



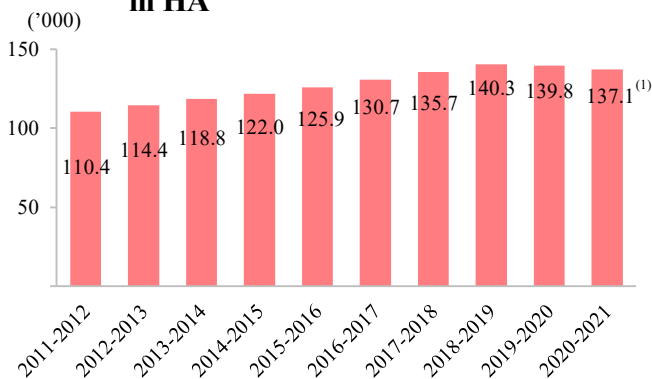
Cancer prevention and treatment

Figure 1 – New cases of common types of cancer⁽¹⁾

Cancer type	Number of new cases			Incidence rate per 100 000 population ⁽²⁾		
	2011	2019 ⁽³⁾	Change	2011	2019 ⁽³⁾	Change
All types	26 998	35 082	+30%	218.5	234.1	+7%
Lung	4 401	5 575	+27%	32.5	32.8	+1%
Colorectum	4 450	5 556	+25%	32.8	33.4	+2%
Breast	3 440	4 793	+39%	30.1	36.2	+20%
Prostate	1 644	2 532	+54%	25.8	30.4	+18%
Liver	1 858	1 876	+1%	15.2	11.7	-23%

- Notes: (1) The five most commonly diagnosed cancers in 2019 were lung cancer (15.9%), colorectal cancer (15.8%), breast cancer (13.7%), prostate cancer (7.2%) and liver cancer (5.3%).
(2) Rates are age-adjusted to the age distribution of the World Standard Population of Segi (1960). Rate of prostate cancer is per 100 000 male population.
(3) The latest figures available.

Figure 2 – Number of cancer patients receiving treatment at standard fees and charges in HA



- Note: (1) Projected figure as of 31 December 2020.

Figure 3 – Prevention and screening programmes

	Cumulative no. of participants	Coverage rate	Financial provision in 2020-2021
HPVVP	24 200 ⁽¹⁾	85.0% ⁽¹⁾	HK\$86.8 million
CSP	542 100 ⁽²⁾	21.0% ⁽²⁾	n.a. ⁽³⁾
CRCSP	275 000 ⁽⁴⁾	10.8% ^{(4),(5)}	HK\$105.2 million

- Notes: (1) The participants were Primary Five female students who received the first dose of vaccine in the first year of programme launch. These students would receive the second dose when they reached Primary Six. The figures are as at 31 December 2020.
(2) The participants were women aged 25-64 who had registered and screened under CSP. The figures are as at 31 December 2020.
(3) Information not available.
(4) The participants were Hong Kong residents aged 50-75. Figures are as at 30 November 2021.
(5) The coverage rate is calculated based on the estimated target population size when the regularization of the programme was planned.

Highlights

- Cancer is a major chronic disease that not only weighs heavily on the patients and their family, but the cost associated with treatment and recovery for patients also poses heavy financial burden on the public healthcare system. Hong Kong has seen a marked increase in new cancer cases in recent years, up by 30% from some 27 000 cases in 2011 to a new high of 35 000 in 2019 amidst, among other factors, population ageing (**Figure 1**). In tandem with the increased number of new cancer cases, the number of cancer patients receiving treatment from the Hospital Authority (“HA”) rose by about 25% from some 110 000 in 2011-2012 to 137 000 in 2020-2021 (**Figure 2**). Moreover, total drug consumption expenditure incurred by HA for treating cancer patients with general and special drugs listed in the HA Drug Formulary more than doubled from HK\$415 million in 2012-2013 to HK\$1,084 million in 2020-2021.
- The Government has committed in its first Hong Kong Cancer Strategy issued in July 2019 to the strengthening of primary prevention as one of the key cancer control strategies. For instance, the Department of Health (“DH”) has launched the human papillomavirus vaccination programme (“HPVVP”) in the 2019-2020 school year to better prevent cervical cancer cases. HPVVP covers Primary Five and Six female students with vaccination delivered by the outreach immunization teams of DH, which helped attain a high coverage rate of 85% in the first year of launch (**Figure 3**).
- In addition to primary prevention, the provision of screening as a secondary prevention tool helps detect cancer early and facilitate more effective treatment (in terms of both cost and patients’ well-being). As early as in March 2004, DH has implemented the territory-wide Cervical Screening Programme (“CSP”) (**Figure 3**). In recent years, two pilot schemes, namely the Colorectal Cancer Screening Programme (“CRCSP”) and Breast Cancer Screening Pilot Programme were launched in September 2016 and September 2021 respectively. The former programme was regularized in August 2018 to provide testing for eligible adults aged 50-75 (for free or with a low co-payment), while the latter provides subsidized mammography screening mainly for eligible women aged 44-69 who have a higher risk of developing breast cancer.

Cancer prevention and treatment (cont'd)

Figure 4 – Number of cancer deaths and mortality rates

Cancer type	Number of cancer deaths			Mortality rate per 100 000 population ⁽¹⁾		
	2011	2019 ⁽²⁾	Change	2011	2019 ⁽²⁾	Change
All types	13 241	14 871	+12%	94.6	81.5	-14%
Lung	3 789	4 033	+6%	26.3	21.3	-19%
Colorectum	1 904	2 174	+14%	12.5	11.1	-11%
Liver	1 536	1 530	-0.4%	11.6	8.5	-27%
Breast	554	859	+55%	4.4	5.6	+27%
Pancreas	508	740	+46%	3.5	4.1	+17%

Notes: (1) Rates are age-adjusted to the age distribution of the World Standard Population of Segi (1960).
(2) The latest figures available.

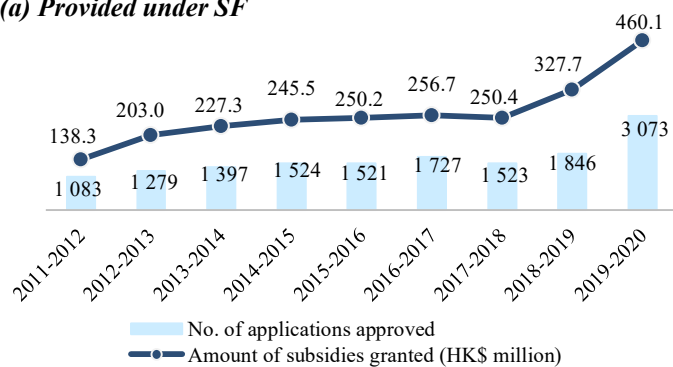
Figure 5 – Waiting time for services provided by HA

90th percentile waiting time ⁽¹⁾ to receive first treatment after diagnosis	Number of days	
	2017-2018	2020-2021
Patients with colorectal cancer ⁽²⁾	73	76
Patients with breast cancer ⁽²⁾	64	64
Patients with nasopharynx cancer	57	60

Notes: (1) Defined as number of days elapsed before 90% of the relevant patient group received their first treatment; in other words, about 10% of patients needed to endure longer waiting time.
(2) The waiting time measure for colorectal and breast cancer patients was revised in October 2016 to include cases with pathological diagnosis confirmed in the private sector. Figures compiled using the new definition are not strictly comparable to those compiled before 2017-2018.

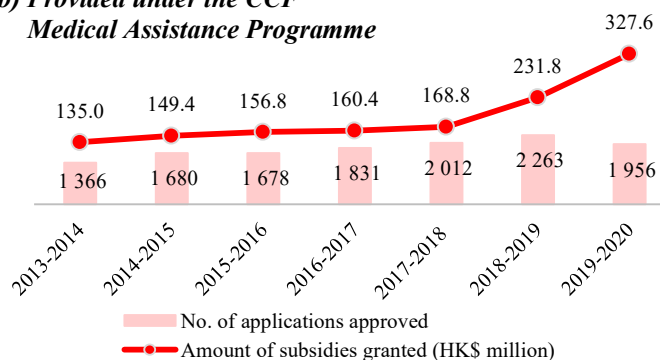
Figure 6 – Mean-tested subsidies for cancer drugs

(a) Provided under SF



(b) Provided under the CCF

Medical Assistance Programme



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Highlights

- With the wider implementation of various preventive measures, combined with advancements in screening procedures, diagnostics, treatment technology and cancer drugs, the overall mortality rate of cancer had decreased by 14% (on an age-adjusted basis) between 2011 and 2019 despite rising incidence rate. A declining trend was observed for the commonly diagnosed cancers like lung, colorectal and liver cancers (Figure 4). Nevertheless, there is still ample room for enhancing treatment outcomes for cancer cases.
- According to the latest statistics (for 2017), around 90% of new cancer patients were diagnosed or treated in HA. In terms of waiting time for services at HA, the situation for patients diagnosed with colorectal, breast and nasopharynx cancers was virtually unchanged between 2017-2018 and 2020-2021 as about 10% of these patients had to wait at least 2-2.5 months before receiving their first treatment (Figure 5). HA is tackling the issue by enhancing its service capacity through building new oncology centres (on top of the six centres currently in operation) and improving diagnostic and radiology services, in line with the Government's Cancer Strategy. However, the tight manpower situation as aggravated by a high attrition rate for full-time HA staff (about 10% between October 2020 and September 2021) and the gradually rising cancer service demand may limit the room for reducing waiting time.
- Another commonly raised concern is the support to patients who wish to use cancer drugs not offered by public sector services. Currently, eligible cancer patients who cannot afford the high costs of self-financed cancer drugs are provided with subsidies to use specified drugs through the Samaritan Fund ("SF") and the Community Care Fund ("CCF") Medical Assistance Programme. The noticeable increase in number of approved applications and amount of subsidies granted under these programmes in the past few years, after the enhancement of the means test mechanism in early 2019 and gradual increase in number of drug items covered, have prompted observers to urge a review on how to ensure these programmes can maintain a timely coverage of types of drugs subsidized and, more generally, how to adequately aid more needy patients who are excluded from the programmes due to income, asset or other eligibility criteria (Figure 6).

Data sources: Latest figures from Department of Health, Food and Health Bureau and Hospital Authority.