NATIONAL SCREENING ADVISORY COMMITTEE

Advice to the Director-General of Health

Title Colorectal cancer screening

Date of this document **January 2007**

Statement No. 3

The National Screening Advisory Committee (NSAC) has considered the report of the Colorectal Cancer Screening Advisory Group.

In contrast to the previous report on colorectal cancer screening (the report of the Working party on Screening for Colorectal Cancer in 1998) which did not recommend population screening with faecal occult blood tests, this latest report recommends that a screening programme be explored further.

NSAC understands that the National Screening Unit is due to provide the Minister with advice by February 2007, taking a number of pieces of work into account in addition to the report of the Colorectal Cancer Screening Advisory Group.

Concerns about a colorectal cancer screening programme

NSAC has a number of concerns about the potential adverse consequences of a colorectal cancer screening programme. The main concerns are as follows.

- 1. The critical issue is the lack of diagnosis and treatment facilities (and in particular, the restrictions that apply to colonoscopy). It would be unethical to proceed with a national screening programme until the issue of capacity for diagnosis and treatment is resolved.
- 2. The guaiac faecal occult blood test (FOBT) has a sensitivity of only 50 percent. NSAC does not consider this to be a sufficiently sensitive screening test to promote on a population basis.
- 3. In NSAC's view, there remains considerable uncertainty about the cost-effectiveness of colorectal cancer screening in the New Zealand setting. The Report does not provide cost effectiveness in terms of cost per QALY gained it would be very helpful to have this information so as to gauge the value of investing in this particular screening programme rather than other initiatives.
- 4. There is potential for a national screening programme to increase health inequalities. NSAC supports further work being carried out to identify ways of implementing screening that reduces existing inequalities in colorectal cancer outcomes.

There needs to be continued work on the issue of colorectal cancer screening, taking into account additional findings from research. NSAC does not consider the implementation of a screening programme can be seriously considered at this point. There needs to be a significant period of forward planning, including workforce development, addressing the safety and quality of the screening test, and removing barriers to access for all elements of the screening pathway before the implementation of a screening programme can be further considered.

Recommendations

NSAC makes the following recommendations to you in relation to colorectal cancer screening.

- There should be immediate investment in the colonoscopy workforce. At the same time, further consideration should be given to whether colonoscopy must be performed by gastroenterologists. Further work should be carried out to determine the opportunity cost of training/growing the colonoscopy workforce.
- 2. District Health Boards should be engaged in the discussion. Significant changes to workforce capacity would be required for the implementation of any programme. The Ministry of Health should provide DHB CEOs with an opportunity to discuss the workforce issues.
- 3. Further consideration should be given to examining the potential uses of CT colonography and whether this would help to address workforce pressures. NSAC suggests CT colonography could be examined as part of the feasibility study, and further work carried out to determine whether CT colonography has a role in the screening pathway.
- 4. NSAC supports the recommendation for further work around FOBTi in the. NZ population. Further work should be carried out to determine the feasibility of using FOBTi as a screening test in the New Zealand population.
- 5. Consideration should be given to the availability of effective drug treatment for people with a diagnosis of colorectal cancer. This work should include an analysis of the potential impact on Pharmac's budget.
- Greater emphasis should be placed on reducing the population incidence of colorectal cancer. Further work should be carried out to determine the best methods of achieving this.
- 7. Consideration needs to be given to developing a detailed implementation plan, with a lead-in period of greater than five years.
- 8. The Cancer Control Council should also be invited to provide comment on the Report of the Colorectal Cancer Screening Advisory Group