

Agenda

National Bowel Cancer Working Group

Date: 24 June 2021

Time: 09:00 to 12:00

Location: Zoom meeting:

<https://us02web.zoom.us/j/83333083185?pwd=VlVUakRVVWZveFZUampVQzd3T0Y4dz09>

Meeting ID: 833 3308 3185

Passcode: 153122

Chair: Ian Bissett

Attendees: Anne Cleland, Ben Lawrence, Denise Robbins, Justin Hegarty, Marianne Lill (tent), Masato Yozu, Nina Scott, Ralph van Dalen, Janet Hayward

From Te Aho o Te Kahu, Cancer Control Agency: Diana Sarfati (agenda item 3), Jane Dancer (agenda item 3), Helen Stobba (agenda item 3), Gabrielle Nicholson, Rachael Neumann, Ruth Pirie (agenda item 6)

From Ministry of Health: Susan Parry (from 9-10am)

Other: Elaine Edwards (Secretariat)

Apologies: David Vernon, Iain Ward, Teresa Chalmers-Watson, Siraj Rajaratnam, John McMenamin

Time	Item	Presenter	Purpose
9:00	1. Welcome and introductions	Ian Bissett	<i>For information</i>
9:05	2. Review of <ul style="list-style-type: none"> • Draft minutes from 18 March 2021 • Conflicts of interest register • Action register 	Ian Bissett	<i>For discussion</i>
9:15	3. Te Aho o Te Kahu update re Cancer Services Planning	Di Sarfati, Jane Dancer and Helen Stobba	<i>For discussion</i>
9:35	4. New TOR etc for NBCWG	Gabrielle Nicholson	<i>For discussion and endorsement</i>
9.50	5. Bowel screening programme update	Susan Parry	<i>For information</i>
10:00	Break	N/A	N/A
10:05	6. Bowel cancer QPI recalculations	Gabrielle Nicholson, Ruth Pirie	<i>For discussion and endorsement</i>
11.00	Break	N/A	N/A
11.05	7. Regional updates	Shared	<i>For information</i>
11:20	8. FIT in symptomatic patients - brief update <ul style="list-style-type: none"> - Letter with brief for Waikato DHB CEO - HDEC Chair letter April 	Ian Bissett	<i>For information</i>

11.30	9. Rectal cancer treatment options brief update	Ben Lawrence	<i>For information</i>
11.40	10. Review standards for MDM discussion for CRC	Ian Bissett	<i>For information</i>
11.50	11. Other business	Ian Bissett	<i>For information</i>
12:00	Meeting closed	N/A	N/A

National Bowel Cancer Working Group (NBCWG)

Minutes of the Meeting on Thursday 18 March 2021

By Zoom Video Conference

Chair:	Ian Bissett
Attendees:	Ben Lawrence, David Vernon, Iain Ward, Marianne Lill, Masato Yozu, Nina Scott, Teresa Chalmers-Watson
Te Aho o Te Kahu and other Attendees:	<u>Te Aho o Te Kahu:</u> Diana Sarfati, Gabrielle Nicholson, Elizabeth Dennett, John Fountain, Ruth Pirie, Jan Smith <u>Ministry of Health:</u> Susan Parry <u>Other:</u> Sally Fitzgerald (Secretariat)
Apologies:	Siraj Rajaratnam, Dawn Wilson, Suzanne Beuker, Janet Hayward, John McMenamin. Anne Cleland, Justin Hegarty, Denise Robbins, Ralph van Dalen

The meeting opened at 9:00am.

1. Welcome and Apologies

The Chair welcomed everyone and the apologies were noted. Introductions were made to Elizabeth Dennett, CD of Te Aho o Te Kahu and Gabrielle Nicholson, Manager, Treatment Quality and Standardisation.

2. Conflicts of Interest, Minutes, Actions

The conflicts register was received and noted.

The Minutes of the meeting held on 9 December 2020 were accepted as a true and correct record.

Action Register: The Action Register was reviewed. All actions were complete/progressing. Completed actions were removed from the register.

3. Te Aho o Te Kahu - Programme Prioritisation

Gabrielle Nicholson provided an overview of the plan for prioritisation. The key points were as follows:

- Recruitment is underway however there are still roles to fill within the Treatment Quality and Standardisation team.
- Planning to complete QPIs for 11 tumour streams by end of 2022. Focus on quality indicators that are national.
 - Bowel QPIs to be recalculated (see discussion section 6) timeline end of June 2021. Priority order will be given to address equity issues.
- Lung monitoring report published. Draft prostate report circulated. Forum in Wellington on 8 April 2021 to review lung and prostate QPIs, finalise the prostate report and produce action plans.
- Post June 2021, QPI review for remaining tumour streams will commence.

Susan Parry joined the meeting at this point.

NBCWG going forward

Discussion was held on the role of the NBCWG going forward:

- It was noted that Te Aho o Te Kahu manage 21 working or advisory groups.

- Targeting careful prioritisation of future work to be completed, including supporting equity.
- Di Sarfati commended the NBCWG for being a particularly productive and functional group.
- Gabrielle Nicolson suggested NBCWG to go into hiatus mode once the bowel QPIs have been recalculated, potentially moving to annual meetings.
- A group member suggested the use of online platforms for alternate communication.
- The Chair noted the current work undertaken by the NBCWG, including but not limited to:
 - Post treatment surveillance guidance
 - FIT in symptomatic patients project
 - Rectal cancer treatment options (lead by Ben Lawrence)
- A group member suggested meeting 6 monthly with possible shorter meetings in order to progress this current work. Emphasis on completing projects and handing them on.
- Susan Parry indicated the work programme, publications and support of the NBCWG have been and remain invaluable in rolling out of the National bowel screening programme. She strongly supported the group continuing to meet 6 monthly. When treatment data about re polyp cancers is available Susan would like to be able to reach out to the NBCWG for advice and input on that data.
- Questions whether we look at shared ownership. The Chair questioned a possibility of a new Chair.

4. Regional Chairs Update

Northern Region Update (Siraj/Masato):

- Northern Region Bowel Cancer Tumour Stream met on 5th March 2021 for the first time this year.
- Juliet Ireland introduced herself as the Interim Northern Regional Hub Manager for Te Aho o Te Kahu, Cancer Control Agency. The BCTS is now “looked after” by TAoTK rather than the NRA.
- Colorectal cancer surveillance: The Northern Region DHBs are keen to have national guidelines for this and agree with what Ralph van Dalen has proposed so far.
- Bowel Cancer QPIs: awaiting 2-year update with interest. Hopeful that TAoTK will help resource a regional quality improvement project.
- NBSP – ADHB has started and going well. NDHB due August 2021. CMDHB & WDHB no issues.
- CTC – ongoing underutilisation, though radiology capacity has increased significantly. DHBs are looking at ways to increase utilisation especially in view of P2 colonoscopy backlog due to Covid.

Te Manawa Taki (Midland) Region Update (Jan Smith)

- Lakes is reviewing post 2-year results.
- Developed regional quality improvement plans.
- Each DHB is running a local cancer improvement group which are meeting monthly, then quarterly with lead CE.
- MDM IT solution has gone live in Waikato for colorectal. Lakes and BOP are WIP.

David Vernon presented first screening report in over 2 years, initial results are somewhat positive. 45 cancers, of which 35 are stage 0-2.

Action: The Chair has requested the Lakes screening report be circulated (David Vernon)

Central Region:

- FIT for symptomatic patients study was discussed. CMDHB, WDHB, NDHB indicated their interest in finding out more. At this time ADHB are not interested.

Southern Region: No update.

Action: Circulate an update from Nicholas Glubb, the South Island Regional Hub Manager (Secretariat / Gabrielle Nicholson).

Equity of colonoscopy access (Marianne Lill):

Equity of colonoscopy access article was published. Plan to meet with local Iwi leaders and devise strategies to put an intervention bundle in place. Found age adjusted rates for Māori versus non-Māori were 50% below average, focus on getting people to colonoscopy is the issue.

Action: Nina and Marianne to meet offline to discuss which Māori Gastro leads to converse with regarding Māori intervention bundle.

Note: the Equity of colonoscopy access article was circulated post meeting.

5. Bowel Screening Programme

Susan Parry gave an update on the Bowel Screening Programme, key points were as follows:

- Bowel screening programme has constant challenges, currently rolled out to 15 DHBs, 70% of the population are eligible for the programme.
- Completed over 10,000 colonoscopies in bowel screening programme. Colonoscopy demand up by one fifth.
- Found 839 cancers, of which 35% are stage 1 and 25% stage 2.
- Taranaki, Bay of Plenty, West Coast and Northland would be the final DHBs to roll out and the most challenging. Remaining work in Auckland, Capital Coast scheduled to go live in April 2021.
- Late establishment day in Northland, visited Kaitaia.
- Teresa Chalmers-Watson updated the group on the challenges of the BSR rollout, notably the amount of glitches which have been mitigated by running a separate spreadsheet. Working with Ministry to correct problems. Rolled out 1220 colonoscopies finding 15 cancers so far.
- Desire to lower the age range which has been communicated to the Health Minister. Equity of participation remains a concern, although some DHBs have equitable participation using the current service model.
- Working to see if hand distribution of kits will help achieve the desired 80% participation.
- Kit redesign got pushed back due to Covid. Covid also created a backlog.
- Post colonoscopy interval rates and issues communicated back to DHB clinical leads
- Support groups. Endoscopy group to move to an advisory group to the screening group, NQUIP re homed and re-contracted to Canterbury.
- Letters to CEOs and COOs monitoring those waiting over maximum.
- Data including complication rates will be published in the future.

6. Revising colonoscopy surveillance recommendations for Category 2 FH

Susan Parry and Teresa Chalmers-Watson gave an update on revising colonoscopy surveillance recommendations for Category 2 FH, key points were as follows:

- Polyp surveillance guidelines require an update due to pressure on colonoscopy cancer post Covid.
- The current surveillance guidelines were published in 2008, thorough for familial history. In 2012 the polyp components were increased, family history remained unchanged. Recommendation remained the same for people having a colonoscopy based on family history only (not polyps).
- Overseas countries, notably Great Britain, have updated their guidelines.

- NBCWG agreed that advice should be issued by a sub group who reports to the Familial Service but is represented by the NBCWG. Possible attendees are David Vernon, Marianne Lill, Teresa Chalmers-Watson, Susan Parry, Ben Griffiths, Julie, 2 surgeons, 2 gastro.
- David Vernon offered to be part of the literature review.

Action: Gabrielle Nicholson to organise a meeting with Susan Parry, Ian Bissett, Di Safarti and Cathy to discuss a sub-group.

Susan Parry left the meeting at this point.

BSAG meeting update (Nina Scott)

- One recommendation implemented so far. The National Māori Bowel Screening Group in early stages.
- Māori lead role work in progress. Reflective of issues of participation.
- Meeting with National Screening Unit to progress.
- Desire to decrease age range for Māori and Pasifka once roll out has completed.

Action: Nina Scott to progress the meeting with The Nation Screening Unit and report back to the Chair.

7. QPI recalculation

Ruth Pirie joined the meeting and gave an overview of the Te Aho o Te Kahu Cancer Care Data Explorer at www.teaho.govt.nz/reports/data/tools.

- Discussion on how best to present the recalculated QPIs. Suggestion of targeted individually tailored letters to the DHBs to clarify next steps.
- Gabrielle Nicholson suggested a sub-group meeting to discuss the Bowel QPIs.

Action: Gabrielle Nicholson to set up sub-group to meet fortnightly for up to an hour to discuss QPIs

8. Data, Monitoring and Reporting update

John Fountain joined the meeting and shared a presentation outlining work of the Data Monitoring and Reporting team in regard to the Cancer Action Plan. Summary of the feedback on the presentation was as follows:

- Group member is positive about this work.
- John Fountain stated that buy-in is needed from the surgeons.
- Group member queried if triple entry multiple systems is required. John noted intent is entering the information once and the information is shared throughout the ecosystem.
- Group member asked how the new system will address laboratory requirements for a physical form. John noted this is being worked through with the Lung Pilot.
- Aiming to finish Lung at end of July. Then will reach out to colorectal area.

The Chair thanked John. John Fountain left the meeting at this point.

9. FIT In Symptomatic Patients – Pilot Study

The Chair gave a presentation regarding the Whanganui pilot. The key discussion points are as follows:

- Marianne Lill noted the complexity of delivering this project. Approximately 30 hours of manual effort required per patient.
- 50% return rate was expected (reluctant to pursue the patients).

- Low Māori participation. One of the Māori selected that didn't participate may have felt pursued by the questioning. Need to get input for how to make it work better for Māori, maybe send kits to more Māori than non-Māori to ensure adequate Māori numbers to assess participating rates.
- Possibility of confusion between this pilot and the National Bowel Screening programme.
- Steering group for FIT for Symptomatic has met. Question whether the project is feasible, looking to automation.
- Possibility of finding a larger DHB to help. Some clinicians think it shouldn't happen as a pilot but with consent forms. Group member noted there might be much lower participation with formal route. Diana Sarfati to approach ethics committee to query if this should be a formal study.
- Chair noted process is under review. He will provide further feedback at subsequent meetings.

Action: Diana Sarfati to approach ethics committee to query if the Pilot should be a formal study.

Note: report was circulated to NBCWG post meeting.

10. Rectal Cancer Treatment Options with Bhusal SubGroup

Ben Lawrence had been monitoring three interesting studies which could potentially change how rectal cancer is treated and gave a presentation. Key points were as follows:

- OPRA trial - avoidance of resection of rectal cancer. Addition of 4 months chemotherapy to avoid operating, 60% surgery free at 3 years.
- RAPIDO Trial was looking at delivering chemotherapy early at high risk of distant metastases (adjuvant window concept). Found to be lower rates of relapse.
- Neither trial has a difference in overall life expectancy. Only 3 years of data available.
- Treatment is changing. Risk of regional inequity.
- PRORIDGE 23 is another study of interest.
- Suggest new QPI as 'TME-free' or 'Pre-surgical chemo'.
- Chair noted Auckland region and Christchurch has already begun the change in treatment.
- Regarding quality QPIs. Further thought required around the denominator for Stoma-free survival.

Action: Elizabeth Dennett to provide direction for updating the treatment advice. "Guidance from latest evidence" was suggested to indicate this treatment is an acceptable option.

11. Date of Next Meeting

Wednesday 9 June 2021 (Zoom 9-12).

The meeting closed at 12:05pm.

NBCWG - Register of other Member Directorships & Other Roles (June 2021)

No.	Member	Organisation	Role	Date last Updated
1.	Ian Bissett	ADHB	Consultant General and Colorectal Surgeon	December 2019
		University of Auckland	Professor	December 2020
		Insides Company	Chief Medical Officer	December 2020
2.	Anne Cleland	MidCentral Health	Clinical Nurse Manager for Bowel Screening	December 2019
		New Zealand Nurses Organisation Gastroenterology Section (NZNOGNS)	Member	January 2018
3.	Denise Robbins	Central Cancer Network	Consumer Member	January 2018
4.	David Vernon	Lakes DHB	Chair Endoscopy Users Group	December 2019
		Lakes DHB	Clinical Lead for Bowel Screening	December 2020
		Private Practice	Colonoscopies	December 2019
		Ministry of Health	Member of Gen Surg Elective Prioritisation Working Group	December 2019
5.	Iain Ward	Canterbury DHB	Radiation oncologist	January 2018
		St George's Cancer Care Centre, Christchurch	Radiation oncologist	January 2018
		RANZCR Radiation Oncology Quality Improvement Committee	Member	December 2018
		RANZCR New Zealand Radiation Oncology Executive	Member	December 2018
6.	Janet Hayward	PHARMAC Rheumatology subcommittee of PTAC	Member	March 2018
		Nelson Marlborough DHB steering group NBSP	Primary care Lead	July 2018
		BSAG	Member	July 2019
		National Pancreatic Cancer Working Group	Member	July 2020
7.	Joe Feltham	Pacific Radiology Ltd and CCDHB	Radiologist	June 2019
		RANZCR	NZ branch committee member and CPD representative	January 2018
		ARGANZ	Deputy Chairman	January 2018
8.	John McMenemy	MoH, BSAG	GP/Primary Care Lead	February 2018
		Whanganui DHB NBSP steering group	Primary Care Advisor	February 2018
		Whanganui Regional Health Network Clinical Governance	Chair	February 2018
9.	Marianne Lill	Whanganui DHB	Consultant General Surgeon, Endoscopy lead	March 2018
		Whanganui DHB NBSP steering group	Hospital clinical lead	March 2018
		NZ Conjoint Committee for Recognition of Training in	Chairperson	March 2018

		Gastrointestinal Endoscopy (NZCCRTGE)		
		Endoscopy Governance Group New Zealand (EGGNZ)	NZCCRTGE representative, chairperson of certification/recertification advisory subcommittee	March 2018
		RACS Surgical Gastrointestinal Endoscopy Committee	NZAGS representative	March 2018
		NZ Society for Gastroenterology	Member (newly joined)	March 2018
		NZAGS training committee	Whanganui surgical training supervisor	March 2018
10.	Masato Yozu	CMDHB	Anatomical pathology consultant	January 2019
		Australasian Gastrointestinal Pathology Society	Former president, Member	January 2019
		Northern Region Bowel Cancer Tumour Stream	Member	January 2019
		Bowel Screening Histopathology Subgroup	Member	January 2019
11.	Nina Scott	Hei Ahuru Mowai – National Maori Cancer Leadership Group and Hei Paa Harakeke – Midland Maori Cancer Leadership Group	Chair	February 2018
		Waikato DHB	Public Health Physician	February 2018
		Research – National Science Challenge – He Pikinga Waiora – making interventions work for Maori communities, Health Research Council – Harti Hauora Tamariki – Whanau Ora care for hospitalised tamariki.	Principal Investigator	February 2018
		Cancer Control Agency	Cancer Control Agency Council	December 2019
12.	Ralph Van Dalen	Waikato DHB	Consultant General and Colorectal Surgeon	January 2018
		Braemar Hospital	Trustee Braemar Hospital Trust	January 2018
13.	Siraj Rajaratnam	Waitemata DHB	Consultant colorectal and general surgeon	March 2018
		Waitemata DHB	Clinical Director, General Surgery	
		Waitemata Endoscopy (Private provider)	Shareholder	
14.	Teresa Chalmers-Watson	Canterbury DHB	Consultant Gastroenterologist and Hepatologist	December 2019
		Canterbury DHB	Consultant Gastroenterologist Bowel Screening Clinical Lead (effective 2020)	December 2019
15.	Ben Lawrence	Northern Regional Cancer and Blood Service (ADHB)	Medical Oncologist. Chair National NET MDM.	Jan 2020
		Ministry of Health	Tumour Stream Working Group - Neuroendocrine Lead	Jan 2020
		Australasian Gastrointestinal Trials Group	Convenor ASM 2022. Translational Subcommittee.	Oct 2020
		NZ Society for Oncology	Member. Past-President.	Jan 2020
		Head of Discipline of Oncology, Faculty of Medical and Health Sciences, University of Auckland	Senior Lecturer	Oct 2020
		Cancer Society of Auckland and Northland	Board Member	Oct 2020

16.	Justin Hegarty	Canterbury District Health Board	Radiologist	Jan 2020
		Pacific Radiology Canterbury	Radiologist	Jan 2020

The purpose of this register is to ensure transparency by identifying members other roles and responsibilities within organisations that have a mandate that could (or maybe perceived to) align, overlap or conflict with the function of the National Bowel Cancer Working Group.

Note: when group members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the Group's functions, they must declare a conflict of interest and withdraw themselves from the discussion and/or activity. The Group will then decide what part the member may take in any relevant discussion.

National Bowel Cancer Working Group - Action Points Register as at March 2021

No.	Action Point	Date Raised	Lead	Status
105	<u>Peritonectomy and HIPEC surgery at Waikato DHB matters.</u> 9 Dec Update: An MDM was now taking place every Wednesday morning from 7am (via Zoom). NBCWG members were invited to participate as necessary.	December 2019	Ralph Van Dalen and Ian Bisset	Progressing
116	<u>FIT in Symptomatic Patients:</u> Susan Parry to forward the 4 December NMJ editorial (Dr Brian Cox and ????) to the NBCWG for information.	Dec 2020	Susan Parry	
117	<u>Potential to Standardise the CRC Follow Up Process:</u> Ralph to present an update to the next meeting including focus on GP involvement, difference between 1 and 3 yr. colonoscopy follow up data and the holistic model.	Dec 2020	Ralph van Dalen	Progressing
119	<u>Te Manawa Taki (Midland) Region Update:</u> Circulate the Lakes screening report.	March 2021	David Vernon	
120	<u>Southern Region update:</u> Circulate an update from Nicholas Glubb, the South Island Regional Hub Manager.	March 2021	Secretariat / Gabrielle Nicholson	
121	<u>Equity of colonoscopy access:</u> Nina and Marianne to meet offline to discuss which Maori Gastro leads to converse with regarding Maori intervention bundle.	March 2021	Nina Scott / Marianne Lill	
122	<u>Revising colonoscopy surveillance recommendations for Category 2 FH</u> Gabrielle Nicholson to organise a meeting with Susan Parry, Ian Bissett, Di Safarti and Cathy to discuss a sub-group.	March 2021	Gabrielle Nicholson	
123	<u>BSAG meeting update</u> Nina Scott to progress the meeting with The Nation Screening Unit and report back to the Chair.	March 2021	Nina Scott	
124	<u>QPI recalculation</u> Gabrielle Nicholson to set up sub-group to meet fortnightly for up to an hour to discuss QPIs.	March 2021	Gabrielle Nicholson	
125	<u>FIT In Symptomatic Patients – Pilot Study</u> Diana Sarfati to approach ethics committee to query if the Pilot should be a formal study.	March 2021	Diana Sarfati	

126	<u>Rectal Cancer Treatment Options with Bhusal SubGroup</u> Elizabeth Dennett to provide direction for updating the treatment advice. "Guidance from latest evidence" was suggested to indicate this treatment is an acceptable option.	March 2021	Elizabeth Dennett	
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Professor Ian Bissett
FIT for Symptomatics National Steering Committee

9 June, 2021

Dr Kevin Snee
CEO of Waikato DHB
Waikato Hospital
183 Pembroke Street, Hamilton 3204

Dear Dr Kevin Snee & the Executive Leadership team

Re :- Implementation of FIT for Symptomatic Patients :- An Aotearoa, New Zealand Service Evaluation Pilot

Nationally there is a real challenge to meet the increasing demand for colonoscopy. We are looking for a site to be the first to implement a pilot that could significantly improve our management of these patients. This involves the use of the faecal immunochemical test (FIT), as already used in the Bowel Screening Programme. Recently-published, high-quality studies have shown that this sensitive test measuring levels of blood in the stool, is also a reliable, diagnostic tool to identify patients with a very high risk of cancer from others with a lower risk in patients with symptoms of possible bowel cancer. We are introducing a pilot study involving patients already accepted on the symptomatic colonoscopy waiting list. The pilot involves sending FIT stool tests to all patients on the non-urgent symptomatic list and promoting those with a FIT level above a high threshold to urgent colonoscopy. The UK study indicated that this high FIT level group would include only 7% of those waiting but could identify 70% of the patients with a bowel cancer. The remaining patients with a lower FIT level would still have their non-urgent colonoscopies.

In brief, the Pilot will be run out of the National Screening Unit using the mechanisms already in place in the Bowel Screening Programme that will send the invitations and FIT kits to the symptomatic patients, follow up the non-responders from the high-risk groups (Māori and Pacific), collect the FIT results and inform the DHBs of the patients with a FIT result above the high threshold level. They will also need to be able to access the colonoscopy and pathology results from these patients digitally. The resources required of the DHB are; provision to the Pilot of a weekly list of the NHIs of those who have been accepted for non-urgent symptomatic colonoscopy, implementation of an equity enhancing patient contact process prior to invitation, triaging those with a very high FIT test result to urgent colonoscopy, and provision of the colonoscopy report on Provation and histology data to facilitate the retrieval of this information for the Pilot. The DHB will also need to provide a nominated Clinical Lead for the pilot, a DHB nurse and administrative lead who would be the contact person for the pilot.

We are approaching Waikato DHB in the first instance as a large DHB with experience with bowel screening and existing information technology infrastructure to support this pilot service evaluation. More importantly, Dr Nina Scott, as clinical director of Maori Public Health at Waikato DHB and a member of the pilot steering committee, has committed to ensure maximal participation and equitable pathways are developed for Maori and Pacific patients prior to invitation.

Our intended start date for preparation for this pilot at Waikato would be July 2021. This would inform the further progression of the pilot to other sites. We are expecting to include as many DHBs as possible to achieve the target of approximately 10 000 colonoscopies performed under this pilot nationally for confirmation of test performance. This pilot service evaluation will transition into the next phase if and when high performance of FIT is replicated in the NZ context. This could include the introduction of a very low FIT threshold, below which colonoscopy is deemed to be not required and could dramatically reduce the colonoscopy demand in patients with symptoms of possible bowel cancer.

We would welcome you to be the first DHB to implement this pilot service and would want to hear back from you as soon as possible before the end of the month. Dr. Nina Scott and I would be happy to answer any further questions should they arise. A summary with more clinical details and the protocol for this pilot service evaluation is available.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'I. Bissett', with a stylized flourish at the end.

Professor Ian Bissett
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Mobile: +6421347442
Email: i.bissett@auckland.ac.nz

31 March 2021

Dear Professor Diana Sarfati,

Following from our discussion on 8 April, the HDEC Manager and Chair of NTB note that programme evaluation is an out of scope activity for HDEC review.

Piloting your proposed change, and auditing the programme against established clinical practice guidelines for prioritising (high risk) colonoscopy would be a primary purposes of the collection of this health information (and therefore exempt from ethical review), determining the thresholds of the FIT test in a NZ population against which colonoscopy could *safely not be offered* could have research dimensions, requiring the generation of new knowledge.

This could be reviewed by HDEC under the expedited pathway, using a waiver of consent for the secondary use of health information'. Regarding the data analyses, we note that data use must be a primary purpose, both for disclosure and for use under the Privacy Code, to not require HDEC review for its use.

QI activities must follow the NEAC Standards irrespective of HDEC review.

Please don't hesitate to contact us for further information.

Yours sincerely,



Kate O'Connor
Chairperson Northern B HDEC