



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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15 April 2021

9(2)(a)

RE Official Information Act request WCDHB 9535

I refer to your email dated 16 March 2021 requesting the following information under the Official Information Act from West Coast DHB regarding lung cancer on the West Coast. Specifically:

1. The percentage of people who have their cancer diagnosed after presenting to the emergency department was much higher for the West Coast than any other DHB. Why might this be?

This is yet to be investigated in more depth beyond the findings results published in the *Lung Cancer Quality Improvement Monitoring Report* that was just recently published in March 2021 by Te Aho o Te Kahu Cancer Control Agency. However, we know that, depending on individual circumstances there are a wide and varied number of factors that contribute to late presentations to services on the West Coast for many diseases and disorders, resulting in these being detected firstly at Emergency Department presentations – either directly or as incidental findings.

Lung cancer is one of those very silent cancers that is often found incidentally or via acute presentation at an advanced stage.

Early detection is key to helping improve people's survival and curative rates – but signs and symptoms are not always acted upon. Some people put early signs of potential lung cancer down to "just a bit of a smoker's cough" or other factors. Although we have very low cost access to primary care on the Coast, we know that for various reasons many people don't present to health services for treatment of serious illness in a timely manner. It is not uncommon for some people to only seek help when their presenting condition is at an advanced stage. Often such late presentations mean the treatment options are limited and are too late to be curative. This is a common theme in many health issues on the West Coast, inclusive of lung cancers.

2. What processes is the DHB working on to ensure people are diagnosed earlier?

Te Aho o Te Kahu National Cancer Agency's southern hub have a regional lung cancer improvement group working to look at what can be further done in primary care and community to highlight lung cancer as a priority area for collaborative initiatives; particularly where these help in the longer-term to address some of the socio-economic issues identified above in Question 1. West Coast DHB is looking to align with the priorities and direction of the Cancer Agency as these are progressively developed and released, with a focus on endeavouring to address inequities in our region for Māori and other priority populations.

3. Stats for survival after 1 year, 2 years and 3 years were also among the lowest in the country. Why might this be?

While appearing proportionally high due to small numbers of patients involved, survival rates at year one and year two after diagnosis for West Coast residents were not significantly different from the New Zealand average at the 95 percent confidence interval limits. The survival rate at 3 years was below the 95 percent confidence limit; this result related to one individual person.

Our results will inevitably vary dependent on individual patients and their circumstances. Late presentation to services will likely be the biggest contributory factor in terms of their stages of cancer morphology at diagnosis, but so also will be a combination of the other concurrent access barrier factors identified in the answer to Question 1 above.

4. What processes are the DHB working on to improve survival rates?

In line with all other DHBs, West Coast DHB will be working with Te Aho o Te Kahu Cancer Control Agency as it rolls out collective national and regional strategies to help address inequities and inequalities in cancer detection and response in order to help improve survival rates for the various cancer tumour types. A range of diagnostic and chemotherapy treatment services for lung and other cancers are provided locally on the West Coast, but other services such as MRI scanning, surgical resection intervention and radiation therapy treatments are only provided on a regional hub basis at main centres; principally in Christchurch for West Coast residents.

5. The report said: "Smoking cessation support and tobacco control, although not reported on directly in this report, are critical to improving equity and should be key focus areas for DHBs." What supports and programmes does WCDHB have in place? Is there an appetite to expand them?

Significant history of smoking is a leading contributory factor to high lung cancer rates here on the West Coast. The role of smoking in both directly causing and exacerbating cancers has been a scientifically well-established and internationally recognised factor since the late-1970s. Reducing the impact of lung cancer within our community continues to be a key area of focus for West Coast DHB; both through our established smoking cessation and support service for smokers seeking to quit smoking, and through active promotion in schools, community, and primary care services to encourage people to avoid taking up smoking in the first instance.

6. The WC had one of the lowest rates of pathological diagnosis in the country. Why might this be?

While appearing high due to relatively small numbers of patients involved, the proportion of people with a pathological diagnosis of lung cancer for West Coast residents was within the outer limits of the New Zealand average at the 95 percent confidence interval.

As per the factors identified in answer to Question 1 above, late presentation to Emergency Department rather than at general practice diminishes opportunity for earlier pathological diagnosis and results in comparatively lower rates for West Coast compared to other DHB regions.

7. The report said: "Outlier DHBs that have a lower proportion of pathological diagnosis warrant further investigation to better understand the variance. Variation may reflect multidisciplinary team management systems and the aggressiveness of investigation rates." Has the Cancer Control Agency or MoH contacted the DHB about further investigation?

As noted in response to Question 6 above, West Coast results for this measure were within outer limits of the New Zealand average at the 95 percent confidence interval. Notwithstanding this result, West Coast DHB will look to work with other South Island DHBs and with Te Aho o Te Kahu Cancer Control Agency as it rolls out collective national and regional strategies to help improve diagnosis rates as part of an ongoing quality improvement process. The report provides eight Quality Performance Indicators

for people with a new primary diagnosis of lung cancer and it is expected that all DHBs review their performance and take action to improve areas that are outside appropriate levels to improve patient outcomes.

Initial result findings of the report were presented to DHBs before it was published to provide an opportunity to review results and look to consider areas where services and outcomes for patients could potentially be improved. The report itself was just released within the last month, so at this stage there has been no further specific discussion of a commencement of such an investigation regarding pathological diagnosis.

8. Is the DHB doing an internal investigation into its diagnostic practices?

No

9. Does the West Coast DHB have all the tools it needs to carry out timely and accurate diagnosis?

Diagnosis of lung cancer on the West Coast is through the use of spirometry, plain film chest x-ray, and Computerised Tomography (CT) which is available at Te Nikau Grey Hospital. There is no current waiting time for people who are referred for these core services. People who are referred in with a flag of a high suspicion of cancer are given priority for review.

10. Both curative radiation and concurrent chemoradiation therapies seemed to be a much higher proportion on the Coast than in other places. Why might that be?

Rates for West Coast patients were based on less than 10 people over the four-year period of investigations of this measure. While appearing high due to relatively small numbers of patients involved, the proportion of West Coast people with non-small cell lung cancer receiving concurrent chemoradiation was within the outer limits of the New Zealand average at the 95 percent confidence interval (based on just 2 patients over the four years); while the proportion for small cell lung cancer was above the national average at the 95 percent confidence level (based on just 5 patients over the four year period of review).

When considering chemotherapy and radiation therapy treatments to be offered, all cases are presented and discussed at Multi-Disciplinary Team meetings involving a range of specialist clinicians for across the South Island region to determine a best recommended pathway of treatment to present to patients for their consideration. Concurrent chemo-radiation therapy is the definitive treatment for patients with limited stage small cell lung cancers who are fit enough to undergo treatment, as well as the main radical treatment options for people with stage 3 non-small cell lung cancers; most of whom are not suitable for surgery. Potential benefit of treatment is always needing to be balanced against the risk of toxicity from the treatment.

11. Is the incidence of lung cancer higher on the West Coast than in other parts of New Zealand?

Comparative data on incidence rates between DHBs is not specified in the report, so we are unable to confirm from available information we have to hand.

12. Anything else interesting or important?

West Coast DHB strongly encourages people to give up smoking, and to avoid taking it up in the first instance. This is the single biggest thing that individuals can do in terms of taking responsibility for their health in terms of reducing their risk of developing lung cancer, as well as being significant in reducing risks for developing or exacerbating other cancer tumour types. While lung cancers can result from a range of causes, including mesothelioma (exposure to asbestos and other chemicals), some 9 out of 10 lung cancers are generally attributable to direct and passive smoking. We encourage people who may wish to give up smoking to contact our Coast Quit smoking cessation services through West Coast PHO, pharmacy and general practice. The service is free.

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R La Salle', is positioned above the printed name.

Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support