Danielle Manton, Dr Ruth Armstrong and Marie McInerney reported on the World Indigenous Cancer Conference held in Melbourne for the Croakey Conference News Service in March 2024.
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World Indigenous Cancer Conference 2024: Sharing Our Way to support knowledge and action

Global Leaders in Indigenous cancer care meet in Naarm. Image courtesy Ruth Armstrong

Introduction by Croakey: “Indigenous Australians are 14 percent more likely to be diagnosed with cancer, and 20 percent less likely to survive at least five years after diagnosis compared with non-Indigenous Australians.”

These stark statistics were quoted by Professor Gail Garvey AM, in the leadup to the Third World Indigenous Cancer Conference (WICC), in Naarm (Melbourne) from 18-20 March.

Garvey, who was WICC’s foundational convenor in 2016, added that “while significant progress has been made in cancer control across Australia in recent decades, the gap in outcomes between Indigenous and non-Indigenous Australians continues to widen”.
While there are differences between countries, disparities in cancer rates and outcomes are evident for First Nations Peoples around the world. The international gathering at the WICC was a chance to exchange ideas, make connections and explore solutions across the globe, as well as to demonstrate the global collaborative strength and power of Indigenous peoples.

Danielle Manton previews the conference below.

Read the pre-conference press release from the Victorian Comprehensive Cancer Alliance here.

Danielle Manton writes:

Naarm is preparing to welcome a gathering of global Indigenous experts in cancer clinical care, research, advocacy, and privileging community voices.

This gathering of #blakspertise has been long awaited, with the inaugural event occurring in Australia in 2016 (see Croakey’s coverage here), and the second in Calgary in 2019 – followed by an extended gap due to the COVID-19 pandemic.

The world has changed dramatically in this time, including in regard to cancer care.

The World Indigenous Cancer Conference (WICC) is hosted by the Victorian Comprehensive Cancer Centre Alliance (VCCC) in Partnership with the International Agency for Research on Cancer.

Associate Professor Kalinda Griffiths, VCCC Alliance Research and Education Lead for Aboriginal and Torres Strait Islander Health and National Convenor of WICC 2024, told Croakey that the most important part of the conference is “ensuring that we centralise Indigenous voices across their respective nations to better support what it is that they need to improve cancer outcomes within our communities”.

Over three days, the plenary sessions are highlighting global leadership in Indigenous cancer care, strategies, governance, advocacy and empowerment. Each day has a different theme that aligns with the overall conference theme of “Process. Progress. Power.”

A succession of presentations in five concurrent streams follows the plenaries each morning and afternoon. All are packed with high-profile speakers from around the world, including presenters with lived experience (tip – study the program so you don’t miss a session), and include a dedicated yarning circle stream, each with a focus and a facilitator.

Griffiths emphasised the themes of Process, Progress and Power as actions, saying, “I would like to see some agenda-setting, some priorities, and for people to be going back to their respective nations with greater capacity and support to address some of those things.”
You can track Croakey’s coverage of the conference here.

### Setting the agenda

Justine Clark, postdoctoral researcher in the Indigenous Genomics Team at Telethon Kids Institute, pointed to the pre-conference Youth and Elder forum on Sunday 17 March.

She told Croakey, “The unique and exciting thing is seeing how the key themes from the Youth and Elder forum will flow through the whole three days. I am very honoured to be a part of setting the agenda for the future of Indigenous cancer care from an Indigenous youth perspective.”

Kalinda Griffiths described how the Youth and Elder forum holds a foundational role in the conference.

“It’s really important that when it comes to leading our own health that we are driving the way in which we do things our way,” she said. “To start off this conference, we have an Elders and youth forum and as part of that Elders and youth forum, we are bringing together that continuity of knowledge, handing across the knowledge from the Elders to the youth and bringing the youth to better understand how things can be done.”

### What to look forward to?

Aunty Pam Pedersen, Yorta Yorta Elder, champion for justice, and conference Elder, told Croakey, “What I’m mainly looking forward to is meeting representatives from each country, so we can pick up on some new things, share experiences and learn from one another. I think it’s going to be great!”
Associate Professor Griffiths is also looking forward to sharing knowledges and information via in-person connections. She said, “I think for me the biggest thing is getting everyone together in a room to have some of those discussions that we’ve missed out on since the last time we got together, it’s very rare that you get to hang out with global colleagues face to face and I don’t think that there’s anything really like it.”

In addition to the Youth Forum, Justine Clark is looking forward to hearing from some of the young Māori researchers in the precision medicine space – “Jordon Lima and Danielle Sword” to name a few. Clark is also “very eager to learn about successful models of care coordination for Indigenous peoples in the service innovation and improvement sessions”.

Lorraine Tutton, Senior Project Officer, First Nations Cancer & Wellbeing Research Program at The University of Queensland and a first-timer at a WICC, said “the whole schedule looks really exciting” – especially “to know that it is actually on the international stage for Indigenous people”.

Tutton also highlighted the commitment of the presenters and attendees: “You know you don’t work in these areas for fun. It’s usually takes real passion for this particular type of work.”

Tutton noted that the discussions that occur about Process, Progress and Power outside and around the sessions will be “quite significant.” She highlighted a particular session in the yarning circle to keep a look out for – the New Zealand Mana Enhancement session.

Andrea Casey, Aboriginal Support Project Officer and Aboriginal Hospital Liaison Officer at the Peter MacCallum Cancer Care Centre in Melbourne, said the sessions on palliative care were among those that had piqued her interest. The palliative care stream occurs on Tuesday afternoon, with presenters from Aotearoa, Australia, Canada and the USA.

Justine Clark noted the importance of the global connectedness of the event, telling Croakey “I hope to build my national and international networks with other Indigenous researchers, health professionals and those with lived experiences of cancer. And celebrate the amazing work of others in my field.”
She said of the pre-conference youth and Elder forums, “They’re going to set the scene for what the yarning circles will entail throughout the entire conference. And they’re also going to set the scene for the conference as a whole... They’re going to give us the direction that the programme is going to take and that’s going to be, I guess, fuelled and supported and facilitated within those yarning circles.”

The yarning circles create a safe, culturally relevant, and important space for conference delegates to connect and share.

Lorraine Tutton told Croakey, “Like everyone, we have a story in terms of losses to cancer the impact it has on our lives, and the continuing impact that it has, so it’s very personal. Even though we work in the field, it is very personal.”

Andrea Casey is facilitating a yarning circle on culturally safe cancer care in hospitals. She said, “we’re really proud of the work that we do. I’m really proud of the work that my colleague Jay does. She’s pretty amazing. So I’m looking forward to having a good yarn about that and seeing how other people do it. Hopefully, we will have some Canadian and New Zealand mob there too in that Yarning circle, to tell us how they do it”.

Kalinda Griffiths explained that, with yarning, “People can come back and touch base and make sure that we’re coming back to the centre of the way in which we do things. That continuity of knowledge, that continuity of culture, you know, making sure that everything is centralised throughout. That’s what those that yarning circles are there for.”

The yarning circles are to support knowledge sharing, our way.

Set your alarm for a cultural tour of Fitzroy Gardens with Conference Elder Aunty Pam Pedersen, on Tuesday morning
**Program taster**

Below is a taster of the packed three-day program. The eloquent and deadly Dan Bourchier (ABC journalist) guides delegates through the program as the Master of Ceremony (take note and be impressed by his blazer collection).

**Day 1 Process**

The first plenary session sets the scene, with global leaders providing insight into the landscape of cancer, survivorship, and strategies to continue to move forward in the USA (Professor Linda Burhansst ipanov), Canada (Ms Talia Pfefferle) and Aotearoa (Mr Rami Rahal).

The morning yarning circle, run concurrently as one of five streams, is facilitated by community/consumers. A glimpse of the other four streams reveals:

- **Screening: Cervical**

  Same-day HPV testing and colposcopic assessment for Indigenous women in remote communities: The PREVENT Project, Associate Professor Lisa Whop, National Centre for Aboriginal and Torres Strait Islander Wellbeing Research, Australian National University.

- **Racism and Cultural Safety**

  An evaluation of cultural awareness/safety training offered by the Victorian Comprehensive Cancer Centre Alliance members, Miss Brooke Conley, Aboriginal Programs Coordinator, Victorian Comprehensive Cancer Centre Alliance.

- **Diagnosis and treatment**

  The Road We Travel: The complex impact of cancer treatment centralisation on Indigenous Māori in Aotearoa New Zealand, Associate Professor Jason Gurney, Director, Cancer And Chronic Conditions (c3) Research Group, University of Otago.

- **Partnership and engagement**

  Working Together in A Good Way: First Nations, Inuit, and Métis Advisory Approaches at the Canadian Partnership Against Cancer, Dr Joshua Tobias, Manager, First Nations, Inuit, and Métis Cancer Strategy, Canadian Partnership Against Cancer, and Mrs Lea Bill, Knowledge Holder/Practitioner Executive Director, AFNIGC.

The second plenary aligns with the theme, Process, putting a spotlight on developing equitable systems and services. **Professor Alexandra King**, a member of Nipissing First Nation (Ontario) presents an example of Indigenous leadership in equitable services, speaking from a wellness perspective rather than illness. **Dr Rodney Haring**, a member of the Seneca Nation of Indians (Beaver Clan) speaks about the importance of Indigenous community in Process, and the final speaker, **Professor Sanchia Aranda**, chair of the VCCC Alliance, focuses on the theme of Process through policy.
An Elder-led yarning circle follows the plenary, concurrently with four “Process” streams including:

- **Panel: Improving cancer trial participation for First Nations Peoples**

  Panellists from the US, Aotearoa and Australia including Professor Linda Burhansstippanov, Dr Nina Scott, and Professor Gail Garvey AM.

- **Reducing the impact of tobacco**

  Which Way? A culturally responsive group-based smoking cessation program for and by Aboriginal and Torres Strait Islander women, Associate Professor Michelle Kennedy, Assistant Dean Indigenous Strategy and Leadership, University of Newcastle and Mrs Joley Foster, Research Assistant, University of Newcastle, NSW.

- **Support and survivorship**

  A Step Towards Honouring Indigenous Peoples’ Rights to Indigenous Spiritual Care Practices in Healthcare Settings, Ms Muriel Lopez Silva, Program Coordinator, Toronto Central Regional Indigenous Cancer Program and Mr Leonard Benoit, Regional Indigenous Cancer Lead, Toronto Central Regional Indigenous Cancer Program.

- **Screening: cervical and breast**

  Cervical screening preferences among older First Nations Australians accessing Aboriginal Home Health Services, Dr Tamara Butler, Research Fellow, The University of Queensland.
**Day 2 Progress**

Aunty Pam, conference Elder, informally opens day two early, guiding those who choose to attend on a cultural walk through Naarm’s Fitzroy Gardens.

Day two focuses on Progress, with the first plenary speakers presenting their agenda-setting ideas to improve care outcomes for Indigenous peoples, drawing on carer reporting, clinical trials and social determinants of health as key contributors.

Speakers include Dr Freddie Bray, Head of the Cancer Surveillance Section at the International Agency for Research on Cancer (IARC), Professor Alex Brown, a Yuin man, and Professor of Indigenous Genomics, and Professor Malcom King a member of the Mississaugas of the Credit First Nation, and professor at the University of Saskatchewan Canada.

An Elder-led yarning circle follows the plenary, run concurrently with four other streams, including:

- **Screening – lung, bowel and general**

  The Process of Co-Creation of a Lung Cancer Screening Program with First Nations and Métis Partners, Ms Margot Gough, Outreach and Health Promotion Manager, Saskatchewan Cancer Agency and Ms Karen Kammermayer, Health Promotion Supervisor, Lac La Ronge Indian Band – Health Department.

- **Governance, partnership, and policy**

  Embedding partnership into cancer control in Aotearoa New Zealand: the journey of Hei Āhuru Mōwai / Māori Cancer Leadership Aotearoa and Te Aho o Te Kahu/Cancer Control Agency, Ms Sasha Webb, Tumutuarua Mana Taurite Equity Director, Te Aho O Te Kahu and Ms Cindy Dargaville, Chief Executive Tumuaki, Hei Āhuru Mōwai Māori Cancer Leadership.

- **Support and survivorship**

  Fear of cancer recurrence among First Nations Australian breast cancer survivors, Dr Kate Anderson, Senior Research Fellow, University of Queensland.

- **Service innovation and improvement**

  Indigenous Cancer Patient Multidisciplinary (ICPM) Rounds – An innovative new way of meeting the needs of clients facing complex challenges, Mrs Arrow Big Smoke, Indigenous Cancer Patient Navigator, Alberta Health Services, Cancer Care.

The second plenary for day two aligns with the conference theme of Progress, through advocacy, leadership, and influence. Dr Brenda Elias, from the University of Manitoba in Canada speaks about “Decolonising Allyship: A critical step for co-dreaming/co-working for change”.

Elias is followed by Professor Sue Crengle, from the University of Otago, to discuss progress in clinical care through “Leadership and advocacy for lung cancer screening in Aotearoa New Zealand”. The final plenary presentation for Day two, from Professor Gail Garvey OAM, focuses on Australia’s national progress, “Building platforms for national advocacy, leadership and influence”.

A youth-led yarning circle follows – one of five concurrent streams, including:
• **End of life and palliative care**

Improving care for Aboriginal and Torres Strait Islander people with advanced cancer, Dr Stacey Panozzo, Research Fellow, St Vincent’s Hospital Melbourne and Professor Gail Garvey AM, Professor in Indigenous Health Research, University of Queensland.

• **Panel on the cancer strategy journey from a community perspective**

Facilitated by Abe Ropitini from the Victorian Aboriginal Community Controlled Health Organisation. Panellists include Zarayn Knight from the Victorian Aboriginal Community Controlled Health Organisation speaking about “Prevention, early detection and cancer screening, and Elder Aunty Janice Lovett discussing “Journey to Dreaming”.

• **Panel and workshop**

Chaired by Professor Sandra Eades, with panellists Felicity Collis and Associate Professor Michelle Kennedy, this panel facilitates a discussion on ethical research in Aboriginal and Torres Strait Islander health. Aligned with the theme of Day two, Progress, the panel discusses ‘where are we and where do we need to go?’

• **Prevention and risk reduction**

Exposome of snow made from reclaimed water at Arizona Snowbowl: ski resort and Indigenous sacred site, Mr Marquis Yazzie, Ph.D. Graduate Assistant, University of Denver, Colorado.

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VCCC Alliance @VCCCAlli... 1d ⋯
Lung cancer in Indigenous people & elimination of cervical cancer are some of the issues under the microscope next week at the third World Indigenous Cancer Conference, hosted by the VCCC Alliance with @IARCWHO. #WICC2024 @VicGovDH @Klick22
More: vcccalliance.org.au/news/internati...
Day 3 Power

The final day of the conference commences with a powerful contingent of strong Indigenous women from Australia: **Professor Sandra Eades**, Noongar women, leads by challenging the status quo, with her presentation, “Infiltrating colonial structures for improved health outcomes.” **Associate Professor Lisa Whop**, Torres Strait Islander epidemiologist, follows with a presentation titled, “Leveraging community foundations for visibility and power.” **Dr Dawn Casey**, Tagalaka Traditional Owner and Deputy CEO of the NACCHO concludes the plenary session presenting, “National implications for Australia.”

The day focuses on the global collaborative strength and power of Indigenous peoples. Following the plenary a community/consumer led yarning circle runs concurrently with four Power streams, with sub-themes including:

- **Developing and supporting the Indigenous workforce**
  
  The Partnership for Native American Cancer Prevention, **Dr Jani Ingram**, Regents’ Professor, Northern Arizona University.

- **Resources for patients and community**
  
  Yarn for Life – It’s OK to talk about cancer, Ms Caroline Nehill, Director, Aboriginal and Torres Strait Islander Cancer Control Section, Cancer Australia.

- **Service innovation and improvement**
  
  Perspective from the Māori Clinical Nurse Specialists (Kaiārahi Nāhi) working in Cancer Care at Te Toka Tumai (Auckland Hospital), in Aotearoa, New Zealand, Ms Dardy Motu, Clinical Nurse Specialist, Auckland Hospital and Ms Marino Edwards, Clinical Nurse Specialist, Te Whatu Ora, Auckland Hospital.
• Cancer epidemiology

Examining Cancer Stage at Diagnosis and Other Factors Among First Nations and Non-Indigenous Adults in Canada, 2010-2015: Follow-up of the 2006 Canadian Census Health and Environment Cohort (CanCHEC), Dr Amanda Sheppard, Senior Scientist, Indigenous Cancer Care Unit, Ontario Health.

The conference wraps up with a closing, plenary facilitated by Dan Bourchier with three of the conference convenors – Associate Professor Kalinda Griffiths (Australia), Dr Angeline Letendre (Canada) and Mrs Lea Bill (Canada). A Youth & Elder Forum Reflection is led by Professor Tom Calma AO, Pat Anderson AO, Aminata Morseu-Diop and Justine Clark.

Author details

A Barunggam women, grown up on Dharug Country, Danielle Manton is a Senior Lecturer in Indigenous Teaching & Learning at the University of Technology Sydney (UTS). Danielle is a PhD candidate at UTS in the School of Public Health. Her PhD research explores privileging Indigenous perspectives and voices into the allied health curriculum.

Bookmark this link to track Croakey’s coverage, and follow the conference news on Twitter at #WICC2024 and via this Twitter list of presenters and participants.
What is at the heart of our work to improve cancer outcomes? First Nations Peoples share stories and motivations

Introduction by Croakey: The third World Indigenous Cancer Conference took place in Naarm (Melbourne), March 17-20, receiving a warm Welcome to Country from Wurundjeri people.

It was a packed house, with around 540 very enthusiastic attendees from Australia, Canada, France, New Zealand, Sweden, the United Kingdom, and the United States.

In coming days, Croakey will report on some key presentations from the event, but for many at the conference, a highlight was being part of a group of Indigenous People from around the world who have chosen to work to achieve equity in cancer outcomes for their Peoples.

In the post below, Danielle Manton reads the room on participants’ motivations and aspirations.
Danielle Manton writes:

Speaking at the opening plenary of the 2024 World Indigenous Cancer Conference (WICC), Professor Linda Burhansstipanov looked out at the sea of expectant delegates, and really saw the people in the room.

Burhansstipanov, a member of the Cherokee Nation of Oklahoma and President, Native American Cancer Initiatives, said working in cancer care was not easy or glamorous work, but it is important work – important for our children, our families, our communities and our Peoples, who experience high prevalence and are adversely affected by cancer globally.

Burhansstipanov told the conference that Indigenous Peoples globally work in cancer care for the “grace, the spirit, the love and the strength of our cultures. This is what we are doing and it’s why we’re here, this is why Professor Gail Garvey started the first World Indigenous Cancer Conference.”

“It is due to your work we are making progress.”

She went on to encourage conference delegates to “look beyond the data, we need to look into the eyes and hearts of people affected by cancer”, which includes the people working in cancer care.

Marie McInerney explores more of these themes with Professor Burhansstipanov, in a video interview here.
What is at the heart of our work to improve cancer outcomes? First Nations Peoples share stories and motivations

Professor Linda Burhansstipanov ahead of the conference. Image courtesy Marie McInerney

Talia Pfefferie, Director for First Nations, Inuit and Métis Cancer Strategy, Canadian Partnership Against Cancer, picked up this thread in her presentation to the plenary, sharing her story about what is at the heart of her work and influences her thinking and approaches – her process.

Pfefferie said, “Why I’m here, why I do this work, it’s personal. I am a Metis person, Treaty Six territory.” She generously shared with the delegation her personal connection to improving cancer care: “My father, who passed of pancreatic cancer.”

She went on to share with us, “I am the first generation where our children are staying at home and are raised in our cultural ways”.

You can track Croakey’s coverage of the conference here.
Pfefferie made the powerful and impactful connection that, “Where I come from, it’s not work, it’s life. It’s what I live. The impact is beyond the work itself and the numbers and the data – it’s *if my family lives; if my grandchildren live.*”

Inspired by Pfefferie’s words, Croakey approached conference delegates about how they came to be doing the work they do and what keeps them going.

**What motivates people working in cancer care?**

Melissa Sheldon, a melanoma survivor of 15 years and now consumer advocate for the Victorian Comprehensive Cancer Centre Alliance (VCCC Alliance), told Croakey:

> *“I love giving back. It speaks to my heart, I am on several different programs supporting research, health equity, consumer-led personalised cancer care, molecular testing and consumer group leadership – helping inexperienced consumers become more experienced, helping them lead where they choose to.”*  

Sheldon’s advice to inexperienced consumers is to “find the right team, listen and share your story but remember everyone is on their own journey”.

*All hands on deck on the VCCC Alliance stand. Image courtesy Danielle Manton*
Waulu McCartney is a proud Wamba Wamba Wurundjeri women from Victoria. “I like working with my people – in health promotion, health awareness and their keeping information up to date so they can make informed decisions for their own care. It means a lot when you’re helping your own people,” she told Croakey.

McCartney shared her personal connection with cancer, motivating the work that she does as a project officer in chronic health with VACCHO.

“I’ve had multiple family members that have had cancer in the past. My grandmother had lung cancer, my dad has had multiple skin cancers chopped out, my mum has had skin cancers chopped out, multiple family members that have passed away from cancer, had cancer or they are fighting cancer at the moment. It is big in community. People don’t talk about it but, once you ask the question, you realise how prevalent it is in community.”

Kiandra Brown, Gunditjmara women, is also a project officer in chronic health with VACCHO, working on the Beautiful Shawl Project, a community-led initiative in breast screening for Aboriginal and Torres Strait Islander women. She said,

“I’ve grown up in the community, working with community and a lot of my family work in the health sector, and I have family affected by health issues so that motivates me to do this work.

Working on the beautiful shawl and seeing the work that we do and the results of it, it’s that saying ‘Aboriginal health in Aboriginal hands’ that just keeps me going.”

#AboriginalhealthInAboriginalHands

Jay Hamann, Aboriginal Liaison officer at Melbourne’s Peter McCallum Cancer Centre, explained her motivators in this way:

“I do the work that I do because I am very passionate about the Aboriginal community and supporting good health within the Aboriginal community, particularly helping Aboriginal patients navigate hospitals, making sure they are fully informed with more input, power and control over their health and that they feel culturally safe. I have heart disease and have been involved in the hospital system a lot over twenty years.”
This was a common theme among the people Croakey approached – motivation to work in cancer care to build knowledge and understanding of the disease, including prevention and control, but also to assist in navigating the system, for the system to meet our healthcare and cultural needs.

What motivates people is improvement – for experiences to be better. As Professor Burhansstipanov said in her presentation, “We want the next generation of people who go through the cancer experience to have a better experience, we want to see constant improvement.”
Leonard Benoit, member of Qalipu Mi’Kmaq Nation and an Indigenous patient navigator with the Toronto regional cancer care program, said:

“I have been a nurse for 20-something years, seeing the inequities and blatant racism in healthcare.

I wanted to take my experience as a nurse and turn that around and hopefully make someone have a much more favourable interaction coming into healthcare.

We know the healthcare system is a beast to navigate. I still get challenged by that after many years in nursing. I wanted to make sure someone could have a better experience than they would’ve had previously.”

Leonard Benoit (left), with Niilas Blind (Umea Sweden) Image courtesy Danielle Manton

Helping people with cancer to navigate healthcare complexity was a common theme at the conference.
Fofoa Pio-Bentley is a New Zealand-born Samoan and PhD candidate who presented at a concurrent session on ‘Exploring the experiences of racism and discrimination for Samoan cancer patients and their aiga (families) going through cancer care pathways’. She told Croakey:

“As a daughter of someone from Samoa we are over-represented in a lot of the stats, so we have poor access to care, specifically cancer care and it really is just trying to help build the evidence for the Pacific and Samoa specifically.

I want to focus on Samoa because I am Samoan but also if I focus on Pacifica as a whole, there are so many differences amongst the Pacifica nations. All of us have been affected to some extent, I have had family members pass away and close friends – mis-diagnosis, late diagnosis where a lot of it was preventable.

It’s not just the loss of a loved one it’s across families and communities. If I can just add something meaningful to what is known and what is not known, trying to fill a gap. There are data and statistics but how do we make it mean something, create priorities for our communities and governments?”

Fofoa Pio-Bentley is a New Zealand-born Samoan and PhD candidate who presented at a concurrent session on ‘Exploring the experiences of racism and discrimination for Samoan cancer patients and their aiga (families) going through cancer care pathways’. She told Croakey:

Making progress, with a long way to go

Lea Bill is from Pelican Lake First Nations in Saskatchewan and is Executive Director of Alberta First Nations Information Governance Centre. She was an International co-convenor of the WICC.

She told Croakey that, while her motivation to work in the cancer sphere related to inequities in cancer care, “I was really called to do the work because my husband was diagnosed with prostate cancer. I was recruited to be a project manager shortly after he was diagnosed. He was a 10-year survivor of prostate cancer.”
Bill has been working in cancer care over the past ten years and spoke of the progress she has noticed over that time:

“While there is more awareness, our numbers haven’t changed. They are still extremely high, but what has changed is an awareness and more of a willingness for allies to work with us, but it has been a real struggle.

In Australia there have been steps backwards around acknowledgement and recognition of Indigenous and First Nations peoples. In Canada, we have made a lot of strides in terms of trying to balance the table, whereby we are sitting at tables and having greater influence in not just cancer but in health.”

Watch this video interview from Croakey’s Marie McInerney, with Metis researchers, Susie Hooper and Katina Pollard. Some great advice at the end of the video from Susie Hooper:

“If your heart feels good with the work that you’re doing, you know you’re in the right spot.”
What is at the heart of our work to improve cancer outcomes? First Nations Peoples share stories and motivations

#WICC2024
What is at the heart of our work to improve cancer outcomes? First Nations Peoples share stories and motivations

#WICC2024
Following our Process, making Progress and finding Power at the Third World Indigenous Cancer Conference

Introduction by Croakey: The strength drawn from international collaboration and leadership to achieve health equity for the world’s Indigenous peoples was very evident at the World Indigenous Cancer Conference.

In the article below, Danielle Manton outlines how the three interrelated conference themes of Process, Progress and Power were woven throughout the plenary presentations, as global leaders in Indigenous cancer care spoke their truths to motivate, challenge and inspire the 621 delegates.

The conference occurred on the eve of National Close the Gap Day in Australia, which, in addition to highlighting ongoing inequity, provided an opportunity to showcase practical examples of Blak Process, Progress and Power achieving real gains for the lives of Aboriginal and Torres Strait Islander people.
Danielle Manton writes:

The Third World Indigenous Cancer Conference (WICC) opened strongly, with Uncle Tony Garvey welcoming us, the 621 conference delegates from countries all over the world, onto the land of his ancestors, his family, the Wurundjuri peoples.

Following this, the conference boomerang, created in 2016 for the inaugural WICC and taken to Calgary for the 2019 WICC, returned to the continent and was presented to Conference Convenor Associate Professor Kalinda Griffiths and Professor Tom Calma, in a beautiful, intricate handcrafted leather case designed and made in Canada.

In returning the boomerang, previous host Lea Bill, from Pelican Lake First Nations in Saskatchewan, told the delegates: “When you look at the [conference] themes for 2024 you can see we are progressing in unison as Indigenous peoples across the globe – where we think and feel that conversation and dialogue and priorities need to go.”
Following this, Griffiths picked up on the importance of the collective moving in unison, “to have discussions about what we should be talking about.” She also spoke to the conference themes, PROCESS | PROGRESS | POWER.

Griffiths told the conference, “We know there is a requirement in Western society and the systems which often provide the services, to recognise the roles that our knowledges and ways of doing things improve lives – not only the lives of Indigenous Peoples, but of all. This is what we call process – our ways of knowing, being and doing in all that we do.”

Griffiths continued, “We face some of the greatest global challenges. Cancer is one of these challenges and, despite its increasing inequity, we have the potential to work towards its elimination – cervical cancer is an example. It’s on track to be eliminated, and risk factors such as smoking are reducing – as well as building a next cohort of cancer care researchers. This is progress.”

Griffiths went on to say, “It has been wonderful to watch you all take up space within these systems. Our communities already know what is required to happen in order to close these gaps. There is sacred history within this Country, and knowledge that has not diminished despite every colonial attempt. Indigenous peoples across the globe have held their space since the Dreamtime. We are the carer of these knowledges and the ways of supporting our land, our communities, and our families – this is Power. It is ensuring we are leading; we are directing, we are deciding. We’re supporting each other in ensuring our spaces are ours.”

The themes of PROCESS | PROGRESS | POWER were reinforced by speakers throughout the conference.
Process

As Associate Professor Kalinda Griffiths stated in her opening remarks, process is how we do business, our way, proper way.

Professor Linda Burhansstipanov, member of the Cherokee Nation of Oklahoma and President, Native American Cancer Initiatives, reinforced this, saying, “As Indigenous people we are very similar to one another in what our struggles are. When our struggles are addressed by what the local Indigenous peoples say we need, and what we must have, they are the leaders. They are the hearts.”

Indigenous peoples are diverse within our own countries as well as globally. While general principles and ethical practices translate between different environments, programs, policies and practices need to be responsive to the local community and their needs. Burhansstipanov put it simply: “We work from the ground up – local leads.”

Indigenous peoples globally are in the minority, although we are strong together and can be influential. We rely on our co-resisters and our collaborators.

Later in the conference, Professor Brenda Elias, Professor in community health sciences from the University of Manitoba, posed a challenging question regarding process from the perspective of our allies, our collaborators, our co-resisters: “Can a colonial system decolonise a cancer screening system within a colonial framework? Can we do this? Are we in the right space to do this?”

Professor Alex Brown, Yuin clinician/researcher and Professor of Indigenous Genomics at ANU | Telethon Kids Institute, presented in the Day two Plenary on the topic of National agenda setting in genomics, personalised medicine and clinical trials to improve the lives of Indigenous peoples.
Brown spoke of the legacy that needs to be undone and the process that needs to be established so Indigenous peoples can trust the system, trust the process. He said, “Science was used as a tool, as a weapon to portray us as less than human. It was a lie.”

He went on to say, “choices made by governments are challenges for us as Indigenous scientists and scholars and community members and parents about what is the right way forward for all of us”.

Brown highlighted the process of equity saying, “inclusion doesn’t equal equity. Equity is a purposeful set of functional steps towards responding to people’s needs as they identify them and unpacking the structural drivers of inequalities themselves.”

Further to this Brown said, “we are less likely to be screened, to be treated, to be offered all of the things science and medicine have to offer – to be treated for the conditions and challenges that face us. This is the face of inequity.”

Professor Gail Garvey, Kamilaroi woman, NHMRC Research Leadership Fellow and Professor of Indigenous Health Research at the University of Queensland, also acknowledged the process is not working for us, saying in another plenary, “this system we’ve had has been failing and not working for us.”

Later, Brown spoke specifically to Process asking, “Do communities trust this process? How will genomics be used against us? History has not been kind to the needs, aspirations and hopes of Indigenous peoples across the globe. Who is in control? Who makes the decisions? Who has access to this data? How do we govern? How will it help our children and children’s children to come?”

Brown acknowledged that, as technology advances – as precision medicine, specifically precision oncology, advances – we need to get the process right for us to be able to access the best care science and medicine have to offer.
**Progress**

In a plenary on Day two of the conference, Dr Freddie Bray, Head of the Cancer Surveillance Branch at the International Agency for Research on Cancer (IARC) in Lyon, France, spoke of the current global challenges in measuring cancer in Indigenous peoples.

He asked, “What is the progress in reporting of cancer in Indigenous peoples?”

Bray conceded there has been progress: “There are best practice guidelines now in terms of identification of Aboriginal and Torres Strait Islander peoples in data. Things are moving in the right direction but there is a long way to go.”

Bray drew on the international Indigenous rights instrument the [United Nations Declaration on the Rights of Indigenous Peoples](https://www.un.org/esa/socdev/undrip/) UNDRIP, commenting, “we know Indigenous peoples have the right to be actively involved in developing and determining their own health programs, but there is this difficulty in obtaining a global assessment of Indigenous peoples’ health status”.

Bray recognised that further progress is required for international data to be a tool to uphold these principles. He said, “there does need to be a lot more work undertaken to build collective systems to look at the current ways of identifying Indigenous data – how we are able to link the cancer registry data, the cancer mortality data, how that compares with how we do population data, in an inclusive manner honouring data governance and data sovereignty.”

Bray used the platform to call the delegates to action: “Can the World Indigenous Cancer Conference be a springboard to document challenges across countries around the world to look at the development of an equity-led, knowledge-driven, outcomes-focused Indigenous community-centred strategy of data governance from a global perspective? Including collection, analysis and dissemination of data with an aim to reduce the burden of cancer in Indigenous communities worldwide?”

This is a call for progress!

Genomics is an interesting area, as progress has been made with a clear forward trajectory. However many aspects for Indigenous peoples, families and communities are still in the process stage. We need processes, structures, protections, and assurances relating to the various aspects of genomics. However, we are starting to understand more and become curious, which is progress.

There is great potential in precision medicine for Indigenous peoples. Professor Alex Brown told the conference, “Genomics can guide treatment specifically in precision oncology, in synergy with the other things that we do in the treatment of patients. It can help identify the right treatment.”
Brown highlighted the progress required to overcome the barriers to realising this potential, stating, “there are challenges and inequities to overcome right across the continuum of care. If we can’t make sure Indigenous peoples have access to screening, how can we possibly ensure they have access to equitable advanced frontline cutting-edge therapeutic responses including precision medicine?”

Brenda Elias identified progress required for the non-Indigenous delegates in the room, stating, “We have a big ship problem.”

“Allyship is still based in a colonial framework... When allyship is defined by non-Indigenous peoples shaped by a person in a position of advantage, it is an othering process. Why are allies defining allyship?”
Elias went on to say, “the defining and repositioning of the ally is an Indigenous-led activity. They tell us who we are in relation to what needs to be done. We are defined by Indigenous leaders as an accomplice. We’re co-resistors, we’re standing together requiring constant learning by establishing relationships.”

Elias called on co-resistors to step back, “don’t be a ship, and cherish stepping away. If you are needed you will be called upon to step up, and please do so because its important.”

Elias encouraged delegates to reflect on their own progress, and what it looks like to be a co-resistor.

Professor Malcolm King, member of the Mississaugas of the Credit First Nation and a health researcher at the University of Saskatchewan, picked up this thread, presenting an opportunity for delegates to learn from the concept developed by Mi’kmaq Elder Albert Marshall, two-eyed seeing.

King said to, “learn from one eye with the strengths of Indigenous ways of knowing, to learn from the other eye with the strengths of western ways of knowing and to use both eyes together”.

Watch this video interview on cancer care for Aboriginal and Torres Strait Islander people, with Professor Jacinta Elston, Vice-Chancellor (Indigenous) at Monash University and former Chair of Cancer Australia’s Leadership Group on Aboriginal and Torres Strait Islander Cancer Control.

**Power**

Our power is in our ways of knowing, being and doing, in our leadership, our resistance and our resilience – our ability to keep going because we know stopping is not an option for our families, our communities and our ancestors who fought before us.

Addressing a day two Plenary, Building platforms for national advocacy, leadership and influence, Professor Gail Garvey told the conference, “Health equity for this generation of Indigenous peoples cannot wait, we can’t fail the future generations of Indigenous populations.”

She said, “We have to always be fighting for self-determination, for our health rights, for our cultural rights, for the rights to be treated fairly and not be discriminated against. We have to fight for the right to be consulted about things that are about us and important to us.”

Garvey encouraged delegates to harness this power, “to leverage the various channels at a global level to raise our voices and highlight the inequities, and to do what we can do at a local, national, and international level. We have to involve, engage and support Indigenous leadership.”

The power needs to be with the people who have the solutions.

As Professor Alex Brown said, a key concept was “understanding what is different about us, because our uniqueness is our great strength. Our diversity is important to know, understand and unlock for the purposes of finding better treatments, better cures and better solutions for all.”
More from Twitter/X

Gail Garvey @garvey_gail · 6d
Two powerful First Nations women presenting @WICC_updates 2024

Selah Hart @SelahHart · 9h
"Uncle Tom" or better known as Professor Tom Calma AO addresses the delegates at the #WICC2024 dinner ceremony, reminding us of those who here is Australia and across the globe who continue to do outstanding work, led by and for, indigenous and first nations peoples.

Selah Hart @SelahHart
An honour to be in his presence, and to hear the decades of dedication to serving the health needs of his people. Lets all be like Uncle Tom, and create legacies that last long after we are memories of our descendants!

Published on Wednesday, March 27, 2024
Indigenous Health in Indigenous Hands at the 2024 World Indigenous Cancer Conference

Djirri Djirri Dancers. A safe cultural space for children. Indigenous Health in Indigenous Hands, photo courtesy Marie McInerney

Introduction by Croakey: Most of the presenters and delegates at the World Indigenous Cancer Conference (WICC) were Indigenous people from around the globe who have chosen to work in the field of cancer. This included cancer biologists, epidemiologists, data specialists, policymakers, consumers, social scientists, clinicians, and others working in cancer-related fields.

As highlighted in a previous article, for many, the connection to cancer was personal. For all, the persisting inequity in cancer outcomes for Indigenous Peoples worldwide was a driving force.

A recurrent theme at the third WICC was the importance of Indigenous ways of being and doing, Indigenous leadership and Indigenous knowledges being central to every aspect of the cancer continuum – from prevention, to screening, bench science, data collection and stewardship, therapeutics, palliative and survivor care, and more.

In the article below, her last report on the WICC for the Croakey Conference News Service, Danielle Manton provides examples of this vital key to making progress – the concept of Indigenous Health in Indigenous hands – as evidenced at the conference.
Danielle Manton writes:

Speaking in the opening session of the third World Indigenous Cancer Conference (WICC), National Convenor, Associate Professor Kalinda Griffiths told the assembled delegates, speakers, and organisers, “We have come together for a concentrated purpose.”

This purpose was made clear throughout the conference by the demonstration of Indigenous Health in Indigenous Hands – through highlighting Indigenous leadership and expertise across the cancer continuum.

In the first conference plenary, Professor Linda Burhansstipanov, member of the Cherokee Nation of Oklahoma and President, Native American Cancer Initiatives, spoke about the way her culture underpins her work, and encouraged delegates to work in similar ways.

She said, “We need to act the way our ancestors act, in a good way. Our ancestors knew what the heck they were doing. We need to pay attention.”

#WICC2024 national convenor Yawuru woman @Klick22 talking about today's theme: Process. "It's our ways of knowing, being and doing in all that we do". This is critical amid global challenges like climate change and growing inequity. "Cancer is one of these challenges".
First things first: centring Elders and youth

The centrality of culture was clear throughout the WICC, starting before the official conference began with the Elders and Youth yarning circle.

The order of these events was important. Gail Garvey AM is a Professor of Indigenous Health Research at the University of Queensland, and was Convenor of the first ever WICC in 2016.

In her wide-ranging plenary on advocacy, leadership and influence, she told the conference, “We privilege the voices of our Elders and our youth. We have to constantly be doing that in everything we do.”

Professor Malcolm King, a member of the Mississaugas of the Credit First Nation and Professor, University of Saskatchewan, said something similar in his plenary presentation:

“We always think of the generations that shaped us, and the generations that are looking to be following us.”

These statements highlight the guiding role of the Elders and Youth forums in setting the WICC agenda.

The priorities identified in the forums were shared in the opening session for delegates to carry with them throughout the conference. Clear priorities were identified, all with a common theme of Indigenous Health in Indigenous Hands.

The priorities of the Elders and the youth were remarkably similar to each other: Indigenous leadership in decision-making, our way – “Indigenous knowledge systems at the forefront.”

This was supported by Professor Garvey who, in a later presentation, reminded the delegates, “We don’t have to fit into other people’s agenda”.

#WICC2024 has begun with our Youth and Elder Forum, bring together Indigenous Elders and youth from around the world. We’re looking forward to seeing all our delegates tomorrow for our first full day!
Drawing strength from culture

The yarning circle highlighted priority areas such as access to care that is Indigenous-led. This includes systemic support that involves families; that is culturally safe and inclusive of our ways of working, responsive to the local context and builds our own cancer workforce. And the importance of including Traditional Medicines within treatment.

Kiera, a member of the Djirri Djirri dancers who spoke to the conference ahead of the dancers’ performance, encapsulated the importance of all of the priorities from the forums, saying,

“When my cultural life is strong, I am strong.”

Later, Professor Malcolm King supported this, saying, “We’re the oldest cultures in the world – culture, language and tradition lead to a positive identity, and lead to positive health.”
Setting and driving the agenda

In her plenary presentation, Professor Gail Garvey drew on the knowledge Indigenous peoples have about our own health, within our own contexts, and made a call to action: “Indigenous peoples take our rightful place in control of our own individual but collective destinies.”

Garvey said,

“We need you to walk with us. It’s time for action. We have to combine our collective advocacy. We need to privilege and centre Indigenous voices.”

Professor Malcolm King asked, “How can we as Indigenous peoples direct or redirect the cancer agenda?”

Professor Jacinta Elston, Vice-Chancellor (Indigenous) at Monash University and former Chair of Cancer Australia’s Leadership Group on Aboriginal and Torres Strait Islander Cancer Control, provided an example of Indigenous agenda setting in the Australian context. Elston, alongside other leading Indigenous experts in cancer care, was part of the development of the Australian Cancer Plan.

In this interview with Croakey’s Marie McInerney, she said the purpose of this initiative was to “help strengthen the health system’s approach to thinking about how to provide care to our people.”

“NACCHO [National Aboriginal Community Controlled Health Organisation] has developed really significant resources that are going to go out and impact in the community-controlled sector to help strengthen their ability to support community and their cancer experience, but at the same time we want to make sure all cancer services are ready to see more and more Indigenous mob.”
In a concurrent session looking at cancer support and survivorship, Maori woman Vonda Nepia provided an example from her own context – her own cancer experience. Nepia said,

“I knew I had to start the process of restoring my power – to get my power back. I was frustrated with doctors, and they didn’t understand me, I was desperate to communicate better so I drew on Sir Mason Durie’s wellbeing model.

“They don’t get it they walk in with their clipboard, tick some boxes and turn away with the power.

“I got out my coloured pens and wrote Vondas Treatment Plan. I wrote down all my issues, I need help in these areas, I trust you’re going to do the chemo and whatever you need to do, but I need to sort this out.

“He [the doctor] walked in the next day and said, ‘Vonda how are you feeling spiritually today?’ I said, ‘Yes! This is going to work.’ The Doctor was no longer ticking boxes. He was writing for the charge nurse to organise for me to visit my [12-year-old] son, in a way that was COVID safe.”

Global Indigenous leadership

In another quote from Sir Mason Durie, Malcom King reminded the conference, “Indigeneity should not be considered a risk factor, it is actually a way forward.”

The truth of this was highlighted over and over at the conference, with Indigenous leadership clearly evident, and work being undertaken globally to improve outcomes for Indigenous peoples – work driven by Indigenous peoples – presented and showcased.
Information on Indigenous Health in Indigenous Hands, for cancer, at your fingertips:

*Indigenous and Tribal Peoples and Cancer*

This upcoming book was edited by Gail Garvey and an expert team of leading Indigenous academics. It has 77 chapters, all with at least one Indigenous author.

The book compiles global data on cancer experiences among Indigenous and Tribal peoples for the first time, prioritising their voices and weaving their perspectives throughout the text.

Once published (expected June 2024), the book will be available in hard copy and the electronic version will be open access, providing free and unlimited access. It aims to address the persisting disparities in cancer outcomes and offer a strengths-based approach to improving health interventions and research translation for these populations.
Rongohia Te Reo, Whatua He Oranga The Voices of Whānau Māori Affected by Cancer

This report was presented to the conference by Sasha Webb, Tumutuarua Mana Taurite – Director of Equity, Te Aho o Te Kahu – NZ Cancer Control Agency.

As Rami Rahal, Tumuaki/CEO, Te Aho o Te Kahu – NZ Cancer Control Agency, said when handing over to Webb, the report highlights “Maori knowledge in everything we do”.

Māori in Aotearoa face disproportionate cancer burdens, being 20 percent more likely to develop cancer and twice as likely to die from it compared to non-Māori, revealing inequities across the cancer continuum.

In 2021, Te Aho o Te Kahu partnered with local health organisations to conduct 13 community hui across the country, engaging with over 2,500 whānau Māori to understand their experiences, resulting in three reports available in English and te reo Māori, which will inform the agency’s future work and be shared with stakeholders shaping the new health system.

Our mob and Cancer

Kristine Falzon, Executive Manager, Waminda South Coast Women’s Health and Welfare Aboriginal Corporation, and Cancer Australia’s Dr Candice Woods presented this Indigenous-led resource at the conference.

Falzon said: “The reason we do what we do, even when it is really hard, is to improve outcomes for our people.”
On this [website](#), holistic wellbeing facilitator and Māori woman, Vonda Nepia, shares her inspiring story, experience, and resources that enabled her to take her power back to create the treatment plan she needed.

The [Australian Cancer Plan](#) had Indigenous involvement and leadership from its inception, with 41 community consultations that contributed to its development and one-third of the plan focused on Aboriginal and Torres Strait Islander peoples – to help strengthen us in the space.

**The next step**

Indigenous Health in Indigenous Hands is key to improving outcomes for Indigenous Peoples but there is much more work to be done. Particularly as the therapeutic landscape undergoes radical change, ensuring everything we do across the continuum of care is underpinned by this principle will be vitally important.

“The next step is to go from what’s possible to what matters to our communities,” said Professor Alex Brown, Yuin clinician/researcher and Professor of Indigenous Genomics at ANU | Telethon Kids Institute.
Indigenous Health in Indigenous Hands – from X/Twitter

You can track Croakey’s coverage of the conference here.

You aren’t truly measuring our wellbeing if only asking individuals. Measure the wellbeing of family, community culture and country. Nicole Hewlett – Implementation of the What Matters 2 Adults wellbeing measure for First Nations Australians into cancer services. #WICC2024

Fiona Cornforth @fi... 20/3/2024
@Lisa_J_Whop powerfully reminds #WICC2024 that we must reclaim agency and embody sovereignty and that our good ways for relationality and accountability to community first is powerful resistance.

Khwanruethai Nga... 19/3/2024
@LarnzLarnz and @k8and0 co presenting on ‘Harnessing First Nations traditional medicines to provide culturally safe Palliative Care to First Nations peoples’. 🌿❤️💛💚💙@WICC_updates #WICC2024 #TACTICS #cancerandwellbeing

A/Prof Ben Smith, P... 19/3/2024
Great kit of resources available to support symptom management at end-of-life for Aboriginal and Torres Strait Islander families caringathomeproject.com.au/Family-Carer-R...
#WICC2024
A/Prof Ben Smith,... · 20/3/2024
Great to see the What Matters to Adults measure, which reflects Aboriginal & Torres Strait Islander’s more holistic & collective view of wellbeing being implemented in NSW Cancer Centres. Delivery & follow up by First Nations staff critical!
#WICC2024

Khwanruethai Nga... · 20/3/2024
Fantastic presentation delivered by Nicole Hewlett (palawal woman) about the WM2Adults implementation study. A massive thank you to the deadly ‘unicorns’ for knowledge, wisdom, and care for our mob with cancer. 💜❤️️❤️️laş
#WICC2024 #TACTICS #cancerandwellbeing @WICC_updates

Ruth Armstrong @D... · 19/3/2024

A/Prof Ben Smith, PhD (he/him) @cancer_K2A
Linda Burhansstipanov - When American Indian and Alaskan Native people affected by cancer are connected with others in their community and empowered to be involved in their care they have much better outcomes #WICC2024
Wrapping up the World Indigenous Cancer Conference

Connections and creativity at a weaving workshop during #WICC2024. Photo credit: @VCCCAlliance.

Below we publish some final #WICC2024 snaps and posts, as well as video interviews and an analysis of the high-value X/Twitter coverage.
You can track Croakey’s coverage of the conference here.

Wrapping up the World Indigenous Cancer Conference #WICC2024

Selfies

Melissa M. Herbst-Kralovetz, PhD @HerbstKralovetz · Mar 22
Honored to join the World Indigenous Cancer Conference in Melbourne/Naarm! Witnessing global dedication to #indigenous health was inspiring.
Shared our NCI-funded NACP work & Dr. Ingram showcased @NACP_REC ore. Amazing trainee presentations! #WICC2024
You can track Croakey’s coverage of the conference here.

Wrapping up the World Indigenous Cancer Conference #WICC2024

McCabe Centre for Law & Cancer @McCabe_Centre - Mar 20

Aboriginal Partnerships and Programs Advisor Colin Darcy told #WICC2024 how CCV’s role as an ally organisation means commitment to self-determination, starting with building partnerships and processes to close the gap when it comes to cancer and health: cancervic.org.au/get-support/st...
You can track Croakey’s coverage of the conference here.

#WICC2024 reposted
Karen Bartholomew @KarenBartholo12 - Mar 20
Fantastic final day Plenary at #WICC2024, spectacular talk on the theme of power by AP Lisa Whop @LisaJWhop

#WICC2024 reposted
Gail Garvey @garvey.gail - Mar 20
Talking books are effective in reducing anxiety and improving recall. Lara Stoll - Resources for patients and community, Developing a Radiation Therapy Talking Book for First Nations cancer patients. #WICC2024 @wiccupdates #TACTICSCRE #iowefncw #UQ

#WICC2024 reposted
A/Prof Ben Smith, PhD (he/him) @cancer_K2A - Mar 20
Great set of videos developed by #TACTICSCRE w/ @POCOG1 to support clinicians & resources to provide culturally inclusive care for Aboriginal & Torres Strait Islander people affected by #cancer presented by @CunningJoanHam at #WICC2024
Find them 😊 m.youtube.com/watch?v=TT1sHp...
You can track Croakey's coverage of the conference [here](#).

Wrapping up the World Indigenous Cancer Conference #WICC2024

A colourful weaving workshop on Day 3 of #WICC2024. An opportunity to connect and share stories through generations, while creating something new.
Wrapping up the World Indigenous Cancer Conference #WICC2024

Croakey
Conference News Service
On the last day of WICC 2024, the focus was on cancer prevention. Dr. Blind attended a lecture by Prof. Tom Calma from Australia, who delivered a message of hope. Additionally, Sápmi was welcomed into the World Indigenous Cancer Network during the conference #WICC2024

An honor to share this space with the biggest and most respected academics, researchers and clinicians in the field of First Nations Peoples cancer research. Thrilled about the book Indigenous & Tribal Peoples and cancer, available to purchase – June2024 #WICC2024
You can track Croakey’s coverage of the conference [here](#).

Wrapping up the World Indigenous Cancer Conference #WICC2024

Sneha @DrSnehaSethi · Mar 20
With the legend itself! Such a privilege to work in collaboration with you @garvey_gail. Thank you for trusting us at @arcpho to fight this fight with you. #wicc2024

WIC Network

Improving cancer outcomes for Indigenous people globally

The University of Queensland

Connecting survivors and their families with culturally-grounded care, research, and policy

wicnetwork.net

Gail Garvey @garvey_gail · Mar 20
Wonderful to connect with everyone over the past 3 days at #wicc2024. Hoping everyone gets home safely #lovedncwr

VCCC Alliance @VCCCAliance · Mar 20
An emotional closing to #WICC2024 full of gratitude, gifts, and song. Thank you to everyone who joined us from around the nation and the world for what has been a very special few days together. @CINANurses @Klick22 @garvey_gail @pocheSA_NT
Video interviews

Marie McInerney interviewed some of the conference presenters.
Impact on X/Twitter

A report by Tweetbinder identified 1,626 posts using the hashtag during the period 5 March to 8 April, with 170 contributors, creating 148,401 Twitter impressions.

The report estimates an economic value of more than $37,000 for the hashtag during this period.

Below are the five most-liked tweets (and see more details at the report online).
X/Twitter Analytics

As well as publishing the series of articles at Croakey.org, the #WICC2024 coverage involved a sustained presence across social media platforms, especially Twitter.

See the full Tweetbinder report here.

Other editorial

Charles Maskell-Knight mentioned #WICC2024 in a recent issue of The Zap