

Briefing on report release: State of Cancer 2025

Date due to MO: 27 November 2025 **Action required by:** 4 December 2025

Security level: IN CONFIDENCE **Health Report number:** H2025073885

To: Hon Simeon Brown, Minister of Health

Contact for telephone discussion

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Minister's office to complete:

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|---|------------------------------------|--|
| ☐ Approved | ☐ Decline | ☐ Noted |
| ☐ Needs change | ☐ Seen | ☐ Overtaken by events |
| ☐ See Minister's Notes | ☐ Withdrawn | |

Comment:

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Purpose

1. This briefing provides information about *The State of Cancer in New Zealand 2025* | *He Pūrongo Mate Pukupuku o Aotearoa 2025* report (the 2025 report) and the associated *Insights and Summary Report* (the summary report). The Cancer Control Agency, Te Aho o Te Kahu (the Agency) has provided earlier progress updates on the 2025 report (refer H2025073429). We plan to publish the reports, and an associated online data dashboard, on 11 December 2025.
2. The briefing provides you with a summary of the findings, copies of the 2025 report and the summary report (as separate attachments) and information regarding likely media interest and potential risks and mitigations. A media release and *talking points* document have also been provided (as separate attachments).

Summary

3. The 2025 report provides data, analysis and discussion of significant trends in the performance of the cancer control system in New Zealand since the last report, *He Pūrongo Mate Pukupuku o Aotearoa 2020* | *The State of Cancer in New Zealand 2020*, which was published in March 2021. It provides an evidence-based assessment of the current state of New Zealand's cancer system and draws attention to areas of progress and where further attention is needed.
4. The 2025 report does not recommend specific initiatives, interventions or actions, as that is not its purpose. However, its findings have directly informed the Agency's refresh of the *New Zealand Cancer Action Plan 2026–2029* (the action plan). The draft action plan was presented to you on 30 September (refer H2025072956), and an updated version will be shared with you shortly.
5. The 2025 report shows that cancer services in New Zealand are under increasing pressure from rising demand and persistent inequities. While the overall risk of developing cancer has levelled off, population growth is contributing to a rising number of cancer diagnoses. Forecasts indicate that if current rates remain consistent the number of people diagnosed with cancer every year will increase from over 30,000 in 2025 to over 45,000 by 2044.
6. Although net survival has improved by 15% over the last 20 years, New Zealand continues to lag behind other high-income countries on this measure. The 2025 report shows that there is room for improvement in prevention, early detection, timely diagnosis and treatment, as well as survivorship supports and palliative and end-of-life care.
7. The 2025 report highlights that improving cancer prevention and access to screening services, investing in workforce capability, infrastructure and digital technology, and

strengthening palliative care are all critical for achieving equitable, high-quality cancer services across New Zealand.

8. The 2025 report is organised into the following chapters:
 - a. the burden of cancer in New Zealand (ie, trends in cancer rates and volumes over time and how these are different for different population groups)
 - b. preventing cancer
 - c. screening for cancer
 - d. getting a cancer diagnosis
 - e. undergoing cancer treatment
 - f. supporting people during their entire cancer experience (ie, psychosocial support, cancer navigation, travel assistance, survivorship and care after treatment, and palliative care)
 - g. enablers of cancer care (workforce, physical infrastructure, data and technology, and research and innovation).

Key findings

The burden of cancer in New Zealand

9. The overall risk of developing cancer has levelled off but, because the population is growing and ageing, the number of people being diagnosed with cancer is increasing. Demand for cancer services is projected to increase significantly, with the number of people who are diagnosed with cancer each year projected to grow from over 30,000 in 2025 to over 45,000 by 2044.
10. The five most-diagnosed cancers are prostate, breast, bowel, melanoma and lung. Blood cancers (leukaemia, Hodgkin lymphoma, non-Hodgkin lymphoma and myeloma), when grouped together, make up the sixth most-diagnosed cancer type.
11. Cancer mortality rates have decreased by nearly 25% in the past 2 decades. This is largely due to screening programmes (meaning more cancers are being detected earlier, with associated improved prognosis) and improved access to more effective treatment. Half of all cancer deaths are attributable to five cancers: lung, bowel, prostate, breast and pancreatic.
12. Lung cancer remains the leading cause of cancer death, with marked inequities between different population groups. For example:
 - a. over the last 5 years, lung cancer mortality rates among Māori have been over three times higher than rates in people of European/other ethnicities
 - b. in 2017–2021, people living in highest deprivation areas were nearly three times more likely to die from lung cancer than those living in the lowest deprivation areas.
13. Bowel cancer rates have been declining for people of European/other ethnicity, at an average rate of 0.9% per year since 2001. However, they have been increasing among Māori (at an average rate of 1.6% per year) and people under 50 years of age (at an average rate of 3.5% per year).

14. Net 5-year survival across all cancers has improved from 58% in 1998–1999 to almost 68% in 2020–2021. However, differences in survival persist and New Zealand continues to lag behind peer countries in the rate of improvement in cancer survival.
15. Some population groups are disproportionately affected by cancer in New Zealand, with Māori, Pacific peoples and people living in the most socioeconomically deprived areas experiencing poorer cancer outcomes. There is evidence of inequitable outcomes for disabled people with cancer. There are also indications of poorer outcomes for people residing in rural locations (compared with urban areas), but more work is needed to explore this further.
16. In 2022, 160 children (aged 0–14 years) and 170 adolescents and young adults (aged 15–24 years) were diagnosed with cancer in New Zealand. Children, adolescents and young adults experience different types of cancers compared to adults and have distinct supportive care needs.

Preventing cancer

17. Up to half of all cancers may be prevented by eradicating tobacco use, limiting alcohol intake and ensuring broad access to healthy nutrition, physical activity, sun protection and infection-prevention measures.
18. Smoking remains the leading preventable cause of cancer. Over the past decade, daily smoking rates have declined steadily; however, this drop may now be plateauing. Notably, rates among Māori dropped from nearly 40% in 2011/2012 to nearly 15% in 2023/2024.
19. Skin cancer caused by ultraviolet radiation from the sun remains the most-diagnosed site of cancer in New Zealand. Skin cancer is more common in people of European/other ethnicity and males, and the risk increases with age.

Screening for cancer

20. Screening improves early cancer detection, which has a positive effect on treatment outcomes and survival. There are significant inequities for Māori and Asian populations across all screening programmes, and for Pacific peoples in some programmes:
 - a. as of Aug 2024, bowel cancer screening rates were 57.1% for all ethnicities, but 49.8% for Māori peoples, 43.5% for Asian peoples and 38% for Pacific peoples (as of April 2025, which is the most up to date data available, bowel cancer screening rates were 57.9% for all ethnicities but 52% for Māori peoples, 44.4% for Asian peoples and 39.4% for Pacific peoples¹)
 - b. as of Dec 2024, cervical cancer screening coverage was 72.7% overall, but only 65.6% for Māori women, and 69.6% for Pacific women (as of October 2025, which is the most up to date data available, cervical cancer screening coverage was 75% overall, 68.8% for Māori women, 74.9% for Pacific women, but only 62.1% for Asian women²)
 - c. as of Dec 2024, breast cancer screening coverage was 69.7% for all ethnicities, but only 63% for Māori women and 62% for Asian women (as of October 2025, which is

¹ <https://tewhatuora.shinyapps.io/nphs-nbsp/>

² <https://tewhatuora.shinyapps.io/nsu-ncsp-coverage/>

the most up to date data available, breast cancer screening coverage was 68.8% for all ethnicities, 67.6% for Pacific women, 63.5% for Māori women and only 58% for Asian women³).

21. For the three cancers with screening programmes, between 1999 and 2021, net survival has improved by 7.2% for cervical, 15.1% for female breast⁴ and 14.5% for bowel.
22. Improved screening approaches, such as the human papillomavirus (HPV) self-test, extended age qualification for the breast cancer screening programme and locally led outreach and engagement activities for the bowel cancer screening programme, have contributed to those improvements. Net survival for those cancers should improve further as age eligibility is expanded and screening participation rates rise.
23. A lung cancer screening programme is being proposed; this has potential to significantly reduce mortality from lung cancer and reduce treatment costs to the system.

Getting a cancer diagnosis

24. Earlier diagnosis improves survival and quality of life after diagnosis and increases the chance of curative treatment options being available. For example, over 1,000 lives would have been saved if people diagnosed with the most advanced stage of bowel cancer over this time were diagnosed just one stage earlier (based on 2017–2019 data).
25. A high proportion of cancer patients are being diagnosed following an unplanned hospital or emergency department admission. Diagnosis via this route is associated with late-stage diagnosis, poorer outcomes and greater levels of distress for patients and their families. Those rates are currently at 34% for bowel cancer and as high as 46% and 57% for each of ovarian and lung cancers. Diagnosis this way varies between ethnicities; for people with lung cancer of European/other and Asian ethnicities, 48% and 49%, respectively, are diagnosed following an unplanned or emergency admission, whereas for Māori, the rate is far higher at 68% and for Pacific peoples higher still at 73%.
26. Opportunities exist to improve early detection (and subsequently early diagnosis) in primary care, eg, by improving primary care ability to refer for radiology and other diagnostics. Investment and improvements in this area would lower the percentage of people who are diagnosed with cancer after an unplanned or emergency admission, which is an area of concern.

Undergoing cancer treatment

27. In recent years, patients have had access to a growing range of cancer treatments through new cancer medicines, new models of care and more treatments being available closer to home.
28. Over the last few years there has been substantial improvement in access to SACT, including expanded treatment locations, improved data systems and increased availability of new cancer medicines and biomarker testing.
29. One encouraging example is the improvement in treatment (and therefore survival) for blood cancers. Unlike for solid tumours, there are no established prevention strategies, population-level screening or early detection programmes for blood cancers. Surgery is

³ <https://tewhatuora.shinyapps.io/nsu-bsa-coverage/>

⁴ The breast screening programme excludes males.

also not a treatment option. As a result, reductions in mortality and improvements in survival have been driven mainly by advances in treatment, particularly more effective stem cell and systemic therapy treatments (such as targeted therapies and immunotherapies). Between 1998 and 2021, 5-year net survival improved by 107% for myeloma, by 54% for leukaemia and by 43% for non-Hodgkin lymphoma. Demand for stem cell transplant and cellular therapy, primarily used to treat blood cancers, continues to rise. Ensuring blood cancer patients receive the appropriate standard of care will require adequate investment, infrastructure and resourcing.

30. Dedicated care pathways exist for children, adolescents and young adults with cancer with the aim of supporting children to receive much of their treatment closer to home, and for adolescents and young adults to benefit from greater national consistency and targeted improvements in service delivery.

Supporting people during their entire cancer experience

31. Cancer survival is improving which means more people need support beyond active treatment to manage ongoing issues like pain, fatigue, anxiety, and other psychosocial conditions. Gaps remain in nationally coordinated survivorship care, and pressure on specialised services, including primary care, allied health and supportive care services, is expected to grow.
32. Funding has strengthened cancer navigation services to help people access care across the cancer care continuum. A national model of care is being developed, and improvements to the National Travel Assistance scheme are recognised as necessary to enhance accessibility.
33. Progress is being made towards achieving a nationally consistent approach to palliative care, with Health NZ's establishment of a National Palliative Care Work Programme in July 2023. Despite this, the palliative care system remains under strain due to workforce shortages, financial pressures and rising demand. This is expected to increase as the population ages and grows, and the number of cancer cases increases in line with forecasts.

Enablers of cancer care

34. Several initiatives to strengthen the cancer workforce have progressed in the last 5 years. The Ministry of Health developed the *Health Workforce Strategic Framework* in 2023 and this was followed in 2024 by Health NZ's *Health Workforce Plan 2024*, which includes targeted cancer workforce actions, such as clearer specialisation pathways, particularly for nursing and kaiāwhina roles.
35. Other initiatives also aim to build a sustainable workforce pipeline capable of meeting rising demand while delivering more care closer to home. These include:
 - a. specific uplifts in the cancer workforce training through additional radiation oncology registrar and nurse practitioner roles
 - b. changes to recruitment and retention approaches through the Health NZ workforce taskforce
 - c. the Cancer Nursing Workforce Pipeline programme for modelling cancer and haematology nursing needs and expanded role of advanced practice nurses
 - d. developing oncology capability in primary care through various innovations

- e. a nationalised advanced practice programme for radiation therapists
 - f. investment in primary care workforce development
 - g. approving a new medical school at the University of Waikato, to begin training 120 doctors annually from 2028, with a focus on rural and primary care.
36. These positive initiatives are urgently required. Over the last 5 years, the cancer workforce has been facing persistent and growing challenges, including shortages across nearly all professions and unsustainable pressure as cancer incidence rises.
37. Workforce challenges are contributing to longer wait times for patients and placing significant pressure on the existing workforce. This in turn, can result in skilled professionals leaving the system, which makes the problem worse.
38. Understanding workforce supply and demand can help identify potential workforce gaps and determine strategies to address these gaps, so patients receive high-quality care in a timely way. One of the difficulties in identifying workforce gaps is that ideal workforce requirements in New Zealand have not been quantified across different cancer clinical disciplines and specialities. One exception is for radiation oncologists – in 2022, a comprehensive demand model for radiation oncologists produced reliable workforce estimates for future planning. Comparable analyses are still needed for other oncology specialities.
39. The 2025 report also provides information about other enablers that need attention to make the most of opportunities, ie, physical infrastructure, data and technology, and research and innovation.

Actions that can improve cancer outcomes

40. The *New Zealand Cancer Action Plan 2026–2029* (currently in draft and being prepared for Ministerial and Cabinet approval to publish in early 2026) has been informed by findings and data from the 2025 report. The refreshed action plan will strengthen collective efforts across the cancer system to improve outcomes through:
- a. defining a vision for the system
 - b. identifying the most impactful, strategic actions that the entire system is responsible for delivering on
 - c. unifying efforts across the system to transform cancer outcomes
 - d. assigning accountability to specific health agencies for advancing each of the actions
 - e. delivering a platform for the development an overall monitoring and accountability plan to assess progress in delivering the actions and measure how this is affecting the system and improving patient outcomes.
41. It should be noted that recent investment in cancer medicines and changes to screening ages will take time for their benefits to be realised within the health system (ie, these benefits will not have been fully realised in the data used for the 2025 report). It is anticipated that recent investments in cancer medicines are likely to have an impact over the next 12 months and beyond, and screening programme changes will have more of an impact in the coming years.

Potential risks and media interest

42. The 2025 report will likely receive media and cancer sector interest, and the content is likely to be used to inform advocacy by cancer NGOs and other groups. In particular, the information about treatment wait times and the evidence of ongoing disparities between Māori and non-Māori are likely to be of interest for media, advocacy groups and Māori health entities.
43. Because the 2025 report refers to retrospective data, the Agency believes the risks associated with its release are low; however, media interest and questions could be significant, and are likely to focus on next steps. To mitigate this, the Agency will signal that the *New Zealand Cancer Action Plan 2026–2029*, which will be published in early 2026 after being considered by Cabinet, specifies what actions will be taken, by whom and by when.

Next steps

44. The 2025 report, associated summary report and online data dashboard are scheduled for publication on our website on 11 December 2025.
45. Their release will be supported by a media release and communications to key stakeholders. These will focus on key findings and provide signposting to the publication of the *New Zealand Cancer Action Plan 2026–2029* in early 2026, which should be referred to for recommended improvement strategies and actions.
46. The Agency will continue to work with health partners and the cancer sector to identify next steps and quality improvement initiatives.

Recommendations

47. It is recommended that you:
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| a) Note the key findings of the <i>State of Cancer 2025</i> . | Yes/No |
| b) Note the likely media, advocacy group and Māori health entity-related interest and risks associated with the release of the <i>State of Cancer 2025</i> . | Yes/No |
| c) Agree to the publication of the <i>State of Cancer 2025</i> , associated summary report and online data dashboard, scheduled for 11 December 2025. | Yes/No |

Rami Rahal
Chief Executive

Cancer Control Agency, Te Aho o Te Kahu

Date: 27 November 2025

Hon Simeon Brown
Minister of Health
Date:

Appendix 1: Attachments

The 2025 report, summary report, media release and *talking points* document are provided as separate attachments.

'The State of Cancer in New Zealand 2025' and 'Insights and Summary Report: The State of Cancer in New Zealand 2025' are available at <https://teaho.govt.nz/index.php/reports-and-numbers/reports/state-cancer-new-zealand-2025>

PROACTIVELY RELEASED