



He Pūrongo Mate Pukupuku o Aotearoa 2020 The State of Cancer in New Zealand 2020

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This report provides a summary of *He Pūrongo Mate Pukupuku o Aotearoa 2020, The State of Cancer in New Zealand 2020.* It will be used as a benchmark for monitoring our progress in improving in relation to cancer prevention, diagnosis, treatment and support, and will challenge our health sector to improve on its efforts to provide equitable, effective care for all who are affected by cancer. It also highlights gaps in our knowledge; areas where more research and attention could be focused.

The full report is available at: teaho.govt.nz/reports/cancer-state

# Te Aho o Te Kahu

We lead and unite efforts to deliver better cancer outcomes for Aotearoa.

Our name and logo symbolise our commitment to the principles of Te Tiriti o Waitangi, equity and uniting stakeholders along the cancer pathway.

## Purpose of our organisation

- To provide national leadership for, and oversight of, cancer control.
- To provide sound policy advice to the Government on cancer control.
- To be accountable for ensuring transparency in progress towards the goals and outcomes in the Cancer Action Plan.

Fewer cancers	Kia iti iho te mate pukupuku
Better survival	Whakapai ake i te mōrehutanga
Equity for all	Kia taurite ngā huanga

# teaho.govt.nz

# WHAT YOU WILL FIND IN THIS SUMMARY

#### **Cancer in Aotearoa**

Outlines the most common cancers in Aotearoa, looking at trends in incidence, survival and mortality.

#### **Inequities in cancer**

Addresses the cancer inequities for different groups in Aotearoa. This includes Māori, Pacific peoples, Asian peoples, those living in deprived and rural areas, disabled people and SOGIESC-diverse peoples

#### The people providing cancer care

Focuses on the people and workforces that provide care across the cancer care pathway.



#### The cancer pathway

**Prevention** considers people's contact to some of the most common causes of cancer, such as tobacco, alcohol, some infections and sunburn.

**Screening** is one way of preventing cancers from developing and/or treating them early. Aotearoa has three cancer screening programmes: for breast, cervical and bowel cancers.

**Diagnosis** deals with the pathways that result in diagnosis of cancer and how timely they are.

**Treatment and research Treatment** discusses the broad range of treatment options that are available in Aotearoa. **Research** considers the current state of cancer research in Aotearoa.

#### Survivorship and surveillance

Covers the phases of cancer care beyond the original diagnosis and treatment stages

#### Palliative care and end-of-life care

Shifts the focus from cancer treatment towards symptom treatment and quality of life; as well as providing services and support for the person's physical, emotional, social and spiritual needs as they approach death.

You can find out more details about the state of cancer in Aotearoa from the full report: *He Pūrongo Mate Pukupuku o Aotearoa 2020 The State of Cancer in New Zealand 2020* 

A te reo version of this summary is available at: teaho.govt.nz/reports/cancer-state

# **Cancer in Aotearoa**

Each year approximately 26,000 New Zealanders are diagnosed with cancer.

The most common cancers are: breast, lung, colorectal and prostate.

## **Cancer diagnoses**

The number of newly diagnosed cancers over a given period of time

3,572 New Zealanders were diagnosed including 485 Māori, 273 Asian and 163 Pacific peoples

2,381 New Zealanders were diagnosed, including 507 Māori, 125 Asian and 122 Pacific peoples

3,189 New Zealanders were diagnosed, including 230 Māori 132 Asian and 77 Pacific peoples

4,176 New Zealanders were diagnosed, including 311 Māori,123 Asian and 130 Pacific peoples

# Breast

## Lung



### Colorectal



**1,214 New Zealanders** died, including **76 Māori, 34 Asian** and **30 Pacific peoples** 

including 368 Māori, 68 Asian and

**Cancer deaths** 

period of time

The number of deaths over a given

including 76 Māori, 32 Asian and

680 New Zealanders died,

1.781 New Zealanders died.

44 Pacific peoples

**95** Pacific peoples

#### Prostate



**695 New Zealanders** died, including **62 Māori, 15 Asian** and **19 Pacific peoples** 



Children, adolescents and young adults

In 2019 **150** children (0–14 years) were diagnosed with cancer in Aotearoa.

In 2018 **176** adolescents and young adults (12–24 years) were diagnosed with cancer in Aotearoa.



# **Inequities in cancer**

Cancer does not impact all groups within our population evenly. There are inequities at every step along the cancer pathway.

### Māori

- Māori are 20% more likely than non-Māori to develop cancer, but twice as likely to die from it.
- The cancers that more commonly affect Maori tend both to be highly preventable and to have a poor prognosis.
- Cancer survival rates are improving for everyone, but there is still a big gap between Māori and non-Māori survival rates.
- Once diagnosed with cancer, Māori continue to experience poorer ٠ survival rates than non-Māori for nearly all the most common cancers.
- The lower survival rates for Maori can be caused by worse access to early diagnosis, screening, treatment and due to other health conditions alongside the cancer.



#### Incidence and morality data for Māori (2007-2017)

## Pacific peoples

- Pacific peoples have especially high rates of cancer and mortality for a range of cancers compared with non-Pacific, with notably high rates of uterine cancer.
- Pacific peoples in Aotearoa have worse survival rates compared with other groups.
- Screening programmes don't work so well for Pacific peoples, with fewer participating.

#### Incidence and morality data for Pacific peoples (2007-2017)



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Non-Māori/Non-Pacific peoples/Non-Asiar Māori

## Other groups

## Asian people

- The most common cancers among Asian peoples are breast, colorectal, lung and prostate.
- Lung cancer is the most common cause of cancer death for Asian peoples, followed by breast and colorectal cancers.
- Thyroid cancer rates are higher for Asian peoples than among other ethnic groups.
- Screening programmes don't work so well for Asian people, with fewer participating.

## People living rurally

- Cancer rates overall in rural Aotearoa are around 25% lower than for people living in our main urban areas.
- People living in more remote areas are likely to find it harder to access detection and treatment services for their cancers because they live further away from where most cancer services are based.

## People with disabilities

- Disabled people experience increased health risks and face a range of barriers to health care including transport, communication issues and access to services.
- Research has found that screening programmes don't work so well for disabled people, with fewer participating.

## People who live in deprived areas

- Those living in deprived areas may have less access to the kinds of things we know prevent some cancers from developing, such as nutritious food and clean, green spaces for physical activity.
- Those living in deprived areas are also more likely to be exposed to the things that cause some cancers, such as tobacco, unhealthy food and drink, and some infectious diseases that are more common in overcrowded and poor-quality living conditions.
- Cancer rates are higher for those living in more deprived areas.
- Stomach and lung cancer rates are much higher in the most deprived areas of Aotearoa compared with our least deprived areas.

# People with mental health and addiction issues

- People living with mental health and addiction issues have a lower life expectancy compared with the other groups, mainly due to dying early from other illnesses, such as heart disease and cancer.
- Research in Aotearoa has found that, among people diagnosed with breast or colorectal cancers, survival is much poorer for those who have recently had contact with specialist mental health services.
- Being diagnosed late is an important factor to poor cancer survival for those with a mental health diagnosis as their mental health problems can mean their other health problems are overlooked.

## SOGIESC\*-diverse people (LGBTQI+/Rainbow)

- People from the LGBTQI+ community are less likely to see a doctor because they are concerned about being mistreated or disrespected for their sexual orientation, gender identity and expression, or sex characteristics.
- People with HIV have a higher risk of developing some cancers than the general population.

\*SOGIESC – sexual orientation, gender identity and expression, and sex characteristics



# The people providing cancer care

A huge range of professional's work to prevent, screen for, diagnose and care for people with cancer. These people work in community and hospital-based settings.

## People working in cancer care

#### **Primary health care**

Health care provided in the community, including general practitioner (GP), practice nurse, nurse practitioner, pharmacist or other health professionals

#### Surgeons

eg, colorectal, cardiothoracic, urology, gynaecology

#### Pathologists

eg, anatomical, general, chemical, forensic

#### Other hospital specialists

eg, palliative care, respiratory, cardiology, gastroenterology

#### Allied health professionals

eg, dietician, medical imaging (sonographer, radiographer), occupational therapist, physiotherapist, pharmacist, psychologist, radiation therapist, social worker

#### Cancer, haematology and palliative care nurses

The largest group of health care professionals in the cancer care sector in Aotearoa

> Child (paediatric oncologists), adolescent and young adult cancer care specialists

#### Radiologists

Diagnostic and interventional radiologists

#### Specialist cancer and haematology doctors

Radiation oncologists, medical oncologists, haematologists

#### Kaupapa Māori providers

A 'by Māori for Māori' approach to health services, based on Māori being empowered to determine their own health from within their own value system

#### Some of the issues facing the cancer workforce

- A large proportion of most cancer specialist workforces are set to reach retirement age in the next 20 years.
- The current workforce does not reflect the current population makeup of Aotearoa, for example, at most, 4% of professionals in our cancer specialist workforces are Māori whereas 16.5% of the population identify as Māori.
- Sometimes there are issues with communication and sharing information between hospital services and primary care (eg, general practice, community services).

#### Non-governmental organisations (NGOs)

- NGOs play an important role in raising awareness and understanding of cancer. They provide advice and support to people with cancer and their whānau.
- There are 218 registered cancer agencies in Aotearoa 6 charities per 1,000 people in Aotearoa compared with 2.5 charities per 1,000 people in the United Kingdom. This creates some double-up of services and can lead to challenges and inequities as different charities compete for the same dollar.

# The cancer pathway

A person's journey from screening, diagnosis, treatment to living well with and beyond cancer.

## **Preventing cancers**

Up to half of all cancers in Aotearoa could be prevented if we reduced our exposure to cancer risk factors.

Preventing cancer is better for individuals, whanau and the health system.

Many New Zealanders live, work or play in environments which increase their exposure to cancer risk factors.

Māori, Pacific and low-income groups are more likely to be exposed to unhealthy environments and this is unfair and unjust. For example, there are more shops selling tobacco, alcohol and unhealthy foods in low income communities.

A variety of actions have been taken to reduce New Zealanders exposure to cancer risk factors. We have made good progress on reducing smoking rates and preventing tobacco related cancers, but we have not done as well for Māori, Pacific and low-income communities. Immunisation has reduced hepatitis B and HPV infections.

#### About 30–50% of all cancers are preventable.

Things that we know can cause cancer:

- tobacco
  - alcohol
- too little exercise
  too much weight
- sun burn • exposure to cancer-causing substances at work
- infections, such as hepatitis B and C and HPV.

#### Influences on a person's health

Just as there are many influences on a person's health and exposure to cancer risk, there is a range of prevention approaches in cancer control. These approaches could focus on individuals or they could focus on communities and certain populations.





unhealthy foods

## The cancer pathway – Prevention

## Tobacco

- Tobacco causes over 80% of lung cancers and also causes many other cancers.
- Aotearoa has a strong and ongoing focus on reducing the number of people that smoke tobacco products.
- Smoking rates have fallen from 33% in 1983 to 12% in 2019.
- Māori, Pacific and low-income groups continue to have higher rates of smoking.

#### Prevention activities:

- Multiple actions aimed at stopping young people from starting to smoke, supporting smokers to stop smoking and preventing others from being harmed by secondhand smoke. This has included price increases, banning smoking in indoor environments and banning advertising, as well as education and awareness raising. In 2020, smoking in cars with children was banned and vaping products were regulated.
- Recently the Ministry of Health has worked with young Māori women to codesign best practice guideline for quit smoking services.



## Alcohol

- Alcohol causes many common cancers including breast and bowel cancer.
- Most New Zealanders drink alcohol and one in four drink at harmful levels.
- Harmful drinking patterns are more common in men (all ages and ethnicities), young people (aged 18-24 years) and Māori and Pacific adults.
- Reducing alcohol consumption is an important preventative strategy for reducing a number of cancers

#### Prevention activities:

- Multiple actions aimed at reducing alcohol harms including drink driving legislation, pregnancy warning labels, and safe drinking guidelines.
- There has been limited progress on reducing alcohol affordability, availability or advertising, which is more likely to reduce overall consumption of alcohol.





Common cancers linked to

drinking alcohol

Voice box

Breast

There is some

evidence that

alcohol also

increases the

risk of gastric and pancreatic

cancers.

(in women)

(larynx)

Mouth and upper

throat (pharynx)

Food pipe

(oesophagus)

Bowe

Liver

1 in 4 drinkers drink hazardously

# Unhealthy foods, too little exercise and body weight

- What we eat, how much physical activity we do and our body weight can affect our risk of developing cancer. For example, eating a diet high in meat and ultra-processed foods (such as takeaways and fullsugar drinks) and low in fruit and vegetables and fibre can increase your risk of developing bowel cancer. Too much body weight has been linked to many common cancers including bowel and breast cancer.
- Many New Zealanders do not eat enough fruits and vegetables and don't do enough physical activity.
- Māori, Pacific and low-income communities are more likely to have higher body weight.
- The good news is that increasing how much activity we do, and improving our diets, can protect us from developing some cancers.



#### Excess body weight increases the risk of these cancers



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Prevention activities (for nutrition, physical activity and body weight)

• A variety of strategies have been used to improve nutrition, physical

activity and help people maintain a healthy body weight. Previously, most activities have focussed on education and awareness raising. However, there is now a stronger focus on creating healthy environments where it's easy to eat a healthy diet and be active. Examples are the 'Healthy Active Learning' programme in schools, and



the 'Healthy Families' programme in some communities (Ministry of Health 2020e).

## To much sun

- Ultraviolet (UV) radiation from the sun or sun beds causes 90% of all skin cancers.
- Skin cancers are the most common cancers diagnosed in Aotearoa. These cancers are more common in men and the risk increases with age.
- At least half of all adults have been severely sunburned at least once over their lifetime which puts them at risk of developing skin cancer. Access to shade in outdoor spaces and playgrounds is limited, particularly in low-income neighbourhoods.

#### Prevention activities:

New Zealand has had a strong focus on education and awareness raising about appropriate sun protection behaviours. In 2017, the use of sunbeds by people under 18 years old was banned.

There is an increasing focus on creating supportive environments. For example, the Cancer Society provides a 'SunSmart Schools' programme and some councils have created outdoor sun protection or shade policies.

### **Be SunSmart**

Being SunSmart is about protecting skin and eyes from damaging UV radiation – especially when outdoors from September to April.

Slip on a shirt Slip on a shirt with long sleeves. Fabrics with a tighter weave and darker colours will give you better protection from the sun.



Slop on sunscreen sign on plenty of broad spectrum sunscreen of at least SPF slop on plenty of broad spectrum sunscreen of at least SPF



# Exposure to cancer-causing agents at work

- Past exposure to asbestos is the leading cause of workplace cancers. Asbestos causes lung cancer and mesotheliomas.
- 50% of all workers in Aotearoa are exposed to workplace cancercausing agents such as wood dust (sawmills), UV radiation (agricultural workers) and diesel fumes (transport workers).
- Exposure to workplace cancer causing agents is more common in men, and men account for 90% of work-related cancer deaths.

#### **Prevention actions**

All workplace cancer prevention activities are coordinated by WorkSafe, the government organisation responsible for workplace health and safety in Aotearoa. Employers are required take all actions to minimise the risk of exposure to workplace cancer causing agents.



New Zealanders were diagnosed with mesothelioma in 2018, including 5 Māori. New Zealande died from mesothelioma in 2017. Mesothelioma may develop many years after asbestos exposure, which is why we are still seeing cases despite regulations around managing the risks of asbestos.

Source: Ministry of Health cancer data (incidence and mortality) and Ministry of Health 2017

# The cancer pathway – Prevention

## Infections causing cancer

- There are four main infections that can cause cancer. These are: Helicobacter pylori (H. pylori) which causes over 90% of stomach cancers; human papillomaviruses (HPV) which cause over 90% of all cervical cancers; and the hepatitis B (HBV) and hepatitis C viruses which cause over 80% of all liver cancers.
- Cancer causing infections are more common in Māori, Pacific peoples and people living in more deprived areas.

#### Prevention activities:

Different strategies are used for different infections.

For H pylori, the focus has been on treatment of people with symptomatic infections.



A large proportion of stomach cancer is caused by Helicobacter pylori infection, usually contracted during childhood.

408 New Zealanders were diagnosed with stomach cancer in 2018. including 82 Māori.

288 New Zealanders died from stomach cancer in 2017. including 47 Māori

Poverty and household overcrowding are risk factors for **H. pylori**.

H pylori

Source: Ministry of Health cancer data (incidence and mortality) and Signal et al 2020b

For HPV and HBV immunisation has been the key prevention strategy.



For hepatitis C, new treatments mean hepatitis C can now be cured in most people, so early diagnosis and treatment is the key cancer prevention strategy.



Human papillomavirus (left) Hepatitis B (right)





Source: Ministry of Health cancer data (incidence and mortality) and Gurney et al 2020



# The cancer pathway – Screening

## Screening for cancer

Screening is one way of preventing cancers from developing and/or treating them early.

- Aotearoa currently has three cancer screening programmes for breast, cervical and bowel cancers.
- The three screening programmes are well run but do not work equally well for all people.
- Screening for lung cancer is another screening programme that is being researched and could be possible in the future.

#### Breast

Breast screening is offered to women 45–69 years old every 2 years using X-rays of the breast (mammogram).

Breast screening aims to pick up breast cancer early, before it spreads.



### Breast screening coverage in 2020



#### Cervical

Cervical screening is offered to women 25–69 years old every 3 years by looking at a sample of cells taken from the lower end of the womb.

Cervical screening aims to pick up and treat cell changes before they become cancer.



# The cancer pathway – Screening

### Bowel

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Bowel screening is offered to people 60–74 years old every two years. This test can detect tiny traces of blood present in a small sample of bowel motion (poo) – which may be an early warning sign that something is wrong with the bowel.



Bowel screening aims to pick up and treat changes before it becomes cancer or find bowel cancer at an early stage.

The bowel screening programme is expected to be fully national by the end of 2021.





# The cancer pathway – Diagnosing cancers

Diagnosed at latest stage

(stage 4)

## **Diagnosing cancers**

Diagnosing cancer can be complex. Often people will require many tests by different specialists and in different settings.

 People diagnosed at an early stage of their cancer are more likely to survive and have better quality of life.

#### Five year survival by stage at diagnosis

Diagnosed at earliest stage (stage 1)

•







People have different pathways to diagnosis. Ideally people are either

- diagnosed by a screening programme or are seen in primary care and referred through to hospitals services for specialist assessment. However, this does not always happen.
- One reason this might not happen is due to experiencing difficulty in accessing primary care services.

- Some people aren't diagnosed with cancer until they get very unwell and go to the emergency department.
- People who are diagnosed in an emergency department are more likely to have advanced and incurable cancer.
- In 2019/20, 15% of adults aged over 15 years visited the emergency department at least once in the last 12 months.

#### Diagnosed via emergency department

<u>tŧtŧt</u>ŧt



45% of lung cancer patients are diagnosed via emergency department

26% of **bowel cancer** patients are diagnosed via emergency department

• People do not always recognise the signs and symptoms of cancer which can lead to delays in seeking medical care, whatever the entry point into health care services.

Unmet need from primary health care services in Aotearoa, 2019/20

Tin 3 New Zealanders reported some form of unmet need for primary health care services Māori were **1.4** times more likely than non-Māori to report having had an **unmet need** 

People who live in more deprived areas were 1.4 times more likely than to report having had an unmet need

#### Timely access to diagnostic services

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In 2019, our public health system performed the following diagnostic tests for cancer:

20,558 gastroscopies	2,690 bronchoscopies
(to look at the	(to look at the
stomach and oesophagus)	lungs)
	26,558 gastroscopies (to look at the stomach and oesophagus)

Colonoscopy is used to diagnose bowel cancer and the demand for these is increasing. The wait time is measured by DHBs and includes all patients referred for a colonoscopy, not solely people with cancer.



#### Faster Cancer Treatment (FCT)

All care that people receive along their diagnostic and treatment pathway should be performed in a timely manner. There is an expectation that people referred to hospital services and triaged as having a high suspicion of cancer (with a need to be seen in two weeks) will receive further diagnostic tests and start their first treatment (or other management) within 62 days of the referral being received by the hospital.



In order to support the early diagnosis of cancer the whole cancer diagnostic pathway needs to be working well.

#### Parts of an effective diagnostic pathway



# The cancer pathway – Treating cancers

## **Treating cancers**

The three key cancer treatments in Aotearoa are: surgery, radiation therapy and cancer medicines.

#### Surgery



Surgery is the most common type of cancer treatment used in Aotearoa. Cancer surgeries are performed in public and private facilities by surgeons (for major procedures) or by dermatologists or general practitioners (GPs) (for minor skin surgeries).

#### Radiation therapy



Radiation therapy uses ionising radiation to destroy or damage cancer cells to stop them multiplying and growing. There are six public cancer centres and four private cancer centres that provide radiation therapy in Aotearoa.

### Chemotherapy/anti-cancer therapy



Systemic anti-cancer therapy involves drugs being spread throughout the body to treat cancer cells wherever they lie. It includes chemotherapy, hormonal therapy, immunotherapy and targeted therapies.

#### The National Child Cancer Network (NCCN) brings

together health professionals, carers and stakeholder organisations to work collaboratively and provide



leadership for service development across child cancer services in New Zealand. There are two treatment centres for childhood cancer in Aotearoa: Starship Blood and Cancer Centre, Auckland, and the Children's Haematology Oncology Centre, Christchurch.

#### The Adolescent and Young Adult (AYA) Cancer Network

Aotearoa was established in 2013 to provide strategic direction and clinical leadership of AYA cancer care in New Zealand. The Network is a membership



organisation that connects hands-on health professionals and support providers from many disciplines and organisations. The aim of the network is to find new and innovative ways of delivering care to all AYAs diagnosed with cancer and ultimately, to improve outcomes.

## Rongoā

Rongoā is a traditional healing system for Māori. The Ministry of Health contracts 20 providers to deliver rongoā across Aotearoa.

## Tikanga ā-Rongoā



1: Tino Rangatiratanga – the tūroro (patient) is at the centre of the service.







3: Rongoā Taonga Tuku Iho - rongoā services are delivered according to tikanga.



4:Te Mauri o te Rongoā – rongoā services promote and maintain high safety standards.

5: Te Kahukiwi Rongoā – rohe (regions) will define, determine and monitor rongoā tikanga.

Source: Ministry of Health 2014

## Cancer medicines

Te Pātaka Whaioranga/Pharmaceutical Management Agency (also known as PHARMAC) is a governmental agency that decides which medicines to fund, including all medicines used in cancer treatment.

- Te Pātaka Whaioranga approved six new cancer medicines for funding during the 2019/20 financial year. These medicines will help:
  - more than 2,000 New Zealanders in the first year of funding
  - up to 950 more New Zealanders over each subsequent year.
- Māori and Pacific peoples and those living in more deprived neighbourhoods have significant barriers to accessing and using the medicines that are currently funded.

## Telehealth

COVID-19 resulted in an unparalleled change in the way cancer services were being delivered in Aotearoa. Health professionals had to quickly shift consultations with patients and their whānau from the hospital setting to primarily via telephone and, to a lesser extent, video (known as telehealth).



## The cancer pathway – Treating cancers

## Genomic testing

Genomic testing is used to detect changes either within cancer cells or in a person's DNA. This may help confirm a diagnosis, predict the aggressiveness of the cancer, predict the likelihood that the cancer will respond to certain drugs or identify a syndrome that predisposes the person, or their whānau, to additional cancers.

Inconsistencies in access to genomic testing is a significant challenge. Patients in some DHBs may have easy access to a particular test, whereas patients in other DHBs may have limited access and/or be required to fund the test themselves.

### Research

Cancer research is important to show how we can better prevent, diagnose, treat and care for people with cancer.

Cancer causes more death and suffering than other conditions and so is the most funded and studied health area. We can do better to make sure that cancer research funding goes to where there is the most need and inequities.

Being involved in a clinical trial may allow patients to access cancer drugs that are not publicly funded. However, it can be difficult for people who live away from the bigger cancer centres to access and participate in clinical trials.



# The cancer pathway – Survivorship and surveillance

## Survivorship and surveillance

More people are surviving their cancers now than ever before, but Aotearoa is falling behind other high-income countries in cancer survival rates.

Between 1995 and 2014 Aotearoa experienced similar changes in cancer rates and cancer deaths as other high-income countries. However, improvements in cancer survival rates have been slower in Aoteatroa compared with other countries.

Survival rates for most cancers are improving in Aotearoa. However cancer survival varies a lot depending on the type of cancer.



The number of people living with and beyond cancer is expected to rise rapidly because:

- our population is growing and getting older
- we are constantly improving how we diagnose and treat different cancers.

# Keeping an eye out for returning or new cancers

There are services that help monitor for returning cancers and late side effects of treatment. For example, the Late Effects Assessment Programme (LEAP) was established in 2006. LEAP focuses on children and young people, usually about two to five years after cancer treatment has finished and most of their disease surveillance programme has ended. The programme deals with the outcomes of the treatment that was necessary to cure the cancer.

Currently in Aotearoa, there are only a few guidelines available around good practice in monitoring after cancer treatment, and different areas of the country monitor in different ways.



## Palliative and end-of-life care

New Zealanders should all have timely access to high quality palliative and end of life care regardless of where they live, their age and their ethnicity.

As our population ages, palliative care is being provided more and more in aged residential care and in the community.

- Modelling shows that, by 2038, the number of people needing palliative care will increase by more than 50% compared with 2015 levels, with an increase of 90% by 2068.
- Palliative care is delivered by a mix of primary health care, community and specialist services, mostly funded through DHBs with charitable fundraising contributing to hospice services.
- Currently, not all New Zealanders have equal or early access to palliative care.
- It is estimated that 78% of people who die of cancer use hospice at some stage of their illness. People with cancer are often referred to hospice early; however, one-quarter are referred in the last four weeks of life.



- The End of Life Choice Act will come into force in November 2021. This new Act gives eligible people who have a terminal illness the option to request an assisted death.
- High-quality end-of-life care relies on good collaboration between primary and secondary health care providers, specialist palliative care services, aged residential care and hospice.
- Aotearoa ranked third in the 2015 Quality of Death Index an index that ranks the availability, affordability and quality of end-of-life care in 80 countries.

# Snapshot of national hospice services for 2019

## 9,677 people and their whānau were supported

**by hospice.** Hospice care primarily focuses on the person who is dying, but services are also available for the whānau both before and after their loved one has passed away.

Hospice supported 1 in 3 people who died in Aotearoa during the year. 54% of Māori using hospice services died at home.

4% of people using hospice services had a cancer diagnosis.

of people using hospice services were cared for at home – with no admission to an inpatient facility.