



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
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23 May 2019

Ms Maisie Lam
Clerk to Subcommittee
Subcommittee on Issues Relating to the Support for Cancer Patients
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central

Dear Ms Lam,

Panel on Health Services
Subcommittee on Issues Relating to the Support for Cancer Patients
Enquiries on the overall strategy
for the prevention and treatment of cancer

Thank you for your letter dated 29 April 2019 referring to this Bureau the enquiries raised by Hon SHIU Ka Chun. Having consulted the Department of Health and the Hospital Authority (HA), we provide the information below in response to Hon SHIU's enquiries.

(1)(a) Advice for Persons with High-Risk

From the medical perspective, screening means examining people without symptoms in order to identify people who already have the disease or people at increased risk of disease, so that apart from prevention, early detection and treatment can be provided to enhance therapeutic effectiveness. In general, people who consider receiving colorectal cancer screening can be classified into "average risk" and "high risk" groups.

According to the recommendations on colorectal cancer screening made by the Cancer Expert Working Group on Cancer Prevention and Screening ("CEWG") under the Cancer Coordinating Committee of the Government, people with "high risk" refer to individuals who have significant family history, such as those with an immediate relative diagnosed with colorectal cancer at the age of 60 or below; or those who have more than one immediate relatives diagnosed with colorectal cancer irrespective of age at diagnosis; or those who have immediate relatives diagnosed with hereditary bowel diseases. People with "average risk" refer to individuals aged between 50 and 75 who do not have significant family history.

The Colorectal Cancer Screening Programme targets at individuals with "average risk". It adopts the faecal occult blood test ("FOBT"), which has been used widely in the international arena, as a screening tool to detect tiny amounts of blood in the colon which is invisible to the naked eye. Testing will be repeated every two years. The CEWG recommends that people with "high risk" should not receive the FOBT. Instead, they should undergo invasive investigation (such as sigmoidoscopy or colonoscopy) regularly, depending on their individual condition and age, to have the colon wall inspected directly and accurately. Some people with "high risk" may need to undergo genetic tests to identify any inherited genetic mutation. This approach prevents people at "high risk" from delay in seeking appropriate treatment as a result of bleeding not occurring at the time of the FOBT, thus failing to detect abnormalities.

Anyone who has suspected symptoms should seek early consultation at relevant medical institutions including the HA. Asymptomatic people with "high risk" can seek help from private doctors or non-profit-making medical institutions to receive risk assessment, including undergoing genetic tests when necessary, in order to decide an appropriate screening option.

(1)(b) Extending the scope of eligible groups of the Colorectal Cancer Screening Programme to cover younger patients

The eligible age of participants of the Colorectal Cancer Screening Programme is based on the recommendations on colorectal cancer screening made by the CEWG. The CEWG will regularly review and discuss the latest local and international scientific evidence, with a view to

making recommendations on cancer prevention and screening suitable for the local population. Currently, the CEWG recommends that people with “average risk” (i.e. individuals aged between 50 and 75 who do not have significant family history) should consult their doctors and consider undergoing colorectal cancer screening.

The CEWG will continue to review relevant local and international scientific evidence, including the latest data and research information, and will revise the recommendations on colorectal cancer prevention and screening when necessary. At present, the Colorectal Cancer Screening Programme provides, by phases, subsidised colorectal cancer screening services to asymptomatic Hong Kong residents aged between 50 and 75. The eligible age group is generally in line with overseas practices. The Government has no plans to adjust the age of eligible groups at this stage.

(1)(c) Shortening the Waiting Time for Treatment

HA attaches great importance to the provision of appropriate care for cancer patients and reviews on a regular basis the waiting time for patients with colorectal cancer, breast cancer and nasopharyngeal cancer to receive their first treatment after diagnosis. During the period between July 2017 and June 2018, the waiting time at the 90th percentile¹ for patients with colorectal cancer to receive their first treatment after diagnosis was 74 days, which is shorter than that in 2016-17.

HA has planned to enhance its cancer services, such as by increasing the service capacity of chemotherapy and radiotherapy. HA will continue to review the demands for various medical services and plan its services according to factors such as population growth and changes, advancement of medical technology, and healthcare manpower.

(2) Drug Subsidy Mechanism for Cancer Patients

As the major provider of publicly-funded healthcare services, HA strives to provide optimal care for all patients while ensuring rational

¹ The 90th percentile waiting time refers to the number of days between the date when a case is diagnosed with cancer after pathological examination and the date when the patient receives the first treatment. The waiting time of 90 per cent of such cases is shorter than the value indicated.

use of public resources. For drug management, HA follows the principle of evidence-based medical practice to formulate relevant clinical guidelines for drugs covered by the HA Drug Formulary or the safety net, with reference to published evidence, as well as international practices. The clinical guidelines will be updated continuously in the light of international scientific and clinical evidence from clinical trials for different treatment regimens and target patient groups.

Following an evidence-based approach and listening to the views of patient groups, HA will, in a timely manner through its established mechanism, enhance the clinical guidelines and review the coverage of its Drug Formulary and the safety net, including the drugs covered and their indications and clinical guidelines, according to the latest scientific evidence.

Yours sincerely,



(Jonathan CHIU)
for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority (Attn.: Ms Dorothy Lam)
Department of Health (Attn.: Dr Rita Ho)