TE AHO O TE KAHU CANCER CONTROL AGENCY

Aide Mémoire

Meeting between the Hon Simeon Brown, Minister of Health and Mr Rami Rahal, Chief Executive, Te Aho o Te Kahu Cancer Control Agency

Date due to MO:	8 December 2025	**Date of Visit:**	11 December 2025
Security level:	IN CONFIDENCE	**Health Report number:**	H2025074603
To:	Hon Simeon Brown, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Mr Rami Rahal	Chief Executive	s 9(2)(a)
Ms Nicola Hill	Deputy Chief Executive	

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About the visit

Purpose	To provide advice on topical cancer related activities across New Zealand.	
Visit details	**Date:**	Thursday 11 December 2025
	Time:	10.15am to 11am
	Venue:	Minister's Office 6.6, Parliament Buildings
Attendees	Mr Rami Rahal, Chief Executive, Te Aho o Te Kahu Ms Nicola Hill, Deputy Chief Executive, Te Aho o Te Kahu	

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Background and context

1. The Cancer Control Agency | Te Aho o Te Kahu (the Agency) reports to you as Minister of Health and meets with you monthly. Refer to Appendix 1 for this meeting's agenda.

2. You last met with Mr Rahal for an Agency-specific meeting on 8 October 2025 to discuss the Agency, its deliverables, and topical cancer related activities (refer to H2025073429). This is your last meeting with Mr Rahal before he steps down as CE end of day 18 December.

Topics for discussion

Prostate Cancer Screening

3. The Prostate Cancer Foundation continues to advocate strongly for prostate cancer screening and specifically, for the funding of two pilot studies, one in Waitematā and the other in Tairāwhiti.

4. As we have updated previously, the National Screening Advisory Committee reviewed the evidence for prostate cancer screening in November 2023 and concluded that the benefits of population-based prostate cancer screening do not currently outweigh the potential harms. The National Screening Advisory Committee will revisit this position in 2026, to review new evidence as it emerges.

5. The Agency has recently provided feedback on a Ministry of Health (the Ministry) briefing which assesses a Prostate Cancer Foundation Prostate Cancer Screening proposal (H2025075256 refers). The proposal is supported by a New Zealand Institute of Economic Research report focusing on feasibility, costs, and implementation timeframes for prostate cancer screening pilots in Tairāwhiti and Waitematā.

6. We agree with the Ministry's assessment that the Foundation's proposal and the New Zealand Institute of Economic Research report lack essential detail to determine the feasibility of a screening programme. They do not outline a complete screening pathway, model expected uptake, or address workforce, IT, and infrastructure requirements.

7. These limitations mean that the cost approximations presented in the proposal are likely to be underestimated. In addition, a pilot of this scale is estimated to require a two-year lead in period and carries financial, operational, and clinical risks. These risks include potential harm to patients due to potentially unnecessary biopsies. There are also possible associated implications for diagnostic capacity as well as radiology, surgical and cancer treatment wait-times.

8. The Agency's position it that the optimal time to pilot a screening programme is once robust clinical evidence reaches the level necessary to support a definitive approach to the full screening pathway. This evidence has not yet reached the tipping point to support population-based PSA screening although it may in the next year. Implementing a pilot now would test an approach that does not yet have international consensus and that may be obsolete once that consensus emerges. In addition, implementing a pilot programme can create expectations for a permanent national screening programme ahead of the maturity of the evidence to support it.

9. In recent international developments, on 28 November 2025 the United Kingdom National Screening Committee (UK NSC) opened a three-month public consultation regarding draft prostate cancer screening recommendations. The recommendations include:
   a. National targeted screening every two years for men aged 45–61 with specific gene variants (BRCA1 or BRCA2)
   b. No population-based screening or targeted screening for men with family history of prostate cancer
   c. Awaiting results of the Transform screening research trial study which will inform development of a more accurate approach to testing than the Prostate-Specific Antigen (PSA) test alone

10. The Agency's recommended approach is to wait for international evidence for prostate cancer screening to reach consensus. In the interim, priorities to improve prostate cancer control include improving diagnostic pathways, standardising the approach to PSA testing, strengthening radiology services, and implementing components of the Optimal Cancer Care Pathway for prostate cancer.

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Other topics for discussion

- Cervical Cancer elimination Strategy
- State of Cancer Report
- Cellular Therapies

Rami Rahal
Chief Executive
Te Aho o Te Kahu, Cancer Control Agency

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Appendix 1: Agenda

Time	Details	Minister's Office notes
10.15am	Prostate Cancer	
10.25am	s 9(2)(f)(iv)	
10.45am	Other topics for discussion 1. Cervical Cancer elimination Strategy 2. State of Cancer Report 3. Cellular Therapies	