

Inequity in breast cancer surveillance in Taranaki

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Breast Cancer in Aotearoa

- 3500 diagnoses and 650 deaths annually
- National Breast Screening Program
- Māori Wāhine
 - Higher age adjusted incidence
 - Fewer screening mammograms
 - Diagnosed at a younger age
 - More advanced disease at diagnosis
 - Longer delay from diagnosis to treatment
 - Higher mortality



Breast Cancer Surveillance

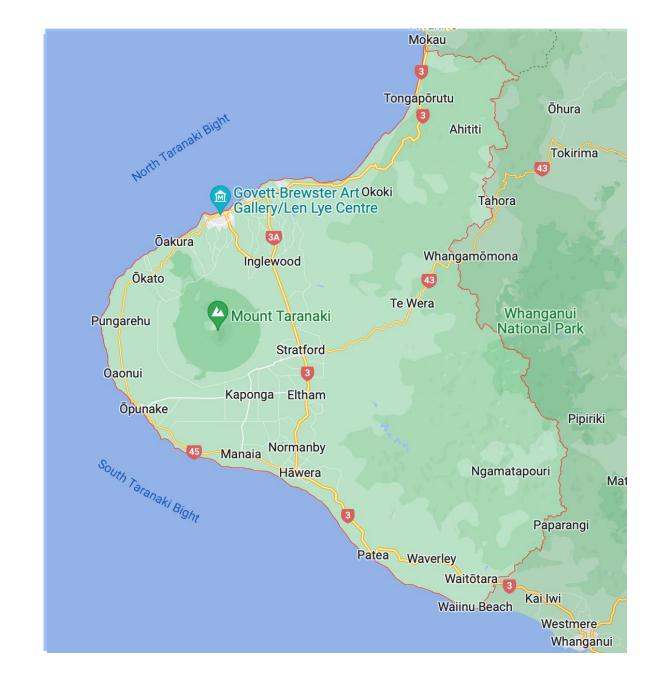
 Survivors should receive yearly surveillance mammograms (NZ MoH)

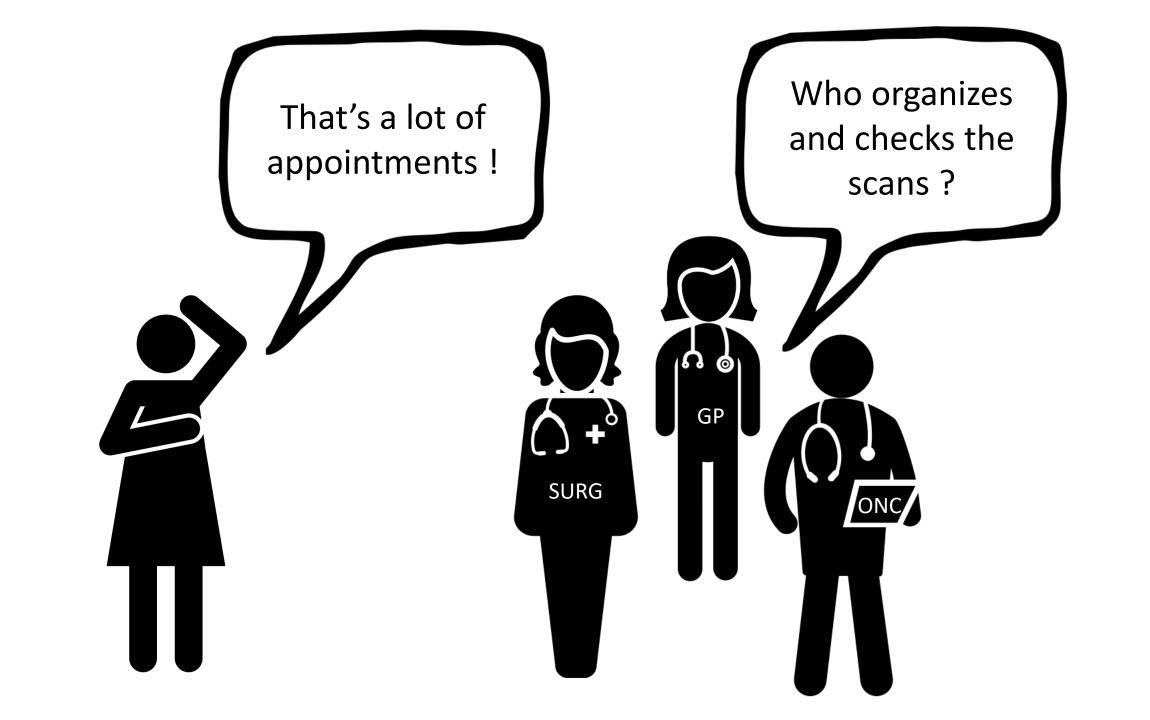
 Early detection of recurrent and new disease



The Patient Journey in Taranaki

- Regional population: 117,000
- 65% Urban, 20% Māori
- Surgical and Radiology services located in New Plymouth
- No protocolized surveillance schedule
- No automated radiology recall system

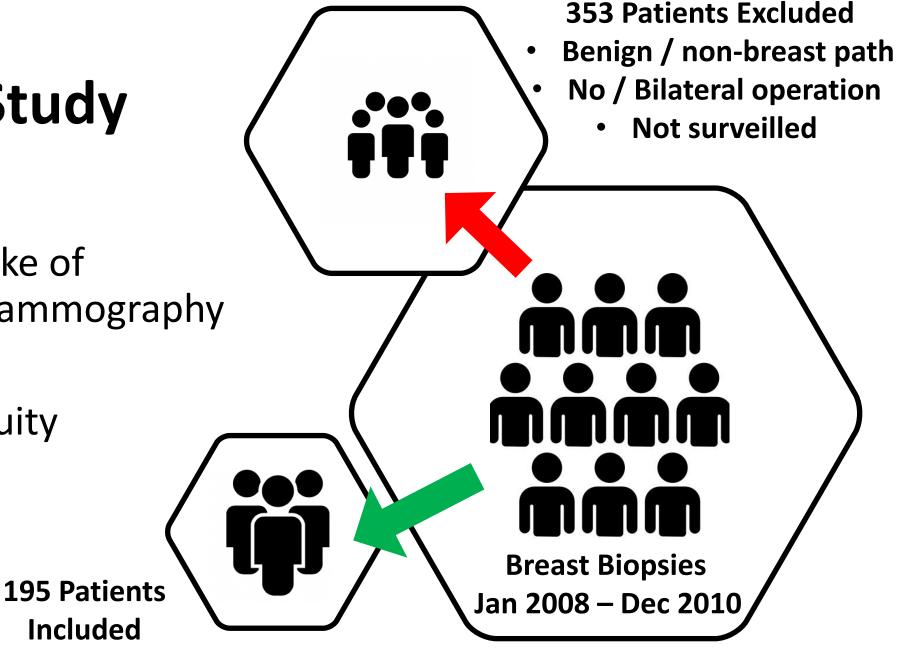






 Study the uptake of surveillance mammography

- Probe for inequity
 - Ethnic
 - Rural



Our Patients



Age 57+/-13 years



Ethnicity 11.8% Māori

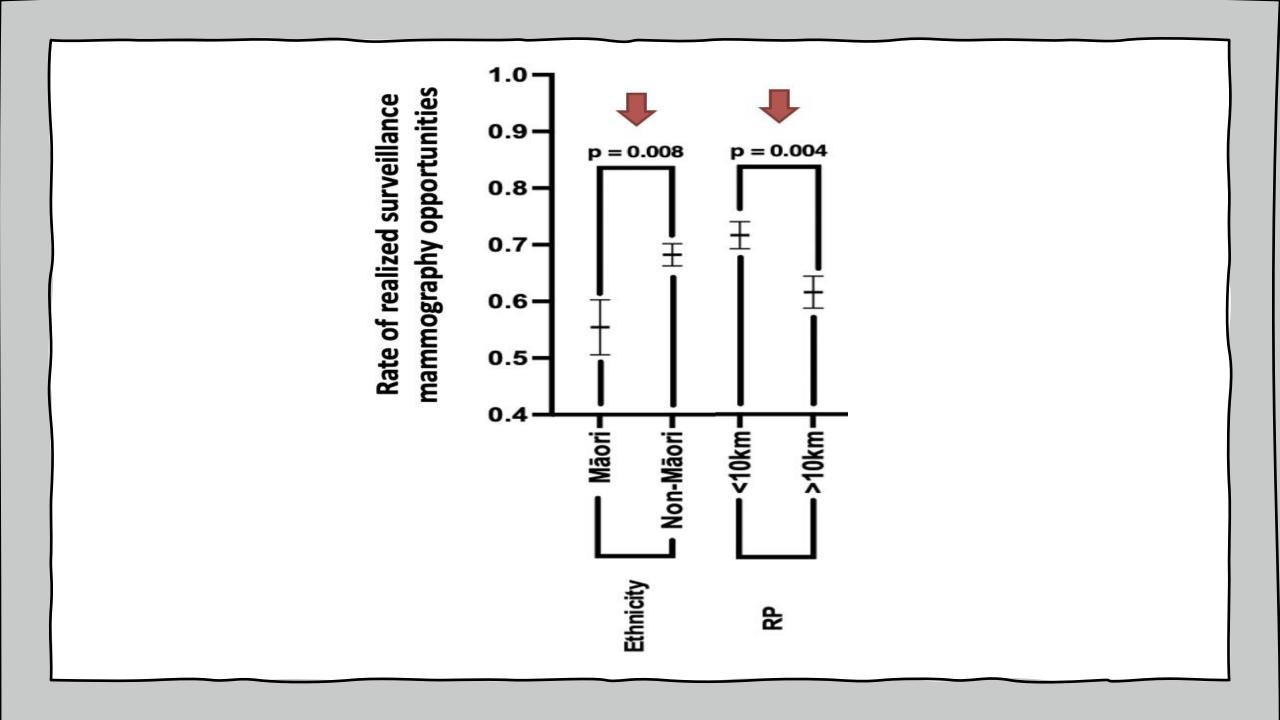


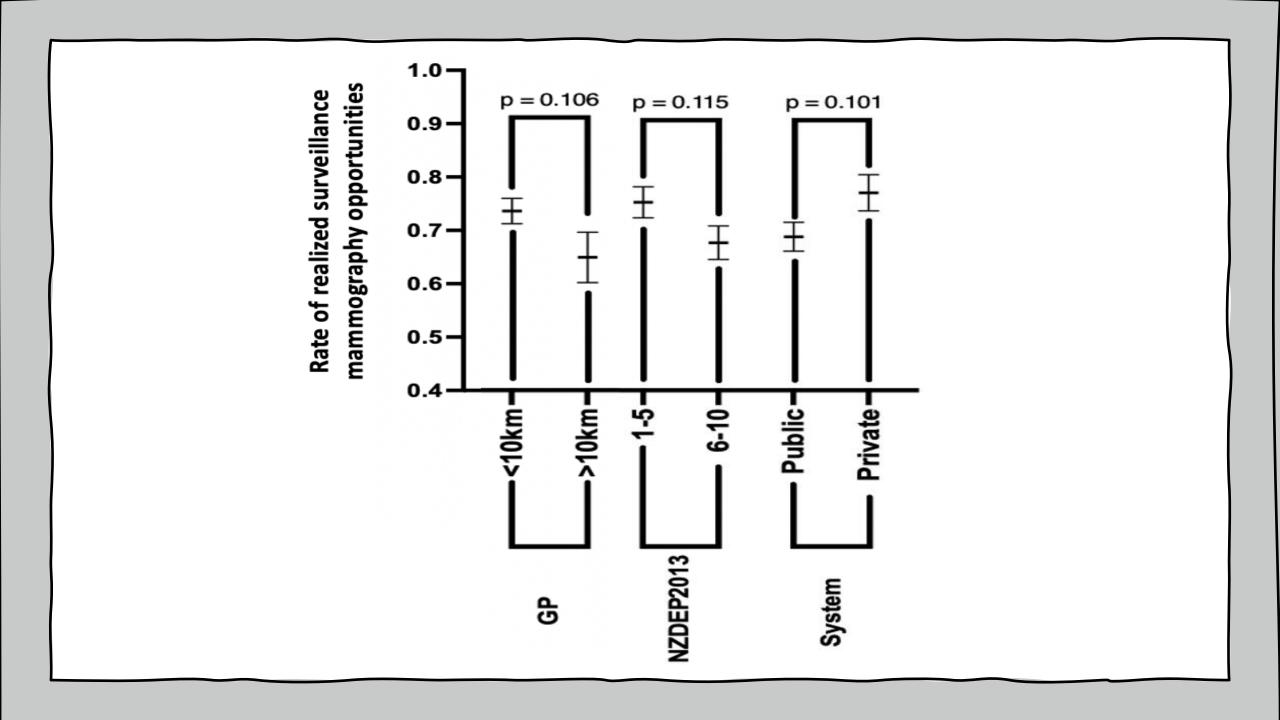
Distance to GP 0.1 – 97 km



Distance to Radiology 0.2 – 117 km Surveillance mammography rates Mammogram in 6.03 out of 10 first post-operative years

67% of the mammogram opportunities fulfilled



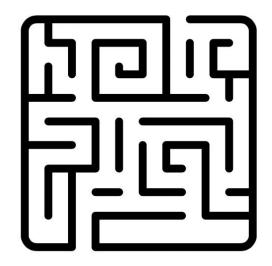


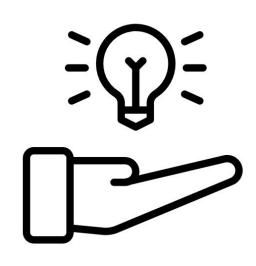
MĀORI PATIENTS

- Did not live further from their GP or radiology provider than non-Māori patients.
- Presented at a significantly younger age (p=0.002) with significantly larger tumours (p=0.012).
- Tended to live in higher deprivation areas and be under-represented in the private sector cohort.

How can we improve?

- Decentralization
 - Mobile mammography services
 - Telehealth
- Protocolized follow up schedule
- Automatic recall / free selfreferral system





Conclusion



67% of surveillance mammography opportunities realized



Inequities affect Māori and those living rurally



Further research and patient consultation needed



We have a responsibility to improve our patient care and combat inequity



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