



NEW ZEALAND ASSOCIATION OF GENERAL SURGEONS

Promoting Surgical Excellence

Statement regarding the New Zealand Bowel Screening Programme

New Zealand has one of the highest rates of colorectal (bowel) cancer in the world, with approximately 3200 new cases a year and over 1200 deaths from the disease. The NZ Bowel Screening Programme (NZBSP) has undertaken a pilot study in Waitemata in Auckland from 2012 to 2017 to gauge the effectiveness of a screening test which detects traces of blood in faeces (bowel motions), and is called the Faecal Immunochemical Test (FIT). If traces of blood are detected, the patient is referred on for a colonoscopy (camera test of the bowel). There is clear evidence that screening of this type reduces death from bowel cancer (Cochrane Library, 2007). The Waitemata pilot study has demonstrated findings indicating an expected similar reduction in bowel cancer deaths.

Lately, there has been some debate in the media about another method of bowel cancer screening using Flexible Sigmoidoscopy (FS). This test has also been shown to be effective (Aitken W et al, Lancet 2017) and in the U.K. is used in addition to a faecal occult blood test offered from the age of 60 years. After much deliberation involving gastroenterologists, surgeons, specialist nurses, general practitioners, oncologists, consumer representatives, radiologists, pathologists, public health specialists and more, the NZBSP has opted to use the newer immunochemical faecal occult blood test or FIT. This test will be offered to people every two years from the age of 60 to 74 and will be rolled out in phases around New Zealand from 2017 to 2019.

Whilst FS is an effective test at detecting bowel cancers and pre-cancerous growths (polyps) in the distal bowel in screening programmes, more people tend to do the FIT test and there are concerns with applying FS to our situation in New Zealand. FS would use the same endoscopic resource, and to be performed safely requires significant training and similar degrees of expertise and quality assurance as colonoscopy. Currently, our country is not in the position to offer the large numbers of FS required to make this a viable proposition.

The New Zealand Association of General Surgeons endorses the position of the NBSP in adopting Faecal Immunochemical Testing as the preferred method for bowel cancer screening for New Zealand.