Information Note

Cancer strategies in selected places

Research Office
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1. Introduction

1.1 Cancer is a generic term for a large group of diseases characterized by the growth of abnormal cells beyond their usual boundaries that can then invade adjoining parts of the body and/or spread to other organs. According to the World Health Organization ("WHO"), cancer was the second leading cause of death globally and contributed to 8.8 million deaths, or nearly one in six deaths, in 2015. The most common causes of cancer death were lung, liver, colorectal, stomach and breast cancers.[1]

1.2 WHO indicates that between 30% and 50% of cancer deaths can be prevented by modifying or avoiding key risk factors such as avoiding tobacco products, reducing alcohol consumption and maintaining a healthy body weight. Nevertheless, effective and affordable programmes for early detection and diagnosis, screening, treatment and palliative care are needed to reduce the significant disability, suffering and deaths caused by cancer worldwide. To help reduce the cancer burden and improve services for cancer patients and their families, WHO has urged its member states, among other things, to develop and implement an appropriately funded national cancer control plan or programme under which systematic, equitable and evidence-based strategies for prevention, early detection, diagnosis and treatment of cancer and palliative care of patients are implemented.

1.3 Many places around the world have implemented cancer control plans or strategies with a view to reducing the number of newly registered cancer cases and cancer deaths and improving the quality of life of cancer patients.[2] The Panel on Health Services has requested the Research Office to study the cancer strategies in overseas places to facilitate discussion of the subject matter. This information note studies the cancer strategies

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1 See World Health Organization (2018b).
2 See Organisation for Economic Co-operation and Development (2013).

implemented in England of the United Kingdom ("the UK") and New South Wales ("NSW") of Australia. These two places have put in place a comprehensive overarching cancer strategy/plan for the prevention, early detection, diagnosis, treatment of cancer and palliative care of cancer patients. More importantly, they have achieved positive outcomes in cancer control after implementation of the cancer strategy/plan such as improving cancer survival rates.

2. Cancer strategy in Hong Kong

2.1 According to the latest statistics of the Hong Kong Cancer Registry,[3] cancer deaths increased by an annual average of 1.5% between 2005 and 2015 to become the top leading cause of deaths in Hong Kong during the period. In 2015, cancer deaths accounted for 30.6% of all deaths in Hong Kong, and lung, colorectal, liver, pancreatic and stomach cancers were major causes of cancer deaths. Another noteworthy development is upward trend in the number of newly registered cases of cancer which increased by an annual average of 2.9% between 2005 and 2015 to a historical high of 30 318 in 2015. The top five most common cancers diagnosed for new cases were colorectal, lung, breast, prostate and liver cancers.

2.2 The implementation of the strategy for the prevention and early detection of cancer falls within the purview of the Department of Health. Specifically, the Cancer Coordinating Committee was set up in 2001 to formulate strategies on cancer prevention and control and steer the direction of work covering prevention and screening, surveillance, research and treatment.[4] Meanwhile, the Hospital Authority, which is responsible for delivering treatment services and palliative care for cancer patients, has introduced relevant measures and strategic service framework for enhancing services and support for cancer patients.

[3] See Hong Kong Cancer Registry (2017).

[4] The Cancer Coordinating Committee 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.

Prevention and early detection of cancer

2.3 The Department of Health has, in collaboration with service providers in the public and private sectors, implemented a territory-wide Cervical Screening Programme since March 2004 to encourage women to have regular cervical smears so as to reduce incidence and mortality due to cervical cancer. In December 2017, the three-year Pilot Scheme on Subsidized Cervical Cancer Screening and Preventive Education for Eligible Low-income Women was launched under the Community Care Fund ("CCF") to provide free or subsidized cervical cancer screening and preventive education for eligible low-income women. The Department of Health has also implemented the three-year Colorectal Cancer Screening Pilot Programme since September 2016 to provide subsidized screening tests to asymptomatic individuals aged between 61 and 70.[5]

2.4 In addition to the cancer screening programmes, the Department of Health has also been promoting healthy lifestyles as a major preventive strategy in reducing the burden caused by cancers to the public. Healthy lifestyles include increasing the intake of dietary fibre, having regular physical activities, and avoiding tobacco and alcohol.

Treatment services and palliative care

2.5 The Hospital Authority has over the past decade implemented a number of measures to enhance the access to and quality of services delivered to cancer patients. These include the cancer case manager programme to recruit and train case managers in providing integrated care to patients with complex breast cancer or colorectal cancer.[6] Another measure is the introduction of the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector in 2012, amid increasing demand for radiological investigation services among cancer patients under the care of the Hospital Authority. Eligible patients may, upon doctors' referral, receive examinations from private service providers to facilitate treatment planning.[7]

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[5] The Cancer Expert Working Group ("CEWG") on Cancer Prevention and Screening set up under the Cancer Coordinating Committee is responsible for recommending on suitable cancer prevention and screening measures upon review of local and international scientific evidence. CEWG has published a set of revised recommendations on breast, colorectal and prostate cancer prevention and screening in 2010, and fine-tuned the recommendations in June 2016 and October 2017.

[6] Currently, there are about 21 cancer case managers whose role is to act as the single contact person between the patients and the doctors. In 2015-2016, about 5 840 cancer patients benefited from the programme.

[7] Eligible cancer patients are fully subsidized to obtain computed tomography and magnetic resonance imaging in private service providers participating in the Project. In 2015-2016, about 15 000 scans were performed under the Project, up 43% from 2014-2015.

2.6 With regard to access to cancer drugs, the Hospital Authority has been providing general and special drugs listed in the Drug Formulary at standard fees and charges to patients. In 2015-2016, about 125 900 cancer patients received treatment at standard fees and charges in the Hospital Authority, up from 122 000 in 2014-2015. Eligible cancer patients may obtain subsidy for using specified self-financed cancer drugs through the Samaritan Fund[8] or the CCF Medical Assistance Programme.[9] In 2015-2016, 1 521 and 1 678 applications were received and approved under the Samaritan Fund and the CCF Medical Assistance Programme respectively for subsidizing the purchase of self-financed cancer drugs. The total amount of subsidy granted was about HK$407 million.[10]

2.7 The Hospital Authority has also been providing palliative care services to patients suffering from life-threatening or life-limiting illnesses (including cancer) and their families. In August 2017, the Hospital Authority issued the Strategic Service Framework for Palliative Care setting out the strategies and key enablers for developing palliative care services in the next five to 10 years. As stated in the Strategic Service Framework, the Hospital Authority aims to provide palliative care services to more patients within hospital settings, as well as in the community through measures such as increasing the number of home visits by nurses, providing training for the staff of residential care homes for the elderly, and enhancing medical-social collaboration with community partners such as non-governmental organizations and patient groups.

Recent developments

2.8 Some stakeholders, particularly patient groups, have expressed concerns about the long waiting time for receiving first treatment after diagnosis of cancer. According to the Hospital Authority, the waiting time at the 90th percentile for patients with colorectal cancer to receive first treatment after diagnosis increased from 70 days during the period between April 2015

[8] The Samaritan Fund is a charitable fund established with the objective of providing financial assistance to needy patients who meet the specified clinical criteria and pass the means test to meet expenses on privately purchased medical items or self-financed drugs with safety net coverage required in the course of medical treatment. Self-financed drugs with safety net listed in the Drug Formulary are drugs which are proven to be of significant benefits but extremely expensive for the Hospital Authority to provide as part of its standard services.

[9] The CCF Medical Assistance Programme, implemented on 1 August 2011, provides financial assistance to patients of the Hospital Authority to purchase specified self-financed cancer drugs which have not yet been brought into the Samaritan Fund safety net but have been rapidly accumulating medical scientific evidence and with relatively higher efficacy.

[10] See Food and Health Bureau (2017).

and March 2016 to 78 days in the year-after period. The corresponding increases were from 63 days to 66 days for breast cancer and 51 days to 57 days for nasopharyngeal cancer.[11] Nonetheless, the Hospital Authority has indicated in its Strategic Plan 2017-2022 that it will enhance access to investigations as well as the capacity of cancer surgery, radiotherapy and chemotherapy services, so as to support timely diagnosis, treatment and ongoing management by tackling bottlenecks in the care pathway.

2.9 There have also been concerns over the long lead time taken by the Hospital Authority to approve new cancer drugs and include the drugs in the Drug Formulary. The Government responded that the Hospital Authority had an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review existing drugs listed in the Drug Formulary. In 2014-2015, 2015-2016 and 2016-2017, the Hospital Authority incorporated 3, 3 and 4 target therapy drugs into the Drug Formulary respectively for treatment of cancers.[12] The Hospital Authority would keep in view the latest scientific and clinical evidence of drugs and enhance the Drug Formulary as appropriate in order to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy.

2.10 Meanwhile, the Hospital Authority has been reviewing the financial assessment criteria and patients' maximum contribution to drug expenses under the CCF Medical Assistance Programme. Besides, the Government and the Hospital Authority have been examining the extension of the scope of the CCF Medical Assistance Programme to provide patients with subsidies for specific drug treatments according to individual patients' special clinical needs, including subsidizing eligible patients to participate in compassionate programmes of individual pharmaceutical companies and receive experimental drugs.

3. Cancer strategy in England

3.1 According to the latest figures available, there were an estimated 2 million people in England living with cancer in 2015, projecting to increase to 3.4 million by 2030.[13] As to the newly registered cases of cancer in England,

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[11] See Hospital Authority (2017a).
[12] See Food and Health Bureau (2017).
[13] See Macmillan Cancer Support (2017a).

the number increased by 3 212 to 303 135 in 2016, equivalent to 828 new cases being diagnosed each day during 2016. Breast (15.2%), prostate (13.4%), lung (12.7%) and colorectal (11.5%) cancers continued to account for about half of the cancer registrations in England for all ages combined.[14]

3.2 National Health Service England ("NHS England") has the overarching portfolio responsibility for administering the cancer control policy in England. NHS England is an independent body tasked with setting the priorities and direction of the National Health Service ("NHS"), the publicly funded universal healthcare system,[15] and to improve health and care outcomes for people in England. With regard to cancer control, NHS England is responsible for developing the cancer strategy and the related action plan, and implementing the cancer strategy.

3.3 England introduced its first cancer strategy in 2000 as a comprehensive platform for bringing together prevention, screening, diagnosis, treatment and care for cancer, and the investment needed to deliver these services in terms of improved staffing, equipment, drugs, treatments and information systems. The cancer strategy was subsequently updated in 2007, 2011 and 2015 respectively. Since the implementation of the first cancer strategy in 2000 through to 2015, aged-standardized mortality rate had steadily declined by 11% and the one-year survival rate of cancer patients had increased from 60% to 70%.[16]

3.4 Nonetheless, England has still been lagging behind some other developed countries such as Australia, Sweden and Canada in the five-year survival rates of major types of cancers such as lung, breast and colorectal cancers. Besides, there has been disparity in survival outcomes for patients across England. The latest Cancer Strategy 2015-2020 aims to address these gaps in health outcomes by (a) enhancing the prevention and early diagnosis of cancer; (b) transforming the approach and model of cancer care; and (c) investing in high-quality and modern services. The key initiatives or measures planned and implemented under the latest cancer strategy are highlighted in the paragraphs below.

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[14] See Office for National Statistics (2018).

[15] NHS consists of a series of publicly funded healthcare systems in the UK, including NHS in England, NHS Scotland, NHS Wales and Health and Social Care in Northern Ireland.

[16] See Cancer Taskforce (2015).

Prevention and early detection of cancer

3.5 NHS England has aimed to reduce cancers caused by behavioural, lifestyle and environmental factors by working with other responsible authorities to address the risks of tobacco, alcohol and obesity, and other chemical and environmental risks such as ultraviolet radiation. Efforts will be put on identifying and treating tobacco dependence, increasing the number of children leaving primary school at a healthy weight, and promoting awareness of the link between alcohol and cancer among patients and the public.

3.6 Under the latest cancer strategy, NHS England has also committed to providing earlier and faster diagnosis of cancer with a view to enhancing the survival rate of patients. The related measures planned to be taken include (a) introducing communication programmes to raise awareness of the signs and symptoms of different types of cancers among the public and encouraging patients to approach healthcare services if they have concerns; (b) introducing new effective screening tests for colorectal cancer (i.e. the Faecal Immunochemical Test)[17] in 2018 and cervical cancer (i.e. human papillomavirus testing)[18] in 2019 respectively; (c) setting up more multidisciplinary rapid diagnostic and assessment centres; and (d) expanding the workforce for conducting diagnostic and investigative tests.

Treatment services and palliative care

3.7 In order to enhance cancer patients' service experience and quality of life, cancer alliances have been established in local areas which comprise local clinical and managerial leaders from providers[19] and commissioners[20] to review the cancer patient pathways, and develop and implement relevant improvement plans.

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[17] NHS England has planned to introduce the new colorectal cancer screening test for over 4 million people in England. The new test is easier to use and is expected to increase the take up of colorectal cancer screening by 7%.

[18] NHS England will introduce primary human papillomavirus testing for cervical cancer from 2019, targeting to test more than 3 million women a year.

[19] NHS providers are involved in providing secondary and tertiary care to patients. They include acute providers (providing largely hospital-based services), ambulance services, community providers and specialist providers.

[20] "Commissioners" refers to clinical commissioning groups ("CCGs") which are independent clinically-led statutory NHS bodies responsible for the planning and commissioning of secondary healthcare services for their local area. Each CCG is led by an elected governing body made up of general practitioners, other clinicians and lay members.

3.8 NHS England has also planned to provide holistic needs assessment and care planning for individual patients to ensure their treatment and care needs are met by tailored support and services when going through cancer treatment and beyond, and the transition between phases of the patient pathway is better managed, including ensuring timely access to palliative care. For example, the new service arrangement will ensure that a treatment summary of the patient will be sent between a patient's hospital and his or her general practitioner, and ensure that the patient is appropriately followed up by the general practitioner.

3.9 To enable patients can benefit from new cancer drugs as soon as possible, NHS England revamped its cancer drug appraisal and funding mechanism in July 2016. In England, the National Institute for Health and Care Excellence ("NICE")[21] is responsible for assessing new drugs that are expected to receive a marketing authorization and making recommendations on whether these drugs should be funded routinely within NHS. Cancer drugs that are promising but have not completed the NICE appraisal process can be funded by the Cancer Drug Fund ("CDF").[22] Under the revamped system, the NICE appraisal process is fast-tracked and interim funding is provided to new cancer drugs once NICE has issued a draft recommendation for adoption under NHS or for use within CDF. For drugs that are recommended for use within CDF, the pharmaceutical companies concerned have to make a managed access agreement with NHS England.[23]

3.10 In addition, NHS England has invested in new technology and equipment to ensure patients have access to the best treatment possible. Related initiatives include (a) upgrading and replacing the radiotherapy equipment; and (b) setting up a new genomic laboratory infrastructure which is central to the implementation of a personalized medicine strategy.

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[21] NICE is a non-departmental public body tasked with providing national guidance and advice to improve health and social care.

[22] CDF was established in 2011 as a short-term solution to support patients' access to cancer drugs not routinely available on NHS. The annual budget for CDF was £340 million (HK$4 billion) in 2015-2016. From July 2016, CDF was incorporated as part of NICE's new drug appraisal process.

[23] For a drug that is recommended for use within CDF, the pharmaceutical company concerned is required to make a managed access agreement with NHS England laying down the data to be collected for resolving the key areas of clinical uncertainty relating to the drug and the level of reimbursement under the managed access period. At the end of the period, NICE will re-appraise the drug with a view to deciding whether or not the drug can be recommended for use under NHS.

Recent developments

3.11 In 2016-2017 and 2017-2018, NHS England was allocated with a total additional funding of £253 million (HK$2.7 billion) for implementing new initiatives under the latest cancer strategy. Between 2018-2019 and 2020-2021, a total of £484 million (HK$5.2 billion) additional funding will be allocated. Since the implementation of the latest cancer strategy in 2015, cancer survival rate of patients has continued to improve and more people have undergone cancer check-ups. It was reported that an addition of over 7 000 people had survived cancer after successful cancer treatment in 2016-2017 compared with three years ago. An addition of 500 000 people had undergone cancer check-ups in 2016-2017 compared with three years ago.[24]

3.12 Besides, more new drugs have been made available under the revamped cancer drug appraisal and funding mechanism, benefiting more than 15 000 patients since July 2016. For example, some 17 new cancer drugs have been provided to patients under the interim funding arrangement, allowing patients to start treatment many months earlier than under the previous arrangement.[25]

3.13 Nonetheless, some stakeholders have pointed out that NHS England has been beset by challenges such as financial and workforce constraints in delivering its latest cancer strategy. As such, there have been suggestions for the responsible authorities to (a) invest strategically to address key "pinch points" in the cancer care system such as in diagnostics and re-designing follow-up care; (b) ensure the cancer alliances have the remit, resources and guidance they need to drive improvement and local implementation of the cancer strategy; and (c) take the leadership role in resolving the manpower issues.[26]

4. Cancer strategy in New South Wales

4.1 In Australia, cancer has been the greatest cause of health burden measured in terms of the combined impact of dying prematurely as well as

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[24] See NHS (2017b).

[25] See NHS (2017a).

[26] See Macmillan Cancer Support (2017b).

living with cancer. In 2017, it was estimated that there were more than 47 000 cancer deaths and some 134 000 newly diagnosed cases of cancer. Nonetheless, outcomes for Australians with cancer have improved significantly in the past few decades. Between 1984-1988 and 2009-2013, the five-year relative survival rate increased from 48% to 68% for all types of cancers combined, which was among the best in the world.[27]

4.2 The Commonwealth government launched its first national action plan for cancer in 2001 and updated the plan in 2005. It released the latest National Cancer Work Plan in 2012 with a view to addressing the variations in cancer rates and outcomes among different ethnic and socio-economic groups and people living in remote regions despite improvement in the overall health outcomes of cancer patients. The latest National Cancer Work Plan covers initiatives to provide appropriate, efficient and well-coordinated care for cancer patients and their families, from diagnosis through treatment and support, to management of follow-up care and survivorship.

4.3 The Department of Health of the Commonwealth government has the overarching portfolio responsibility for administering the cancer control policy in Australia. This includes funding the national programmes related to the prevention and early detection of cancer, cancer care and medicines for patients, support for related healthcare professionals, and research on cancer.

4.4 Nevertheless, individual states and territories are encouraged to form their own localized plans to supplement the national plan. As such, they have developed dedicated cancer control plan to drive improvement of their cancer services and health outcomes of cancer patients. Among them, NSW is the first state with the establishment of a statewide cancer control agency, the Cancer Institute NSW, in 2003 to provide strategic direction for cancer control in the state.

4.5 Since its establishment in 2003, the Cancer Institute NSW has issued four cancer plans aiming at (a) reducing the incidence of cancer in the community; (b) increasing the survival rate of people with cancer; and (c) improving the quality of life of people with cancer. The latest NSW Cancer Plan 2016-2020 issued in 2016 builds on success of previous plans and puts particular focus on improving the primary healthcare system and the patient-centred cancer care system for delivery of treatment services. The major

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[27] See Australian Government Department of Health (2017c) and Cancer Australia (2018).

initiatives covered under the latest NSW Cancer Plan are highlighted in the paragraphs below.

Prevention and early detection of cancer

4.6 In order to reduce the incidence of cancer in the community, the Cancer Institute NSW sets out in the latest NSW Cancer Plan the strategies and actions to improve modifiable cancer risk factors, such as reducing smoking, overexposure to the sun, and other lifestyle risk factors such as alcohol consumption, physical inactivity and being obese.

4.7 The NSW Cancer Plan 2016-2020 also promotes early detection of cancers through the implementation of the screening programmes for colorectal cancer,[28] breast cancer[29] and cervical cancer.[30] The Cancer Institute NSW has planned to increase participation in the national screening programmes by developing and implementing social marketing programmes,[31] and partnering with primary healthcare providers to promote and encourage breast, colorectal and cervical cancer screening.

Treatment services and palliative care

4.8 The Cancer Institute NSW has adopted the strategy to strengthen the capacity of the cancer system to deliver high quality, patient-centred, integrated, multidisciplinary care for increasing the survival rate of people with cancer. The related actions or measures taken/planned to be taken include: (a) offering the Canrefer service to help general practitioners refer patients to specialists on a multidisciplinary team;[32] (b) improving engagement of primary healthcare throughout the cancer care continuum, including during treatment; (c) supporting clinicians to communicate the cancer care treatment plan to

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[28] The National Bowel Cancer Screening Programme offers people turning 50, 55, 60, 65, 70, and 74 years of age, free screening with a faecal occult blood test. The test is mailed to eligible people and is able to be completed in their homes.

[29] BreastScreen Australia, the national breast cancer screening programme, invites women aged between 50 and 74 for a free mammogram every two years.

[30] Under the National Cervical Screening Programme, women aged 25 to 74 are subsidized to undergo a human papillomavirus test every five years.

[31] Social marketing is the application of commercial marketing techniques and strategies to a campaign for social change, especially to enhance the effectiveness of health education programmes.

[32] Canrefer is an online directory administered by the Cancer Institute NSW designed to help general practitioners refer patients to a specialist on a multidisciplinary team. Patients and their families may also use the directory to find an oncology specialist, a multidisciplinary team or a treatment centre.

patients and their general practitioners; (d) facilitating allied health support for cancer patients during treatment and whilst recovering from treatment; and (e) engaging people affected by cancer and the community in the design and implementation of cancer services.

4.9 In addition, the NSW Cancer Plan 2016-2020 sets out the strategies and related actions to improve the quality of life of people with cancer. One of the strategies adopted is to support people with cancer to keep healthy during and after their cancer diagnosis through measures such as (a) developing and disseminating tools and resources that support patients to appropriately self-manage; and (b) developing and disseminating information to support patient decision making about cancer treatment, care and survivorship. Another strategy is to enhance palliative care for patients through the implementation of the "NSW Government plan to increase access to palliative care",[33] and to develop online learning resources that support health professionals to engage in end-of-life and advance care planning for patients.

Recent developments

4.10 NSW has been making positive progress in cancer control since the introduction of the first cancer plan in 2004. On the prevention of cancer through avoiding/modifying key risk factors, relevant strategies and measures have contributed to reduction in smoking prevalence from 22.6% in 2004 to 13.5% in 2015 among persons aged 16 and above. Similarly, the proportion of persons aged 16 and above who consumed alcohol at levels within the National Health and Medical Research Council guidelines also increased from 66.7% in 2004 to 72.6% in 2014.

4.11 As for the early detection of cancer, it was reported that 16% more women participated in biennial breast cancer screening between 2005 and 2010.[34] The proportion of women aged between 50 and 69 who had ever participated in the national breast cancer screening programme maintained at a high rate of about 78% between 2012 and 2015. The five-year cervical screening participation rate for women aged between 20 and 69 was 82.9% for

[33] The NSW Ministry of Health introduced the "NSW Government plan to increase access to palliative care" in 2012 to improve patients' access to palliative care services, through measures such as expanding community-based palliative care services and enhancing the integration of primary care, aged care and specialist palliative care services across the state.

[34] See Cancer Institute NSW (2010).

the period between 2011 and 2015.[35] In addition, the percentage of persons who survived five years after diagnosis of cancer increased from 62.6% for those diagnosed between 2000 and 2004 to 67.2% for those diagnosed between 2005 and 2009.[36]

4.12 In order to enable patients to have timely access to new cancer drugs, the Department of Health of the Commonwealth government has since 2011 allowed parallel processing for new drugs seeking marketing authorization and listing on the Pharmaceutical Benefits Scheme.[37] Since then, 40 cancer drugs have been considered under the parallel processes. Besides, the Department of Health has allowed listing of certain new drugs with significant therapeutic benefit but its cost-effectiveness is yet to be fully determined through the managed access programmes. Under a managed access programme, continuation of funding through the Pharmaceutical Benefits Scheme is conditional on the subsequent provision of favourable scientific evidence of the efficacy and cost-effectiveness of the drug. The pharmaceutical company concerned is required to rebate the reimbursed costs to the government should the drug fail to deliver on their claimed benefits.[38]

5. Concluding remarks

5.1 Based on the study above, the salient features of the cancer strategies implemented in Hong Kong, England and NSW are highlighted in the **Table** below.

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[35] See Cancer Institute NSW (2017a).

[36] See Cancer Institute NSW (2018).

[37] The Pharmaceutical Benefits Scheme is managed by the Department of Health of the Commonwealth government to provide Australians across states and territories with access to prescription medicines at subsidized costs. At present, there are about 125 cancer treating drugs available on the Pharmaceutical Benefits Scheme. The Department of Health has approved or amended listing of over 60 new cancer drugs between October 2013 and August 2017.

[38] See Australian Government Department of Health (2017a).

Table – Cancer strategies in selected places

	Hong Kong	England	New South Wales
Overview of the cancer strategy/cancer control measures			
Cancer strategy	• The Cancer Coordinating Committee was established in 2001 to formulate strategies on cancer prevention and control and steer the direction of work covering prevention and screening, surveillance, research and treatment.	• *Cancer Strategy 2015-2020* is a comprehensive strategy for bringing together prevention, screening, diagnosis, treatment and care for cancer, and the investment needed to deliver the cancer services.	• *New South Wales ("NSW") Cancer Plan 2016-2020* provides the strategic direction for driving improvement of cancer services and health outcomes of cancer patients.
Objectives of the cancer strategy	• Prevention and early detection of cancer through health promotion and cancer screening programmes implemented by the Department of Health. • Improving access to and quality of treatment and palliative care services for cancer patients through the measures introduced by the Hospital Authority.	• Improving cancer-related health outcomes including (a) reduction in incidence of cancer; (b) increase in 5- and 10-year survival of patients; and (c) improvement in patient experience and long-term quality of life of patients.	• Objectives of the latest cancer plan are to: (a) reduce the incidence of cancer; (b) increase the survival rate of people with cancer; and (c) improve the quality of life of people with cancer.

Table – Cancer strategies in selected places (cont'd)

	Hong Kong	England	New South Wales
Key features of the cancer strategy/cancer control measures			
Prevention	• Promoting healthy lifestyles as a major preventive strategy.	• Implementing initiatives to address the risks of tobacco, alcohol, obesity and ultraviolet radiation.	• Implementing strategies and actions to improve modifiable cancer risk factors such as reducing smoking, overexposure to the sun and being obese.
Early detection and diagnosis	• Implementing the Cervical Screening Programme since 2004, the three-year Pilot Scheme on Subsidized Cervical Cancer Screening and Preventive Education for Eligible Low-income Women since December 2017, and the three-year Colorectal Cancer Screening Pilot Programme since September 2016.	• Ensuring patients have faster and earlier diagnosis of cancer by: (a) introducing new screening tests for colorectal cancer and cervical cancer; (b) raising awareness of the signs and symptoms of cancers among the public; (c) setting up more multidisciplinary rapid diagnostic and assessment centres; and (d) expanding the cancer workforce.	• Implementing the national screening programmes for colorectal, breast and cervical cancers.

Table – Cancer strategies in selected places (cont'd)

	Hong Kong	England	New South Wales
Key features of the cancer strategy/cancer control measures (cont'd)			
Treatment services	• The Hospital Authority has enhanced the cancer treatment services by introducing measures such as: (a) implementing the cancer case manager programme to provide integrated care to patients with complex breast cancer or colorectal cancer; (b) administering a collaboration project of allowing eligible patients to receive radiological investigation services from private service providers to facilitate treatment planning; and (c) subsidizing patients to use self-financed cancer drugs through the Samaritan Fund and the Community Care Fund Medical Assistance Programme.	• NHS England enhances the quality of cancer treatment services by introducing initiatives such as: (a) setting up local cancer alliances to drive improvements in the cancer patient pathway; (b) conducting holistic needs assessment and developing care planning for individual patients; and (c) revamping the cancer drug appraisal and funding mechanism to facilitate faster access to new cancer drugs. • NHS England has planned to engage general practitioners in the cancer patient pathway to ensure patient care is better managed when transiting from the treatment phase.	• According to the latest cancer plan, the capacity of the cancer system has been strengthened to deliver high quality, patient-centred, integrated and multidisciplinary care. The related measures include: (a) offering an online service to help general practitioners refer patients to specialists; (b) facilitating allied health support for cancer patients; and (c) engaging cancer patients and the community in the design and implementation of cancer services. • The Cancer Institute NSW has also planned to engage primary healthcare throughout the cancer care continuum.
Palliative care	• The Hospital Authority issued the Strategic Service Framework for Palliative Care in August 2017 laying down the strategies and key enablers for developing palliative care services in the next five to 10 years.	• Patients' need for palliative care is considered under the holistic needs assessment and covered under the care plan prepared for them.	• Implementing the "NSW Government plan to increase access to palliative care".

Table – Cancer strategies in selected places (cont'd)

	Hong Kong	England	New South Wales
Recent developments			
Recent developments	• The Hospital Authority has planned to enhance the treatment services for cancer patients by: (a) enhancing access to investigations as well as the capacity of cancer surgery, radiotherapy and chemotherapy services; (b) reviewing the financial assessment criteria of drug subsidy programmes; and (c) considering the extension of the scope of the Community Care Fund Medical Assistance Programme.	• Since the implementation of the latest cancer strategy in 2015, cancer survival rate has continued to improve and more people have undergone cancer check-ups. • More new drugs have been made available under the revamped cancer drug appraisal and funding mechanism, benefiting more than 15 000 patients since July 2016.	• Since the implementation of the first NSW cancer plan in 2004, five-year survival rate of cancer patients has been improving. Participation rates of the national breast cancer and cervical cancer screening programmes have maintained at a high level for the period between 2011 and 2015. • To enable patients to have timely access to new cancer drugs, the Commonwealth government has recently allowed parallel processing for new cancer drugs seeking marketing authorization and listing on the Pharmaceutical Benefits Scheme and allowed listing of some new cancer drugs under managed access programmes.

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