Research Office
Legislative Council Secretariat

Information Note

Cancer strategies in selected places

IN10/18-19

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 9.6 million deaths, or nearly one in six deaths, in 2018. The age-standardized incidence and mortality rates for all cancers around the world in 2018 were 197.9 and 101.1 per 100 000 population respectively.[1] The most common causes of cancer death were lung, colorectal, stomach, liver and breast cancers.[2]

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

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1 See The Global Cancer Observatory (2019).

2 See World Health Organization (2018).

patients.[3] The Subcommittee on Issues Relating to the Support for Cancer Patients will hold its first meeting on 22 March 2019. This information note provides the updated information on the cancer strategies implemented in Hong Kong, England of the United Kingdom ("the UK") and New South Wales ("NSW") of Australia for Members' reference.[4] England and NSW 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, with positive outcomes achieved after implementation of the cancer strategy/plan. For ease of reference, the salient features of the cancer strategies implemented in the respective three places are summarized in the **Appendix**.

2. Cancer strategy in Hong Kong

2.1 According to the latest statistics of the Hong Kong Cancer Registry,[5] cancer deaths increased by an annual average of 1.5% between 2006 and 2016 to become the top leading cause of deaths in Hong Kong during the period. In 2016, the age-standardized cancer mortality rate was 86.8 per 100 000 population. Cancer deaths accounted for 30.5% of all deaths in Hong Kong, and lung, colorectal, liver, stomach and breast cancers were major causes of cancer deaths. During the year, the age-standardized cancer incidence rate was 227.4 per 100 000 population.[6] Newly registered cases of cancer had increased at an annual average rate of 2.9% between 2006 and 2016 reaching a historical high of 31 468. The top five most common cancers diagnosed for new cases were colorectal, lung, breast, prostate and liver cancers.

2.2 The Government set up the Cancer Coordinating Committee in 2001 to formulate strategies on cancer prevention and control, and steer the direction of work covering prevention and screening, surveillance, research

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3 See Organisation for Economic Co-operation and Development (2013).

4 This information note is an updated version based on the previous one issued on 27 February 2018 (issue no. IN06/17-18).

5 See Hong Kong Cancer Registry (2018).

6 The cancer mortality and incidence rates are standardized to the age distribution of the World Standard Population of Segi (1960). Comparisons with these rates from other sources are valid only under the same standard population for calculations. See Hong Kong Cancer Registry (2018).

and treatment.[7] According to the Chief Executive's 2018 Policy Address, the Committee will map out in 2019 strategies related to cancer prevention and care services for the period between 2020 and 2025. Meanwhile, the implementation of the strategy for the prevention and early detection of cancer falls within the purview of the Department of Health. The Hospital Authority ("HA"), 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.

Prevention and early detection of cancer

2.3 As risk factors for cancers are closely related to lifestyles, the Department of Health has been **promoting healthy lifestyles** as a major preventive strategy in reducing the burden caused by cancers to the public. Healthy lifestyles include healthy eating, physical activity, and reduced consumption of tobacco and alcohol. The latest strategic direction and action plans of cancer prevention have been incorporated in the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong"[8] released by the Government in May 2018.

2.4 In addition, the Department of Health has promoted **early detection of cervical cancer and colorectal cancer** through the implementation of screening programmes, namely: (a) the territory-wide Cervical Screening Programme;[9] (b) the Community Care Fund ("CCF") Pilot Scheme on Subsidized Cervical Cancer Screening and Preventive Education for Eligible Low-income Women; and (c) the subsidized Colorectal Cancer Screening Programme.[10]

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[7] 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.

[8] According to the Government, cancers, heart diseases and stroke, diabetes and chronic respiratory diseases were major non-communicable diseases accounting for about 55% of all registered deaths in 2016. See Food and Health Bureau and Department of Health (2018).

[9] The Department of Health, in collaboration with service providers in the public and private sectors, launched the Cervical Screening Programme in March 2004 to encourage women to have regular cervical smears so as to reduce incidence and mortality due to cervical cancer.

[10] The Department of Health launched the Colorectal Cancer Screening Pilot Programme in September 2016 to subsidize colorectal cancer screening for asymptomatic individuals aged between 61 and 70. The Programme was regularized in August 2018 and its coverage would be extended in phases to cover asymptomatic individuals aged between 50 and 75.

Treatment services and palliative care

2.5 According to the latest statistics of HA, about 88% of the new cancer cases in 2015 were diagnosed or treated in HA.[11] Meanwhile, HA operates six cluster-based oncology centres and each centre is networked with other hospitals and clinics within the cluster to provide cancer care through in-patient, day-patient, out-patient and outreach home care. Over the past decade, HA has implemented a number of measures to enhance the access to and quality of services delivered to cancer patients such as (a) providing integrated care to patients with complex breast cancer or colorectal cancer through the cancer case manager programme;[12] and (b) subsidizing eligible cancer patients to obtain computed tomography ("CT") and magnetic resonance imaging ("MRI") examinations in the private sector through the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector.[13] Besides, HA issued the **Strategic Service Framework for Palliative Care** in August 2017 setting out the strategies (e.g. collaboration between palliative care and non-palliative care specialists) and key enablers (e.g. manpower and facilities) for developing palliative care services in the next five to 10 years.

Drug treatments

2.6 With regard to access to cancer drugs, HA has been providing general and special drugs listed in the Drug Formulary at standard fees and charges to patients. In 2016-2017, about 130 700 cancer patients received treatment at standard fees and charges in HA, up by 4% from 125 900 in 2015-2016. The total cost of drug consumption expenditure amounted to HK$593 million.[14] Eligible cancer patients may obtain subsidy for using specified self-financed

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[11] See Hospital Authority (2018a).

[12] The cancer case manager programme was launched in 2010-2011. Under the programme, the cancer case manager acts as the singe contact point between patients and the multi-disciplinary service team in HA to streamline patients' care pathway and improve the coordination of care. As at December 2017, about 30 500 cancer patients had benefitted from the programme.

[13] In 2016-2017, about 19 100 scans were performed under the Project, up 27% from 2015-2016.

[14] See Food and Health Bureau (2018b).

cancer drugs through the Samaritan Fund[15] or the CCF Medical Assistance Programme.[16] In 2016-2017, 1 727 and 1 831 applications were approved under the Samaritan Fund and the CCF Medical Assistance Programme respectively. The total amount of subsidy granted was about HK$417 million, slightly higher than the amount of HK$407 million granted in 2015-2016.[17]

Concerns and recent developments

2.7 With regard to cancer screening and prevention, some stakeholders have called for the Government to consider **implementing population-based screening for other types of cancer** such as breast cancer to enhance the early diagnosis and survival rate of patients. In response, the Government has stated that it would make reference to the recommendations of the Cancer Expert Working Group ("CEWG") on Cancer Prevention and Screening[18] and consider a number of factors such as seriousness and prevalence of the disease locally, accuracy and safety of the screening tests, as well as effectiveness of the screening programme in reducing disease incidence and mortality in examining whether to introduce a population-based screening programme for a specific type of cancer. As for prevention of breast cancer, the Government has commissioned a study on the risk factors associated with breast cancer among local women so as to help formulate the future strategies for breast cancer screening in Hong Kong. The study is expected to be completed in the second half of 2019. Regarding the prevention of cervical cancer, the Government has planned to introduce free HPV vaccination to school girls of specified age groups starting from the 2019-2020 school year.

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[15] 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.

[16] The CCF Medical Assistance Programme, implemented on 1 August 2011, provides financial assistance to patients of HA 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.

[17] See Food and Health Bureau (2018b).

[18] CEWG on Cancer Prevention and Screening set up under the Cancer Coordinating Committee regularly reviews local and international scientific evidence and makes recommendations on cancer prevention and screening applicable to Hong Kong.

2.8 Some stakeholders, particularly patient groups, are concerned about the **long waiting time for receiving first treatment after diagnosis of cancer**. According to HA, the waiting time at the 90th percentile for patients with colorectal cancer to receive first treatment after diagnosis had increased from 70 days in 2015-2016 to 78 days in 2016-2017. The corresponding increases were from 63 days to 66 days for breast cancer and 50 days to 54 days for nasopharyngeal cancer.[19] To cope with the increasing demand for services, HA indicated that it had gradually increased its service capacity for treating cancer patients including diagnostic tests, radiological investigations, cancer surgery, and radiotherapy and chemotherapy services. HA will also develop a **Strategic Service Framework for Cancer Service** to identify areas for improvement, and guide the development of service model and system infrastructure for cancer services over the next five to 10 years.

2.9 Another major concern among stakeholders is patients' **limited access to new and/or expensive cancer drugs**. Some stakeholders have criticized HA for the long lead time taken to approve new cancer drugs and include the drugs in the Drug Formulary. Between 2015-2016 and 2017-2018, HA had only incorporated 12 target therapy drugs into the Drug Formulary for treatment of cancers.[20] Recently, HA has announced that with additional recurrent funding allocated by the Government, the scope of the Drug Formulary will be expanded and patients will be subsidized to use an additional 19 categories of drugs, including some cancer drugs, from April 2019.

2.10 In 2018, the Government completed a review of the means test mechanism of the drug subsidy programmes. Following the review, it has introduced enhancement measures to **alleviate the financial burden** of patients' families, including (a) modifying the calculation of the annual disposable financial resources by counting only 50% of the household's net assets in assessing drug subsidy applications; and (b) refining the definition of "household" adopted in financial assessments by excluding family members who are not financially connected with the patient in the definition. According to the Government, HA has also increased the frequency of prioritization exercise from once a year to twice a year for including self-financed drugs in the safety net of the Samaritan Fund or the scope of subsidies under the CCF Medical Assistance Programmes.[21]

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[19] See GovHK (2018a).

[20] See Food and Health Bureau (2018b).

[21] See GovHK (2019).

3. Cancer strategy in England

3.1 In England, National Health Service England ("NHS England")[22] has the overarching portfolio responsibility for formulating and implementing the cancer control policy to address the heavy burden that cancer poses on the healthcare system. 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.[23] In 2016, the number of newly registered cases of cancer increased by 3 212 to 303 135, equivalent to 828 new cases being diagnosed each day during the year. Breast (15.2%), prostate (13.4%), lung (12.7%) and colorectal (11.5%) cancers accounted for about half of the cancer registrations. Besides, cancer accounted for 28.5% or 140 000 cases of all deaths registered in England in 2016 and remained the most common broad cause of death.[24]

3.2 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 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%.[25]

3.3 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

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[22] NHS England is an organization under the National Health Service ("NHS"), the publicly funded universal healthcare system, tasked with setting the priorities and direction of NHS and to improve health and care outcomes for people in England.

[23] See Macmillan Cancer Support (2017a).

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

[25] See Cancer Taskforce (2015).

measures planned and implemented under the latest cancer strategy are highlighted in the paragraphs below.

Prevention and early detection of cancer

3.4 With the number of new cancer cases reaching over 300 000 in each year, NHS England has placed considerable importance on prevention activities with a view to reducing cancers caused by behavioural, lifestyle and environmental factors. NHS England has been 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 have been 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.

Earlier and faster diagnosis of cancer

3.5 NHS England has also placed a high priority on **improving the survival rate** of cancer patients by providing **earlier and faster diagnosis of cancer**. **Communication programmes** have been launched to **raise awareness** of the signs and symptoms of different types of cancer among the public and encourage patients to approach healthcare services if they have concerns. Meanwhile, NHS England has implemented three cancer screening programmes covering colorectal cancer, cervical cancer and breast cancer.[26] Recently, NHS England has **improved the screening programmes** by introducing more effective screening tests for colorectal cancer (i.e. the Faecal Immunochemical Test) [27] in 2018 and cervical cancer (i.e. human papillomavirus testing)[28] in 2019 respectively.

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[26] The NHS breast screening programme invites women aged 50 to 70 for screening every three years.

[27] Colorectal cancer screening has been offered to individuals aged 60 to 74 every two years. The Faecal Immunochemical Test is the replacement of the guaiac faecal occult blood test. By adopting this new easy-to-use screening test in late 2018, it is expected to increase the take up of colorectal cancer screening by 7%. Recently, NHS England has planned to expand the coverage of the screening programme to cover individuals aged 50-59 as well.

[28] The NHS cervical screening programme invites women aged 25 to 49, and those aged 50 to 64 for screening every three and five years respectively. NHS England has planned to switch from the conventional smear test to the primary human papillomavirus testing for cervical cancer in late 2019, targeting to test more than 3 million women a year.

3.6 In addition, NHS England has **strengthened the capacity of its diagnostic services** by setting up 10 pilot multidisciplinary rapid diagnostic and assessment centres in early 2018 to provide one-stop diagnostic services for people with vague or uncertain symptoms of cancer, and expanding the workforce for conducting diagnostic and investigative tests. NHS England has also planned to introduce a **new service standard** by 2020 to provide patients with diagnosis **within 28 days** of referral for cancer testing by a general practitioner. This will replace the current target of 14-day wait to see a specialist for patients referred with suspected cancer symptoms. NHS England has also strived to improve the clinical pathways to meet the target that 85% of the patients receive the first definitive treatment within 62 days of urgent referral for suspected cancer. This target, however, has not been met in the past few years.[29]

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[30] and commissioners[31] to review the cancer patient pathways, and develop and implement relevant improvement plans.

Improving patients' experience and quality of life

3.8 NHS England has targeted to improve patients' experience along the care pathway by offering each patient a **recovery package** by 2020, under which the patient is provided with (a) a **holistic needs assessment and care plan** to ensure his/her treatment and care needs are met by tailored support and services; (b) a **treatment summary** at the end of each acute phase of treatment to be shared with the general practitioner and the patient to enable better coordination of care and self-management; (c) a **cancer care review** to

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[29] See House of Commons Library (2018b).

[30] 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.

[31] "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.

identify care and support needed to maintain the patient's quality of life and wellbeing during treatment; and (d) **health and wellbeing events** such as education sessions to enable patients to manage their own health independently. The new arrangement will ensure that the transition between phases of the patient pathway is better managed, including ensuring timely access to palliative care.

Revamping the cancer drug appraisal and funding mechanism

3.9 In England, the National Institute for Health and Care Excellence ("NICE")[32] 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").[33] To enable patients to **benefit from new cancer drugs as soon as possible**, NHS England revamped its cancer drug appraisal and funding mechanism in July 2016. Under the new 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.[34]

Investing in new technology

3.10 To ensure patients have access to the best treatment possible, NHS England has invested in new technology and clinical innovations such as: (a) upgrading the radiotherapy equipment; and (b) setting up a new genomic

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

[33] 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. Since July 2016, CDF has been incorporated as part of NICE's new drug appraisal process so that effectiveness of the drugs funded under CDF can be systematically evaluated.

[34] 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.

laboratory infrastructure which is central to the implementation of a personalized medicine strategy.

Observed outcomes

3.11 In 2016-2017 and 2017-2018, NHS England was allocated a total 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$5.1 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 and an addition of 500 000 people had undergone cancer check-ups in 2016-2017 compared with three years ago.[35]

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 the revamp in July 2016. For example, about 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. A further 17 drug indications previously funded via CDF have been approved for routine commissioning within NHS.[36]

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.[37]

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[35] See NHS (2017b).

[36] See NHS (2017a).

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

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 living with cancer. In 2018, it was estimated that there were more than 48 500 cancer deaths and some 138 000 newly diagnosed cases of cancer. Nonetheless, the outcomes for Australians with cancer have improved significantly in the past few decades. Between 1985-1989 and 2010-2014, the five-year relative survival rate[38] had increased from 49% to 69% for all types of cancer combined, which was among the best in the world.[39]

4.2 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. 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 providing more appropriate, efficient and well-coordinated care for cancer patients and their families, from diagnosis through treatment, to management of follow-up care.

4.3 Apart from implementing the National Cancer Work Plan, individual states and territories are encouraged to formulate their own localized plans to supplement the national plan. As such, each state/territory has developed a 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.

4.4 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

[38] Relative survival rate refers to the probability of being alive for a given amount of time after diagnosis, compared with the experience of the general population.

[39] See Australian Government Department of Health (2018a) and Cancer Australia (2019).

and puts particular focus on improving the **primary healthcare system** and the **patient-centred cancer care system** for delivery of treatment services. The major initiatives covered under the latest NSW Cancer Plan are highlighted in the paragraphs below.

Prevention and early detection of cancer

4.5 In order to reduce the incidence of cancer in the community, the Cancer Institute NSW sets out in the latest NSW Cancer Plan 2016-2010 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 obesity.

4.6 The NSW Cancer Plan 2016-2020 also promotes early detection of cancers through the implementation of the **national screening programmes** for colorectal cancer,[40] breast cancer[41] and cervical cancer.[42] The Cancer Institute NSW has planned to **increase participation** in the national screening programmes by developing and implementing social marketing programmes,[43] and partnering with primary healthcare providers to promote and encourage cancer screening.

Treatment services and palliative care

Providing patient-centred and integrated care

4.7 The Cancer Institute NSW is committed to providing **patient-centred care that is integrated across multiple health settings** including general practice, specialist care and community services for improving outcomes and increasing the survival of people with cancer. As such, it has strengthened

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

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

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

[43] 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.

the capacity of the cancer system through initiatives including: (a) offering the referral service known as Canrefer to help general practitioners refer patients to specialists on a multidisciplinary team;[44] (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 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.

Improving patients' quality of life

4.8 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 diagnosis and treatment through measures such as (a) developing and disseminating tools and resources that support patients to manage their own health and make decisions about their treatment and care; and (b) facilitating access to psychosocial support. Another strategy is to **enhance palliative care for patients** through the implementation of the "NSW Government plan to increase access to palliative care",[45] and to develop online learning resources that support health professionals to engage in end-of-life and advance care planning for patients.

Improvements of the drug assessment and funding systems

4.9 Improvements in the treatment outcomes of cancer patients have also been contributed by revamp of the drug assessment and funding systems implemented at the national level. 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

[44] 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.

[45] 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.

Benefits Scheme[46] to enable patients to have **timely access to new cancer drugs**. Since then, over 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 the managed access programmes, 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 drugs.[47] At present, there are about 130 cancer treating drugs available on the Pharmaceutical Benefits Scheme. The Department of Health has approved or amended listing of over 70 new cancer drugs since October 2013.

Observed outcomes

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 19.7% in 2007 to 15% in 2016 among adults. Similarly, the proportion of persons aged 16 and above who consumed alcohol at levels within the National Health and Medical Research Council guidelines had also increased from 68.7% in 2007 to 70.2% in 2016.[48]

4.11 As for the early detection of cancer, the proportion of women aged between 50 and 69 who had participated in the national breast cancer screening programme had increased slightly from 51.6% in 2012-2013 to 53.0% in 2015-2016. The five-year cervical screening participation rate for women aged between 20 and 69 in 2012-2016 maintained at a high rate of 82.8%. Besides, colorectal cancer screening participation for people aged 50 to 74 had increased visibly from 31.8% in 2012 to 37.8% in 2016.[49]

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[46] 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.

[47] The pharmaceutical company concerned is required to rebate the reimbursed costs to the government should the drug fail to deliver their claimed benefits. See Australian Government Department of Health (2017a).

[48] See Cancer Institute NSW (2018a).

[49] See Cancer Institute NSW (2018a).

4.12 In the latest survey conducted among patients attending outpatient cancer clinics in 2016, 96% of the surveyed patients felt that they were "always treated with respect and dignity" and 85% rated the care that they received as "very good". Another survey conducted among cancer patients admitted to NSW public hospitals between 2013 and 2014 indicated that 71% of the surveyed patients rated the care they received as "very good" and 24% as "good".[50] For those diagnosed with cancer between 2010-2014, the five-year relative survival rates of major types of cancer including melanoma skin (93.9%), breast (90.6%), colon (72.4%), liver (21.7%) and lung (19.4%) cancers were all higher than the survival rates of the counterparts diagnosed with cancer between 2005-2009.[51]

[50] See Cancer Institute NSW (2018b).

[51] See Cancer Institute NSW (2018a).

Cancer strategies in selected places

	Hong Kong	England	New South Wales
A. Background information			
Number of persons with cancer	• About 130 700 patients receiving treatment at standard fees and charges in the Hospital Authority in 2016-2017.	• 2 million persons in 2015.	• Information not available.
Number of new cases	• 31 468 in 2016.	• About 303 135 in 2016.	• 43 378 in 2015.
Number of deaths caused by cancer	• 14 209 in 2016.	• About 140 000 in 2016.	• 14 035 in 2015.
B. Overview of the cancer strategy/cancer control measures			
Latest cancer strategy laid down by the responsible authority	• Strategies formulated by the Cancer Coordinating Committee on cancer prevention and control.	• Cancer Strategy 2015-2020.	• NSW Cancer Plan 2016-2020.
Major objectives of the cancer strategy	• Preventing cancer and detecting cancer early; and • improving access to and quality of treatment and palliative care services for cancer patients.	• Reducing the incidence of cancer; • increasing 5- and 10-year survival of patients; and • improving patient experience and quality of life.	• Reducing the incidence of cancer; • increasing survival rate of patients; and • improving patients' quality of life.

Cancer strategies in selected places

	Hong Kong	England	New South Wales
C. Key features of the cancer strategy/cancer control measures			
Prevention	• Promoting healthy lifestyles.	• Implementing initiatives to address the risks of tobacco, alcohol, obesity and ultraviolet radiation.	• Improving modifiable cancer risk factors such as reducing smoking, overexposure to the sun and alcohol consumption.
Early detection and diagnosis	• Implementing screening programmes for cervical cancer and colorectal cancer.	• Raising awareness of the signs and symptoms of cancers among the public; • implementing a screening programme for breast cancer and enhancing the cervical cancer and colorectal cancer screening programmes; and • strengthening capacity of the diagnostic services.	• Implementing national screening programmes for cervical cancer, colorectal cancer and breast cancer.
Treatment services	• Expanding service capacity gradually to cope with the increase in service demand; • providing integrated care to patients with complex breast cancer or colorectal cancer; and • subsidizing eligible patients to receive radiological investigation services in the private sector.	• Improving patients' experience by offering each patient a tailored recovery package; and • engaging general practitioners in the cancer patient pathway to ensure patient care is better managed when transiting from the treatment phase.	• Strengthening the capacity of the cancer system to provide patient-centred and integrated care; • providing tools and resources to support patients' decisions about their treatment, and management of their health; and • engaging primary healthcare in the cancer care pathway.

Cancer strategies in selected places

	Hong Kong	England	New South Wales
C. Key features of the cancer strategy/cancer control measures (cont'd)			
Access to cancer drugs	• Enhancing the means test mechanism of the drug subsidy programmes; and • expanding the scope of the Drug Formulary.	• Revamping the cancer drug appraisal and funding mechanism to facilitate faster access to new cancer drugs.	• Facilitating timely access to new cancer drugs by allowing (a) parallel processing for new cancer drugs seeking marketing authorization and listing on the Pharmaceutical Benefits Scheme; and (b) listing of some new cancer drugs under managed access programmes.
Palliative care	• Developing palliative care services under HA's strategic service framework setting out the strategic direction in various aspects and key enablers.	• Considering patients' need for palliative care under the holistic needs assessment and covering them in patients' care plan.	• Implementing the "NSW Government plan to increase access to palliative care".

References

Hong Kong

1. Centre for Health Protection. (2018) *Cancer*. Available from: https://www.chp.gov.hk/en/healthtopics/content/25/31932.html [Accessed March 2019].

2. Department of Health. (2013) *Strategy on Cancer Control in Hong Kong.* Available from: https://www.hkacs.org.hk/content/download/Dr_Constance_Chan_Strategy_on_Cancer_Control.pdf [Accessed March 2019].

3. Food and Health Bureau. (2018a) *Cancer Strategy*. Paper submitted to the Panel on Health Services of the Legislative Council for discussion on 2 March 2018. LC Paper No. CB(2)924/17-18(01).

4. Food and Health Bureau. (2018b) *Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2018-19*. Available from: https://www.legco.gov.hk/yr17-18/english/fc/fc/w_q/fhb-h-e.pdf [Accessed March 2019].

5. Food and Health Bureau and Department of Health. (2018) *Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong*. Available from: https://www.change4health.gov.hk/en/saptowards2025/ [Accessed March 2019].

6. GovHK. (2017a) *Press Releases – LCQ5: Prevention of cancers and cancer treatment. 12 April*. Available from: http://www.info.gov.hk/gia/general/201704/12/P2017041200654.htm [Accessed March 2019].

7. GovHK. (2017b) *Press Releases – LCQ10: Treatment for uncommon disorders and cancers*. 8 November. Available from: http://www.info.gov.hk/gia/general/201711/08/P2017110800792.htm [Accessed March 2019].

8. GovHK. (2018a) *Press Releases – LCQ8: Prevention and treatment of cancers*. 4 July. Available from: https://www.info.gov.hk/gia/general/201807/04/P2018070400454.htm [Accessed March 2019].

9. GovHK. (2018b) *Press Releases – LCQ12: Provision of breast cancer screening services*. 14 November. Available from: https://www.info.gov.hk/gia/general/201811/14/P2018111400426.htm [Accessed March 2019].

10. GovHK. (2018c) *Press Releases – LCQ20: Diagnoses and treatments for patients with cancers, uncommon diseases and terminal illnesses*. 31 January. Available from: http://www.info.gov.hk/gia/general/201801/31/P2018013100880.htm [Accessed March 2019].

11. GovHK. (2019) *Press Releases – LCQ17: Samaritan Fund and Community Care Fund Medical Assistance Programmes.* 30 January. Available from: https://www.info.gov.hk/gia/general/201901/30/P2019013000681.htm?fontSize=2 [Accessed March 2019].

12. Hong Kong Cancer Registry. (2018) *Statistics*. Available from: http://www3.ha.org.hk/cancereg/dataNstat.html [Accessed March 2019].

13. Hospital Authority. (2013) *Cancer Services in Public Hospitals.* Available from: https://hkacs.org.hk/content/download/Dr_Chung_KL_Cancer_Services_in_Public_Hospitals.pdf [Accessed March 2019].

14. Hospital Authority. (2017) *Innovating for Better Care – Strategic Plan 2017-2022*. Available from: http://www.ha.org.hk/haho/ho/ap/HA-SP_1.pdf [Accessed March 2019].

15. Hospital Authority. (2018a) *Cancer Treatment Services in Public Hospitals.* Available from: https://hkacs.org.hk/ufiles/1025_PS_CancerTreatmentServicesinPublicHospitals_DrTonyKo.pdf [Accessed March 2019].

16. Hospital Authority. (2018b) *Community Care Fund Medical Assistance Programmes*. Available from: https://www.ha.org.hk/haho/ho/ccf/CCF_e.html [Accessed March 2019].

17. *Minutes of Special Meeting of the Panel on Health Services of the Legislative Council.* (2018) 2 March. LC Paper No. CB(2)556/18-19.

Australia

18. Australian Institute of Health and Welfare. (2017) *Cancer in Australia 2017.* Available from: https://www.aihw.gov.au/getmedia/3da1f3c2-30f0-4475-8aed-1f19f8e16d48/20066-cancer-2017.pdf.aspx?inline=true [Accessed March 2019].

19. Australian Government Department of Health. (2017a) *Australian Government response to the Senate Community Affairs References Committee Report: Availability of new, innovative and specialist cancer drugs in Australia.* Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/gov-response-cancer-drugs [Accessed March 2019].

20. Australian Government Department of Health. (2017b) *Cancer.* Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/cancer [Accessed March 2019].

21. Australian Government Department of Health. (2018a) *Cancer Fact Sheet*. Available from: http://www.health.gov.au/internet/main/publishing.nsf/content/A091E85A15E4F93DCA25814E0005C8EE/$File/20180709%20Cancer%20Fact%20Sheet.pdf [Accessed March 2019].

22. Australian Government Department of Health. (2018b) *National action – cancer control.* Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/cancer-national#plan [Accessed March 2019].

23. Cancer Australia. (2019) *All cancers in Australia.* Available from: https://canceraustralia.gov.au/affected-cancer/what-cancer/cancer-australia-statistics [Accessed March 2019].

24. Cancer Council NSW. (2013) *The State of Cancer Control in Australia 1987-2007: Changes in cancer incidence and mortality.* Available from: https://www.cancercouncil.com.au/wp-content/uploads/2013/12/D-SOCC-Sect-8-Web.pdf [Accessed March 2019].

25. Cancer Institute NSW. (2010) *NSW Cancer Plan 2011-15 – Lessening the impact of cancer in NSW.* Available from: https://www.cancerinstitute.org.au/getattachment/2e9328bd-6178-47e8-a6c4-03a7acd8c620/NSW-Cancer-Plan-2011-2015.PDF [Accessed March 2019].

26. Cancer Institute NSW. (2016) *NSW Cancer Plan – A statewide plan for lessening the impact of cancers in NSW*. Available from: https://www.cancer.nsw.gov.au/getattachment/cancer-plan/CancerPlan2016_Web.pdf [Accessed March 2019].

27. Cancer Institute NSW. (2017) *Cancer control in NSW – Annual performance report 2016*. Available from: https://www.cancerinstitute.org.au/getattachment/b8ad179a-b247-4d86-9be8-19495d9acddf/RBCO_Statewide2016_HIRES.pdf [Accessed March 2019].

28. Cancer Institute NSW. (2018a) *Cancer control in New South Wales: Statewide report, 2017.* Available from: https://www.cancer.nsw.gov.au/getattachment/cancer-control/Cancer-Control-in-NSW-Statewide-report-2017-2.pdf [Accessed March 2019].

29. Cancer Institute NSW. (2018b) *Patient experience of cancer care.* Available from: https://www.cancer.nsw.gov.au/cancer-plan/performance-index/cancer-patient-experience-of-care [Accessed March 2019].

30. *Cancer Institute NSW.* (2019a) Available from: https://www.cancerinstitute.org.au/ [Accessed March 2019].

31. Cancer Institute NSW. (2019b) *Cancer in NSW*. Available from: https://www.cancerinstitute.org.au/understanding-cancer/cancer-in-nsw [Accessed March 2019].

32. NSW Ministry of Health. (2012) *The NSW Government plan to increase access to palliative care 2012-2016.* Available from: http://www.health.nsw.gov.au/palliativecare/Publications/Palliative-Care-Plan-2012-2016.pdf [Accessed March 2019].

33. Vitry, A. et al. (2016) *Access to new cancer medicines in Australia: dispelling the myths and informing a public debate.* Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4823878/ [Accessed March 2019].

England of the United Kingdom

34. All-Party Parliamentary Group on Cancer. (2016) *Progress into the implementation of the England Cancer Strategy: One year on.* Available from: https://www.macmillan.org.uk/documents/appgc/appgc-inquiry-report-september-2016.pdf [Accessed March 2019].

35. Cancer Taskforce. (2015) *Statement of Intent: Cancer Strategy for England: 2015-2020.* Available from: https://www.cancerresearchuk.org/sites/default/files/statement_of_intent_-final_0.pdf [Accessed March 2019].

36. House of Commons Library. (2016) *Cancer Strategy one year on*. Available from: http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2016-0239 [Accessed March 2019].

37. House of Commons Library. (2018a) *Debate Pack – Cancer strategy*. Available from: https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2018-0037 [Accessed March 2019].

38. House of Commons Library. (2018b) *Debate Pack – NHS Cancer Targets*. Available from: https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2018-0105 [Accessed March 2019].

39. Independent Cancer Taskforce. (2015) *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020.* Available from: https://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf [Accessed March 2019].

40. Macmillan Cancer Support. (2017a) *Statistics fact sheet*. Available from: https://www.macmillan.org.uk/_images/cancer-statistics-factsheet_tcm9-260514.pdf [Accessed March 2019].

41. Macmillan Cancer Support. (2017b) *Warning Signs – Challenges to delivering the Cancer Strategy for England by 2020*. Available from: https://www.macmillan.org.uk/_images/warning-signs_tcm9-308400.pdf [Accessed March 2019].

42. NHS. (2016a) *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – One Year On 2015-16*. Available from: https://www.england.nhs.uk/wp-content/uploads/2016/10/cancer-one-year-on.pdf [Accessed March 2019].

43. NHS. (2016b) *Achieving World-Class Cancer Outcomes: Taking the strategy forward*. Available from: https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf [Accessed March 2019].

44. NHS. (2017a) *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17*. Available from: https://www.england.nhs.uk/wp-content/uploads/2017/10/national-cancer-transformation-programme-2016-17-progress.pdf [Accessed March 2019].

45. NHS. (2017b) *Next Steps on the NHS Five Year Forward View*. Available from: https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf [Accessed March 2019].

46. NHS England. (2016) *Appraisal and Funding of Cancer Drugs from July 2016 (including the new Cancer Drugs Fund).* Available from: https://www.england.nhs.uk/wp-content/uploads/2013/04/cdf-sop.pdf [Accessed March 2019]

47. NHS England. (2019) *Cancer.* Available from: https://www.england.nhs.uk/cancer/ [Accessed March 2019].

48. Office for National Statistics. (2018) *Cancer registration statistics, England: 2016*. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancerregistrationstatisticsengland/final2016 [Accessed March 2019].

Others

49. Organisation for Economic Co-operation and Development. (2013) *Cancer Care – Assuring Quality to Improve Survival.* Available from: http://www.oecd-ilibrary.org/social-issues-migration-health/cancer-care_9789264181052-en;jsessionid=802puc7t9c4y.x-oecd-live-03 [Accessed March 2019].

50. The Global Cancer Observatory. (2019) *All cancers*. Available from: https://gco.iarc.fr/today/data/factsheets/cancers/39-All-cancers-fact-sheet.pdf [Accessed March 2019].

51. World Health Organization. (2018) *Cancer – Key facts*. Available from: https://www.who.int/en/news-room/fact-sheets/detail/cancer [Accessed March 2019].

52. World Health Organization. (2019) *Cancer*. Available from: https://www.who.int/cancer/en/ [Accessed March 2019].

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