

Abstract Form

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Title of abstract: Cancer outcomes improving in Australia, but not for First Nations people: An integrative review

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Background: Australia's cancer survival rates are among the best in the world, improving 20.7% since 1984. Yet this improvement has not been evenly distributed across population groups, particularly among First Nations people.

Aims: To utilise current Australia research to identify inequalities in cancer outcomes by Aboriginal status and discuss the associated factors.

Method: An integrative review of peer-reviewed and grey literature was conducted. The review utilised Whitemore and Knafli's (2005) methodology to develop a comprehensive understanding of the extent and variability of inequalities in cancer outcomes.

EMBASE, PubMed and Google were searched in April 2018 to identify papers that focused on inequalities in cancer outcomes by Aboriginal status within an Australian setting. Eligibility, methodological quality and risk of bias were assessed, and published data extracted.

Cancer mortality was the primary outcome; secondary outcomes were cancer incidence and 5-year relative survival. Trends in cancer outcomes were analysed. Thematic analysis was conducted to understand the factors, particularly service-related contributing to inequalities in cancer mortality for First Nations people.

Results: Twenty-eight papers were included. Eighteen were peer-reviewed and 10 were grey literature.

In 2011-15 First Nations people were 40% more likely to die from cancer than other Australians. From 1998, this gap in mortality between First Nations people and other Australians has widened by 82 deaths (per 100,000), driven by variation in rates by cancer type. Preventable cancers were a leading cause of excess mortality for First Nations people, with lung cancer demonstrating the largest increase in disparity of 17 deaths (per 100,000).

Fifty percent of the papers (n=14) found associations between a factor and risk of cancer death for First Nations people. Higher prevalence of comorbidities (n=4, 29%), more advanced diagnosis of cancer (n=5, 36%) and differences in surgical treatment (n=5, 36%) increased First Nations people risk of death from all cancers combined, or breast or lung cancer. Several of these factors co-existed with one another.

Implications that impact on your project: Addressing cancer outcomes for First Nations people goes beyond identifying the where and why inequalities occur, to understanding the social, economic and cultural components of their environment.