

Needs of Maori a priority to address poor stomach cancer survival - researchers

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New research shows that Māori diagnosed with stomach cancer are 27% less likely to survive than non-Māori, prompting calls for recently-released national stomach cancer standards to prioritise the needs of Māori.

A just-published University of Otago, Wellington study comparing 172 Māori stomach cancer patients with 163 non-Māori patients found Māori patients were younger, more likely to have disease in the lower (distal) part of the stomach, had less access to specialised surgical services, and were less likely to survive once diagnosed.

Lead researcher Virginia Signal says Māori have five times the rate of stomach cancer compared with non-Māori, and the study's finding about their survival is consistent with previous research.

On average around 390 people in New Zealand develop stomach cancer each year and 276 die of the disease.

The differences in the type of care that Māori stomach cancer patients receive may, at least in part, account for their poorer survival, Signal says.

"Because Māori are more likely to have distal disease, they are more likely to undergo less complex partial gastrectomy. However, they are less likely to have surgery performed by a specialist upper gastrointestinal surgeon and less likely to be treated in a main centre,

regardless of where their tumour is sited," she says.

The higher rate of distal cancer for Māori also suggests differing factors causing the disease than those for non-Māori, Ms Signal says.

Infection with H Pylori – the bacterium that causes chronic inflammation of the inner lining of the stomach (gastritis) – and smoking are two known risk factors for distal [stomach cancer](#). H Pylori infection tends to be acquired in childhood, and is associated with overcrowding and deprivation, she says.

"Further research into the risk factors for Māori is needed, but these findings add weight to a continued emphasis on childhood poverty and reducing smoking among Māori, as well as investigating other [risk factors](#) for, and treatment of, H Pylori infection, particularly among Māori."

A further concern highlighted by the study is the higher likelihood of comorbidities among Māori patients, Signal says.

The presence of one or more additional diseases is known to impact on patients' quality of care and survival rate, she says.

"Comorbidity amplifies the complexity of, and can delay or change, the treatment pathway. These patients require well-coordinated care and services to ensure they have the best possible patient journey."

While the recent publication of national standards for the provision of services for upper gastrointestinal [cancer patients](#) in New Zealand and the introduction of faster [cancer treatment](#) times and care coordination are positive developments, Māori must be prioritised in order to address inequities, Signal says.

"The next step for our research will be to talk to key people in the cancer sector about these findings and how to ensure that prioritisation occurs."

The study is published online in the international peer-reviewed journal *Gastric Cancer*.

Provided by University of Otago

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