



BRIDGING THE GAP

Enhancing Equitable Access & Innovation in Colorectal Cancer Care in New Zealand

EXECUTIVE SUMMARY

New Zealand has an established, government-led colorectal cancer system, featuring a phased national screening programme, high-quality diagnostics, widespread access to surgery and oncology care, and comprehensive guidelines. Survival outcomes have improved over the past decade, but inequities remain — particularly for Māori and Pacific peoples, and in rural and remote communities.

The system's maturity enables a focus on closing outcome disparities, embedding precision oncology, improving timeliness across the care pathway, and ensuring sustainable funding for new therapies.

INTRODUCTION

Strengthening equity in an established system

Colorectal cancer is the second most common cancer in New Zealand. The national screening programme (FIT-based) is being rolled out across all regions, improving early detection rates. Most treatment centres are in urban hubs, but referral pathways are strong. System performance is robust overall, yet persistent inequities in access, timeliness, and outcomes require targeted policy action.

At **Level 4**, the challenge is to transition from universal availability to **universal, equitable impact**.





COLORECTAL CANCER IN NEW ZEALAND

Current Landscape and Strategic Gaps

Pillar	Current Status	Strength	Policy Action
Early Detection & Diagnosis	National FIT screening rolling out to all DHBs; participation rates improving but lower for Māori, Pacific, and rural populations. Colonoscopy capacity improving but still variable by region.	Government-led programme with national standards and robust quality monitoring.	Implement targeted outreach and culturally tailored engagement; expand endoscopy capacity in underserved regions; track follow-up timeliness.
Biomarker & Molecular Testing	MSI/MMR testing available; RAS/BRAF testing for advanced CRC is routine in major centres; broader genomic profiling less consistently available.	Established molecular pathology services in tertiary hospitals.	Standardise access to comprehensive genomic testing; integrate molecular data into cancer registries; pilot real-world evidence programmes.
Treatment Access	Surgery, chemotherapy, and radiotherapy widely available; access to novel targeted therapies subject to PHARMAC funding decisions, causing delays.	Well-developed multidisciplinary teams; strong surgical oncology capacity.	Streamline HTA timelines; explore managed-entry agreements for innovative drugs; ensure rural telehealth oncology access.
Clinical Guidelines & Quality Standards	National tumour standards and guidelines in place; compliance monitored, but variation in practice still exists.	Strong professional bodies and national audit processes.	Strengthen audit feedback loops; embed guideline adherence metrics in performance reporting.
Palliative & Survivorship Care	Well-established palliative care network; survivorship services expanding but unevenly distributed.	Integration of palliative care into oncology from early stages.	Expand community-based survivorship programmes, especially in rural areas; strengthen coordination between primary and specialist care.

CONCLUSION & Call to Action


New Zealand's CRC care framework is strong, but the **equity gap** remains the system's main challenge. With the national screening programme in place and guidelines well established, the next phase must ensure all population groups benefit equally from advances in diagnosis and treatment. Timely adoption of innovation and enhanced survivorship planning will be critical to sustain improvements.



KEY POLICY PRIORITIES

- 1 Close participation and outcome gaps —** implement culturally responsive screening and treatment engagement for Māori & Pacific peoples.
- 2 Enhance genomic access —** ensure equitable and timely access to comprehensive biomarker testing.
- 3 Accelerate access to innovation —** optimise PHARMAC processes for new CRC therapies.
- 4 Ensure timely, equitable care —** monitor and address regional differences in diagnostic and treatment wait times.
- 5 Expand survivorship and palliative integration —** scale community-based post-treatment and end-of-life services.

CONCLUSION



At **Level 4 maturity**, New Zealand's CRC system has the foundations of an equitable, high-quality service. By focusing on targeted equity strategies, genomic integration, and timely innovation adoption, the country can move towards Level 5 performance — delivering uniformly excellent outcomes for all New Zealanders.