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Panel on Health Services

Subcommittee on Issues Relating to the Support for Cancer Patients

Background brief prepared by the Legislative Council Secretariat for the meeting on 20 May 2019

Cancer prevention and screening

Purpose

This paper provides background information on the cancer prevention and screening measures carried out by the Administration, and summarizes the concerns of members of the Panel on Health Services ("the Panel") on the subject in the Fifth and Sixth Legislative Council.

Background

Burden of cancer in Hong Kong

2. Cancer, which is one of the major non-communicable diseases, has become a growing public health concern both globally and locally. In Hong Kong, the proportion of registered deaths attributed to cancers had increased from 12.2% in 1961 to 30.5% in 2016. In 2016, a total of 31 468 new cancer cases were diagnosed, hitting a record high with 1 150 more cases (or a rise of 3.8%) compared with 2015 and there were 14 209 deaths due to cancer. The ten most common cancers and the ten leading causes of cancer deaths in 2016 are set out in **Appendix I**.

3. According to the World Health Organization ("WHO"), 30% to 50% of all cancer cases are preventable by raising awareness, reducing exposure to cancer risk factors and encouraging members of the public to adopt healthy lifestyles. Separately, when planned effectively, screening can reduce deaths from cancer and can reduce the risk of developing cancer in some cancer type. Locally, the

Cancer Coordinating Committee ("the Committee")[1] was established in 2001 to advise the strategies on cancer prevention and control and steer the direction of work covering prevention and screening, surveillance, research and treatment. The Cancer Expert Working Group on Cancer Prevention and Screening ("the Working Group") set up under the Committee regularly reviews international and local evidence and makes recommendations on cancer prevention and screening applicable to the local setting. The latest recommendations on screening for nine selected cancers in Hong Kong were put forth by the Working Group in June 2018.[2]

Cancer prevention efforts

4. To address the burden of non-communicable diseases including cancer, the Administration introduced "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong"[3] ("the Strategy and Action Plan") in 2018. The Strategy and Action Plan focuses on four non-communicable diseases (namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) and four shared behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol) that are potentially preventable or modifiable and have significant impact on population health. The aim of the Administration is to attain a 25% relative reduction in premature mortality from, among others, cancers by 2025.

Cancer screening programmes

5. The Administration has carried out three territory-wide cancer screening programmes, namely the Cervical Screening Programme; the Community Care Fund Pilot Scheme on Subsidized Cervical Cancer Screening and Preventive Education for Eligible Low-income Women; and the Colorectal Cancer Screening Programme. The Cervical Screening Programme was launched in March 2004 to encourage women[4] to receive regular screening to reduce

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[1] Chaired by the Secretary for Food and Health, the Cancer Coordinating Committee comprises members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals.

[2] The Working Group's latest recommendations on prevention and screening for each of the nine selected cancers (English version only) can be accessed at the website of the Centre for Health Protection (https://www.chp.gov.hk/en/healthtopics/content/25/31932.html).

[3] The Strategy and Action Plan can be accessed at the website of the Department of Health (https://www.change4health.gov.hk/en/saptowards2025/publications.html).

[4] The Cervical Screening Programme encourages women aged 25 to 64 who ever had sexual experience to receive regular screening by cytology every three years after receiving normal pap smear results for two consecutive years. Women aged 65 or above who have not received routine screenings in the past 10 years (including those who have never had cervical screening) should be screened. For women aged 21 to 24 who have risk factors for cervical cancer, they should discuss with their doctors about the need for screening.

incidence and mortality from cervical cancer. The major service providers under the Programme include Maternal and Child Health Centres ("MCHCs") and Woman Health Centres of the Department of Health ("DH"), non-governmental organizations ("NGOs") and private healthcare service providers. MCHCs provide subsidized cervical cancer screening to the public at $100 per visit.[5] There are about 100 000 attendances for cervical screening service per year in MCHCs.

6. To strengthen cervical cancer screening services especially among low-income groups, DH launched the three-year Community Care Fund Pilot Scheme on Subsidized Cervical Cancer Screening and Preventive Education for Eligible Low-income Women in December 2017. Under the Pilot Scheme, three NGOs[6] will reach out to and encourage eligible low-income women[7] to receive cervical cancer screening and preventive education.

7. In September 2016, the Administration launched the three-year Colorectal Cancer Screening Pilot Programme to provide subsidized screening service to asymptomatic Hong Kong residents. Participants will first undergo subsidized Faecal Immunochemical Test ("FIT") provided by enrolled primary care doctors. Those participants with a positive FIT result will be referred to receive subsidized colonoscopy service provided by enrolled colonoscopy specialists through a public-private partnership model. The Government provides a fixed subsidy of $280 for every consultation pertaining to FIT screening which also applies to the second consultation to follow up on a positive FIT test result. Under the standard colonoscopy service package targeted at FIT-positive participants, the subsidy amount is $8,500 if polyp removal is necessary, while the amount is $7,800 if no polyp removal is needed. Colonoscopy specialists may charge a co-payment not exceeding $1,000 when providing the standard colonoscopy examination service.

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[5] Fees are waived for women who are in receipt of the Comprehensive Social Security Assistance, holders of waiver of medical charges under the Medical Fee Waiving Mechanism of Public Hospitals and Clinics, and Level 0 voucher holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly.

[6] The three NGOs are Centre of Research and Promotion of Women's Health of the Chinese University of Hong Kong, the Family Planning Association of Hong Kong and United Christian Nethersole Community Health Service.

[7] Eligible participants should meet the criteria for cervical cancer screening, hold a valid Hong Kong Identity Card; and are beneficiaries of any of the below assistance: (a) Comprehensive Social Security Assistance; (b) Level 0 voucher under the Pilot Scheme on Residential Care Service Voucher for the Elderly; (c) waiver of medical charges under the medical fee waiving mechanism of public hospitals and clinics; (d) Old Age Living Allowance; (e) Low-income Working Family Allowance; (f) Work Incentive Transport Subsidy; or (g) having household member(s) granted subsidy/remission under the School Textbook Assistance or the Kindergarten and Child Care Centre Fee Remission Scheme.

Deliberations of the Panel

8. The Panel discussed issues relating to cancer prevention and screening at a number of meetings held between December 2014 and October 2018, and received the views of deputations on cancer strategy at one meeting. The deliberations and concerns of members are summarized in the following paragraphs.

Prevention of cancer

Strategy and action plan to prevent and control non-communicable diseases

9. Some members expressed concern about the effectiveness of the Strategy and Action Plan in achieving its nine targets for reducing non-communicable diseases which included, among others, 25% relative reduction in risk of premature mortality from cancer, cardiovascular diseases, diabetes, or chronic respiratory diseases. There was a view that the Administration should devise quantifiable indicators to track the progress and achievement in the prevention and control of non-communicable diseases. This apart, the Food and Health Bureau ("FHB") should coordinate with other government bureaux and departments in formulating policies under the action areas, such as alcohol free, tobacco free and healthy diet, in the Strategy and Action Plan.

10. The Administration advised that the nine local targets and the Strategy and Action Plan were adapted from the nine voluntary global targets and a menu of policy option laid down in WHO's Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. The local strategies and actions set out in the Strategy and Action Plan were formulated in consultation with various government bureaux and departments. FHB would take a leading role and join hands with other bureaux and departments in working out specific initiatives favourable to the achievement of the nine targets by 2025. DH had devised various indicators for regular monitoring of the targets based on enhanced Population Health Survey and other sources to monitor the progress for achieving the local health targets and to facilitate the implementation of the Strategy and Action Plan.

Cancer Strategy

11. Members noted that the Committee was drawing reference from WHO's recommendations, international practices and actual local situations to map out in 2019 strategy related to cancer prevention and cancer services for the period between 2020 and 2025. At its meeting on 2 March 2019, the Panel passed a motion urging the Government to convene a summit on cancer strategy to discuss, among others, issues relating to cancer prevention, evaluation, treatment,

rehabilitation, support, manpower training and financing, and engage the community and various stakeholders in formulating a cancer strategy for Hong Kong.

12. Subsequent to the meeting, the Administration advised that as agreed at the Committee's meeting in April 2018, the Government should take forward cancer-related work in a more strategic, coordinated and proactive approach in order to cope with the challenges imposed by the cancer burden on population's health and society. It was also agreed that the Government should consolidate and beef up a comprehensive strategy on cancer prevention and control, and enhance communication and engagement with all stakeholders including the medical sector and patients groups in the process.

Cervical cancer vaccination

13. At the Panel meeting on 15 October 2018 to receive a briefing from the Secretary for Food and Health on the 2018 Policy Address in relation to health matters, members noted the introduction of free human papillomaviruses ("HPV") vaccination starting from the 2019-2020 school year for Primary Five and Six female students. Some members were of the view that the Administration should consider providing the vaccine for also secondary female students to reduce their risk of infection with high-risk types of HPV. Members were advised that the Administration had taken into account the joint consensus recommendations of the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections ("the two Scientific Committees"), and the findings of a local economic analyses conducted by the School of Public Health of The University of Hong Kong in setting the target group of HPV vaccination. As a first step, the vaccination would cover Primary Five and Six female students. Separately, the three-year Cervical Cancer Vaccination Pilot Scheme funded by the Community Care Fund and implemented by the Family Planning Association of Hong Kong was launched in October 2016 to provide cervical cancer vaccination for eligible girls aged nine to 18 years from low-income families.

<u>Cancer screening</u>

14. Noting the recommendations on screening of major cancers in Hong Kong put forth by the Working Group, members requested the Administration to provide the timetable for launching population-based cancer screening, in particular breast and liver cancers. According to the Administration, not all evidence-based screening methods justified their use on population scale screening programme. As all screening tests had their limitations, there were false positive and false negative results, possibility of over-diagnosis and over-treatment. The Administration would carefully assess a number of factors

in determining the introduction of a population-based screening programme for a specific cancer, such as local prevalence of cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates, feasibility of implementation, the capacity of the healthcare system and public acceptance. The overriding concern was whether screening did more good than harm to society.

15. On the commissioned study on breast cancer which was expected to be completed in the latter half of 2019, some members called on the Administration to review what type of screening should be adopted for women of different risk profiles.

Colorectal cancer screening

16. While expressing support for the Colorectal Cancer Screening Pilot Programme under which eligible Hong Kong residents aged 61 to 70 at the time of programme launch would be invited to undergo subsidized FIT screening, many members considered that the age threshold should be lowered to cover people aged 50 or 55 and above who were also prone to the risk of colorectal cancer. Subsequently, members were pleased to note that the Administration had started regularization of the Programme in August 2018 and would extend it in phases to cover individuals aged between 50 and 75 in phases. Under phase one, persons aged 61 to 75 would be the first batch to undergo screening test. Phase two and three would cover people aged 56 to 75 and people 50 to 75 respectively.

17. Questions were raised as to whether FIT-positive participants could choose their preferred colonoscopy specialist from those enrolled in the Colorectal Cancer Screening Programme, and whether participants could pay additional fee for services or items not covered under the standard package of colonoscopy services which mainly covered one pre-procedural consultation, colonoscopy examination and one or more post-procedural consultation(s) depending on the result of the colonoscopy examination and clinical need. The Administration advised that participating primary care doctors would provide the participant concerned a referral letter and a list of the enrolled colonoscopy specialists. To promote transparency, a list of participating primary care doctors and colonoscopy specialists, as well as information on the subsidized services, the amount of subsidy provided by the Government and the co-payment fee charged by doctors would be made available at DH's designated website to enable participants to make an informed choice. Any payment for additional charges by participating colonoscopy specialists for the provision of services outside the standard package would be subject to the agreement between the participants and the participating colonoscopy specialists.

18. Members were concerned that participants with positive FIT result might need to pay a co-payment fee for the subsidized colonoscopy examination provided by enrolled colonoscopy specialists in the private sector. Those participants with limited economic means might resort to undergo the examination in the public sector with a long queuing time. There was a suggestion that a full subsidy subject to a means test should be provided to the less privileged FIT-positive participants to help them to undergo colonoscopy examination at an earlier time for identification and, where necessary, removal of polyps to confirm or exclude the presence of cancer. The Administration advised that when determining the amount of subsidy, due consideration should be given to the market practice and experience of existing subsidy scheme, as well as issues related to affordability, accessibility and equity of screening activities.

Recent developments

19. On 1 January 2019, the Administration rolled out phase two of the Colorectal Cancer Screening Programme to cover residents aged 56 to 75, i.e. those born in the years 1943 to 1963. As at February 2019, about 130 000 eligible persons have participated in the Programme. Among those participants who underwent colonoscopy examination services, 9 167 persons were found to have colorectal adenomas and 892 cases of colorectal cancers have been diagnosed and referred to public or private sector for further management. In 2019-2020, the total provision of the Programme is $216.4 million, representing an increase of $67.3 million (or 45%) over the 2018-2019 Revised Estimates.

20. To take forward the recommendations by the two Scientific Committees, DH will launch the HPV vaccination programme as part of the Hong Kong Childhood Immunisation Programme to be rolled out in the 2019-2020 school year. HPV vaccination will be provided to school girls via outreach by DH's School Immunisation Teams. Nine-valent HPV vaccine will be provided under the programme. The first dose will be given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year. In 2019-2020, the total provision for HPV vaccination programme is $61.4 million.

Relevant papers

21. A list of the relevant papers on the Legislative Council website is in **Appendix II**.

Council Business Division
Legislative Council Secretariat
17 May 2019

Leading Cancer Sites in Hong Kong in 2016
2016 年香港主要癌症

附錄I
Appendix I

10 Most Common Cancers 十大常見癌症

Male 男性					Female 女性					Both Sexes 男性及女性				
Rank 排名	Site 部位	No. 發病數字	Rel. freq. 百分比	Crude rate* 粗發病率*	Rank 排名	Site 部位	No. 發病數字	Rel. freq. 百分比	Crude rate* 粗發病率*	Rank 排名	Site 部位	No. 發病數字	Rel. freq. 百分比	Crude rate* 粗發病率*
1	Colorectum 大腸	3,169	19.8%	93.9	1	Breast 乳腺	4,108	26.6%	103.7	1	Colorectum 大腸	5,437	17.3%	74.1
2	Lung 肺	3,086	19.2%	91.4	2	Colorectum 大腸	2,268	14.7%	57.3	2	Lung 肺	4,936	15.7%	67.3
3	Prostate 前列腺	1,912	11.9%	56.6	3	Lung 肺	1,850	12.0%	46.7	3	Breast 乳腺	4,123	13.1%	56.2
4	Liver 肝	1,391	8.7%	41.2	4	Corpus uteri 子宮體	1,050	6.8%	26.5	4	Prostate 前列腺	1,912	6.1%	56.6
5	Stomach 胃	750	4.7%	22.2	5	Thyroid 甲狀腺	692	4.5%	17.5	5	Liver 肝	1,810	5.8%	24.7
6	Nasopharynx 鼻咽	599	3.7%	17.7	6	Ovary etc. 卵巢等	598	3.9%	15.1	6	Stomach 胃	1,224	3.9%	16.7
7	Non-Hodgkin lymphoma 非霍奇金淋巴瘤	569	3.5%	16.9	7	Cervix 子宮頸	510	3.3%	12.9	7	Non-melanoma skin 非黑色素瘤皮膚	1,063	3.4%	14.5
8	Non-melanoma skin 非黑色素瘤皮膚	565	3.5%	16.7	8	Non-melanoma skin 非黑色素瘤皮膚	498	3.2%	12.6	8	Corpus uteri 子宮體	1,050	3.3%	26.5
9	Kidney and other urinary organs except bladder 腎及其他泌尿器官(膀胱除外)	429	2.7%	12.7	9	Stomach 胃	474	3.1%	12.0	9	Non-Hodgkin lymphoma 非霍奇金淋巴瘤	963	3.1%	13.1
10	Lip, oral cavity and pharynx except nasopharynx 唇、口腔及咽(鼻咽除外)	422	2.6%	12.5	10	Liver 肝	419	2.7%	10.6	10	Thyroid 甲狀腺	889	2.8%	12.1
	All Sites 所有部位	16,035	100.0%	475.1		All Sites 所有部位	15,433	100.0%	389.6		All Sites 所有部位	31,468	100.0%	428.9

10 Major Causes of Cancer Deaths 十大致命癌症

Male 男性					Female 女性					Both Sexes 男性及女性				
Rank 排名	Site 部位	No. 死亡數字	Rel. freq. 百分比	Crude rate* 粗死亡率*	Rank 排名	Site 部位	No. 死亡數字	Rel. freq. 百分比	Crude rate* 粗死亡率*	Rank 排名	Site 部位	No. 死亡數字	Rel. freq. 百分比	Crude rate* 粗死亡率*
1	Lung 肺	2,529	29.9%	74.9	1	Lung 肺	1,251	21.7%	31.6	1	Lung 肺	3,780	26.6%	51.5
2	Colorectum 大腸	1,208	14.3%	35.8	2	Colorectum 大腸	881	15.3%	22.2	2	Colorectum 大腸	2,089	14.7%	28.5
3	Liver 肝	1,135	13.4%	33.6	3	Breast 乳腺	702	12.2%	17.7	3	Liver 肝	1,540	10.8%	21.0
4	Stomach 胃	427	5.1%	12.7	4	Liver 肝	405	7.0%	10.2	4	Stomach 胃	710	5.0%	9.7
5	Prostate 前列腺	410	4.9%	12.1	5	Pancreas 胰臟	310	5.4%	7.8	5	Breast 乳腺	704	5.0%	9.6
6	Pancreas 胰臟	368	4.4%	10.9	6	Stomach 胃	283	4.9%	7.1	6	Pancreas 胰臟	678	4.8%	9.2
7	Oesophagus 食道	273	3.2%	8.1	7	Ovary etc. 卵巢等	229	4.0%	5.8	7	Prostate 前列腺	410	2.9%	12.1
8	Nasopharynx 鼻咽	252	3.0%	7.5	8	Non-Hodgkin lymphoma 非霍奇金淋巴瘤	152	2.6%	3.8	8	Non-Hodgkin lymphoma 非霍奇金淋巴瘤	388	2.7%	5.3
9	Non-Hodgkin lymphoma 非霍奇金淋巴瘤	236	2.8%	7.0	9	Cervix 子宮頸	151	2.6%	3.8	9	Oesophagus 食道	335	2.4%	4.6
10	Leukaemia 白血病	192	2.3%	5.7	10	Corpus uteri 子宮體	133	2.3%	3.4	10	Nasopharynx 鼻咽	327	2.3%	4.5
	All Sites 所有部位	8,447	100.0%	250.3		All Sites 所有部位	5,762	100.0%	145.5		All Sites 所有部位	14,209	100.0%	193.7

* Crude rates of incidence and mortality are expressed per 100,000 persons. Rates for gender-specific sites are per 100,000 male or female population.

* 所有發病及死亡粗率均以每十萬人口計算。特定性別的癌症部位的粗率是以每十萬男性或女性人口作計算。

Source: Hong Kong Cancer Registry, Hospital Authority

資料來源: 醫院管理局香港癌症資料統計中心

Last updated: Oct 2018

最後更新：2018年10月

Appendix II

Relevant papers on the cancer prevention and screening

Committee	Date of meeting	Paper
Panel on Health Services	15.12.2014 (Item VI)	Agenda Minutes
	16.5.2016 (Item IV)	Agenda Minutes
	21.5.2018 (Item V)	Agenda Minutes CB(2)1637/17-18(01)
	2.3.2018 (Item I)	Agenda Minutes CB(2)1667/17-18(01) CB(2)1897/17-18(01)
	15.10.2018 (Item III)	Agenda Minutes

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