

Module 3: Technical Knowledge

Ehara taku toa I te toa takitahi, engari kē he toa takitini

Acknowledging it's a team effort, that one's success is due to the support and contribution of many



Introducing Cancer Screening

Audience: Skilled Kaimahi/Community Health workforce.

© Purpose: Empowering cancer screening conversations in our Māori & Pacific communities.

Presenters:

Mary Ann Nixon - Breast

Recruitment & Retention Coordinator BreastScreen Midland

Chrissy Paul - Bowel

Kaihautu – Te Moana a Toi, Community Engagement Hauora a Toi/ Bay of Plenty

Gemma Pearson - Cervical

Support to Screening Nurse Western Bay Of Plenty Primary Health Organisation

Why We're - He Tangata, He Tangata!

"What is the most important thing in the world? He tangata, he tangata, he tangata."

We're here for all our people — our kuia & koro, māmā & pāpā aunties & uncles, sisters & brothers, for the whole whānau.

Early detection of cancer saves lives – but not everyone has
the same access.

You, our kaimahi, are the connectors between the health system and our people.



Why We Have National Screening Programme's

otherwise the state of the stat

To ensure every person in Aotearoa has a fair chance to be screened.

[Collects and protects data.

Supports safe follow-up and continuity.

Reduces health inequities.



Why Equity Matters - Aotearoa's Reality

Māori cancer deaths are 1.7x that of non-Māori.

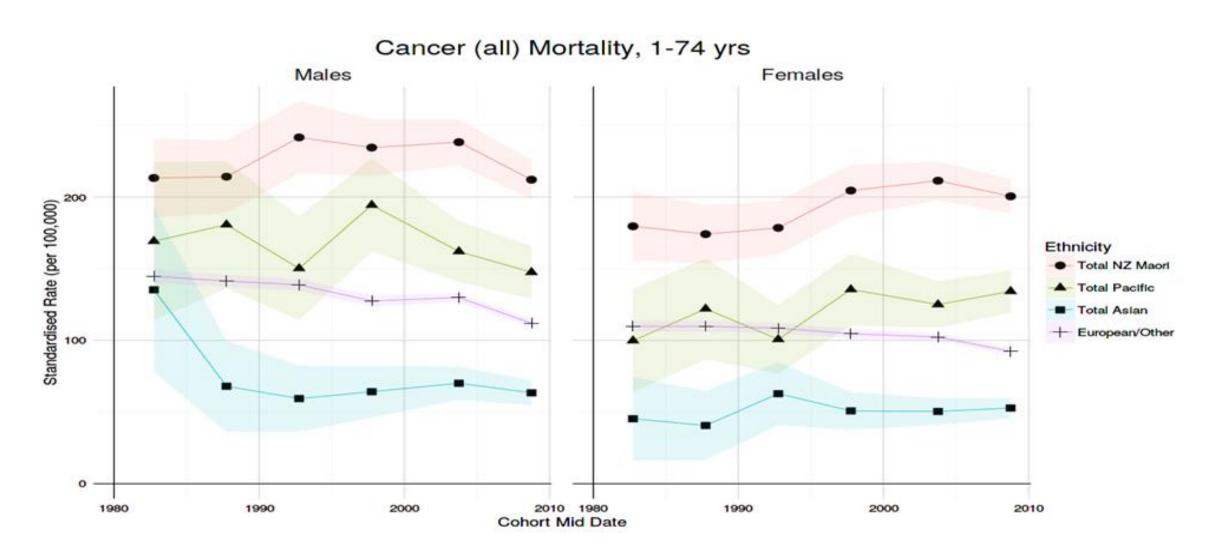
Māori wāhine experience a higher incidence of breast & cervical cancers compared to non-Māori.

Māori are more likely to be diagnosed with breast & bowel cancer at a younger age than non-Māori.

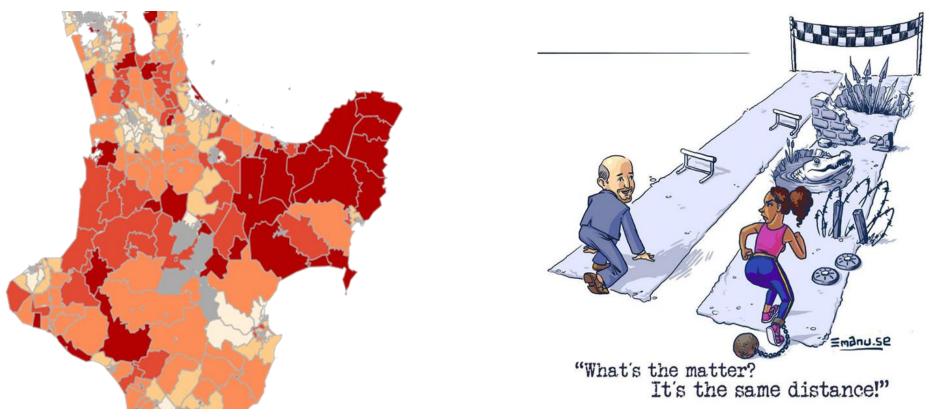
Lower screening rates due to colonisation, trauma, racism in health services, lack of culturally safe care.

Pacific and Asian communities also face these barriers.

Cancer Mortality



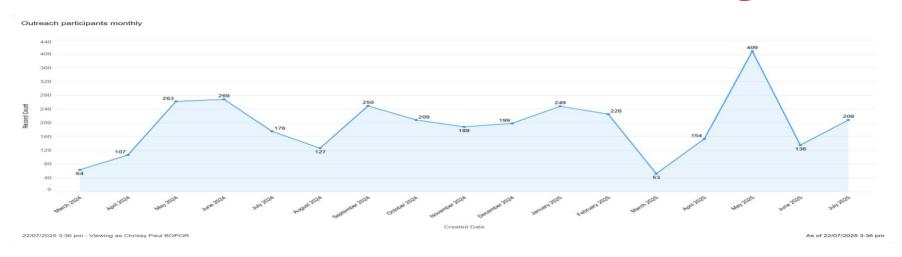
Cancer Screening - Deprivation and Access

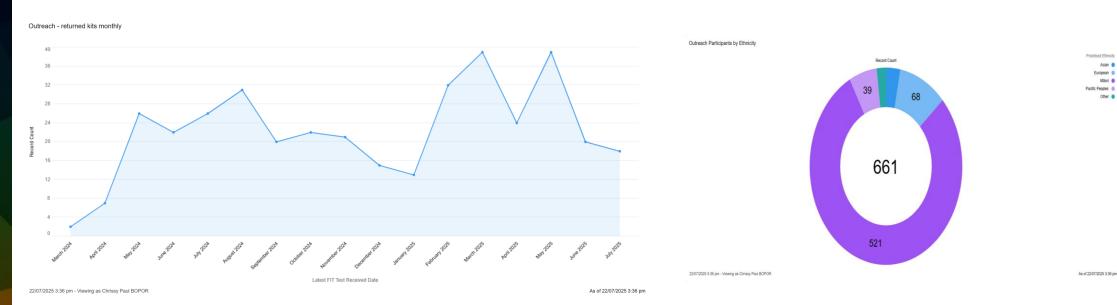


Homelessness, poverty, isolation, higher mortality, no support or resources, hunger, victim blaming, appropriate info.

Take every opportunity to engage, start the discussion, empower our whanau, target those with less access.

Recent BOP BOWEL Screening Rates

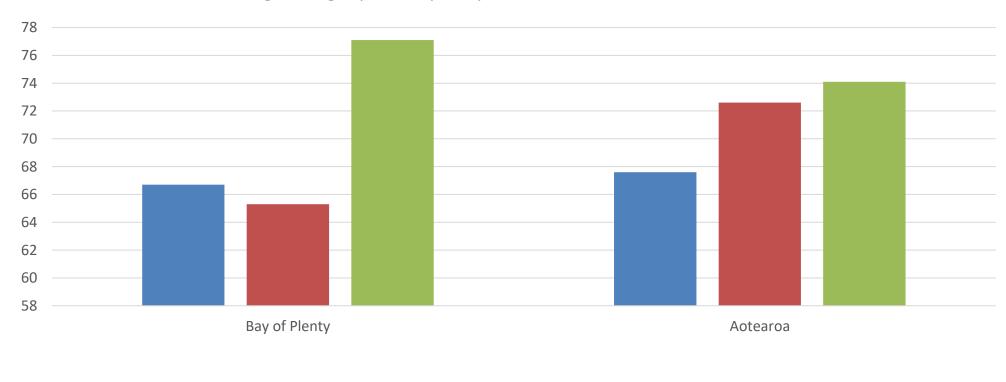




Recent BOP CERVICAL Screening Rates

of The NCSP target is to reach 80% screening coverage for all those eligible.

% screening coverage by ethnicity - May 2025



■ Māori ■ Pacific ■ Other

Recent BOP BREAST Screening Rates

© National Target: 70%

Bay of Plenty:

	Total	Mãori	Pacific
Eligible	41,026	8,368	563
Screening status	62.25%	59.51%	57.01%

BreastScreen Midland (Waikato, Bay of Plenty & Lakes)

	Total	Mãori	Pacific
Eligible	124,567	26,404	2641
Screening status	63.48%	58.27%	57.25%

Breast Screen MIDLAND

Breast Care & Screening

The programme and how we can help ourselves



Mary Ann Nixon Recruitment & Retention Coordinator BreastScreen Midland

A special thank you & acknowledgement to Lisette Ingram, Clinical Nurse Specialist, Te Whatu Ora Waikato





What is the Breast Screening Programme?

A publicly funded national breast screening programme in Aotearoa New Zealand.

It provides free mammograms (x-rays of the breast) for eligible wahine every two years

The aim of the programme is to reduce the number of wahine who die from breast cancer by finding it early and treated before it grows or spreads.





Eligibility

The programme is available for women who:

- Are aged 45 to 69 years. To be extended to 74 years in October 2025
- Have no symptoms of breast cancer
- Have not had a mammogram in the last 12 months
- Are not pregnant or breastfeeding
- Are eligible for public health services in Aotearoa/New Zealand
- Have been free of breast cancer for 5 years





Joining the programme

- When you turn 45 and for subsequent two yearly mammograms, you will be sent an invitation to screen via email, text or letter, depending on the contact details we have.
- Invitations will include a personalised link for managing your own enrolment and booking online.
- You can enrol online via TimetoBreastScreen.nz

Feel free to call 0800 270 200 if you prefer





Why is this important?

- Breast Cancer is the most common cancer among women in Aotearoa New Zealand
- 1 in 9 women will be diagnosed during their lifetime
 70-75% of those are 50 years and older
- 3,500+ women diagnosed each year and 650+ will die each year
- Most will have no family history
- Men make up 1% of NZ breast cancer cancers (approximately 25 each year)

Don't put it off! It could save





About Mammograms

Screening mammograms do not prevent breast cancer but can reduce the risk of dying from breast by approximately 33%

Early detection is your best protection

Screening does not provide an absolute guarantee but does detect 8-9 out of 10 breast cancers.

So..be breast aware! Know your normal

The radiation dose is very low – benefits outweigh possible risks





Anxious about having a mammogram?

- Take a support person
- Book with a friend awhi one another
- Talk to the Medical Imaging Technician (Mammographer)
- Worried about discomfort?
- Pre-menopausal?
- You have the right to ask the MIT to stop the mammogram at any time





Risks we can't change

We don't know exactly what causes breast cancer, but we do know that certain risk factors can increase your chance of getting it







Risks we can try to change







Exercise regularly.
Choose something you enjoy – you're more likely to maintain a routine.
Include strength and balance.













For breast cancer risk, maintaining a healthy body weight post menopause is very important



Other risk factors we can change:

- Alcohol avoid or reduce consumption
- Smoking don't!



Common misunderstandings cleared up Isive Exclusive xclusive Exc

Deodorant/antiperspirants, silicone implants and underwire bras do <u>not</u> cause breast cancer





Breast Awareness



It's as easy as TLC – touch, look, check





There's no right way!

The aim is to know what is normal for you, and become familiar with your own body





Before you start, have a look in the mirror



You are looking for changes that are new to you. Have your breasts changed shape?





PAUSE.

Time to leave if needed.

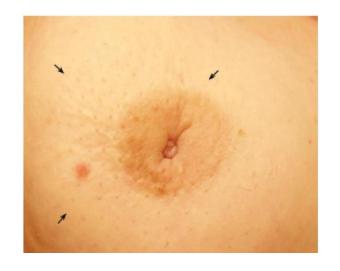




Nipple inversion

Have a look at your nipples – are they roughly the same? Are either of them pulling in or fully inverted?









Are there any dimples or puckering of the skin?

Subtle dimpling or puckering can be a sign of changes under the skin

These can become a lot easier to see if you raise your arms up high to look at your breasts as they lift up and flatten out









Peau d'orange



Orange peel texture of the skin







Skin scaling or rashes

Redness or flaking skin on the breast or nipple







Nipple discharge other than breast milk

Any clear or blood stained fluid should be checked /

Any discharge that happens without squeezing or is only coming from a single duct should be assessed



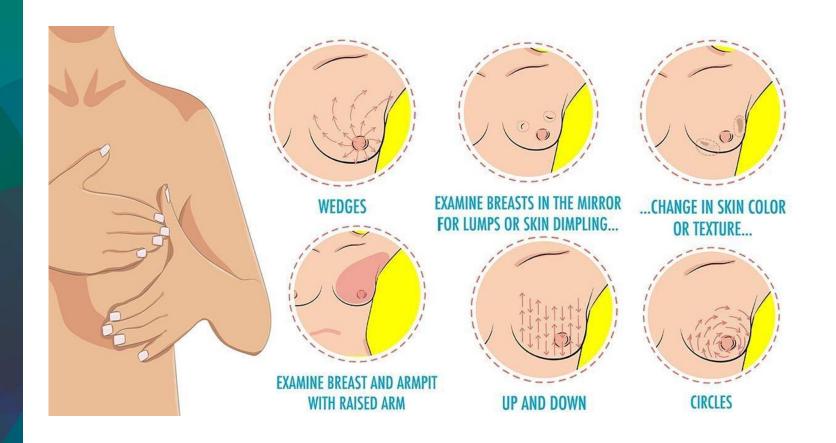


You can choose to examine yourself standing up or lying down













Noticed changes?

Book an appointment with your GP to be assessed by your doctor

If the GP is unable to rule out a concern about the changes, he/she will refer you to a breast care/diagnostic centre for an assessment appointment

You will be triaged and have a mammogram and/or ultrasound and see a doctor at the breast care/diagnostic centre for assessment





Goals

- Enrol in the breast screening programme when I turn 45 and screen every two years
- Do I know how my breasts normally feel and look?
- Do I check them monthly and know the signs and symptoms?
- Do I know about my family history of cancer, and do my children/grandchildren know?
- I will get any unusual breast changes checked by my doctor
- I know the risk factors I can influence





Questions / He Pātai







"Ko au te Puna" "Ko te Puna ko au" "I am the Spring and the Spring is me"

Te Puna Ora

> Te Puna Aroha

Te Puna Poipoi



Te Puna Awhina

Te Puna Rangimarie

> Te Puna Roimata

He Wahine, He Taonga!!
Mauriora!







TETATARI WHEKAU BOWEL SCREENING





Lumana'i.
They were before, we are now, theirs is the future.

- AvaNiu Pasifika

When your home test kit arrives in the post, don't delay - it could save your life!

The National Bowel Screening Programme is providing free screening to people aged 60 to 74 years who are eligible for publicly funded health care.



Chrissy Paul

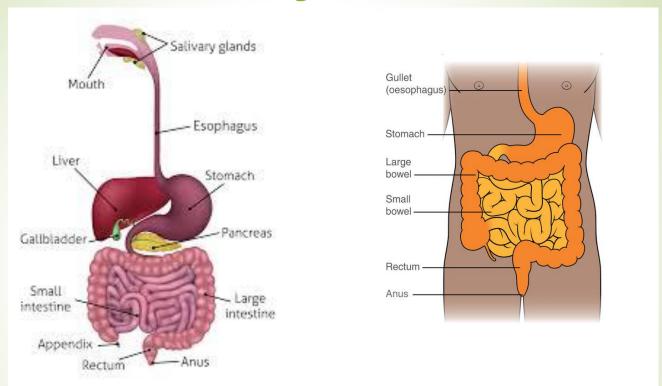
aihautu – Te Moana a Toi Community Engagement Hauora a Toi Bay of Plenty



National Bowel Screening Programme



What is your bowel?



The bowel is part of our food digestive system. It is divided into the small bowel and the large bowel. It connects the stomach to the anus (bum). It may also be known as your intestines, colon, guts, tero tero or whekau. Images always help whanau to locate our integnal organs.

Bowel screening why, who and how

- New Zealand has one of the highest rates of bowel cancer in the world. The second highest cause of cancer death in Aotearoa.
- More than 3300 people are diagnosed every year and more than 1,200 die.
- For kaumatua
 60/58- to 74-year-olds



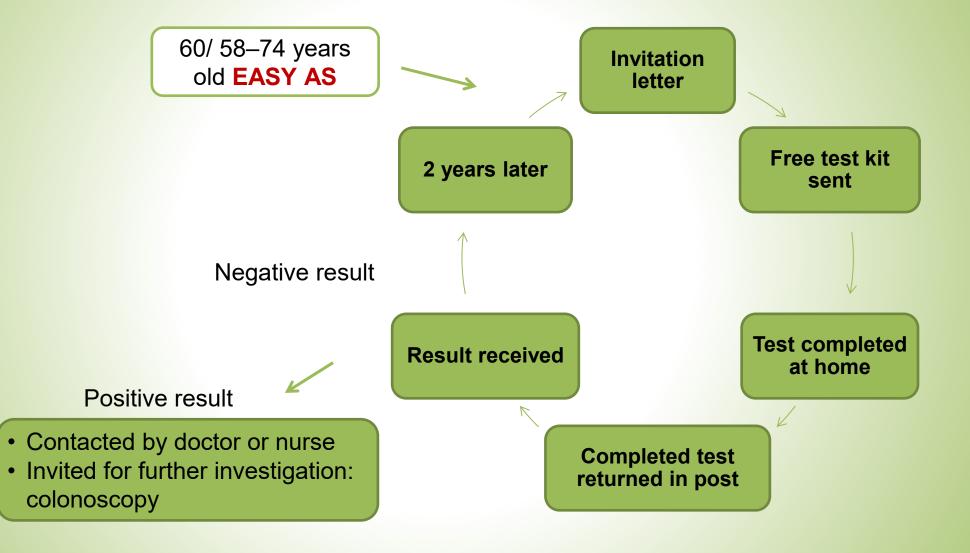


Bowel screening why, who and how



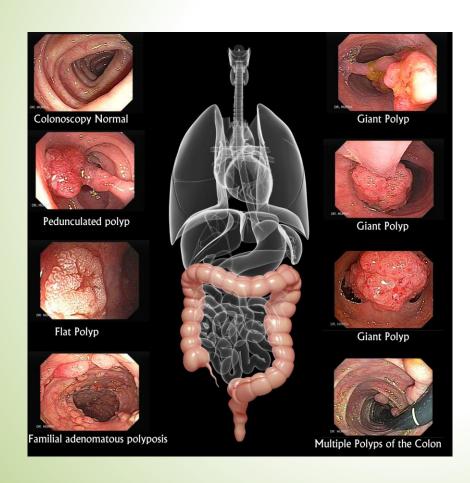
https://youtu.be/GGkoybpAy20

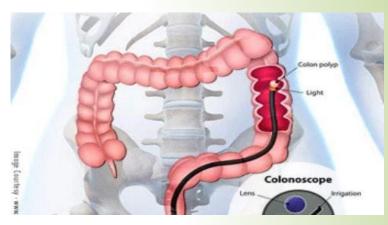
Participant pathway

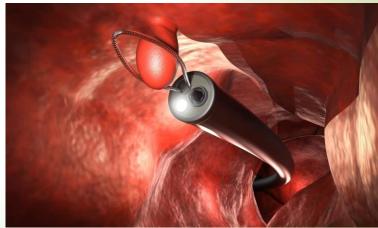


What is a Colonoscopy?

Your bowel is cleaned out by drinking special drinks and food. Then a special camera passes along your bowel looking for pre cancer polyps or cancer. Polyps are removed at the same time. Pictures really inform







Screening outcomes

- For every 1000 people who complete a bowel screening test, about 50 will be a positive test.
 Of those, about 35 will have polyps & on average 3 or 4 can have bowel cancer.
- Reassure whanau a POSITIVE test only means a further test is needed. Many kaumatua are afraid of what might be found.
- This can help kaumatua not to worry and provides a picture of screening outcomes.

Signs and symptoms



It's important to get checked by your doctor, don't wait!

Always encourage and support kaumatua to attend GP

0800 924 432

Common concerns & korero

- lts dirty taking your sample is clean and only needs a very small bit of tiko/poop on the stick.
- Posting the tiko/poop the container is very strong in a plastic bag and posted in a cardboard prepaid envelope.
- don't care.
- don't trust the health system
- **▲ I did the test because I love life!!**

Information is power, demystify bowel screening, it works.



Mauri ora ki a tatou katoa, Let the life force be with us all.





Cervical Screening

'Me tiaki i te whare tangata' ...the house of life must be protected.

Gemma Pearson

Ngāti Kahungunu ki Wairarapa Support to Screening Nurse Western Bay Of Plenty Primary Health Organisation



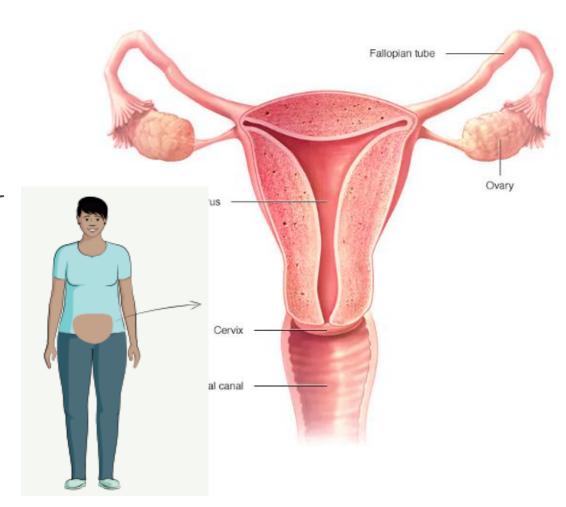
What Is Cervical Cancer?

Q Cancer of the cervix.

We Usually caused by a virus called HPV.

♦ Often there are no signs of earlystage cervical cancer.

It is one of the most preventable cancers.



Signs & Symptoms of Cervical Cancer



vaginal bleeding between periods or after menopause



pain or swelling in your legs



vaginal discharge that's not normal for you



lower back pain



unexplained weight loss



feeling tired and weak (fatigue)



vaginal bleeding/pain during/after intercourse

 \P Having these symptoms does not mean you have cervical cancer, but it is important to have any changes checked by your doctor.

Often there are no signs of early-stage cervical cancer, which is why regular cervical screening tests are important.

What Is Cervical Screening?

other it's a simple test to check for HPV, the virus that can cause cervical cancer.

Self-swab

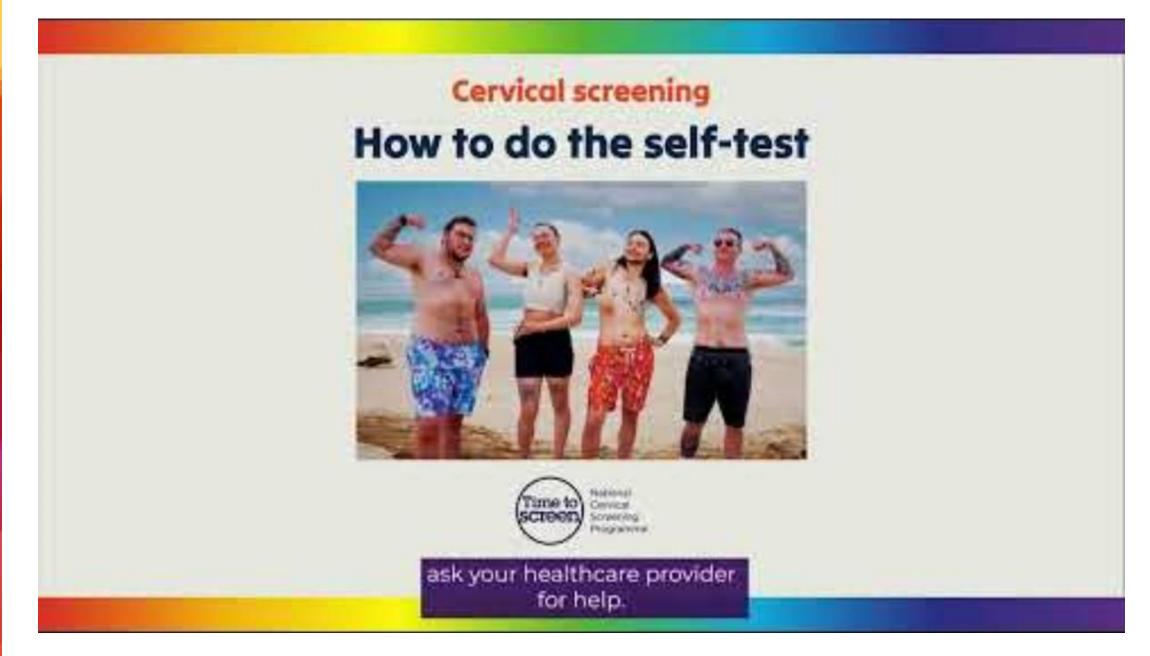
Clinician-assisted swab

- It's quicker, easier, and less invasive than the old smear test!
- Cervical screening is not about treating cancer—it's about **preventing it**. With HPV vaccination and routine screening checks, we can eliminate cervical cancer.



Understanding HPVThe Virus Behind Cervical Cancer

- △ HPV (Human Papillomavirus) is a common virus passed through intimate skin-to-skin contact.
- Most people will have it at some point usually harmless and goes away on its own.
- ▲ Some types can lead to cervical cancer if not detected and treated early.
- That's why regular screening is so important to catch it early, before it causes problems.



https://youtu.be/fMSbSO2fjhg

How the Screening Pathway Works

- Ages 25–69, every 5 years
- Anyone with a cervix
- Free for Priority Group Women



1. Get invited (via text/letter/phonecall)

2. Choose self-test or clinical

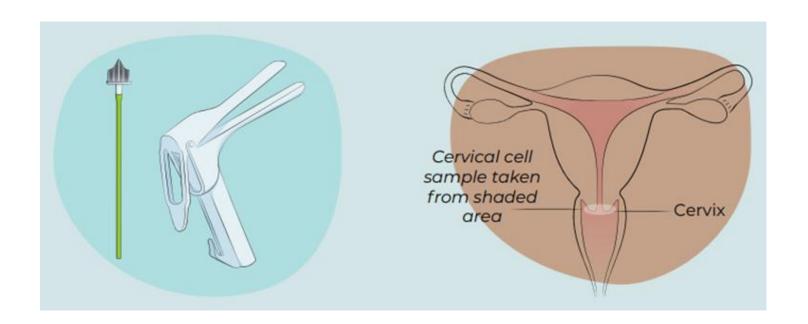
3. Get your results in 1-2 weeks

4. If HPV found: followup and treat

Follow up screening

Free for everyone

- 1. In clinic with the nurse or GP
- 2. Colposcopy



He wāhine, He taonga



