



## Mātaihia mai i te 50, kei tūreiti<sup>1</sup>

### Position Statement on Bowel Screening

**Dropping the age of entry AND increasing participation in the Bowel Screening Programme for Māori and Pacific will make bowel screening fairer and save lives. Hei Āhuru Mōwai call for the urgent implementation of the equity recommendations listed below and legislation enacting Māori governance over the National Bowel Screening Program.**

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#### **Nga take matua – main points**

- New Zealand's national Bowel Screening Programme is inequitable because it starts 10 years too late for Māori
- In comparison to non-Māori, a greater percentage of bowel cancers in Māori occur before the age of 60 years (when screening starts)
- Dropping the age AND increasing screening participation for Māori will remove this inequity

#### **Urgent recommendations for the National Bowel Screening Programme**

- Drop the age of entry to the Bowel Screening Programme to 50 years for Māori and Pacific
- Increase screening participation for Māori and Pacific
- Make the bowel screening programme more holistic and beneficial by including hauora promotion and wellbeing checks and ensuring people are up to date with other health screening programmes
- Legislate Māori governance over the National Bowel Screening Program to ensure screening programmes are designed and implemented equitably

*Ko te aha te kōpiro? E ai ki ētehi, i hangaia ngā piro o te tangata e ngā atua. Ko te kōpiro te iaia roa o te tinana, he hoa mō te puku. Ko tōna mana nō ngā atua. He mea tātari, he momo wheketere tuku hawa a ia mō te tinana. Ko te kawa o te kōpiro, hei whakapau i ngā mea kore hiahia nō roto i te tinana. Inā, kore kau he wheketere tuku hawa, ka noho tonu te pīrau ki te tinana, ka tere tae mai te māuiuitanga. He whēkau hirahira te kōpiro, he nui ake tōna mana.i*

*The bowel is one of our most important organs. It was created by atua to be a member of the digestive whānau and a friend to the puku. Its mana is derived from atua and also from its contribution to the wellbeing of the whole body; expelling the unwanted and the un-needed from the tinana.*

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<sup>1</sup> Nā Moahuia Goza rāua ko Kiingi Hepi. He tonu.

## Background

The current Bowel Screening programme (BSP) offers less benefits for Māori than non-Māori. The current age range is between 60 and 74 years. Although both Māori and non-Māori have a similar chance of getting bowel cancer, over half of Māori who get bowel cancer are diagnosed before the age of 60 years (58% in females and 52% in males). This is compared to just under a third of bowel cancers diagnosed in non-Māori (27% in females and 29% in males). Māori bowel cancer rates have been increasing over time.<sup>ii</sup> This is in contrast to non-Māori, who have experienced a downward trend in the diagnosis of bowel cancer. If this trend continues, we will see a new inequity of Māori having higher incidence of bowel cancer.<sup>iii</sup>

The BSP invites people to participate in screening every two years. People are posted a faecal immunochemical test (FIT) which is done at home. The FIT can detect tiny traces of blood in bowel motions (poo) that may be an early sign of bowel cancer or polyps (growths). People with a positive FIT test are invited to have a colonoscopy.<sup>iv</sup> A colonoscopy involves going inside the bowel with a long tube with a tiny camera looking for bowel cancer and polyps. Polyps are growths that can turn into cancer over time. Polyps are usually able to be removed during the colonoscopy. For every 1000 people who complete a bowel screening FIT test, about 50 will be positive for blood in the bowel motions. Of those 50, about 35 will be found to have polyps and 3 or 4 will have bowel cancer.<sup>v</sup>

The BSP is based on a six-year pilot that originally had a screening age of 50–74 years. The age was increased to 60 for the rollout due to financial and colonoscopy capacity reasons. Strong international evidence shows that screening is effective and that the benefits of screening outweigh harms in people aged 50-74 years old. Comparable countries such as the UK are moving towards a starting age of 50 years.<sup>vi</sup>

## Rongoā - recommendations

Addressing inequities in the BSP is critical for the integrity of the whole screening programme. Implementing these recommendations may help lower the risk of inequities being replicated within other screening programmes, and provide useful insights for future programmes like lung cancer screening.

There are four main equity leverage points that will reduce inequities within the BSP; dropping the age to 50 years for Māori and Pacific, increasing screening coverage, adding value across the screening pathway and legislating Māori governance over the programme.

Hei Āhuru Mōwai also support the following recommendations made at the 2019 Māori Bowel Screening Expert hui. Note only one (#10) of these ten recommendations has been implemented.

1. Extend the age range for bowel screening eligibility to 50 years of age for Māori and Pacific
2. Establish internal Māori leadership within the National Screening Unit
3. Improve access to bowel screening for Māori
4. Include value added interventions for Māori into the programme
5. Reporting should be equity focused
6. Set up a research support service to improve access to screening by developing, testing and progressing the implementation of interventions to increase screening rates
7. The age range should not be extended for non-Māori without considering other Māori cancer control priorities.

8. Consider narrowing the non-Māori screening age range if required to resource dropping the age range for Māori and Pacific
9. Risks and benefits need to be explored to optimise the FIT cut of level (the amount of blood in the bowel motions to be classed as a positive test) for Māori in the future
10. Continue Māori and Pacific engagement – by setting up national Māori and Pacific bowel screening networks

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**Disclaimer:** Individual views may vary. This position statement has been endorsed by Hei Āhuru Mōwai Māori Cancer Leadership Aotearoa.

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- <sup>i</sup> Goza, M. (2019). *Ko te tinana he pā, ko te puku he hapū, ka ora ka mate*. Thesis. Tāhūhū Mātauranga Māori. Te Wānanga o Raukawa.
- <sup>ii</sup> Te Aho o Te Kahu. (2020). *He Pūrongo Mate Pukupuku o Aotearoa 2020, The State of Cancer in New Zealand 2020*. Wellington: Te Aho o Te Kahu, Cancer Control Agency
- <sup>iii</sup> McLeod, M., Harris, R., Paine, S., Crengle, S., Cormack., D., Scott, N., Robson, B . (2021). *Bowel Cancer Screening age range extension for Māori: what is all the fuss about*. [NZMJ in press].
- <sup>iv</sup> Ministry of Health. (2021). About the National Bowel Cancer Screening Programme. Retrieved from <https://www.timetoscreen.nz/bowel-screening/about-the-national-bowel-screening-programme/>
- <sup>v</sup> Ministry of Health. (2021). National Bowel Screening Programme. Retrieved from <https://www.tdhb.org.nz/services/bowel-screening.shtml>
- <sup>vi</sup> Public Health England. (2021). Bowel Cancer Screening: Programme Overview. Target Population. Retrieved from: Bowel cancer screening: programme overview - GOV.UK (www.gov.uk)