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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 16 May 2016**

Colorectal Cancer Screening Pilot Programme

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") on the Colorectal Cancer Screening Pilot Programme ("the Pilot Programme").

Background

2. Cancer of colon, rectum and anus (or commonly known as colorectal cancer) is a malignant neoplasm affecting the lower gastrointestinal tract. Colorectal cancer was the most common cancer in Hong Kong in 2013, with a total of 4 769 newly diagnosed cases in that year. It was the second most common cause of cancer death in 2014, with a total of 2 034 registered deaths and accounting for 14.7% of all cancer deaths. The median age of colorectal cancer diagnosis is 68 for males and 71 for females, and occurrence of colorectal cancer among individuals aged 50 or above is common. 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.

3. The Cancer Expert Working Group on Cancer Prevention and Screening set up under the Cancer Coordinating Committee¹ recommends that persons

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.

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 his 2014 Policy Address that the Government would subsidize colorectal cancer screening for specific age 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 the Pilot Programme.

4. The Department of Health, with support from the Hospital Authority ("HA"), established a multi-disciplinary taskforce in January 2014 to carry out the planning, implementation, publicity and evaluation of the Pilot Programme ("the taskforce"). Four working groups were set up under the taskforce to provide input on different aspects of the Pilot Programme, namely (a) use of the faecal occult blood test; (b) colonoscopy and assessment; (c) screening registry and computer information system; and (d) promotion and publicity.

Deliberations of the Panel

5. The Panel held a meeting in December 2014 to discuss the progress of the development of the Pilot Programme. The deliberations and concerns of members are summarized in the following paragraphs.

Target population and screening protocol

6. Members noted that the Pilot Programme was scheduled for launching by end 2015 the earliest. The proposal of the taskforce was to invite, by phases over a period of three years, eligible Hong Kong residents aged 61 to 70 at the time of programme launch to undergo subsidized faecal immunochemical test ("FIT") screening provided by the enrolled private primary care doctors. While expressing support for the Pilot Programme, many members considered that the age threshold should be lowered to cover more people in the younger age groups who were also prone to the risk of colorectal cancer. There was another view that, instead of subsidizing asymptomatic population of specific age groups to undergo screening, consideration should be given to subsidizing patients having a positive FIT result and were on the waiting list of HA for colonoscopy to undergo the examination in the private sector if they met a means test.

7. The Administration explained that in medical terms, screening meant examining asymptomatic individuals with the aim to detect disease or find people at increased risk of disease. It was often the first step that led to making a definitive diagnosis. To address the rapidly increasing burden of colorectal cancer in Hong Kong, the Pilot Programme aimed to assess the performance and implications of population-based screening on the healthcare system. It would form the basis for further deliberation of whether and how best colorectal cancer

screening service might be provided to the wider population. Taking into account that the target population had to be sufficiently representative but would not end up imposing a great demand on the service, it was considered appropriate to invite asymptomatic people aged 61 to 70 years to undergo screening.

8. Question was raised about the number of FIT screening required of each participant during the three-year pilot period. According to the Administration, eligible persons aged 68 to 70 years, 65 to 70 years and 61 to 70 years at the time of programme launch would be invited by phases to undergo FIT screening in the first, second and third year respectively. Participants who underwent screening the first year during the three-year pilot period would be invited to undergo rescreening in the third year. Participants would be required to provide two stool specimens for each screening.

9. Members noted that participants with positive FIT result would be referred to undergo subsidized colonoscopy examination provided by the enrolled colonoscopy specialists in the private sector. They were concerned that since participants might need to pay a co-payment fee for the examination, those participants with limited economic means might resort to undergo the examination in the public sector with a long queuing time. There was a suggestion that a full subsidy subject to a means test should be provided to the less privileged FIT-positive participants to help them to undergo colonoscopy examination at an earlier time for identification and, where necessary, removal of polyps to confirm or exclude the presence of cancer.

10. The Administration advised that when determining the amount of subsidy, due consideration would be given to the market practice and experience of existing subsidy schemes, as well as issues related to affordability, accessibility and equity of screening activities. These included the affordability of those participants with limited economic means.

Participation of eligible individuals and healthcare professionals

11. Members noted that by making reference to the experience of other places in the Asia Pacific region, it was assumed that only 30% of the target population would join the Pilot Programme. If this was the case, there would be about 278 000 participants (in terms of person-time) undergoing the FIT test. Among these participants, more than 10 000 participants with FIT positive results would conduct colonoscopy examination. Members requested the Administration to step up its efforts in encouraging participation among those less health conscious eligible persons.

12. The Administration advised that apart from territory-wide publicity activities to raise public awareness on colorectal cancer prevention and

screening and promote the launch of the Pilot Programme, recruitment activities would be organized for primary care doctors and colonoscopy specialists in the private sector, who could promote to their eligible patients the Pilot Programme. The social service providers for the target population would also be enlisted to support and promote the Pilot Programme.

Treatment of confirmed cases

13. Members noted that by making reference to the detection rates under a five-year study conducted by the Chinese University of Hong Kong, it was projected that 292 new cases of colorectal cancer would be detected under the Pilot Programme. There was a view that HA should include target therapy drugs for colorectal cancer, in particular for metastatic colorectal cancer, as first line treatment in the HA Drug Formulary in tandem with the launch of the Pilot Programme. The Administration explained that for established diseases, surgical removal of tumor was the mainstay treatment for colorectal cancer. Chemotherapy and/or radiotherapy might be considered as adjuvant therapy or for cases with metastasis involving other organs. Target therapy drugs could also be used in conjunction or after all these treatments had been tried.

Recent developments

14. Members were subsequently advised that all bids failed in the open tender for the provision of chemical pathology laboratory analysis services for FIT. There was no conforming bid in the tender exercise for histopathology service as well. The Administration had to conduct a re-tender for the above services. In April 2016, the Administration advised the Panel that it has successfully engaged contractors through tendering to provide chemical pathology laboratory and histopathology services. The Pilot Programme would be launched in the third quarter of 2016.

15. On 14 April 2016, the Administration announced that the Pilot Programme will be launched in September 2016. The target group of the Pilot Programme is eligible Hong Kong residents born in 1946 to 1955, i.e. aged from 61 to 70 in the year 2016. They will be invited to receive screening in batches, with those born from 1946 to 1948 as the first cohort for participation. For the FIT screening, a subsidy of \$280 will be provided for each consultation at clinics of the enrolled primary care doctors. As regards the colonoscopy assessment provided by the enrolled colonoscopy specialists, the Government subsidy will be \$7,800 or \$8,500 for the defined scope of services depending on whether colonic polyp(s) are found and removed. There will be a cap of \$1,000 for the co-payment amount to be paid by the participants for the additional fee, if any, charged by the enrolled colonoscopy specialists.

16. The Administration will brief the Panel on 16 May 2016 on the progress of preparation for the Pilot Programme.

Relevant papers

17. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2
Legislative Council Secretariat
13 May 2016

Relevant papers on the Colorectal Cancer Screening Pilot Programme

Committee	Date of meeting	Paper
Panel on Health Services	15.12.2014 (Item VI)	Agenda Minutes

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