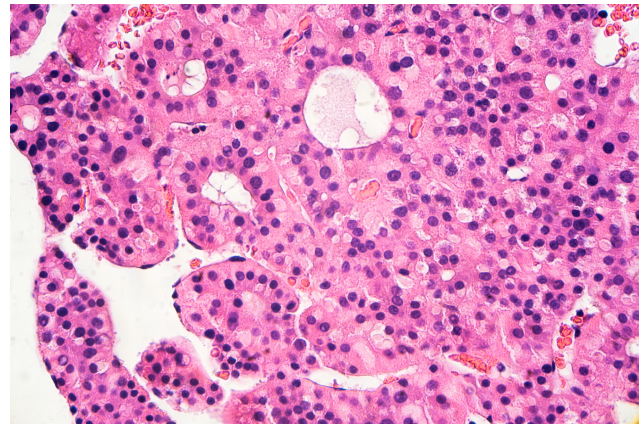


Cancer care and outcomes through a health equity lens

This issue of the *MJA* focuses on cancer, with a wide spectrum of research, commentary and clinical reports in this area. Articles include perspectives on lung cancer screening for Aboriginal and Torres Strait Islander people (doi: 10.5694/mja2.52084) and the impact of COVID-19 on cancer outcomes in Australia (doi: 10.5694/mja2.52125); and research on treatment intervals and survival for women diagnosed with early breast cancer in Queensland (doi: 10.5694/mja2.52091) and health care service use by people diagnosed with invasive melanoma (doi: 10.5694/mja2.52122).

The perspective by Brown and colleagues on lung cancer screening for Aboriginal and Torres Strait Islander people discusses the opportunities to address health inequities when the Australian national Lung Cancer Screening Program begins in July 2025 (doi: 10.5694/mja2.52084). The authors point out that both age-adjusted rate and deaths from lung cancer are “double the rates found in non-Indigenous populations”, with lung cancer being the both the most common cancer and the leading cause of cancer death in Aboriginal and Torres Strait Islander people. They note that “The disproportionate lung cancer burden means that [a Lung Cancer Screening Program] could deliver greater benefits to Aboriginal and Torres Strait Islander communities and reduce the disparity with non-Indigenous Australians”. However, as they further note, “An understanding of historical and cultural contexts of Aboriginal and Torres Strait Islander wellbeing in a settler colonial state is essential” and will be crucial to realising these benefits.

The perspective by Canfell and colleagues on the impact of COVID-19 on cancer outcomes in Australia is a good reminder that the effects of COVID-19 will be with us for a long time (doi: 10.5694/mja2.52125). The results are complex although largely reassuring: the authors note that “although health services were disrupted and there is evidence that the pandemic affected cancer screening, diagnosis and treatment services in Australia, there is no indication yet of increased cancer mortality at a whole-of-population level”. However, as the authors conclude, long term review and analysis will be needed — at national and state level — to fully understand the impact, especially as we do not yet have national cancer registration data for 2020. Furthermore, the authors observe we must



“consider that COVID-19 may have exposed and exacerbated existing gaps in detection and cancer care, particularly for those already experiencing disadvantage”.

The research by Lindsay and colleagues is an analysis according to residential socio-economic disadvantage and remoteness of health care service use by Queenslanders with primary diagnoses of invasive melanoma — a cancer with a high incidence in Australia, and especially high incidence in Queensland (doi: 10.5694/mja2.52122). Their results are hopeful, showing that there are relatively minor differences in health care service use and that access to health care for people with melanoma is fairly equitable in Queensland. However, the authors note that “Optimising service delivery to ensure maximal health benefits for everyone should remain the goal, using frameworks for reducing inequity in health care, such as the [yet to be published] Australian Cancer Plan” — a conclusion that underscores the importance of including a health equity lens across all of health care and medical research. ■

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