

# State of Blood Cancer in New Zealand

## Key Findings Summary



**I am hopeful that actions taken in response to this report will get New Zealand ready to support families affected by blood cancer, and give them the best outcome that we know is possible.**



**Andrew Mackintosh**  
a New Zealand blood cancer survivor

# Key Findings Summary

The State of Blood Cancer report provides the first comprehensive assessment of blood cancer in New Zealand, bringing together epidemiology, patient experience, system performance, and treatment access. Drawing on national data as well as insights from 744 patients and carers, and 85 healthcare professionals, it identifies a widening gap between what is clinically possible and what the health system currently delivers. At a time when innovation is transforming outcomes internationally, New Zealand is not keeping pace.

Blood cancer outcomes are highly dependent on health system performance. With prevention and screening pathways not viable for blood cancers, survival relies on timely diagnosis, access to specialist haematology services, and the availability of effective treatments. In New Zealand, these elements are constrained by siloed investment models, fragmented health system planning, and limited access to modern therapies, leaving patients with fewer treatment options, a reduced likelihood of remission, and poorer outcomes than those seen in comparable countries.

This gap reflects a system that has not adapted to the realities of modern blood cancer care. Advances in

treatment are redefining what is possible, with increasingly targeted therapies capable of delivering durable or curative outcomes. However, delays in adopting innovation, barriers to accessing medicines and clinical trials, and capacity constraints across the workforce and service infrastructure continue to limit the system's ability to respond.

The opportunity is clear. Aligning policy, funding, and delivery with international best practice would enable rapid and measurable improvements in care. A future in which no lives are needlessly lost to blood cancer is within reach, and this report sets out the roadmap and priority actions needed to achieve that change for patients by 2035.

<p><b>1</b></p>	<p><b>2</b></p>	<p><b>3</b></p>	<p><b>4</b></p>	<p><b>5</b></p>
<p><b>Establish a national blood cancer taskforce to provide system leadership, coordination, and accountability</b></p>	<p><b>Enable access to treatment aligned with international best practice ensuring timely and predictable access to standard-of-care therapies</b></p>	<p><b>Support consistent diagnostic and treatment pathways by aligning system capability with existing national guidance</b></p>	<p><b>Strengthen access to research and clinical trials so patients can benefit from emerging therapies</b></p>	<p><b>Build workforce and service capacity to meet current and future demand</b></p>

**Disclaimer:** This report was commissioned by Blood Cancer New Zealand and co-authored by Deloitte as an independent, paid professional engagement. Deloitte's role was to research, analyse and author an evidence-based assessment of the blood cancer sector in New Zealand, drawing on publicly available data and stakeholder insights. The report focuses on the sector as a whole and does not assess or evaluate the performance, effectiveness, or financial position of Blood Cancer New Zealand as an organisation. The results of the Integrated Data Infrastructure (IDI) analysis are not official statistics. They have been created for research purposes from the IDI which is carefully managed by Stats NZ. For more information about the IDI please visit <https://www.stats.govt.nz/integrated-data/>. The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weakness is in the context of using the IDI for statistical purposes and is not related to the data's ability to support Inland Revenue's core operational requirements. AI has been used to support the development of this report. AI-generated content has been checked by the report authors.

### Blood cancer is a growing and uniquely system-dependent health challenge

Blood cancer is one of New Zealand’s most significant and fastest growing cancer burdens. Around 3,000 people are diagnosed each year, and approximately 27,000 people are currently living with the disease.<sup>1</sup> This number has increased steadily over time, reflecting an ageing and growing population, as well as improvements in survival that mean more people are living longer with blood cancer.

While New Zealand does not publish long-term projections, trends in comparable countries suggest the burden will continue to grow. In Australia, blood cancer is projected to become the most diagnosed cancer by 2035.<sup>2</sup>

It is currently the third leading cause of cancer death in New Zealand and the fastest growing contributor to cancer mortality over the past decade.<sup>3</sup> It is the most common and fatal **unpreventable** cancer.

More New Zealanders are diagnosed with blood cancer than with melanoma or lung cancer, and more die from it than from prostate or breast cancer.<sup>3</sup>

Blood cancer is fundamentally different from most other cancers in ways that directly shape how care must be delivered. It cannot be prevented or detected through screening, and often there is no surgical pathway to remove disease. As a result, outcomes are exceptionally dependent on the health system’s ability to deliver timely diagnosis, specialist care, and effective treatment.

For many patients, this means unexpectedly becoming reliant on the public health system for both immediate and ongoing care. Unlike many other cancers, where prevention, screening, or surgery can alter the course of disease, blood cancer outcomes are disproportionately shaped by whether the system can provide the right care at the right time.

#### Key facts about blood cancer in New Zealand

**3,000 people diagnosed each year<sup>1</sup>**

**27,000 people living with blood cancer<sup>1</sup>**

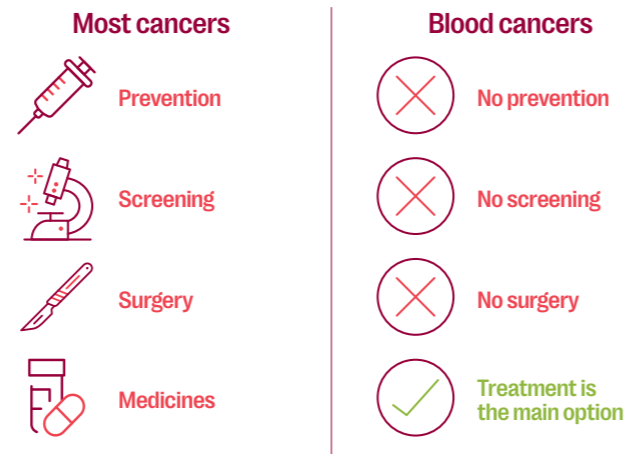
**1 in 18 people will develop blood cancer<sup>4</sup>**

**Third leading cause of cancer death<sup>3</sup>**

**Most common cancer that cannot be prevented or screened<sup>3</sup>**

**One of the fastest growing contributors to cancer mortality in New Zealand<sup>3</sup>**

### Why blood cancer is different



### Blood cancer survival has been transformed by advances in treatment

Over the past two decades, advances in diagnostics and treatment have fundamentally changed outcomes for blood cancer. Many blood cancers are now treated with curative intent, and many people are living full, active lives as a result of effective treatment.

Blood cancer has often led the way in medical innovation, from the early use of chemotherapy and targeted therapies to newer approaches such as immunotherapies and cellular therapies that harness a patient’s own immune system to destroy cancer cells. These advances are delivering deeper, more durable remissions with reduced toxicity and are driving a broader shift toward more personalised, precision-based interventions across healthcare.

Despite this progress, New Zealand’s policy, planning, and funding settings are not keeping pace with comparable countries. Therapies that are now standard of care for blood cancer internationally remain unavailable in New Zealand.

For clinicians, this means being unable to provide the standard of treatment their patients should receive, and carrying the moral burden of seeing the consequences reflected in poorer outcomes. For patients, it can mean attempting to self-fund care, facing significant personal cost, leaving the country during a time of acute vulnerability, or accepting treatment that is less effective, with poorer quality of life and reduced survival.

### A clear and measurable gap in access to modern treatment

New Zealand has a consistent and well-documented gap in access to modern blood cancer therapies compared with similar countries. These are not marginal or experimental therapies. Many are now standard of care internationally and form the backbone of modern treatment.

This gap extends beyond medicines alone. Stem cell transplantation is a highly specialised intervention that can offer curative intent or long-term remission for many blood cancers, but access in New Zealand is constrained. Patients face delays beyond clinically recommended timeframes due to current waitlists, which can result in disease progression and in some cases, missing the opportunity for cure.

For patients, this gap narrows the treatment pathways available to them:

- Fewer options at the point of diagnosis, reducing the likelihood of achieving optimal outcomes from the outset
- Treatment options are exhausted more quickly, across relapsing and refractory disease
- Reduced access to therapies with curative potential, limiting the opportunity for long-term survival or cure

As international standards continue to advance, New Zealand is not keeping pace in incorporating new therapies and scaling access to complex treatments. The result is a widening gap over time between the standard of care internationally and what patients can access in New Zealand.

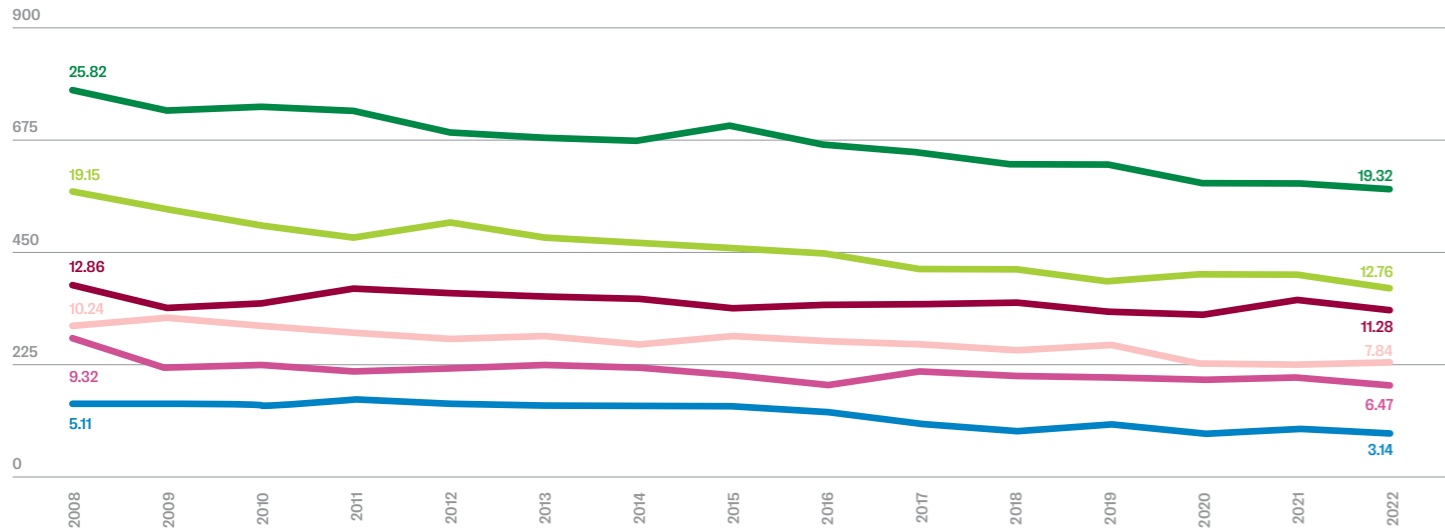
### Select blood cancer medicines funded in Australia but not New Zealand

Disease type	Medicines funded in Australia but not New Zealand
Acute myeloid leukaemia	<ul style="list-style-type: none"> <li>• Gilteritinib</li> <li>• Oral azacitidine (maintenance therapy)</li> <li>• CPX-351 (liposomal daunorubicin + cytarabine)</li> <li>• Decitabine + cedazuridine (INQOVI)</li> </ul>
Acute lymphoblastic leukaemia	<ul style="list-style-type: none"> <li>• Blinatumomab</li> <li>• Tisagenlecleucel (CAR T-cell therapy)</li> </ul>
Chronic myeloid leukaemia	<ul style="list-style-type: none"> <li>• Asciminib</li> <li>• Ponatinib</li> <li>• Nilotinib (first-line)</li> <li>• Dasatinib (first-line)</li> </ul>
Chronic lymphocytic leukaemia	<ul style="list-style-type: none"> <li>• Acalabrutinib</li> <li>• Idelalisib</li> </ul>
Non-Hodgkin lymphoma	<ul style="list-style-type: none"> <li>• Acalabrutinib</li> <li>• Zanubrutinib</li> <li>• Polatuzumab vedotin</li> <li>• Axicabtagene ciloleucel (CAR T-cell therapy)</li> <li>• Tisagenlecleucel (CAR T-cell therapy)</li> </ul>
Multiple myeloma	<ul style="list-style-type: none"> <li>• Daratumumab</li> <li>• Carfilzomib</li> <li>• Selinexor</li> <li>• Elranatamab</li> </ul>
Myeloproliferative neoplasms	<ul style="list-style-type: none"> <li>• Momelotinib</li> <li>• Ruxolitinib (polycythaemia vera)</li> </ul>
Myelodysplastic syndromes	<ul style="list-style-type: none"> <li>• Decitabine + cedazuridine (INQOVI)</li> </ul>
Graft-versus-host disease	<ul style="list-style-type: none"> <li>• Ruxolitinib</li> </ul>

Note: Table summarises selected medicines funded through Australia’s Pharmaceutical Benefits Scheme that are not publicly funded in New Zealand at the time of analysis. It does not represent a complete formulary comparison.



### Age standardised rate of annual cancer deaths for major cancer types in New Zealand, 2008-2022



Source: New Zealand Cancer Registry  
Note: Rates are per 100,000 and age-standardised to the World Health Organization's standard world population.

### Outcomes in New Zealand are not keeping pace with what is possible

Over the past 15 years, outcomes for people with blood cancer in New Zealand have not kept pace with improvements seen in other major cancers.<sup>3</sup> At the same time, advances in treatment overseas have led to better survival, longer remissions, and new pathways to cure.

When blood cancers are combined, New Zealand does not show an improvement in age-standardised mortality over the past 15 years, unlike all other major cancers and unlike progress seen overseas.<sup>3</sup> Annual deaths from blood cancer have also increased by almost 40% since 2008.

Australia is often used as a benchmark due to its similar population demographics and comparable health system. It is also where many New Zealand patients travel for care. Across several blood cancers, survival rates are higher in Australia, highlighting what is possible when people can access modern treatment sooner.

Because treatment is the primary driver of survival in blood cancer, delays in access to modern therapies lead to poorer outcomes, and this is now reflected in New Zealand's comparatively worse survival rates.

### Five-year survival for selected blood cancers in New Zealand and Australia, latest available estimates (up to 2021)

Cancer type	New Zealand	Australia
Leukaemia	57.7%	66.4%
Hodgkin lymphoma	80.2%	88.6%
Non-Hodgkin lymphoma	68.4%	77.4%
Myeloma	58.9%	60.7%

Sources: New Zealand: Net survival at 5-years (2020-2021 period estimate) from State of Cancer dashboard, available at: [https://minhealthnz.shinyapps.io/state\\_of\\_cancer/](https://minhealthnz.shinyapps.io/state_of_cancer/)  
Australia: Relative survival (2017-2021 diagnoses) from Australian Institute of Health and Welfare (AIHW), available at <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/survival>  
Note: New Zealand estimates use net survival calculated, while Australian estimates use relative survival. These measures are conceptually similar but not directly equivalent and are best interpreted as directional rather than exact comparisons.

### The system is not designed for the realities of blood cancer care

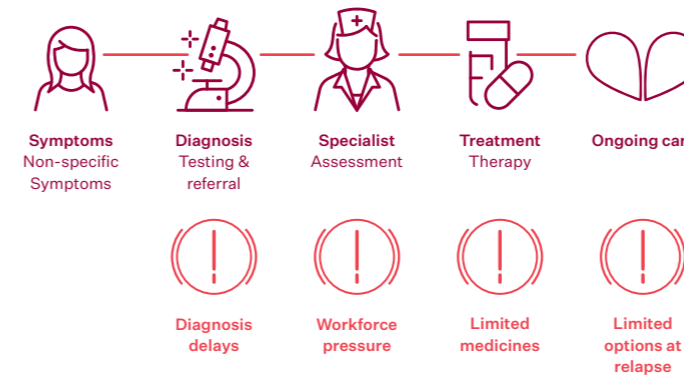
While access to modern therapies is a major driver of outcomes, it is not the only gap in the system. Blood cancer care is becoming increasingly complex, and the health system has not kept pace with this change.

Key constraints include:

- Workforce shortages across haematology and specialist roles
- Limited diagnostic capability, including genomics and molecular testing
- Infrastructure gaps for delivering advanced therapies
- Barriers to accessing medicines and clinical trials

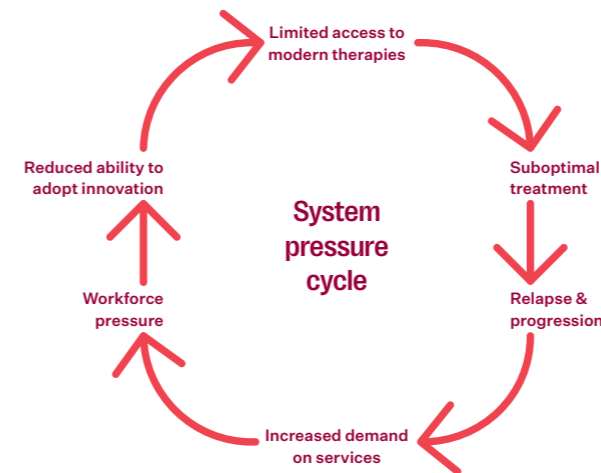
These constraints are interconnected and affect the patient pathway from diagnosis through to treatment and ongoing care.

### Blood cancer patient journey and key system pressure points in New Zealand



As demand grows, these pressures reinforce one another. Limited access to effective treatment increases the need for more intensive care, while service pressure and workforce shortages make it harder to deliver timely diagnosis, treatment, and follow-up care. This creates a self-reinforcing cycle that both drives and sustains poorer outcomes.

### System pressure cycle in blood cancer care



### Workforce and system sustainability are at risk

Blood cancer care relies on a highly specialised workforce.

Current pressures include:

- Difficulty recruiting and retaining haematology specialists
- Increasing workload and complexity of care
- Limited ability to deliver internationally standard treatments

When clinicians are unable to provide optimal care, it contributes to professional frustration and impacts workforce sustainability. In a clinician survey, 70% of haematologists reported being dissatisfied with blood cancer care in New Zealand.<sup>5</sup>

This also affects New Zealand's position internationally, reducing attractiveness as a place to train and work.



### The consequences are experienced directly by patients and whānau

The impact of these system constraints is felt in the day-to-day reality of people living with blood cancer.

The significant health burden faced by patients is accompanied by a substantial emotional burden. Patients and their whānau must navigate uncertainty, repeated treatment, and the ongoing stress of knowing that more effective options may exist but are not accessible.

Blood cancer severely impacts physical health, mental wellbeing and overall quality of life, with anxiety and depression 2–3 times more common than with other cancers. Carers face emotional and practical strain, with 74% reporting negative mental health impacts and many reduce or leave employment.<sup>6</sup>

The financial impact adds a further layer of pressure. A blood cancer diagnosis often brings:

- A loss of income following diagnosis
- Ongoing out-of-pocket costs for care
- Increased reliance on social support

Financial toxicity is widespread in blood cancer.



Nearly half of patients (45%) report significant out-of-pocket costs<sup>6</sup>



69% draw on life savings to fund their care<sup>6</sup>



One in seven patients spends more than \$100,000 on unfunded medicines, with myeloma patients disproportionately affected<sup>6</sup>

For many, access to treatment becomes dependent on their financial means or their ability to leave the country. Patients may attempt to self-fund or rely on fundraising, or proceed with publicly available treatments that fall short of international standards of care.

This creates variation in access to optimal treatment, influenced by a patient's ability to navigate alternative pathways such as travel, private care, or fundraising, reinforcing inequities in access and outcomes.

### The health, social and economic impact of blood cancer is significant and growing

Blood cancer places significant financial pressure on New Zealand's health system. In 2023, hospital-based care cost nearly \$209 million, with most of this driven by inpatient care.<sup>1</sup> At the same time, outpatient care and associated costs are increasing as more treatment is delivered through day-stay settings and more people live longer with blood cancer. As incidence rises and survivorship improves, pressure on hospital services will continue to grow.

The burden also extends beyond the health system. In 2024, people with blood cancer accessed more than \$56.3 million in social benefits, and in 2023 half of people living with blood cancer accessed some form of benefit support.<sup>1</sup> Integrated Data Infrastructure (IDI) income data also shows a marked impact on workforce participation, with the proportion of income earners significantly dropping post diagnosis.

These findings show that blood cancer has substantial wider social and economic impacts, including lost income, reduced workforce participation and increased reliance on public support.

### A fragmented system and a clear opportunity for change

There is no coordinated, national plan for blood cancer care in New Zealand. Responsibility is distributed across multiple agencies, with no single mechanism to align action or drive system-wide improvement.

This fragmentation results in:

- Inconsistent investment across the continuum of care
- Constraints on medicine access disproportionately affecting people with blood cancer
- Variable diagnostic capability
- Limited participation in clinical trials
- Misalignment between planning, funding, and delivery

As a result, progress is slow and uneven.

The current trajectory is not sustainable. As the number of people diagnosed increases and treatment becomes more complex, pressure on the system will continue to grow, and the gap between what is possible and what is delivered will widen.

However, this is not an intractable problem. Blood cancer outcomes can improve rapidly when systems are aligned with modern care, and many of the required policies, procedures, and interventions are already known and achievable.

### Delivering on the goal: no lives needlessly lost to blood cancer

New Zealand has the opportunity to deliver blood cancer care that aligns with international best practice and ensures that lives are not lost due to avoidable delays, constrained service capacity, or lack of access to effective treatments.

The goal over the next decade is that no lives are needlessly lost to blood cancer. Achieving this goal is possible but requires a coordinated national response aligned with how modern blood cancer care is delivered.

The following five priority areas focus on the points in the system where targeted action will have the greatest impact on outcomes:

#### Priority 1: Establish a National Blood Cancer Taskforce

Sustained improvement in blood cancer outcomes will require coordinated action across medicines access, service planning, workforce, research, and policy settings. Many of the barriers identified cut across agencies and cannot be resolved through existing governance structures or isolated initiatives.

#### Priority 2: Enable Access to Treatment Aligned with International Best Practice

Access to modern blood cancer treatments is one of the strongest drivers of survival and quality of life. International standards increasingly rely on targeted immune-based, and cellular therapies delivered within coordinated models of care. In New Zealand, delays and gaps in access to these therapies significantly constrain clinical options and contribute directly to poorer outcomes.

#### Priority 3: Support Consistent Diagnostic and Treatment Pathways

Variation in access to specialised pathology, molecular testing, and advanced imaging can delay diagnosis and treatment initiation, contributing to regional differences in care. National mechanisms such as multidisciplinary meetings and shared clinical information systems offer opportunities to reduce unwarranted variation and support consistent, high-quality decision-making across the country.

#### Priority 4: Strengthen Access to Research and Clinical Trials

Clinical trials are integral to best practice blood cancer care, offering patients access to emerging therapies and enabling clinicians to engage with advances that shape international standards of treatment. In New Zealand, trial participation is constrained by system factors including limited delivery capability, restricted access to standard-of-care therapies required for eligibility, geographic barriers, and the absence of clear pathways from trial participation to funded access for proven treatments.

#### Priority 5: Build Workforce and Service Capacity

Rising incidence, growing prevalence, and increasing treatment complexity are placing sustained pressure on the workforce and services that deliver blood cancer care. Workforce shortages contribute directly to treatment delays and increased clinical and patient burden. Building workforce and service capacity is therefore foundational to all other priorities.

These priorities are interdependent and must be delivered as a coordinated programme of work. Progress in one area will not be sustained without alignment across funding, policy, planning, and service delivery.

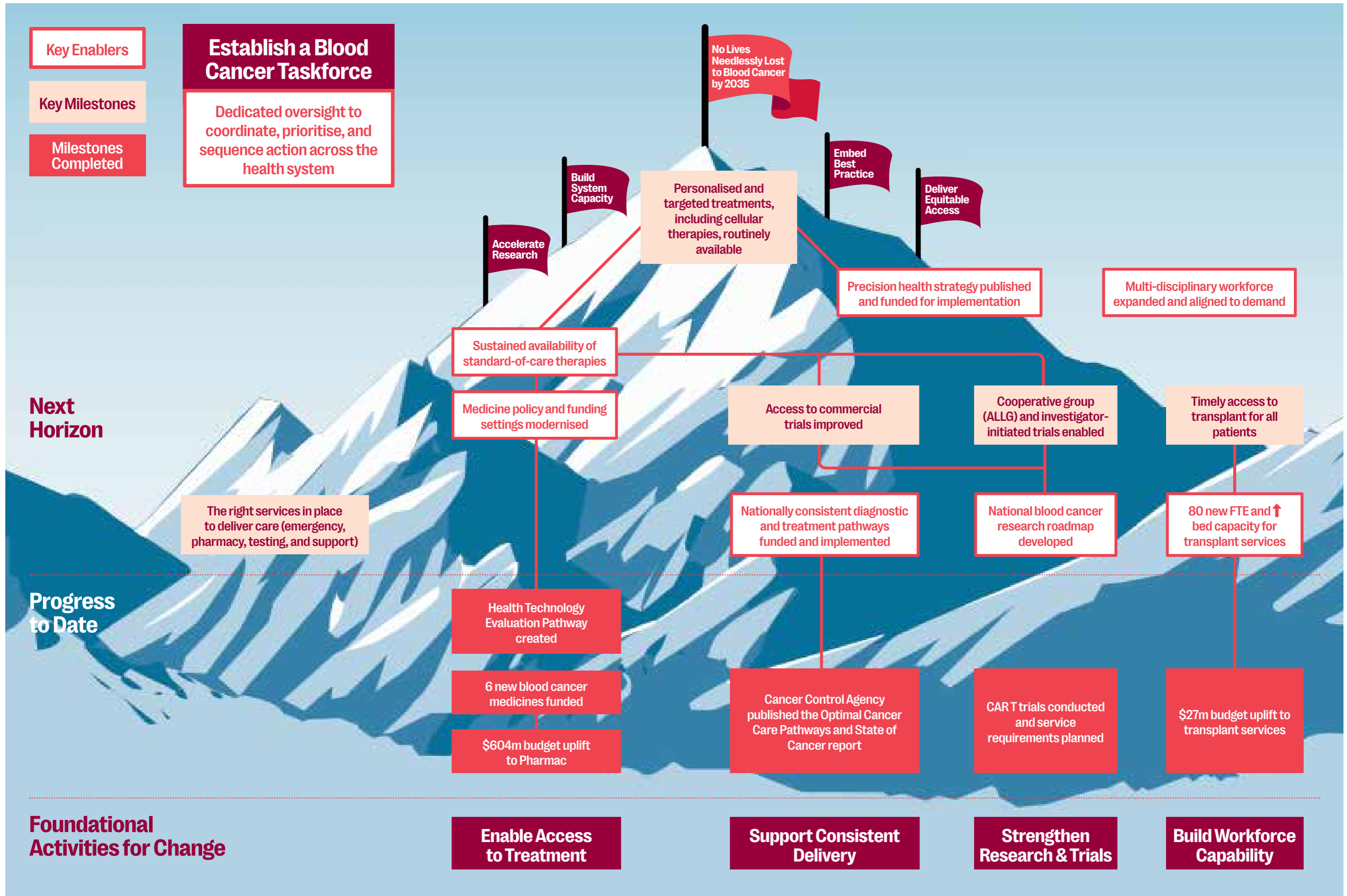
Delivering on these priority actions requires acknowledging the current gap between what is possible and what is delivered, and committing to a system that enables equitable access to modern blood cancer care.

### The roadmap for change

Through these changes, New Zealand can build a stronger and more responsive blood cancer care system, supporting people at every stage of their journey and helping ensure that no lives are needlessly lost to blood cancer.

### References

1. Stats NZ (2024). *Integrated Data Infrastructure*. Statistics New Zealand. <https://www.stats.govt.nz/integrated-data/integrated-data-infrastructure/>
2. Leukaemia Foundation Australia. (2025). *Research roadmap for blood cancer*. <https://www.leukaemia.org.au/resource/research-roadmap-for-blood-cancer/>
3. Health New Zealand. (2025). *Cancer Web Tool* [Data set, extract]. <https://tewhatuora.shinyapps.io/cancer-web-tool/>
4. Sun, K. W. (2025). Global landscape and trends in lifetime risks of haematologic malignancies in 185 countries: population-based estimates from GLOBOCAN 2022. *EClinicalMedicine*, 83, 103193. <https://doi.org/10.1016/j.eclinm.2025.103193>.
5. Blood Cancer New Zealand. (2025). *Clinician Survey* [unpublished survey data].
6. Blood Cancer New Zealand. (2025). *Patient and Caregiver Survey* [unpublished survey data].



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