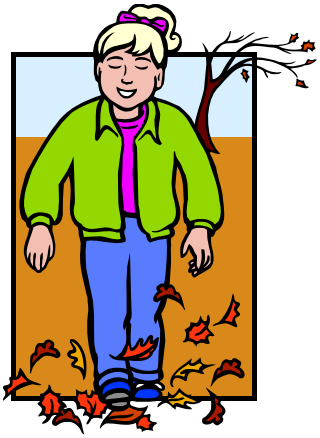
AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

APRIL 2014



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THE PROBLEMS WITH THE BOWEL SCREENING PILOT

What is it about general elections and screening programmes?

The promise to establish a national cervical screening programme was announced during the lead up to the 1990 election, following the release of the report of the Cartwright Inquiry into the treatment of cervical cancer at National Women's Hospital in August 1988. The breast cancer screening programme was launched in a hell of hurry in December 1998 in the lead up to the 1999 election.

This year being another election year, pressure is mounting on the government to prematurely roll out a national bowel screening programme. (1) (2) (3)

This would be a big mistake because the 4-year bowel cancer screening pilot currently underway in the Waitemata DHB is having problems, and any attempt to launch a national bowel screening programme without rectifying the issues causing major concerns would result in utter chaos and simply confirm that those in charge of our health system are unwilling to learn from the lessons of the past.

Currently all people aged between 50 and 74 years of age who live in the Waitemata DHB area and are eligible for publicly funded health care are being offered a free bowel screen. The pilot began in October 2011 and is due to be completed in 2015, by which time most of those who have taken part will have been screened twice.

It would be incredibly foolish and unethical to rush in to establishing yet another screening programme before we know precisely what resources are needed to screen, examine, diagnose and treat the healthy people that are being encouraged to undertake the screening test. The pilot bowel screening programme in Waitemata DHB has revealed some unexpected problems that must be thoroughly assessed and rectified before any other DHB inflicts bowel screening on its population. More about these later.

The FOBT

The Faecal Occult Blood Test (FOBT) involves sending in a faecal sample which is tested for any traces of blood. While a positive result means that blood is detected in the faecal sample, it does not mean the person has bowel cancer. It simply means that a further test is needed to find what is causing the blood to be there.

It is important that those who choose to be screened understand that the FOBT is not 100% accurate. In fact it is not known what the false positive rate and the false negative rate of this screening test is. This is not good news as it means a lot of people are going to become very anxious and may remain anxious even when a further test, a colonoscopy, does not find anything wrong.

Colonoscopy

If the first test result is positive for the presence of blood an appointment will be made for a colonoscopy which is an examination that looks at the lining of the bowel to check for the presence of polyps. A polyp is a benign growth on a stalk. Around 80% of bowel cancers begin life as an adenomatous or benign polyp. Polyps develop very

slowly and usually take many years to turn into a cancer.

It is considered best practice to remove all polyps found during the colonoscopy which are then sent to the laboratory for testing. The Waitemata DHB pilot has revealed that those being referred for a colonoscopy have large numbers of polyps and it is taking a lot more time than was anticipated to remove them.

As Waitemata DHB is struggling to meet the unexpected demand on its colonoscopy services due to the time each colonoscopy takes, people are waiting many weeks for their colonoscopy after learning that the result of the FOBT indicates they need one. For many it is a nerve-wracking wait.

The emotional impact

However, the anxiety experienced while waiting for the colonoscopy appointment is just the start. There is no relief in sight even after the lab results arrive. Even if the polyps are found to be benign people are being advised to come back in six months and have another examination.

This is completely unnecessary and does nothing to reduce anxiety levels. It can result in people remaining in a constant state of stress and fear, which in itself can be harmful for their physical and emotional health and wellbeing.

Of course, the media has been silent about the downsides of the bowel cancer screening pilot, preferring instead to run stories about those who had their polyps removed and found evidence of cancer or of pre-cancer – the success stories don't differentiate between the two.

Ministry of Health

The Ministry of Health isn't exactly being honest about the bowel screening pilot either. Their website says the pilot is looking at the safety and effectiveness of bowel screening. (3) But it isn't. The pilot is actually a cohort study which will not provide evidence of safety and effectiveness the way a randomised controlled trial (RCT) would do. The pilot is simply an implementation feasibility study which seems to be ignoring the very real potential for harm including the risks of overdiagnosis and overtreatment.

It is also not clear whether it is measuring the effect on the wait time to investigation on people presenting with symptomatic bowel cancer. This is surprising and of concern in a feasibility/implementation study, as it is an important population safety aspect.

The MOH website also features a statement that says "international evidence shows that bowel cancer screening programmes can save lives through early diagnosis and treatment." (4) There is no reference to what international evidence they are referring to. As no effect has been demonstrated on all-cause mortality this is simply not true. (5)(6)

It is totally unacceptable that the Ministry of Health is not providing balanced information about both the bowel cancer screening pilot and screening programmes in general. Part of the problem is the composition of the working groups that the MOH/NSU chooses to establish and oversee screening programmes.

Accurate data

Before any decision is made to establish a national bowel screening

programme it is vitally important that such a decision is based on accurate data. Waitemata DHB is working on this and is very aware of the need to make sure that both the Ministry and the Minister of Health do not make a decision based on data that subsequently proves to be incorrect.

The Auckland DHB is very clear that it does not have the capacity to provide the services required. At its Hospital Advisory Committee meeting on 19 February a discussion revealed that the increased colonoscopy requirements will "place an additional strain on the anatomical pathology service and highlights the need for trained nurses to assist." All three Auckland DHBs have the same issues in regard to these wait lists. The minutes of the meeting record that while the government has no national or regional programme it does have a 4-year pilot in place at Waitemata DHB. "At the end of the pilot the government will consider the results and costs with a view to determining how to proceed nationally." Note it is "*how*" not "*whether*."

Evaluating the pilot

An evaluation of sorts has been built into the bowel screening pilot, but as already noted it is not measuring the potential for harm in terms of overdiagnosis and overtreatment

There is also the very real possibility that a national bowel screening programme would not be cost effective. Even if the Waitemata DHB pilot does indicate that the resources required indicate it should not go ahead, all the DHBs know that the government is going to roll it out nationwide regardless of the cost to the health system or the harm it can cause to healthy people.

References

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AUCKLAND WOMEN'S HEALTH COUNCIL AGM

The Auckland Women's Health Council's AGM will be held on 1 May.

Time: 6 – 7pm

Date: Thursday 1 May 2014

Venue: AUT Akoranga Campus, Akoranga Drive, Northcote, Auckland

For further information contact the Council on (09) 520-5175 or email: awhc@womenshealthcouncil.org.nz

DIET DRINKS LINKED TO HEART PROBLEMS IN OLDER WOMEN

Postmenopausal women who drink two or more diet drinks a day are more likely to experience cardiovascular problems such as a heart attack or stroke, as well as diabetes, high blood pressure and a higher BMI (Body Mass Index) according to research presented at the American College of Cardiology's 63rd Annual Scientific Session.

The Women's Health Initiative Study, a long-running observational study of cardiovascular health trends among postmenopausal women, looked at nearly 60,000 women with an average age of 62.8 years and found a relationship between diet drink consumption and cardiac events and death, making it the largest study to look at diet drink consumption and cardiovascular problems. (1)

Older women who consume two or more diet sodas per day are 30% more likely to suffer a cardiovascular event and 50% more likely to die from a related disease than women who rarely consume the drinks.

"Our findings are in line with and extend data from previous studies showing an association between diet drinks and metabolic syndrome," said Andur Vyus from the University of Iowa Hospitals and Clinics, and the lead investigator of the study. "We were interested in this research because there was a relative lack of data about diet drinks and cardiovascular outcomes and mortality."

The association persisted even after researchers adjusted the data to account for demographic characteristics and other cardiovascular risk factors and co-morbidities, including BMI, smoking, hormone therapy use, physical activity, energy intake, salt intake, diabetes, hypertension, high cholesterol and sugar-sweetened beverage intake.

Other studies have also suggested soft drinks can be harmful for older women. One study showed colas, both diet and regular, are associated with lower bone density – an issue for older women who may be at risk for osteoporosis.

Metabolic syndrome

Sweetened drinks have also been found to be associated with weight gain in adults and teens, and seem to increase the risk of metabolic syndrome, which makes both diabetes and heart disease more likely.

Further research needed

While it's important to keep causation and correlation separate, the findings definitely warrant further inquiry, Vyas said. "It's too soon to tell people to change their behavior based on this study; however, based on these and other findings we have a responsibility to do more research to see what is going on and further define the relationship, if one truly exists," he explained. "This could have major public health implications."

The good news

While carbonated beverage sales have been falling for years in the US, the steep decline in diet drinks is a fairly recent phenomenon. According to *Beverage Digest*, carbonated soft drink volumes in 2013 were down for a ninth straight year, and the rate of decline is increasing. Last year volumes fell 3% which brought the

industry back to levels last seen in 1995. (2)

Fizz

In New Zealand sugar-sweetened soft drinks have increasingly come under fire in recent years as rates of obesity continue to rise followed by the increase in type-2 diabetes. Even the soft drink industry is prepared to acknowledge that New Zealand, like many countries, has an obesity problem and that its products play a role. (3)

Fizz (Fighting Sugar in Soft Drinks), a new advocacy group of public health doctors and researchers headed by Dr Gerhard Sundborn, a researcher at Auckland University, is campaigning to make New Zealand free of sugar-sweetened drinks by 2025. (4) The University of Auckland and the University of Otago hosted a symposium in Auckland in February 2014 – *"Sugary Drink Free Pacific by 2030?"* (5)

However, new evidence suggests that diet drinks are not the way to go either, and are probably best avoided.

Reference

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HIV SCREENING DURING PREGNANCY

Each year the AWHC puts in an Official Information Act request to the National Health Board asking for the numbers and ethnicity of women identified as being HIV+ during pregnancy as a result of the antenatal HIV screening programme.

The resulting letter from this year's request revealed that in 2013 one woman was found to be HIV+ as a result of antenatal screening.

In 2012 two women were identified as being HIV+ as part of antenatal screening. In 2011 only one woman was diagnosed as HIV+ during her pregnancy.

In each of the previous two years three women identified as being HIV+ as a result of antenatal screening.

Costs of the screening programme

This raises the issue of the cost of a screening programme that is only resulting in the identification of one or two women who may gain a benefit. To provide further context for this result, it has been estimated that an HIV+ woman has a 25% chance of passing the virus to her baby during pregnancy. So it is quite possible that none of the women identified as being HIV+ over the past 4 – 5 years would have given birth to a baby with HIV.

Aside from the millions being spent on the National Antenatal HIV Screening programme, there are also concerns around the adverse impact on some of the women being screened for HIV, as well as the lack of informed consent for an HIV test.

Lack of informed consent
Reports from childbirth educators in the Auckland region reveal that many pregnant women are unaware that they have been tested for HIV, something women's health groups have been concerned about since the programme was first proposed.

Non-negative results
Some women will be screened for HIV and receive what is referred to as a non-negative result. A non-negative result is one in which there was a low level of reactivity to the test, and a subsequent blood test will usually result in a negative HIV test.

The impact of being told that the test for HIV was not negative, and that another blood sample is needed is considerable. Women are likely to experience a range of extremely distressing emotions and may not absorb the reassuring information that the second test is highly likely to result in a clear result that shows she does not have HIV.

When screening programmes are introduced the most important maxim is the requirement to first do no harm. Screening programmes are under-taken on well populations and have a significant responsibility to ensure that screening does not cause more harm than good. Careful monitoring is therefore needed to make sure that the benefits of screening far outweigh any possible negative impacts.

When a screening programme only offers a potential benefit to one person it is difficult to justify the considerable resources being spent on it, especially when such screening does more harm than good.

AWHC GENERAL MEETING 27 March 2014

Detailed minutes of this meeting are available on request. Matters discussed included:

- Financial reports and audit
- Grant applications
- Bowel cancer screening pilot
- Information for women on breast cancer screening
- Northern A ethics committee
- 2015 Cartwright conference

Further information on some of the topics listed above is contained in this issue of the AWHC newsletter.

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UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for April/May 2014:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)

The **combined Waitemata DHB and Auckland DHB** Community & Public Health Advisory Committee meeting starts at 2pm on Wednesday 30 April 2014.

Waitemata Hospital Advisory Committee meeting starts at 11am on Wednesday 21 May 2014 and will be followed by the DHB Full Board meeting which starts at 1.30pm. Both meetings will be held in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna.

Auckland DHB (Website address: www.adhb.govt.nz)
The Hospital Advisory Committee meeting will be held at 9.30am on Wednesday 14 May 2014 followed by the Full Board meeting at 2pm. Both meetings will be held at the Marion Davis Library, Building 43, Auckland City Hospital.

Counties Manukau DHB (Website address: www.cmdhb.org.nz)
The Community & Public Health Advisory Committee meeting will be held at 1.30pm on 16 April 2014 at 19 Lambie Drive, Manukau City.

The Hospital Advisory Committee meeting will be held at 9am on Wednesday 7 May 2014 at Ko Awatea and will be followed by the Full Board meeting at 1.30pm.

ETHICS COMMITTEE meetings – dates for the four new ethics committees are at: http://www.ethics.health.govt.nz/about-committees/meeting-dates-venues-minutes

Waitakere Health Link is holding an NGO Health Network Forum at 9am on Wednesday 28 May. The topic is "***The history and future development of Maternity Services in West Auckland***" at the Kelston Community Centre, West Auckland. This is a unique opportunity for NGOs and consumers to talk to the people from the Waitemata DHB, independent midwives and the Maternity Services Consumer Council, and will include a discussion panel of questions and answers.

For further information phone 839-0512, or email: office@waitakerehealthlink.org.nz