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Heat on anti-smoke campaigns

REDESIGNING quit-smoking programs to make them more effective for Aborigines is one of the top priorities for reversing high rates of cancer in indigenous communities.

Researchers say tobacco-control programs have been “inadequate and ineffective” and reducing tobacco use “is crucial for decreasing the burden of cancer (and other chronic diseases) in indigenous Australians”.

Essential steps include improving health services targeting indigenous Australians, and ensuring that Aborigines are involved in these services.

Experts from the Menzies School of Health Research and the Institute of Advanced Studies at Charles Darwin University in the Northern Territory say Aborigines are “more likely to have cancers that have a poor prognosis, but which are largely preventable”. These include lung and liver cancer. Indigenous people are more likely to be diagnosed later, less likely to receive adequate treatment, and are more likely to die from cancer than non-indigenous Australians.

“The patterns of indigenous cancer incidence and mortality are largely explained by the higher prevalence of risk factors, most notably smoking, and by inadequate health system performance,” the authors say in *The Lancet Oncology*.

The authors highlight a lack of national information on indigenous cancer rates because data from some states is poor.

However, data from Queensland suggests indigenous Australians diagnosed between 1997 and 2002 were 1.5 times more likely to die from cancer than other Australians. In the Northern Territory, Aborigines diagnosed between 1991 and 2001 were 1.9 times more likely to die from cancer.

Five-year indigenous survival for thyroid cancer was 69 per cent, cervical cancer 37 per cent and breast cancer in females 56 per cent — compared with 95 per cent, 79 per cent and 85 per cent, respectively, for all Australians combined.

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