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Response to your request for official information

Thank you for your email of 6 June 2019 requesting information under the Official Information Act 1982 (the Act) about the process for informing participants and GPs about numeric FIT results. You specifically asked:

"How do participants and GPs get to find out about this process? What is the process for informing them?"

Requesting numeric Faecal Immunochemical Test (FIT) results is supported though a request from the general practitioner (GP) to the National Coordination Centre. During the GP training and information sessions undertaken in a DHB region prior to the launch of the National Bowel Screening Programme (NBSP) GPs are advised to contact the National Coordination Centre for any support. The Quick Reference Guide for Primary Healthcare teams (available on the National Screening Unit's website: https://www.nsu.govt.nz/resources/quick-reference-guide-primary-healthcare-teams) also provides these contact details for Support and Further Information.

In the information provided to participants in the NBSP it states that the results of the screening test are reported as positive or negative, and they participate on that understanding.

They are also directed in the information they receive when invited to participate in the National Bowel Screening Programme to contact the 0800 number if they need more information about any aspect of the programme.

The Ministry of Health (the Ministry) has a process in place for GPs and individual participants, who contact the National Coordination Centre, to provide the numeric result of the FIT. This is outside of the population screening programme, as it is a clinical conversation with an individual about their specific circumstances and concerns.

As previously stated, the Ministry follows the advice of the manufacturer of the FIT, and other countries that use the FIT in their national bowel screening programmes, to provide the result of the FIT as either positive or negative. The issue of the reporting of

bowel screening results as positive or negative has been discussed and agreed by both the National Screening Advisory Committee and the Bowel Screening Advisory Group which comprise a range of experts across health and academia.

There is insufficient evidence both in New Zealand and internationally to provide clinical advice to an asymptomatic individual on the meaning of the quantitative result of the faecal immunochemical test. Even in the symptomatic or high risk setting quantitative FIT tests are not routinely used. In the screening context gathering evidence to determine if the actual haemoglobin level should impact subsequent screening for an individual is on the agenda of the international screening community.

There may be other medical reasons why there is blood in faeces, which is why New Zealand's NBSP will test participants every two years from the age of 60 to 74 years. Participants are encouraged and informed that if their bowel habits change, or they can see blood in their bowel motion, they should seek advice from their GP.

Yours sincerely

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Population Health and Prevention