

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.

1. 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.
6. 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