

Enhancing patient-centred approaches to optimise early-breast cancer care

A review of current practice and opportunities for improvement in New Zealand

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About this research

“Enhancing patient-centred approaches to optimise early-breast cancer care: a review of current practice and opportunities for improvement in New Zealand” is a report by Economist Impact examining the existing breast cancer care pathway in New Zealand and the factors that help or hinder the goal of achieving optimal patient-centred care.

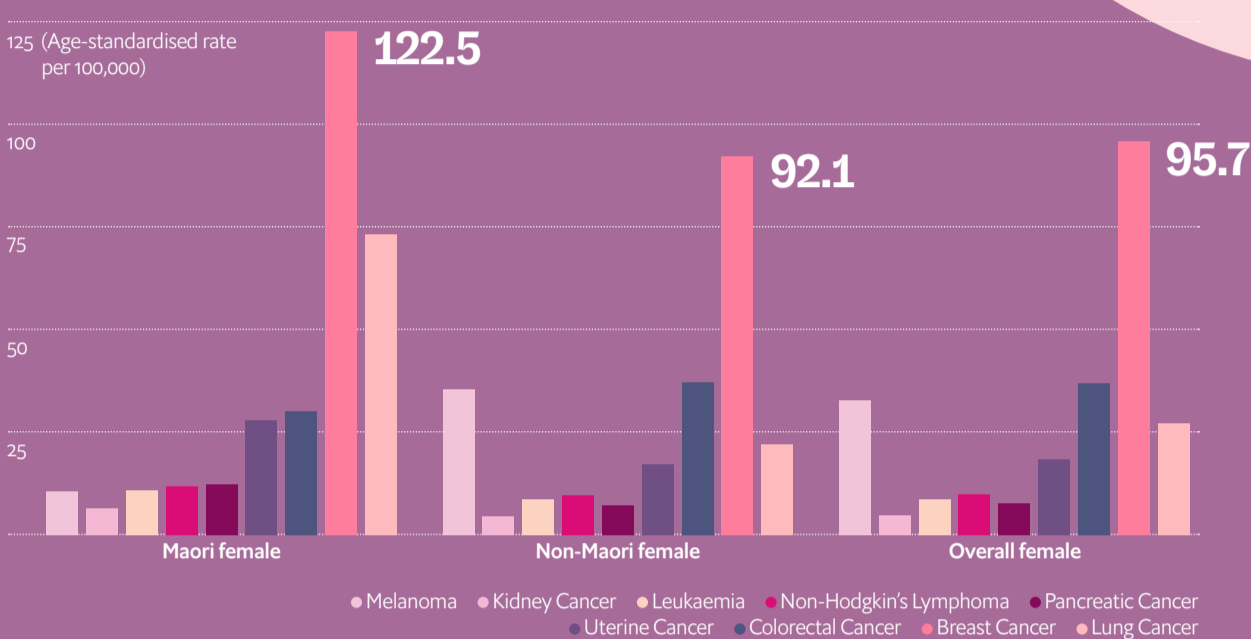
The research aimed to understand the unmet needs within the health system and opportunities for improvement. We analysed the current burden of breast cancer in New Zealand, and how patient-centred care can be improved by building awareness, promoting screening and early detection, improving diagnosis and prognosis, and ensuring access to high-quality treatment, including supportive and palliative care.

Our goal is to help develop patient-centred care pathways and improve long-term outcomes for women with breast cancer in New Zealand. We hope to do this by identifying unmet needs for early breast cancer care and analysing factors that act as barriers or facilitators to delivering patient-centred early breast cancer care. We conclude by listing opportunities to optimise early breast cancer care and improve outcomes for people living with breast cancer in New Zealand.

The burden of breast cancer in New Zealand

Breast Cancer is the most common cancer diagnosed in women in New Zealand with around 3,500 new cases a year. Wāhine Māori have a significantly higher breast cancer registration rate than non-Māori women.¹

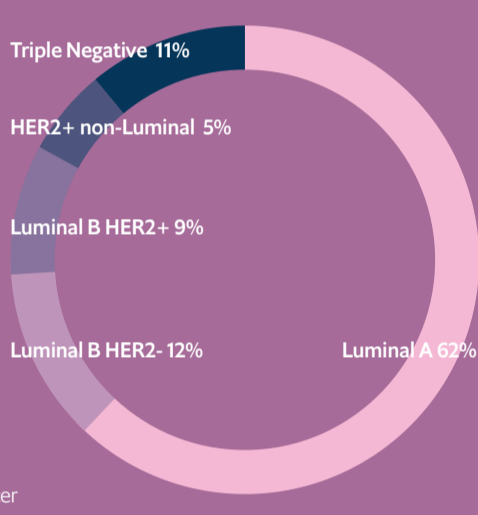
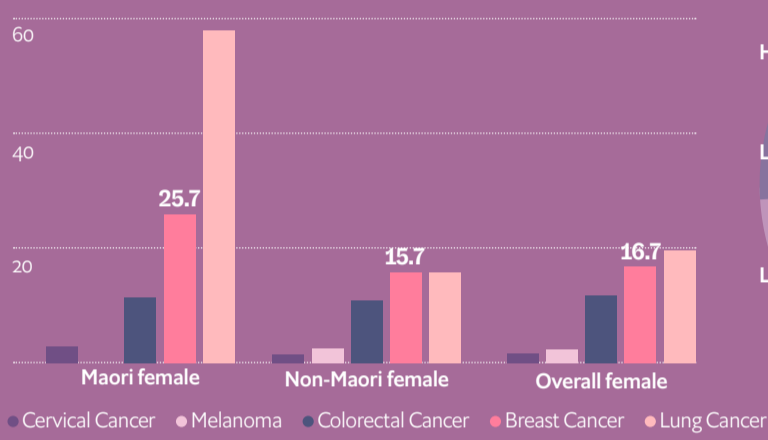
Age-standardised registration rates for the most commonly diagnosed cancers in women by ethnicity, New Zealand 2019



Māori women have a 60% higher breast cancer mortality rate than women of European descent in New Zealand, which is associated with advanced stage and lower proportion of screen-detected cancer.²

In New Zealand, the triple-negative subtype, seen in 11% of women, has the worst prognosis and is associated with higher death rates and poorer five-year breast cancer-specific survival (81.1%).³

Age-standardised death rates for the most commonly diagnosed cancers in women by ethnicity, New Zealand 2019



The cost of breast cancer in New Zealand

Breast cancer is the second-most expensive cancer in New Zealand (following colorectal cancer), costing \$126.7 million (NZD) per year and accounting for 14% of total cancer costs. Earlier stage cancers are associated with lower treatment costs, further promoting the importance of early diagnosis and treatment.⁴

Stage I: NZ\$26,930



Stage II: NZ\$31,372



Stage III: NZ\$42,273



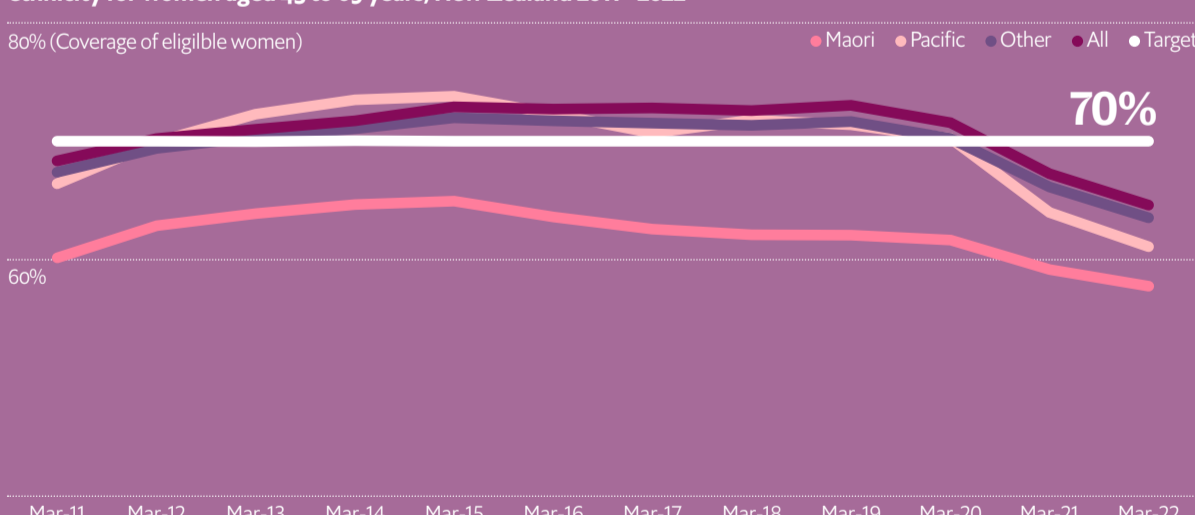
Stage IV: NZ\$50,388



Screening and diagnosis

New Zealand's national screening programme, the publicly funded BreastScreen Aotearoa (BSA) programme has led to traceable improvement in early detection and reduced mortality rates in women with breast cancer in New Zealand. However the coverage rate for Māori women is much below the desired 70% target.⁵

BreastScreen Aotearoa (BSA) District Health Board (DHB) coverage by ethnicity for women aged 45 to 69 years, New Zealand 2011 - 2022



Key opportunities to optimise early breast cancer care and improve outcomes for people living with breast cancer in New Zealand

1. Move beyond mortality and focus on quality of life: In New Zealand, the outcome measures for breast cancer management should go beyond simply mortality reduction. The target should be to improve quality of life by providing patient-centred care and support.



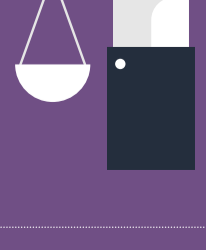
2. Establish a coalition or alliance of stakeholders: To align the priorities of individuals impacted by breast cancer (patients and carers) and the priorities of the decision makers, there is a need to establish a breast cancer expert coalition or strategic alliance made up of patient advocates, industry representatives, academia, as well as relevant healthcare professionals.



3. Aspire for world-class care with improved access to innovative treatments: To meet the international standards of breast cancer care, the health system should identify the right outcomes and define tangible key performance indicators (KPIs). The aim should be to achieve improved patient-centred care and treatment options and ensure that health budgets are better targeted towards the interventions that would have the biggest effects on patient care and outcomes.



4. Ensure screening programmes are available and are equitable: Since screening programmes play a vital role in early detection, thereby, impacting patients outcomes, monitoring and evaluating screening programmes at regular intervals is essential. The screening programme data, alongside important KPIs such as coverage and uptake, can be used to inform policy makers whether the screening programme is delivering the expected benefits or not. Ensuring uptake and availability of screening programmes is accessible for Māori and Pacific peoples is key to improving outcomes.



¹ New Zealand Cancer Registry. New cancer registrations, 2019, Ministry of Health

² Mortality Web Tool Database, Ministry of Health, New Zealand

³ Lawrenson R, Lao C, Campbell J, et al. The impact of different tumour subtypes on management and survival of New Zealand women with Stage I-III breast cancer. N Z Med J. 2018

⁴ Chunhuan Lao, Mohana Mondal, Marion Kuper-Hommel, Ian Campbell, Ross Lawrenson. Differences in Breast Cancer Costs by Cancer Stage and Biomarker Subtype in New Zealand.

⁵ National Screening Unit, Ministry of Health, New Zealand. BreastScreen Aotearoa District Health Board Coverage Report