

Population Screening for Colorectal Cancer in New Zealand

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Population screening for colorectal cancer (CRC) represents one of a number of intervention options to reduce the morbidity and mortality of CRC in NZ.

Its introduction presupposes evidence of a significant mortality benefit through randomised controlled trials (RCTs) as well as a national health care infrastructure to support timely provision of follow-on investigations especially colonoscopy. Previously other screening programmes in NZ have highlighted the need of national co-ordination and quality control processes to ensure health gains.

In 1998 the National Health Committee Working Party on Screening for CRC did not recommend population screening with faecal occult blood tests (FOBT). This was because of the perceived modest potential benefit, the considerable commitment of scarce health care resources, and the small but real potential for harm.

Wider consultation and further consideration to develop Guidelines on Appropriate Surveillance and Management for Groups at Increased Risk of CRC was recommended. The resulting document was published by the New Zealand Guidelines Group in July 2004 in association with a summary brochure for General Practitioners. The guideline in full is available on the web at

www.nzgg.org.nz

Emerging evidence of the use of other modalities for population screening for CRC include flexible sigmoidoscopy, newer FOBTs, virtual colonoscopy, and DNA stool tests.

The decision on population screening in NZ is therefore ripe for review. To undertake this, the National Screening Unit of the NZ Ministry of Health has convened a 15 member multi -disciplinary advisory group with a preliminary decision anticipated in August 2005.

Crucial to the decision-making process will be a national survey of current colonoscopy resource. This will focus on two main areas: the wait time for colonoscopy in the public health system for both symptomatic patients and those at increased risk of CRC requiring surveillance, and an audit of colonoscopic quality.

Research addressing New Zealanders' knowledge of and attitudes to screening for CRC will also contribute to the advisory group's decision.