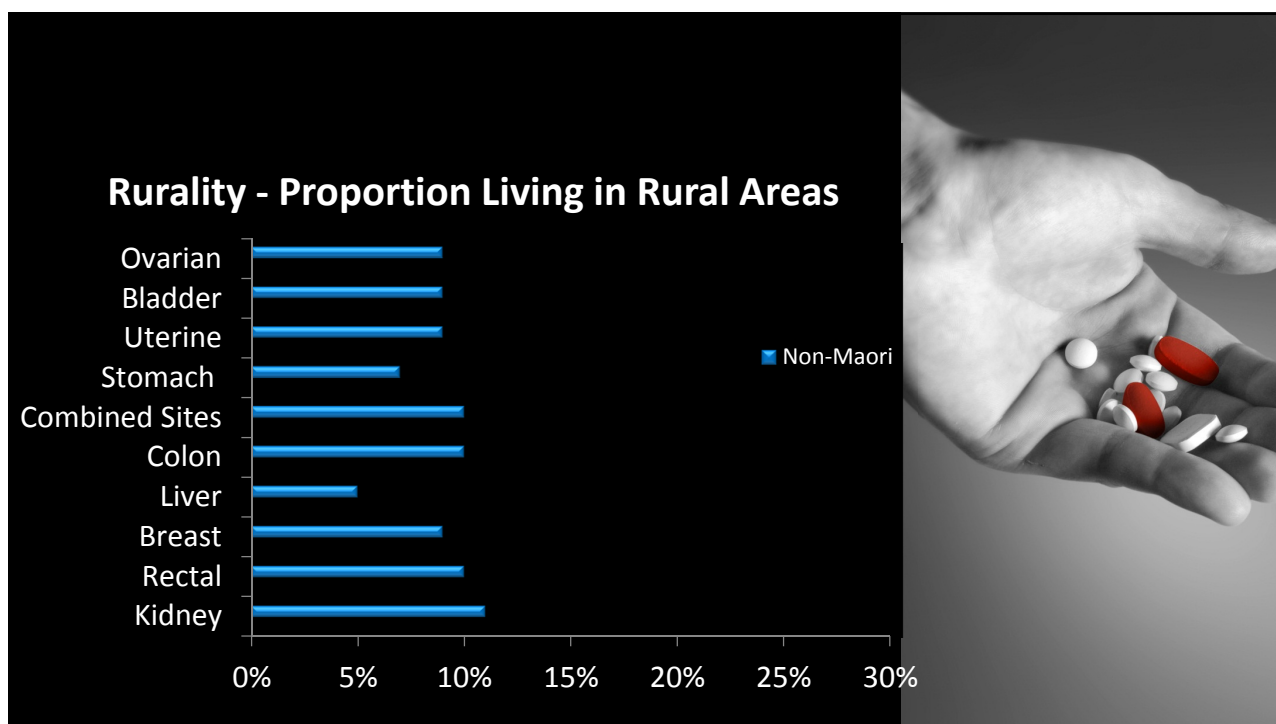


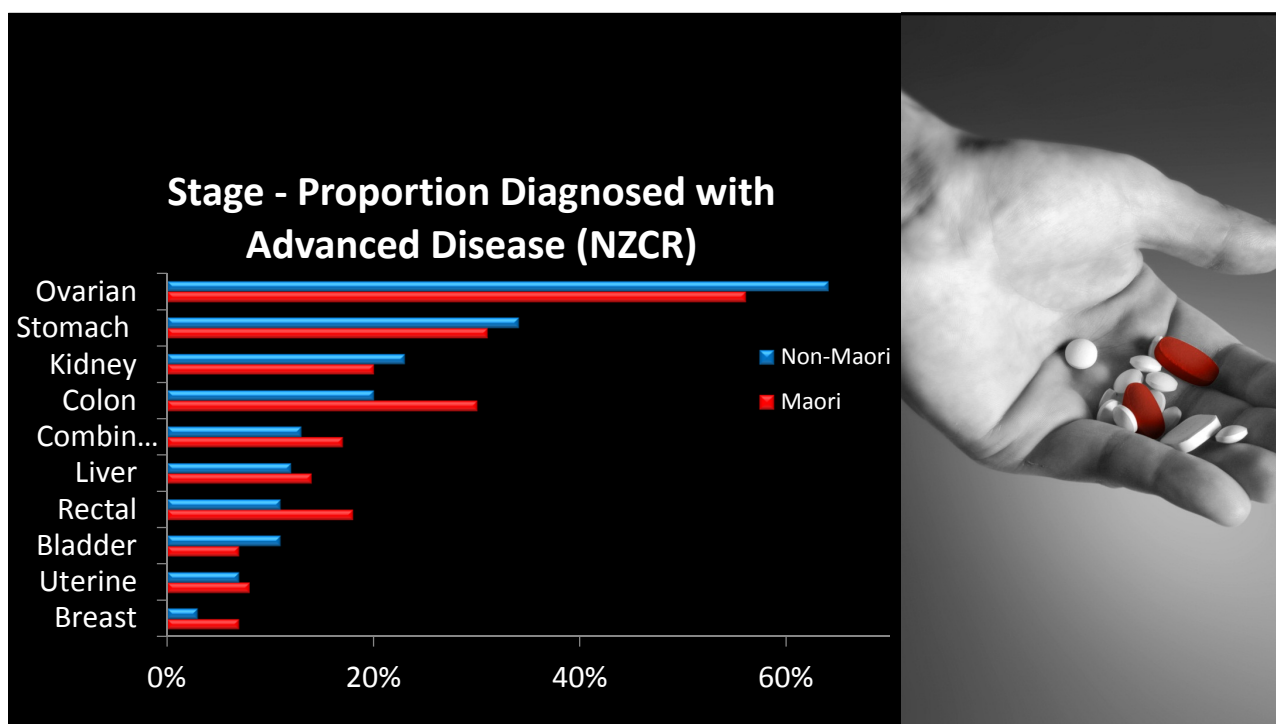
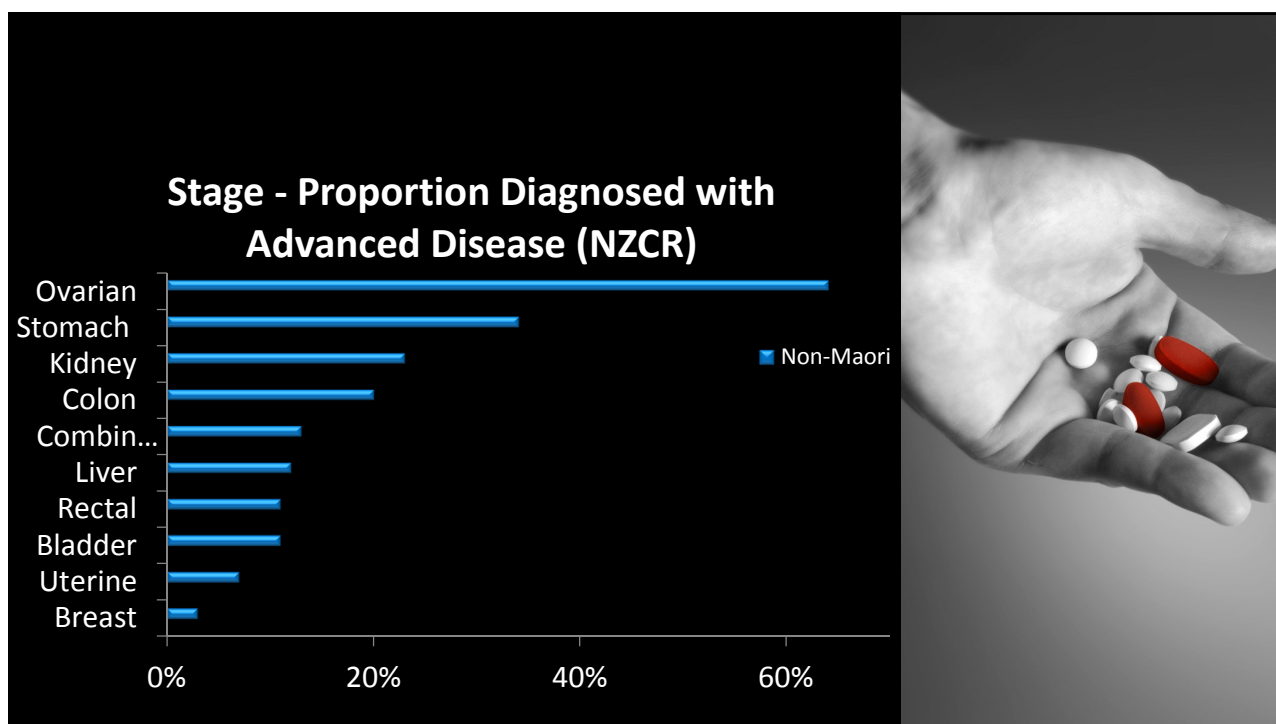
Age – Average Years at Diagnosis

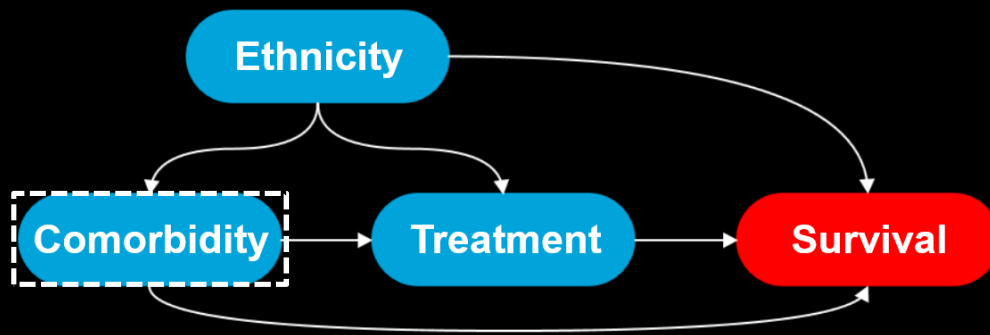






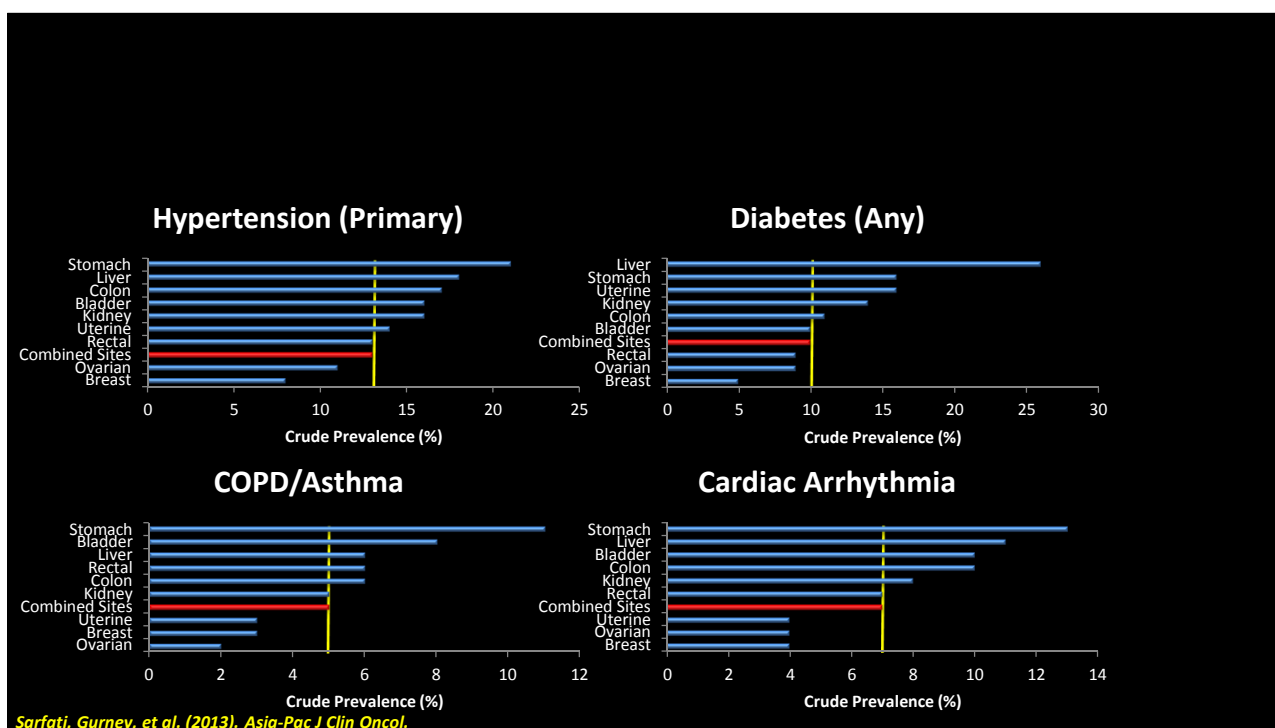
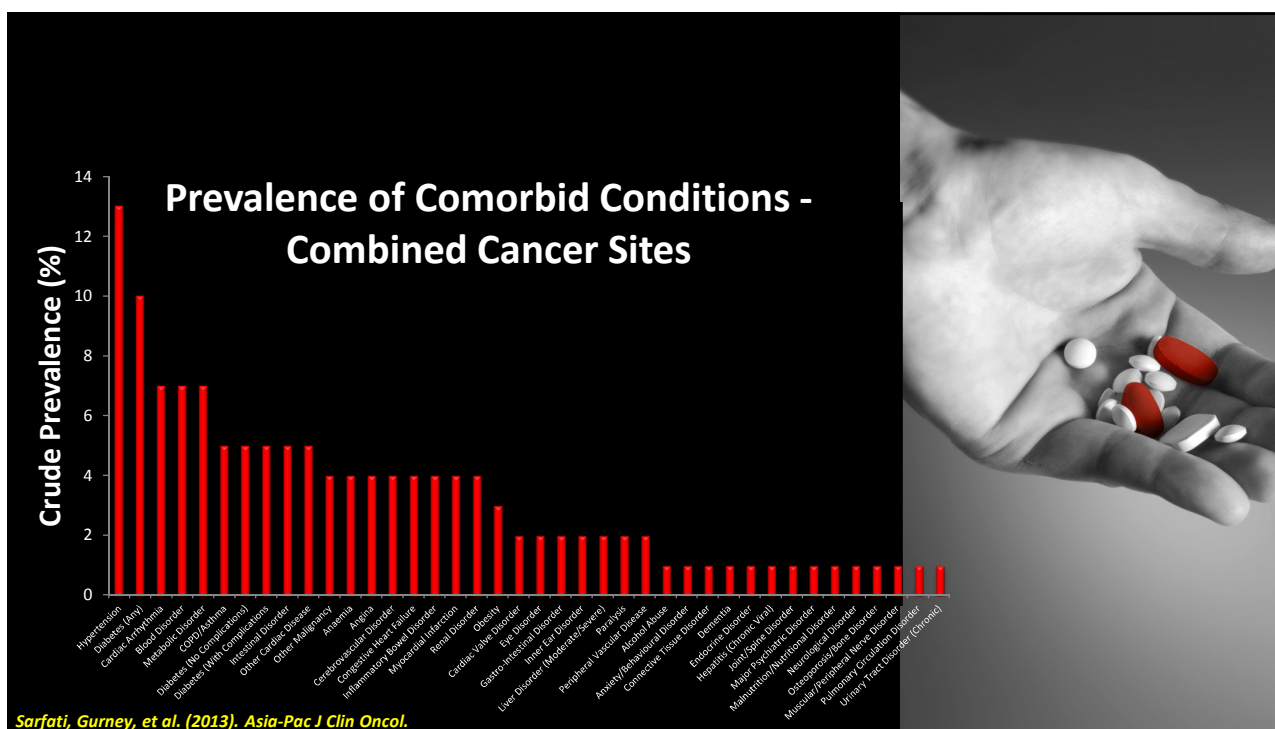


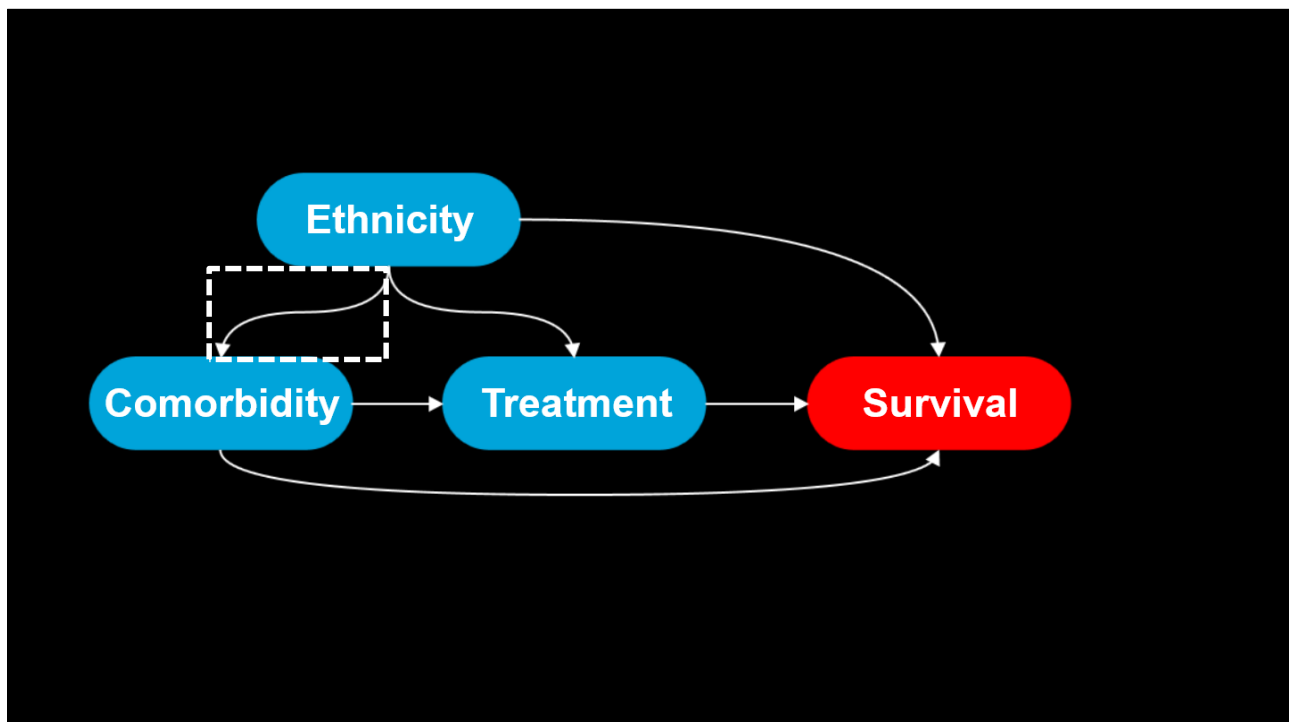
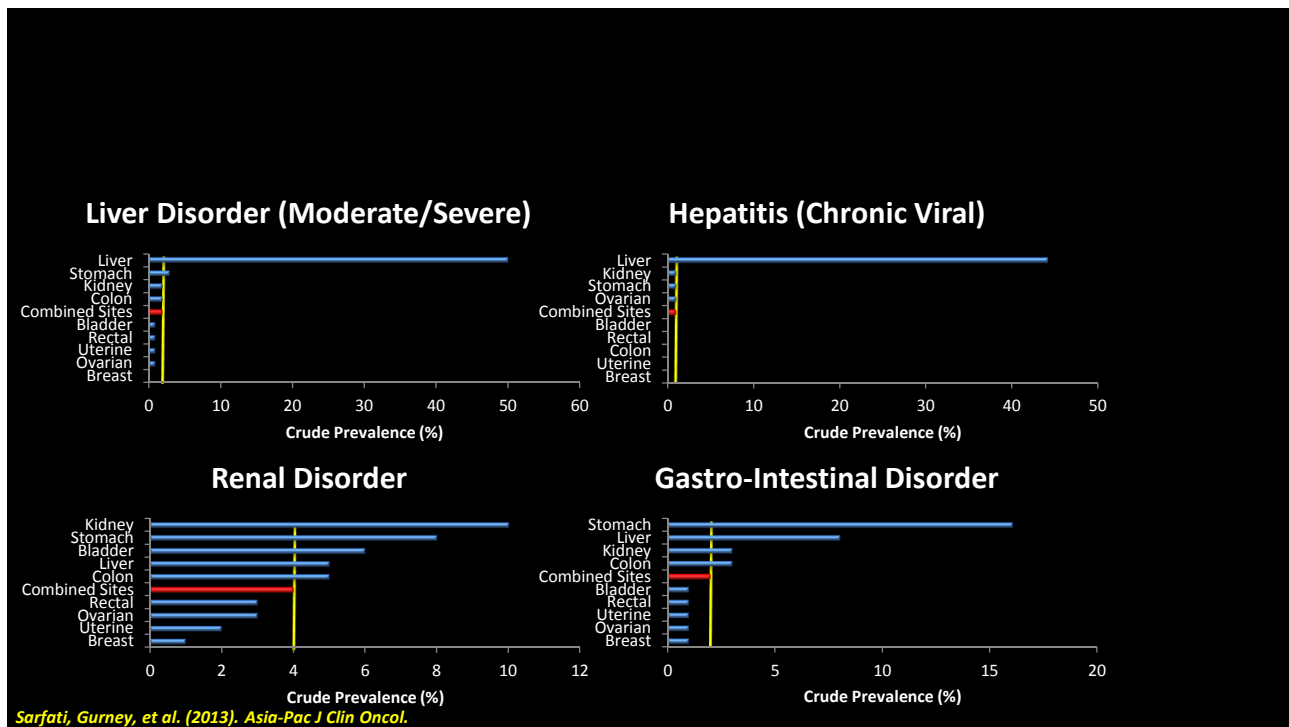




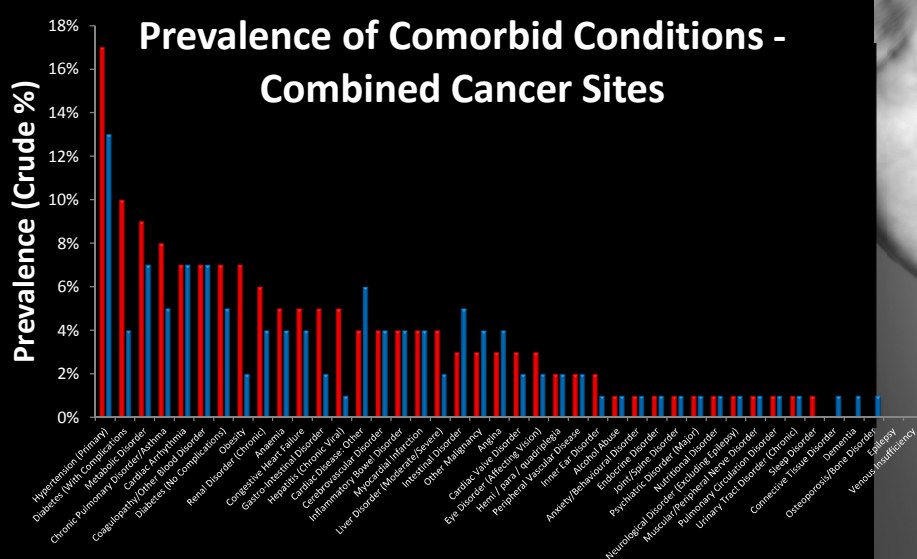
Comorbidity is **highly-prevalent** among cancer patients...
...but prevalence **varies** by cancer type.

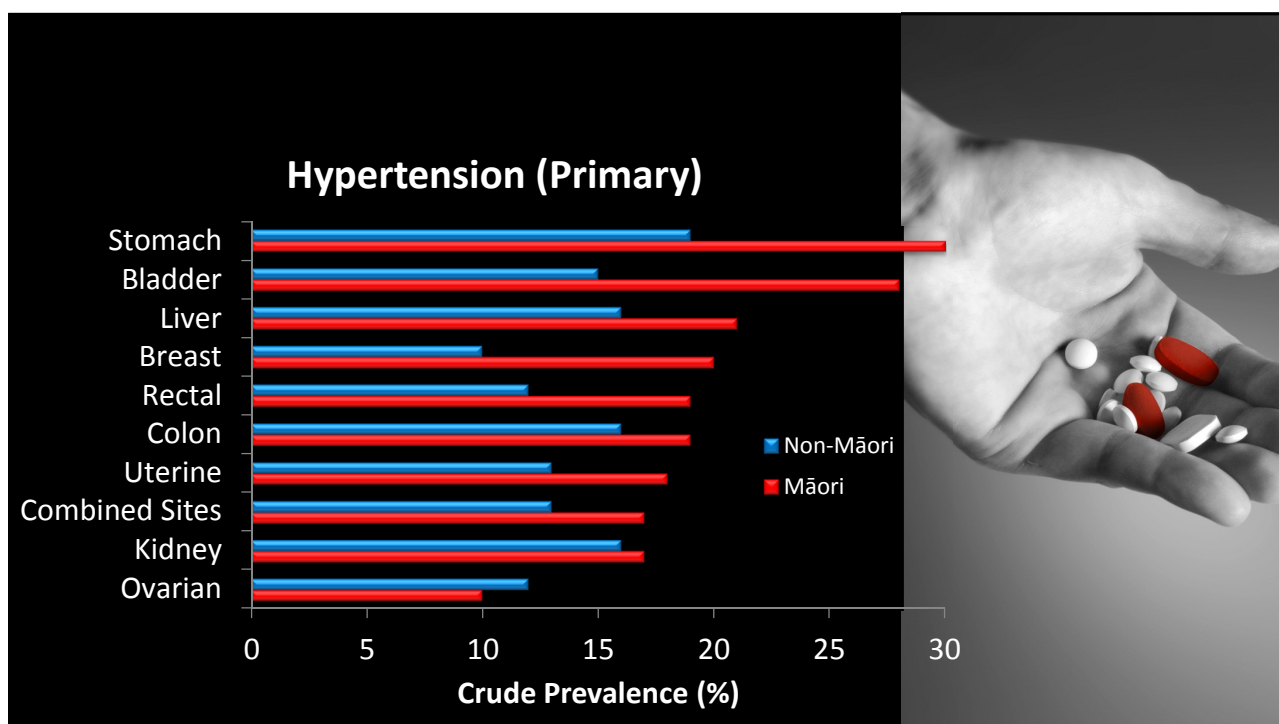
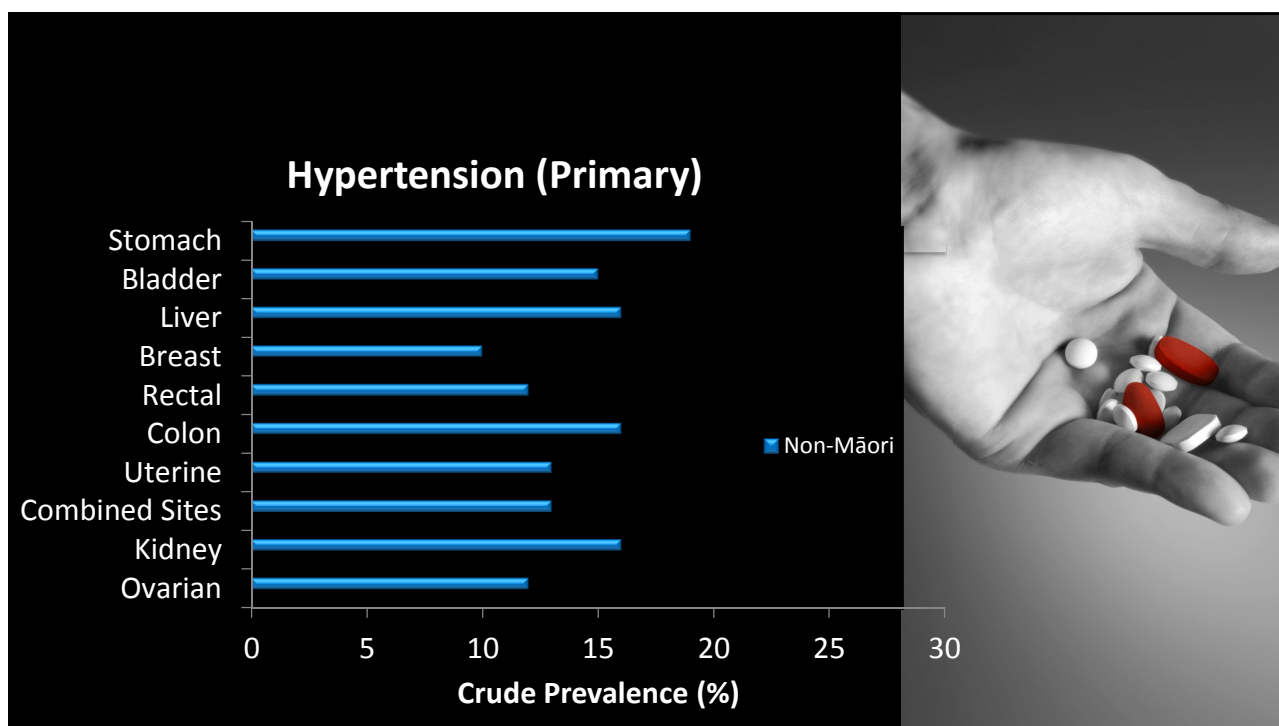


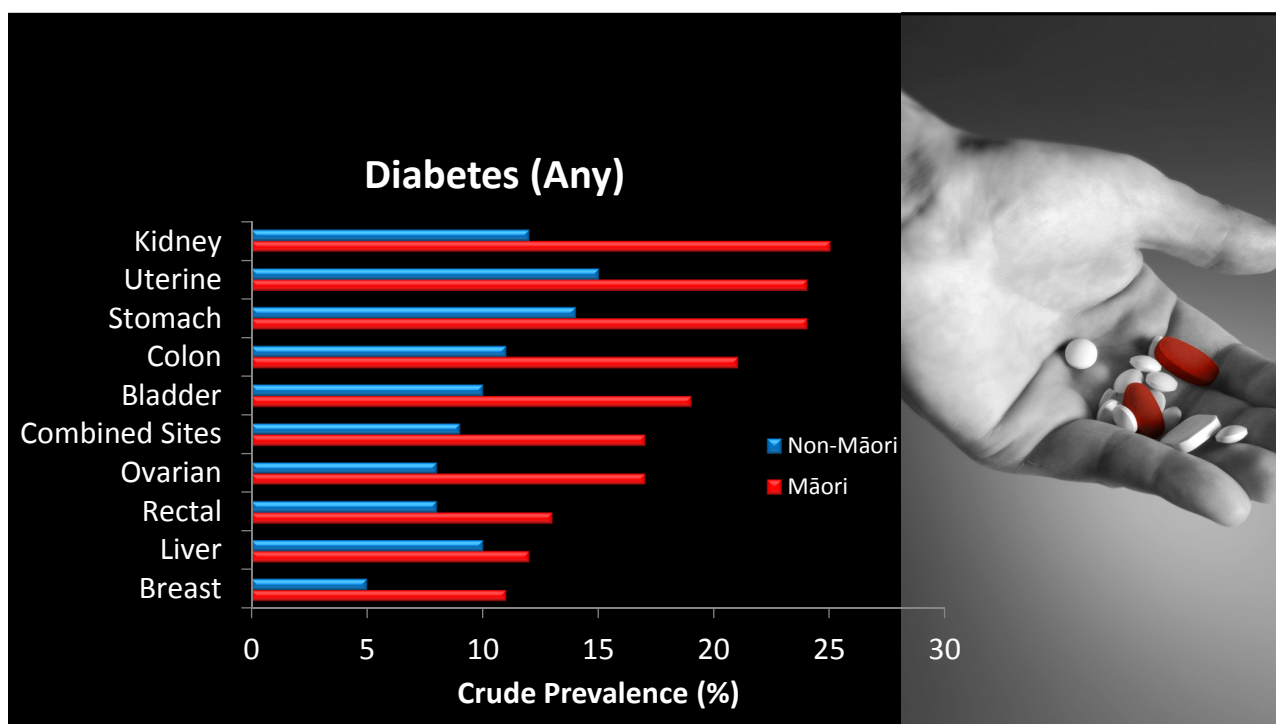
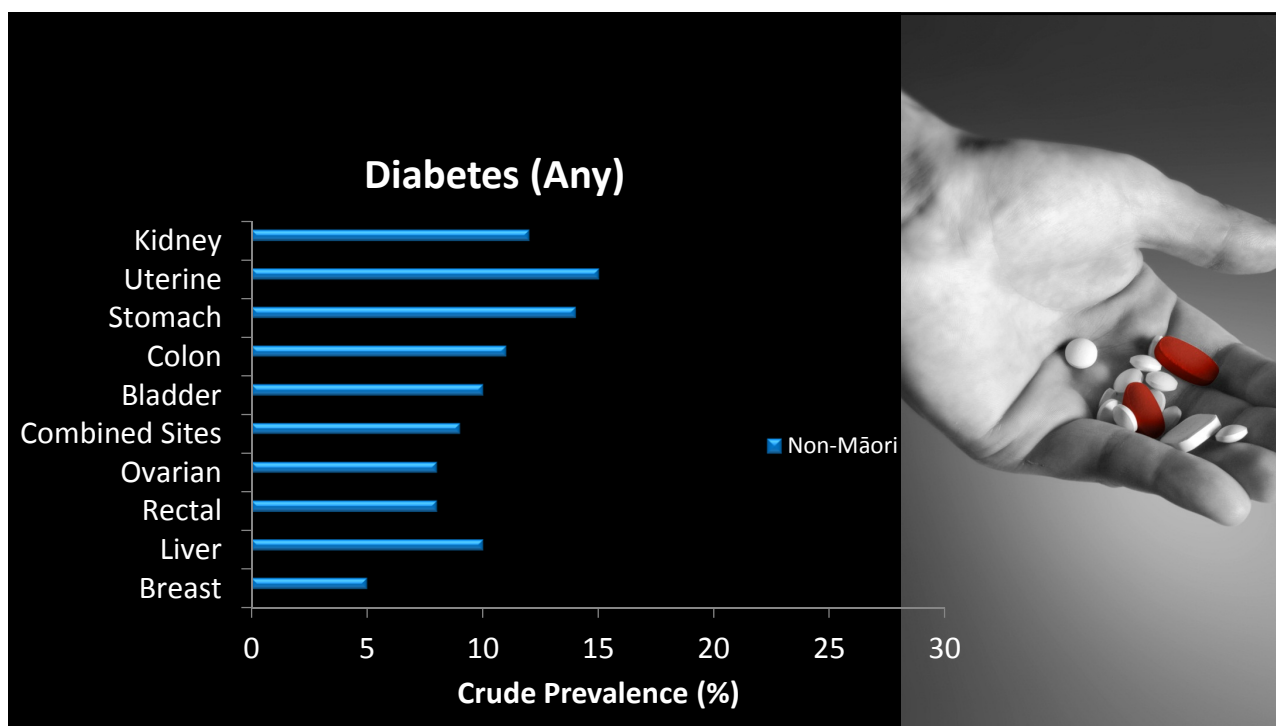


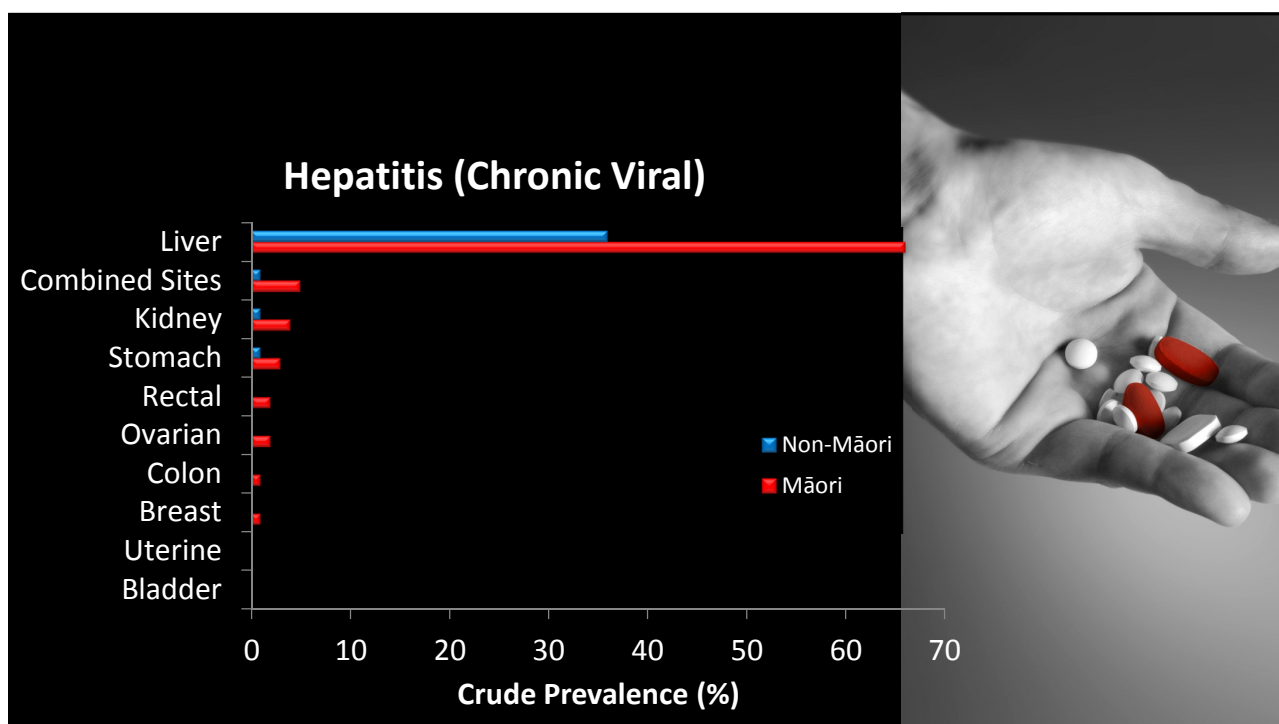
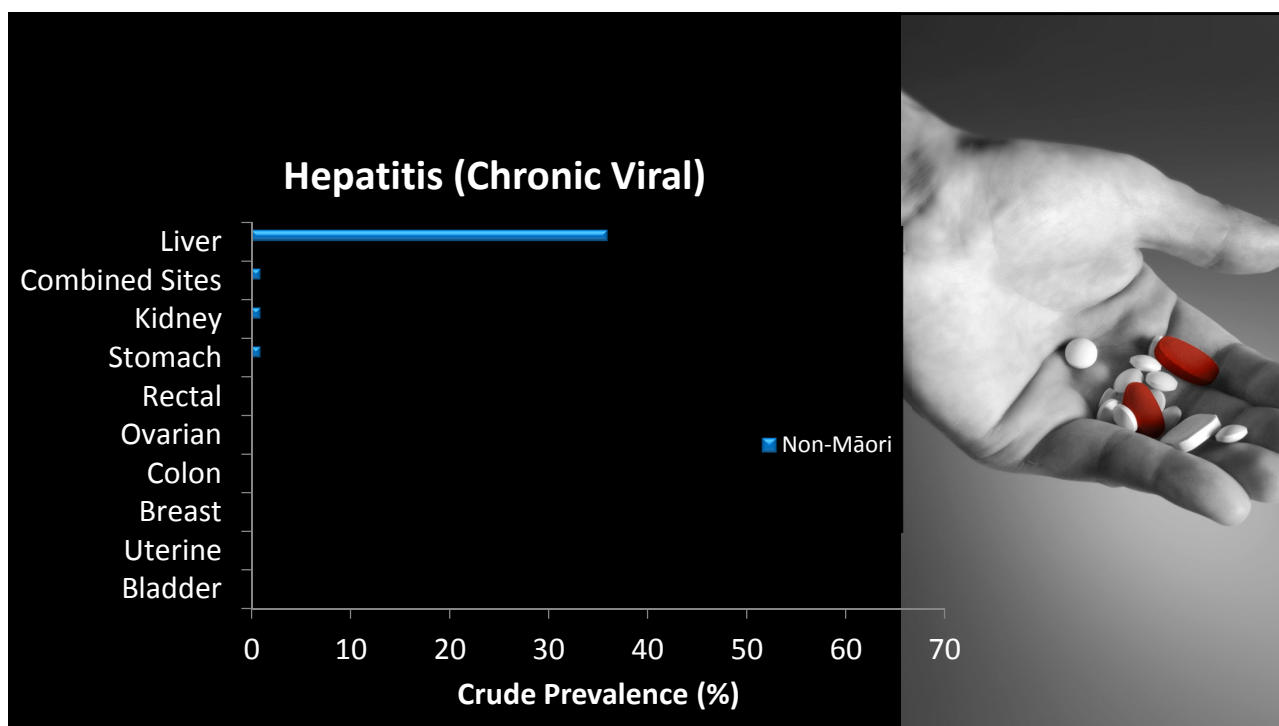


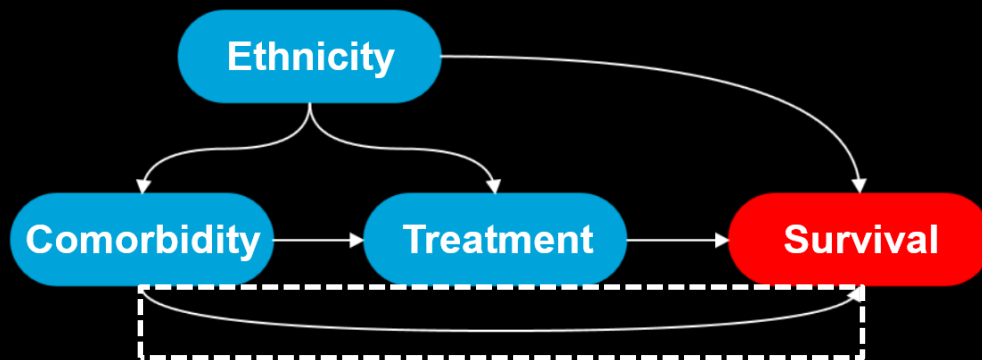
Māori cancer patients tend to have a **greater comorbidity burden.**



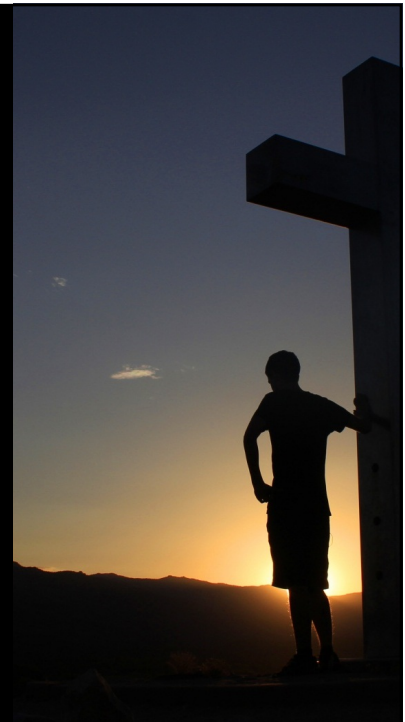


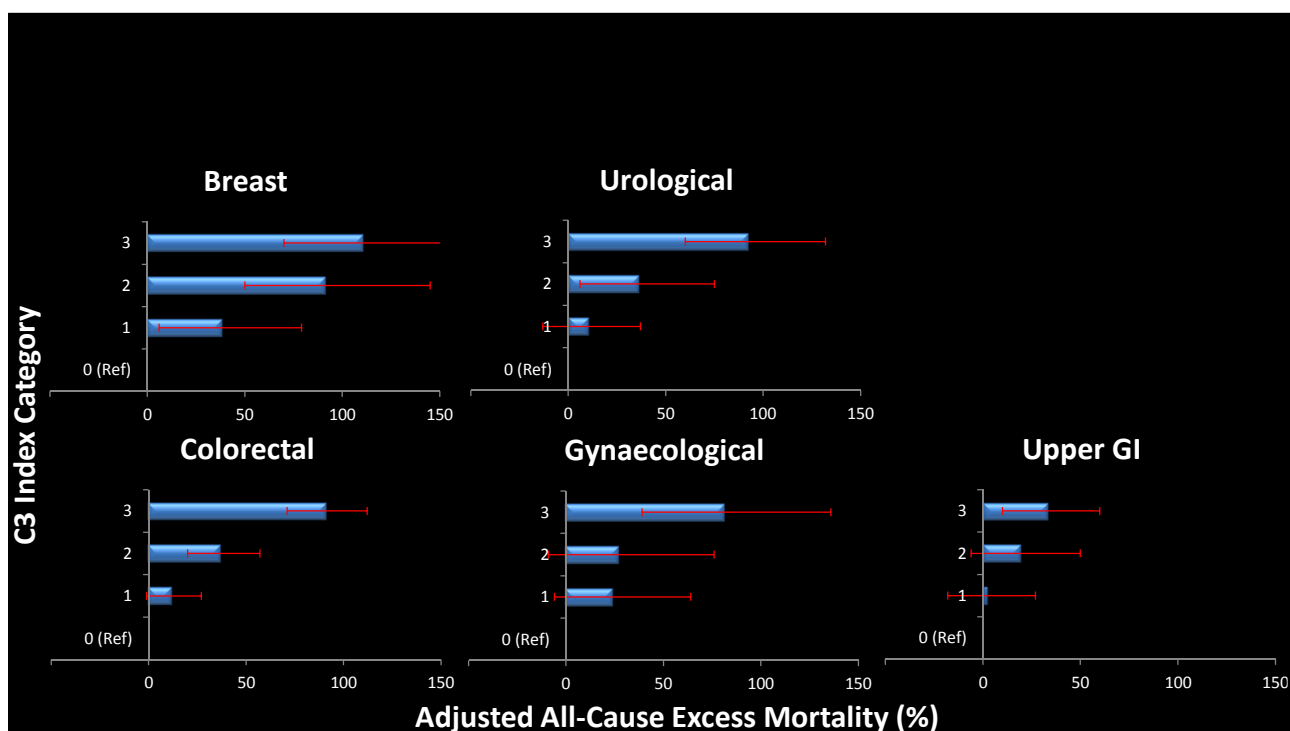
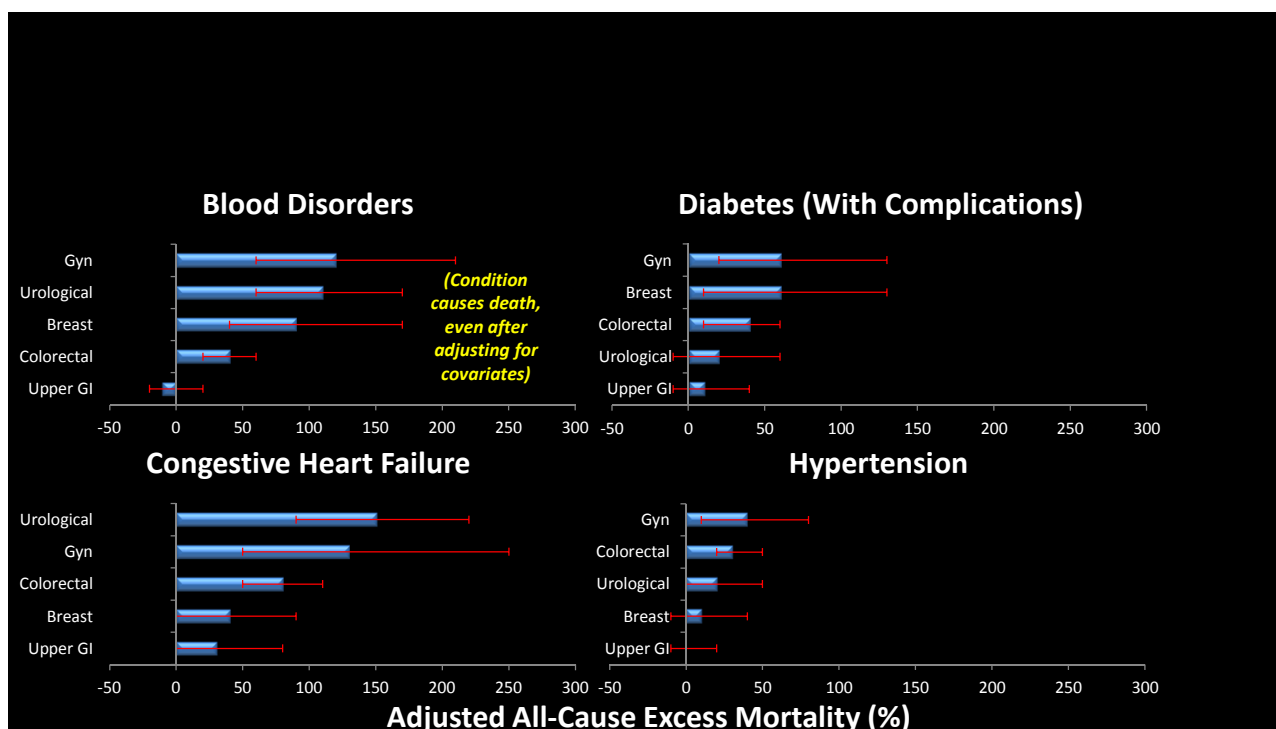


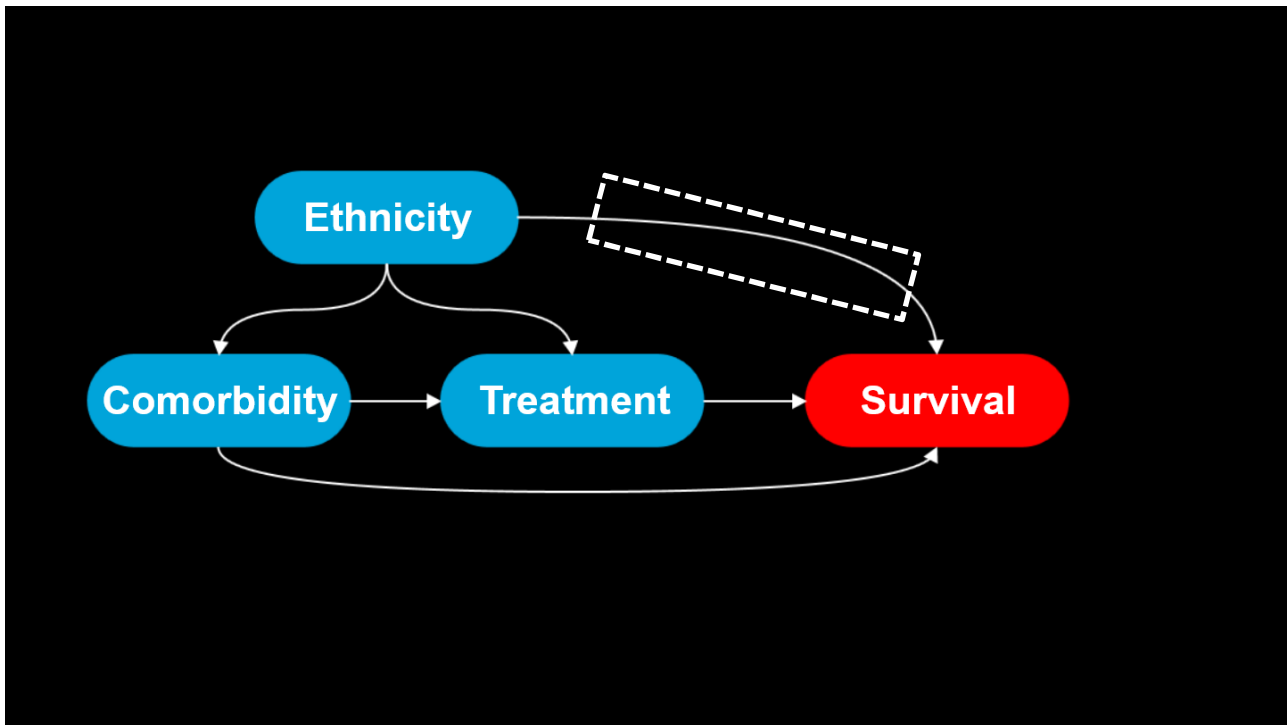




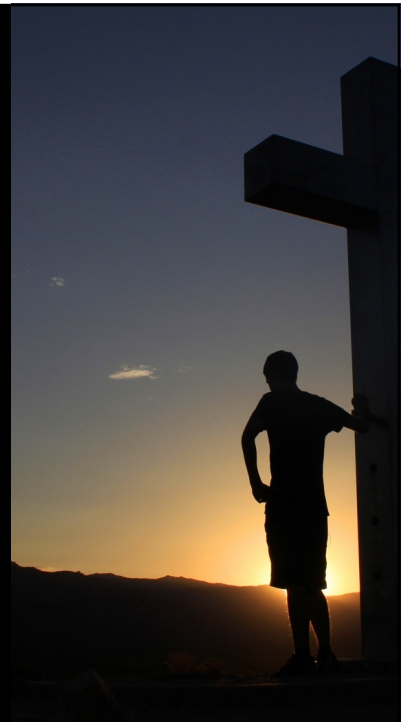
A high comorbidity burden **increases**
likelihood of mortality...
...but the extent of this **varies by cancer**.

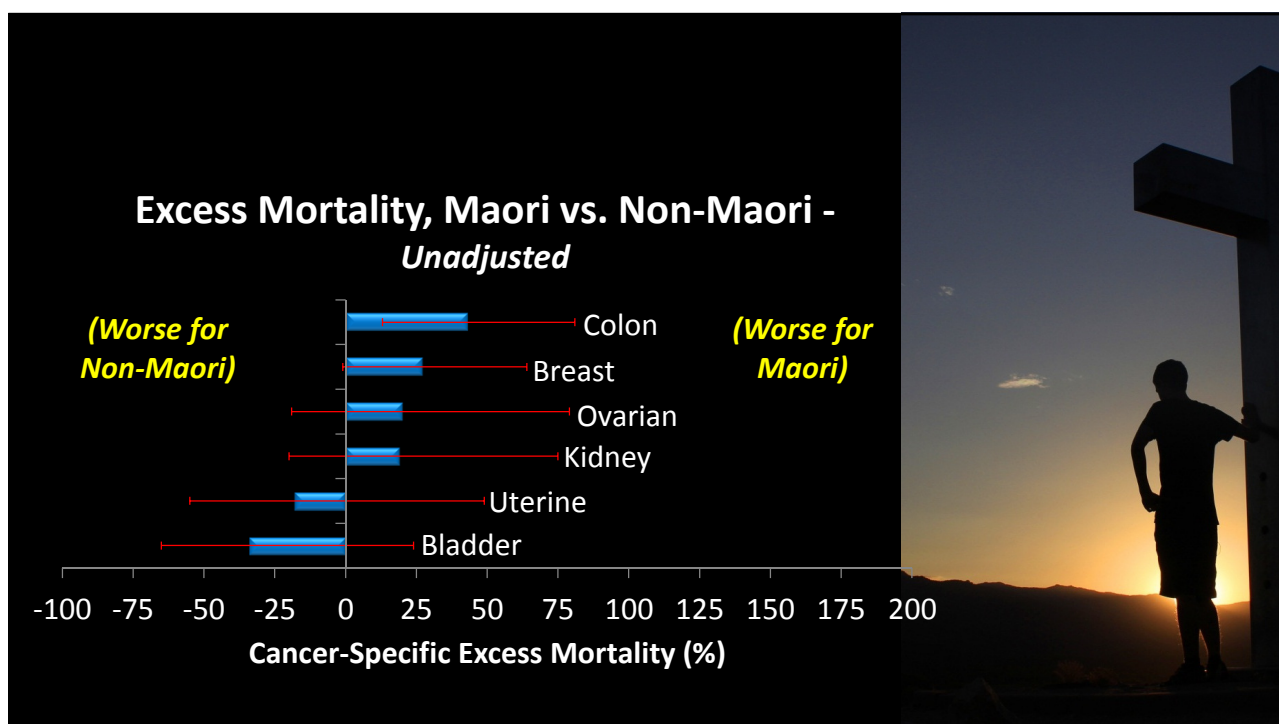
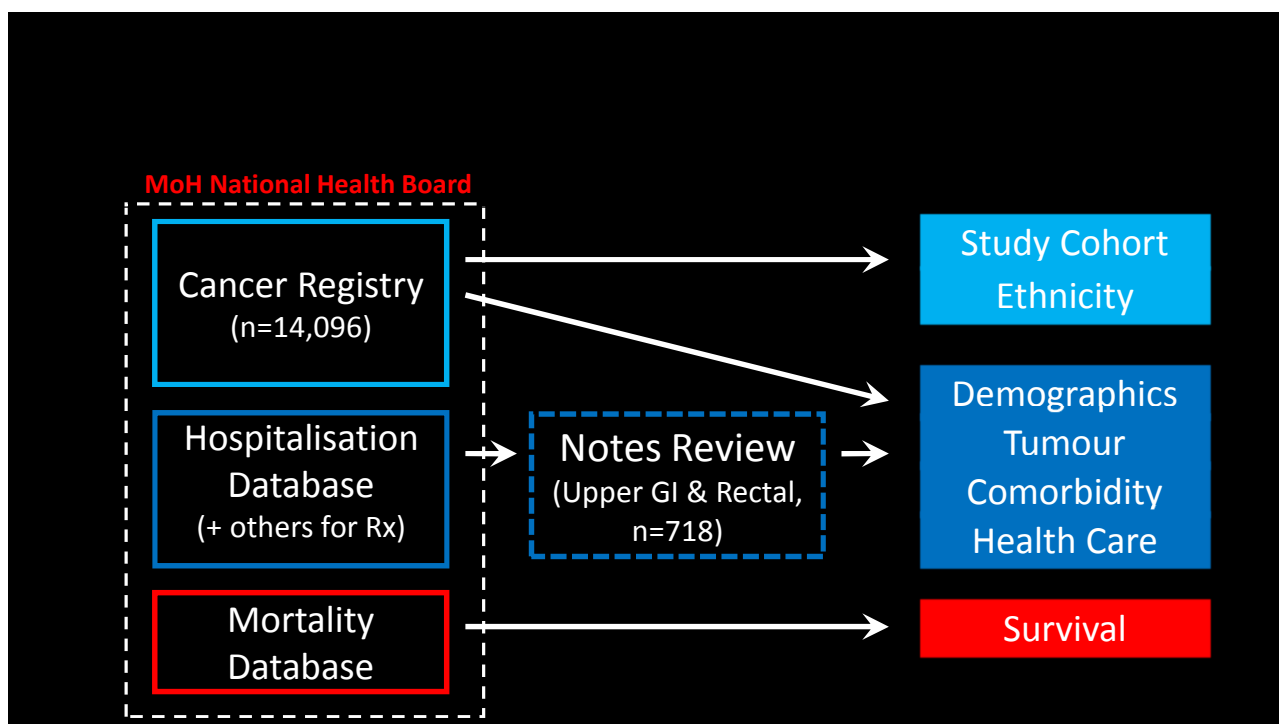


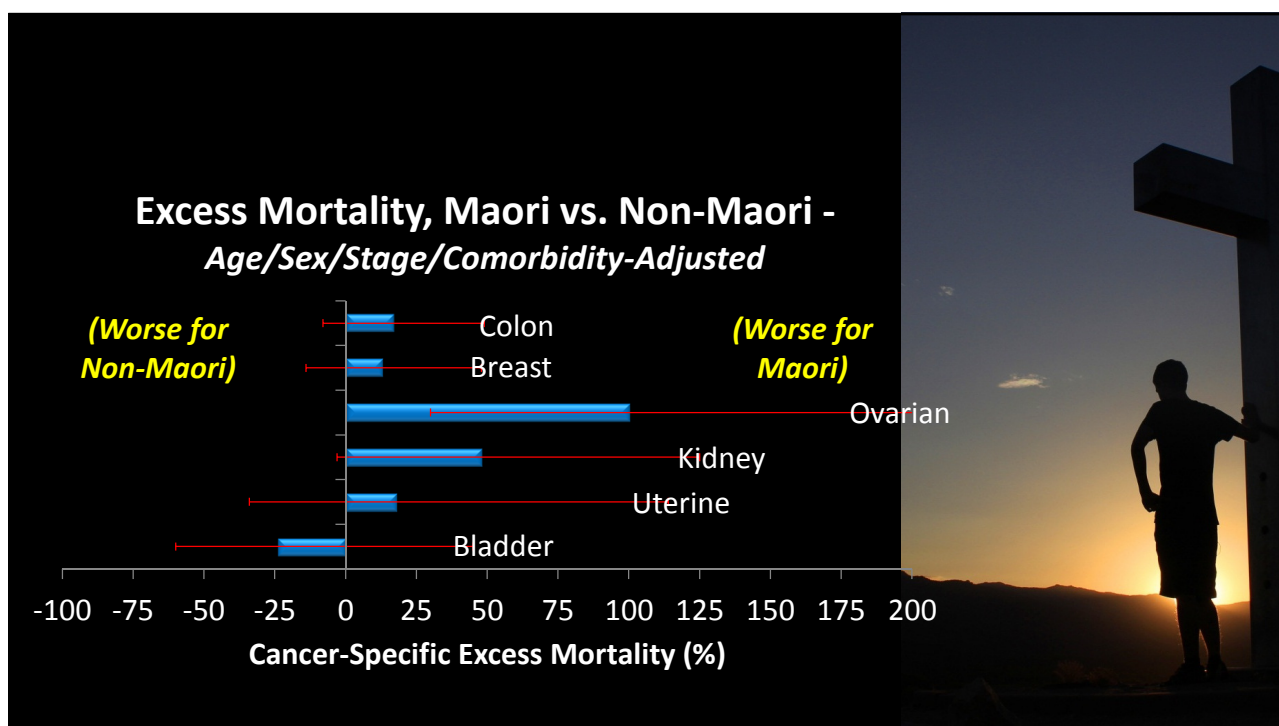
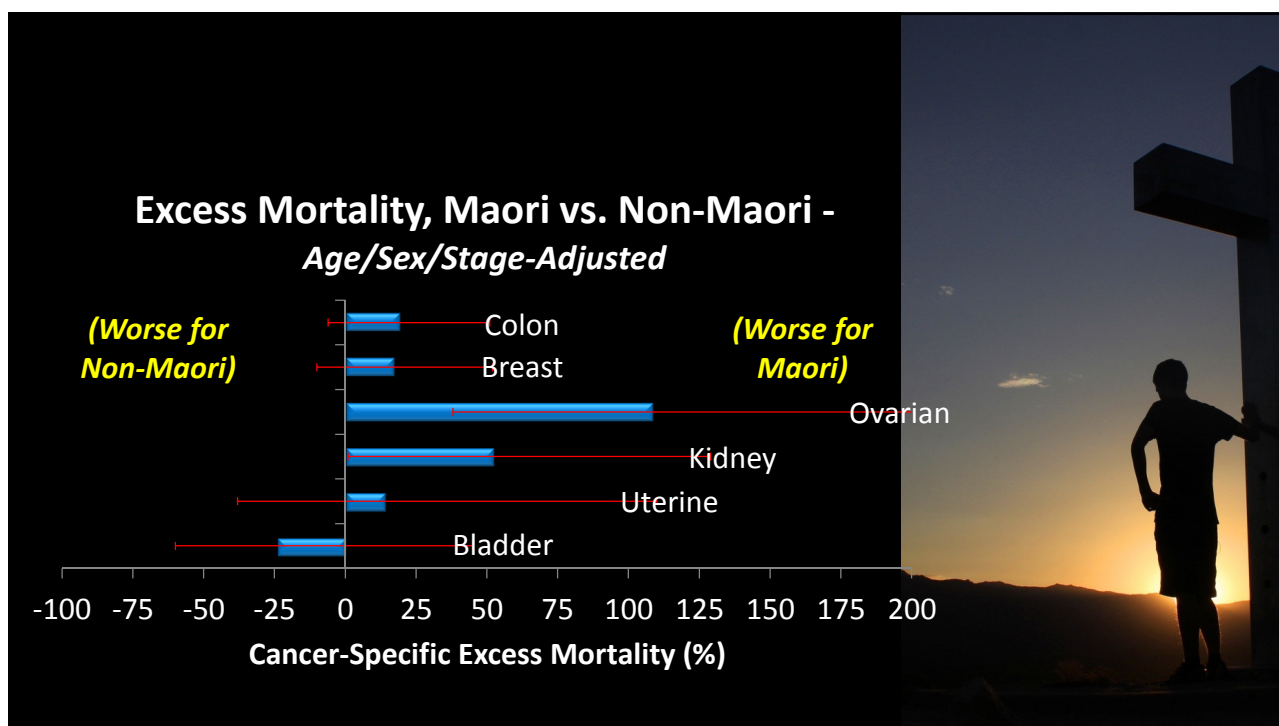


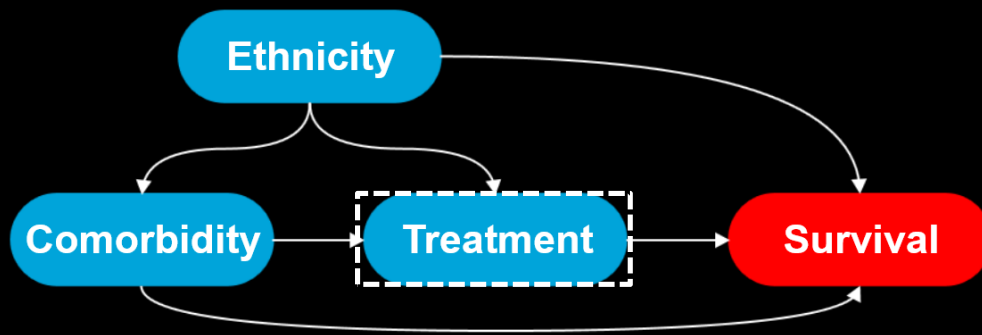


Māori have **poorer survival outcomes** for some cancers compared to non-Māori.





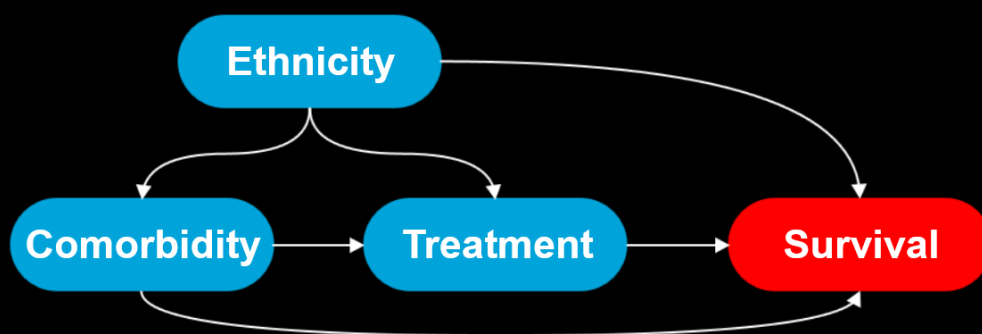




Does **ethnicity** influence treatment receipt?

Does **comorbidity** influence treatment receipt?





THE NEW ZEALAND MEDICAL JOURNAL

Journal of the New Zealand Medical Association



The completeness of cancer treatment data on the national health collections

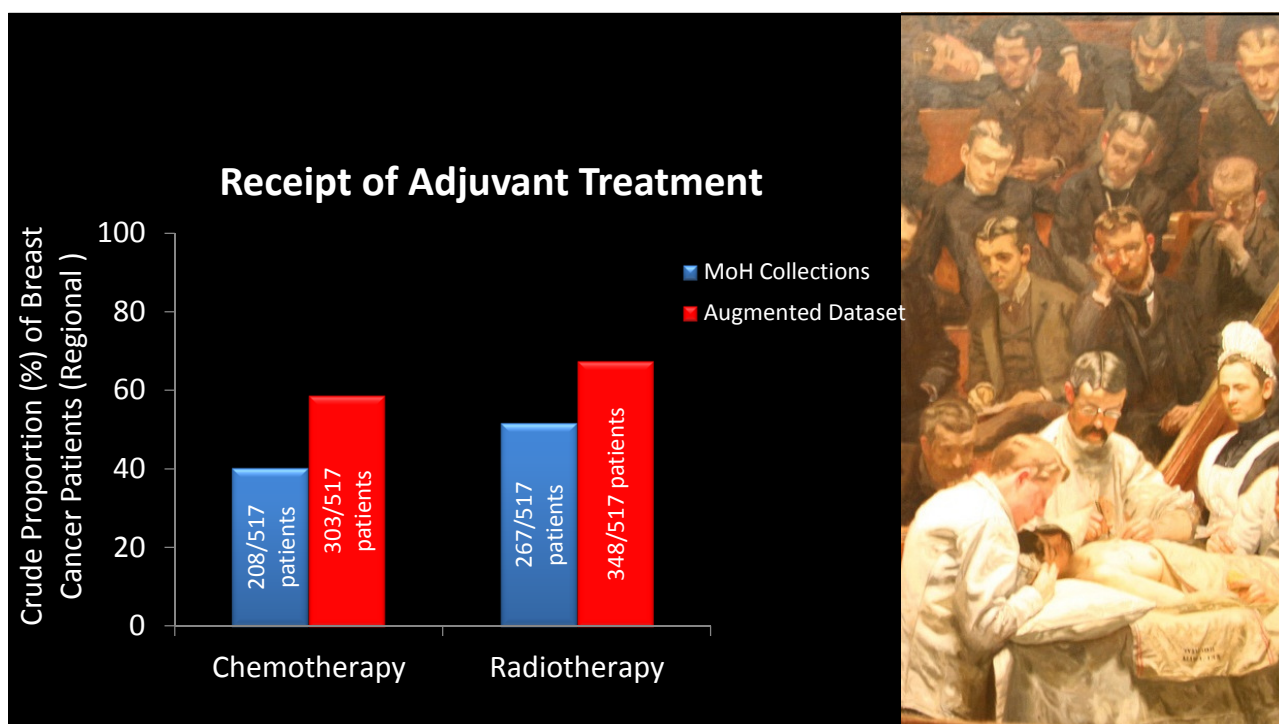
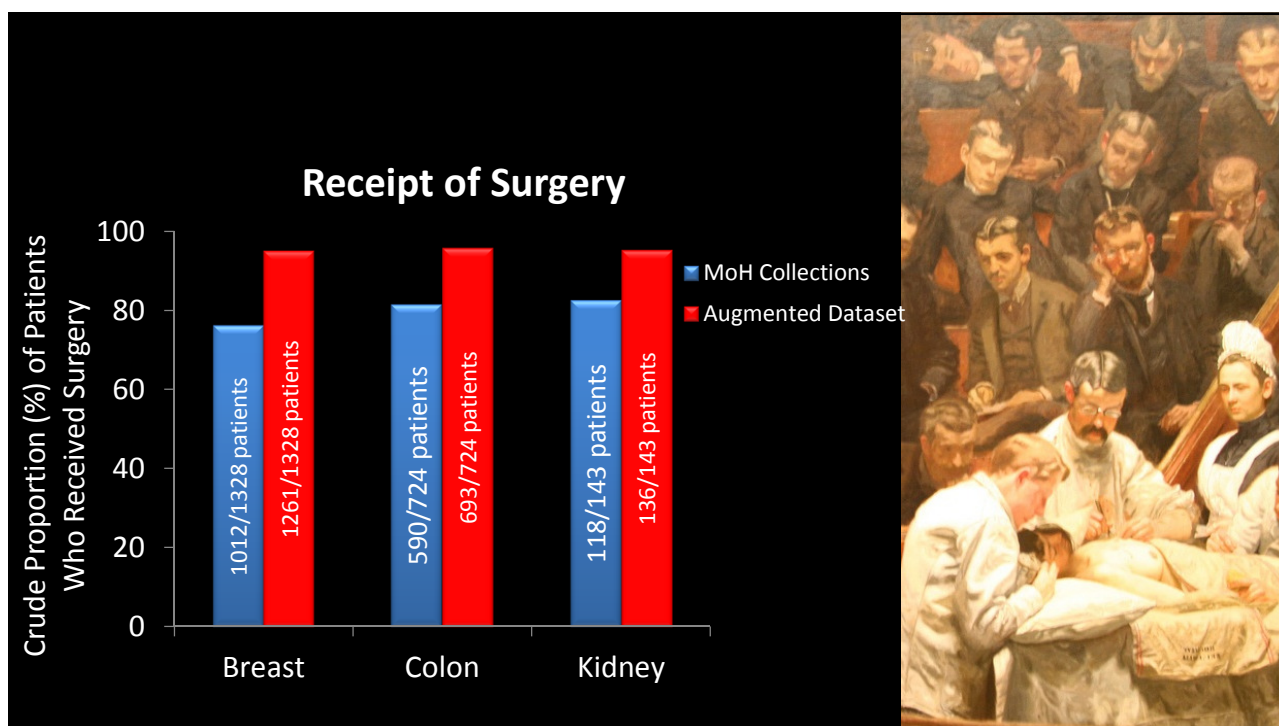
Jason Gurney, Diana Sarfati, Elizabeth Dennett, Jonathan Koea

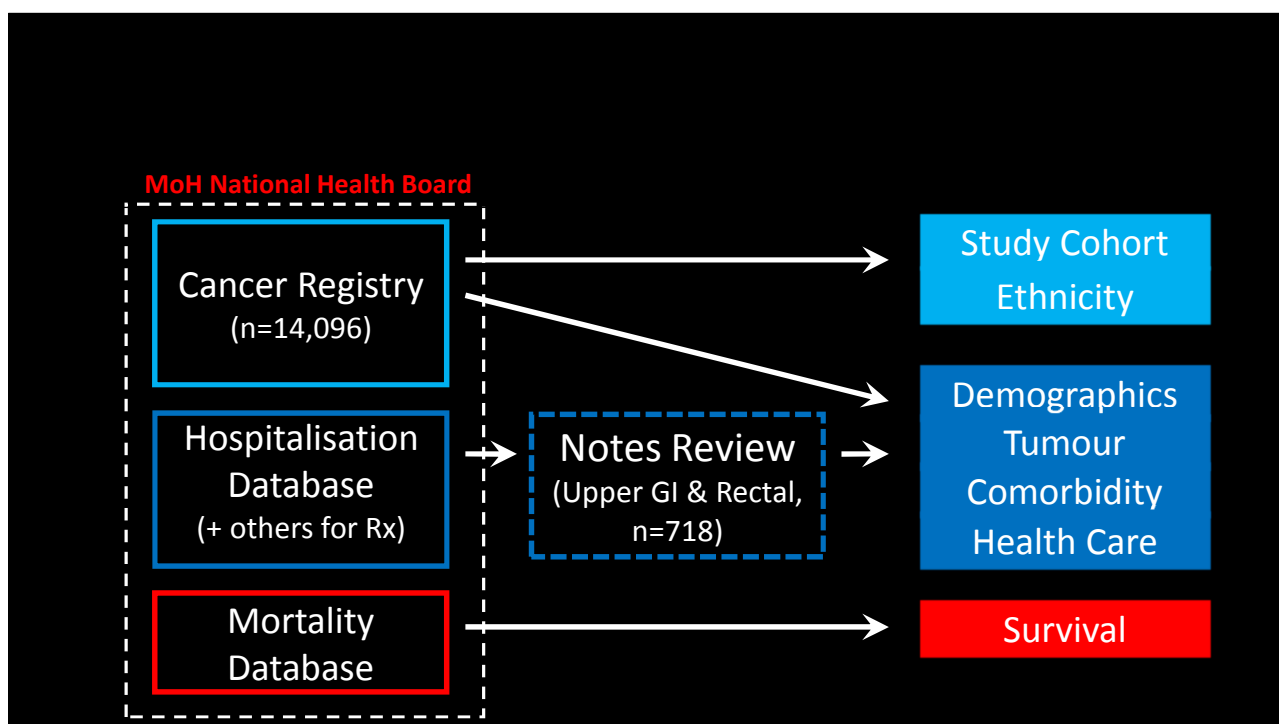
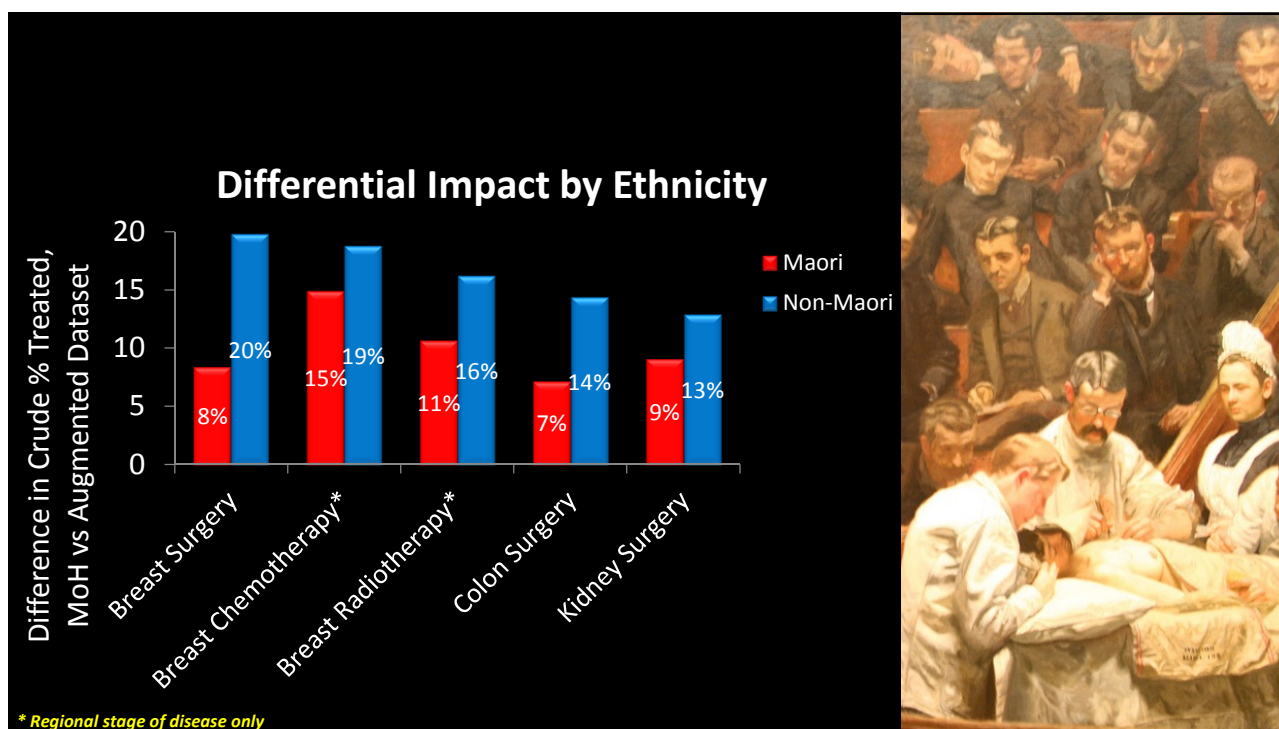
Abstract

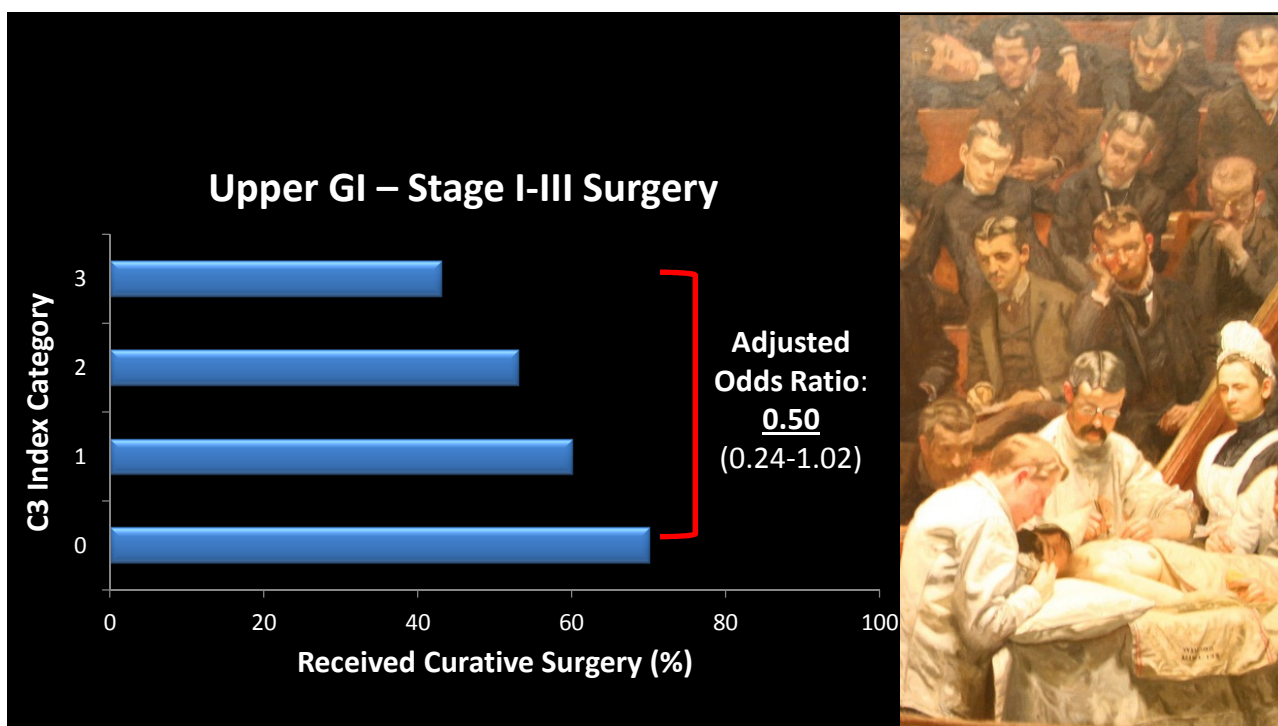
The New Zealand Ministry of Health (MoH) maintains a number of National Collections, which contain data on diagnoses, procedures and service provision for patients. There are concerns that these collections may underestimate the provision of cancer treatment, but the extent to which this is true is largely unknown. In this brief report, we focus on the Auckland region to illustrate the extent to which the National Collections undercount receipt of surgery in patients with breast, colon or renal cancer, and receipt of chemo- and/or radiotherapy for breast cancer patients with regional extent of disease (all diagnosed 2006–2008).

Gurney, Sarfati, et al. (2013). NZMJ.









Summary

Māori cancer patients are **different** to non-Māori cancer patients.

- Younger.
- More likely to live in deprived areas.
- More likely to live in rural areas.
- Tend to have a greater comorbidity burden.
- Tend to have different comorbidities, e.g. Hepatitis.



Summary

Comorbidity is **highly-prevalent** among cancer patients...
...but prevalence **varies** by cancer type.



Summary

A high comorbidity burden **increases** likelihood of mortality.
(...and **reduces** likelihood of treatment...)



Summary

Our National Collections have **immense strengths**, and are envied around the world.

(Just ask an Australian.)



Summary

But they also have **crucial weaknesses** in terms of cancer treatment reporting:

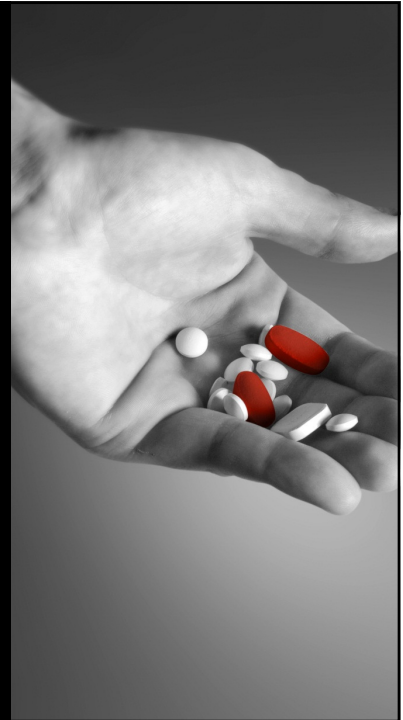
- Private hospitals not mandated to report.
- Under-reporting by DHBs.*

*MoH. Price of Cancer Report, 2011.



Summary

These weaknesses undermine the ability of the National collections to **meaningfully measure sector performance**.



Acknowledgements

- Associate Professor Diana Sarfati (PI)
- James Stanley (biostatistician)
- Virginia Signal (oncology nurse)
- And the rest of the **C3 research team**
- The **Health Research Council** of New Zealand

