A shining light in the New Zealand cancer gloom

Ian D Campbell

It is great to see this first year result from the Canterbury Breast Cancer Registry.\(^1\) Following on from publication of the New Zealand Guidelines Group (NZGG) *Management of Early Breast Cancer Guidelines* in 2009,\(^2\) an Implementation Advisory Group was set up by NZGG and the Ministry of Health. The top priority recommendation from this Group\(^3\) was to improve the collection of national breast cancer data to assess both inequalities in breast cancer incidence, presentation and outcomes and to allow overall monitoring of breast cancer management.

Currently such detailed breast cancer datasets are only available in Auckland, the Waikato, Canterbury and Wellington, thanks to the generous funding of the New Zealand Breast Cancer Foundation (BCF).

The BCF are unable to continue this funding, and there is an urgent need to consolidate these databases, on a new platform to ensure their survival. The Minister of Health, The Honorable Mr Tony Ryall, has been persuaded to commit some funding to this process, however the Registers remain under threat if there is inadequate funding, and a confirmed plan for this process is not in place by December of this year.

We know that cancer survival in New Zealand has been 20% worse than in Australia.\(^4\) It is essential to have detailed data such as that presented in this paper to examine why that might be.

For example, in this issue of the *NZMJ*, Davey et al find that some 20% of women with hormone receptor positive breast cancer were not recommended hormonal therapy. This is a similar rate to that seen in the analysis of New Zealand data from the Breast SurgANZ National Breast Cancer Audit.\(^5\)

Such therapies for women with hormone receptor positive breast cancers more than halve both recurrence rates and the incidence of new contralateral breast cancers and reduce mortality by a third. This is just one avenue for the Christchurch team to explore further to determine if outcomes can be improved.

Eight of 360 eligible women died prior to consent for data entry. Given these women have all had rapid bad breast cancer outcomes, they are an especially important group to study in detail. Having to obtain consent to enable study of this group, is a difficult, time-consuming process for the Registry teams, and a potentially distressing activity for the patients’ next of kin.

Given that these datasets are only analysed and presented in group form, not with any individual identification, this raises the question of the need for informed consent for this type of audit. Such consent has already been done away with by law, for investigation of cervical cancers in relation to the National Cervical Screening Programme.
The data presented in Davey et al’s paper otherwise indicate good compliance with reference datasets—for example the Breast Screen Aotearoa National Standards. The majority of women with small breast cancers underwent breast conserving surgery (although the mastectomy rate in this group was still 37%).

Most women did not receive axillary dissection for DCIS. Ninety percent of DCIS was grade 2 or 3, which is somewhat reassuring given that a frequent criticism of mammography screening programmes is the detection of low grade DCIS which might never progress to cause women a clinical problem without treatment (overdiagnosis).

The majority of women undergoing breast conserving surgery for invasive breast cancers, underwent breast radiotherapy, and the detailed data are available to the team to ensure that appropriate women were offered chemotherapy as part of their treatment pathway.

These are just a handful of the many presentation and treatment quality standards able to be addressed because of the tumour specific detail contained in this dataset. Such Registers should be rolled out nationally and for all our common cancers.

The New Zealand Cancer Steering Group and Cancer Treatment Advisory Group have cancer data in their sights, but just at a very generic level for the moment. It is vital that the detailed data present in the current Regional Breast Cancer Registries survives and prospers, to illuminate us all.

Competing interests: None declared.

Author information: Ian D Campbell, Assoc. Professor, Waikato Clinical School, Breast Surgeon, Waikato Breast Care Centre, Hamilton

Correspondence: Ian Campbell, Hockin Building, Waikato Hospital, Private Bag 3200, Hamilton 3240, New Zealand. Email: Ian.Campbell@waikatodhb.health.nz

References:


