



The Breast Cancer Scorecard – Background Reading

Breast Cancer Foundation NZ's Top 5 Advocacy Priorities

1. Extend free mammogram screening to women aged 70-74

What we want:

- 1) A commitment that screening of women aged 70-74 will commence in Q1 2024

Context:

- A New Zealand woman's risk of developing breast cancer is higher at 70 than at 50¹. A woman aged 70 today will live to 90 at average death rates; a Māori woman aged 70 today will live to 84.² Women want to stay healthy, active and contributing into older age.
- In 2016, Jacinda Ardern MP accepted a petition from Breast Cancer Foundation NZ to extend free screening to women age 74 (up from the current age limit of 69). In October 2017, the Government coalition agreement included a commitment to this age extension, which has not yet been implemented.
- Approximately 350 women a year are diagnosed with breast cancer aged 70-74 in New Zealand. The Ministry of Health has acknowledged the medical evidence justifying the age extension, and that it can be achieved with equity. BreastScreen Aotearoa's own assessment agreed that breast cancer deaths for women aged 70–74 years would reduce; deaths for women aged ≥75 might also reduce.³
- BSA has suggested it will extend to 74 after its new IT system is in place in 2024. BCFNZ does not accept that the IT system is a hindrance to offering two additional mammograms over five years to women already enrolled in the programme, as this could start with as few 8000 extra mammograms a year, on top of the 280,000 already performed BSA. We believe there's a high risk that other functions of the new system will take priority over the age extension in 2024.
- Extending screening to 74 would bring New Zealand into line with Australia, Canada, France, Sweden, UK and many other countries.

2. Equity in access to screening and diagnosis

What we want:

- 1) Breast screening from age 40 for Māori and Pacific women. This risk-based approach would be similar to current practice in Aotearoa New Zealand's bowel screening programme.

¹ Ministry of Health email January 24 2018

² Statistics NZ "How long will I live?" calculator www.statistics.govt.nz

³ Ministry of Health. 2019. *Impact Analysis: Extending BreastScreen Aotearoa to include women aged 70–74 years*. Wellington: Ministry of Health.

- 2) All Māori and Pacific women reporting a breast lump to a GP to be seen at a diagnostic centre within two weeks, reflecting the higher likelihood that their lump is cancer.
- 3) Investment to increase participation in the BreastScreen Aotearoa programme to reach 70% of women aged 45-69 for Māori and Pacific women, as well as other ethnicities, in all districts.

Context:

- Māori and Pacific women are more likely to develop breast cancer than other ethnicities – Māori have the highest incidence in the world.⁴ Wāhine Māori are 33% more likely to die of breast cancer than European women, and Pacific women 52% more likely to die.
- Māori and Pacific women have a younger average age of diagnosis than European women and have a much higher proportion of diagnoses under the free screening age of 45: 17% of Māori diagnoses and 21% of Pacific diagnoses, compared to 11% of European diagnoses.⁵
- Timely diagnosis is an equity issue, with Māori and Pacific women less likely to have timely access to GP appointments, and more likely to have delays in seeing a specialist provider.
- BreastScreen Aotearoa (BSA) has a target to screen 70% of women aged 45-69 (70% participation is the internationally accepted as achieving a 30% decrease in breast cancer mortality). Before the Covid-19 pandemic, BSA screening was at 70%, with Pacific women at an impressive 72%. Māori screening was at 65%.
- During the first two years of Covid-19, BSA closures and delays led to breast screening participation declining to its lowest level in 10 years, with Māori and Pacific populations hit particularly hard (perhaps due to population concentration in Auckland and Waikato, the areas with the longest lockdowns). Recovery is taking time in some areas; in December 2022, Māori screening for the past two years was just 59.3%, Pacific 63.5% and other ethnicities 66.1%. Participation by health district currently ranges from 56% to 73%.⁶

Future thinking:

Breast Cancer Foundation NZ is currently working with key screening stakeholders to investigate options for ultramobile breast screening that will enable more timely screening and diagnosis for women who have difficulty accessing screening. This will involve commitment to new technology, changing scope of practice for mammographers, and more flexible screening protocols – all factors that will be essential to ensuring that screening that meets the needs of New Zealand women.

3. Every New Zealander to have access to timely diagnosis of breast cancer

What we want:

- 1) Investment to allow all patients to be diagnosed within 28 days of specialist referral.

⁴ Lawrenson, R., et al., *Breast cancer inequities between Māori and non Māori women in Aotearoa/New Zealand*. European Journal of Cancer Care, 2016. **25**(2): p. 225-230.

⁵ Breast Cancer Foundation NZ, 2022. 30,000 voices: Informing a better future for breast cancer in Aotearoa New Zealand, Te Rēhita Mate Ūtaetae - Breast Cancer Foundation National Register 2003-2020

⁶ <https://tewhatuora.shinyapps.io/nsu-bsa-coverage/>, accessed 8 February 2023

Context:

- Breast cancer is the leading cause of death for New Zealand women aged under 65.⁷ When found early, it is more likely to be a smaller, early-stage tumour that is more survivable, and more treatable with minimally toxic procedures. Women with stage 3 breast cancer are 10 times more likely to die than those with stage 1, and stage 3 breast cancer costs twice as much to treat in New Zealand as a stage 1 cancer.⁸
- There are two main pathways to diagnosis: through the BreastScreen Aotearoa screening programme, and through a GP referral when a woman (or man) finds a symptom such as a lump (“symptomatic diagnosis”).
- Pressures on hospital breast clinics mean that symptomatic diagnosis can take many months, depending on the urgency with which the GP referred the patient. The existing Faster Cancer Treatment target only measures the 20% of patients referred with urgent priority, yet many breast cancers are found in women referred with lower priority (one of the country’s largest hospitals told us 30% of diagnoses are from non-urgent referrals).
- The optimal timeframe from referral to diagnosis for cancer is within 28 days.⁹

Future thinking:

New blood tests that help with triaging primary care referrals, predicting the likelihood of cancer, are being piloted overseas. New Zealand should be actively participating in assessment of these tests in our local population. Breast Cancer Foundation NZ is engaging with stakeholders, and keen to support initiatives in this area.

4. Every New Zealander to have access to timely treatment for breast cancer**What we want:**

- 1) A commitment that high-risk patients will receive radiation therapy (RT) within 8 weeks of surgery or 6 weeks of chemotherapy. All other patients will receive RT within 12 weeks of surgery.
- 2) A commitment that people with breast cancer will receive surgery (or chemotherapy if high-risk) within 45 days of date of diagnosis, as recommended in the proposed national Breast Cancer Quality Performance Indicators (Te Aho o Te Kahu Cancer Control Agency).

Context:**Radiation therapy**

- Research shows that delaying radiation therapy (RT) for more than 8 weeks after breast cancer surgery or 6 weeks after chemotherapy increases the risk of cancer coming back in the breast. Other research shows that the risk escalates 12 weeks after surgery.¹⁰

⁷ Ministry of Health, Mortality Web Tool ICD Chapter and Subgroup (2014-2018)

⁸ Lao, C et al. 2021. Breast cancer costs in New Zealand’s public health system. NZMJ Vol 134 No 1545

⁹ Miles A, Asbridge JE. 2019. The NHS Long Term Plan (2019)—is it person-centered? *European Journal for Person Centered Healthcare* 7: 1–11.

¹⁰ Huang, J et al. 2003. Does delay in starting treatment affect the outcomes of radiotherapy? A systematic review *J Clin Oncol*. 2003 Feb 1;21(3):555-63.

- Delays to RT around NZ are widely acknowledged; breast cancer is one of the biggest consumers of RT, but this issue also affects prostate cancer, head and neck cancers, and others.
- There are shortages at all levels of RT workforce: radiation oncologists (many retiring in the next 5-10 years), radiation therapists, medical physicists, nurses. Not enough new trainees are coming through, and for those that are, salaries can't compete with Australia.
- Even though NZ has adopted newer treatment protocols such as shorter courses of RT in breast cancer, the capacity required is far in excess of what is available, and as we improve our practice, such as adopting more complex RT techniques and increasing the proportion of breast conserving surgery, more capacity will be required.
- In 2019, the Ministry of Health announced plans to build regional RT facilities; however, these are taking many years to come on-stream.
- Te Whatu Ora is currently contracting public RT out to private providers in some regions.

Surgery

- The time between a cancer diagnosis and treatment is stressful, even traumatic, for patients and whānau. Patients view their condition as urgent; timely treatment can reduce uncertainty and anxiety.
- The median time to surgery has increased over time, with the percentage of surgeries performed within 31 days of diagnosis substantially decreasing (from 55.7% to 36.8%). Evidence suggests that the Covid-19 pandemic has exacerbated this situation, and surgical resources fall well short of demand across the board.¹¹
- A recent study concluded that an eight-week delay in breast cancer surgery would increase the relative risk of death by 17%, and a 12-week delay by 26%.¹²
- In Australia in 2019-2020, 90% of patients with a principal diagnosis of breast cancer were admitted for surgery within 29 days of diagnosis (and 50% were admitted within 14 days).¹³ In 2018-2020 only one third (36.8%) of New Zealand women diagnosed with breast cancer had their surgery within 31 days of their date of diagnosis, and this proportion has declined over time. 88% of New Zealand women in the Register had their surgery with 62 days of diagnosis.¹⁴
- The proposed national Breast Cancer Quality Performance Indicators (Te Aho o Te Kahu Cancer Control Agency) recommend that patients for whom surgery is the recommended first treatment should have it within 45 days of date of diagnosis.

Future thinking:

Emerging science and clinical trials are improving clinicians' understanding of who needs specific treatments and who can avoid unnecessary treatment. This includes genomic tests that predict the

¹¹ <https://www.1news.co.nz/2023/01/27/thousands-more-people-added-to-elective-surgery-wait-lists/>

¹² Hanna, T.P., et al., *Mortality due to cancer treatment delay: systematic review and meta-analysis*. BMJ, 2020. **371**: p. m4087.

¹³ Australian Institute of Health and Welfare. *Elective surgery access*. 2020; <https://www.aihw.gov.au/reports-data/myhospitals/intersection/access/eswt>

¹⁴ Breast Cancer Foundation NZ, 2022. 30,000 voices: Informing a better future for breast cancer in Aotearoa New Zealand, Te Rēhita Mate Ūtaetae - Breast Cancer Foundation National Register 2003-2020

benefit of chemotherapy and newer drugs; the NZ Breast Special Interest Group (SIG) of doctors has informed Pharmac that patients need these tests. A newer opportunity is a blood test to predict benefit from radiation therapy. Spending c. \$3000 on such tests for eligible patients has potential to save cost and free up scarce machine and workforce resources.

5. Funded access to highly strategic breast cancer drugs

What we want:

- 1) Funded targeted treatment for early and advanced triple negative breast cancer by Q1 2024
- 2) Funded T-Dxd for advanced HER2+ and HER2-low breast cancer by Q1 2024

Context:

- Triple negative breast cancer (TNBC) is the deadliest form of breast cancer, and accounts for 10% of all breast cancers in New Zealand. Younger women are more likely than other age groups to be diagnosed with TNBC. In New Zealand, 10-year survival with TNBC is 79%, compared with 92% for the lowest-risk subtype.¹⁵
- In recent years, new targeted (immunotherapy) drugs have become the standard of care for triple negative breast cancer in international and NZ treatment guidelines and in international clinical practice, in particular Keytruda and Trodelvy. However, New Zealand does not have any targeted treatments for TNBC.
- Another aggressive form of breast cancer is HER2+, accounting for 15% of all diagnoses. Younger women have a higher incidence of HER2+ breast cancer than other age groups, and Pacific women have a higher incidence than all other ethnicities, and Māori women higher than European women.
- New Zealand has several funded targeted drugs for HER2+ breast cancer, with Herceptin the mainstay in early breast cancer, and two additional options widely used in advanced breast cancer. A new drug trastuzumab deruxtecan (T-Dxd for short; brand name Enhertu) has had unprecedented results in treating advanced HER2+ and HER2-Low breast cancer. It is widely regarded as a game-changer in the same way that Herceptin was 20 years ago; we have rarely seen oncologists so excited by the potential of a new medicine. T-Dxd is rapidly being incorporated into international guidelines as the preferred treatment for advanced HER2+ breast cancer, and more recently for HER2-low advanced breast cancer.
- Pharmac has recently received applications for Keytruda TNBC, and T-Dxd for advanced HER2+ breast cancer.

Future thinking:

The recent Pharmac Review made it clear that system change must occur if high cost medicines and other cancer drugs and treatments are to be more affordable and accessible. BCFNZ and other NGOs suggested that Pharmac adopt a payment-by-health-outcome – as used in countries like France, Germany and Italy – where the price paid for a medicine would be directly related to the therapeutic outcomes achieved here in New Zealand. The Minister of Health should commit to bringing together

¹⁵ Breast Cancer Foundation NZ, 2022. 30,000 voices: Informing a better future for breast cancer in Aotearoa New Zealand, Te Rēhita Mate Ūtaetae - Breast Cancer Foundation National Register 2003-2020

stakeholders including existing government entities, pharmaceutical companies, international experts and NGOs to develop this kind of creative approach to achieving improved affordability, along with wider and faster access.