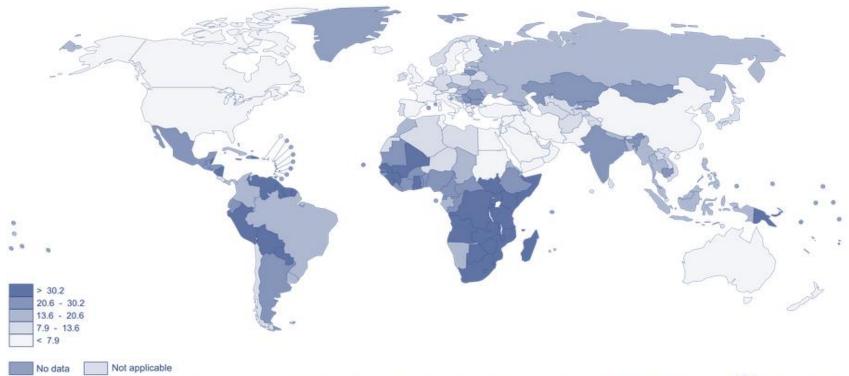


# Aboriginal and Torres Strait Islander women and cervical cancer prevention

Menzies School of Health Research



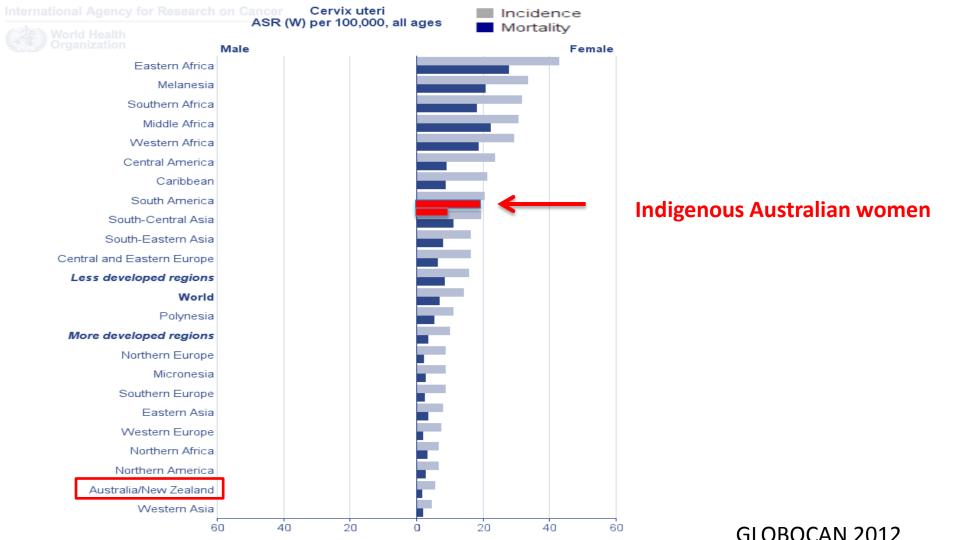
## Cervical cancer incidence, worldwide



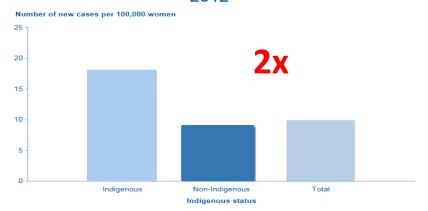
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: GLOBOCAN 2012 Map production: IARC World Health Organization





Incidence of cervical cancer in women aged 20 –69 (NSW, QLD, WA, NT), by Indigenous status, 2008 –2012



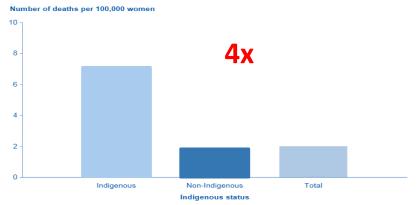
Crude survival five years from cervical cancer diagnosis, by Indigenous status,

1997-2007, NSW, QLD, NT, WA

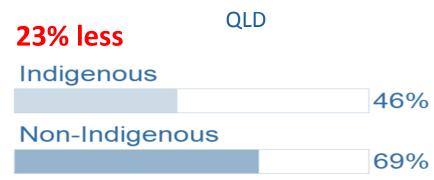


Indigenous Non-Indigenous

Mortality from cervical cancer in women aged 20 –69 (NSW, QLD, WA, SA, NT), by Indigenous status, 2010 –2014



Lower proportion of localised cancers



1). AIHW2017. Cervical screening in Australia 2014 – 2015. 2) Report to the nation: Cancer in Aboriginal and Torres Strait Islander peoples of Australia 2013. Report to the nation: Cancer in Aboriginal and Torres Strait Islander peoples of Australia. 3) Diaz et al 2015

## National Cervical Screening Program (NCSP) in Australia

### Organised programme since 1991 in Australia:

- biennial Pap tests , 18-69 year olds
  - 2-yearly 58%
  - 5-yearly 83%<sup>1</sup>
- 50% 
   ↓ in incidence and mortality
- age adjusted incidence and mortality 6.9 & 1.8/100 000 women per year<sup>2</sup>
- No data on Indigenous women participation in the NCSP
- 1. Australian Institute of Health and Welfare [AIHW] 2014, [Data for 2011-2012]
- 2. AIHW. Cervical screening in Australia 2012–2013. Canberra: AIHW2015

## Australian health policy for HPV immunisation

- 2007 4vHPV vaccine Gardasil® for girls and women aged 12 to 26 years from 2007 (April)
- 2013 (February) <u>gender neutral approach</u>: Ongoing school-based <u>HPV program</u> for boys
- 2018 Gardasil<sup>®</sup>9 replaces 4vHPV; two dose
- 2016 HPV coverage in Australia for 12-13 years of age:
  - Females 78.6%
  - Males 72.9%

## No national HPV vaccination initiation or completion rates for Indigenous adolescents

## **NCSP** recently in Australia

1st December 2017

- National Cancer Screening Register (Telstra Health)
- 5yrly HPV test, 25 years-70-74 years of age
- Self collection within clinic (\*30+ & 2yr overdue)
- No consultation with Aboriginal and Torres Strait Islander women prior to implementation of Renewal.



# What do we know about cervical cancer prevention and Indigenous women?

- Localised studies indicated less screening
- No national data from the National Screening Program

## **Barriers**

#### Person

- Shame / fear
- Competing priorities
- Absence of symptoms
- Limited knowledge of screening process
- communication

#### System

- Provider gender
- Culturally unsafe
- System lacks accountability
- Communication
- Access
- distance

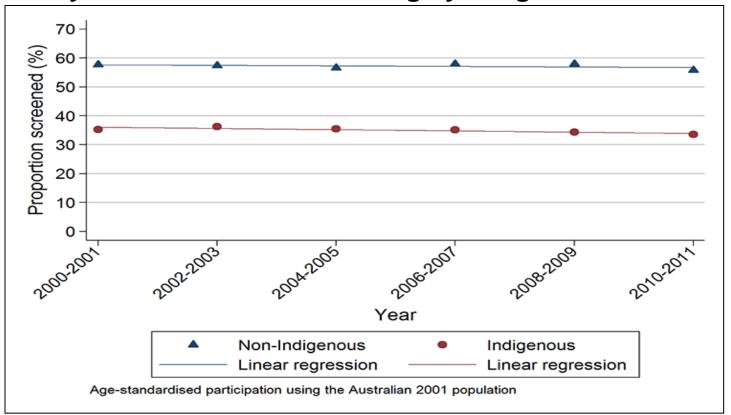
#### Data

- No Indigenous status
- No monitoring

### Our strategic way forward

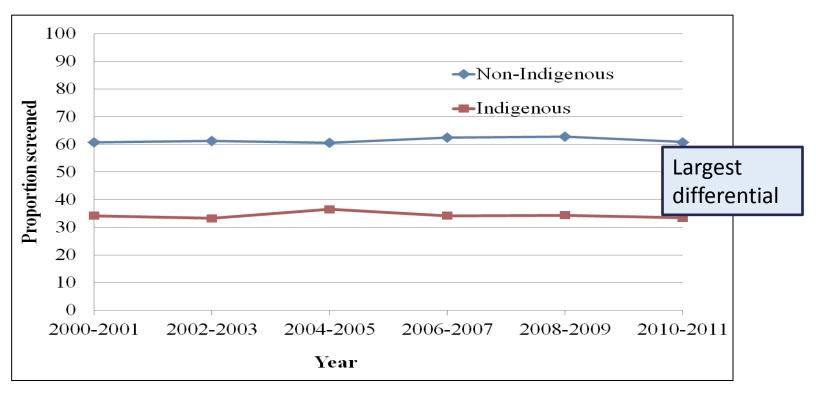
- National Indigenous Cervical Screening Project (NICSP)
- provided comprehensive data for Queensland Indigenous women compared with non-Indigenous women for the first time (results to follow)
- Record linkage methodology to overcome data deficiencies
- In 2018 will publish national data

## Two-year participation rates of women aged 20 to 69 years for cervical screening by Indigenous status



Whop LJ, Garvey G, Baade P, et al. The first comprehensive report on Indigenous Australian women's inequalities in cervical screening: A retrospective registry cohort study in Queensland, Australia (2000-2011). *Cancer* 2016; **122**(10): 1560-9.

## Age-specific 2-year participation rates of 45-49yrs, by Indigenous status, 2000-2001 to 2010-2011

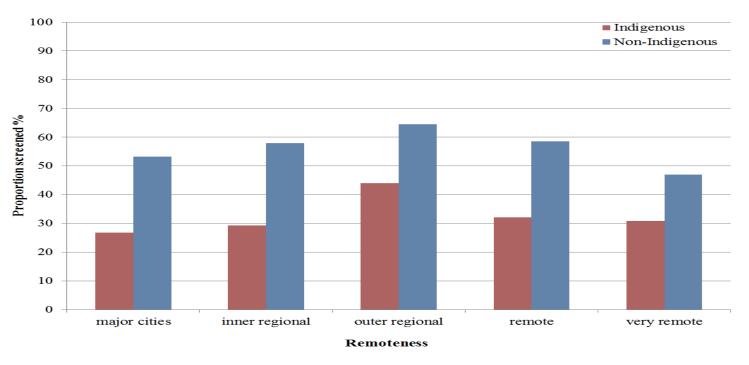


Whop LJ, Garvey G, Baade P, et al. The first comprehensive report on Indigenous Australian women's inequalities in cervical screening: A retrospective registry cohort study in Queensland, Australia (2000-2011). *Cancer* 2016; **122**(10): 1560-9.

## Participation by geographical remoteness

category

Age-standardised proportions of screened women aged 20 to 69 years by remoteness category and Indigenous status, 2010-2011, in Queensland, Australia

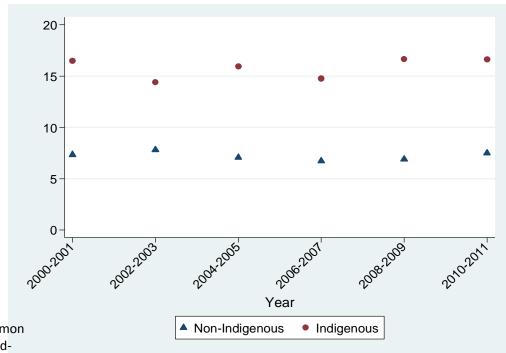


Whop LJ, Garvey G, Baade P, et al. The first comprehensive report on Indigenous Australian women's inequalities in cervical screening: A retrospective registry cohort study in Queensland, Australia (2000-2011). *Cancer* 2016; **122**(10): 1560-9.

## Cervical abnormalities are more common among Indigenous than other Australian women, in Queensland

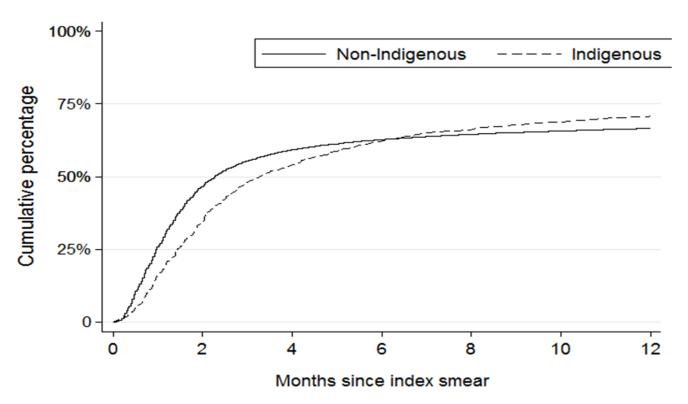
- % Low and high grade abnormal pap tests higher among Indigenous women
- Twice as likely to have histologically confirmed high grade abnormalities
- Higher prevalence of risk factors partly responsible

Prevalence of histology confirmed high grade abnormalities, by Indigenous status, 2000-2001 to 2010-2011



Whop LJ, Baade P, Garvey G, et al. Cervical Abnormalities Are More Common among Indigenous than Other Australian Women: A Retrospective Record-Linkage Study, 2000-2011. *PLoS One* 2016; **11**(4): e0150473.

### Time from high grade Pap test to histological confirmation (biopsy)



Whop LJ, Baade PD, Brotherton JM, et al. Time to clinical investigation for Indigenous and non-Indigenous Queensland women after a high grade abnormal Pap smear, 2000-2009. *Med J Aust* 2017; **206**(2): 73-7.



Aboriginal and Torres Strait
Islander women's attitudes and
perspectives on participation in
cervical screening

- A study that privileges Indigenous women's voice
- Screening strategies devised by Indigenous women
- Evidence collected from Screening Matters study to be trialled in RCT
- Focus on large proportion of never-screened Indigenous women (guided by data and Indigenous women)

## Solutions must be:

- driven by Aboriginal and Torres Strait Islander women and our communities
- 2. practical, feasible, sustainable & responsive
- supported by Health Services, Government and a policy framework
- strategic, evidence based and monitored by quality data
- Inclusive with shared goals and accountability mechanisms

## Acknowledgements



- Chief Investigators and Associate Investigators of NICSP
- Record linkage group and data custodians
- Lisa Whop was supported by a Sidney Myer Health Scholarship, Menzies Enhanced Living
   Scholarship and a student scholarship funded by the Lowitja Institute during her PhD.
- The National Indigenous Cervical Screening Project is funded by a National Health & Medical Research Council (NHMRC) Project Grant (#104559)
- DISCOVER-TT and Strep ca-Cinda
- Lisa Whop currently supported by an NHMRC Early Career Fellowship.

# Lisa J Whop Menzies School of Health Research

Lisa.Whop@menzies.edu.au