



Position statement on Lung Cancer Screening

Hei Āhuru Mōwai calls for planning and investment into screening for lung cancer. We urgently recommend –

- Immediate investment in designing and implementing a **National Lung Cancer screening programme**, commencing with pilots. This screening programme should be Māori led, nationally coordinated, and equity focused.

Furthermore, Hei Āhuru Mōwai recommends -

- Increased and ongoing resourcing for whānau to transition out of smoking
- Support for a **national awareness campaign** to assist those at high-risk identifying symptoms of lung cancer earlier, and how to seek treatment
- Providing fully funded access to anti-cancer immunotherapy.

Ngā take matua - main points

- *“Lung cancer is the single largest contributor to the life expectancy gap between Māori and non-Māori”*
- Lung cancer causes the most cancer-related deaths in New Zealand
- Māori are more likely to be diagnosed with, and die from lung cancer than non-Māori
- Smoking still plays a major role in the incidence of lung cancer, particularly for Māori
- The most effective method to reduce lung-cancer incidence and mortality among Māori, is to end smoking
- After addressing smoking, the next priority is early detection
- Best-practice treatment pathways are needed for Māori following a lung cancer diagnosis.

Ko te aha te pūkahu? E ai ki ētehi iwi, e rua rau neke atu ngā momo hā, ngā momo hau tapu o te tangata.¹ Heoi, ko te hā tuatahi, nā Io Matua Kore, nāna i tākoha atu e ora mai ai a Hineahuone. Ko tā te pūkahu mahi, he kume i te hau ora ki roto i te tangata, he pupuhi i te hau kino ki waho. Mā reira te oranga tonutanga o te tinana.

According to some iwi, a person has more than 200 types of breath, all instilled with sacredness and mātauranga. The first breath was from Io the Parentless, which was gifted to bring life to Hineahuone. The lungs' role is to draw in life giving air and expel used air. It is by this manner that the oranga of the body continues.

Lung cancer causes the most cancer-related deaths in New Zealand.

Lung cancer is responsible for over 18% of cancer deaths in Aotearoa – more than any other cancer type.² Only one in three of those diagnosed with lung cancer survives more than one year.³ Lung cancer survival in Aotearoa is poorer than that of several other countries.^{4,5} Five year survival rates are only 19%.⁶

Māori are more likely to be diagnosed with, and die from lung cancer than non-Māori.

Lung cancer is the most commonly diagnosed cancer among Māori.³ Māori are diagnosed with lung cancer at a rate more than three times the rate of non-Māori.⁷ Lung cancer is the most common cause of cancer-related deaths among Māori.³ The death rate from lung cancer is also more than three times higher for Māori than non-Māori.^{2,3} Māori have one of the highest rates of cancer in indigenous people internationally.⁸ In most countries lung cancer is a disease mainly of men, but due to tobacco smoking, in Aotearoa lung cancer equally affects Wāhine Māori.

“Lung cancer is the single largest contributor to the life expectancy gap between Māori and non-Māori”.^{9,10}

Smoking continues to play a major role in lung cancer incidence, particularly for Māori.

In the last decade (since committing to Smokefree Aotearoa 2025) progress has been made in tobacco control in Aotearoa, with smoking rates gradually declining. However, inequities remain in Māori, Pasifika, and socio-economically deprived areas.¹¹

Māori are 2.8 times more likely to be current (daily) smokers, compared to non-Māori. Māori women currently have the highest smoking rate of 32%. Māori experience higher numbers of diagnosis and death from tobacco-related disease,^{12,13} including lung cancer.¹⁴

Although the prevalence of smoking is declining, the impact of this on lung cancer incidence and mortality is still to be seen. This is due to the continued risk of development of lung cancer associated with smoke exposure, and the gradual reduction in risk over time.¹⁵ Lung cancer develops among Māori at lower smoking exposures and six-eight years earlier compared to non-Māori.¹⁶

The most effective method to reduce lung-cancer incidence and mortality is prevention.

People who smoke cigarettes are 15 - 30 times more likely be diagnosed with or die from lung cancer than people who do not smoke.¹⁷ Encouraging whānau to not start smoking and supporting those that do to quit is essential in reducing lung cancer incidence and death among Māori.¹⁸ Additionally, reducing the harm of tobacco, as seen in second hand/passive smoking (estimated risk 20-30%) is imperative.^{18,19}

If prevention is unsuccessful, the next priority is early detection.

The stage at diagnosis is a major determinant of lung cancer prognosis - the earlier the stage the greater the chance of curative treatment.¹⁸ Late stage of presentation is influenced by factors including subtlety of symptoms, and social determinants of health, especially income and place of residence, timeliness of referral for diagnostic tests, and access to care (including institutional racism).^{3,18,20,21} Currently, early detection relies on either whānau presentation of respiratory symptoms/red flags, or chance findings following examinations of other conditions.³ Access to an earlier diagnosis can be

supported by both community and professional awareness campaigns, which prompt timely recognition of symptoms and rapid referral for further investigations.²²

Lung cancer screening using low-dose computed tomography (LDCT) for people who have a high risk of developing lung cancer, but no signs or symptoms, also enables early detection. LDCT combines x-ray equipment with computers to produce multiple, cross-sectional pictures of the inside of the body. LDCT also uses much less harmful radiation than other scanning machines.²³ In larger international studies LDCT screening has been shown to significantly reduce mortality from lung cancer, with a greater mortality reduction demonstrated for women.^{24–27} A recent LDCT screening study (NELSON RCT) showed that lung cancer mortality over a 10 year period decreased by 24% in high-risk men, and 33% in high-risk women.²⁷ Finding lung cancer at an earlier, asymptomatic, stage allows more choice of treatment options, including surgical treatment, with a higher chance of cure.

Currently, there is no organised, nationwide lung screening programme in any country around the world, although there are large scale demonstration programmes and research programmes, and international recommendations.^{28,29} This reflects challenges and considerations required when designing and implementing such a programme. Within Aotearoa, a well-planned national LDCT screening programme for lung cancer is likely to be cost-effective and contribute to reducing inequities in lung cancer for Māori.¹⁴ In a recently completed survey of potentially eligible Māori almost all respondents said they would attend lung cancer screening if offered.³⁰

There is an opportunity in Aotearoa for a world-leading focus on a national lung cancer screening programme designed to address current inequities and to ensure Māori benefit through all aspects of design and policy setting related to a future programme.

Best-practice treatment pathways are needed for Māori following a lung cancer diagnosis.

Once diagnosed with lung cancer, Māori need access to best-practice treatment pathways. Inexcusably, Māori lung cancer patients are less likely to be referred to a medical oncologist or receive curative treatment than non-Māori.³¹ The importance of access to, and provision of timely cancer care services cannot be underestimated in reducing inequities in lung cancer for Māori. For a lung cancer screening programme not to widen relative inequities in outcomes, differences in treatment pathways must be addressed in parallel.

Immune checkpoint inhibitors (ICIs) have shown positive results in disease progression and survival in several lung cancer randomized clinical trials (RCTs) internationally.^{32–37} Despite this evidence, immune checkpoint inhibitors such as pembrolizumab (Keytruda®) and nivolumab (Opdivo®) are not currently funded for lung cancer patients in Aotearoa. There is limited funding for a related agent durvalumab (Imfinzi). To ensure better health outcomes for Māori, immunotherapy should be funded immediately for all patients with advanced lung cancer.

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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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