LC Paper No. CB(2)990/17-18(01)

The Legislative Council Panel on Health Services
2nd March 2018 Meeting on
"Cancer Strategy"

Written Submission

Stakeholder Details

Name : Mr. PAU Kit Kwan
Name of Organization : Pau Kwong Wun Charitable Foundation
Title : Chairman
Biography : Benson, PAU Kit-kwan is the ex-Chairman (2008-2011) and the Board member of Childhood Cancer International (CCI, formerly ICCCPO) between 2005-2015. He currently is the Head of CCI Asia. CCI is a worldwide network of 188 member organizations of parents and support groups of children with cancer in 96 countries; and is the only non-medical children's cancer organization representing families of children with cancer worldwide.

Mr. Pau is also the Chairman of the Pau Kwong Wun Charitable Foundation in Hong Kong which he founded in 1998. Being a bereaved father with son suffered from Leukaemia, he understands that childhood cancer issues are threatening the well-being of children and families, he works to support parents of children with cancer and youth survivors by creating the platform for knowledge and experience exchange on childhood cancer issues at a community level.

Global Picture About Cancer Strategy

➢ **United Nations – NCD Global Monitoring Framework**

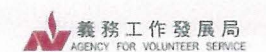
- UN General Assembly adopted the Political Declaration on Noncommunicable diseases (NCDs), including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes in 2011
- Announcing 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development in 2015. Among Goal 3, Ensure healthy lives and promote well-being for all at all ages, includes:
  - Goal 3.4_By 2030, **reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being** (3rd High Level Meeting of UN General Assembly in 2018 to review progress & forge consensus on the road ahead covering period 2018-2030)
  - Goal 3.8_Achieve **universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines**

Source : http://www.un.org/sustainabledevelopment/sustainable-development-goals/

➢ **World Health Organization - NCD**

- Following the Political Declaration of UN General Assembly, WHO developed a global monitoring framework to enable global tracking of progress in preventing and controlling major NCDs and their key risk factors
- The framework comprises 9 targets and 25 indicators (Annex 1) for adoption by Member States during World Health Assembly in May 2013
  - ➢ 9 global targets include:
    - A 25% relative reduction in risk of premature mortality from NCDs
    - An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities
  - ➢ 25 indicators include:

地址：香港九龍官塘道342號1字樓B座 | Address: Block B, 1st Floor, 342 Kwun Road, Kowloon, HONG KONG
電話 Tel: +852 2796 0818 傳真 Fax: +852 2796 1331 | 電郵 E-mail: info@pkwfoundation.org | 網頁 Website: http:// www. pkwfoundation.org



  - Availability and affordability of quality, safe and efficacious essential NCDs medicines, including generics, and basic technologies in both public and private facilties
  - Access to palliative care assessed by morphine-equivalent
- aimed at combatting global mortality from the four main NCDs, accelerating action against the leading risk factors for NCDs and strengthening national health system response

Source: http://www.who.int/nmh/global_monitoring_framework/en/

➢ **Implementation of revolving 5-year strategic cancer plan in other countries**

Republic of the Philippines Dept of Health_ Jan 2016	***Revised Policy on Philippine Cancer Prevention and Control*** Create the **National Cancer Control Committee** to lead the implementation of Philippine Cancer Prevention and Control Program and the roles include: - Set the roadmap of Philippine Cancer Prevention and Control Program - Plan, establish and implement policies, guidelines and standards throughout the continuum of holistic health care thru multidisciplinary and interdisciplinary team and patient-centered approach Source:http://www.doh.gov.ph/sites/default/files/health_programs/AO2016-0001%20Revised%20Policy%20on%20Philippine%20Cancer%20Prevention%20and%20Control.pdf
Ireland_Jul 2017	***National Cancer Strategy 2017-2026*** **Maximize Patient Involvement - Involving Patients in Their Cancer Care** - Establish a **Cancer Patient Advisory Committee** to provide input into the development of programmes for patients with cancer. - Patient involvement should be an integral part of both cancer care and service department. Patients who are fully informed about their care are patients who are empowered, active participants in their treatment - Ensure that patient representatives are involved in policy making, planning, practice and oversight of cancer services at local, regional and national levels **Maximize Quality of Life - Survivorship** - Survival for cancers has greatly improved as treatment improves and increased number of survivors underscores the importance of addressing survivor health and care needs (especially on survivors of childhood cancer).. - Patients should be educated to recognize the warning signs of potential recurrence of new cancers. - Development and delivery of comprehensive psychology services, from diagnosis into the survivorship phase. Source: http://health.gov.ie/blog/publications/national-cancer-strategy-2017-2026/

Kenya_National Cancer Control Strategy 2017-2022	***Pillar 3: Cancer Treatment, Palliative Care and Survivorship*** Strategic objective 3.5. Optimize treatment and palliative care for childhood cancer Strategic objective 3.6. Palliative Care to improve quality of life for those living with, recovering from and dying of cancer and their families through support and rehabilitation Source: http://kehpca.org/wp-content/uploads/KENYA-NATIONAL-CANCER-CONTROL-STRATEGY-2017-2022.pdf
Zambia_National Cancer Control Strategy Plan 2016-2011	**Strategic Framework** To provide equitable access to cost effective, quality preventive, promotive, curative, palliative cancer care services as close to the family as possible **Palliative Care Key Strategies** - Advocate for palliative care and support for cancer patients - Raise awareness about availability and appropriateness of services and how to access - them - Complete and implement the National Palliative Care Strategic Framework (NPCSF) - Create establishment for palliative care at MoH and at all levels - Train CDOs, CHWs, and other health care providers in palliative care - Make all components of palliative care available, affordable, and accessible at all levels - Establish and improve hospice care Source: http://www.iccp-portal.org/system/files/plans/NCCSP%20Final%20Version%20Zambia.pdf
Hong Kong_Hong Kong Cancer Day	**Hong Kong Cancer Day cum symposium** - held on 7 December 2013. It was organized in collaboration with Union for International Cancer Control (UICC), 40 government, NGOs, professional bodies, academic institutes and private corporations to raise awareness on cancer - Cancer Coordinating Committee set up in 2001

Hong Kong Childhood Cancer Issues

- The news to family of child being diagnosed with cancer is devastating. Family is unprepared and the disruption to the regular family life and routine is overwhelming no matter of finance, the unfamiliar medical terms encounter or the uncertainty of the destiny of child and to the whole family

- With the improvement in treatment, the population of childhood cancer survivor is growing. The survivor rate, basing on the most common childhood cancer diagnosed leukaemia, is about 80%.

- The first Children Hospital in Hong Kong is expected to start operating by end of 2018 and childhood cancer treatment centers will also move into the new Children Hospital

➢ Availability of certain childhood cancer drugs

- Some of the expensive drugs are only used by very small number of cancer children, no company is interested to make the drug registered in HK (low profit margin). One example is 'Dinutuximab

antibody' for neuroblastoma, it costs about 2 million HK dollars per patient but the number of patient per year is only 5-10

- **Burden of clinical trials**
  - Currently the hospital or universities needs to bear all the cost of clinical research including the full time research assistant or staff in the research activities to monitor the progress. Besides, survivor registration is not available to support the research. The research grant organisation at HK do not put clinical trials at high priority, thus there is little support to clinical trials

- **Survivorship programme is not established**

5 Recommendations for the government to consider seriously to adopt for the betterment of cancer/childhood cancer:

1) Formation of a cross departmental Hong Kong Cancer Strategy Steeling Committee

- **with the involvement of representative of adult cancer survivors and family representative of childhood cancer patients**

2) The Development of revolving 5-year Cancer Strategy Plan for Hong Kong

- **To align with the global UN Sustainable Development Goals (SDG) and WHO NCD Framework and to make effort to achieve the targets and indicators, Hong Kong should set up a revolving 5-year Cancer Strategy Plan : Interventions that enable patients, their families and health care providers to optimize biomedical health care and to manage the psychological/behavioral and social aspects of illness and its consequences so as to promote better health**

3) Support the expensive but clinically proven effective anticancer drugs

- **Department of Health and Hospital Authority should facilitate some of these drugs listed in the HA Drug Formulary (these drugs actually got FDA or EMA approval already) and also being funded by HA/Government. Some of the drugs are also tabulated in Annex 2**

4) Support the Clinical Trial in childhood cancer

- **Allocating available resources for scientific assessments for children with cancer (before and after being discharged) on psychological issues and subsequent follow-up programs**
- **Establishing a survivors register for further clinical study, enhancement of post-treatment life and survivors' access to their own medical records in order to enable them to take better care of their own conditions; and**

5) Set up a multidisciplinary services clinic within the Children Hospital for Adolescents & Young Adults (AYA) survivors of childhood cancer for follow up consultation/support

- **Through the clinic enhancing the referral mechanism for better monitoring of survivors' late effects and to minimise the waiting time during transition from the paediatric discipline to the adult discipline**
- **Enabling multi-dimensional support services in the hospital either by the Hospital itself or in collaboration with various NGOs, i.e. educational support during and after treatment, personal appearance support, out-patient counselling services, etc.**

NB: The above report has incorporated also the feedback and input from medical professional of paediatric oncology, survivors and other NGO serving childhood cancer

Annex 1

Framework Element	Target	Indicator
MORTALITY & MORBIDITY		
Premature mortality from noncommunicable disease	1. A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
Additional indicator		2. Cancer incidence, by type of cancer, per 100 000 population
BEHAVIOURAL RISK FACTORS		
Harmful use of alcohol[1]	2. At least 10% relative reduction in the harmful use of alcohol[2], as appropriate, within the national context	3. Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context 4. Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context 5. Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context
Physical inactivity	3. A 10% relative reduction in prevalence of insufficient physical activity	6. Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily 7. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)
Salt/sodium intake	4. A 30% relative reduction in mean population intake of salt/sodium[3]	8. Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years
Tobacco use	5. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	9. Prevalence of current tobacco use among adolescents 10. Age-standardized prevalence of current tobacco use among persons aged 18+ years

BIOLOGICAL RISK FACTORS		
Raised blood pressure	6. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	11. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg) and mean systolic blood pressure
Diabetes and obesity[4]	7. Halt the rise in diabetes & obesity	12. Age-standardized prevalence of raised blood glucose/ diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose) 13. Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex) 14. Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/ m² for overweight and body mass index ≥ 30 kg/m² for obesity)
Additional indicators		15. Age-standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years[5] 16. Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day 17. Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥5.0 mmol/l or 190 mg/dl); and mean total cholesterol concentration

Framework Element	Target	Indicator
NATIONAL SYSTEMS RESPONSE		
Drug therapy to prevent heart attacks and strokes	8. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	18. Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk ≥30%, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
Essential noncommunicable disease medicines and basic technologies to treat major noncommunicable diseases	9. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities	19. Availability and affordability of quality, safe and efficacious essential noncommunicable disease medicines, including generics, and basic technologies in both public and private facilities
Additional indicators		20. Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer 21. Adoption of national policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply, as appropriate, within the national context and national programmes 22. Availability, as appropriate, if cost-effective and affordable, of vaccines against human papillomavirus, according to national programmes and policies 23. Policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans fatty acids, free sugars, or salt 24. Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants 25. Proportion of women between the ages of 30–49 screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies

Annex 2

Diagnosis	Name of Drug
Synovial Sarcoma	Trabectedin
Carcinoma of Thymus	Gemcitabine
Optic Glioma	Temozolomide
Brain Tumour	Temozolomide
Stage 4 Neuroblastoma	Irinotecan & Temozolomide
Lymphoplasmacytic Lymphoma	Bortezomib
	Mozobil
Medulloblastoma	Defibrotide
Stage 4 Neuroblastoma	Topotecan
Acute lymphoblastic leukaemia,	Rituximab
Lymphoplasmacytic lymphoma	Caspofungin
Marginal zone B-cell lymphoma	Rituximab
High grade mediastinal	Irinotican
Relapse embryonal rhabdomyosarcoma	Irinotecan
Hepatoblastoma	Irinotecan
Glioblastoma Multiforme	Bevacizumab & Irinotecan
Gastronintestinal stromal	Regorafenib
High grade mediastinal sarcoma & spinal	Vinorelbine
Giant cell tumour/Telangiectatic	Denosumab
Hepatoblastoma	Caelyx
Pleuropulmonary blastoma	Irinotecan & Temozolomide
Relapsed metastatic osteosarcoma	Sorafenib