

# Māori cancer burden in Aotearoa New Zealand: Integrating national data and whānau experience

## Aim

To integrate national data on Māori cancer burden with whānau voice; demonstrating the need for Te Tiriti-consistent, Māori-led transformation across the cancer continuum.

## Background

Cancer remains the leading cause of death for Māori in Aotearoa New Zealand. Despite improvements in cancer outcomes for the whole population, Māori continue to experience higher incidence, later diagnosis, poorer access to timely treatment and lower survival than non-Māori. These inequities reflect the enduring impacts of colonisation, shaping social, economic, cultural, and systemic conditions, and cannot be attributed to individual behaviour alone.

## Approach

This poster synthesises quantitative data from the *State of Cancer 2025* report together with qualitative insights and solutions from *Rongohia te Reo, Whatua he Oranga: The Voices of Whānau Māori affected by Cancer (2023)* to examine how cancer system design shapes outcomes for Māori.

## Key Findings

### Māori experience a higher incidence of cancer compared to European/Other ethnicities.

- Māori were 1.25 times more likely to be diagnosed with cancer than people of European/other ethnicity.
- Tāngata whaikaha Māori (disabled Māori) were 1.26 times more likely than Māori in the total population to be diagnosed with cancer.
- The cancers most affecting Māori differ from the total population (figure 1)

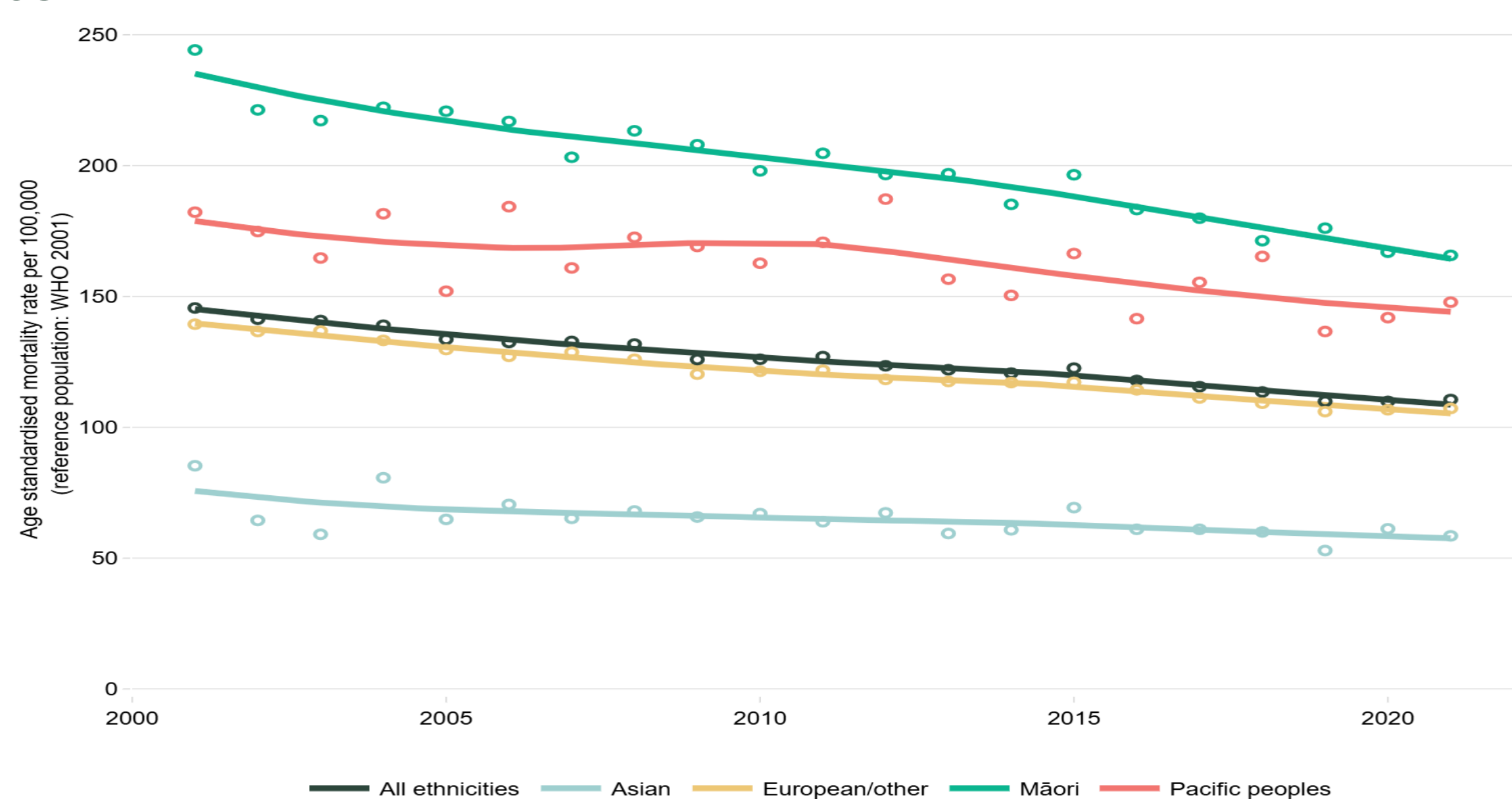
Figure 1: Top 5 cancer incidence rates in 2022 for Māori and European/other ethnicities (age-standardised rates per 100,000)

Rank	Māori Cancer Type	Māori Incidence Rate	European/Other Cancer Type	European/Other Incidence Rate
1	Lung	71.8	Prostate	53
2	Breast	64.8	Melanoma	50.1
3	Prostate	51	Breast	48.6
4	Bowel	37.1	Bowel	43.2
5	Uterine	15	Lung	21.7

### Māori experience persistently higher mortality compared to European/Other ethnicities.

- Despite the five year net survival improving for the total population, survival for Māori remains consistently lower across most major cancers.
- Māori are more likely to be diagnosed via emergency presentation, and people diagnosed in this setting are more likely to have later stage cancer.
- Māori were 1.59 times more likely to die from cancer than people of European/other ethnicity (figure 2).
- Māori are more than 3 times as likely to get lung cancer, and 1.5 times to die from it, compared to European/other ethnicities.

Figure 2: All cancer mortality rate trend for Māori and European/Other ethnicities



## Whānau Māori experiences reinforce the broad impact of cancer inequities.



Fragmented services and poor coordination place navigation responsibility on whānau, contributing to treatment delays and interrupted care.



Cost, transport, disability, and competing whānau responsibilities restrict timely access to screening and primary care.



Where care is whānau centred and culturally responsive, engagement and continuity improve, reinforcing the need for Kaupapa Māori led approaches.



Delayed diagnosis were commonly reported, with symptoms overlooked and repeated presentations before diagnosis.

## Discussion

### Cancer inequities for Māori start early and compound across the cancer journey.



- Higher cancer incidence for Māori reflects the cumulative impact of inequitable social, economic, and environmental factors across the life course.
- The prevalence of lung cancer among Māori highlights missed opportunities for effective prevention, early detection and timely treatment.
- Whānau experiences align closely with evidence highlighting diagnosis, coordination, and navigation as critical system priorities.

### Whānau Māori are clear on what is required for change



**Early action:** Ensure prevention, screening and early detection are designed with whānau Māori needs and preferences at the forefront. This includes ensuring Māori are heard, believed, and acted on at first presentation.



**Māori-led models:** The critical enablers of improved whānau Māori experience and outcomes include:

- Māori designed, whānau centred care pathways that reflect Te Ao Māori and diverse local realities.
- Integration of mātauranga Māori including rongoā alongside clinical treatment.
- Access to timely, culturally safe information that supports whānau decision making across the cancer journey.



**Effective treatment:** Clear navigation, coordinated care, and whānau centred approaches as necessities for timely treatment.

### System settings for Māori-led, equity-focussed transformation

Te Tiriti o Waitangi (the Treaty), the Pae Ora (Healthy Futures) Act 2022, the New Zealand Māori health strategy together with the New Zealand Cancer Action Plan 2019-2029 provide a clear and coherent mandate for Māori-led, equity-focused transformation across the cancer system.

## Conclusion

Whānau Māori consistently describe a system that remains difficult to navigate and culturally unsafe; these lived experiences provide essential guidance to improve the inequities repeatedly seen in national data.

Equity in cancer outcomes for Māori requires deliberate system transformation. Giving effect to Te Tiriti o Waitangi and Pae Ora involves redistribution of power, decision-making, and resources to Māori-led, whānau-centred cancer control, with clear accountability for equity.