The Lowitja Institute

National Indigenous Cancer Network (NICaN) Launch

Address

by

Pat Anderson

Chairperson, the Lowitja Institute

Sydney
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Good morning ladies and gentleman, brothers and sisters.

Let me begin by acknowledging the traditional custodians of the land upon which we are meeting today, and to thank Donna Ingram for her kind welcome to country.

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The Lowitja Institute’s journey along the path of cancer research began in a typically personal and direct way.

Three Aboriginal women from the Gold and Sunshine Coasts attended a meeting held by the Lowitja Institute in Adelaide a few years ago.

All were cancer sufferers and all were deeply concerned about the issues and needs of Aboriginal people and families dealing with the disease.

They asked us to do “something” about cancer and its effect on Aboriginal families and communities.

The “something” began in 2010 when the Lowitja Institute held a National Roundtable on Aboriginal and Torres Strait Islander Cancer Research, which has led to the Institute being here today as a partner in the launch of the National Indigenous Cancer Network.
Sadly two of those women have now passed away.

But I would like to acknowledge those three women, and all the other members of the Aboriginal and Torres Strait Islander community, who have set us on the path of improving the lives of those people and families affected by cancer.

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Cancer is a disease that doesn’t know any boundaries.

It doesn’t care who you are.

You can be black or white, old or young, a woman or a man, gay or straight.

Cancer is not prejudiced.

And which one of us it chooses to attack can seem to be random, a matter of chance.

But behind this seeming randomness, the research tells us there are patterns in the appearance and treatment of cancer.

Of course, there are risk factors, now well-documented.
But as far as cancer amongst Aboriginal and Torres Strait Islander people is concerned, there are some other patterns.

For example, our people are diagnosed on average later and with more advanced disease, than non-Aboriginal people.

And once-diagnosed, we are less likely to have treatment, and more likely to have to wait longer for surgery than non-Aboriginal people.

Partly for these reasons, it remains (as we have heard) one of the most serious health threats facing Aboriginal and Torres Strait Islander people.

This is why I welcome today’s launch of the National Indigenous Cancer Network.

It is a significant step forward in addressing cancer amongst Australia’s First Nations.

The Network is also a great example of a new, strategic approach to research in Aboriginal and Torres Strait Islander health.

First and foremost, the network is a collaborative effort: led by Menzies School of Health Research through the new Centre for Research Excellence (CRE)
addressing cancer in Aboriginal and Torres Strait Islander people, it is also being supported by the Australian Indigenous HealthInfoNet, Cancer Council Australia and of course the Lowitja Institute.

This collaborative approach is evident from the history of the development of the Network.

In 2010, the Lowitja Institute, supported by Gail Garvey and her team (then at the Queensland Institute of Medical Research) hosted a National Roundtable on Aboriginal and Torres Strait Islander Cancer Research.

This roundtable brought together almost 50 leaders in cancer research, with service providers, and of course Aboriginal and Torres Strait Islander cancer survivors themselves.

The roundtable’s strongest recommendation was the need to ensure that cancer research builds upon what is already known, and that the results are made available to people with cancer, their families, service delivery organisations and policy makers.

In other words, Aboriginal and Torres Strait Islander cancer research needs to be strategic, and its results need to be translated into practice.

And this is exactly what the Network aims to do.
The Network partners will ensure that the latest, nationally collated information is available to researchers, practitioners and families.

And it will ensure that cancer in our communities is tackled by sharing and building upon the activities of cancer research across Australia, rather than in isolation within state borders.

Until now cancer has not been a high priority on the Indigenous health agenda, but forging a nationally coordinated, collaborative approach will go a long way to addressing the disparities in cancer outcomes for Aboriginal and Torres Strait Islander people.

I would also like to comment on the important work of building Indigenous research capacity.

The Lowitja Institute places a high priority on capacity building in all its research projects.

Gail Garvey has shown great leadership, and the Centre for Research Excellence will continue this work.

Amongst the CRE’s researchers are two Indigenous students who both began their research careers with support from our predecessor organisations, the Cooperative Research Centres.
Kalinda Griffiths began her research training as a lab assistant under the CRC for Aboriginal and Tropical Health, and is now doing her PhD on Disparities in lung cancer care and outcomes in New South Wales’, through Sydney University.

And Lisa Whop began with a cadetship from the CRC for Aboriginal Health, completed a Masters in Applied Epidemiology at ANU, received a Sydney Myer Health Scholarship in 2010 and is doing her PhD on the effectiveness of screening programs for cervical cancer among Aboriginal and Torres Strait Islander women.

I congratulate Gail and her team for their work, and the Menzies School of Health Research, the Australian Indigenous HealthInfoNet and Cancer Council Australia for their leadership and support.

I am also pleased and proud to commit the Lowitja Institute to continue its support for Aboriginal and Torres Strait Islander cancer research through partnership in the Network.

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Whenever we hear of a diagnosis of cancer, we always know that someone’s life story – and the story of their family and friends – is going to be changed, often dramatically.
Some of the changes that cancer brings are difficult, or frightening.

But we also hear stories of inspiration, hope and courage from Aboriginal and Torres Strait Islander cancer sufferers and survivors, just as we’ve heard from Adelaide today.

And I am hopeful that the National Indigenous Cancer Network we are launching today will mean that we hear more of those positive stories of survival in our communities for many years to come.

Thank you.