

# Aide-Mémoire

## Event briefing: Cambridge Prostate Cancer Support Group meeting

<b>Date due to MO:</b>	16 March 2026	<b>Date of Event:</b>	19 March 2026
<b>Security level:</b>	IN CONFIDENCE	<b>Reference:</b>	H2026078757
<b>To:</b>	Hon Simeon Brown, Minister of Health		
<b>Consulted:</b>	Health NZ: <input checked="" type="checkbox"/> Ministry of Health: <input checked="" type="checkbox"/>		
<b>Proactive release:</b>	This <b>title</b> is proposed by the Ministry of Health for proactive release: <input checked="" type="checkbox"/>		

### Contact for telephone discussion

Name	Position	Telephone
Nicola Hill	Chief Executive (Acting), Cancer Control Agency	s 9(2)(a)
Elinor Millar	Manager (Acting), Knowledge Translation and Implementation, Cancer Control Agency	

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### About the Event

**Purpose of Event:** A Town Hall event run by the Cambridge Prostate Cancer Support Group "*Men's Health – An evening with Hon Simeon Brown*".

**Details of Event:**

**Date:** Thursday 19 March 2026, 7pm to 9pm  
**Venue:** Cambridge Primary School Hall  
3 Wilson Street, Cambridge 3434

A run sheet is attached as Appendix 1.

You are scheduled to speak for 10 minutes. A draft speech is attached as Appendix 2.

Supporting Q&As are also attached as Appendix 3.

### Attendees

The audience will mainly be Cambridge Prostate Cancer Support group members and their friends/families and may also include some clinicians. It is expected there will be around 100 guests. Including:

- Mike Pettit, Mayor of Cambridge
- Kris Hayward, original petitioner for a prostate cancer pilot

### Additional speakers

- Hon Louise Upston, Member of Parliament Taupō electorate.
- Raewyn Paviour, National Support & Education Manager, Prostate Cancer Foundation.
- Dr Shiva Nair, Consultant Urologist from Hamilton with a special interest in uro-oncology.

### Organisation

Cambridge Prostate Cancer Support Group is part of an extensive national network of trained volunteers supported by the Prostate Cancer Foundation that provides holistic support for people with prostate cancer.

### Media

A reporter from the local newspaper (Viv Posselt, Cambridge News) will be present and may wish to take photographs.

### Summary:

- Prostate cancer is the second biggest cause of cancer death in New Zealand males.
- New Zealand does not have a national prostate cancer screening programme as the evidence does not currently support this. The

National Screening Advisory Committee continues to evaluate national and international evidence, with the next review being carried out later this year.

- The current approach to prostate screening in New Zealand – opportunistic screening through shared decision making – is in line with international practice.
- s 9(2)(f)(iv)



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## Context of Event

1. The stated purpose of this event is: “to hear from the minister the current status of men’s health activity in the Ministry generally and the specific prospects of the proposed Prostate Cancer screening pilot”.
2. The Cambridge Prostate Cancer Support Group (Cambridge Support Group) have stated their interest in discussions on the government priorities for men’s health, prostate cancer specific (PSA) testing, prostate cancer diagnosis and treatment, and the proposed prostate cancer screening pilot.

## Prostate cancer background

3. Prostate cancer is among the most common types of cancers in New Zealand. Over 4,000 people are diagnosed with, and approximately 700 men die from, prostate cancer each year. Prostate cancer is the second biggest cause of cancer death in males in New Zealand, after lung cancer.
4. In many cases prostate cancer is slow growing, meaning people may have prostate cancer and never develop symptoms. Autopsy studies of people who have died from other causes have found that over 40% of males in their 70s also had prostate cancer when they died.
5. When prostate cancer is detected early it has a very high five-year survival rate, over 90%. This reduces significantly to less than 40% when diagnosis occurs after it has metastasised (spread).

## Prostate cancer screening

6. An organised population-based prostate cancer screening programme is not currently offered in New Zealand, nor in jurisdictions with comparable health systems, including Australia, the United Kingdom, Canada and the United States of America.
7. The current approach to prostate cancer screening in New Zealand is opportunistic screening. Opportunistic screening is when asymptomatic men receive a PSA test following shared decision making between the clinician and patient that takes into account individual risks and benefits. This approach is in line with international best practice.
8. The Prostate Cancer Foundation (the Foundation) is a Non-Government Organisation and has been advocating for a prostate cancer screening programme in New Zealand for many years.
9. More recently, the Foundation’s advocacy has been focused on funding for a prostate cancer screening pilot. The Foundation have acknowledged that whilst a national screening programme may be premature, they are advocating for a pilot in two regions to generate local data to confirm its value for New Zealand. (Advice has previously been provided to you on this proposal and the evidence relating to prostate cancer screening - refer H2025063755 and H2025075256.)
10. Of note, Kirstine (Kris) Hayward, is likely to attend the event. Her husband Bruce died from prostate cancer at 66 years old. Kris submitted a petition to Parliament in July 2023 calling for a centrally funded, risk-based prostate cancer testing regime in New Zealand. Her submission proposed that early detection be based on PSA testing, supported by

risk calculators and access to MRI imaging. The submission also sought funding to support the psychological and physical impacts of prostate cancer.

11. The petition was considered by the Health Select Committee in 2024. In their Final Report, the Petitions Committee noted substantial areas of agreement between submitters, including:
  - a. A reliable prostate cancer screening programme would require MRI and/or ultrasound imaging following a PSA test.
  - b. There is a lack of MRI workforce and equipment in many regions of New Zealand.
  - c. There are significant equity concerns with the current arrangements.
  - d. There is a need for more New Zealand-based information to complement data and outcomes from international trials and pilots.

The Final Report encouraged the Government to consider a pilot prostate cancer screening programme in a region with appropriate MRI capacity.

12. NZ First drafted a member's bill in September 2025 that proposed a four-year pilot prostate cancer screening programme. The proposed pilot in the Health (Prostate Cancer Screening Services) Amendment Bill aimed to offer free screenings to eligible men in two regions (Waitematā and Tairāwhiti) using PSA testing followed by MRI scans and biopsies if needed. NZ First withdrew the Bill from the ballot in November 2025.

## Prostate cancer within the Waikato region

13. Dr Shiva Nair, Urology Clinical Lead at Waikato Hospital, has provided the following information on prostate cancer to support understanding of challenges and initiatives in the Waikato region. Dr Nair will be in attendance at the meeting.

### Challenges

14. The region is experiencing significant wait times for GP appointments with the Urology Clinic seeing an increase in more advanced and metastatic cases. Any initiative that puts additional strain on primary care will need to be carefully considered and resourced to avoid unintended consequences of further reducing capacity and access to primary care.
15. Many clinicians in the region would like to see a nationwide approach to prostate cancer and have raised the fact that no new medications for prostate cancer have been publicly funded in New Zealand for many years. The Cancer Control Agency's Medicines Availability Analysis (2022) identified six prostate cancer medicines funded in Australia, that were not fully funded in New Zealand; however, the analysis concluded that none provided substantial clinical benefit over available funded treatments. There are currently four medicines for five prostate cancer indications on Pharmac's Options for Investment List.

### Improvements

16. In the last 24 months, prostate cancer patients have seen an increase in access to Prostate-Specific Membrane Antigen Positron Emission Tomography (PSMA PET) and MRI scans prior to prostate biopsies.
17. There is work underway for public patients to access robotic surgery at Braemar, a private hospital in Hamilton. Robotic surgery has advantages for Māori, Pacific peoples,

and patients with high BMI scores because of differences in prostate cancer presentation and unique anatomical factors.

18. Waikato hospital has a database for monitoring post treatment follow ups. More follow up appointments are now non-contact, improving access and efficiency for patients and reducing waitlist times.

## Initiatives to improve prostate cancer outcomes

19. KUPE (kupe.net.nz) is a publicly accessible prostate cancer information platform intended to provide men with clear, evidence-based information about when and how to consider testing, including the benefits, risks and limitations of PSA testing.
20. The approach to prostate cancer diagnosis differs throughout New Zealand. Although locally established pathways exist, there is inconsistency in recommendations and criteria for access to secondary care. The Agency developed an Optimal Cancer Care Pathway for prostate cancer<sup>1</sup> in late 2025 and is working with Health NZ on implementation.
21. In 2024, Health NZ updated national clinical criteria on who could access publicly funded Positron Emission Tomography-Computed Tomography (PET-CT) scans. Improved access to PET-CT imaging supports more accurate staging and earlier diagnosis of prostate cancer, contributing to more timely and appropriate clinical management.
22. Budget 2024 provided a \$30 million boost to improve access to community radiology services and create greater consistency in the way these services are delivered across the country. It is expected to improve access to diagnostic testing for men who are suspected to have prostate cancer.
23. In late 2025, Health NZ – Southern introduced the first Advanced Practitioner Radiation Therapist for prostate cancer. This role can handle specific clinical duties such as review clinics during treatment, post-treatment follow-ups, and initial specialist assessments, improving patient continuity and specialist capacity. Early data show high uptake and highlight the model's positive impact.

## Other men's health initiatives

24. In 2024, Pharmac funded additional cancer medicines in New Zealand, significantly expanding access to new and previously unavailable treatments. Some of these medicines are specifically for lung and bowel cancers, which are the highest and third highest causes of cancer death among men respectively. The new therapies include treatments aimed at improving survival and quality of life.
25. The Government has lowered the starting age for the National Bowel Screening Programme from 60 to 58 years old (intended as a first step in lowering further) based on evidence that earlier screening improves cancer detection and survival. This change expands access to free screenings and brings New Zealand in line with international standards, supporting the focus on prevention, early detection, and equity.

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<sup>1</sup> Te Aho o Te Kahu. 2024. Optimal cancer care pathway for people with prostate cancer. Wellington: Te Aho o Te Kahu. [https://teaho.govt.nz/application/files/2617/6586/0397/Prostate\\_Cancer\\_OCCP\\_-\\_Steps\\_Dec\\_2024\\_version\\_2\\_Sept\\_2025.pdf](https://teaho.govt.nz/application/files/2617/6586/0397/Prostate_Cancer_OCCP_-_Steps_Dec_2024_version_2_Sept_2025.pdf)

26. Movember is a global men's health movement active in New Zealand, focused on preventing premature male deaths. It funds and supports initiatives for men's mental health, suicide prevention, prostate cancer, and testicular cancer through research, service innovation, and community programs. While there is no funding from the government for Movember campaigns, its priorities and initiatives align with government priorities on mental health and cancer care.
27. Men's Health Week, held in June each year, is a national opportunity to encourage men to check their physical and mental health and seek help early, emphasizing that asking for support is a strength. In 2025, the Government used the week to highlight men's underutilisation of mental health services and higher suicide rates, while promoting access to telehealth, digital services, and community initiatives.



Nicola Hill  
Chief Executive (Acting)  
**Cancer Control Agency**

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## Appendix 1: Draft run-sheet

Time	Details	Minister's Office notes
1850	<p>Meet at main entrance, Cambridge Primary School Hall, 3 Wilson Street, Cambridge 3434.</p> <p>The Minister will have reserved parking onsite.</p> <p>The Minister will be greeted by Mr Ron Greenwood, Cambridge Support Group Co-ordinator s 9(2)(a)</p>	
1900	<p>Event begins. Speakers as follows (order unconfirmed):</p> <p><b>Raewyn Paviour</b>, National Support &amp; Education Manager, will make a few remarks to introduce the role of the Prostate Cancer Foundation.</p> <p><b>Shiva Nair</b>, Consultant Urologist from Hamilton, a specialist in uru-oncology, will give his perspective on current practice in his field.</p> <p><b>Hon Louise Upston</b> (unconfirmed)</p> <p><b>Hon Simeon Brown</b>, 10-minute speech followed by question-and-answer session.</p>	
2100	<p>Event must end by 9pm to allow the hall to be cleared</p>	

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