Questions sent today (27 Sept) from Minister Reti Office on B22 Bowel Screening ahead of the meeting with the Minister on 2 October

Do Māori get cervical cancer and breast cancer at younger ages than non-Māori?

There are two ways to consider this:

1. *Age specific rates (cancer incidence rate for each 5-10 year age band)*: Māori have higher cancer incidence at each age group compared to other women (non-Māori, Pacific, Asian) for cervical cancer and non-Māori/non-Pacific women for breast cancer
2. *Proportion of cancers diagnosed before a given age:* For cervical cancer, 86% of cancers diagnosed before 60 for Māori compared to 74% for non-Māori. For breast cancer, 58% percent of cancers diagnosed before 60 for Māori compared to 46% for non-Māori.

Note: For cervical cancer, the age-adjusted registration rate is 4.69 per 100,000 for Māori compared to 2.94 per 100,000 for non- Māori). For breast cancer, the total age-adjusted registration rate is 67.26 per 100,000 for Māori compared to 47.77 per non-Māori.[1]

Do our five eyes' countries have ethnicity adjusters in their bowel screening programme?

No. The four other countries base their coverage on risk for colorectal cancer, as below:

- *United Kingdom* – Age range of 50- to 74-year-olds targeting individuals at an average risk for colorectal cancer;
- *Canada* – Age range of 50- to 74-year-olds targeting individuals at an average risk for colorectal cancer;
- *Australia* - Age range of 45- to 74-year-olds targeting individuals at an average risk for colorectal cancer; and
- *United States* – Does not have a National Bowel Screening Programme but the US Preventative Services Task Force recommends bowel screening for 45- to 75-year-olds. Other clinical groups within the US support screening African American individuals at a younger age.

Do five eyes indigenous countries have younger rates of bowel cancer than non-indigenous?

- *United States* - American Indian/Alaska Natives and African Americans have been shown to have a higher incidence of bowel cancer compared with White Americans (43.6 cases per 100,000 African American adults and 39.0 cases per 100,000

[1] Cancer data web tool (shinyapps.io)

American Indian/Alaska Native adults compared with 37.8 cases per 100,000 White Americans)[2].

- *Canada* – Indigenous (Aboriginal) adults were found to have a higher incidence of colorectal cancer than non-Aboriginal adults[3].
- *Australia* - Indigenous (Aboriginal) adults were found to have the same incidence of colorectal cancer as non-Aboriginal adults[4].

What are the findings to date of the 3 ethnicity trials?

Please see the **attached** report titled "Evaluation of the National Bowel Screening Programme Age Extension pilot' produced by Weaving Insights and Moana Collect for the programme. To date, 4208 Māori and 567 Pacific people between the ages of 50 and 59 participated in the programme.

Key findings from the report include the below:

- All the age extension initiatives trialled have been valuable, providing practical examples that can be utilised as they are or with adaptions by other districts, and insights to support future implementation.
- The rate of kit returns for Māori 50–59 and to a lesser extent Pacific, is higher when kits are able to be returned via alternative options such as in person or at event compared to returning through the post.
- Overall, participation for age-range (50-59) is lower than participation of existing eligible (60-74) age groups, for both Māori and Pacific peoples.
- To streamline a potential national rollout for districts and the National Bowel Screening Programme, the programme should consider:
    - Further refining readiness assessments and establishing care responsibilities and ownership from relevant areas across Health New Zealand;
    - Developing a Māori-focused engagement strategy to share with districts and lighten their workload;
    - Developing a Pacific-focused engagement strategy to ensure reach and connection with Pacific families.

[2] US Preventive Services Task Force; Davidson KW, Barry MJ, Mangione CM, Cabana M, Caughey AB, Davis EM, Donahue KE, Doubeni CA, Krist AH, Kubik M, Li L, Ogedegbe G, Owens DK, Pbert L, Silverstein M, Stevermer J, Tseng CW, Wong JB. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. JAMA. 2021 May 18;325(19):1965-1977. doi: 10.1001/jama.2021.6238. Erratum in: JAMA. 2021 Aug 24;326(8):773. doi: 10.1001/jama.2021.12404. PMID: 34003218.

[3] Mazereeuw MV, Withrow DR, Diane Nishri E, Tjepkema M, Marrett LD. Cancer incidence among First Nations adults in Canada: follow-up of the 1991 Census Mortality Cohort (1992-2009). Can J Public Health. 2018 Dec;109(5-6):700-709. doi: 10.17269/s41997-018-0091-0. Epub 2018 Jun 28. PMID: 29981110; PMCID: PMC6964591.

[4] Australian Insititute of Health and Welfare, 2018

What is the current participation rate for Māori compared to non-Māori? E.g. 52% vs 60%?

As of February 2024, the current participation rate for the programme for Māori is 49.2%, compared with 61.4% for other (non-Māori, non-Pacific, non-Asian) and 56.9% overall.

What does page 16 of the Erasmus paper mean "with a 106-capacity increase"

The following quote from page 16 of the Erasmus microsimulation report "With a 10% capacity increase, we are nearing the ability to lower the starting age to 58 for everyone, however we have not yet reached that threshold" refers to if total national colonoscopy capacity increased by 10% this would be close to but not sufficient capacity needed to perform the additional colonoscopies required if the age range for bowel screening was reduced to 58 for the total population.