Report of the Petitions Committee

Petition of Breast Cancer Foundation NZ: Restore and extend screening for breast cancer

February 2023

Contents

Hon Jacqui Dean
Chairperson

Petition of Breast Cancer Foundation NZ

Recommendation

The Petitions Committee has considered the petition of Breast Cancer Foundation NZ—Restore and extend screening for breast cancer — and recommends that the Government consider extending New Zealand's free national breast screening programme to cover women aged between 70 and 74.

Request that the Government restore and extend the screening programme for breast cancer

The petition was presented to the House on 14 December 2021. It requests:

> That the House of Representatives urge the Government to restore and extend the screening programme for breast cancer, the leading cause of death for women under 65, by adding breast-screening participation as a Health System Indicator, aiming to screen 70% of eligible women, and screening women aged 70-74.

The petitioner requests that the Government prioritise women's health through:

- adding breast screening participation to the health system indicators
- investing to regain BreastScreen Aotearoa's agreed target of 70 percent of the eligible screening population
- increasing the screening age to cover 70–74-year-olds
- providing funding and resources to process the COVID-19 backlog within six months.

Background

BreastScreen Aotearoa (BSA) is a publicly funded national breast screening programme, delivered through eight lead providers across 35 fixed and 10 mobile sites. Free breast screening services are offered to women between the ages of 45 and 69 who:

- are eligible for public health services
- have no breast cancer symptoms
- are not pregnant or breastfeeding
- have not had a mammogram from another provider in the last year.

New Zealanders who have breast cancer symptoms or who are at increased risk of breast cancer may also fall within the eligible population. The target for breast screening in New Zealand is 70 percent of the eligible population. This is based on randomised control trials that found that participation of 70 percent of the population in screening significantly decreased breast cancer mortality.

The programme aims to detect breast cancer at an early stage before it progresses. Breast cancer detected early is easier to treat, and has a higher survival rate. Those in the eligible population are offered one free mammogram every 24 months.

Comments from the petitioner

The petitioner submitted that BreastScreen Aotearoa has been successful at achieving its goal of reducing breast cancer mortality. Between 1999 and 2011, the programme achieved an overall breast cancer mortality reduction of 34 percent, with a 28 percent reduction for Māori and 40 percent reduction for Pasifika women.[1] The petitioner submitted that there has been a direct correlation between the increase in breast screening and the increase in early detection of breast cancer. However, the petitioner is concerned about New Zealand's screening following the COVID-19 lockdowns. The foundation submitted that breast screening is the lowest it has been in more than 10 years. Māori and Pasifika women are the groups affected most by the decrease in screening.

Prior to COVID-19, BSA was successfully meeting its target of screening 70 percent of the eligible population. However, it has been under pressure with the backlog of cases that built up as a result of the COVID-19 lockdowns. Breast screenings were cancelled while the country was at lockdown level 4 and then ran at reduced services during level 3.

We heard that breast cancer is the leading cause of death in women aged 65 and under, and that 692 women died from breast cancer in 2019. The petitioner told us that screening is the most effective tool for decreasing breast cancer mortality. When breast cancer is detected through screening, the rate of mortality is 45 percent lower than for cancer found outside of the screening programme.[2] Breast cancer detected outside regular mammogram appointments, such as through finding a lump on the breast, has a much higher chance of having progressed to stage 3 or 4. The foundation told us that stage 3 cancer costs twice as much to treat as stage 1 and the mortality rate is 10 times higher.

The petitioner also told us about the disparity in outcomes between Māori and Pasifika women and other populations in New Zealand. Wāhine Māori have a 33 percent higher chance of dying of their breast cancer and Pasifika women a 52 percent higher chance. Many of these deaths are avoidable if detected early through a mammogram. The foundation informed us that the evidence shows that the chances of survival for Māori and European women are the same when breast cancer is detected through the breast screening programme.

Mammogram delays caused by COVID-19

The petitioner's written submission, dated March 2022, raised concerns regarding the backlog of 50,000 screens being delayed due to COVID-19. During its oral submission in August 2022, the foundation provided an update on the progress that BSA had made in addressing the backlog. The foundation congratulated BSA on its significant progress, with four out of eight providers now back to pre-COVID-19 levels and the backlog greatly reduced.

However, the petitioner is still concerned that many women are anxious about returning to screening. In particular, there have been low rates of return to screening in Counties

1 Stephen Morrell, Richard Taylor, David Roder, & Bridget Robson, Cohort and Case Control Analyses of Breast Cancer Mortality: BreastScreen Aotearoa 1999–2011, December 2015.

2 Stephen Morrell, Richard Taylor, David Roder, & Bridget Robson, Cohort and Case Control Analyses of Breast Cancer Mortality: BreastScreen Aotearoa 1999–2011, December 2015.

Manakau, which has a high level of Māori and Pasifika women. When the pattern and habit of regular scans is broken, it can take additional energy and resources to get back on track. Therefore, the petitioner said that the progress made in increasing overall screening rates, and in particular increases in the Māori and Pasifika communities, is at risk if support is not given to help BSA reduce the remaining backlog.

The petitioner submitted that if resources are not allocated to address the backlog of mammograms, New Zealand should expect to see 300 invasive breast cancer diagnoses and about 45 Ductal Carcinoma in Situ (stage 0) pre-invasive diagnoses. In the absence of mammograms these cancers will be detected at a much later stage. The foundation said that a late detection of breast cancer can be catastrophic. Based on an international study on the detection of stage 3 or 4 breast cancer, when detected through a mammogram only 4.9 percent of breast cancer was stage 3 or higher. Interval cancer (cancer discovered in between mammogram appointments) had a much higher rate of stage 3 or 4 diagnoses at 19.4 percent.[3]

BSA recommends screening regularly, as those who screen at least once every 2 and a half years have an 81 percent lower breast cancer mortality risk than women who screen less often.[4] The petitioner said that early detection through regular breast screening is integral to reducing breast cancer mortality.

Increasing the age of eligibility from 69 to 74

The petitioner submitted that the Government should increase the age of eligibility to access free breast screening services from 69 to 74. Seventy-year-olds are at higher risk of breast cancer than fifty-year-olds.

In 2017, the Health Committee of the 51st Parliament reported on the petition of Evangelia Henderson on behalf of the New Zealand Breast Cancer Foundation. In its report, the committee recommended that the Government investigate increasing the age limit to 74.[5] The Government response, in August 2017, supported the committee's recommendation.[6] Later, after the 2017 election, the New Zealand Labour and New Zealand First coalition agreement promised to extend the age for free breast screening to 74.

The petitioner said that the resources required for this extension would be minimal. In the first year, the age extension would add 160 mammograms a week spread across multiple sites within 8 regional providers. As the women would already be enrolled in BSA, there would be no additional strain on the information and communications technology (ICT) platform and the notification process. The age extension would grow incrementally, with only 8,000 additional mammograms a year to begin with. For context, prior to the COVID-19

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3 Linda de Munck, Sabine Siesling, Jacques Fracheboud, Gerard den Heeten, Mireille Broeders & Geertruida de Bock, Impact of mammographic screening and advanced cancer definition on the percentage of advanced-stage cancers in a steady-state breast screening programme in the Netherlands, British Journal of Cancer (2020) 123:1191–1197.

4 Stephen Morrell, Richard Taylor, David Roder, & Bridget Robson, Cohort and Case Control Analyses of Breast Cancer Mortality: BreastScreen Aotearoa 1999–2011, December 2015.

5 Petition 2014/61 of Evangelia Henderson on behalf of the New Zealand Breast Cancer Foundation and 10,000 others.

6 The Government's response is available on the Parliament website.

pandemic BSA undertook 290,000 mammograms a year. The petitioner said this indicates that increasing the age limit for eligibility would have minimal effects on resourcing.

The foundation does not accept Health New Zealand's justification that the age range cannot be extended because of the limitations on the ICT platform. It submitted that older women are already enrolled in the programme so no additional ICT support would be needed to accommodate the increase.

Adding breast screening to the health system indicators

The petitioner submitted that a reference to breast cancer should be added to the Ministry of Health's health system indicators. Currently, the only health system indicator with reference to cancer is participation in the bowel screening programme. The foundation supports the bowel cancer indicator but believes that bowel cancer screening alone as an indicator is insufficient and inequitable. Bowel cancer incidence is higher in Europeans, while breast cancer disproportionately affects Māori—who have a 37 percent higher incidence than non-Māori. Investment in breast cancer screening, and thus finding breast cancer at an earlier stage, will have a higher benefit for Māori and Pasifika women than European women. The petitioner believes that adding breast screening participation to the health system indicators would address this inequity. It would do so by promoting participation in breast screening, driving the necessary increased investment in BSA, and improving breast cancer outcomes.

The foundation acknowledged that participation in bowel cancer screening is only a temporary health system indicator. It emphasised that a cancer indicator is required as one of the health system indicators. The foundation submitted that "Improving wellbeing through prevention and early detection" would be an effective indicator that would encapsulate all forms of cancer. It emphasised that early detection is the key to wellbeing after diagnoses of breast cancer, and is essential in saving lives. It should therefore be represented in New Zealand's health system indicators.

Comments from Te Whatu Ora—Health New Zealand

We received a submission from the Interim Health New Zealand, now Te Whatu Ora—Health New Zealand, the entity responsible for New Zealand's national health system. Health New Zealand recognised that breast cancer is the most common cancer affecting women in Aotearoa, with approximately 3,500 new cases and more than 600 deaths a year.

Health New Zealand told us that New Zealand had a strong record of meeting the target of 70 percent of women screened prior to the COVID-19 pandemic and associated lockdowns. It said BSA is committed to getting back on track to meet this target as soon as possible.

COVID-19 Recovery Action Plan

Health New Zealand submitted that a BSA recovery action plan has been developed to assist in the catch-up of mammograms postponed due to COVID-19.

The recovery plan aims to ensure that the screening coverage target is reached and exceeded for all ethnicities. It prioritises closing the equity gap for wāhine Māori and Pasifika women. Health New Zealand told us that BSA has done remarkably well in its COVID-19 recovery. In 2021, 80 percent of women had a breast screen within 27 months of their last screen. Health New Zealand also told us that New Zealand has managed to maintain a 24–

27 month interval period in most locations despite the effects of COVID-19. In comparison, women in the United Kingdom have a 36-month interval period between scans.

Health New Zealand informed us that the National Screening Unit (NSU) has acknowledged the current breast screening backlog as a result of COVID-19. The NSU has been taking proactive steps to help reduce this backlog. The steps include implementing local and national solutions that help navigate women back to screening services, improve access to screening, and reduce the inequity of screening coverage rates across ethnicities.

Extending the breast screening age range challenges ICT systems

Health New Zealand accepts that international evidence confirms that the eligible population for breast screening should be extended to include people aged between 70 and 74 years. However, Health New Zealand submitted that, before any change is made, work needs to be done to ensure that there is capacity in the system to screen the increasing eligible population.

We heard that Budget 2021 allocated $55.6 million dollars over four years to replace BreastScreen Aotearoa's ICT system. Health New Zealand told us that this project is due to be completed in 2024. This will change the default participation for breast screening from an "opt in" to an "opt out" service. It has the potential to increase the reach of the programme to an additional 271,000 women between the ages of 45 and 69.

Health New Zealand told us that the current ICT framework is not fit for purpose and would not be able to handle the influx of people that extending the age range would bring. Currently, the focus is on addressing the backlog of screenings and increasing the workforce of radiologists and mammography specialists. We heard that increasing the age range at this stage would be unsafe and would risk introducing greater delays to the women already in the system. The focus remains on increasing the workforce to be able to continue to deliver a high-quality breast screening programme. Health New Zealand believes that, before the age range can be extended beyond the age of 69, New Zealand must focus on addressing the equity gap for Maori and Pasifika women, who have lower screening rates.

Health system indicators are still being developed

Health New Zealand notes the petitioner's request that participation in breast screening be added as a health system indicator. Currently, one of the indicators is bowel cancer incidence, which lists participation in bowel screening as a contributory measure. Health New Zealand said that the initial indicator proposed was participation in bowel screening. This indicator is being developed and is yet to be finalised. Health New Zealand agreed that a cancer-focused measure should be included in the indicators because cancer accounts for more health loss than any other area of health in New Zealand. It said that the indicator should require services to focus on population wellbeing and prevention, because many prevention activities overlap with preventive activities for other cancers and chronic diseases such as diabetes, heart disease, and stroke.

Health New Zealand said the purpose of the health system indicators framework is to measure how the health system is operating as a whole. There are currently ten high-level indicators, which are aligned to the six Government priorities for health. These indicators are not intended to cover every health condition; they are designed to be broad concepts that

include multiple health conditions. Health New Zealand submitted that the indicators are designed to allow local providers to work within their communities to agree what actions are needed to contribute to the goals in a way that best serves their communities' needs. For example, communities where participation in breast cancer screening is poor could have a local focus on improving uptake, and this focus could be included in their improvement plans.

Our response to the petition

We thank the Breast Cancer Foundation for its advocacy in this area. We agree that breast screening and the early detection of breast cancer is an important priority in New Zealand's healthcare system.

We believe there is merit in increasing the upper age limit for eligibility to breast cancer screening from 69 to 74. We note that in 2017 the Health Committee of the 51st Parliament recommended that this be investigated, after considering the petition of Evangelia Henderson on behalf of Breast Cancer Foundation New Zealand. We are concerned that more steps have not been taken towards this goal in the last six years. While we acknowledge the concern of Health New Zealand that the increase will cause a strain on ICT capacity, we believe that this risk is outweighed by the risk to women's health. We therefore recommend to the Government that it consider extending New Zealand's free national breast screening programme to cover women aged between 70 and 74.

We agree that a target in the health system indicators relating to early prevention of, and screening for, cancer would be beneficial. We note that the Government is developing a permanent, cancer-based health system indicator and we urge it to complete this work as soon as possible.

We acknowledge the valuable mahi that BSA has undertaken in its response to the COVID-19 pandemic and we congratulate it on the progress made in reducing the backlog of mammograms. We encourage the Government to continue to work closely with BSA and NSU to ensure that they are appropriately resourced to continue their response to the COVID-19 backlog.

Appendix

Committee procedure

The petition was referred to the Petitions Committee on 14 December 2021. It met between 25 August and 23 February 2023 to consider it. The committee received written and oral submissions from Breast Cancer Foundation New Zealand and Te Whatu Ora—Health New Zealand.

Committee members

Hon Jacqui Dean (chairperson)
Dr Liz Craig
Nicole McKee
Sarah Pallett
Jamie Strange
Teanau Tuiono

Rachel Boyack, Steph Lewis, Ingrid Leary and Dr Elizabeth Kerekere participated in some of the proceedings for this petition.

Evidence received

The documents we received as evidence in relation to this petition are available on the Parliament website.

Recording of our hearing

A recording of our hearing can be accessed on the Parliament Facebook webpage:

- Hearing of evidence with the petitioner 25 August 2022.