MEDIA RELEASE

Postcode lottery leaves New Zealand women in parts of the country without access to breast reconstruction

National guidelines say women with breast cancer should be told about every appropriate option for reconstruction and referred to another region if needed. Workforce shortages mean that is not happening.

Three leading surgical organisations are calling on Health New Zealand to act urgently so that women having a mastectomy for breast cancer can access the full range of breast reconstruction options, wherever they live in the country.

The New Zealand Association of General Surgeons (NZAGS), Breast Surgeons of Australia and New Zealand (BreastSurgANZ) and the New Zealand Association of Plastic Surgeons (NZAPS) are concerned that women in parts of the central North Island are currently unable to access the same range of reconstructive options available to women elsewhere in New Zealand.

The immediate concern is a shortage of plastic surgical capacity in the Waikato/Midlands region, which has resulted in women being unable to access autologous breast reconstruction (reconstruction using their own tissue) either at all or within an appropriate timeframe.

“This is a clear example of the postcode lottery in New Zealand healthcare,” says Mr Bevan Jenkins, NZAGS President.

“A woman with breast cancer should not have different reconstructive options simply because she lives in Waikato, Taranaki or Tairāwhiti rather than Auckland, Wellington or Christchurch.”

What the national guidelines say

The Ministry of Health’s 2021 national guidelines, *“Breast Reconstruction: National guidelines for best practice”*, set out what women should be able to expect. They state that all appropriate reconstruction options should be offered and discussed with women, “irrespective of whether they are all available locally”, and that there should be “a clear and active pathway for referral to another region if required”. Women who need more complex reconstruction should be referred on “through well-defined referral pathways”, and breast units are urged to work towards reducing inequities in access.

However, surgeons say the issues they are seeing show these expectations are not being met. Capacity in the regional plastic surgery departments needed to deliver them is not always available and the pathways to refer patients between regions have never been established and funded.

What this means for women with breast cancer

Clinicians have reported multiple recent cases where women have been assessed as appropriate candidates for autologous reconstruction but have subsequently been offered implants, temporary tissue expanders or mastectomy without reconstruction because the required plastic surgical capacity was unavailable.

In one case, a woman who had completed chemotherapy was accepted for definitive plastic surgical reconstruction using her abdominal tissue, only to have the planned reconstruction cancelled shortly before surgery because of staffing constraints. She ultimately underwent mastectomy with temporary tissue expanders, with no certainty about when definitive reconstruction will be available.

In another case, a woman with previous breast radiotherapy was considered an appropriate candidate for reconstruction using her own body's tissue, but her referral was declined because of local capacity. She has considered temporarily relocating to another region in order to access the surgery.

"These women are being forced to make major decisions about their bodies and their cancer treatment because of workforce shortages," says Mr Alex Brown, Wellington Breast Surgeon and BreastSurgANZ NZ Lead/Council member.

"We are not saying that every woman should have an autologous reconstruction. We are saying that women should have the opportunity to make an informed choice about the options that are clinically appropriate for them."

For some women, autologous reconstruction is particularly important. Radiotherapy can have a detrimental effect on a reconstructed breast, particularly on implant-based reconstructions, so for women who have had or will need radiotherapy, autologous reconstruction may be the more suitable option.

The organisations emphasise that this is not a criticism of individual plastic surgeons or breast surgeons. The problem reflects the fragility of specialist workforce capacity and the absence of a reliable national pathway when a regional service cannot provide a particular reconstructive procedure.

"Our plastic and reconstructive surgeons are extremely stretched," says Associate Professor Michelle Locke, NZAPS Immediate Past President and co-author of the national guidelines.

"Specialist numbers are low in some departments, and theatre access for reconstruction is limited in others. The solution cannot simply be asking existing surgeons to do more. We need a national approach that ensures women can access appropriate reconstruction when their local service does not have the capacity to provide it."

What the organisations are asking for

NZAGS, BreastSurgANZ and NZAPS are calling on Health New Zealand to deliver on the intent of the national guidelines by:

- establishing an urgent national referral pathway for when regional reconstructive services cannot provide clinically appropriate surgery;
- ensuring appropriate funding for patients to travel to another centre when necessary;
- developing a national workforce and capacity plan for breast reconstruction; and
- ensuring women are informed about all clinically appropriate reconstructive options, regardless of whether those options are currently available in their region.

"Where you live should not determine the reconstructive options available to you after breast cancer. Cancer care is meant to be equitable across New Zealand. Breast reconstruction needs to be treated in the same way," says Mr Jenkins.

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Notes to editors

Ministry of Health. 2021. Breast Reconstruction: National guidelines for best practice. Wellington: Ministry of Health. Available at https://www.health.govt.nz/publications/breast-reconstruction-national-guidelines-for-best-practice