

# What is it With Cancer in Aotearoa New Zealand?

By Sue Claridge

## **Cancer is the number one killer of New Zealanders.**

More than 30% of deaths in Aotearoa New Zealand are attributable to cancer; more than ischaemic heart disease and cerebrovascular disease combined (14.9% and 7.4% respectively).<sup>1</sup> In 2016, more than 24,000 New Zealanders were newly diagnosed with cancer,<sup>2</sup> and on the day you read this at least another 66 more will be diagnosed. The International Agency for Research on Cancer (IARC) estimate that 46% of New Zealand men and 33% of women will develop cancer before the age of 75%; the risk of dying of cancer before 75 years is 11% and 9.3% respectively.<sup>3</sup>

In light of such awful statistics it is particularly galling to see cancer being used as a political football, as has been the case for a number of years. Cancer as a cause of mortality and morbidity, and in terms of the burden on individuals, communities and our health system, is simply too serious a matter to be used for political point scoring.

Over the last couple of months our worsening cancer statistics, delays in diagnosis and treatment, and the fact that many New Zealanders feel the need to “make the personal political” (for example, Blair Vining’s petition to Parliament<sup>4</sup>) just in order to obtain the treatment and drugs they need to survive (or in some cases, just have a few more weeks or months with their families) has led to both political parties being reactive rather than proactive. Questions, claims, accusations and insults have been traded across Parliamentary chambers and in the media.

On the 28<sup>th</sup> of July, the National party pledged \$200 million for cancer drugs if it wins the 2020 election.<sup>5</sup> Labour promised an independent agency to tackle cancer in its 2017 election campaign and have said that they will announce an interim plan by the end of August\*, with Minister for Health, David Clark saying that “the plan would look at the full spectrum of cancer care and control – from prevention and screening, to treatment and palliative care.”<sup>6</sup>

The National Party’s trumpeting of plans to establish a cancer agency to improve cancer services for New Zealanders is disingenuous. They have been lying

by omission in their failure to own up to their role in the current cancer services situation in this country. When are they going to step up and admit that they have significantly contributed to the deficiencies in cancer care?

## ***Cancer Control New Zealand***

In July 2015, the then National Government disestablished Cancer Control New Zealand (CCNZ – formerly the Cancer Control Council). Then Minister of Health, Jonathon Coleman, said in his press release at the time:

“The independent Ministerial advisory committee is being disestablished as its role has been superseded by the progress made in improving cancer services for New Zealanders.”<sup>7</sup>

Coleman went on to say:

“Cancer Control New Zealand’s advice was necessary ten years ago when there was limited planning and investment in cancer services, and a lack of central clinical leadership.”

“Delivering better cancer services remains a top priority for the Government. We have made significant progress since 2008 and patients are getting better, faster cancer care. We have invested \$63 million on the faster cancer treatment programme.”

Given the current situation with cancer incidence, mortality and cancer services, it is hard to see how only four years ago Jonathon Coleman and the National Government could have gotten it so wrong. While the situation has worsened, cancer was certainly not “under control” back in 2015. Just as now, we very much needed a cancer agency whether it was a Government agency or an independent agency as has been proposed recently.

## ***Cancer Prevention***

While much of the focus has been on earlier diagnosis, better and more timely cancer treatment and a reduction in mortality, the best way to address our appalling cancer statistics is to prevent more cancers. The former Cancer Control Council was established in 2005 to act upon the New Zealand

---

\* An announcement was made by the Labour Government on the 1<sup>st</sup> of September after the completion of this article – see STOP PRESS on page 6.

Cancer Control Strategy launched in 2003. The first of six goals that made up the strategy was to reduce the incidence of cancer through primary prevention.

**The global battle against cancer won't be won with treatment alone.**

**Effective prevention measures urgently needed to prevent cancer crisis.<sup>8</sup>**

These are the opening statements in a press release issued by IARC on the 3<sup>rd</sup> of February, 2014, to coincide with the release of IARC's five-yearly **\*\*World Cancer Report<sup>9</sup>**.

Calls for a greater focus on prevention have become more urgent, almost strident over the years. Our own burgeoning cancer statistics lend graphic support to this. IARC and WHO have for many years stated that one third or more of cancers worldwide could be prevented if we addressed five modifiable lifestyle choices:<sup>10</sup>

- high body mass index;
- low fruit and vegetable intake;
- lack of physical activity;
- tobacco use; and
- alcohol use.

As many as another 20% of cancers are attributable to other modifiable risk factors, including environmental pollution, occupational carcinogens, radiation (including medical radiation) and infections.<sup>9, 11</sup>

Successive Aotearoa New Zealand governments have at best paid lip service to primary prevention, and at worst completely ignored the issue. Even when there has been cross-party support and a set of agreed actions, nothing meaningful has happened (see No Political Will for Prevention on page 8). Great strides have been made in reducing cigarette smoking and passive exposure to tobacco smoke, but the bulk of this work was done well before CCNZ was established, and sun safe messages have been around for more than three decades; any progress here can hardly be attributed to the CCNZ or any government over the last fifteen years or more. Since the mid-90s the age for alcohol consumption and purchase has been lowered, our binge drinking culture, especially among young women has worsened considerably, and the obesity "epidemic" is spiralling out of control. In 2018, we had the highest cancer incidence in the world for both men and women (526 and 358 per 100,000 of population respectively).<sup>3, 12</sup>

In 2014, the Cancer Control Trust (CCT) called for an updated action plan for the 2003 cancer control strategy. Betsy

*continued page 9*

---

\*\* The latest World Cancer Report is due out sometime in 2019 (see <https://www.iarc.fr/wp-content/uploads/2019/03/brochureW-CR2019-web.pdf>)

## **STOP PRESS**

On the 1<sup>st</sup> of September the Labour Government unveiled its long-awaited National Cancer Plan for 2019-2029. The 73-page plan is available at <https://www.health.govt.nz/system/files/documents/publications/new-zealand-cancer-action-plan-2019-2029.pdf>

Key actions to improve cancer care and outcomes include:

- More medicines for more people through an immediate funding boost for PHARMAC and a faster decision making process.
- Establish a Cancer Control Agency to ensure consistent standards nationwide.
- Strengthen our focus on prevention and screening - fewer cancers, earlier detection.
- Appoint a National Director of Cancer Control and create a single National Cancer Control Network.
- Develop cancer-specific Quality Performance Indicators to improve equity of care.

In announcing the plan, PM Jacinda Ardern and Minister for Health, David Clark, said that they want to address equity of cancer care across geographic areas and across ethnicities, putting an end to the so-called post code lottery of cancer care.

They have said that the Government will deliver the promised Cancer Control Agency by 1 December 2019. The Government has also announced that leading public health physician and cancer epidemiologist, Professor Diana Sarfati, has been appointed interim National Director of Cancer Control, starting immediately.

While work on implementing the Cancer Action Plan begins immediately, there is an opportunity for the public and health professionals to provide feedback on the Plan before it is finalised next year.

# Aotearoa New Zealand's Bowel Cancer Crisis

Bowel or colorectal cancer has the third highest incidence (3152 diagnoses in 2016) in Aotearoa New Zealand, behind breast and prostate cancer,<sup>2</sup> and is the second biggest cancer killer (1268 deaths in 2016) behind lung cancer.<sup>1</sup>

On the one hand, a national bowel screening programme has been implemented and is progressively being rolled out<sup>†</sup> to the whole country<sup>15</sup> on the basis that early detection saves lives; yet on the other hand, we have New Zealanders dying from bowel cancer because their cancer is not being diagnosed despite them presenting with symptoms to a health professional.

The media has recently reported on New Zealanders with symptoms who have been ignored and “fobbed off” because there is a belief that they are too young to have bowel cancer.<sup>16, 17, 18</sup> A MoH bowel cancer report<sup>19</sup> published in February this year found that, between 2013 and 2016, 26% of people diagnosed with bowel cancer were diagnosed following an emergency presentation – that is, their symptoms were sufficiently severe that they presented at an emergency department. Previous research has found that as many as 34% of people diagnosed with colorectal cancer in this country first present to an emergency department.<sup>20</sup>

Significantly, women and people younger than 50 years old were over-represented in this group. Those over 75 years, Māori and Pasifika people and those living in areas of high social deprivation, were also more likely to be diagnosed upon presentation at an emergency department.<sup>19</sup>

People diagnosed in such circumstances are more likely to have more advanced cancer and poorer outcomes. The MoH bowel cancer report states that there is a significant increase in mortality associated with emergency surgery.<sup>19</sup>

Windner *et al.*, wrote in 2018, that:

“Late-stage diagnoses are overrepresented in New Zealand; 24% of colon cancers in New Zealand are metastatic, compared with 19% and 17% in Australia and the UK respectively, despite the countries having comparable healthcare systems. New Zealand's later staging at CRC diagnosis predicts poor outcomes, particularly for Māori.”<sup>20</sup>

While being older than 50 years raises your risk, even very young people can get bowel cancer. It

is quite simply beyond comprehension that when people present to their GPs with symptoms it is not properly investigated; that some people are not referred or are told they are too young to have bowel cancer. The table below provides diagnosis data for the years 2015-2017<sup>21</sup> (the latest years for which cancer registration data is available).

Year	Total Diagnoses	Diagnoses <50 years	Diagnoses <30 years
2015	3157	220	30
2016	3219	217	31
2017	3081	254	32

Source: *Selected cancers 2015, 2016, 2017*, Ministry of Health, Wellington. 2019.

Windner *et al.*, found that those under the screening age for bowel cancer (<60 years) were significantly more likely to experience a delay in diagnosis despite presenting to a health care professional with concerns, including symptoms typical of colorectal cancer.<sup>20</sup>

It is of concern that these researchers found that “the new screening programme may further constrain the diagnostic resources available to this group, which may exacerbate this delay. Care is needed to ensure timely diagnosis for this screening-ineligible younger group, a significant proportion of those diagnosed with [colorectal cancer] each year.”

Finally, in a health landscape in which inequities and disparities in outcomes for Māori are widely recognised, it is a significant concern that Māori are disadvantaged by the limitations of the National Bowel Screening Programme. Not only are Māori over-represented in high deprivation groups, but Māori are also generally younger when diagnosed with bowel cancer. The proportion of Māori diagnosed between 50 and 59 years is 22%<sup>22</sup> yet the screening programme does not start until 60 years. Māori are also more likely to be diagnosed with stage III or IV bowel cancer. Robertson *et al.* wrote in 2017 that “restricting the screening programme to people aged 60–74 years is inconsistent with the Government's aim of reducing inequity in bowel cancer outcomes between different ethnic groups.”<sup>22</sup>

† In August 2019, eight out of 20 DHBs offer the National Bowel Screening Programme. Each district health board must demonstrate its ability to deliver a clinically safe and effective bowel screening service before it joins.

# No Political Will for Prevention

In November 2006, the Breast Cancer Network (BCN) presented a 10,971-signature *Stop Cancer Where It Starts* petition to Parliament. The petition asked the Government to implement a breast cancer strategy focused on reversing the rising incidence of breast cancer in Aotearoa New Zealand. Additionally, it asked that Government acknowledge that synthetic chemicals in the environment have a role in the development of breast cancer, and asked that New Zealand women be tested to establish the level of residues carried in their bodies. Finally, it requested that a precautionary approach be adopted with all chemicals where there is evidence of a link with breast cancer.

The petition was referred to the Health Select Committee for consideration, and in 2007, supported by Prof. Ian Shaw and Dr Meriel Watts, BCN made written and oral submissions to the Committee.

In a report released in mid-December 2007, the Health Select Committee endorsed BCN's concerns, with a majority of the committee calling for the establishment of an expert advisory panel to initiate research into breast cancer prevention. This panel would advise on the links between chemicals and the development of breast cancer, and on raising public awareness of the steps that can be taken to limit exposure to potentially harmful chemicals used in daily living.

The Committee also agreed that the Hazardous Substances and New Organisms (HSNO) Act 1996 and regulations needed to be amended to require the inclusion of endocrine disrupting effects in the registration and reassessment of hazardous substances. The Government had 90 days to respond to these recommendations.

The Government's response to the Health Select Committee report was underwhelming and riddled with reasons why the government actually couldn't do anything: e.g. "The Government does not fund health research directly" ... "Organisations such as the OECD are working to ensure specific test methods are readily available to enable the nature and extent of the endocrine disrupting potential of a substance to be determined."

Regarding the expert panel, the response said "The Ministry of Health will table this Government response and the Health Committee's Report at the next Cancer Control Council meeting for its



Presentation of BCN's 10,971-signature Stop Cancer Where It Starts petition to MP Sue Kedgely in November 2006.

comment and advice on the most practicable and strategic approach to this recommendation."

The government response concluded: "While the Government supports most of the recommendations of the committee in principle, it will take some time for the recommendations to be considered by all parties and a practical way forward to be agreed."

The Government response was released on the 13<sup>th</sup> of March 2008. However, 2008 was election year. The incumbent Cancer Control Council was unceremoniously dumped and replaced. BCN were accorded a brief audience with the new CCC only to discover that its members had no information about the Health Select Committee report, Government response to it, or the issues involved.

The Health Select Committee report and its recommendations sank without a trace and to date there has been no practical outcome to the petition, hearings and submissions or the report.

In the more than ten years following the report, nothing has been done at a Government level to prevent breast cancer and our incidence rate has increased from 2262 diagnoses (90.3 per 100,000) in 2007 to 3294 diagnoses (94.1 per 100,000) in 2017.

## Sources:

Claridge, S, 2014: No Action, Despite Recommendations, *Upfront U Kaiora*, Issue 115, June/July 2014, Breast Cancer Network Inc.

MoH, 2010: *Cancer: New Registrations and Deaths 2007*. Ministry of Health, Wellington.

MoH, 2019: *Selected cancers 2015, 2016, 2017*, Ministry of Health, Wellington.

Marshall, CCT's then Executive Director, told Breast Cancer Network's *Upfront U Kaiora* that the role of CCNZ was to provide independent monitoring and advice.<sup>13</sup>

"In our view this still was not happening," she said, "and the disestablishment of CCNZ means there is no body that can now be charged with this responsibility."<sup>13</sup>

Responding to the demise of CCNZ in 2015, Associate Professor Brian Cox, Chairman of the CCT, said that "Without the leadership of experts we will continue to fail to reduce the gap between us and Australia, where cancer mortality rates are lower."<sup>14</sup>

He pointed out that between 2000 and 2010 there was a 13% increase in the proportion of New Zealanders dying from cancer and "if Australia is anything to go by, we can expect the number of people developing cancer in the next five years to increase by about 17%."<sup>14</sup>

What we need is for the political point scoring to cease and for there to be bi-partisan support for a national cancer agency that will address – as a matter of urgency – not just the high-profile issues around cancer diagnosis and treatment, but all the issues facing New Zealanders in the cancer landscape. Of critical importance to ensuring our future cancer incidence and mortality doesn't skyrocket, is to seriously address prevention alongside treatment, and ensure that all New Zealanders – individuals, employers and policy makers – understand what they need to do to reduce the incidence of cancer through primary prevention.

## References

1. MoH, 2019: *Mortality 2016: Data tables*, Ministry of Health, 2 August 2019, accessed at <https://www.health.govt.nz/publication/mortality-2016-data-tables>
2. MoH, 2018: *New cancer registrations 2016*, Ministry of Health 12 December 2018, accessed at <https://www.health.govt.nz/publication/new-cancer-registrations-2016>
3. IARC, 2019: Population Fact Sheets: New Zealand, The Global Cancer Observatory, May 2019, accessed at <http://gco.iarc.fr/today/data/factsheets/populations/554-new-zealand-factsheets.pdf>
4. Jancic, B, 2019: Cancer action petition reaches Parliament as pressure mounts on Government, *New Zealand Herald*, 25 July 2019, accessed at [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12252631](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12252631)
5. Bridges S, 2019: National's \$200m Cancer Fund and Cancer Agency, New Zealand National Party Press Release, 28 July 2019, accessed at [https://www.national.org.nz/nationals\\_200m\\_cancer\\_fund\\_and\\_cancer\\_agency](https://www.national.org.nz/nationals_200m_cancer_fund_and_cancer_agency)
6. Walters, L, 2019: Govt cancer plan targets early access to medicines, *Newsroom*, 20 August 2019, accessed at <https://www.newsroom.co.nz/2019/08/20/762922/govt-cancer-plan-strong-leadership-early-access-to-medicines>
7. Coleman, J, 2015: Cancer Control NZ thanked for their work, Ministerial press release, 8 July 2015, accessed at <https://www.beehive.govt.nz/release/cancer-control-nz-thanked-their-work>
8. IARC, 2014: Press Release No 224, 3 February 2014, accessed at [https://www.iarc.fr/wp-content/uploads/2018/07/pr224\\_E.pdf](https://www.iarc.fr/wp-content/uploads/2018/07/pr224_E.pdf)
9. Stewart, BW and Wild, CP (eds), 2014: *World Cancer Report*, IARC WHO Press, accessed at <http://publications.iarc.fr/Non-Series-Publications/World-Cancer-Reports/World-Cancer-Report-2014>
10. WHO, 2018: Cancer Fact Sheet, accessed at <https://www.who.int/news-room/fact-sheets/detail/cancer>
11. WHO: Cancer Prevention, accessed at <https://www.who.int/cancer/prevention/en/>
12. IARC, 2019: Cancer Fact Sheet: All Cancers, The Global Cancer Observatory, May 2019 accessed at <http://gco.iarc.fr/today/data/factsheets/cancers/39-All-cancers-fact-sheet.pdf>
13. Claridge S, 2015: Has NZ Really Got Cancer Control Sorted? *Upfront U Kaiora*, Issue 121, August/September 2015. Breast Cancer Network Inc.
14. Cancer Control Trust, 2015: Efforts to reduce cancer at risk, media release, 9 July 2015, accessed at <http://www.scoop.co.nz/stories/GE1507/S00037/efforts-to-reduce-cancer-at-risk.htm>
15. MoH: About the National Bowel Screening Programme, accessed at <https://www.timetoscreen.nz/bowel-screening/about-the-national-bowel-screening-programme/>
16. Russell E, 2019: Cancer: \$15 million paid to cancer sufferers let down by public system, *New Zealand Herald*, 6 May 2019 accessed at [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12223289](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12223289)
17. Russell E, 2019: Worrying trend: Study shows more young Kiwis getting bowel cancer, *New Zealand Herald*, 17 May 2019 accessed at [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=12231233](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12231233)
18. Broughton C, 2019: Young cyclist dying of cancer regrets not 'pushing harder' for diagnosis, *Stuff*, 26 January 2019 accessed at <https://www.stuff.co.nz/national/health/109989406/young-cyclist-dying-of-cancer-regrets-not-pushing-harder-for-diagnosis>
19. MoH, 2019. *Bowel Cancer Quality Improvement Report*. Wellington: Ministry of Health, accessed at <https://www.health.govt.nz/system/files/documents/publications/bowel-cancer-quality-improvement-report-mar19v1.pdf>
20. Windner Z, Crengle S, *et al.*, 2018: New Zealanders' experiences and pathways to a diagnosis of bowel cancer: a cross-sectional descriptive study of a younger cohort, *New Zealand Medical Journal*, Vol 131 No 1483: 5 October 2018.
21. MoH, 2019: *Selected cancers 2015, 2016, 2017*, Wellington: Ministry of Health, accessed at <https://www.health.govt.nz/publication/selected-cancers-2015-2016-2017>
22. Robertson L, *et al.* 2017: Bowel cancer screening, *New Zealand Medical Journal*, Vol 130 No 1461: 1 September 2017.