中華人民共和國香港特別行政區政府總部食物及衞生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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3 October 2008

Clerk to Panel
(Attn: Ms Amy YU)
Legislative Council
Legislative Council Building
8 Jackson Road, Central,
Hong Kong
(By FAX: 2509 0775)

Dear Ms YU,

Legislative Council Panel on Health Services
Follow-up action arising from the special meeting held on 24 June 2008

The Panel on Health Services conducted a special meeting on 24 June 2008 regarding iron chelating therapy for Thalassaemia patients[1] in public hospitals. At the meeting, the Hospital Authority (HA) undertook to provide information on the operation of a specific mechanism for dealing with exceptional cases for the use of the drug Deferasirox. The required information is now set out below.

As explained by HA at the meeting, there are three chelating agents available in HA, namely Desferrioxamine (DFO), Deferiprone and

[1] Thalassaemias major is inherited blood disorder affecting the red blood cells. The standard treatment for Thalassaimias is regular blood transfusion to replenish red blood cells. Thalassaemias patients receiving blood transfusion must undergo treatment to remove from their bodies excessive iron generated from red blood cells broken in between blood transfusions. This iron removal treatment is known as iron chelating therapy.

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Deferasirox. Both DFO and Deferiprone are currently covered by HA's highly subsidized scope of standard treatment. As for Deferasirox, it is a relatively new drug of preliminary medical evidence and marginal benefits and there are reports of possible severe side effects and fatal complications in post market surveillance. It is currently available in HA as a self-financed item.

DFO is used as the first-line treatment while Deferipone is a second-line treatment for patients for whom DFO therapy is contraindicated, intolerant or non-compliant. However, in case where DFO has failed to achieve adequate chelation and the use of Deferiprone has caused serious complications, the use of Deferasirox would be considered as an exceptional alternative. An expert panel in HA is tasked to formulate the required clinical guidelines. HA is in the process of obtaining more updated information regarding the side effects of the medication (particularly hepatic dysfunction and failure, acute renal failure and cytopenia) from the drug company. Such information is essential for formulating the guidelines as patient safety is always the priority concern. Upon receipt of the updated information, the expert panel would evaluate the risks and benefits of the medication and define the target patient group that could be prescribed with Deferasirox under the standard subsidized public services. The target is to have relevant guidelines updated for dissemination to doctors in all clusters at the end of this year.

Yours sincerely,

(Miss Gloria LO)
for Secretary for Food and Health

c.c. Chief Executive / Hospital Authority (Attn: Dr W L CHEUNG)