

Survival after the diagnosis of prostate cancer for Australian Aboriginal and Māori men

It is well documented that the health of Aboriginal and Torres Strait Islander people is worse than that of the wider Australian population with a 10 year lower life-expectancy as the sobering outcome [1]. The Māori of New Zealand with a 7 year shortfall are at a similar but less severe disadvantage [2]. It is therefore no surprise that when looking at the outcomes of Aboriginal men in New South Wales (NSW) and Māori men in New Zealand who are diagnosed with prostate cancer, that their survival is worse than that of the wider populations of their respective countries [3,4]. Both Aboriginal men in NSW and the Māori are over-represented in poorer socioeconomic groups, in smaller rural population centres and have significantly more comorbidities, all of which have been shown to be associated with worse health and cancer survival [5]. However, even when these factors are corrected for there remains a significant unexplained gap in survival.

Large population-based data sets are useful for describing statistically significant differences between groups of people but less useful for explaining why such differences exist and whether the differences are clinically significant. The NSW study attempts to overcome this by selecting a nested subset of 87 Aboriginal men for a more detailed retrospective clinical analysis. It is suggested that Aboriginal men with localised prostate cancer within this group, may be getting less curative treatments than other Australian men. Due to small numbers and incomplete data, these conclusions need to be treated with caution but this would be consistent with other reports [5]. It is also suggested that Aboriginal and Māori men may be diagnosed later in their disease and this is reinforced by other quoted studies. These two papers [3,4] are unable to dissect the reasons for these discrepancies but geographical, cultural and economic barriers to accessing the full benefits of the health system are likely to be important contributors to the unexplained differences. Institutional racism is also a recognised but difficult to measure variable [5].

The currently evolving, *Movember* driven, Australian Prostate Cancer Clinical Registry will facilitate far more detailed stratified reports in future years, providing Aboriginal and Torres Strait Islander status is a mandated data field [6]. However, it will not necessarily answer the unexplained gap in survival that appears to be specifically related to being an Aboriginal, Torres Strait Islander or Māori man.

It is important to keep perspective here. In the big picture, death from prostate cancer is well out of the top causes of death for both Aboriginal and Torres Strait Islander and Māori men. Heart disease, diabetes, lung cancer, suicide and road traffic accidents lead the list. Although common, prostate cancer is a malignancy with a lower incidence among Aboriginal and Torres Strait Islander and Maori populations and, as a cause of cancer death, is dwarfed by lung cancer [1,2].

There is still much that we as medical, surgical and urological communities can usefully do. Support for local and government initiatives that address the social determinants of health including adequate housing, education, nutrition and meaningful life roles are keys to long-term improvement [7]. Similarly, support for measures which address smoking rates, alcohol abuse and obesity will benefit both indigenous peoples and the wider population.

Access to primary health services is being addressed in part through Aboriginal and Māori controlled health services. However, often the experience of indigenous peoples in secondary and tertiary health facilities can be one of intimidation and alienation. Surgeons can make a difference here by both personal example in their treatment of indigenous patients and through advocacy and support for institutional initiatives to create a culturally safe and welcoming environment. Increasing the number of indigenous health workers, including doctors and surgeons will also contribute to this end. The Royal Australasian College of Surgeons via the Indigenous Health Committee is currently developing a comprehensive plan to address the recruitment, training and support of Indigenous surgeons in Australia and New Zealand.

Finally, finding innovative ways of providing high-level prostate cancer services through smaller, less specialised facilities will provide dividends for those men living in remote and rural locations where both Aboriginal and Māori men are over-represented. This includes but involves more than, outreach services from specialised centres. Collaboration, integration with and support for the local, less specialised workforce is likely to increase the safety, range and accessibility of prostate cancer services. Local services are particularly appreciated in the context of Aboriginal and Torres Strait Islander and Māori culture [8].

Conflicts of Interest

None declared.

Phillip J. Carson

*Royal Darwin Hospital and Flinders NT Medical School, Tiwi,
NT, Australia*

References

- 1 Australian Bureau of Statistics. 2013. <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/A80BD411719A0DEECA257C230011C6D8?opendocument>. Accessed February 2015
- 2 New Zealand Ministry of Health. 2012. <http://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/maori-health-data-and-stats/tatau-kahukura-maori-health-chart-book/nga-mana-hauora-tutohu-health-status-indicators/life-expectancy-birth>. Accessed February 2015
- 3 Rodger JC, Supramaniam R, Gibberd AJ et al. Prostate cancer mortality and patterns of primary treatment for Aboriginal men in New South Wales, Australia. *BJU Int* 2015; 115(Suppl 5): 16–23.
- 4 Obertova Z, Scott N, Brown C, Stewart A, Lawrenson R. Survival disparities between Māori and non-Māori men with prostate cancer in New Zealand. *BJU Int* 2015; 115(Suppl 5): 24–30.
- 5 Moore S, Green A, Bray F et al. Survival disparities in Australia: an analysis of care and co-morbidities among indigenous and non-indigenous cancer patients. *BMC Cancer* 2014; 14: 517
- 6 Australian Prostate Cancer Clinical Registry. Requests for proposals for APCCR custodian. 2013. Available at: http://au.movember.com/uploads/files/2013/Programs/APCCR/Aus%20Prostate%20Cancer%20Clinical%20Registry%20EOI%20FINAL_130531.pdf. Accessed February 2015
- 7 Carson B, Dunbar T, Chenhall RD, Baile R eds. *Social Determinants of Indigenous Health*. Crows Nest, NSW: Allen and Unwin, 2007
- 8 Carson PJ. Providing specialist services in Australia across barriers of distance and culture. *World J Surg* 2009; 33: 1562–7

Correspondence: Phillip J. Carson, Royal Darwin Hospital and Flinders NT Medical School, Rocklands Drive, Tiwi, NT 0810, Australia.

e-mail: phillip.carson@nt.gov.au