

Reducing the cervical cancer burden among Aboriginal and Torres Strait Islander women

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Cervical cancer incidence, worldwide





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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, 2009-2013



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



Lower proportion of localised cancers

23% less

Indigenous

46%

69%

Non-Indigenous

Why is the burden of cervical cancer greater among Indigenous women?



- Higher prevalence of high-risk HPV infection?
- Lower participation in cervical screening?
- Difference in cervical abnormalities?
- Difference in treatment after an abnormal Pap test?
- Something else?

Prevalence of HPV cervical infection, high risk genotypes





Source: Garland and others, BMC Medicine 2011, 9:104.





National

coverage data

not available

HPV vaccine coverage among 12-17 year old girls in Queensland, whole population verse Indigenous

girls 100% 84% 90% 80% 79% All 80% 70% 69% Indigenous 70% 60% 54% 50% 40% 30% 20% 10% 0% DOSE 1 DOSE 2 DOSE 3

Brotherton MJA 2013

Australian National Cervical Screening enzies Program - current

- Program introduced in 1991
- 2-yearly Pap test for women 18-69 years
- Pap Smear Register's responsible for data collection & reminder function
- 50% reduction in incidence and mortality since the introduction
- Indigenous status is not collected (pathology does not collect)
- 57.7% of Australian women participated in 2012-2013

Cervical screening participation



- 1980s and 1990s
 - Low participation reported from individual communities (mostly remote)
- 2006 Northern Territory
 - Remote only, ~75% of the Indigenous pop'n
 - Indigenous participation levels indirectly estimated
- National screening program
 - Nothing.

National Indigenous Cervical Screening Project



Aims

- Participation
- Prevalence of abnormalities
- Time to follow-up
- Survival following a cancer diagnosis
- Effect of comorbidity on screening
- Effect of comorbidity on survival



Linkage process





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

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





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

Cervical abnormalities are more common among Indigenous than other Australian women, in Queensland, school of he

- % Low and high grade abnormal pap tests higher among Indigenous women
- 16.6 verse 7.5 per 1,000
 histologically confirmed high grade abnormalities
- Higher prevalence of risk factors partly responsible



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





Concluding Remarks



- You cannot improve what you cannot see
- There are examples of screening success for Indigenous communities
- The Renewal presents a unique opportunity to get it right
- Critical to improvements is the involvement and consultation with Indigenous Australians

Future work



- Survival by screening status
- Under-screened Indigenous women
- HPV vaccination coverage Indigenous adolescents
- Health literacy
- Comorbidities & screening
- Comorbidities & Survival

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