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Panel on Health Services

Information note prepared by the Legislative Council Secretariat for the meeting on 15 December 2014

Colorectal Cancer Screening Pilot Programme

Cancer of colon, rectum and anus (or commonly known as colorectal cancer) is a malignant neoplasm affecting the lower gastrointestinal tract. Colorectal cancer has become the most common cancer in Hong Kong in 2011. There were 4 450 newly registered colorectal cancer cases in that year, accounting for 16.5% of all new cancer cases. Among these cases, over 90% occurred in people aged 50 or above. Colorectal cancer has also become the second leading cause of cancer deaths in Hong Kong. In 2012, 1 903 persons died from colorectal cancer, accounting for 14.3% of all cancer deaths. The death rates for male and female were 32.4 and 21.5 per 100 000 population of respective sex. With the ageing population and lifestyle changes in Hong Kong, the number of incidence and death rates of colorectal cancer are expected to continue to increase in future.

2. The Cancer Expert Working Group on Cancer Prevention and Screening[1] recommends that persons aged 50 to 75 should discuss with their doctors and consider screening for colorectal cancer for the sake of their health. The Chief Executive announced in the 2014 Policy Address that the Government would subsidize colorectal cancer screening for higher risk groups. A funding of around $420 million has been earmarked in the 2014-2015 Budget for allocation in the five years starting from 2014-2015 for the study and implementation of a

[1] The Government established the high-level Cancer Coordinating Committee ("CCC") in 2001. CCC is chaired by the Secretary for Food and Health and comprises members including cancer experts, academics, doctors in public and private sectors, as well as public health professionals, for effective prevention and control of cancer. The Cancer Expert Working Group on Cancer Prevention and Screening is a working group under CCC to regularly review and discuss the latest local and worldwide scientific evidence, with a view to providing recommendations on suitable cancer prevention and screening measures for the local population.

pilot programme for the purpose. The pilot programme, which will target specific age groups rather than all persons aged 50 to 75, aims to gather relevant local experience in colorectal cancer screening and collect relevant data which will serve as the basis for the deliberation of whether and how best colorectal cancer screening service may be provided to the wider population.

3. The Department of Health established a multi-disciplinary taskforce in January 2014 to carry out the planning, implementation, publicity and evaluation of the pilot programme. The taskforce comprises representatives from the Hospital Authority, relevant Academy College, medical associations, primary care doctors, academia and non-governmental organization. Four working groups have also been set up under the taskforce to provide input on different aspects of the pilot programme, namely (a) use of the faecal immunochemical test; (b) colonoscopy and assessment; (c) screening registry and computer information system; and (d) promotion and publicity.

4. According to the Administration, the taskforce has preliminarily identified the safer faecal immunochemical test as the screening method for the pilot programme, and participants whose stool samples are found to contain blood will be referred to receive colonoscopy. To minimize the impact of the pilot programme on the public healthcare sector, it is proposed that the pilot programme be rolled out in phases through public-private partnership. It is expected that the pilot programme will be introduced by end 2015 the earliest.

5. Two written questions concerning the pilot programme were raised at the Council meetings of 2 July and 29 October 2014 respectively. The questions and the Administration's replies are in **Appendices I and II** respectively.

Council Business Division 2
Legislative Council Secretariat
9 December 2014

Press Releases *2 July 2014*

LCQ17: Colorectal cancer screening pilot programme
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Following is a question by the Hon Chan Kin-por and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (July 2):

Question:

The Government has proposed to earmark a funding of more than $400 million over the next five years for implementing a colorectal cancer screening programme (screening programme) to subsidise people belonging to specific age groups who do not have symptoms suggestive of colorectal cancer to take screening tests. The Government formed a multi-disciplinary task force and several working groups in January this year to oversee the planning, implementation, promotion and evaluation of the screening programme. In May this year, the Secretary for Food and Health told the press that as complex issues were involved in colorectal cancer screening, it was expected that the programme would not be launched until 2015 at the earliest. It has been reported that the screening programme will be implemented by phases, and people aged between 65 and 70 will first be invited to participate in the first phase. In this connection, will the Government inform this Council:

(1) of the details of the screening method, service delivery model and operational logistics devised for the screening programme so far by the aforesaid task force and working groups; the detailed reasons why the screening programme could not be rolled out within this year and the technical problems involved; the time for completion of the study reports by the task force and various working groups; the follow-up work to be undertaken by the authorities after the completion of such studies;

(2) as the majority of colorectal cancer patients are people aged 50 or above, but the service targets of the first phase of the screening programme only cover those aged between 65 and 70, of the considerations involved; the proposed details of the phased implementation of the screening programme; how the authorities determine the age groups to be covered by various phases, and whether they have studied the estimated number of cases of medical treatment of people, who belong to the age groups covered by the later phases of the screening programme under its phased implementation, to be delayed because an early diagnosis of colorectal cancer is not available;

(3) as it has been reported that the authorities will consider collaborating with private hospitals in implementing the screening programme in order not to disrupt the day-to-day services of public hospitals, of the specific views received from private hospitals so far by the authorities in respect of the screening programme; whether they will make reference to the practice relating to healthcare vouchers and issue colorectal cancer screening vouchers to eligible persons; if they will, of the details; if not, the other modes of co-operation under consideration; apart from private hospitals, whether the authorities will seek collaboration with the colorectal cancer educational centres of universities as well as other organisations providing such screening services; if they will, of

the details; if not, the reasons for that; and

(4) whether the authorities will collect relevant data pertinent to the screening programme and develop a screening database as well as conduct a systematic analysis to examine the effectiveness of the programme for reference in deciding the way forward (including studying the extension of the scope of screening to cover other types of cancer or high-risk diseases); if they will, of the details; if not, the reason for that?

Reply:

President,

Cancer is a major public health issue in Hong Kong. In 2001, the Government established the Cancer Coordinating Committee (CCC), which is chaired by the Secretary for Food and Health and comprises members including cancer experts, academics, doctors in public and private sectors, as well as public health professionals, for effective prevention and control of cancer. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) was set up under the CCC to regularly review and discuss latest scientific evidence, local and worldwide, with a view to providing recommendations on suitable cancer prevention and screening measures for the local population.

In 2011, colorectal cancer has overtaken lung cancer for the first time and become the most common cancer in Hong Kong. There were 4 450 newly diagnosed colorectal cancer cases in that year, accounting for 16.5% of all new cancer cases. In 2012, colorectal cancer was the second most common cause of cancer death, resulting in a total of 1 903 registered deaths and accounting for 14.3% of all cancer deaths. The risk of colorectal cancer increases significantly from age 50 onwards. In view of a growing and ageing population, the number of new colorectal cancer cases and related healthcare burden are expected to increase in future.

In the light of the above, the Government announced in the 2014 Policy Address and the 2014-15 Budget that it would allocate funding of around $420 million in the five years starting from 2014/15 for the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups. The pilot programme aims to gather relevant local experience in colorectal cancer screening and collect relevant data with a view to drawing conclusions and making recommendations based on evidence. These will form the basis for the deliberation of whether and how best colorectal cancer screening could be provided to the wider population.

On the other hand, risk factors for colorectal cancer are closely related to lifestyles. The CEWG has pointed out that the risk of colorectal cancer can be effectively reduced through the adoption of healthy lifestyles, such as increasing the intake of dietary fibre from vegetables, fruits and whole grains, reducing the consumption of red and processed meat, having regular physical activities, maintaining a healthy body weight and waist circumference, avoiding tobacco and alcohol, etc. Members of the public should also take note of their health conditions and seek early medical attention if symptoms such as presence of blood in stool, abdominal pain or changes in bowel habit occur. On this front, the Department of Health (DH) has all along been actively promoting healthy lifestyles as a major preventive strategy in reducing the burden caused by non-communicable diseases such as cancers to the public and society.

My reply to the respective parts of the question is as follows:

(1), (2) and (3) The DH established a multi-disciplinary taskforce (taskforce) in January this year to embark upon the study and planning of the colorectal cancer screening pilot programme (pilot programme). The taskforce comprises representatives from the Hospital Authority (HA), relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation. The taskforce is responsible for tasks pertaining to the planning, implementation, publicity and evaluation of the pilot programme, including determination of inclusion criteria for participation in the pilot programme, method of screening, funding model, and operational logistics, etc.

Four working groups are established under the taskforce to provide input on different aspects of the pilot programme, namely (1) use of the faecal immunochemical test; (2) colonoscopy and assessment; (3) screening registry and computer information system; and (4) promotion and publicity. The taskforce and the working groups have been holding meetings regularly and making good progress. The taskforce has preliminarily identified faecal immunochemical test as the screening method for the pilot programme, and participants whose stool samples are found to contain minute amounts of blood will be referred to receive colonoscopy. Moreover, the taskforce is examining the rolling out of the pilot programme in phases and the use of public-private partnership approach to provide subsidised screening services, in order to minimise the impact of the pilot programme on the public healthcare sector. The pilot programme is expected to be introduced by end 2015 if relevant planning and preparation work goes ahead as scheduled.

We note that the CEWG recommends persons aged 50 to 75 should discuss with doctors and consider screening for colorectal cancer. Before considering the use of public resources to implement large scale screening services, we see merits in implementing a pilot programme that provides subsidised screening services to selected groups. This will not only help collect data as regards the effectiveness of colorectal cancer screening, but also review the actual operation of the screening services as well as assess more accurately the medical and manpower resources required, thus facilitating the Administration to consider whether and how best colorectal cancer screening could be provided to the wider population. Therefore, the pilot programme will subsidise specific age groups rather than all persons aged 50 to 75. We will announce the age groups covered by the pilot programme and the operational details in a timely manner.

As regards persons aged 50 to 75 who are not covered by the pilot programme, they are advised to consult their doctors for consideration of colorectal cancer screening for the sake of their health. As all screening tests have limitations and are not 100% accurate, individuals considering a screening test should seek advice from doctors for assessment of need and obtain full information on benefits and potential risks before making an informed choice. Healthcare providers should also offer adequate explanation to their clients regarding pros and cons of receiving colorectal cancer screening, so that their clients can make the best choice.

(4) We need to access timely and accurate data pertaining to

cancer cases in order to devise suitable policies for cancer prevention and control. At the moment, the Hong Kong Cancer Registry (Registry) under the HA is responsible for collecting cancer data of the entire Hong Kong population. The Registry verifies over 300,000 separate entries of raw cancer data and notifications per annum from HA's clinical medical record system, pathological data of patients in public and private hospitals, and information of registered deaths. As mentioned in the paragraphs above, we believe that the pilot programme will provide useful information and data related to colorectal cancer screening, which will help the Government to further improve the preventive and control measures in tackling colorectal cancer.

From the public health perspective, and before launching any population-based screening programme for colorectal cancer or other types of cancer, the Government needs to carefully consider a number of factors such as prevalence of the disease, accuracy and safety of screening tests, effectiveness in reducing incidence and mortality, feasibility of implementation, capacity of healthcare system, public acceptance and so on. The overriding concern is whether screening does more good than harm to the overall population. The Administration will continue to consider and devise public health measures in relation to prevention and control of major cancers on the basis of scientific evidence, expert advice and actual circumstances.

Ends/Wednesday, July 2, 2014
Issued at HKT 18:23

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Press Releases *29 October 2014*

LCQ19: Colorectal cancer screening
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Following is a question by the Hon Paul Tse and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (October 29):

Question:

In reply to a question raised by a Member of this Council in July this year, the Government said that the Department of Health had embarked on preparatory work for the colorectal cancer screening pilot programme (pilot programme), which was announced in this year's Policy Address. It has been reported that due to the concern about a drastic increase in the burden on medical services, the authorities have set the target group of the pilot programme to be persons between the age of 61 to 70. In addition, the authorities have plans to grant special allowances to doctors so as to attract doctors to work overtime during weekends to perform colorectal cancer screening, but they have received a lukewarm response from doctors. In this connection, will the Government inform this Council:

(1) of the current progress of the preparatory work for the pilot programme, and when the programme can be implemented; how the authorities will provide more incentives to attract doctors to perform colorectal cancer screening;

(2) as it has recently been reported that several celebrities from the film and television industries who are aged around 50 have suffered from colorectal cancer, which has aroused public concern about the risk of people in that age group of developing colorectal cancer, and given that some gastroenterology specialists have pointed out that 50 is the age with the peak incidence rate of colorectal cancer, and that 50 is the starting age for their colorectal cancer screening programmes in the United States and some European countries, whether the authorities will consider afresh setting the age of 50 as the starting age of the target group for the pilot programme; and

(3) given that it has been reported that consumption of substandard cooking oil will increase the risk of developing colorectal cancer, and that recently several hundreds of eateries have been found to have used substandard lard imported from Taiwan which was produced from raw materials from Hong Kong, whether the authorities have studied if the entry of substandard cooking oil into the food chain has increased the incidence rate of colorectal cancer in Hong Kong; if they have studied and the outcome is in the affirmative, whether they will expedite the implementation of the pilot programme; if they have not, whether they can forthwith conduct such studies?

Reply:

President,

Cancer is a major public health issue. In 2001, the Government established the high-level Cancer Coordinating Committee (CCC), which is chaired by the Secretary for Food and Health and comprises members including cancer experts, academics,

doctors in public and private sectors, as well as public health professionals, for effective prevention and control of cancer. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) was set up under the CCC to regularly review and discuss latest scientific evidence, local and worldwide, with a view to providing recommendations on suitable cancer prevention and screening measures for the local population.

In 2011, colorectal cancer overtook lung cancer for the first time and became the most common cancer in Hong Kong. There were 4 450 newly diagnosed colorectal cancer cases in that year, accounting for 16.5 per cent of all new cancer cases. In 2012, colorectal cancer was the second most common cause of cancer death, resulting in a total of 1 903 registered deaths and accounting for 14.3 per cent of all cancer deaths. The risk of colorectal cancer increases significantly from age 50 onwards, and the CEWG recommends persons aged 50 to 75 should discuss with doctors and consider screening for colorectal cancer. In view of a growing and ageing population, the number of new colorectal cancer cases and related healthcare burden are expected to continue to increase in future.

In the light of the above, the Government announced in the 2014 Policy Address and the 2014-15 Budget that it would allocate funding of around $420 million in the five years starting from 2014/15 for the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups. The pilot programme aims to gather relevant local experience in colorectal cancer screening and collect relevant data with a view to drawing conclusions and making recommendations based on evidence. These will form the basis for the deliberation of whether and how best colorectal cancer screening service may be provided to the wider population.

On the other hand, risk factors for colorectal cancer are closely related to lifestyles. The CEWG has pointed out that the risk of colorectal cancer can be effectively reduced through the adoption of healthy lifestyles, such as increasing the intake of dietary fibre from vegetables, fruits and whole grains, reducing the consumption of red and processed meat, having regular physical activities, maintaining a healthy body weight and waist circumference, avoiding tobacco and alcohol, etc. Members of the public should also take note of their health conditions and seek early medical attention if symptoms such as presence of blood in stool, abdominal pain or changes in bowel habit occur. On this front, the Department of Health (DH) has all along been actively promoting healthy lifestyles as a major preventive strategy in reducing the burden caused by non-communicable diseases such as cancers to the public and the society.

Against the above background, my reply to the three parts of the question is as follows:

(1) and (2) The DH established a multi-disciplinary taskforce (the taskforce) in January this year with a number of representatives from the medical sector to embark upon the study and planning of the colorectal cancer screening pilot programme (the pilot programme). The taskforce comprises representatives from the Hospital Authority (HA), relevant Academy Colleges, medical associations, primary care doctors, academia and non-governmental organisation. The taskforce is responsible for tasks pertaining to the planning, implementation, publicity and evaluation of the pilot programme, including determination of inclusion criteria for participation in the pilot programme,

method of screening, funding model, and operational logistics, etc.

Four working groups have been established under the taskforce to provide input on different aspects of the pilot programme, namely (1) use of the faecal immunochemical test; (2) colonoscopy and assessment; (3) screening registry and computer information system; and (4) promotion and publicity. The taskforce and the working groups have been holding meetings regularly and making good progress. The taskforce has preliminarily identified the safer faecal immunochemical test as the screening method for the pilot programme, and participants whose stool samples are found to contain blood will be referred to receive colonoscopy. Moreover, the taskforce is examining the rolling out of the pilot programme in phases and the use of public-private partnership approach to provide subsidised screening services, in order to minimise the impact of the pilot programme on the public healthcare service. In the planning process, the DH has been maintaining a close dialogue with various stakeholders in the medical sector to encourage them to actively support and participate in driving the pilot programme. Furthermore, the taskforce has developed a publicity strategy to promote the pilot programme with a view to increasing participation among the public and doctors. The pilot programme is expected to be introduced by end 2015 the earliest if relevant planning and preparation work goes ahead as scheduled.

We consider that adopting a pilot programme approach in providing colorectal cancer screening services targeting selected groups will help not only collect data on effectiveness but also review the actual operation of the screening services as well as assess and deploy more accurately the medical and manpower resources required, thus facilitating the Administration to consider whether and how best colorectal cancer screening may be provided to the wider population in the future. Therefore, the pilot programme will target specific age groups rather than all persons aged 50 to 75.

As regards persons aged 50 to 75 who are not covered by the pilot programme, they are advised to consult their doctors for consideration of colorectal cancer screening for the sake of their own health. As all screening tests have limitations and are not 100 per cent accurate, individuals considering a screening test should seek advice from doctors for assessment and obtain full information on benefits and potential risks of screening before making an informed choice. Doctors should also offer comprehensive explanation to their clients regarding pros and cons of receiving colorectal cancer screening, so that their clients can make the best choice for their personal health.

(3) Substandard edible oil may be subject to contamination by harmful substances, such as benzo[a]pyrene (BaP), aflatoxins and metal contaminants. These harmful substances may be carcinogenic and may pose adverse health effects to consumers and hence endangering the health of the public.

The Centre for Food Safety (CFS) has all along been monitoring the quality of local edible oil to ensure that the edible oil meets legal requirements and is fit for human consumption. In 2013, CFS took, under the regular Food Surveillance Programme, some 450 edible oil samples from different levels for chemical testing including BaP, aflatoxins, peroxide value and metal contaminants. All samples were found to be satisfactory. Considering public concern over the safety of

edible oil, CFS will step up the inspection of edible oil from other places in the coming year. It is expected that the number of samples will increase by not less than 20 per cent over last year.

In response to the "substandard lard" incident in Taiwan, CFS took some 180 samples of high risk and possibly contaminated food products and lard for testing. Besides the peroxide value of one lard sample exceeded the standard, all other samples passed the tests. Based on the test results, the risk assessment conducted by the CFS showed that whilst consumption of the food concerned may increase food safety risk, the risk is not of a high level and there is no cause for undue concern.

As mentioned above, risk factors for colorectal cancer are closely related to lifestyles. DH will continue to promote healthy lifestyles, including healthy diet, for prevention of colorectal cancer.

Ends/Wednesday, October 29, 2014
Issued at HKT 17:44

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