

**For information
On 16 May 2016**

Legislative Council Panel on Health Services

**Progress of Preparation for
the Colorectal Cancer Screening Pilot Programme**

PURPOSE

This paper briefs Members on the progress of preparation for the Colorectal Cancer Screening Pilot Programme (“the Pilot Programme”).

BACKGROUND

2. As a result of population ageing and changes in lifestyle, new cases of colorectal cancer have continued to increase and colorectal cancer became the most common cancer in Hong Kong in 2011 and 2013 respectively. To tackle the increasing healthcare burden caused by colorectal cancer, the Government announced in the 2014 Policy Address to subsidise high risk groups for colorectal cancer screening and commenced preparatory work immediately. The Pilot Programme aims to :

- (a) determine the likely surge and ability of the healthcare infrastructure to handle the increase in demand for assessment and follow-up treatment of cancer and pre-cancerous conditions;
- (b) assess public understanding, attitude and acceptance of colorectal cancer screening;
- (c) devise a screening algorithm with assured quality which is best fitted with local situation and needs; and
- (d) evaluate the overall performance of the screening programme.

If the preparatory work proceeds smoothly, we expect that the Pilot Programme will be launched in September this year.

3. On 15 December 2014, the Government introduced the background and progress of developing the Pilot Programme at the meeting of the Legislative Council Panel on Health Services (“the Panel”). The Government agreed to, before launching the Pilot Programme, report to the Panel regarding the progress of the preparatory work and implementation details, including enrolment eligibility, screening flow and operational details, co-payment by participants and subsidy from the Government, promotional programme, recruitment strategy, monitoring and evaluation etc.

PROGRESS OF PREPARATORY WORK AND IMPLEMENTATION DETAILS OF THE PILOT PROGRAMME

Taskforce and Working Groups

4. The Department of Health (“DH”) established a multi-disciplinary taskforce (“the Taskforce”) in January 2014 to provide professional input on the scope and content of the Pilot Programme. Four working groups underpin the deliberations of the Taskforce, each focusing on different aspects of the Pilot Programme, namely (i) use of faecal occult blood test; (ii) colonoscopy and assessment; (iii) screening registry development; and (iv) promotion and publicity strategies. To date, the Taskforce and the four working groups have convened a total of 31 meetings to provide comprehensive and in-depth experience and reference data to assist in the planning and design of the Pilot Programme.

Enrolment eligibility

5. The Taskforce considered that the number of participants joining the Pilot Programme and their disease occurrence should be representative. However, considering the capacity of existing service, the Taskforce deliberated and agreed to invite Hong Kong residents, who are holders of valid Hong Kong Identity Card and aged 61 to 70 at the time when the Pilot Programme is launched, to receive colorectal cancer screening. To ensure smooth operation, the Pilot Programme will be implemented in phases over a period of three years. Assuming that the Pilot Programme will be launched in September this year, persons aged 68 to 70 (i.e. born in 1946 to 1948) will be invited to join the Pilot

Programme (i.e. the first phase). Arrangements for eligible persons of other age groups (i.e. born in 1949 to 1955) will be announced by the DH in due course subject to the progress of the first phase.

Screening method and procedure

6. Having considered various methods of colorectal cancer screening in detail, the Taskforce has recommended using faecal immunochemical test (“FIT”) (an improved version of faecal occult blood test) as the primary screening tool. Local and overseas experience have shown that FIT is an effective screening test, which can reduce colorectal cancer mortality by 15 to 33 per cent. The process of collecting stool specimens is easy and safe, and is more readily accepted by participants.

7. The screening process of the Pilot Programme will be conducted in two stages. During the first stage, eligible persons have to visit and enrol in the Pilot Programme at a Primary Care Doctor (“PCD”) participating in the Pilot Programme. After signing the consent form, participants will receive first consultation at PCD with subsidy from the Government. During the first consultation, the PCD will explain to the participants the information about colorectal cancer screening and issue to them a Participant’s Pack (containing two FIT tubes and instruction sheet on specimen collection, etc.). Participants will collect stool specimens at home and subsequently return the specimens to designated Specimen Collection Points. A laboratory commissioned by the Government will collect the specimens every working day for analysis. The analysis report will be uploaded in a timely manner onto the Colorectal Cancer Information Technology (“CRC IT”) System, which is built upon the territory-wide Electronic Health Record Sharing System (“eHRSS”). Notification e-mails will be sent to the PCDs when results are available for viewing.

8. If the FIT result is negative (i.e. occult blood is not detected in stool), participants are only required to repeat the testing after two years. However, they should continue to be vigilant and watch out for symptoms of colorectal cancer in order to seek timely medical advice.

9. If the FIT result is positive (i.e. occult blood is detected in stool), the PCD concerned will contact the participant concerned to arrange for second consultation, which is also subsidised by the Government. The PCD will explain the test result, and refer the participant to Colonoscopy Specialist (“CS”) enrolled in the Pilot Programme to receive the subsidised “Standard Package of Colonoscopy Service” with a view to

finding out the cause of bleeding. In general, if polyps are found during the colonoscopy examination, they will be removed immediately and sent for analysis to confirm or exclude the presence of cancer. The removal of polyps can also prevent them from subsequent development into cancer.

10. The “Standard Package of Colonoscopy Service” provided by the CS, includes:

- (a) one pre-procedural consultation to explain the procedure, benefits, risks and possible complications of colonoscopy; to assess participants’ fitness for colonoscopy; to obtain participants’ consent before proceeding with the examination, including making appointment for the examination and providing dietary advice and prescribing laxatives to prepare the bowel for colonoscopy examination;
- (b) the subsidy for colonoscopy examination covers conscious sedation as well as medical equipment and consumables for removal of polyp. If polyps are found (and suitable for immediate removal), the doctor will remove and send them to a designated laboratory for histopathology examination and reporting, the cost of which will be assumed by the Government;
- (c) one or more post-procedural consultation(s) depending on the result of the colonoscopy examination and clinical need. If further management by other specialists is required, the CS will make appropriate referral in accordance with participant’s wishes; and
- (d) if the first colonoscopy examination is unsuccessful, upon mutual agreement between the CS and participant, the colonoscopy examination can be repeated and the cost has been included in the “Standard Package of Colonoscopy Service”. Moreover, the CS may discuss with the participant to refer the latter to undergo computed tomography colonography which would also be fully subsidised by the Government.

Number of Beneficiaries

11. We estimate the around 30% of the target population (i.e. eligible Hong Kong residents aged 61 to 70) will participate in the Pilot Programme, and around 90% of those whose FIT results are positive (i.e. around 4.5% of the FIT recipients for the first year) will undergo colonoscopy. Thus, we estimate that the Pilot Programme will attract a total of 300 000 participations (in terms of person-time) for FIT test, and among them, over 10 000 participants with FIT positive result will conduct colonoscopy examination. The projected numbers of new cases of adenoma, advanced adenoma and colorectal cancer detected will be 2 907, 1 755 and 313 respectively making reference to detection rates experienced in an earlier five-year study undertaken by the Chinese University of Hong Kong.

CRC IT System and eHRSS

12. The development of the designated CRC IT System for the Pilot Programme is making good progress. The CRC IT System has important functions of capturing the participants' screening history and results, supporting participants through the whole screening process, sending alerts for prompt follow-up action in case of abnormal results, facilitating programme monitoring and evaluation. Since the CRC IT System is built upon the territory-wide eHRSS, eligible persons and service providers who wish to participate in the Pilot Programme must first register in eHRSS. The DH and Electronic Health Record Registration Office have reached an agreement on the provision of a one-stop service to co-ordinate the enrolment of eHRSS and Pilot Programme for doctors and associated medical organisations.

Subsidy from the Government

13. To encourage eligible individuals to participate in the Pilot Programme and to complete the screening process, the Government will provide a substantial amount of subsidy to the participants to undergo FIT provided by PCD and to receive "Standard Package of Colonoscopy Service" when the FIT result is positive.

14. Under the Pilot Programme, the Government will provide a fixed subsidy of \$280 for every consultation pertaining to FIT screening in PCD clinics. If the FIT result is negative, participants will only receive subsidy for one consultation. They will receive subsidy to repeat the FIT screening after two years. If the FIT result is positive, participants

will receive subsidy for two consultations as there is a need for the PCD to explain at the second consultation the positive result and seek the participant's agreement to refer for colonoscopy examination.

15. The CS will provide subsidised "Standard Package of Colonoscopy Service" for participants with positive FIT result. If no polyp is found during colonoscopy examination, the CS will receive a fixed subsidy of \$7,800. If polyps are found and removed, the CS will receive a fixed subsidy of \$8,500.

16. Apart from providing subsidies to PCD and CS for specified clinical services, the DH has also commissioned contractors through open tendering to provide FIT laboratory service, histopathology laboratory service and computed tomography colonography service to ensure critical support services are in place to complete the screening process.

Co-payment by the Participants

17. Doctors participating in the Pilot Programme may, after deducting the subsidy provided by the Government, charge additional fee for the provision of the specified services. However, as participants may refrain from receiving colonoscopy examination or participating in the Pilot Programme because of the worry about the high cost of colonoscopy examination in case their FIT results are positive. We therefore set a cap on the additional fee charged by the CS, that is, the co-payment charged to the participants for the subsidized "Standard Package of Colonoscopy Service" should not be more than \$1,000. To promote transparency, information on the subsidised services (and non-subsidised items), the amount of subsidy provided by the Government and the co-payment fees charged by doctors will be made available at DH's "Prevent Colorectal Cancer" website (www.colonscreen.gov.hk) before September this year to enable participants to make an informed choice according to personal needs, preferences and affordability. Doctors participating in the Pilot Programme are obliged to display price information on a poster at their clinics.

Publicity and Promotion

18. The Taskforce developed a two-staged publicity strategy for the Pilot Programme. In the first half of 2016, the promotion will target at service providers (e.g. PCD and CS) while in the second half of 2016, the promotion will target at persons who are eligible for participating in the Pilot Programme. The first stage aims to draw the attention of service

providers and eligible persons on the key components of the Pilot Programme and prepare them for participation. This includes encouraging doctors to register in the eHRSS and enrol in the Pilot Programme as service providers while encouraging eligible persons to register in the eHRSS. Publicity activities include:

- (a) holding a press conference on 14 April this year regarding the progress of preparation for the Pilot Programme and on the same day, sending letters to all doctors, health and medical organisations, private hospitals and professional groups to invite them to enrol as service providers;
- (b) from end of April this year, organising briefing sessions for PCD, CS, health and medical organisations, private hospitals providing colonoscopy facilities, endoscopy centres, and placing advertisements in related professional journals;
- (c) organising briefing sessions for social welfare organisations and elderly service units;
- (d) updating DH's "Prevent Colorectal Cancer" website; and
- (e) providing support for enrolled service providers including training on the use of CRC IT System, providing information and materials to support them in delivering the screening services, and operating a help desk.

The second stage of the promotional programme mainly targets at eligible persons, which includes broadcast of the television and radio announcements in the public interest; dissemination of posters and leaflets; update of DH's "Prevent Colorectal Cancer" website to incorporate service providers' information; advertising and publishing articles in newspapers and magazines; providing a variety of educational materials for participants, for example Participant's Guidebook, instruction sheet on specimen collection; operating a designated hotline for participants; and broadcasting videos about the gist and points to note for the screening process.

Doctors' Enrolment

19. The DH commenced enrolment for doctors on 15 April this year, and tentatively there is no deadline for enrolment. However, doctors

have to submit their enrolment applications by 10 June this year if they wish to become one of the first batch of service providers upon the launching of the Pilot Programme in September this year. As at 17:00 on 6 May this year, the DH received 85 enrolment applications submitted by 62 PCD and 20 CS, involving 72 medical organisations. We anticipate that more enrolment applications from doctors will be received.

20. After completing the enrolment, information related to the service providers will be uploaded to DH's "Prevent Colorectal Cancer" website in a timely manner for reference by the public. We expect that a significant number of service providers participating in the Pilot Programme will not charge a co-payment fee. This will encourage eligible persons to join the Pilot Programme and receive the screening service as soon as possible.

Monitoring and Evaluation

21. The Administration is now developing a comprehensive evaluation mechanism, covering a range of process, outcome and performance indicators, service quality monitoring procedures and mechanisms for managing incidents and complaints. At the same time, we have already commissioned local universities to conduct research through the Food and Health Bureau's Health and Medical Research Fund in order to evaluate the effectiveness of the Pilot Programme and its potential impact on the current and future healthcare system.

Launching of the Pilot Programme

22. We are carrying out the preparatory work for the Pilot Programme in full swing. Barring unforeseen circumstances, the Pilot Programme will be launched in September this year. More details on the launching date, operation and arrangements of the Pilot Programme will be announced by the Government in due course. During the three-year Pilot Programme, we will evaluate the process and outcome indicators regularly with the aim of considering whether and how to provide colorectal cancer screening service to wider populations in the future.

ADVICE SOUGHT

23. Members are invited to note the contents of this paper.

**Food and Health Bureau
Department of Health
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