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**Bridging health access disparities among culturally and linguistically diverse (CALD)
cancer patients: an ongoing challenge**

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Dear Editor,

Thai *et al*¹ report the important finding that, in a population of patients with lung cancer and colorectal cancer, the rate of adjuvant chemotherapy administration was not impacted by patient background. Specifically, they explored the impact of preferred language and language spoken in the country of birth. While we congratulate them on this work we would like to point out that this is not an entirely novel finding as claimed by the authors.

Using a prospective colorectal cancer database at Western Health in Melbourne, a previous publication² also found no impact of language preference (English/non-English) on the use of adjuvant chemotherapy. Similar to the cohort reported by Thai *et al.*, Western Health had a substantial proportion of patients (19%) who preferred to use a language other than English. Also similar was the uptake of adjuvant chemotherapy among patients with stage III colon cancer. In a broader analysis, the previous series also examined the impact of language preference on other key quality metrics. Specifically, no impact was found on stage at cancer diagnosis or the rate of screen-detected cancers and no difference was found in clinical trial participation.

The National Health and Medical Research Council (NHMRC) emphasizes the right of every Australian to equity in health care, and this can only be attained by developing consistent,

sustainable, culturally competent health promotion and health services³. In the case of cancer care, it is indeed essential to have screening services⁴ and hospital processes⁵ that will not only overcome language barriers, but are also sensitive to CALD beliefs and perceptions. It is essential to ensuring that presentation is not delayed and that patients receive appropriate care, including the opportunity to participate in clinical trials, which requires researchers having the necessary communication skills.⁶

It is pleasing to note that over both series, 12 years apart, the findings indicate that the Australian healthcare system is providing high quality and equitable care for common cancer types at major tertiary institutions. We would encourage others to conduct similar studies in other cancer types, in other diseases and in other settings, to explore whether this is true for all Australians, regardless of the diagnosis and regardless of the treatment location.

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