examined and compared treatment of Māori (Indigenous) and non-Māori New Zealanders with colon cancer.

Methods: From the New Zealand Cancer Registry we identified a population-based cohort of 629 patients diagnosed with colon cancer between 1996 and 2003. We reviewed medical notes and compared surgical and oncology treatment in Māori and non-Māori patients. We adjusted treatment differences for tumour characteristics, patient comorbidity and treatment facility type.

Findings: Māori and non-Māori patients received similar rates of surgical resection although Māori patients were less likely to have extensive lymph node clearance (relative risk (RR) 0.25, 95% CI 0.13 to 0.50 for removal of 30 or more nodes) and were more likely to die in the post-operative period (RR 5.91, 95% CI 1.54 to 18.92 for death following elective surgery). In patients with stage III disease Māori were significantly less likely to receive chemotherapy (RR 0.69, 95% CI 0.53 to 0.91) and more likely to experience delay of at least eight weeks to start chemotherapy (RR 1.98, 95% CI 1.25 to 3.16). Treatment disparities were not accounted for by patient comorbidity or treatment facility type (public cancer centre, public non-cancer centre and private facility) although differences within facility types remain a potential explanatory factor.

Interpretation: Māori and non-Māori patients with colon cancer receive similar surgical treatment but Māori are less likely to receive adjuvant chemotherapy and may experience a lower quality of care. Attention to health-system factors is needed to ensure equal access and quality of cancer treatment.

Conclusion: Reported use of statin is considerably lower than need in all social groups although our data suggest that use of statin has largely remained socially equitable after recent changes in availability. However, most high-risk participants are unaware of their risk, despite being informed of their risk by the study. Ethnic minorities and lower socioeconomic position groups, who are most at risk of heart disease, are significantly less likely to be aware. This is likely to impact on ability to participate in self-management and may partly explain poorer clinical outcomes.