



Together we're stronger
Tangata tū pakari tonu

Prof. Diana Sarfati, Interim Chief Executive
Cancer Control Agency
Via email: Diana.Sarfati@cancercontrolagency.govt.nz

19 February 2020

Dear Diana,

Thank you for meeting with us on 24 January, and for the subsequent invitation to the 21 February Consumer Hui. BCAC greatly appreciates the opportunity to participate in the Agency's work and we look forward to an ongoing positive relationship with you and your staff.

As part of this, we have compiled a brief summary of BCAC's response to the newly published Cancer Action Plan (*see below*). We were pleased to note the changes that had been made to the Plan in response to comments made on the draft.

Once again, thank you for engaging with us and we look forward to meeting again in six months' time.

Nga mihi.

Kind regards

Libby Burgess
Chair, BCAC



BCAC response to the New Zealand Cancer Action Plan 2019-2029 - February 2020

BCAC welcomes the publication of a comprehensive plan to improve cancer outcomes for all New Zealanders.

Things we liked:

- Consumer involvement in all aspects of the plan.
- Nationwide emphasis – consistent and modern cancer care.
- Focus on the entire pathway – prevention (where feasible), screening, earlier diagnosis, treatment outcomes, palliative care – and acknowledgement of the complexity of cancer care.
- Focus on addressing current inequities and improving survival.
- Plans to increase numbers of Māori and Pasifika in the cancer care workforce, and to explore new ways to boost engagement with Māori and Pasifika communities.
- Recognition of the importance of innovation and the role of research through emerging medicines, clinical practices and technologies including genomics.

We would like to see a greater emphasis on:

- Urgency to reduce inequities in NZ. As stated in the Plan, the current inequities constitute a crisis, but parts of the current version of the Plan have a ‘business-as-usual’ tone.
- International benchmarking. BCAC is concerned that equity is achieved to standards and QPI’s which cancer patients enjoy in comparable countries.
- Resources required to successfully implement the plan.
- Delineation of the Agency’s work from the Ministry’s.
- Consumer representatives who have lived experience and a demonstrated connection to patients and their whanau. A flexible approach here allowing consumers with particular expertise and networks to be involved where appropriate, broadening representation and maximizing benefits.
- The potential for innovative NZ-specific research-based solutions to inequities.
- Genomics and other risk assessment tools in optimizing cancer detection, earlier diagnosis and treatment. The Plan refers only to those with ‘familial risk of cancer’, a category developed because genomics was initially expensive and collecting other information time consuming. That is no longer the case. For example, the highest breast cancer risk stratification is achieved when all genetic, lifestyle, hormonal, reproductive, morphological and mammographic density factors are considered jointly. We would like to see an emphasis on higher risk cancer patients, utilizing new tools so that people are screened on a timely basis, according to their risk, utilising the correct modality and frequency to ensure early detection.

We therefore look forward to:

- A detailed plan with costings/investment/savings estimates and resources required to achieve the various goals outlined in the Plan.
- Quantification of the relative benefits likely to be achieved by different aspects of the Plan, and the strength of evidence that an activity will lead to the desired outcome. This exercise is crucial for prioritising if full resourcing cannot be obtained. BCAC is concerned that the temptation is strong to prioritise relatively cheap measures of uncertain but possibly broad benefit, rather than investing in more

- expensive but scientifically robust, targeted interventions that may transform the lives of select groups of patients.
- Clear definition of the roles and responsibilities of each entity involved in the Plan (Agency, Ministry, consumers, and others and who will have input/design, be consulted and make decisions).
- Recognition that NZ cancer clinicians need to have the opportunity to undertake research as part of their recognised role in order for clinical trials to be initiated and to succeed. Investment in clinical trials will provide tangible benefits to patients as well as enabling clinicians to continue to increase their skills and to lead improvements in clinical practice.
- A stronger emphasis on the potential for genomic/molecular technologies and risk assessment tools to transform cancer care, so that it is targeted and optimized to at-risk sub-populations.
- Greater consideration of how innovative technologies may help to solve our equity crisis. Doing more of the same for all may not yield the results required. It is possible that technological innovation could be the key to success; we suggest the agency should be encouraging active engagement with innovators, not just maintaining a 'watching brief' on developments elsewhere.

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