TE AHO
O TE KAHU
CANCER
CONTROL
AGENCY

Briefing to the Incoming Minister

January 2025

Contents

Welcome

Tēnā koe Minister and congratulations on your appointment.

As New Zealand's national Cancer Control Agency, Te Aho o Te Kahu plays a critical role: we unite the health system to plan for and deliver system change that ensures all people and whānau affected by cancer receive quality cancer care, when and where they need it.

Cancer is one of the leading causes of death and health loss across our nation. This year in New Zealand, we expect more than 27,000 people will be diagnosed with cancer and over 9,000 people will die from it. These rates will rapidly increase over the next 25 years, with cancer numbers predicted to double by 2050.

New Zealanders expect a high performing cancer system that delivers for them in a timely and effective way. Our purpose is to support the Government and wider health system to ensure all New Zealanders affected by cancer are getting the care they need.

Addressing these challenges requires doing things differently. Our Agency brings together expertise from clinical leaders, best practices from the international experience, high quality data and reliable evidence, and insights from the lived experience of consumers, to advance innovative yet pragmatic solutions. These include new models of care that will increase capacity of the current workforce, improve wait times for care, while bringing cancer services closer to home.

You can expect the Agency to deliver high quality, practical advice to inform your decision making and to support you as Minister of Health. In the interim, this briefing provides an overview of the challenges and opportunities facing the cancer system, and an overview of our organisation and its work.

We look forward to working closely with you and your office to continue delivering for the people of New Zealand.

Ngā manaakitanga

Rami Rahal
Chief Executive and National Director of Cancer Control | Tumuaki
Te Aho o Te Kahu Cancer Control Agency

A snapshot of cancer in New Zealand

Current state of cancer services

We have many world class examples of cancer control policies and practices in New Zealand, and the cancer workforce is full of highly committed and talented people. However, if we are to reduce the future burden of cancer, while improving outcomes for those currently living with cancer, ongoing focused action is needed.

Effective cancer control relies on four key foundations:

1. Reducing the chance of people getting cancer through effective prevention strategies (to reduce the future burden on the population and the system)
2. Increasing the chance of people being diagnosed at an early stage through effective screening and primary care (which reduces the current burden of cancer on the patient and the system)
3. Maintaining access to effective and timely treatments for people with cancer to improve survival and quality of life
4. Ensuring the entire population gets equitable access to the above three strategies.

Preventing new cancers from developing is the ideal in cancer control. Wherever possible, it is best to act early and avoid the distress and disruption that a diagnosis of cancer brings. Cancer prevention is essential in reducing the burden of cancer in an effective and sustainable way.

Continued investment in prevention strategies – such as smoking cessation and encouraging uptake of HPV vaccination (to eliminate cervical cancer) – will help to reduce the demand for expensive cancer care in New Zealand.

Catching cancer early means better outcomes for patients, but also lower downstream costs for the system. Making sure our national screening programmes are as accessible as possible is important. We need to look at ways to continually improve all of our existing screening programmes while implementing new ones where the evidence Is compelling.

Once a patient is diagnosed, cancer care is resource intensive and requires dedicated infrastructure to support complex diagnostic, treatment, and care provision. With our aging demographics increasing demand relative to available capacity, just doing more of the same is unsustainable. Delivering care and treatment in new and innovative ways will enable the current facilities and workforce to be used to maximum benefit.

Across the health system there are challenges with the delivery of consistent, timely and high-quality cancer services. This is a recognised issue and Health New Zealand and the Agency have established a joint Cancer National Clinical Network to provide clinical advice to directly address issues, remove barriers and drive service improvement across the cancer system. There are many initiatives being delivered across the system to improve this situation in the short, medium and long term. Some are described in Our Key Work on page 10.

The current pressure on the cancer workforce in New Zealand is one of the single most pressing areas of concern. While modelling demonstrates that investment in more clinicians and support workers are required to meet future demand, there is already a large number of existing vacancies across cancer services. Solutions for sustainable recruitment and retention of the cancer clinical workforce need to address existing vacancies as well as additional roles. While these workforce issues are shared with the rest of the health sector, the complexity of cancer treatment and the level of specialist capability and capacity required to deliver it sustainably, carry inherently greater risks. The good news is that innovative workforce models, such as use of specially trained nurses and nurse practitioners to deliver aspects of care currently delivered by oncologists, are a promising part of the solution.

But shifting cancer services to a more efficient, timely and high-quality state also requires robust, effective and contemporary data and digital solutions. Operationally, there needs to be strong support to clinicians in their use of new data and digital solutions to enable their implementation, use and progressive development as crucial clinical and operational tools. Currently, there are a range of solutions in place locally and regionally, however some districts have no access to some of these.

Across New Zealand, cancer data is fragmented. It is captured and stored in disparate registries and clinical systems. The data is inconsistent, there is duplication and limited health terminology standardisation. This reduces the ability to share timely and accurate data across the health system. The Agency's contribution to cancer data improvement through our CanShare programme is designed to address this and is discussed in more detail under Our Work Programme.

The Agency is focused on advancing these and many other solutions that will allow the system to gain resiliency and be able to effectively and efficiently respond to current and future demands. We look forward to the opportunity to discuss these further with you.

Assessing the system's performance

In early 2021, the Cancer Control Agency (the Agency) released the first ever **State of Cancer in New Zealand** report. This was a major milestone which for the first time gave the country a comprehensive understanding of the performance of our cancer system. The report contains detailed information, data, trends and research about cancer and the cancer care system. When looking at cancer rates, three key indicators are typically used to measure trends and progress:

- **Incidence**: how many people get cancer
  Driven by changes in exposure to cancer risk factors, such as smoking and obesity
- **Survival**: how many people are alive after a certain period of time e.g. five years after diagnosis
  Driven by changes in the way we diagnose and treat cancer
- **Mortality**: how many people die from cancer
  Driven by changes in both incidence and survival

The information in the report is still highly relevant today and the public and sector refer to it regularly. We have summarised key data for you in the table on the next page and more details are in Appendix one.

Key insights	Details and examples
Our population is growing and ageing. As cancer is more common among older people, we can expect the number of New Zealanders with cancer to grow significantly over time.	▶ That year, approximately 25,000 people were diagnosed with cancer in Aotearoa, with nearly 3,000 of those people being Māori. ▶ The most commonly diagnosed cancers are breast, lung, prostate and colorectal cancers. ▶ Cancer incidence patterns have changed over time, with some decreasing (for example, stomach and lung cancers) and others increasing (for example, liver and pancreatic cancers). ▶ Child and adolescent cancers are quite different from adult cancers. 150 children (aged 0–14 years) were diagnosed with cancer in 2019, most commonly leukaemias and central nervous system cancers. ▶ 176 adolescents and young adults (aged 12–24 years) were diagnosed with cancer in 2018, most commonly gonadal germ cell tumours and Hodgkin's lymphoma. ▶ Over the past 20 years, cancer survival rates in Aotearoa has increased substantially, with more people surviving their cancer than ever before. However, our survival rates are not improving as quickly as those in other high-income countries. ▶ Lung cancer and colorectal cancer account for the highest number of cancer deaths each year (around 1,700 and 1,200 respectively).
A wide range of health professionals work to prevent, screen for, diagnose and care for people with cancer in Aotearoa	▶ Primary health care plays a critical role in all aspects of cancer care. ▶ Primary health care practitioners can only remain actively involved in managing their patients along the cancer pathway when there is strong integration and communication between primary and secondary health care services. ▶ There are issues with the sustainability of our cancer workforce, with a large proportion of most specialist workforces set to reach retirement age within the next 20 years. ▶ Our cancer workforce does not reflect the population of Aotearoa and lacks diversity. Of the core specialties involved in providing cancer care, between one and four percent identify as Māori.

	▶ There is variable access to allied health support across New Zealand. ▶ Kaupapa Māori and mātauranga Māori approaches are important for addressing inequities in cancer outcomes. There are substantial barriers to their development, implementation and enhancement. ▶ Non-governmental organisations (NGOs) play an important role across the cancer continuum. New Zealand has one of the most cancer charities by population in the world.
Cancer does not impact all groups within our population evenly. Inequities exist at almost every point within the cancer care system.	▶ There is currently little evidence to measure cancer care and outcomes between rural and urban New Zealanders. However, it is reasonable to think that people living in rural areas are likely to experience barriers to early detection and treatment as they live further away from urban centres, where most cancer services are based. ▶ People living in economically deprived areas are more likely to be exposed to a range of cancer-causing risk factors, are more likely to develop cancer overall and are more likely to have poorer survival rates. ▶ Māori are approximately 20 percent more likely to develop cancer than non-Māori. ▶ Once diagnosed with cancer, Māori experience poorer survival rates than non-Māori for nearly all of the most common cancers. ▶ Māori are twice as likely to die from cancer than non-Māori. ▶ Pacific peoples experience higher incidence and mortality for a range of cancers, with notably high rates of uterine cancer. Pacific peoples also carry a disproportionate burden of cancers associated with infectious agents, such as cervical, liver and stomach cancers. ▶ Asian peoples experience lower incidence of cancer overall, although they have higher incidence of thyroid cancer. ▶ People living with mental illness experience poorer cancer survival rates for some cancers, likely due to late diagnoses, comorbidities and differences in cancer care delivery.
Access to the cancer system and services is not consistent or equitable. This drives unwarranted variation in	▶ Multiple factors affect patients and their ability to access cancer services. These factors include: • each individual's exposure to risk factors, which affects their likelihood of developing cancer in the first place • their ability to access appropriate screening services (undertaken only when they are not symptomatic)

experiences and outcomes.	• the health system’s ability to provide timely assessment, diagnostic and treatment services - including supportive care and allied health services. • people who live in remote or rural areas, or those who may not be able to access transport easily. ▶ These factors combine to create inequitable experiences and outcomes for particular population groups as outlined above. These factors also reduce the health system’s ability to operate efficiently and effectively.

Who we are

The Cancer Control Agency is a departmental agency of government and reports directly to the Minister of Health. Cancer is a complex disease which intersects with every aspect of the wider health system. A standalone national cancer agency enables a coordinated approach with the many stakeholders involved in cancer care. International evidence shows that countries or jurisdictions which have a cancer control agency in place are more likely to deliver improved outcomes.

The organisation was created in 2019 after successive governments identified better cancer health outcomes as a critical priority. By establishing a national cancer control agency, the Government is visibly supporting the disproportionate impact cancer has on the lives of New Zealanders. It also recognises the need for a coordinated national effort to ensure that attention and focus on cancer is not diluted by the broader demands of the health care system.

Our te reo Māori name, Te Aho o Te Kahu, was gifted to us by Hei Āhuru Mōwai | Māori Cancer Leadership Aotearoa. This name is central to who we are and how we work. Te Aho o Te Kahu means ‘the central thread of the cloak’. The Agency is represented as the central thread (aho) which binds the many organisations working in cancer care together into a cloak (kahu) that protects people affected by cancer.

As a Government agency, we work to comply with all critical legislation and frameworks. This includes Te Tiriti o Waitangi, the Pae Ora (Healthy Futures) Act and government strategies (refer to page 7).

The Agency is responsible for monitoring progress towards the goals and outcomes of the **New Zealand Cancer Action Plan 2019–2029** and government strategies (diagram on page 7). In practice, we deliver this leadership and oversight by:

- providing advice to the Government, through the Minister of Health, about the current state, and future design and function of cancer services
- developing options for resolving the challenges across the continuum, including transforming approaches to cancer care
- assembling and disseminating cancer data, insights, and information to inform decision-making and service delivery
- bringing stakeholders together to progress and deliver shared objectives
- undertaking national initiatives in partnership with the cancer sector to improve the cancer system and cancer outcomes

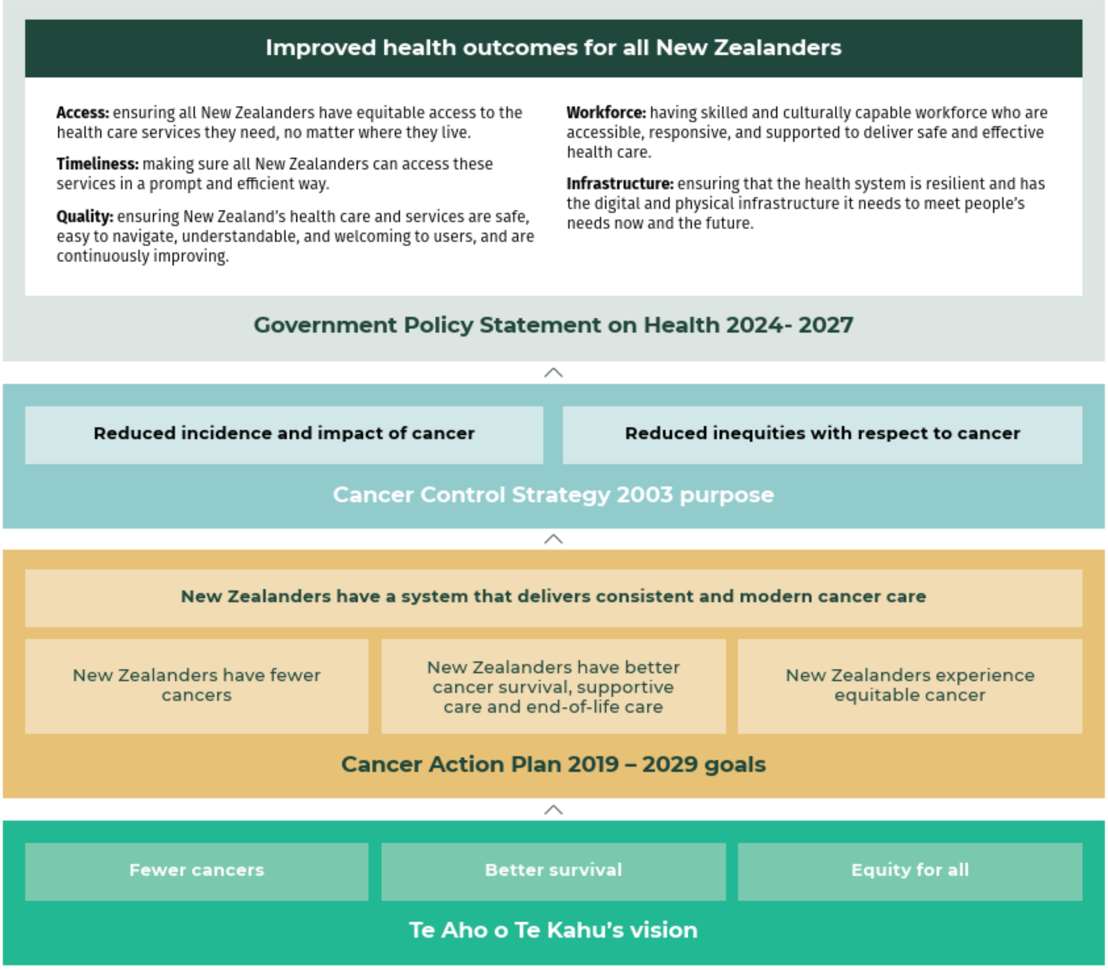
- providing support for cancer service providers to address service delivery challenges.

The Agency has a budget of $13.5m and around 65 staff with the knowledge, skills and expertise to support delivering meaningful change to both the organisation and delivery of cancer care and treatment and addressing the long-standing barriers to better population health outcomes for cancer.

Most are subject matter experts in cancer control and system change. This includes public health physicians, radiation therapists, pharmacists, health economists, epidemiologists, biostatisticians, data analysts, project managers, public policy analysts and government relations experts. This capability means we can deliver the cancer-specific modelling, analysis, and planning that in partnership with Health New Zealand is needed to drive change and improvements to cancer care and treatment.

To support this, we have strong connections to people and their families who have experienced cancer, and the wider non-government cancer sector who are deeply engaged in supporting people through the challenges of cancer diagnosis, care, treatment, and recovery.

Our main office is in Wellington, with four small regional offices in Auckland, Christchurch, Hamilton, and Palmerston North to ensure we are well engaged with national and local cancer services and stakeholders. This includes responding to local and regional needs and implementing national improvements to care and treatment. Refer to Appendix two for more detail on our leadership team and organisational structure.



Improved health outcomes for all New Zealanders

Access: ensuring all New Zealanders have equitable access to the health care services they need, no matter where they live.

Timeliness: making sure all New Zealanders can access these services in a prompt and efficient way.

Quality: ensuring New Zealand's health care and services are safe, easy to navigate, understandable, and welcoming to users, and are continuously improving.

Workforce: having skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care.

Infrastructure: ensuring that the health system is resilient and has the digital and physical infrastructure it needs to meet people's needs now and the future.

Government Policy Statement on Health 2024- 2027

Reduced incidence and impact of cancer

Reduced inequities with respect to cancer

Cancer Control Strategy 2003 purpose

New Zealanders have a system that delivers consistent and modern cancer care

New Zealanders have fewer cancers

New Zealanders have better cancer survival, supportive care and end-of-life care

New Zealanders experience equitable cancer

Cancer Action Plan 2019 – 2029 goals

Fewer cancers

Better survival

Equity for all

Te Aho o Te Kahu's vision

Our operating environment

One of our key functions is to liaise with the many parties and organisations involved with cancer prevention, promotion, diagnosis, treatment, and care. In New Zealand's reformed health system, this includes direct relationships between the Chief Executive of the Agency and other key partners including:

- Health New Zealand
- Ministry of Health including the Public Health Agency
- Pharmac
- Health Quality & Safety Commission New Zealand.

The responsibility for commissioning and delivery sits with our partners. Through engagements at the chief executive level, supported by collaborations at the tier 2 and tier 3 levels, our partnerships leverage the distinct roles of each of the health entities. We take a shared and collaborative approach to common priorities and workstreams. We have strong constructive and collaborative relationships that drive delivery of change and build connections to turn our vision and priorities into action.

We work closely with Health New Zealand to ensure that our approach and advice enables real changes in how care is planned and delivered. Our partnership approach at both national and regional levels is characterised by strong working relationships with clinicians, and clinical and service leaders. This enables their engagement and support for the work we are undertaking, and their expertise and insight in cancer care and treatment underpins our work.

Our Agency has a particularly important relationship with the Ministry of Health, supporting their stewardship role of the whole health system. This is enabled through a departmental agency agreement which includes the procurement of many of our back-office functions from the Ministry

The Agency reduced its budget by 12.7% ($1.9million) for 2024/25 and now receives an operating budget through Vote Health of $13.572million per annum.

Key partners and advisory groups

We regularly connect with key partners to strengthen and inform our work programme and connect with the frontline and consumer voices. We review the role and functions of these groups to make best use of their valuable time and expertise.

Key partners/Advisory Groups	Their role
Cancer Control Council	A Cancer Control Council is being established to support the Agency (through the CE) to oversee system-wide prioritisation and coordination of cancer care in New Zealand. The Council will take over the role of the Advisory Council which was set up to support the Agency's establishment process but has not been operating since late 2022.

	This new Council will advise on national cancer control providing expert advice to the Chief Executive in developing and refining long-term cancer control strategies and action plans to reduce cancer incidence, improve early detection, and enhance treatment outcomes.
Hei Āhuru Mōwai (Māori Cancer Leadership Aotearoa)	This national Māori cancer leadership network brings together a range of experts, including those working in clinical, community care, epidemiology, health services management and research. We support Hei Āhuru Mōwai through operational and project funding. They work closely with us to provide expertise and support for specific actions centred on improving Māori cancer outcomes.
National Clinical Assembly (to be replaced by the Clinical National Network for Cancer)	The Assembly provides clinical advice to support our long-term strategic direction for reducing cancer incidence and improving cancer services across the cancer continuum. The Assembly includes clinicians from a broad range of cancer-related medical, nursing, and allied health specialities.
He Ara Tangata Consumer Reference Group	Our Consumer Reference Group provides insights and solutions from the view of a lived experience of cancer. Members participate in the Agency's projects and this ensures our work remains focused on the needs of people across all aspects of cancer care. He Ara Tangata has 50% Māori membership and a Māori chair.
Contracted partners	We fund the National Child Cancer Network New Zealand (NCCN) and Adolescent and Young Adult Cancer Network Aotearoa (AYA) to deliver care for children and young people with cancer. We collaborate on the direction of their work programmes, meet regularly to discuss progress and issues, and provide support on programme delivery.
Other advisory groups	To remain connected with those on the frontline, and hear directly from them, we have three primary clinical working groups, currently Medical Oncology, Radiation Oncology and Haematology, and more than 17 other advisory groups, involving over 200 health professionals and consumers. We meet regularly with these working groups, and their input feeds into our work at all levels.

What we do for you

We are committed to working with you to ensure our shared goal of building a sustainable cancer system that meets patient needs is achieved. New Zealanders deserve a cancer system that is focused on better outcomes for everyone.

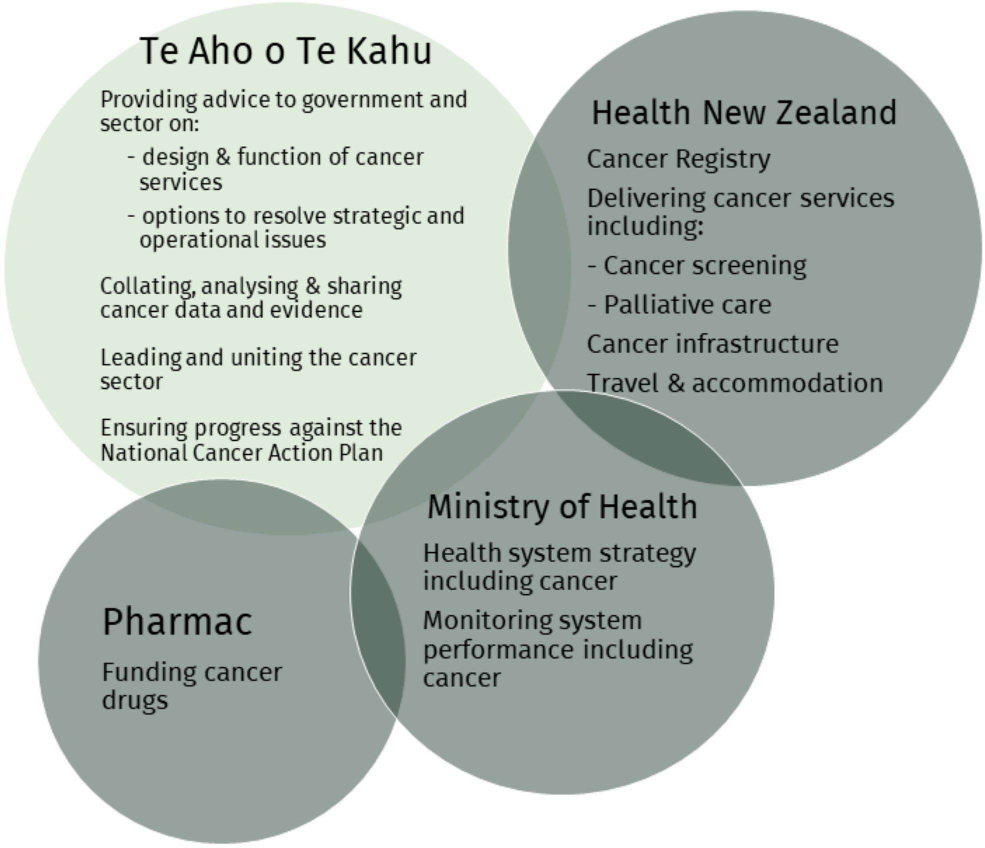
We know that things need to be done differently to achieve this and are focused on finding innovative and modern solutions to meet the evolving challenges within the cancer system.

We provide you and Associate Ministers with expert advice relating to cancer topics and issues to inform key decisions, policy, and parliamentary requests.

We support you by providing leadership and oversight to the wider health system to ensure the delivery of cancer diagnosis and treatment is timely and aligned with Government priorities. The Agency will also raise issues and opportunities with you as they arise.

For some key areas of the health system relating to cancer you will receive primary advice from other agencies (e.g. Health New Zealand provides advice on all screening programmes, including cancer screening). We work in partnership to provide joint advice on these areas where appropriate.

Agencies involved in specific areas of cancer control



Te Aho o Te Kahu

Providing advice to government and sector on:
  - design & function of cancer services
  - options to resolve strategic and operational issues

Collating, analysing & sharing cancer data and evidence

Leading and uniting the cancer sector

Ensuring progress against the National Cancer Action Plan

Health New Zealand

Cancer Registry

Delivering cancer services including:

- Cancer screening
- Palliative care

Cancer infrastructure

Travel & accommodation

Ministry of Health

Health system strategy including cancer

Monitoring system performance including cancer

Pharmac

Funding cancer drugs

Our key work

The Agency's work programme focuses on emerging priority issues, while also responding to opportunities with the greatest potential to improve outcomes. Below is a summary of some of our key work currently underway.

Improving access to services

Faster cancer treatment health target

The Government's March 2024 announcement of five health targets included the Faster Cancer Treatment target, which focuses on delivering timely access to cancer treatment once a decision to treat (or manage by other means) has been made. The target is for "90 percent of patients to receive cancer management within 31 days of the decision to treat". Gradual improvements have been made to meet this target, 84.6% of the 4,550 people who received cancer treatment in Jul-Sep 2024 received their treatment within 31 days of the decision to treat[1]. Reporting on the target is now led by Health New Zealand with our support. The Agency's regional teams work with regional cancer teams to understand cases where the target has been breached and identify appropriate improvement activity.

The wider Faster Cancer Treatment (FCT) programme includes an indicator that aims to reduce delays for patients and identify where process improvements are needed. It focuses on patients with a high suspicion of cancer i.e. those who are symptomatic and referred for urgent specialist diagnostics.

Cancer Medicines Implementation

In June 2024, the Government announced $604million of additional funding for Pharmac to fund greater access to more medicines, both for cancer and other health conditions. [redacted]

s 9(2)(f)(iv)

We will continue to support the programme by providing strategic advice, maintaining our oversight role, and involving our subject matter experts in the following essential components of the work programme:

- implementing the systemic anti-cancer therapy model of care
- developing a model for advanced practice nursing workforce
- expanding capacity for genomics and molecular biomarker services
- implementing e-prescribing and digital integration solutions.

Workforce Development Planning

A sustainable current and future cancer workforce is a priority for the Agency. Future cancer service delivery is heavily dependent on the actions that are taken collectively now. In 2022, the Agency delivered the 'Cancer Workforce Implementation Plan Phase 1 Priorities' to the Workforce Taskforce Lead. The Plan identified both short- and medium-

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[1] Health Targets – 10 years of Quarter 1 (July-September) results, **https://www.tewhatuora.govt.nz/assets/Corporate-information/Planning-and-performance/Health-targets/Health-targets-10-years-of-Q1-Jul-Sep-results.pdf**

term workforce priorities that would address some of the current workforce issues faced across the cancer sector.

The priority solutions identified in the Plan were the result of consultation and, where possible, modelling. This was undertaken using available data to determine workforce supply and demand into the future. For example, there was an established need to have an increase in specialist training for radiation oncologists – because of our work, agreement has been reached with Health New Zealand, in conjunction with the Faculty of Radiation Oncology within the Royal Australian and New Zealand College of Radiologists, to increase the number of training places in 2024 with an additional five places available annually across services. This investment will support future sustainability for this key workforce. We have initiated a project with Health New Zealand that will, when complete, provide information on the cancer nursing workforce's current state and will enable an informed understanding of the future nursing pipeline requirements.

We have completed and distributed guidance to support radiation services to enable their radiation therapists to work to the top of their scope of practice within the system. This will have a positive impact on the work undertaken by radiation oncologists and support retention of radiation therapists by providing a pathway of development.

Improving the National Travel Assistance (NTA) policy

The National Travel Assistance (NTA) programme was created in 2006 to support patients who travel significantly to access specialist treatments. While NTA is available for all patients requiring specialist services, it is used by a significant number of cancer patients. Our analysis shows that between 2018-2021, 28% of the NTA budget was spent on cancer patients. This includes cancer patients needing radiation oncology treatment which is currently only available in six cities throughout the country.

Since the Agency was formed in 2019, we have been actively working to understand how the National Travel Assistance policy impacts cancer patients and whānau. It is clear that while well-intentioned, the policy is actively increasing some inequities and is highly likely to be contributing to system inefficiency, particularly through non-attendance ('DNA') rates for specialist appointments.

In 2021-2022, we developed advice on travel and accommodation for the then-Transition Unit. This content informed the interim New Zealand Health Plan, which includes an action to 'implement national pathways to access transport and accommodation to support the equitable completion of cancer treatment'.

We are now collaborating with Health New Zealand to develop and pilot changes to the NTA policy. This will in time create a policy that is fit for purpose, supports equitable access to specialist health care, and reduces the administrative burden on patients, whānau and the health sector.

Cancer Navigation Services

Cancer Navigation plays a significant role in reducing the trauma of cancer diagnosis. The service also increases the likelihood that whānau will complete their cancer treatment and increases survival rates, particularly for Māori and Pacific peoples who often experience worse cancer outcomes. Although a variety of navigation services exist across New Zealand, they are not yet consistently coordinated or resourced. This provides a significant opportunity for system improvement.

We are developing a national model of care for Cancer Navigation, which will cover services that are based in both hospital and community settings. Over the last two years, we have also supported Te Aka Whai Ora (now the Hauora Māori team within Health New Zealand) to invest in community-based cancer navigation services. The insights from this investment programme are informing the model of care, which we plan to complete by June 2025.

Improving efficiency and consistency

Cancer National Clinical Network

In June 2024, the Agency began working with Health New Zealand to set up a joint National Clinical Network for Cancer. The aim was to bring together strategic and operational leadership to deliver improved health outcomes for people living with cancer.

This clinical network is one of 12 that Health New Zealand established in 2023 and the only jointly led network to date. We have agreed governance arrangements in place and have recently appointed two clinical experts as co-leads:

- Dr Myra Ruka, Clinical haematologist, Māori health equity expert, and researcher
- Professor Chris Jackson, Medical oncologist, Professor of Oncology, and cancer researcher.

We are in the final stages of appointing the approximately 20 members. We will advise you of the final members and their first meeting which we expect will be in late March/April 2025.

The Network will work with the oversight group (senior leaders from the Agency and Health New Zealand) to deliver their work programme. Early discussions on priority focus areas for the Network over the first 12-24 months were held in November 2024.

The Agency is also engaged with other clinical networks managed by Health New Zealand that are cancer related, such as radiology, to support improvements across the health system.

Optimal Cancer Care Pathways

A patient’s experience through the cancer pathway (detection, diagnosis, treatment, and recovery) can be highly complex, involving multiple steps and many health providers. Currently, these steps are not consistently applied throughout the country. This can lead to people experiencing different levels of care and health outcomes based on their type of cancer, ethnicity, background or where they live.

Working with clinicians and advisory groups, the Agency has developed optimal cancer care pathways for the most common cancer types. In 2024 we finalised the first editions for bowel, breast, lung, and pancreatic cancers which are now being piloted by Health New Zealand. There are another fourteen pathways in varying stages of development.

Prostate cancer

The National Screening Advisory Committee (NSAC – a group managed by Health New Zealand) which the Agency engages with, has recently been considering calls for a national prostate screening programme and/or to pilot of one. Several European countries are involved in data gathering projects to test the feasibility and benefits of such a programme, although none of them have a full screening programme in place. The advice of NSAC and the Agency is that New Zealand should wait until the evidence from those studies becomes available to move forward with any initiatives on prostate cancer screening.

s 9(2)(f)(iv) [redacted]

Regional engagement and support

We have four regional teams that work directly with the clinical and operational leaders of cancer services. This includes:

- developing positive working relationships with stakeholders, maintaining links with regional and local, clinical and service leadership
- promoting the Agency's national work programme
- providing insight into service performance data and working with clinicians and service staff to identify and implement appropriate responses
- understanding regional and local needs and the challenges they face
- promoting a regional perspective and a focus on the needs of the population
- supporting a regional service/quality improvement focus.

Providing information for good decision making

State of Cancer Report update

The State of Cancer 2020 is one of the Agency's most frequently cited reports, often used by academic researchers and media looking for reliable cancer data sources. The majority of the data presented in the current report only covers the period up to and including 2017.

We are currently drafting a new report using more up-to-date data which we estimate will be available to release in June/July 2025. This project is also considering how we might update the report more frequently or highlight new data as it becomes available. We will provide more information on the report and discuss the release timings with your office.

CanShare

Across New Zealand, cancer data is fragmented and inconsistently captured and stored This reduces the ability to share timely and accurate data across the health system. In response, the Agency is developing CanShare, a national health informatics platform that will share relevant and accurate clinical cancer data in a timely way.

Its core aim is to support clinical and whānau decision-making at the point of care. This work aligns with other key national data initiatives, which will to ensure that our platform is consistent and interoperable. The platform is currently focused on four core data projects:

- **Anti-Cancer Therapies – Nationally Organised Workstreams (ACT-NOW)** a national systemic anti-cancer therapy (SACT) e.g. chemo and other types of therapies, data collection and analytics programme.

- The **Structured pathology** project develops and supports the national adoption of data standards so pathology information can be easily shared for clinical decision-making.

- **National radiation oncology collection (ROC)** a central repository of detailed radiation oncology information to give a better understanding of radiation oncology service delivery (and the ability to identify unwarranted variation), and linear accelerator capacity, utilising, and planning.

- Eighteen **HISO (Health Information Standards Organisation) standards** last year, with more currently in development. These standards ensure data systems can 'talk to each other' and support the vision of a fully interoperable digital health system.

Other outcomes from this work will include advanced analytics capability supporting up-to-date monitoring of cancer care throughout the country

Population insights

Given the stark evidence about the differing cancer outcomes experienced by some population groups, the Agency has quantitative and qualitative work underway to identify and analyse these lived experiences and current inequities. Currently we are focused on Pacific Peoples and disabled people, following earlier work focused on Māori cancer patients. We then collaborate with other health entities to create and embed changes to improve outcomes both for these population groups and the wider health system.

System Performance

We are developing a new system performance strategy that aims to identify the best way to use insights from performance measurement data. This will allow us to:

- Explore cancer-related issues that lack attention
- Understand and identify ways to make improvements.

- Track progress and sharing information, either as an overview (e.g., closing outcome gaps between Māori and non-Māori) or with a specific focus (e.g., how effective a screening program is at catching cancer early).
- Provide access to data that others, like researchers or NGOs, can use to highlight problems or suggest improvements.

The goal is to create ongoing data products that focus on important priorities. These products will use quantitative and qualitative evidence to support improvements in cancer care.

Preparing for the future

Cancer Action Plan Refresh

The New Zealand Cancer Action Plan 2019–2029 (the Plan) was established to improve outcomes for all New Zealanders affected by cancer. The Plan has enabled the Agency, the Ministry, Health New Zealand, the wider cancer sector and all those affected by cancer to collaborate on prioritised areas of work.

December 2024 was the mid-point in delivering the ten-year Plan. In September 2024, Minister Reti requested a refresh of the actions in the Plan, to better focus improvement activity. We expect to engage with key stakeholders in mid-2025 and provide a draft plan for Cabinet to consider in October 2025. It is envisaged that a refresh of the Cancer Action Plan will position whole of health system cancer improvement work within wider health sector planning, and it will be updated for the remaining five years, taking into consideration government priorities.

The 2019-2029 Plan was developed prior to the creation of the Agency and the introduction of the health reforms. Refreshing the Plan will enable us to leverage our role in the current context, driving better cancer outcomes through to December 2029. We have developed a strong “knowledge to action” focus that will be incorporated into the refreshed Plan.

International work

We recognise that to address the challenges of cancer requires collaboration beyond our borders. International partnerships provide vital opportunities to advance our mission to reduce the impact of cancer for New Zealanders. We continue to meet at regular intervals with international partners including the International Agency for Research on Cancer (IRAC), Cancer Australia CE, International Cancer Benchmarking Partnership (ICBP), and the Canadian Partnership against Cancer.

Collaboration with international partners inform us of the latest advancements in cancer prevention, diagnostics, treatment, and survivorship care. These insights support the adoption of evidence-based practices and emerging technologies. Learning from the experiences of other nations helps us adapt proven strategies to the unique needs of New Zeeland’s diverse population, including initiatives focused on better meeting the needs of Māori and Pacific communities.

Te Aho o Te Kahu have partnered with the ICBP to understand and address global workforce challenges. This work will update the cancer survival results comparing performance across jurisdictions. More importantly, it will involve in depth analysis of the drivers of differences in outcomes including access to treatment, patient pathways, inequalities in outcomes, workforce models, among other factors. This work is underway with results expected in stages over the next three-four years. We will keep you informed of the findings of this research as it progresses.

Transforming cancer services

We are currently undertaking a programme of work to drive transformative change and ongoing quality improvement in how cancer treatment services are organised and delivered. This work builds on the recommendations in our *He Mahere Ratonga Mate Pukupuku – Cancer Services Planning report (2022)* and is particularly important given the differences in standards and practices still experienced between and within districts and regions.

This work to date has developed models of care and pathways that describe what optimal cancer care looks like for different cancer treatments and types of cancer. The work is now transitioning into phased implementation by Health New Zealand.

There are five projects within this work programme. Four are focused on the optimal model of service delivery for different cancer treatment types (radiation therapy, systemic anti-cancer treatments, stem cell transplant and complex cancer surgery). The fifth project is developing Optimal Cancer Care Pathways.

Emerging challenges and opportunities

Maintaining a focus on the future of cancer

It is necessary for health agencies to maintain a strong focus on responding to and addressing the urgent gaps and needs of the health care system. At the same time, we must keep an eye on the horizon. Health care in general, but cancer control specifically, continues to undergo rapid advancements in new and emerging treatments and technologies that we need to be ready for. These include:

- Groundbreaking screening approaches (like lung screening and blood-test based screening)
- Expanding roles of genomics testing and precision medicine
- Promising yet disruptive role of Artificial Intelligence
- Increasingly essential role of digital solutions in supporting more complex clinical decisions, care integration, and improved productivity
- New models of organising and delivering cancer care being pioneered internationally

Failing to anticipate and prepare for the implications of these and many other emerging opportunities will inevitably mean undue inefficiencies and avoidable disruption.

The Agency is uniquely well placed – as an entity with a singular focus on cancer and strong links to the international cancer environment – to provide government and the health system with strategic and proactive advice on sustainable cancer care solutions in the face of growing demand and emerging technologies. This capability is reinforced by our robust international linkages and partnerships, our strong relationship with clinicians, NGOS, and industry, and our connections to people with lived experience of cancer.

These factors provide an opportunity for the Agency to lead and drive significant improvement across the cancer continuum while preparing the system to respond to new demands and opportunities.

Advancing new models of cancer care

It is a generally accepted mantra that *“we cannot treat our way out of the cancer burden.”* Responding to short term demand while preparing for a more challenging future requires a balanced focus across the continuum. This includes efforts in prevention, early detection, screening, accurate and timely diagnosis, effective treatment, and comprehensive quality of life supports including palliative care.

But in addition to this balanced approach, we also cannot respond to current and future demands and expectations by doing more of what we’re doing now. We have to work better and smarter. Which is where new models of care and optimal care pathways come in.

Our Cancer Services Planning programme has brought together considerable detailed information about the current and potential future arrangements for the delivery of cancer care. We are now actively engaging Health New Zealand to support their progression of this work by changing how services are designed and care is delivered. A robust approach to the development and implementation of new models of care, supported by a strengthened workforce will give the opportunity for system transformation and improve patient experience and access to services - in line with the wider goals of the health reforms.

We will be pleased to discuss the details and benefits of these new models of care with you when we meet.

Rebalancing the focus towards prevention and early diagnosis

To date, the main focus of our work programme has been on improving cancer treatment services and extending survival. This has been important given the significant expectations of stakeholders, and the level of public concern about access to cancer treatment. However, we also recognise the substantial opportunity to reduce cancer incidence and improve cancer outcomes is by having a greater focus on cancer prevention, early detection, and diagnosis.

The completion of our 2022 Cancer Prevention Report in February 2022 highlights where cancer prevention efforts can be strengthened. It aims to help shape policies that will prevent cancers, as well as other conditions for the people across Aotearoa New Zealand. The report focuses on six key areas: tobacco, alcohol, poor nutrition and excess body weight, insufficient physical activity, excessive exposure to ultraviolet radiation and chronic infections.

The Public Health Agency within Ministry of Health provides us with the crucial partner to advance this work. We will work to support initiatives to minimise and prevent the incidence of cancer, and to bring a cancer perspective to all relevant prevention activities.

We are also scoping potential ways to improve early diagnosis of cancer through more effective role for primary care and community diagnostics. This pathway is often difficult for patients and whānau, in many cases due to a shock cancer diagnosis via the emergency department or other unplanned hospital admissions. Our work in this area will include a programme of initiatives that support primary and community care organisations to help improve the pathway from symptom detection to definitive diagnosis.

Appendix one: The current state of cancer in New Zealand

A more comprehensive 'snapshot' of the most recent data available on cancer incidence and mortality is available on the Health New Zealand website https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/cancer/data-web-tool#cancer-web-tool

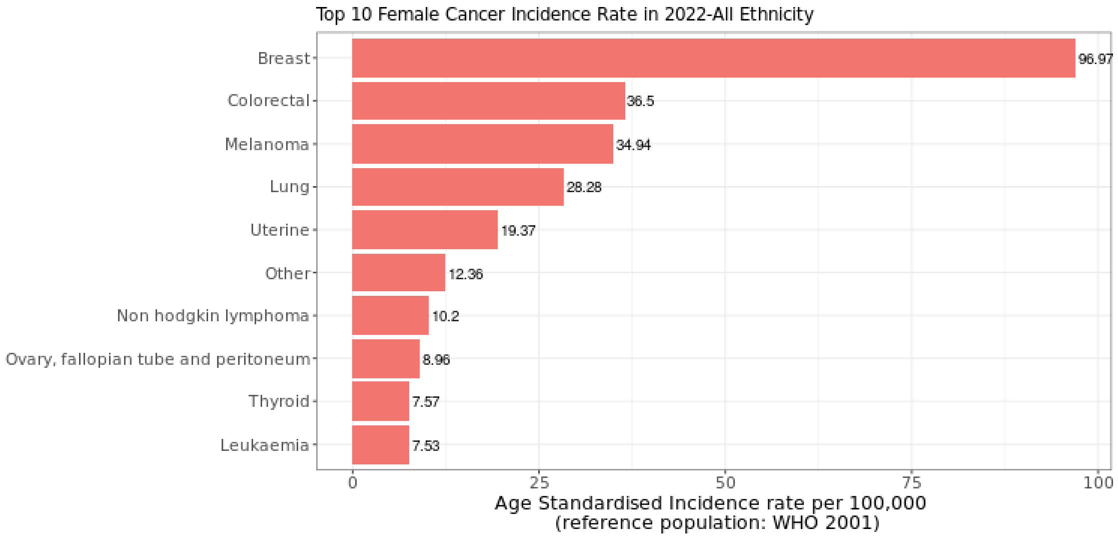
Data for the incidence and mortality figures came from the New Zealand Cancer Registry and Mortality collection, managed by Health New Zealand.

Cancer registrations, 2022

In 2022, there were over 28,000 new cancer registrations in Aotearoa New Zealand, with an overall age standardised rate of 338.6 registrations per 100,000 population. Males had a higher incidence rate (360.4 per 100,000) than females (324.7 per 100,000).

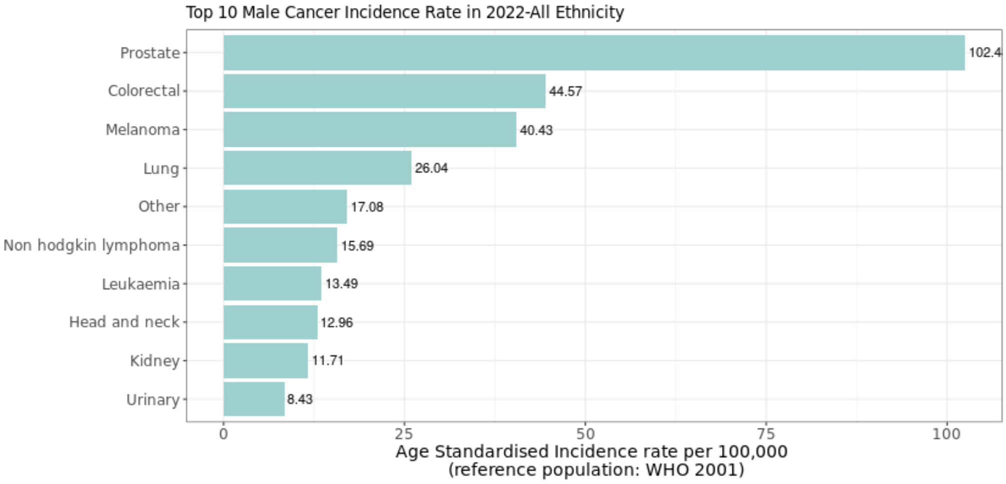
Incidence rate of top 10 cancer for female in 2022

Cancer registration numbers for females were the highest in the following cancer types: breast (around 3,700), colorectal (around 1,700) and melanoma (around 1,400).



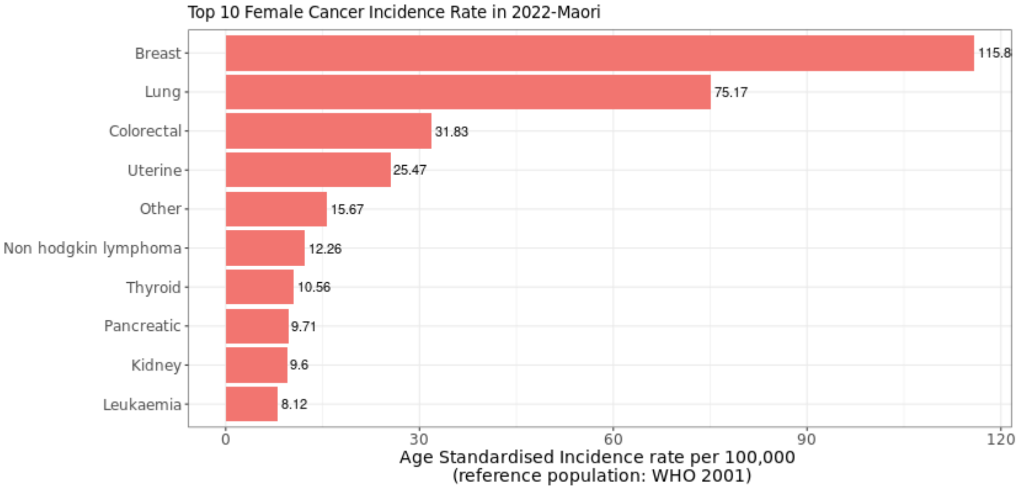
Incident rate of top 10 cancers for males in 2022

In 2022, cancer registration numbers for males were the highest in the following cancer types: prostate (around 4,400), colorectal (around 1,900) and melanoma (around 1,700).

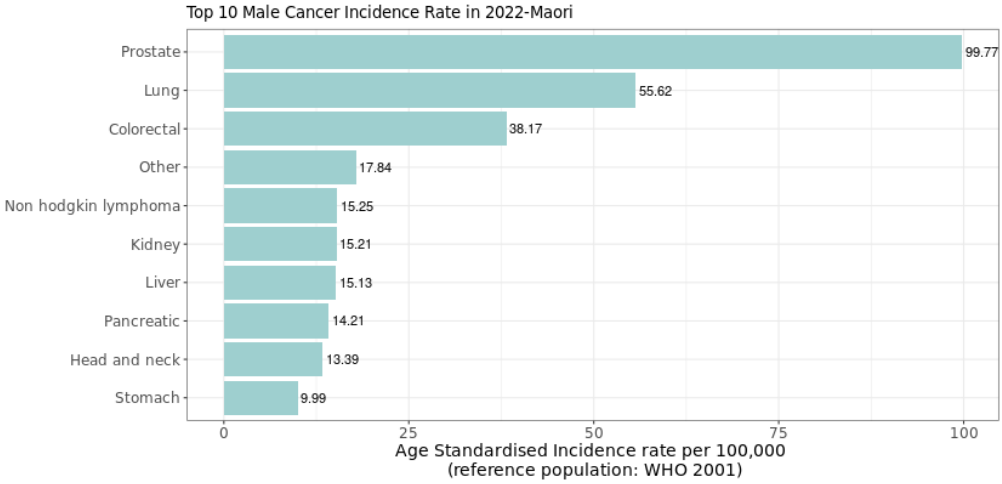


Incidence rate of cancer for Māori by sex in 2022

Breast (around 510), lung (around 330) and colorectal (around 140) were the most common cancer types for wāhine Māori.



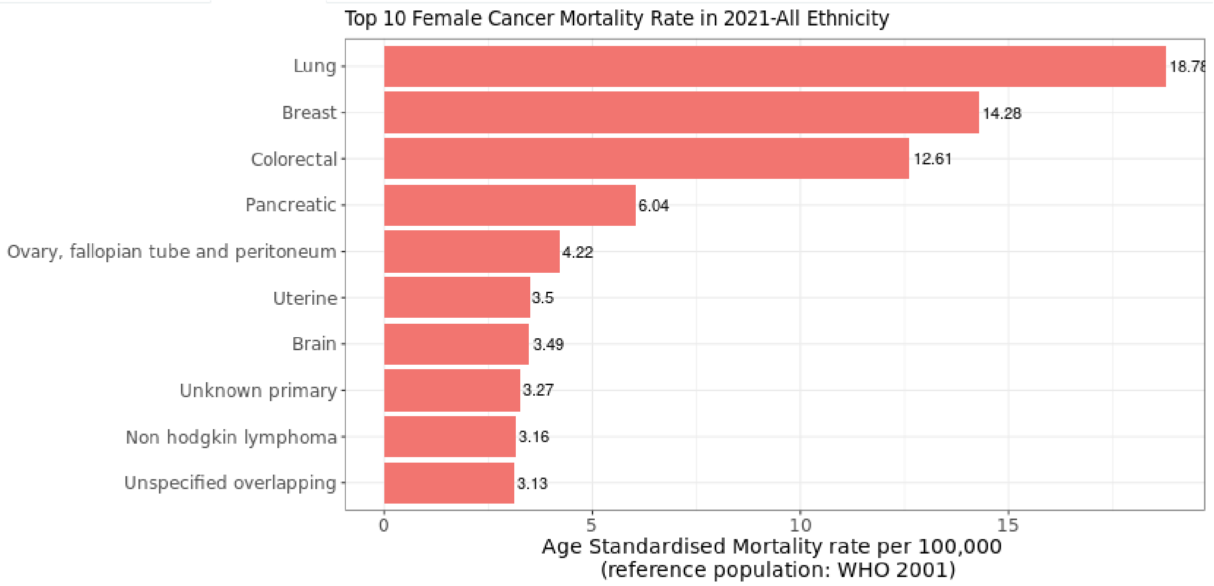
Prostate (around 390), lung (around 210) and colorectal (around 150) were the most common cancer for tāne Māori.



Cancer deaths, 2021

In 2021, there were over 10,500 cancer deaths in Aotearoa New Zealand, with an overall age standardised rate of 110.6 deaths per 100,000 population. Men had a higher cancer mortality (125 per 100,000) than women (99.8 per 100,000).

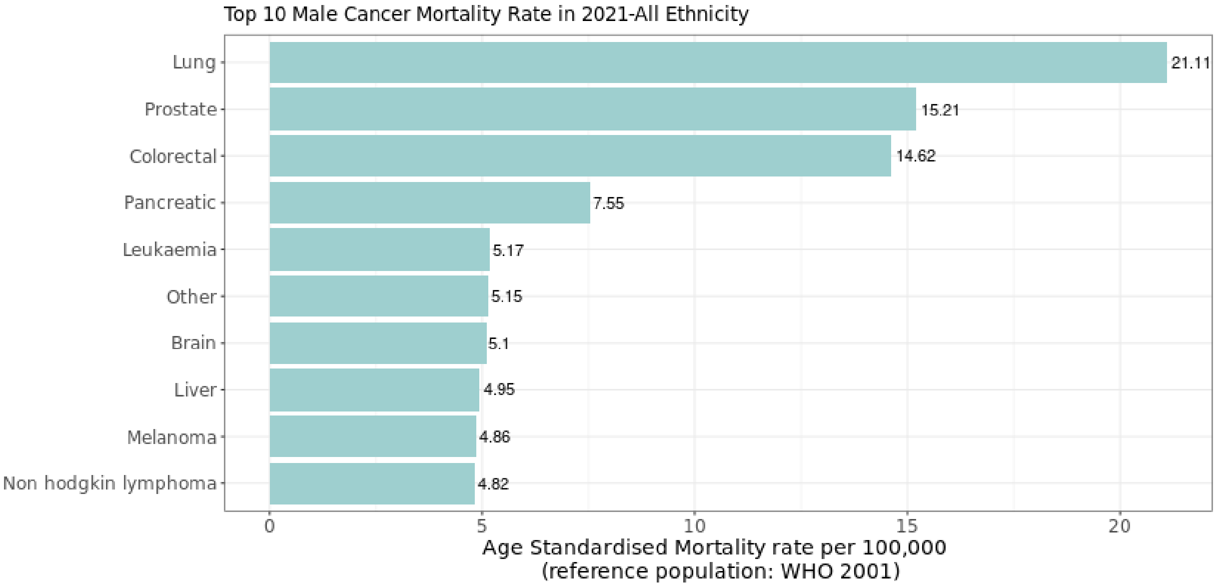
Mortality rate of top 10 cancers for females in 2021



Lung (around 920), colorectal (around 670) and breast (around 660) were the most common cancers causing death for New Zealand women.

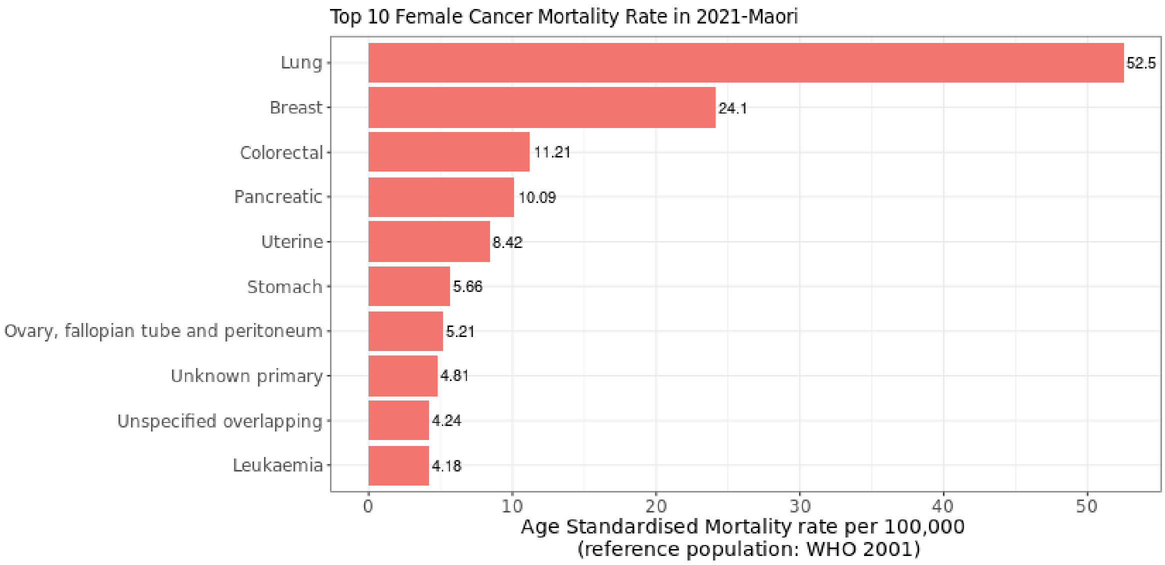
Mortality rate of top 10 cancers for males in 2021

Lung (around 940), prostate (around 770) and colorectal (around 650) were the most common cancers causing death for New Zealand males.

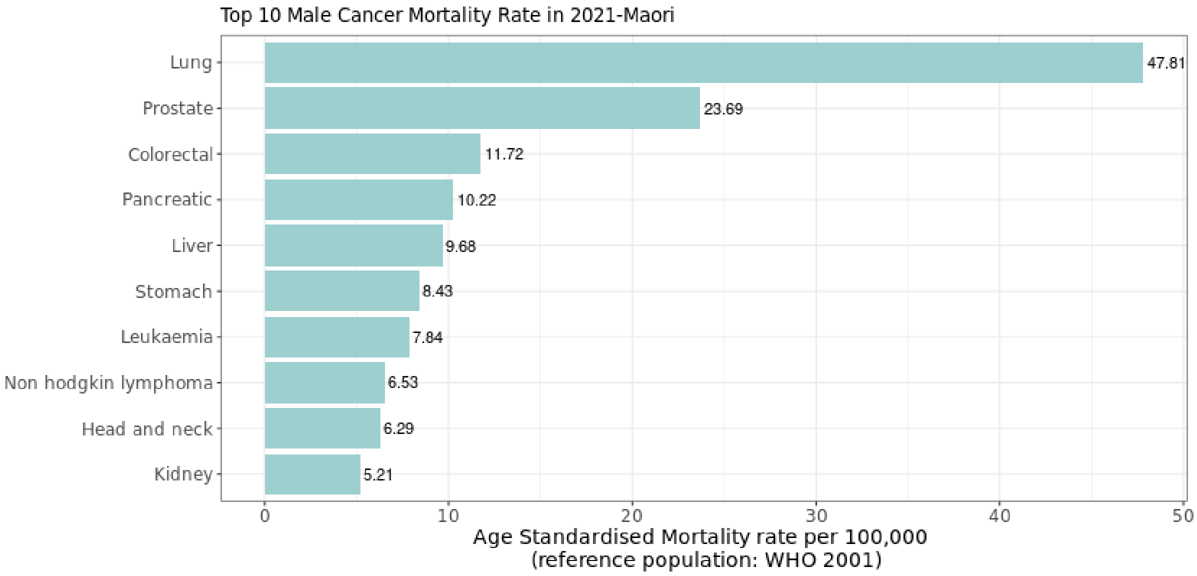


Mortality rate of cancer for Māori by sex in 2021

Lung (around 220), breast (around 100) and colorectal (around 50) cancers were the most common cancers causing death for wāhine Māori.

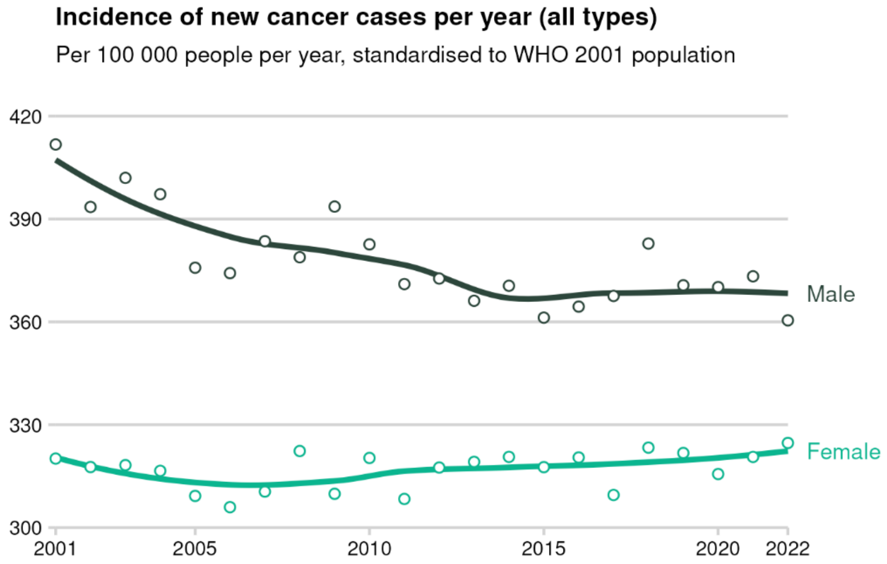


Lung (around 180), prostate (around 70) and colorectal (around 40) were also the most common cancers causing death for tāne Māori.



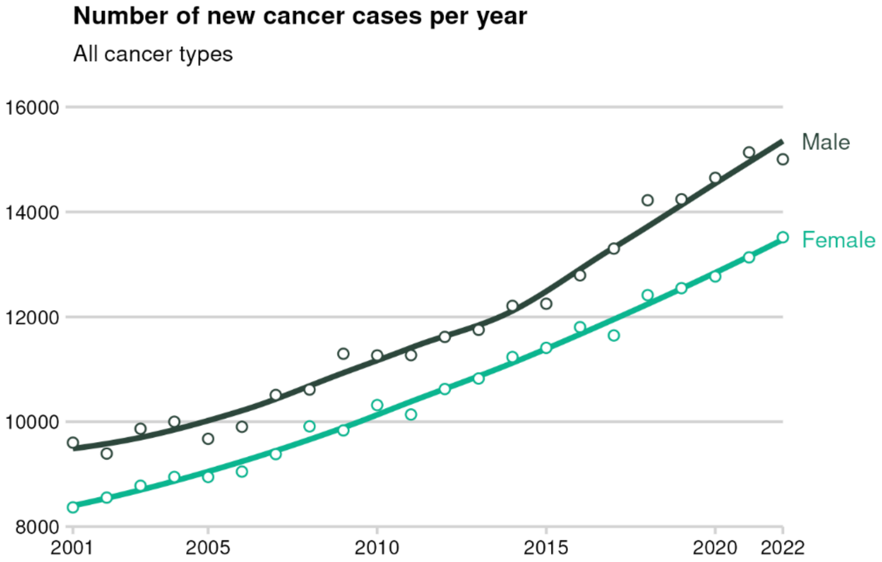
Rate of new cancers over time for all New Zealanders by sex

Incidence



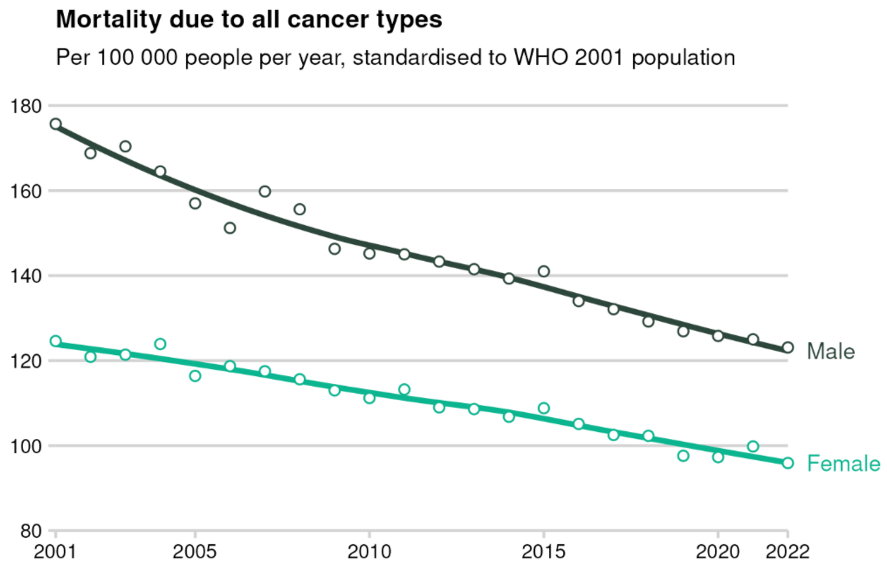
The incidence of cancer has fallen for men over the last two decades (by around 12%) while remaining relatively stable for women. The incidence rate is the number of cases per 100,000 people, standardised to the World Health Organisation 2001 standard population. The value of standardising like this is that it corrects for the ageing of the population that occurred over the time period.

Total number of cases



The absolute number of cases has nonetheless increased substantially (by around 51% in women and 56% in men). Because the underlying incidence rate has declined or remained stable, this increase in total numbers is largely driven by the increased size of the population and the growing proportion of people in the older age ranges. That is, although the risk of cancer has fallen for men and remained stable in women, there are many more people who are at risk of due to the larger, older population. The absolute count of cases is of value because it reflects the total burden placed upon society and the health system.

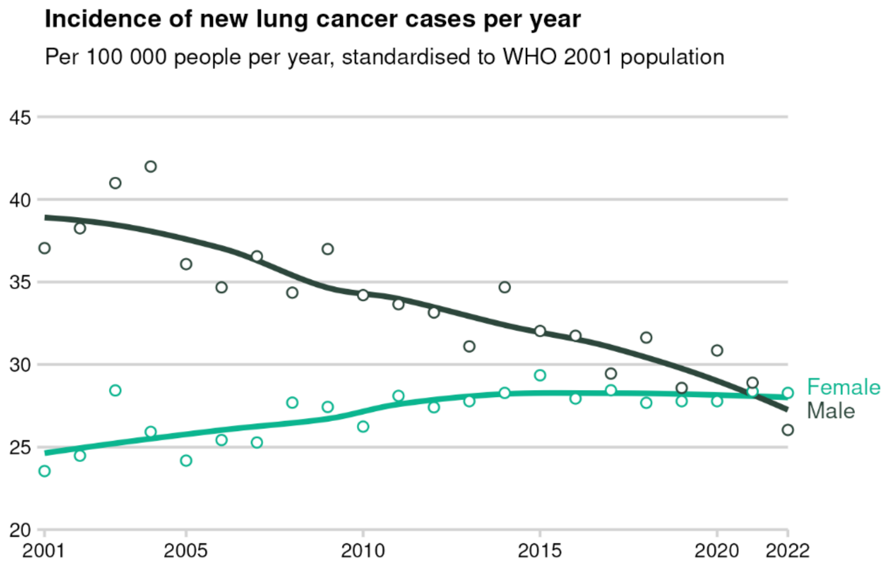
Mortality



The mortality rate (per 100,000 people per year) has declined steadily over the last two decades (by around 23% for women and 30% for men).

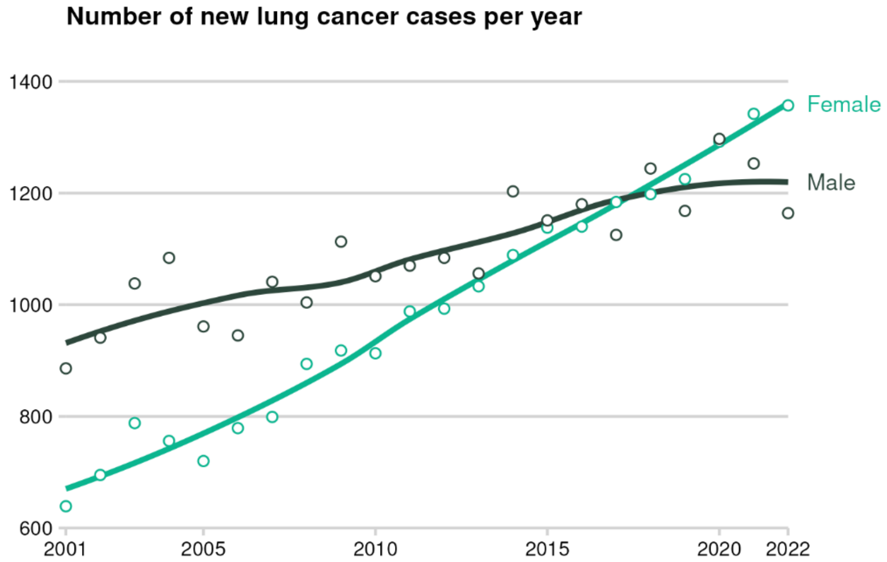
Rate of lung cancer over time for all New Zealanders by sex

Incidence



The incidence of lung cancer has declined substantially in men (by about 30%) but risen in women (by about 20%).

Total number of cases



Women have now overtaken men in the total number of lung cancer cases per year (with the number of cases increasing by approximately 112% vs 31% respectively).

Appendix two: Our leaders and organisational structure

Chief Executive | Tumuaki – Rami Rahal

Rami has over 30 years' experience of health system leadership, with a particular focus on improving cancer outcomes. For the last 12 years, Rami has held senior leadership roles at the Canadian Partnership Against Cancer (Canada's national cancer agency), most recently Vice President, Cancer Systems, Performance and Innovation. In this role, Rami was responsible for implementing large scale cancer policy, planning and research projects. He was appointed as Chief Executive in June 2023.

Deputy Chief Executive | Tumu Tuarua – Nicola Hill

Nicola has been General Manager at the Agency since 2019, and for the 2022/23 year, Nicola was the Agency's Acting Chief Executive. Nicola has 17 years' experience at the Ministry of Health, including periods advising the Director-General of Health and as Acting Group Manager of the Health System Strategy Group in the Strategy and Policy Directorate.

Director, Equity and Whanau-centred care | Te Taurite meto whānau – Sasha Webb

Sasha has spent 20 years working with public, private, and not-for-profit organisations and has a background in communications and systems change. She joined in 2020 as Kaiwhakahaere Kaupapa Mana Taurite | Senior Project Manager Equity before moving into the role of Equity Director in April 2024.

Group Manager, Programmes | Te Mana Whakahaere Hootaka – Hamish More

Hamish joined the Agency to provide oversight, system shifts, and greater alignment of our work programmes and projects. Prior to this, he held a range of senior leadership roles across the government and private sectors, including the Ministry for the Environment, Fire & Emergency New Zealand, Department of Conservation, Hewlett Packard, PricewaterhouseCoopers, and managing his consulting agency.

Chief Advisor | Tumu Kaupapa – Dawn Wilson

Dawn joined the Ministry of Health in 2015 where she first worked in the Addictions team as a Senior Project Manager, before taking on the role of Manager, Cancer Services in April 2017.

In early 2020, Dawn supported the Cancer Services team to transition to new roles in the Agency and took up her current position.

Chief Advisor Surgical | Tumu Haumanu – Dr Elizabeth Dennett

Liz is a specialist general and colorectal surgeon and, in addition to her clinical practice, she is an Associate Professor of Surgery at Otago University. She was the first New Zealand female general surgeon appointed to the Court of Examiners RACS. Liz joined the Agency in 2020 as Clinical Director.

Chief Advisor Māori | Tākai Aronui – Te Miri Rangi

Te Miri (Ngāti Tūwharetoa, Te Arawa, Ngāti Raukawa) provides strategic leadership to the Aagency so that Te Tiriti o Waitangi and the aspirations of whānau Māori are at the heart of cancer care in Aotearoa. His role involves collaborating with iwi, Māori health leaders, and clinical partners to drive health equity and improve outcomes for tangata whenua.

Our teams

Equity and Person and Whānau-centred Care supports cancer care and support services to ensure they are designed and delivered in a person and whānau-centred way. They provide advice across the Agency on the development and delivery of equitable cancer approaches aimed at reducing the inequities that Māori and Pacific peoples, people who live rurally, and disabled people experience. This team is led by Sasha (see above).

Knowledge Translation and Implementation provides broad clinical capability to inform the work of the Agency and progress the goals of fewer cancers, better survival, and equity for all. They are led by Bridget Kerkin. She has extensive experience working in the health sector as a midwife, lecturer and most recently in the Health New Zealand Healthy Ageing Team.

System Performance and Innovation is focused on understanding and working with cancer care providers on areas where unwarranted variation is present and quality improvement is needed. They support improvement efforts, alongside effective measurement of change. This team is led by Gabrielle Nicholson, who has worked in health system and healthcare process QI, both in New Zealand and overseas, since 2008.

Data and Analytics leads the implementation of an integrated approach to collecting and analysing cancer data. They produce high quality and actionable intelligence to inform planning, quality improvement and monitoring activities across the cancer sector – improving equitable cancer outcomes for all New Zealanders.

The team is led by Manager, Dr John Fountain, with Team Lead Analytics, Michelle Liu.

Our Wellington office is supported by **four regional hubs** in Auckland, Hamilton, Palmerston North, and Christchurch. The hubs engage across the sector at a regional level and support the delivery of our national work programme. They focus on system improvement across the four regions, with Regional Hub Managers reporting to the Deputy Chief Executive.

From left to right on the next page: Heather Walker, Northern Hub Manager; Jan Smith, Te Manawa Taki Hub Manager; Janfrey Doak, Acting Southern Hub Manager and Tim Dunn, Acting Central Hub Manager (not pictured).