

Unequal Impact:  
Māori and Non-Māori Cancer Statistics  
1996–2001

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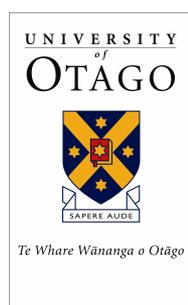
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# FOREWORD

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Cancer touches all whānau. Much progress has been made in our knowledge of cancers, a third are preventable, a third are treatable, and a third can be managed well. No-one deserves to have cancer and anyone with cancer deserves the best available care. Yet the impact of this disease on the peoples of Aotearoa is uneven and inequitable. Cancer mortality is decreasing among non-Māori, but increasing among Māori. It is a key contributor to the decade of disparity in life expectancy that has developed in our country between Māori and non-Māori.

Cancer prevention is important, but must be tackled at the structural, environmental and community levels to avoid maintaining the fractured exposure to carcinogens along socioeconomic, occupational and indigenous/non-indigenous lines. Responsible health policy and practice mitigates the health impact of socio-economic disparities, rather than allowing them to manifest themselves in differential health outcomes. This requires constant alertness and concerted effort.

Growing evidence indicates that disparities in cancer outcome have less to do with the biological aspects of the disease, and much more to do with the type and timeliness of care that people receive. The rate of cancer among Māori is only a fifth higher overall than among non-Māori. Non-Māori have higher rates of colorectal, melanoma and prostate cancers. However, most cancers kill Māori at a significantly higher rate than they do non-Māori.

Māori patients are less likely than non-Māori to be diagnosed at an early stage of the cancer, and more likely to be diagnosed once the cancer has spread. Earlier detection would help reduce survival disparities for many cancers, especially those with good treatment prospects. Primary health care services must be vigilant and ensure that Māori receive screening services and are referred promptly for diagnostic tests.

There are still significant inequities in survival, however, even among those diagnosed at a similar stage of disease progression.

There are also other concerns. For many cancers, Māori are less likely than non-Māori to have stage at diagnosis (or extent of disease) recorded on the cancer registration data. Stage at diagnosis has implications for decisions on treatment approaches. So why is there a recording discrepancy? Do Māori cancer patients experience longer delays in receiving staging procedures?

Comprehensive, detailed information on cancer for Māori and non-Māori is essential for monitoring, addressing and eliminating cancer outcome disparities. The statistics in this compendium on stage at diagnosis and survival have not previously been published in Aotearoa. This report will inform the development of cancer control policies and services. Importantly, however, we hope the report is useful for Māori communities in determining their priorities for cancer control, service development and community interventions, as well as monitoring for equity of access and outcomes.

It is time to ensure all people with cancer receive the best quality service – from prevention, screening and early detection, through staging and treatment and support services, to palliative care. Monitoring, especially monitoring inequity, plays an important role in service provision, but knowledge alone will not improve health service performance. Systemic problems with providing equitable access to and through optimal cancer treatment pathways require imaginative, focused and concerted action from dedicated health professionals at all levels of the health care system. This report should serve to focus our efforts towards eliminating disparities across the cancer care continuum.

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# EXECUTIVE SUMMARY

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Comprehensive and detailed information on cancer among Māori, including disparities in incidence and outcomes between Māori and non-Māori, is important for the development of appropriate and effective cancer control policies and programmes. This report aims to inform cancer control policy, purchasing, service development and evaluation, and to act as a catalyst for actions to reduce the unequal impact of cancer within our whānau and broader communities.

This chartbook of Māori and non-Māori cancer statistics provides analyses of differences in cancer incidence, mortality, stage at diagnosis and survival in Aotearoa/New Zealand, using national cancer registrations and mortality data for the six-year period 1996–2001 (inclusive). The ‘ever Māori’ approach to classifying ethnicity was used to address the undercount of Māori cancer registrations and deaths.

A key finding is that while Māori were 18% more likely to be diagnosed with cancer overall (all sites combined) than non-Māori during this period, they were nearly twice as likely (93% higher) to die from cancer. In addition, Māori:non-Māori age-standardised mortality ratios were higher than the corresponding incidence ratios for most cancer types.

For the period 1996–2001, the most commonly occurring cancer sites and causes of cancer death differed for Māori and non-Māori, in terms of both the rank order and percentage of new cases or deaths. While some cancers occurred more commonly as registrations or causes of cancer death for Māori, others were common for non-Māori. Differences in leading sites were also apparent in relation to age-specific rates for some age groups.

The chartbook also documents differences in stage at diagnosis between Māori and non-Māori. For a number of cancers Māori had a lower likelihood of having stage at diagnosis recorded. Among those for whom stage at diagnosis was recorded, Māori were more likely to be diagnosed at a more advanced stage of disease spread for cancers of the breast, lung, colon and rectum, cervix, prostate, testis, kidney, oral cancers and melanoma (after adjusting for age at diagnosis). Stomach cancer was the only cancer for which Māori were more likely than non-Māori to be diagnosed at an early stage of disease spread.

The lower cancer-specific survival for Māori compared with non-Māori for most cancer sites suggests that Māori have a more fatal cancer outcome. Differential stage at diagnosis accounts for some, but not all, of this survival disparity between Māori and non-Māori for some cancers. For some cancers Māori were more likely to die from their cancers even when detected at the same stage.

These findings indicate the existence of stark disparities in experiences and outcomes of cancer between Māori and non-Māori, and provide further impetus for urgent and committed action to address the disparate impact of cancer for Māori individuals and communities.

A more detailed summary of findings can be found in Section 1.