

Cancer Korero



THE MORE WE TALK ABOUT IT,
THE MORE WE KNOW ABOUT IT

www.nmdhb.govt.nz



WHAKATAUKĪ

*He aha te mea nui o te ao?
He tangata, he tangata, he tangata.*

*What is the most important thing in the world?
It is people, it is people, it is people.*

Sir Apirana Ngata



Through being well informed about cancer we have a head start on knowing the truth. We can then be prepared to care for our own Tinana, but also tautoko whānau or friends going through it.

Please make contact with me if anyone in your whānau would like to attend a **Cancer Korero** hui. We are organising hui over the next few months across Te Tau Ihu (Top of the South).

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RĀRANGI UPOKO

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TATAURANGA

Facts and figures



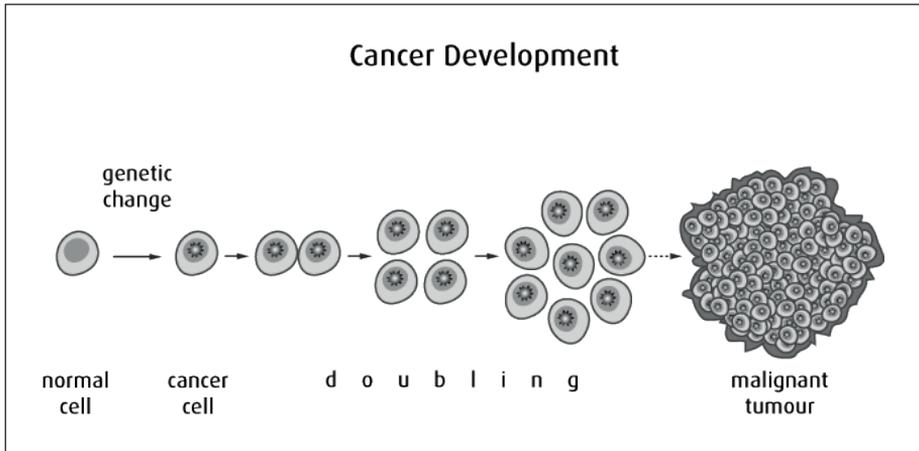
1. The leading cancer causing death in Māori women in Te Tau Ihu (Top of the South Island) is **Lung**
2. The leading cause of cancer for Māori men in New Zealand causing death is **Lung**
3. In Te Tau Ihu what is the cancer that affects Māori men the most?
Prostate
4. In Te Tau Ihu what is the cancer that effects Māori women the most?
Breast
5. The approximate Māori population in Te Tau Ihu is **14,400** (9.8 per cent Māori in this region)
6. The total population for Te Tau Ihu? **146,400**
7. Māori are up to **28 per cent** more likely to get cancer than non-Māori
8. Māori are **71 per cent** more likely to die of cancer than non-Māori.

HE AHA TE MATEPUKUPUKU

What is cancer?



Normal body cells grow and divide, but they know when to stop growing and they die and get replaced. Cancer cells don't know when to stop growing and divide out of control and don't die when they're supposed to. Cancer is when cells that are not normal, grow and spread very fast which result in forming a malignant tumour.



There are **two types of tumour** (said chew-ma):

- **Malignant** (said mar-lig-nant) which is a cancer
- **Benign** (said be-nine) which is a not cancer.

A growing tumour becomes a lump of cancer cells that can go on to destroy the normal cells around it. Some of these tumour cells can break away and travel to other parts of the body where it starts up in a new place. This is called **metastasis** (said me-tass-tar-cese)

WHAKATŪPATO

Warning signs

There is a lot of whānau that just leave things far too late and unfortunately the outcome has not been good for them. Don't do that to yourself or your whānau, please!

You know your body better than anyone, if you notice things changing or happening that aren't usual for you, please see a doctor.

Ongoing changes such as:

- Unexpected weight loss
- Fatigue (feeling weak, being constantly tired, or lacking energy)
- Unusual lump or swelling in your testicle, breast or elsewhere
- Blood in your mimi (urine) or teko (bowel motion)
- Cough that won't go away
- Difficulty having a mimi (passing urine)
- Heavy night sweats
- Breast or nipple changes
- Unexplained vaginal bleeding or discharge
- Sores that won't heal
- Pain that doesn't improve.

It is so important to always go to the doctor as soon as you notice any of these unusual changes.

If nothing the doctor has given you is helping—then go back or see another doctor.

Please take someone with you if you are needing extra support and comfort.

WHAKATĀHARAHARA

How to reduce your risk of cancer

You can reduce your risk by:

- Being smokefree
- Eating a diet high in fruit and vegetables and low in saturated fat and sugar
- Being a healthy weight
- Being regularly physically active
- Lower risk guidelines if you drink alcohol
- Being SunSmart—avoiding over-exposure to ultraviolet radiation (UVR) from the sun and sun beds
- Undertaking recommended screening for different cancers.

MATEPUKUPUKU WAIPIRO

Alcohol and cancer

Many of us don't know that drinking alcohol increases the risk of developing cancers of the mouth, upper throat, voice-box, food-pipe, bowel, liver and breast (in women). Also, there is some evidence that alcohol increases the risk of stomach and pancreatic cancer.

If you combine smoking with drinking, your risk of cancer will increase significantly.



Ways to reduce your alcohol-related cancer risk:

- **Do** more activities that don't involve drinking
- **Delay** drinking for as long possible
- **Reduce** the amount of alcohol you drink and drink less often
- **Switch** to **low strength** alcoholic drinks.

When you smoke and drink:

Drinking and smoking together rather than just drinking or just smoking, increases the cancer risk even more.

MATEPUKUPUKU HIKARETI Smoking and cancer

Smoking increases the risk of getting cancer. The link between smoking and cancer is very clear after years of research both here in New Zealand, and internationally one quarter of New Zealand's cancer deaths are caused by smoking.



Smoking is linked to many types of cancers including:

- lung
- bladder
- liver
- oesophagus
- bowel
- leukaemia
- mouth
- larynx
- ovary
- upper throat
- kidney
- cervix.
- pancreas
- stomach

Smoking kills about 5000 people per year. Breathing in second-hand smoke (from other people's smoking) kills about 400 people per year.

It's never too late though! Things you can do:

- Become smokefree—call Quitline for advice and support to help you. Quitline can assess what would be best suited to you and provide an exchange card for nicotine patches or gum to help you quit
- Avoid other people's smoke
- Have a smokefree home and waka (car)
- Ask your friends and whānau to be good examples and not smoke around the children.

Quitline
0800 778 778
www.quit.org.nz

**STOP
SMOKING
SERVICE**
NELSON MARLBOROUGH
Te Ohu Aukati Kaipapa i Te Tau Ihu



Quit Coaches
We are here to help you!

For a quit coach please contact

**0800 NO SMOKE
(0800 667 665)**

www.nmdhb.govt.nz/stop-smoking-services



**AOTEAROA
NEW ZEALAND
2025**

KAI—HEALTHY CHOICES



There is convincing evidence that being overweight or obese increases the risk of developing some of the most common cancers.

It is likely that eating more fruit and vegetables will reduce the risk of developing some cancers. Choose plenty of vegetables and fruits in a variety of colours every day.

The guidelines for reducing cancer risk are the same as guidelines for cancer survivors, cardiovascular disease prevention, diabetes prevention as well as general good health.

No particular foods or eating patterns are guaranteed to prevent cancer; however, some foods and eating patterns can reduce your risk.

KORIKORI TINANA Physical activity

Key messages:

Being physically active on most days is an important part of being healthy. Many people know that being active helps prevent heart disease, diabetes, stroke and weight gain, but they do not always realise it is also important for reducing cancer risk.



For cancer protection

For cancer prevention the scientific evidence suggests the more physical activity you do the better and that 30 minutes a day is not enough. Recent research suggests you need to do 60 minutes or more of moderate activity or 30 minutes of vigorous activity every day:

- Moderate intensity activity causes a 'slight but noticeable increase in breathing and heart rate'
- Vigorous activity makes you 'huff and puff'.

Why worry about nutrition and physical activity?

- About 1 in 5 cancers diagnosed each year are related to having too much body fat, physical inactivity, excess alcohol consumption, and poor nutrition - and could be prevented!
- 47% of Maori adults are obese. (More than 20% over their ideal weight).
- 66% of Pacific Island adults are obese.
- 1 in 5 Maori children are obese.

WHAKATEWHATEWHA

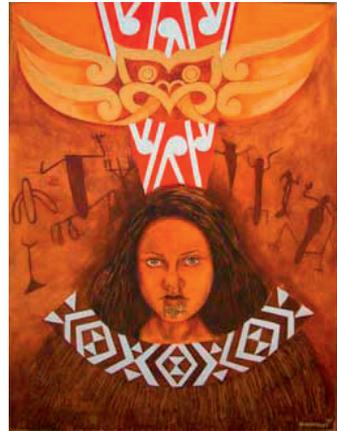
Early detection is your best protection

Screening is not able to provide a definite 'yes' or 'no' answer to the question, 'do I have cancer?'. A positive result does not mean you definitely have cancer; rather your risk is higher and you need further investigation to determine whether you may or may not have cancer. A negative result does not mean you are definitely cancer free. It just means that cancer has not been detected at that time, but does not mean that it may not develop in the future.

Breast screening for breast cancer

Breast cancer is the most common cancer in New Zealand for women. Every year, about 2300 New Zealand women are diagnosed with breast cancer and about 620 die from it. New Zealand has one of the highest breast cancer rates in the world. It is not clear why.

- **Free breast screening for women aged 45–69 years** is provided by the national breast screening programme, BreastScreen Aotearoa
- The aim of breast screening is to find very small cancers before a lump can be felt in the breast. Early treatment has the best chance of success
- The risk of developing breast cancer increases with age. Breast cancer is uncommon in women under 50
- Although breast cancer is uncommon in women under 50, **all** women need to look for any unusual lumps and changes to the breast through



doing self-examinations regularly. Seeing a GP promptly with any concerns will be hugely beneficial to ensure early diagnosis

- For older women, breast screening using mammography (breast X-rays) followed by appropriate treatment is the best way of reducing the chance of dying from breast cancer.

Mammography screening:

- detects cancer but cannot prevent it
- does not guarantee that cancer is not present
- reduces the risk of dying from breast cancer but does not eliminate it.



**FREE FOR WOMEN
AGED 45–69 YEARS
0800 270 200**

Most of the available information is directed at women. While it is rare, men are also affected by breast cancer. Approximately 25 men in New Zealand are diagnosed with breast cancer each year. It is more common in men over 60, but as for the women it is encouraged that all men look regularly for breast changes and see their GP about any concerns.

MATEPUKUPUKU REPE TĀTEA

Prostate screening for prostate cancer

All men have a prostate. The prostate is a small walnut-shaped gland that surrounds the bladder opening.

If prostate cancer is found early, it can usually be cured.

Prostate cancer is the most common cancer found in men. If caught early, prostate cancer can be managed well and can usually be cured.

Māori men are more likely to die of prostate cancer than non-Māori, usually because the cancer is found too late, to cure.

PROSTATE CHECKLIST FOR MEN

	yes/no
I am having a mimi more often.	
When I mimi, I have trouble getting started or stopping.	
I have a poor mimi flow or I dribble.	
I often get up at night to have a mimi.	
I have blood in my mimi.	
I have pain in my lower back, hips or ribs.	
I have a family history of prostate cancer and I'm 40 years old or more.	
I am 50 to 70 years old.	
I am concerned or want to know more.	

Answering **yes** to any of these points may **not** mean you have cancer but **you should get them checked by your doctor, nurse or health professional straight away.**

When deciding about a prostate check, you may want to talk to a member of your whānau and a trusted health professional (doctor or nurse).

HELPLINE: 0800 4 PROSTATE (0800 477 678)

Checking your risk of prostate cancer



Checks usually involve a blood test called a prostate-specific antigen test (**PSA**) and a digital rectal examination (**DRE**).

The prostate gland makes **PSA**. The higher the level of **PSA**, the more likely it is to be a sign of cancer.

DRE—this is a quick way for your doctor to check whether there may be a problem with your prostate. To feel the surface of your prostate, the doctor will place a gloved finger into your rectum (bottom). You are more likely to have prostate cancer if your prostate feels rough, hard or irregular

A prostate check aims to reduce your chances of being harmed or dying from prostate cancer. While the PSA blood test and the DRE may be uncomfortable, there is no risk from having them. They do not harm you in any way.

Testicular cancer

Testicular cancer is the most common cancer for men aged 15–39. Testicular cancer is the presence of cancer cells or a cancerous growth in or on the testicles. It is very treatable if caught early. Monthly self-examinations are recommended.

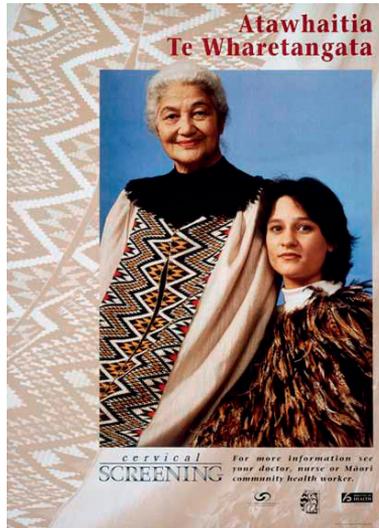
Not all lumps in the testicles are cancerous, but it's recommended that if anything unusual is noticed that you see a doctor about this as soon as possible. Men that were born with undescended testes are more at risk, but there is no further known cause of testicular cancer. Māori men have considerably higher rates of testicular cancer than non-Māori men.

To find out more about how to do self-examinations, symptoms and diagnosis go to:

www.menshealthnz.org.nz
or phone 0800 660 800

WHARE TANGATA Cervical screening

Cervical cancer is highly preventable through
cervical screening every 3 years.



CERVICAL SCREENING NZ: 0800 729 729

He huarahi whakamaru mō te wharetangata, mō te iwi.

A way of protection for the womb, and for the future of all.

Cervical cancer is caused by the human papillomavirus (HPV), a common sexually transmitted infection. There is no medication for HPV infections, but most infections will clear on their own. A few 'high-risk' types of HPV may lead to abnormal (precancerous) cells.

ME HAERE NGĀ WĀHINE KATOA? Who needs a smear test?

All women who have ever been sexually active are advised to have a smear test every three years from the time they turn 20 until they turn 70.

KIA TŪPATO KI TĒNEI NGĀNGARA

Be aware of HPV

- Cervical cancer is caused by a virus called human papillomavirus or HPV which is sexually transmitted. HPV affects almost all people at some point in their lives
- There are many types of HPV, but only a few types will cause cell changes in the cervix. These changes can return to normal or they may later become cancer if not treated
- Having regular smear tests every three years is the best way of finding and treating any cell changes and preventing cervical cancer from developing
- Women who have received the HPV vaccine must continue to have cervical smear tests.

HE AHA TE UTU?

What does a smear test cost?

Some Māori providers or community or primary health organisations offer a free or low cost service. If you are Māori or Pacific Islander please ask about cost as often it will be free. Otherwise you may be charged the usual fee from your doctor or nurse.

HE PĒHEA TE ĀHUA O TE WHAKAMĀTAUTAU?

What happens during the test?

Having a smear only takes a few minutes. Some women find it a little uncomfortable, but it should not hurt.

A few cells will be collected from your cervix (the neck of the womb) and placed into a liquid solution that preserves the cells for testing. The test looks for abnormal cells. Any abnormal cells are treated to stop them from becoming cancer.

In some situations, women having a cervical smear test will also be offered an HPV test, which tests for the virus that may lead to cervical

cancer. The HPV test is performed on the same sample as the smear test, so there is no need to have a second test.

KIA MŌHIO NOA IHO KOE Just so you know

Smear tests are the best way of showing cell changes in the cervix.

However, occasionally cell changes may be missed and a normal result given. The missed changes will usually be picked up in the next three yearly smear test.

Sometimes a result may show abnormal cells when all is actually well. Another smear may be taken and will usually show that no treatment is needed.

ME MAUMAHARA Remember

See your doctor if you have:

- Bleeding or spotting between menstrual periods
- Bleeding or spotting after sexual intercourse
- Bleeding or spotting after your menstrual periods have stopped (after menopause)
- Persistent pain in your pelvis
- Pain during sexual intercourse
- Unusual discharge from the vagina; the discharge might be smelly, have changed colour from white to pink, brown, or green, or be streaked with blood.

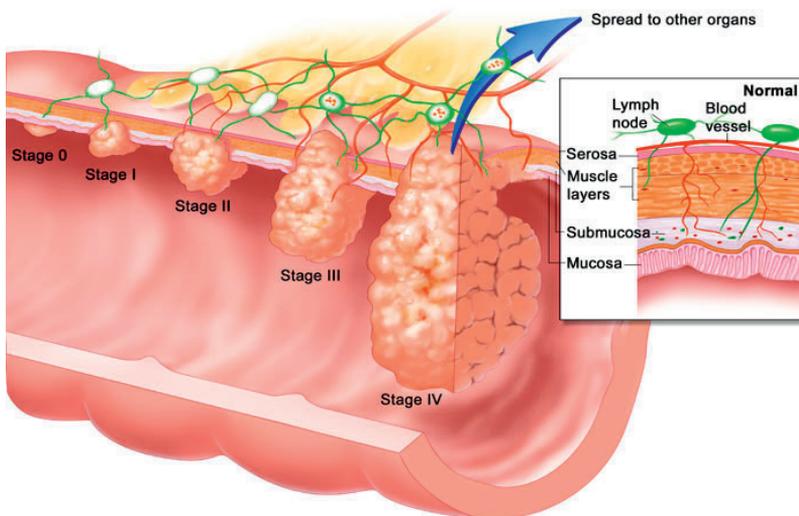
These symptoms can happen for several reasons and rarely mean that you have cervical cancer. However, they should be checked by your doctor.

WHĒKAU

Bowel screening

The roll-out of a national bowel screening programme is on track to begin in 2017 in some areas, then eventually into all areas in 2018/2019.

Screening involves testing for bowel cancer in people who do not have any obvious symptoms of the disease. The aim is to find cancer or pre-cancer early when it is easier to treat. Screening is important because bowel cancer can develop without any early warning symptoms. Bowel cancer can be treated successfully if detected in its early stages. iFOBT stands for **'immunochemical faecal occult blood test'** which is used to detect unseen blood in bowel motions. Doing an iFOBT every two years, can reduce the risk of dying from bowel cancer by up to one third.



Lining of the bowel or gut

Common signs and symptoms of bowel cancer:

- diarrhea
- constipation
- feeling that your bowel doesn't empty completely
- blood in your bowel.

If you have any of these symptoms now, you need to see your doctor.

In the early stages, bowel cancer may not show any symptoms at all. That is why it's important for people to take part in the **FREE** Bowel Screening programme. Someone diagnosed with bowel cancer while it's in its early stages has a 90 per cent chance of being treated successfully. Bowel cancer develops slowly. So, being screened every two years is a good idea. If you develop symptoms between screening the test should pick these up.

Please note: this screening is not yet available in our area but will be in the near future.

Close whānau members



Please talk with your doctor if you have had close whānau members (brothers, sister, mother, father, cousins, aunties, uncles) with cancer. This may mean we need to be more watchful for any specific changes in your body as a cancer risk can be higher for you.

MATEPUKUPUKU KUPU

Words related to cancer—what do they mean?

Biopsy

A biopsy is when a sample of cells or tissues are removed from the patient to be looked at under a microscope and studied to see if there are any signs of disease. You can have a biopsy to test for many diseases, not just cancer

Benign

A benign tumour is harmless, it does not spread.

Chemotherapy/‘Chemo’

Chemotherapy means treatment with medicine. When cancer is treated with chemotherapy, the person takes medicine in either a tablet, intravenous or injection form. The chemicals in the medicine are designed to attack and kill the cancer cells.

Carcinogens

Carcinogens are substances that can cause genes to mutate.

Colonoscopy

Colonoscopy is a procedure in which a trained specialist uses a long, flexible, narrow tube with a light and tiny camera on one end, to look inside your rectum and bowel. Colonoscopy can show irritated and swollen tissue, ulcers, polyps, and cancer.

Digital Rectal Examination (DRE)

The doctor will insert a gloved finger into the rectum to feel any abnormalities in the prostate gland.

Radio Therapy/Radiation Therapy

Radio Therapy is when radiation is used to kill cancer cells. The area where the cancer is in the body is marked with a pen and then the radiation machine is directed at this area.

Staging

This term is a way of describing the extent of a cancer, how big is the tumour and if and where has it spread to. This helps doctors decide on the best course of treatment.

Ultrasound test

The ultrasound test uses a microphone to make sound waves that create a picture of a body on a computer. The microphone is passed over the body on top of a transparent gel that has been put on the patient's skin whilst the patient lies down.

CT/CAT scan (Computerised Axial Tomography scan)

The CT scan is like a clever camera that can take X-ray pictures from all over a body, and puts them together on a computer to make a 3D image. The patient lies on a couch that moves through a tunnel. Inside the tunnel is the scanner which takes the pictures.

MRI scan (Magnetic Resonance Imaging scan)

The MRI scan uses magnets to create an image of a body on a computer. It may take slightly longer than 30 minutes to do the MRI scan and the patient has to lie very still inside a metal cylinder. The machine is very loud and so patients are usually asked to wear ear plugs. Doctors prefer to use the MRI scan when looking at blood, the head and muscles as it produces clearer pictures than the CT scan for these areas.

Malignant

Cancer is caused by cells in our bodies continuing to divide when they should have stopped. The dividing cells create a lump that is called a tumour. There are two types of tumours. One is cancerous, and the other is harmless. A malignant tumour is cancerous.

Laparoscopy

A laparoscope is a long tube with a camera at one end and an eye piece at the other. It is like an endoscope. When having a laparoscopy the patient has some small cuts made into their abdomen through which the laparoscopy enters the body so that the doctor can see inside.

Endoscopy

An endoscopy is a long tube that has a camera on the end. You swallow the tube so that the camera can look inside your body.

Mammogram

A mammogram is the test that women have to try and catch breast cancer early. The mammogram machine compresses the breast between two plates and pictures are taken of the breast tissue.



HAPORI TAUPUHIPUHI

Community supports

Your first line of support is to talk with someone you can trust: (partner, parent, friend, aunty, cousin, neighbour).

Some other great support available is:



Your own GP or practice nurse or health professional



'Hei oranga ki te whanau o Te Tau Ihu O Te Waka A Maui' which means 'healthy whānau across the top of the South Island

0800 ORANGA (0800672642)



Cancer Information Helpline
0800 CANCER | 0800 226 237
or email an information nurse
info@cancersoc.org.nz
www.cancersocietynz.org.nz



WHA KARĀPOPOTO

Summary

The not so good news is:

- Adjusting to life with cancer can be challenging
- Some cancer treatments can be tough, but sticking with them will help in the long term
- The longer we leave it to see a doctor, the higher risk we are at of not surviving cancer
- Living in Nelson Marlborough means we sometimes need to travel to either Wellington or Christchurch hospitals to access some treatments, but we can take a whānau member with us for free.

The good news is:

- At least one third of all cancer cases are preventable
- Cancer cells often can be treated and destroyed
- There are so many medications and treatments available for cancer now that weren't around a few years ago
- There is heaps of information and support available to you
- We have very good cancer services in this region
- The faster cancer treatment programme is a key focus for government. Getting prompt treatment is more likely to ensure better outcomes for our whānau.

Useful websites:

www.cancersociety.org.nz—NZ Cancer Society

www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/cancer

www.cancercouncil.com.au/1in3cancers—this is a great little quiz to do online to see what you may need to alter to reduce the risk of cancer

www.nzbcf.org.nz—New Zealand Breast Cancer Foundation

www.cancerinfo.co.nz—Cancer Treatment Options NZ



www.nmdhb.govt.nz

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