

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1409/19-20

(These minutes have been  
seen by the Administration)

Ref : CB2/PS/1/17

**Panel on Health Services**

**Subcommittee on Issues Relating to the Support for Cancer Patients**

**Minutes of the eighth meeting  
held on Tuesday, 17 March 2020, at 2:45 pm  
in Conference Room 2 of the Legislative Council Complex**

- Members present** : Dr Hon CHIANG Lai-wan, SBS, JP (Chairman)  
Hon Elizabeth QUAT, BBS, JP (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Prof Hon Joseph LEE Kok-long, SBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Dr Hon Helena WONG Pik-wan  
Hon POON Siu-ping, BBS, MH  
Dr Hon Pierre CHAN  
Hon CHAN Hoi-yan
- Members absent** : Hon CHAN Han-pan, BBS, JP  
Hon KWONG Chun-yu
- Public Officers attending** : Item I  
  
Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health  
  
Miss Trista LIM  
Principal Assistant Secretary for Food and Health (Health)2  
  
Dr Deacons YEUNG  
Director (Cluster Services)  
Hospital Authority

Dr Frank CHAN  
Chief Manager (Integrated Care Programs)  
Hospital Authority

Item II

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Ms Leonie LEE  
Principal Assistant Secretary for Food and Health (Health)1

Ms Angel FAN  
Head, Research Office  
Food and Health Bureau

Dr Eddy NG  
Principal Medical and Health Officer (Disease Prevention)  
Department of Health

**Clerk in attendance** : Ms Maisie LAM  
Chief Council Secretary (2) 5

**Staff in attendance** : Mr Ronald LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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Action

**I. Support to cancer patients and their carers and the role of non-governmental organizations**  
[LC Paper Nos. CB(2)712/19-20(01) and (02)]

The Subcommittee deliberated (index of proceedings attached at **Annex**).

2. Members noted a written submission from Cancer Strategy Concern Group (LC Paper No. CB(2)725/19-20(01)) which was tabled at the meeting.

3. The Chairman informed members that in view of the latest situation

Action

of the coronavirus disease 2019, the original plan of receiving views from deputations on the subject had not been pursued with.

Motion

4. The Chairman invited members to consider whether the motion proposed by Ms Elizabeth QUAT, the wording of which had been tabled at the meeting, should be proceeded with. No members raised objection. At 3:45 pm, the Chairman ordered that the voting bell be rung for five minutes to notify the Subcommittee members of the voting.

5. Ms Elizabeth QUAT then moved the following motion:

本小組委員會促請政府：

- (1) 於地區康健中心及地區康健站加入與癌症相關的項目，除了減低癌症有關的風險因素外，亦應加入公眾教育及簡單體檢等，務求市民能夠及早識別；及
- (2) 融合基層醫療，加強以醫社合作模式支援及監察病人的狀況，並適時跟進。

(Translation)

This Subcommittee urges the Government to:

- (1) incorporate cancer-related items in the service scope of District Health Centres ("DHC") and DHC Express, and apart from reducing cancer-related risk factors, public education and simple medical check-up services should also be incorporated for early identification of the disease among members of the public; and
- (2) facilitate the integration of primary healthcare services by stepping up efforts to adopt the medical-social collaboration model to support patients and monitor their conditions as well as take timely follow-up actions.

6. The Chairman put the motion to vote. All six members present voted in favour of the motion. The Chairman declared that the motion was carried.

Follow-up action required of the Administration

Action

Admin

7. The Administration was requested to, in respect of its advice that the current ratio of Cancer Case Managers ("CCMs") to newly diagnosed breast cancer patients stood at 1:200 under the CCM programme, advise the respective average waiting time for a newly diagnosed breast cancer and colorectal cancer patient to have the first meeting with a CCM.

**II. Progress of the commissioned study on risk factors of breast cancer in Hong Kong**

[LC Paper Nos. CB(2)712/19-20(03) and (04)]

8. The Subcommittee deliberated (index of proceedings attached at **Annex**).

9. Members noted two written submissions from Cancer Strategy Concern Group and Hong Kong Breast Cancer Foundation (LC Paper Nos. CB(2)725/19-20(01) and (02)) which were tabled at the meeting.

Admin

10. The Administration was requested to revert to the Panel on Health Services in May 2020 on the full report, or at the very least the major observations and the conclusion, of the commissioned study by The University of Hong Kong on the risk factors associated with breast cancer for local women as well as the way forward for implementing breast cancer screening in Hong Kong, including the types of screening to be adopted for women of different risk profiles.

**III. Any other business**

Way forward of the Subcommittee

11. Members noted that the 12-month period of work of the Subcommittee would expire on 21 March 2020, and all the major issues which members had raised concerns had been discussed by the Subcommittee. Members agreed that this would be the last meeting of the Subcommittee, and the Subcommittee would then conclude its work and prepare a report on its deliberations for submission to the Panel on Health Services. Members noted that the report, once ready, would be circulated to members for consideration.

12. There being no other business, the meeting ended at 4:30 pm.

Action

Council Business Division 2  
Legislative Council Secretariat  
6 August 2020

**Proceedings of the eighth meeting of the  
Subcommittee on Issues Relating to the Support for Cancer Patients  
on Tuesday, 17 March 2020, at 2:45 pm  
in Conference Room 2 of the Legislative Council Complex**

Time marker	Speaker	Subject(s)/Discussion	Action required
<i>Agenda item I: Support to cancer patients and their carers and the role of non-governmental organizations</i>			
000511-000627	Chairman Admin	Opening remarks	
000628-001030	Chairman Admin	Briefing by the Administration (LC Paper No. CB(2)712/19-20(01))	
001031 - 002130	Chairman Dr Fernando CHEUNG Admin The Hospital Authority ("HA")	<p>Dr Fernando CHEUNG expressed concern about the respective roles of nursing coordinators and Cancer Case Managers ("CCMs").</p> <p>Noting that visiting arrangements had been suspended in all public hospitals unless on compassionate grounds, Dr Fernando CHEUNG enquired whether cancer patients under palliative care were eligible for the compassionate arrangement. Given that the coronavirus disease 2019 epidemic was expected to continue for some time, he urged HA to introduce videoconferencing to enable inpatients to have face-to-face communication with their family members. However, the need of those patients not knowing how to use the technology or without smartphones had to be addressed.</p> <p>HA advised that it had enhanced its videoconferencing facilities (e.g. pocket wifi) such that patients could either use their own smartphones or tablets or make an appointment for video visiting service in order to have face-to-face communication with their family members. As regards the compassionate visiting arrangement for patients under end-of-life care, infection control measures would be put in place to prevent disease transmission.</p>	
002131 - 003318	Chairman Mr POON Siu-ping Admin HA	<p>Mr POON Siu-ping sought information from HA on (a) whether there was adequate manpower supply for the provision of cancer services under the multi-disciplinary approach as set out in paragraph 3 of the Administration's paper; (b) the current and future number and workload of CCMs under the CCM Programme which was planned to be extended; and (c) the progress of setting up nursing coordinators to facilitate survivorship care.</p> <p>HA advised that it had been facing the challenge of medical and nursing manpower shortage and a number of measures had been put in place to strengthen and retain its workforce. It had also been liaising with relevant training institutions to ensure that the supply of radiation therapists and medical physicists could meet the surging service demand. As regards the CCM Programme, there were currently 21 CCMs in HA. HA planned to increase the</p>	

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		<p>number of CCMs by around 60% and extend the service to cover patients with gynaecological cancer and haematological cancer. To facilitate survivorship care, the Central Committee on Cancer Service was working on the setting up of nursing coordinators.</p> <p>On the Chairman's enquiry about organizations supporting cancer patients, the Administration and HA advised that a number of non-governmental and charitable organizations had been doing so. The Patient Resource Centres in HA, including the seven Cancer Patient Resource Centres, currently served as a platform to provide information and assistance to patients and facilitate the networking between patient and patient groups for mutual support.</p>	
003319 - 004853	Chairman Dr KWOK Ka-ki Admin HA	<p>Dr KWOK Ka-ki urged the Administration and HA to enable all cancer patients to gain access to drugs of proven clinical efficacy with full subsidy. In response, the Administration advised that enhancement measures to improve the means test mechanism under the safety net had been introduced in early 2019 and it would revert to the Panel on Health Services ("the Panel") the progress about one year after implementation. HA supplemented that 16 self-financed drugs supported by the Samaritan Fund and one drug under the Community Care Fund Medical Assistance Programme (First Phase Programme) had been repositioned as Special Drugs in the HA Drug Formulary in 2019-2020.</p> <p>On Dr KWOK Ka-ki's enquiry as to the reason for not including more cancer types in the CCM Programme, HA advised that experience gained from the CCM Programme had shed light on the way forward of the Programme to cover more cancer types.</p> <p>Given the limited places for palliative care in the hospital setting, Dr KWOK Ka-ki called on the Administration to make reference to the practice of Taiwan to enable patients at their final stage of life to have a choice to live their final days at home and not necessarily in a hospital. Meanwhile, HA should arrange these patients to meet their family members with social distance in an open space in public hospitals during the epidemic.</p> <p>The Administration advised that any decision to discharge patients from hospital would be based on the clinical conditions of the patients concerned. At present, when a person died at home due to natural cause, there was no requirement to report to the Coroner if the person was diagnosed as having terminal illness before his or her death or if the person was attended to by a registered medical practitioner during his or her last illness within 14 days prior to his or her death. To remove a current legal barrier for dying in place, a proposal put forth under the end-of-life care public consultation exercise was to amend the Coroners Ordinance (Cap. 504) to exempt the reporting requirements to the Coroner if a resident of residential care</p>	

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		homes for the elderly was attended to by a registered medical practitioner within 14 days prior to death and a medical practitioner made a final diagnosis and determined the cause of death. HA advised that efforts had been and would continuously be made to engage patients to plan for their end-of-life care with their family members.	
004854 - 005644	Chairman Dr Helena WONG Admin HA	<p>Holding the view that 21 CCMs were far from adequate to meet the service demand, Dr Helena WONG enquired (a) the allocation of the CCMs in different hospitals and their caseload; and (b) whether the plan to increase the manpower for CCMs by 60% and extend the CCM Programme to cover two more cancer types could be further improved.</p> <p>HA advised that the working group under the Central Committee on Cancer Service dedicated to overseeing the CCM Programme had discussed the cancer types which were more suitable for CCMs to act as care coordinators to navigate patients along the patient journey. One of the consideration factors was whether the cancer type had clear diagnostic and treatment pathway. Taking breast cancer as an example, the current ratio of CCMs to newly diagnosed patients was 1:200. The number of CCMs in different clusters would be adjusted according to the number of new cases.</p> <p>Dr Helena WONG requested the Administration to advise in writing the respective average waiting time for a newly diagnosed breast cancer and colorectal cancer patient to have the first meeting with a CCM.</p>	<b>Admin/ HA</b>
005645 - 010357	Chairman Ms Elizabeth QUAT Admin	<p>Ms Elizabeth QUAT urged the Administration to enhance the manpower support for the CCM Programme; provide financial resources to facilitate patient groups' support for cancer patients; incorporate cancer-related items in the service scope of the District Health Centres ("DHCs") and DHC Express; and integrate the primary healthcare services to facilitate the provision of patient support and monitoring of patients' conditions under a medical-social collaboration model.</p> <p>The Administration advised that health education on disease prevention and chronic disease management were some of the primary healthcare services provided by DHCs. Separately, the Financial Support Scheme for Self-help Organizations of Persons with Disabilities/Chronic Illnesses under the Social Welfare Department had been providing financial support to patient groups. A total of nine self-help organizations which provided support to cancer patients were beneficiaries of the Scheme.</p>	
010358 - 010926	Chairman	The Chairman ordered the ringing of the five-minute voting bell.	
010927 - 010951	Chairman Ms Elizabeth QUAT	Handling of the motion proposed by Ms Elizabeth QUAT	



Time marker	Speaker	Subject(s)/Discussion	Action required
<i>Agenda item II: Progress of the commissioned study on risk factors of breast cancer in Hong Kong</i>			
010952 - 011550	Chairman Admin	Briefing by the Administration (LC Paper No. CB(2)712/19-20(03))	
011511 - 012336	Chairman Dr Fernando CHEUNG Admin	<p>Criticizing the Administration's slow progress in taking forward breast cancer screening based on the outcomes of the commissioned study by The University of Hong Kong on the risk factors associated with breast cancer for local women ("the HKU Study"), Dr Fernando CHEUNG urged the Administration to release the outcomes of the HKU Study and map out the way forward as early as possible. In his view, the Administration should adopt the three-step breast cancer screening proposal as suggested by Hong Kong Breast Cancer Foundation in its submission tabled at the meeting (LC Paper No. CB(2)725/19-20(02)).</p> <p>The Administration advised that the Cancer Expert Working Group on Cancer Prevention and Screening had in the past made recommendations on breast cancer screening for women at high risk, moderate risk and average risk based on international and local evidence. The Working Group had taken into consideration the findings of the HKU Study and reviewed its recommendations in this regard for putting forward to the Cancer Coordinating Committee for consideration of the way forward for breast cancer screening at its forthcoming meeting, the date of which would be subject to the latest development of the epidemic situation. Apart from findings of the HKU Study, which would be promulgated in due course in accordance with the established mechanism of the Health and Medical Research Fund, and the recommendations of the Working Group, the Administration would take into account a basket of factors, such as the effectiveness in reducing incidence and mortality rates of breast cancer and the capacity of the healthcare system, in determining the way forward of breast cancer screening to be announced within 2020.</p>	
012337 - 012828	Chairman Mr POON Siu-ping Admin	<p>Mr POON Siu-ping enquired (a) the tendency of mortality rate of breast cancer in Hong Kong in comparison with other advanced economies; (b) the timing for releasing the key findings of the HKU Study and whether relevant patient organizations would be consulted before the way forward for breast cancer screening was finalized.</p> <p>The Administration advised that the age-standardized death rate for breast cancer had remained stable in the last decade. The timing for releasing the key findings of the HKU Study would be subject to the discussion of the Cancer Coordinating Committee which was expected to take place by May 2020. The Administration would take into consideration views from relevant stakeholders when hammering out the way forward.</p>	
012829 - 013359	Chairman Dr Helena WONG	Dr Helena WONG expressed dissatisfaction with the Administration's delay in releasing the report of the HKU	

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	Admin	<p>Study which had been completed in December 2019. In response to Dr Helena WONG's enquiries about the details of the HKU Study, the Administration advised that the approved grant for the HKU Study was \$19 million. A risk prediction model for breast cancer in Hong Kong was formulated by using a case-control study approach under which a comparison was made between women with and without breast cancer, and relations between breast cancer development and its risk factors were identified.</p> <p>Dr Helena WONG requested the Administration to release the key findings of the HKU Study as soon as possible. The Chairman requested the Administration to revert to the Panel in May 2020 its framework for taking forward breast cancer screening in Hong Kong.</p>	<b>Admin</b>
013400 - 014148	Chairman Ms Elizabeth QUAT Admin Dr Helena WONG	<p>Holding the view that an earlier implementation of screening would reduce the incidence and deaths of breast cancer, Ms Elizabeth QUAT strongly condemned the Administration for dragging its feet in taking forward breast cancer screening in Hong Kong. She called on the Administration to convene the meeting of the Cancer Coordinating Committee in March 2020 and announce a concrete timetable for implementation of breast cancer screening.</p> <p>Dr Helena WONG remarked that the Panel should also follow up with the Administration on the release of the full report, or at the very least the major observations and the conclusions, of the HKU Study.</p>	<b>Admin</b>
014149- 014840	Chairman Dr KWOK Ka-ki Admin	<p>On Dr KWOK Ka-ki's enquiry about whether the HKU Study had studied if the absence of screening for early breast cancer detection would result in a delay in the diagnosis of breast cancer and an increase in mortality and morbidity which in his view would be a convincing proof of the significance of screening, the Administration replied in the negative.</p> <p>Dr KWOK Ka-ki asked whether the Administration would, apart from announcing the framework, implement breast cancer screening in Hong Kong within 2020. In response, the Administration advised that further details of the way forward in this regard would be announced within 2020.</p>	
<i>Agenda item III: Any other business</i>			
014841 - 014858	Chairman	Way forward of the Subcommittee  Closing remarks	