
First Nations Cancer Surveillance Project:
Grand Council Treaty # 3 Results
May 17, 2017
CCO
Cancer Care Ontario
Ontario
Cancer Care Ontario

Grand Council Treaty #3 Involvement with Cancer Care Ontario on First Nations Cancer Surveillance Project

Resolution # CA-14-14

Treaty #3 Chiefs in Assembly gathered on October 23, 2014 in Seine River, a resolution was passed enabling membership lists to be included in the First Nations Cancer Surveillance Project to enable a comprehensive profile of cancer burden of Treaty #3 Status First Nations in the province of Ontario.

Background: First Nations Cancer Surveillance Project

Collaborative project with 3 partner organizations, guided by the First Nations principles of OCAP® (Ownership, Control, Access and Possession). A Data Governance Agreement and two Data Sharing Agreements say how the partners will work together to ensure the OCAP principles are followed.

Data sources:

- Indian Registration System (IRS); Ontario Cancer Registry (OCR)

Project description:

- Joint application to AANDC/INAC to access the IRS for identification of First Nations in the OCR
- Calculate cancer burden statistics for First Nations in Ontario from 1991 to 2010

Background

1991-1995: First cancer burden report was prepared and shared with First Nations groups

1997-2001: JOACC was created and the ACCU was established

2011-2013: Joint application to AANDC/INAC for IRS data, data are released

2014: GCT#3 passes resolution to participate in provincial report, and have GCT#3 specific report

2017: GCT#3 results are released to the GCT#3 Health Council (February 2017)

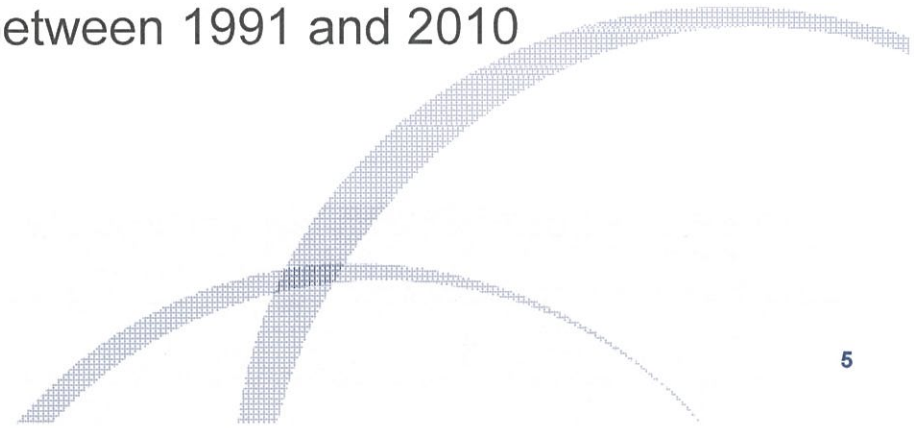
Cancer Care Ontario

Steps to develop the GCT#3 report

1. Link IRS to the Registered Persons Database to identify First Nations who lived in Ontario and GCT#3 members (per Resolution CA-14-14)

2. Link to Ontario Cancer Registry to identify First Nations people diagnosed with cancer between 1991 and 2010 (464 GCT#3 members with cancer identified)

3. Cancer Care Ontario estimates cancer burden in GCT#3 members, other First Nations people and other people in Ontario between 1991 and 2010

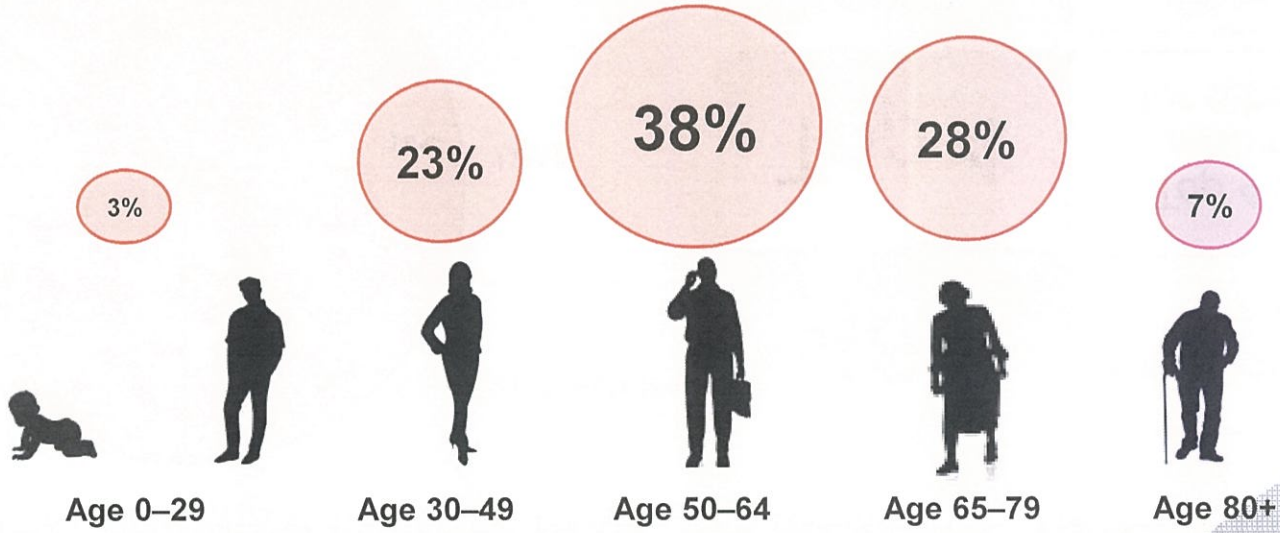


Results

Cancer Care Ontario

64% of cancers are diagnosed in GCT#3 members under age 65 (43% in other Ontarians)

% of new cancers diagnosed in GCT #3 members by age group

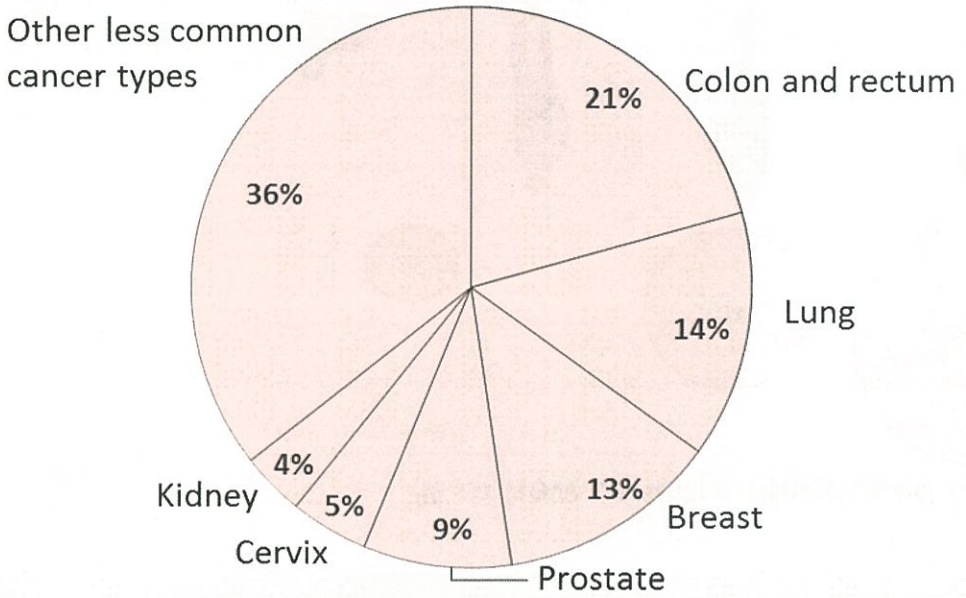


- Higher % of cancers in GCT #3 under age 65 because population is younger
  - Cancer is very rare in children and young adults (only 3% all cases)

Cancer Care Ontario

Nearly 60% of cancers diagnosed in GCT #3 are colorectal, lung, breast and prostate

Most common cancers in GCT#3 members, 1991–2010



464

- # of cancers diagnosed in GCT #3 members

Top 4

- Top 4 cancers in GCT #3 members are the same for other people in Ontario

Cervix and kidney cancer

- More common among GCT #3 members than other people in Ontario

Cancer Care Ontario

Cancer Incidence

The number of people newly diagnosed with cancer per 100,000 people in the population per year in 1991—2010

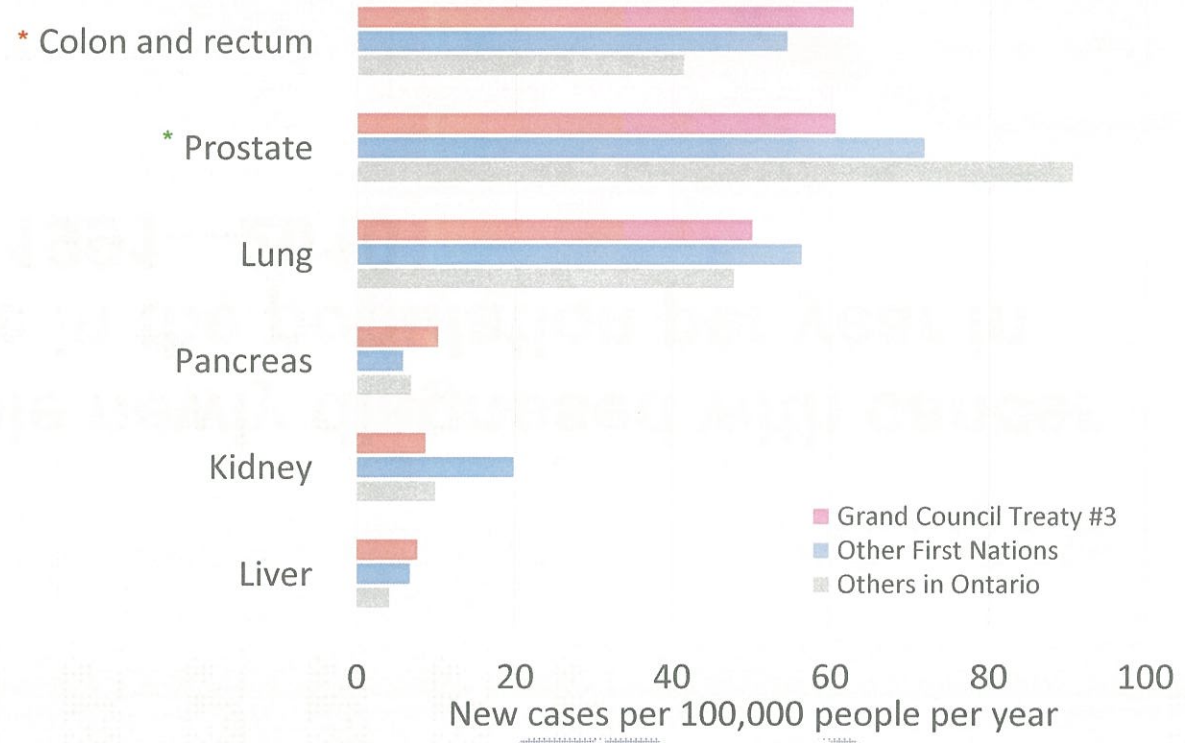
Higher rates of colorectal cancer in GCT #3 men; Lower rates of prostate cancer in GCT #3 men

HIGHER

Colon and rectum cancer compared to other males in Ontario

LOWER

All cancer types combined, and prostate cancer compared to other males in Ontario



Cancer Care Ontario

Important differences:

* GCT#3 rates are **higher** than other men in Ontario
* GCT#3 rates are **lower** than other men in Ontario

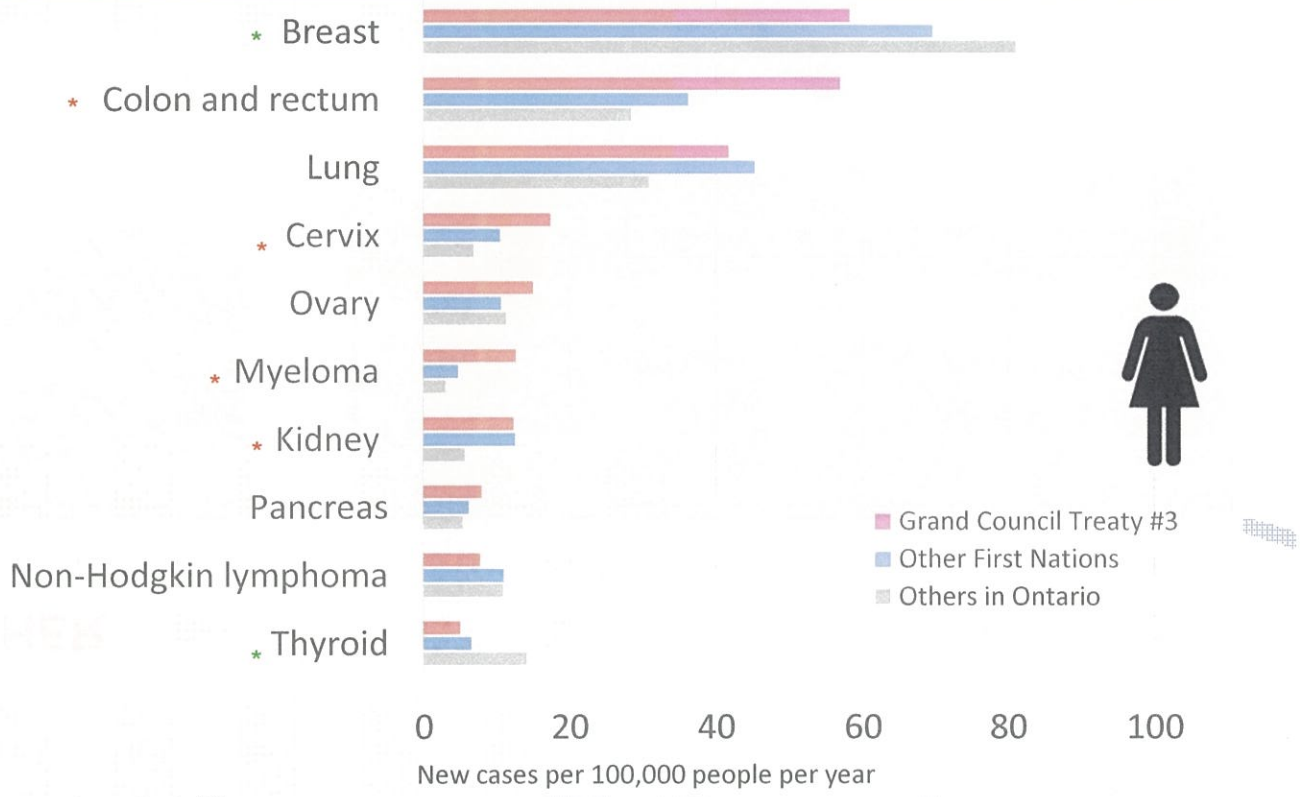
Higher rates of colorectal, cervical, myeloma, kidney cancer in GCT #3 women, lower rates of breast, thyroid cancer

HIGHER

Colon and rectum, cervix, myeloma, kidney cancer compared to other females in Ontario

LOWER

Breast and thyroid cancer compared to other females in Ontario



Important differences:

* GCT#3 rates are **higher** than other women in Ontario

* GCT#3 rates are **lower** than other women in Ontario

Cancer Care Ontario

Summary: *Which cancers are higher or lower in GCT #3 members than in other people in Ontario?*

GCT # 3 cancer rates HIGHER than rates for other people in Ontario

Cancer type	Male	Female
Colon and rectum	✓	✓
Myeloma		✓
Cervix		✓
Kidney		✓

GCT # 3 cancer rates LOWER than rates for other people in Ontario

Cancer type	Male	Female
All cancer types combined	✓	
Breast		✓
Prostate	✓	
Thyroid		✓

Cancer Care Ontario

Cancer Mortality

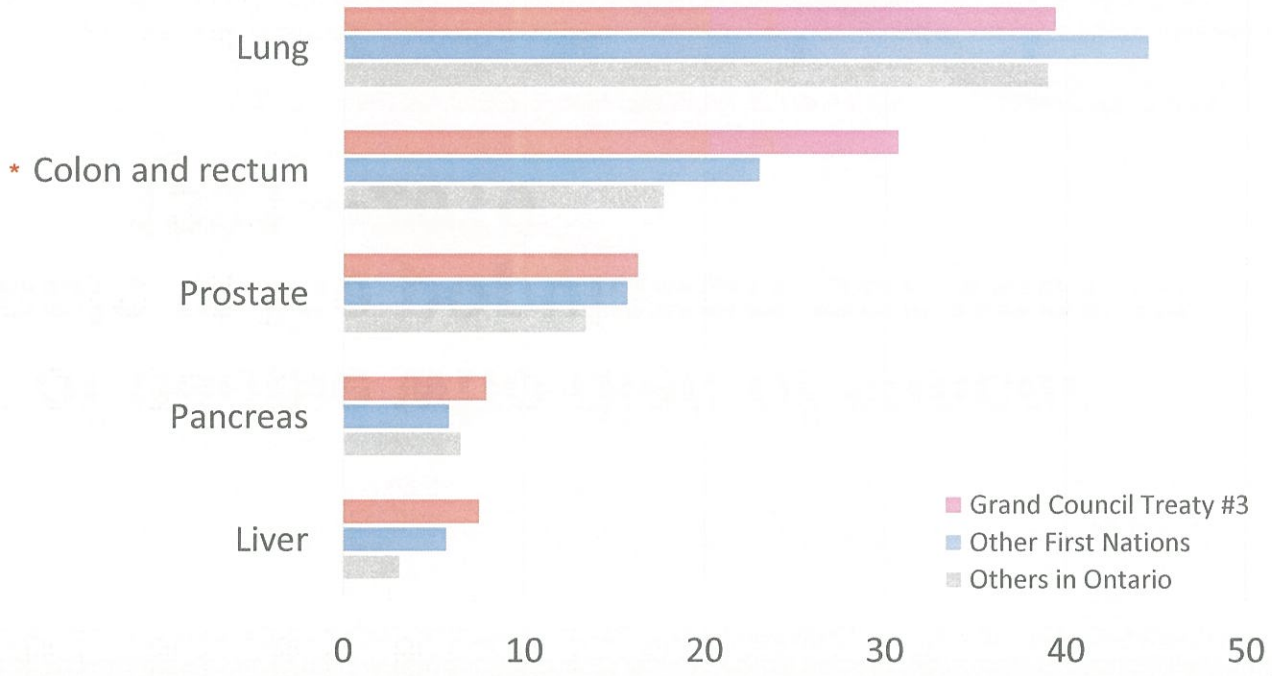
The number of people who died of cancer per 100,000 people in the population per year in 1991—2010

Cancer Care Ontario

Higher **mortality** from colorectal cancer in GCT#3 men

HIGHER

Colon and rectum cancer deaths compared to other Ontarians



Cancer Care Ontario

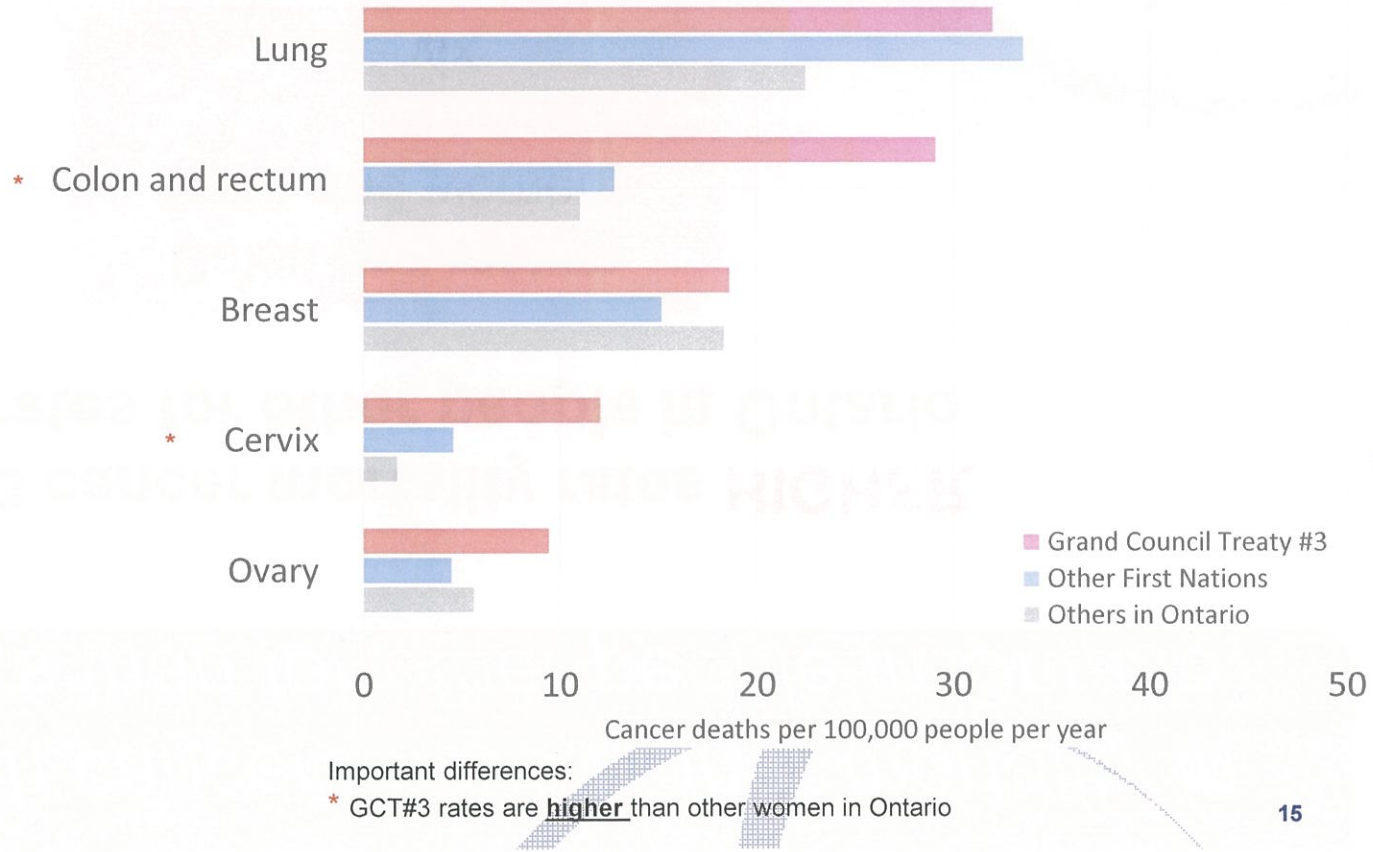
Important differences:

* GCT#3 rates are **higher** than other men in Ontario

Higher **mortality** from colorectal and cervical cancer in GCT#3 women

HIGHER

Colon and rectum, cervical cancer deaths compared to other Ontarians



Important differences:

* GCT#3 rates are **higher** than other women in Ontario

Cancer Care Ontario

Summary: *Which cancers have higher mortality in GCT#3 members than for other people in Ontario?*

GCT#3 cancer mortality rates HIGHER than rates for other people in Ontario

Colon and rectum
(men and women)

Cervix

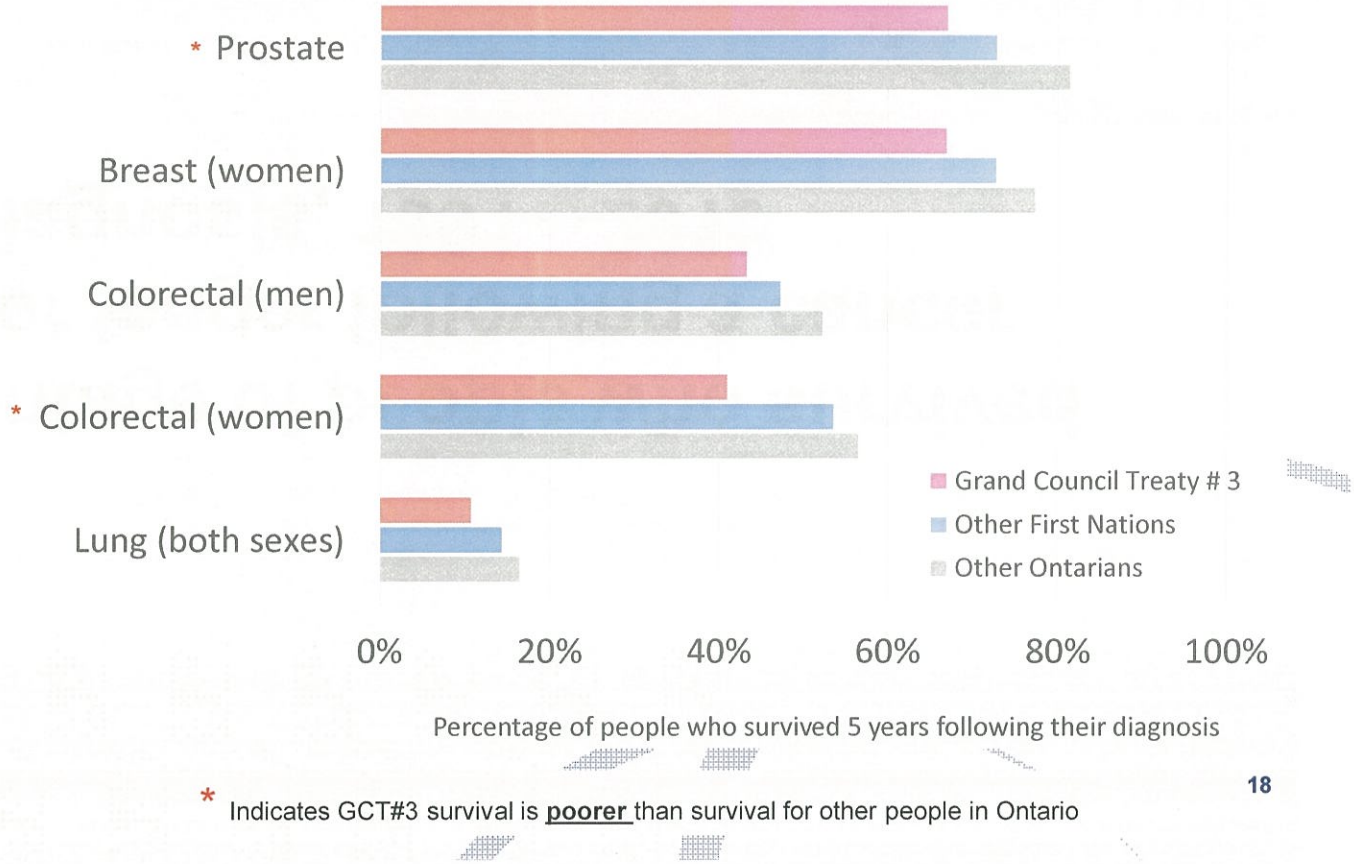
Cancer Care Ontario

Cancer Survival

The percentage of people who survived 5 years or longer following a cancer diagnosis, 1991—2010

Poorer **survival** for prostate and female colorectal cancers in GCT # 3

Poorer survival from prostate and colorectal cancer (in women) compared to other people in Ontario



* Indicates GCT#3 survival is **poorer** than survival for other people in Ontario

Cancer Care Ontario

Summary: *Which cancers have poorer survival in GCT#3 members compared to other people in Ontario?*

Cancer survival poorer for GCT#3 members than for other people in Ontario

Colon and rectum (Women)

Prostate

What factors affect cancer?

- Multiple factors can impact your risk of cancer
- Some risk factors are more known than others
  - **Health behaviours**: Smoking, obesity, alcohol, diet physical activity are all risk factors for cancer
  - **Health conditions**: Type 2 diabetes, Hepatitis B & C, high blood pressure, *H. pylori* infection also increase risk of certain cancers
  - **Cancer screening**: Regular screening tests can help detect pre-cancer or cancer at an early stage when it is easier to treat

What factors affect cancer?

- Other influences —environment, resources, socioeconomic conditions and inter-generational trauma may contribute to cancer risk. The direct impact is less clear but still important to consider when understanding cancer from a First Nations perspective

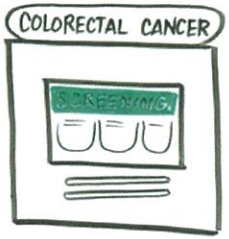
- CCO's recently released report, *Path to Prevention*, contains 22 policy recommendations for reducing chronic disease (including cancer) in First Nations, Inuit and Métis peoples

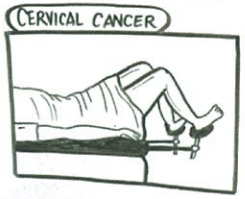
Take home messages – *what should be done?*

- Reducing modifiable cancer risk factors will have the biggest impact in lowering overall cancer rates
- Smoking, obesity and diet are modifiable risk factors associated with many cancers diagnosed in First Nations
  - Advocating for policies that support smoking cessation initiatives, improve access to healthy foods, and increase physical activity can not only decrease cancer rates but also help prevent future cancers from occurring **(path to prevention)**
- Modifiable risk factors also help decrease the risk of Type 2 diabetes and high blood pressure. By decreasing the risk of these conditions, your risk of cancer will also decrease

Take home messages – *what should be done?*

It is important to get screened for cancer





- Increasing education and awareness to enhance participation in colorectal cancer screening can help decrease the high mortality rates in GCT#3 members.
- Increasing education and awareness to enhance participation in mammography and follow-up of abnormal tests can help catch the disease early, before it spreads, when it is easier to treat.
- Regular screening with a Pap test can prevent cervical cancer from developing. Efforts to increase Pap test screening has proven successful with large decreases seen in cervical cancer rates

Next Steps

Creating a report for GCT#3 Chiefs and Health Directors

- **Report will be guided by** a knowledge translation and exchange framework to support understanding of what the data are telling us
- **April 20, 2017:** met with Shelley Skye and Noella Mandamin to discuss report outline and working relationship
- **Advisory Committee** being developed, first meeting under discussion, will likely occur July 2017
- **Aiming to release** Fall/Winter 2017

Next Steps for Phase I and Phase II of IRS work

Complete Phase 1 of cancer surveillance working group

- Provincial cancer burden report
- GCT#3 cancer burden report

Under discussions for Phase 2 to re-access IRS to develop other reports

- Cancer screening activity reports
- Community cancer reports
- PTO specific reports

Request to Share Cancer Surveillance Project Results with Northwest Regional Cancer Program

- The Northwest Regional Cancer Program is an important partner to Cancer Care Ontario, as it is responsible for providing all cancer services to people living in the region (i.e. diagnosis, treatment, prevention, cancer screening and palliative or end-of-life care).
- In partnership with Cancer Care Ontario, the Northwest Regional Cancer Program has been working closely with Grand Council Treaty #3's Health Council and communities to improve access to cancer services, for example:
  - Mobile Cancer Screening Coach
  - Healthy Living and Cancer Education Series
  - Distribution of Cancer Screening Toolkit and Training
- This work by the NWRCP in collaboration with CCO has made possible the development of the annual report to GCT#3

Request to Share Cancer Surveillance Project Results with Northwest Regional Cancer Program

- In order for the NW RCP to continue to improve the cancer services to GCT #3 communities it would be highly beneficial to GCT #3 communities if the Northwest Regional Cancer Program could have access to the aggregate Treaty #3 results from the Cancer Surveillance Project – aggregate results will not include personal information
- This will provide the NW RCP with information on the cancer needs of GCT #3 communities and allow them to develop targeted interventions to address cancer needs in partnership with Treaty #3 communities.
- A draft Resolution has been prepared for the consideration of the Chiefs in Assembly. If consent is granted to share the information, names and other personal-identifying information will be removed (*i.e. only aggregate data will be shared*). The data we reviewed earlier in this presentation is what would be shared with the NW RCP.

Request to Share Cancer Surveillance Project Results with Northwest Regional Cancer Program

- The Cancer Surveillance Project at Cancer Care Ontario:
  - Respects and upholds the sovereign rights of First Nations and the authority conferred or mandated to their representative bodies.
  - Upholds the principles of Ownership, Control, Access and Possession (OCAP) which flow from those rights, and mandates that First Nations have control over the collection, use and disclosure of information about their communities.
- Cancer Care Ontario will honour its OCAP commitments to Grand Council Treaty #3, and its obligation to protect the personal privacy of communities and community members, and we will only share information with the consent and approval of the Chiefs in Assembly.

Cancer Care Ontario

Thank you Miigwetch

Questions?

Cancer Care Ontario