LETTERS

The economic burden of colorectal cancer in New Zealand

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Sheerin et al (NZMJ 30 January 2015, Vol 128 No 1408) are to be congratulated on attempting to quantify the economic burden of colorectal cancer in New Zealand. They freely acknowledge that their study is based on many imperfect assumptions. Nevertheless their somewhat conservative estimate would see the approximate annual cost of this condition rise from $80m to $100m over the next decade. One can easily imagine multiple other costs such as invention of new chemotherapeutic agents with Herceptin-like expense and the rapid rise of liver surgery for colorectal metastases.

The bigger question, both economic and existential, is the cost of a life. Most bowel cancer presents as stage 3 or stage 4. The stunning results of the Waitemata bowel cancer screening pilot has reversed this with most detected cancers being stage 1 and stage 2, quite apart from the significant numbers of large, dangerous pre-malignant polyps removed. My own unscientific guess is that this pilot has saved between 100 and 200 lives in its first year.

There is no doubt that young lives are valued more than old lives which is why most cancer screening stops by age 75 years. However old people are where the cancers are. A fit, golf-playing self-employed 78 year old seems deserving of this screening. In terms of colorectal cancer follow up, a metachronous tumour developing in an elderly patient is a disaster.

Interestingly colorectal cancer incidence has recently dipped slightly. There could be many reasons for this. However de facto colonoscopic colorectal cancer screening has been carried out for decades and hopefully the large number of polyps removed annually plays a significant part. This is hard to prove.

The challenge for health economists and epidemiologists is now to rate the dollar value of trying to prevent colorectal cancer as opposed to getting it, treating it and dying from it (the eventual fate of half the 3,000 new annual presentations).

Yours sincerely,
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