Bowel cancer screening in New Zealand

Many developed countries including Australia, the United Kingdom, France, Italy, Canada, Japan and Israel are either currently running or piloting bowel cancer screening programmes. It has been estimated that bowel cancer screening in New Zealand could save up to 270 lives per year.

A Bowel Cancer Taskforce has been formed, to provide advice and recommendations to the Minister of Health on bowel cancer screening. This taskforce is required to provide guidance on the establishment of a bowel cancer programme, including implementation, ensuring people with increased risk are screened, ensuring access to treatment and diagnostic services for all people. They will also be required to monitor and evaluate any programme, and provide any other advice as required.

In addition, a Māori Equity Advisory Group (MEAG) has been formed, to provide advice and recommendations on reducing inequalities in treatment and outcomes for people with bowel cancer. The key objective of MEAG is to ensure a Bowel Cancer Screening programme actively and intentionally reduces bowel cancer for Māori.

A National bowel cancer screening pilot has recently been announced by the Ministry of Health. It is anticipated that a pilot programme will begin in one or two regions of New Zealand in 2011, and will run for four years. It will aim to screen people aged 50–74 years, by mailing them a screening kit for faecal occult blood, which can be returned and analysed in the laboratory. Patients with a positive faecal occult blood result will be then offered a colonoscopy, while those with negative results will be re-screened after two years. A decision on whether New Zealand then adopts a national bowel cancer screening programme will be made following the evaluation of this pilot programme. To ensure the success of the screening programme there are a number of components that will need to be developed, including:

- Agreement on the screening and diagnostic tests and any subsequent treatment
- Ability to manage invitation, recall and tracking of participants
- Assurance of sufficient capacity for colonoscopy and care of people diagnosed with bowel cancer
- Laboratory capacity for faecal occult blood testing and colonoscopy biopsies
- Quality standards and evaluation framework

In the meantime, until a national screening programme is confirmed, the Ministry of Health is focusing on:

- Increasing colonoscopy capacity in District Health Boards (DHBs)
- Providing additional training for colonoscopists
- Developing guidelines for people with suspected bowel cancer
- Developing a New Zealand Familial Gastrointestinal registry and national surveillance programme for high risk populations.

Bibliography

- Cancer Control in New Zealand. Bowel Cancer Programme. 5 May 2010. Available from: http://www.moh.govt.nz/ moh.nsf/indexmh/cancercontrol-strategyandactionplanbowelcancerscreening
- 2. Cameron A. GPs' key role in bowel cancer pilot. New Zealand Doctor 2009. 19 May 2010:4.