



Call to Action
2025



Bowel Cancer
NEW ZEALAND

10 Years working to beat
bowel cancer



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bowel cancer

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Bowel Cancer in Aotearoa New Zealand:

Building on our successes for a hopeful future

Aotearoa New Zealand has amongst the highest incidence of bowel cancer worldwide, with 3,000 new cases diagnosed each year.¹ Despite a similar incidence rate to Australia, New Zealanders are more likely to be diagnosed with advanced stage bowel cancer and have poorer survival outcomes.

In 2011, Bowel Cancer New Zealand published our first Call to Action. This set out key actions we wanted to see delivered before 2015, with the aim of addressing the impact of bowel cancer in Aotearoa New Zealand. Since then, there has been some good progress made to improve the bowel cancer patient's journey, including Ministry of Health initiatives to improve patient data collection, initiation of the National Bowel Screening Programme (NBSP), development of national clinical guidelines and standards, and establishment of targets for timely referrals and diagnoses. We applaud all efforts currently being made throughout Aotearoa New Zealand by District Health Boards (DHBs), healthcare professionals, and community groups working at the grassroots to make a positive difference for all New Zealanders with bowel cancer.

However, bowel cancer continues to be a leading cause of death in Aotearoa New Zealand and a significant burden on our communities and health system.^{1,3} There is still a lot more to do to achieve the vision we outlined in 2011: **a significant reduction in the number of New Zealanders dying from the disease and an improvement in the quality of life for patients and their families.**

Now as we enter a new decade in 2020, we are calling on decision-makers within the NBSP, general practices, DHBs and central government to continue to work together to build on successes to date and strive to make the further changes required to realise our vision for bowel cancer in Aotearoa New Zealand. We have outlined 7 key Calls that we would like to see actioned by 2025, or earlier. Underpinning all 7 calls, there is a critical need for both **increased resourcing** of DHBs and a concerted **focus on equity.**



Adequate resourcing to improve DHB colonoscopy quality and capacity in particular is essential for the successful roll out of the NBSP throughout Aotearoa New Zealand. Significant investment in the early stages of the bowel cancer patient journey is crucial to reducing the health system burden of advanced cancers. Comprehensive screening programmes and timely diagnoses help detect cancers at an earlier and more treatable stage, and can also prevent bowel cancers entirely through polypectomy. Economically, screening is not only life-saving it is also highly cost-effective to the point of being cost-saving for New Zealand's health system.²⁴

The ongoing ethnic, socioeconomic and regional inequities in bowel cancer outcomes are a national disgrace.^{1,3,4} If the Government is serious about its commitment to reducing inequities in health outcomes between Māori or Pacific people and non-Māori/non-Pacific people, more must be done at every stage of the bowel cancer patient and whānau journey. This should include access to screening at an earlier age (from aged 50, instead of 60) and targeted efforts to promote participation of vulnerable groups in the NBSP.

We believe that by embedding the principles of needs-based resourcing and equity into the decision-making processes at all levels of the health system, we can – and we must – deliver improved, equitable outcomes for bowel cancer in Aotearoa New Zealand.

Bowel Cancer New Zealand
January 2020

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** Throughout this Call to Action 'bowel cancer' refers to colorectal cancer – cancer of the colon and rectum.*

Our 7 key calls



Call 1.

At the time of releasing this Call to Action a National Bowel Screening Programme (NBSP) is being implemented throughout Aotearoa New Zealand (from mid-2017 to mid-2021).

Bowel Cancer New Zealand calls for additional support for District Health Boards (DHBs) to ensure full implementation of screening throughout Aotearoa New Zealand by mid-2021, or earlier.



Call 2.

Māori, Pacific people, and people living in socioeconomically deprived areas have an increased risk of dying from bowel cancer compared to non-Māori, non-Pacific and wealthier groups. In addition, being diagnosed in public (government-funded) hospitals may be associated with a delayed diagnosis, compared with people diagnosed in the private sector.

Bowel Cancer New Zealand calls for inequities in bowel cancer outcomes to be addressed urgently through research, monitoring, and deliberate policy.



Call 3.

Over 350 people aged 50-59 years are diagnosed with bowel cancer each year. For many the diagnosis comes too late to prevent death, but the NBSP has been restricted to people aged 60-74 years.

Bowel Cancer New Zealand calls for the Ministry of Health to develop a clear plan to increase access to screening to include all New Zealanders aged 50-59 years; and to address evident inequity for Māori, to implement screening for Māori aged 50-59 with urgency.



Call 4.

Some DHBs have been working to promote participation in the NBSP. These initiatives are critical, particularly for Māori, Pacific people, and people living in poorer areas.

Bowel Cancer New Zealand calls for comprehensive evidence-informed programmes to increase participation in the NBSP, including careful evaluation of these methods and their outcomes.



Call 5.

The threshold for a positive screening result in the NBSP is considerably higher than it was in the earlier Waitematā Pilot Programme and, currently, health professionals are simply told whether their patients are above or below the current threshold.

Bowel Cancer New Zealand calls for healthcare professionals to be informed of their patients' actual NSBP screening results to inform their future clinical decision-making.



Call 6.

1 in 2 New Zealanders do not know the symptoms of bowel cancer, and many are unaware that bowel cancer can affect younger people and those who have already undergone screening.

Bowel Cancer New Zealand calls for education for the general public and healthcare professionals to raise awareness of the symptoms and incidence of bowel cancer – including among younger age groups.



Call 7.

New Zealanders with advanced bowel cancer have poorer access to effective drug treatments than if they lived in Australia or the UK.

Bowel Cancer New Zealand calls for improved access to drug treatments for people with advanced bowel cancer. Appropriate drugs to treat people affected by bowel cancer must be funded.



Call 1.

Additional support for DHBs to fully implement the NBSP

- At the time of releasing this Call to Action a NBSP is being implemented throughout Aotearoa New Zealand (from mid-2017 to mid-2021).⁵ Bowel Cancer New Zealand strongly supports the introduction of a NBSP.
- New Zealanders with bowel cancer are more likely to be diagnosed with advanced stage cancer than people in Australia and the UK, despite these countries having comparable healthcare systems.^{3,6}
- Bowel cancer screening enables earlier detection of cancer, supporting earlier and improved treatment options and reduced mortality.⁷
- From 2012 to 2017, Waitematā DHB ran a Bowel Screening Pilot which demonstrated that a bowel cancer screening programme in Aotearoa New Zealand would be feasible and cost effective.⁸
- Colonoscopy capacity, quality and equity are potential constraints for DHBs in the successful roll out of the NBSP.⁸ At the time of preparing this Call to Action, nearly half of Aotearoa New Zealand's DHBs are not meeting targets for performing timely diagnostic colonoscopies, indicating there is a postcode lottery in access to vital bowel cancer services.⁹ There is an urgent need to progress efforts to train and fund an expanded workforce of skilled colonoscopists.⁸ DHBs must be supported in these efforts and adequately resourced by the Ministry of Health.

Bowel Cancer New Zealand calls for additional support for DHBs to enable full implementation of screening throughout Aotearoa New Zealand by mid-2021, or earlier.



“Bowel Cancer NZ believes all New Zealanders should have the same chance of a timely diagnosis, wherever they live, whatever their income; being diagnosed at an earlier stage increases people’s chance of survival”

Professor Sarah Derrett

“I think too often, as Pasifika and Māori people, we don’t talk about taboo stuff such as bowel cancer, because bowel cancer is concerned specifically with certain parts of the body that nobody wants to talk about. But we have to!”

Rachel Afeaki Taumoepeau



Call 2.

Address inequities in bowel cancer outcomes as a matter of urgency

- Māori, Pacific people, and people living in socioeconomically deprived areas have an increased risk of dying from bowel cancer compared to non-Māori, non-Pacific, and wealthier groups.^{1,3,4}
- Māori patients, Pacific patients, and those living in areas of greater socioeconomic deprivation are more likely to present with late-stage disease.^{3,4} These differences largely reflect inequity in access to and/or from primary care.³ Being diagnosed at a later stage, when the bowel cancer is more advanced, is an important factor in the risk of death; a timely bowel cancer diagnosis is important to reduce mortality.^{3,10}
- Survival disparities also exist within categories of disease stage at diagnosis, suggesting that at least some of the survival disparities are due to variation in management and treatment delivery.³
- In addition, being diagnosed in public (Government-funded) hospitals may be associated with having a delayed diagnosis compared to people diagnosed in the private sector. This has implications for equity where the wealthy can obtain a more timely diagnosis.¹¹

Bowel Cancer New Zealand calls for inequities in bowel cancer outcomes to be addressed urgently through research, monitoring, and deliberate policy.



Call 3.

Increase access to screening for New Zealanders aged 50-59 years

- Over 350 people aged 50-59 years are diagnosed with bowel cancer each year, a significant subset of all bowel cancer diagnoses.¹ People younger than 60 appear more likely to experience a delayed diagnosis.¹¹ For many the diagnosis comes too late to prevent death; approximately 120 people aged 50-59 years die from bowel cancer each year.¹²
- The earlier Waitemata Pilot Programme included people aged 50-74 years and international evidence shows that bowel cancer screening programmes are beneficial for this age group.^{8,13}
- Despite this evidence, the NBSPP has been restricted to people aged 60-74 years, partly because of concerns about colonoscopy workforce capacity.^{5,8} Without a meaningful increase in the colonoscopy workforce, the NBSPP may therefore further constrain the diagnostic resources available to this younger age group, which may exacerbate the delays they experience.^{11,12}
- Restricting the screening programme to people aged 60-74 years is also a barrier to reducing inequities in bowel cancer outcomes between different ethnic groups.¹⁴ For Māori and Pacific people, 22% and 24% (respectively) of new bowel cancer registrations occur amongst 50-59 year olds (compared to 12% for the total population).¹ Although Māori and Pacific New Zealanders are younger at time of bowel cancer diagnosis, they are also more likely to be diagnosed with late stage cancer.^{3,4,15,16}
- Plans to properly resource New Zealand's DHBs and to extend the national programme to those aged 50-59 years are required urgently. To address known inequities, Māori and Pacific people in the 50-59 year age range should be eligible for inclusion in the screening programme now.¹²

Bowel Cancer New Zealand calls for the Ministry of Health to develop a clear plan to increase access to screening to include all New Zealanders aged 50-59 years.





Call 4.

Promotional programmes to improve participation in the NBSP

- To achieve their desired public health impact, population cancer screening services require high levels of participation.¹⁷ There is a wide range of potential interventions to improve access to cancer screening services and, therefore, increase participation.¹⁷
- People who are quickest to take up screening tend to have greater health literacy and understanding of the health system, so it is possible that screening programmes can exacerbate existing disparities in health status.⁸ In fact, Māori, Pacific people, and Asian populations were all less likely to participate in the Waitematā Pilot Programme than European/Other people.⁷ To prevent worsening health inequities, it is important that there is a focus on issues of equity across all dimensions of the NBSP.⁸
- There are plans to take specific actions to increase participation in the NBSP for Māori, Pacific people, and populations living in areas with high socioeconomic deprivation. This includes: targeted active follow-up on invitations; tailored health promotion; primary health care involvement in promoting participation; and engagement with community groups, churches and marae.¹⁴
- Programmes to improve participation must be developed in collaboration with the communities involved, be properly evaluated, and build on key learnings from both the Waitematā Pilot Programme and existing DHB efforts.^{8,14,18}

Bowel Cancer New Zealand calls for comprehensive evidence-informed programmes to increase participation in the NBSP, including careful evaluation of these methods and their outcomes.



“Early diagnosis, expanded age criteria for the National Bowel Cancer screening programme along with timely intervention is the best defence we can have for this deadly disease. Having lost my son to bowel cancer and my husband a survivor of this disease, I want to see every New Zealander have a raised awareness of the symptoms and greater access to our national programme.”

Sue Soper



Call 5.

Comprehensive information for healthcare professionals on patients' screening results

- In the NBSP, the threshold of detectable blood that is required for referral for diagnostic colonoscopy is 200 ngHb/ml. This is considerably higher than it was in the earlier Waitematā Pilot Programme (75 ngHb/ml).⁸
- The higher threshold is intended to reduce the number of people referred for a diagnostic colonoscopy, partly because of the limitations of existing colonoscopy workforce capacity.⁸
- There is also concern around how screening results are communicated to participants and healthcare professionals, particularly where blood is detected in a sample but at a level below the current positivity threshold. The current language used includes words such as 'negative', but it's actually only deemed negative according to where the threshold has been placed.⁸
- It would be of benefit for healthcare professionals to receive their patients' detailed screening results, so that they can support the appropriate management of individuals presenting with symptoms.⁸

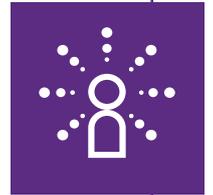
Bowel Cancer New Zealand calls for healthcare professionals to be informed of their patients' actual NSBP screening results to inform their future clinical decision-making.



We would like to see GPs getting bowel screening participants results as a matter of course, which they currently do not, as it will allow them to better monitor their patient should they present with further symptoms.

Professor Frank Frizelle





Call 6.

Education to raise awareness of bowel cancer symptoms and incidence

- 1 in 2 New Zealanders do not know the symptoms of bowel cancer.¹⁹ Only two possible symptoms of bowel cancer are mentioned in information which is sent to participants in the NBSP, compared with the six Bowel Cancer New Zealand lists.²⁰
- There is a need for increased awareness that bowel cancer can affect people of all ages, including younger people. Almost two-thirds of people diagnosed with bowel cancer each year in Aotearoa New Zealand are not within the eligible age range for screening within the NBSP (currently screening is restricted to those aged 60-74 years); of particular note, over 20% diagnosed each year are aged under 60 years.¹
- There is also a need for increased awareness that bowel cancer can be present in those who have already undergone screening. In the first two-year screening round of the Waitematā Pilot Programme, 33 people who returned readings between the pilot threshold level of 75ngHb/ml and the less sensitive NBSP threshold of 200ngHb/ml were found to have cancer. This was approximately 15% of the total number of cancers found in that pilot programme screening round. Of the 29 cancers where the stage of cancer was known, eight of them were at the more serious end (stages 3 and 4) and 21 of them were earlier stage cancers (stage 1 or 2).²⁰
- In addition to a comprehensive screening programme, the general public and healthcare professionals must be alert to the symptoms of bowel cancer (and the possible intermittency of symptoms).¹¹

Bowel Cancer New Zealand calls for education for the general public and healthcare professionals to raise awareness of the symptoms and incidence of bowel cancer – including among younger age groups.



Call 7.

Improve access to bowel cancer treatments

- New Zealanders with advanced bowel cancer have poorer access to effective drug treatments than people living in Australia or the UK.²¹⁻²³
- Government decisions on funding newly approved, innovative treatments should be made in a timely manner and be consistent with international standards, so that access is equal to that of other developed countries.
- Consideration should be given to the principles of equity, human dignity, and disease severity when making funding decisions, rather than solely on financial cost.
- Patients with advanced bowel cancer should have access to treatment options that both prolong their life and give them additional quality of life.

Bowel Cancer New Zealand calls for improved access to drug treatments for people with advanced bowel cancer. Appropriate drugs to treat people affected by bowel cancer must be funded.



“I have stage 4 bowel cancer and I believe it shouldn't take terminal patients having to present petitions, for bowel cancer drugs to get funded. Once again we are way behind Australia with access to bowel cancer drugs which is robbing Kiwis of more time with loved ones.”

Mike Heiler



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