

## Position Statement on Breast Cancer Screening

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### Wāhine Māori te tuatahi - Māori women first

#### Hei Āhuru Mōwai calls for -

- Wāhine Māori and Pacific to be prioritised across the screening pathway
- Legislated Māori governance over the Breast Cancer Screening Programme
- Development and implementation of an independent kaupapa Māori monitoring and accreditation programme for breast screening units
- Prioritisation and expedition of the information communication technology (ICT) upgrade of the breast cancer screening register, including data linking of existing regional registers
- Dedicated recruitment and retention strategies, training opportunities, and pathways to develop Māori staff
- Development and implementation of cultural safety and competency programmes for non-Māori workforce in breast screening
- Urgent collaborative development of a Māori COVID and cancer screening response and recovery plan.

#### Ngā take matua – main points

- Te Tiriti o Waitangi defines the way forward.
- Early detection and treatment of breast cancer saves lives.
- Breast cancer incidence and survival differs between Māori and non-Māori.
- Wāhine Māori diagnosed with breast cancer via screening have similar clinical outcomes as non-Māori.
- Additional support services are available for wāhine Māori to be screened.
- **Wāhine Māori continue to face inequities in screening for breast cancer.**
- Screening participation has decreased during the COVID-19 pandemic, particularly for Māori.
- Breast screening in Aotearoa must be governed by Māori, and delivered in collaboration with Māori.
- Efforts must be made to recruit and train Māori staff, and develop a culturally safe and competent workforce.

*Ko te aha te ū? He tini tonu ngā kōrero mō te ū, me tōna mana, me tōna tapu. Koia te ūkaipō o te pēpi. Ko te kawa o te ū, he whāngai i te pepi, i te uri e kawē mai ana i te moemoea o te iwi. I te wā o tuawhakarere, he iwi waiū kore, ka ngaro te iwi. Koia te hōhonutanga o tōna mana.*

*Ūkaipō Ūkaipō  
Tiaki rā e te iwi e!!!<sup>1</sup>*

There are many understandings of ū, of their mana and their sacredness. Ū are the sacred source of sustenance for the baby, and metaphorically for the whole iwi. The kawa of the ū is to provide physical and spiritual sustenance to the uri, ensuring the future and aspirations of the iwi. In the old world ū and breast milk were connected to the survival of the whole iwi, such was the mana of ū.

### **Early detection and treatment of breast cancer saves lives.**

Mammographic screening helps to detect breast cancer as early as possible.<sup>2</sup> Early detection of breast cancer means treatment can be commenced sooner (than might otherwise have been possible) reducing the likelihood of death.<sup>2,3</sup> Survival after a breast cancer diagnosis (and subsequent treatment) is directly related to the stage at which the cancer is diagnosed.<sup>3</sup>

Women who have been screened are 29% less likely to die from breast cancer than women who have never been screened.<sup>2</sup> In Aotearoa, breast cancer screening has made a difference to overall breast cancer mortality.<sup>2</sup>

### **Breast cancer incidence and survival differs between Māori and non-Māori.**

Globally, Aotearoa has the eighth highest incidence rate of breast cancer.<sup>4</sup> Wāhine Māori have a 37% higher incidence of breast cancer than non-Māori<sup>5</sup> (and 46% higher than European/Other women).<sup>6</sup> A recent report on breast cancer registrations in Aotearoa indicates wāhine Māori are more likely to be diagnosed with higher-risk breast cancers, and are 33% more likely to die from the disease than non-Māori.<sup>7</sup>

### **Wāhine Māori diagnosed via screening have similar clinical outcomes as non-Māori.**

There is evidence to support the success of breast cancer screening for wāhine Māori.<sup>8</sup> Wāhine Māori who have breast cancer detected via screening have outcomes comparable to that of NZ Europeans.<sup>8</sup> This demonstrates the positive implications of regular mammograms for wāhine Māori. If more Māori women have their breast cancer detected early the disparity in breast cancer mortality can be reduced.<sup>9</sup> Increasing breast cancer screening rates has the potential to improve survival for wāhine Māori and reduce breast cancer survival inequity between Māori and NZ European women.<sup>8</sup>

### **BreastScreen Aotearoa supports early detection of breast cancer.**

Organised breast screening programmes aim to reduce mortality from breast cancer by regularly screening an entire defined population (this being, women with no symptoms of breast cancer).<sup>10</sup> BreastScreen Aotearoa (BSA) delivers mammographic screening services via eight contracted providers across Aotearoa. BSA offers free, two-yearly mammograms and follow-up for asymptomatic women aged between 45–69 years. The aim of BSA is to reduce morbidity and mortality from breast cancer by the early detection and treatment of the disease.<sup>11</sup>

### **Additional support services are available for wāhine Māori to be screened.**

The Ministry of Health contracts 11 providers across Aotearoa to deliver support services for breast and cervical cancer screening. These screening support services (SSS) provide targeted follow up and support to Priority Group Women (specifically wāhine Māori and Pasifika women for breast cancer screening) who experience barriers to accessing screening, assessment, and treatment services. SSS are a strategic response to inequities in the screening system<sup>12</sup> – more equitable outcomes could be achieved if more Māori and Pacific women were diagnosed at an earlier stage.<sup>9</sup> The aims of SSS include, but are not limited to – providing women with safe, innovative, flexible, empowering support to screening services, and contributing to equitable access and outcomes for priority group women.<sup>12</sup>

### **Wāhine Māori continue to face inequities in screening for breast cancer.**

The system is working better for some groups more so than others.<sup>13</sup> Despite investment in strategies to reduce inequities over the years (including SSS, policy and strategy commitments,

national targets, clinical quality guidelines, and system level measures) wāhine Māori had the lowest coverage rates of all women in Aotearoa from 2010 -2020.<sup>12</sup>

In December 2020, the equity gap for wāhine Māori was -7%.<sup>12</sup> As at September 2019 (pre-COVID-19 pandemic), the two-year participation rate for wāhine Māori was 61.9% against the target of 70%.<sup>12</sup> Of all breast cancers registered between 2003 and 2020, less than 50% of wāhine Māori had their breast cancer detected by screening mammogram.<sup>12</sup>

Currently there is no national system in place that identifies and enrolls all eligible women for breast screening. This means participation in breast screening relies on women contacting the breast screening service themselves, or health providers encouraging and assisting in enrolling women eligible for screening.<sup>14</sup> To date, this lack of a national breast screening register with a list of all eligible women has contributed to inequities in the screening programme.

Additionally, variation exists between BreastScreen units with regard to administrative processes, provision of culturally safe services (including flexibility and choice), relationships and integration with Screening Support Service providers,<sup>12</sup> and performance – particularly for wāhine Māori.<sup>15</sup>

Racism plays an important role in inequities in the screening programme. Racism has been identified across all levels of the 'screening system' (that being "the complex and dynamic interplay between priority group women with SSS, General Practice, Primary Healthcare Organisations, District Health Boards, the Ministry, and others").<sup>12</sup> Examples of systemic racism in screening include –

- preferring non-Māori organisations for contracts
- differing (more arduous) reporting requirements or delivery expectations for kaupapa Māori versus universal organisations
- racist clinical decision making (for example, offering fewer treatments to Māori)
- negative attitudes from leadership in large organisations
- decisions that reflect notions of 'good' and 'bad' neighbourhoods
- 'watering down' of Kaupapa Māori approaches by non-Māori organisations
- devaluing Kaupapa Māori approaches
- being asked to validate achievements (via Kaupapa Māori approaches) in the absence of similar challenges to non-Māori providers.<sup>12</sup>

### **Screening participation has decreased during the COVID-19 pandemic, particularly for Māori.**

The reduction in access to breast and cervical cancer screening has been greater for Māori than non-Māori.<sup>12,16</sup> At the end of March 2020 (at the start of the first lockdown), the two-year breast screening rate for Māori was 67% (close to the target 70%).<sup>17</sup> By September 2021, the Māori breast screening rate had dropped to 58%.<sup>16</sup> This may put screening-derived survival gains at risk<sup>7</sup>, resulting in more avoidable breast cancer deaths for Māori.

### **Te Tiriti o Waitangi defines the way forward.**

The National Screening Unit (NSU) is responsible for the national breast screening programme. This includes –

- national management and oversight of BSA
- funding of BSA providers
- national co-ordination of providers
- national recruitment and retention activities (including the development of standardised resources and national promotions)
- national strategy and policy development
- national monitoring, evaluation and audit.<sup>10</sup>

A 2021 review of SSS provision, and inadvertently the wider screening system, concluded “*The national screening programme(s) are not as successful as they should be for wāhine Māori...*”. *The NSU knows this*.<sup>12</sup>

Te Tiriti o Waitangi guarantees Māori the right to design health systems that best meet Māori aspirations and maximise Māori health gain. Te Tiriti o Waitangi provides an imperative for the Crown to protect and promote the health and wellbeing of Māori, including responding to Māori health aspirations and meeting Māori health needs.<sup>18</sup> In its current state, the national breast screening programme is in breach of Te Tiriti o Waitangi, and will continue to disadvantage Māori.

### **Breast screening in Aotearoa must have Māori oversight, and be delivered in collaboration with Māori.**

Evidence shows the breast screening models that work the best for Māori are developed in partnership with Māori.<sup>12</sup> BreastScreen providers must work in partnership with local iwi, hapū, Māori health providers, and SSS providers, in order to determine what works best for local communities. This involves taking the time for whakawhanaungatanga and manaakitanga - developing and fostering relationships. The National Screening Unit must set the example, and work with National Māori Leadership Groups to ensure a collaborative approach.

Strengthening relationships, and collaborating in the provision of breast screening services means greater sharing of models that work well for wāhine Māori. This enables other communities to learn, and localise existing successful models. This would provide further support for those groups of wāhine Māori who are at-risk, or predominantly neglected by screening programmes, such as those in rural and remote areas, or who are incarcerated.

Essential to these collaborative approaches, and to reduce the continued inequities, is the need for Māori oversight of the breast screening programme. This means greater accountability for providers in reducing the inequities faced by wāhine Māori. Māori governance, and a te ao Māori approach, will also enable integration with other health initiatives, reducing the provision of siloed care.

### **The infrastructure, systems and processes supporting the screening programme must be developed and appropriately resourced to ensure they meet the needs of Māori.**

Progress towards an information communication technology (ICT) upgrade for breast screening registration is currently being made, meaning improvements to identifying eligible women are in the pipeline. As part of this upgrade, the intent is to move breast screening to a population register that automatically contacts eligible women inviting them to be screened (an opt-off model, rather than the current opt-on).

To further enhance the registration process, integration of all the existing regional registers is required, alongside data matching across the health sector. At present some primary health organisation’s (PHO’s) support this process to find unscreened and under screened women. However, this is not consistent and requires resource at both the PHO and regional BreastScreen units. Upgrades to the ICT needs to include this functionality to improve registration efficiency.

These improvements to the breast screening register will mean researchers and others monitoring the programme will have access to a more comprehensive data set. This will enable more efficient investigations into interval cancers – those that are diagnosed after a normal mammographic screening result but before the next scheduled screen.<sup>19,20</sup> Interval screening rates can be used to measure effectiveness of screening programmes<sup>19,20</sup> and identify inequities.

At present, the timeline and details of all improvements are unknown. The breast screening register needs to be co-designed with Māori, and prioritised to reduce inequities in the programme.

To reduce regional variation and ethnic disparities in breast cancer screening, a kaupapa Māori accreditation programme for breast screening units needs to be developed. This programme needs to include (but not be limited to) –

- training for all staff (anti-racism, cultural safety, and cultural competency)
- equity measures including Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMS)
- screening pathway indicators for wāhine Māori
- audits of delays to diagnosis (for example, in cases where repeat or second images are required, or biopsies are required).
- audit of all non-screen detected cancers diagnosed in wāhine Māori aged 45–71 (including 2 years after last screen to monitor interval cancers). Classification into remediable causes is required to inform BreastScreen Aotearoa programme improvement. For example – identifying those that were not invited or not re-invited, those lost to follow-up, or refused because screening is inaccessible or unacceptable, and those considered an interval cancer.

**Efforts must be made to recruit and train Māori staff, and develop a culturally safe and competent workforce.**

In order to ensure Māori values, philosophies and tikanga are prevalent across all levels of the breast screening programme, Māori workforce needs to be nurtured. As a priority, recruitment and retention strategies, training opportunities, and pathways to develop Māori staff need to be established. Targets to increase the Māori workforce need to be incorporated into the breast screening programme.

Developing a culturally safe and competent non-Māori workforce in breast screening is also important. Staff working across all levels of the screening programme need to have access to, and complete anti-racism training, and cultural safety and competency training. This needs to form part of the accreditation process for breast screening units. Measures of staff competency in each of these areas need to be developed and efforts made to improve them.

**Development of a Māori specific COVID and cancer screening response and recovery plan is a Te Tiriti o Waitangi requirement.**

The rapid decline in access to cancer screening due to the COVID pandemic is likely to have a devastating impact for many whānau – the result being more avoidable breast cancer deaths for Māori. The differences in cancer screening rates during the pandemic forewarn increases in the already large and unacceptable cancer inequities in Aotearoa.

A planned and adequately resourced response could rapidly improve access to cancer screening for Māori, and is a Te Tiriti o Waitangi requirement. Urgent, collaborative development of a Māori specific COVID and cancer screening response and recovery plan is required. The Crown and Māori need to work together in a co-governance arrangement to quickly identify areas of concern, develop and test solutions, and provide rapid feedback. Recommended collaborative partners for development of this response include Hei Āhuru Mōwai, the Māori Monitoring Equity Group, Te Aho o Te Kahu, the National Screening Unit and the Ministry of Health.

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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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