

COSA Symposium Abstract - Issues and considerations for a lung cancer screening program for and with Victorian Aboriginal communities

Category: Conference Theme Stream – Lung Cancer

Keywords (maximum 5): Aboriginal and Torres Strait Islander health, lung cancer screening, Aboriginal community controlled health service, health equity

Title: Issues and considerations for a lung cancer screening program for and with Victorian Aboriginal communities

Author list:

Associate Professor Gavin Wright, VCCC Alliance Research & Education Lead, Lung Cancer

Dr Kalinda Griffiths, VCCC Alliance, Research & Education Lead, Aboriginal and Torres Strait Islander Health

Ms Clare O'Reilly, Executive Manager, Chronic Health, Victorian Aboriginal Community Controlled Health Organisation

Dr Jonathan Gillies, Public Health Medical Officer, Victorian Aboriginal Community Controlled Health Organisation

Symposium Abstract (300 words maximum):

In 2020, over 13,000 Australians are expected to be diagnosed with lung cancer and the number of new cases of lung cancer being diagnosed is continuing to increase year by year. While lung cancer is the fifth most commonly diagnosed cancer in Australia, it is currently the leading cause of death from cancer for both men and women in Australia. In 2020, the Australian Institute for Health and Welfare (AIHW) anticipates there will be over 8,500 deaths from lung cancer – representing 1 in 5 of all cancer deaths. In 2012-2016, 5-year relative survival rate from lung cancer was 18.6% compared to 69.2% for all cancers combined. Unlike other Australians, for Aboriginal and Torres Strait Islander people, lung cancer is both the most frequent cancer diagnosis and the leading cause of cancer death, both occurring at a younger age. Aboriginal Victorians are more than twice as likely to be diagnosed with cancers of the lung. Aboriginal Victorian males 2.8 times more likely to die from lung cancer than non-Aboriginal Victorian males. Aboriginal Victorian females are 4.2 times more likely to die from lung cancer compared to non-Aboriginal Victorian females. (Victorian Cancer Registry *Cancer in Victoria Statistics and Trends 2020*)

This symposium will outline the key issues in relation to implementing a lung cancer screening program for and with Victorian Aboriginal communities. The symposium will cover areas including screening protocols, consenting procedures, language, access to treatment and care, workforce challenges, psychosocial considerations, and research and Indigenous data sovereignty.

Presentation Titles:

A/Prof Gavin Wright – *Symposium Chair*

Dr Kalinda Griffiths - *Indigenous Data Sovereignty and to Drive Aboriginal and Torres Strait Islander Cancer Equity*

Ms Clare O'Reilly & Dr Jonathan Gillies – *Lung cancer screening: considerations from an Aboriginal Community Controlled Perspective*

Individual Abstracts:

Lung cancer screening: considerations from an Aboriginal Community Controlled Perspective

Dr Jonathan Gillies & Ms Clare O'Reilly

Abstract

There should be strong evidence to support the implementation of a lung cancer screening program with Aboriginal and Torres Strait Islander people. The 3rd edition (2018) of the NACCHO/RACGP guide to a preventative health check has not yet recommended population screening for lung cancer: "Population-based screening of either high-risk or low-risk people with either chest X-ray or low-dose computed tomography (CT) is not recommended at this time." In addition to evidence to support the efficacy of a screening program, a number of workforce, cultural safety and treatment access considerations need to be taken into account. Chief among these is adequate resourcing to be provided to participating Aboriginal Community Controlled Health Organisations to a) ensure adequate preparation for Aboriginal communities prior to implementation of a lung cancer screening program and b) ensure lung screening follow-up can be undertaken. This presentation will highlight the workforce and system needs required to achieve a culturally safe and effective lung cancer screening program for the Victorian Aboriginal Community.

Indigenous Data Sovereignty and to Drive Aboriginal and Torres Strait Islander Cancer Equity

Dr Kalinda Griffiths

Abstract

There have been ongoing considerations with the collection and use of data used for research and reporting of cancer impacting Aboriginal and Torres Strait Islander peoples (hereafter, respectfully Aboriginal) in Australia. This has included issues with the under identification of Aboriginal people within the data, a willingness to identify within the data as well as whether those data collected represent the views and understandings of Aboriginal peoples. Much of this is a systems issue, and there are a range of factors that contribute to Aboriginal people engaging, or not, within health services and specialist care that can have ongoing impacts on individual outcomes as well as population level research and reporting. The data that is collected and used to describe cancer and Aboriginal people therefore requires a broader discussion to better support self-determination and to identify and report on Aboriginal priorities in the data. Aboriginal people and communities have a fundamental right to:

1. Control their data
2. Develop their data
3. Use their data
4. Maintain their data
5. Protect their data

Asserting the fundamental rights of Aboriginal and Torres Strait Islander people in the use of data requires the design and implementation of a process that enables and incorporates Aboriginal

culture, including values, understandings, and aspects of Aboriginal ways of knowing, being and doing. This talk will spotlight Indigenous Data Sovereignty and how it can better support the cancer journey for Aboriginal people.