

Appendix Three: Comparison of options for the bowel screening tagged contingency

Criteria	Option 1: lower the screening age to 58 years old for the total population	Option 2: lower the starting age from 60 to 58 years old for the total population, and further lower the age to 56 for Māori and Pacific populations.	Option 3: undertake a one-off additional screen at 56 years old for the total population	Original proposal: lower the screening age to 50 years for all Māori and Pacific peoples (ie Māori and Pacific between the ages of 50 and 59 will be invited to participate in the programme; not just those who are 50 years old)
Additional colorectal cancers prevented	771	918	679	553
Additional deaths prevented	566	678	617	390
Additional colorectal cancers prevented in Māori and Pacific	161	309	147	553
Additional deaths prevented in Māori and Pacific	117	228	112	390
Estimated cost per colorectal cancer prevented (\$)	90,000	110,000	120,000	140,000
Estimated cost per death prevented (\$)	120,000	140,000	130,000	200,000
Additional people eligible over 2-year period	122,524	143,500	122,524	114,045
Colonoscopy capacity (over four years)	Requires 4,927 additional colonoscopies, which is lower than the additional	Requires 5,816 additional colonoscopies, which is roughly in line with the additional	Requires 5,301 additional colonoscopies, which is lower than the additional	Requires 5,744 additional colonoscopies

	colonoscopies required in the original proposal (5,744).	colonoscopies required under the original proposal (5,744).	colonoscopies required in the original proposal (5,744).	
Amount of tagged contingency funding required	Estimated to use about 92% of the available funds over the first 4 years and around 75% over the entire 25-year period.	Estimated to use 100% of the available funds over the first 4 years and around 80% over the entire 25-year period.	Estimated to use about 92% of the available funds over the first 4 years and around 78% over the entire 25-year period.	100%