

Our ref: HWF/1/19 Pt 2

Your ref:

18 March 2006

Ms Doris Chan
Clerk to Panel
Panel on Health Services
Legislative Council
8 Jackson Road
Central

Dear Ms Chan,

Drug and Treatment for Retinal Disorders

At the meeting of the Panel on 8 March 2004, Hon CHAN Yuen-han asked about the drug and treatment for retinal disorders. I am now writing to provide a written response. Since there are well-established treatment methods for most types of retina disorders, I would concentrate my reply to Age Related Macula Degeneration (AMRD), the treatment for which is still under development.

At the present moment, the medical profession has yet to be able to ascertain the exact cause of AMRD. An effective cure for this condition is also yet to be found. One of the new technologies under development for the treatment of AMRD is Photodynamic Therapy (PDT). At the present moment, the effectiveness of this new procedure is still under evaluation. According to the information provided by the Hospital Authority (HA), most of the scientific research in respect of PDT to date has been conducted in North America and Europe. The result of oversea research indicated that PDT might be effective against wet type AMRD and the development of abnormal blood vessels (choroidal neovascular membrane) under the macula. After thorough consideration, the HA decided to introduce PDT into public hospitals and make the new procedure available to patients on a pilot basis, in order to facilitate a review on the efficacy and cost effectiveness of the procedure for Chinese patients. One of the major factors in HA's decision to introduce PDT on a pilot basis at the present stage is that the available scientific evidence only

indicated that PDT could delay vision deterioration but not an effective cure for AMRD.

For the above reason, PDT is not a part of the standard provision in public hospitals. If a patient would like to participate in the pilot programme, public hospitals would provide the relevant medical services for the procedure at the standard fees for public medical services. Public hospitals would also clearly explain to patients who would like to undergo PDT at their own choice that they will have to bear the cost of the photosensitizing dye (vertoportin) required by the procedure at their own expenses. In addition, since vertoportin does not belong to the class of drugs that are proven to be of significant benefits but extremely expensive for public hospitals to provide as part of their subsidised service, it is not covered by the assistance under the Samaritan Fund.

The HA will continue to closely monitor the latest technological development in the treatment of ARMD. In deciding whether to introduce new technology items as part of the standard service in public hospitals, the HA will carefully examine and assess their efficacy, cost effectiveness and safety. This is to ensure the most effective use of limited resources and derive the maximum medical benefit for the community as a whole.

Yours sincerely,

(Paul Cheng)
for Secretary for Health, Welfare and Food

cc CE/HA (Attn: Dr K M Choy)