

**For information
on 18 November 2019**

**Legislative Council Panel on Health Services
Subcommittee on Issues Relating to the Support for Cancer Patients**

**Diagnosis and Treatment of Cancer under
the Public Healthcare System**

PURPOSE

This paper briefs Members on the provision of cancer diagnosis and treatment under the public healthcare system.

BACKGROUND

Cancer Services in Public Hospitals

2. Cancer services provided by the Hospital Authority (“HA”) are based on a coordinated cross-specialty (e.g. pathology, radiology, medicine, surgery, clinical oncology and palliative care) and cross-disciplinary service system, and are organised on a cluster basis. The HA currently operates six cluster-based oncology centres¹ and each centre is networked with other hospitals and clinics within the cluster to provide cancer care, from diagnosis to treatment, rehabilitation, palliation and end-of-life care, through inpatient, day-patient, outpatient and outreach home care.

3. The HA adopts a multi-disciplinary team approach in providing cancer care services to address the multi-faceted needs of patients and their families or carers. Doctors, nurses, medical social workers, clinical psychologists, radiation therapists, medical physicists, physiologists, occupational therapists, dietitians, other allied health professionals, spiritual workers, and volunteers all work as a team to provide holistic care to cancer patients. The HA also networks with non-governmental organisations in providing psychosocial support to cancer patients and their

¹ The six oncology centres are located in Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Prince of Wales Hospital and Tuen Mun Hospital.

families at the community level.

4. With the increase in new cases every year and the advance in technology, the demand for cancer services from diagnosis, imaging to therapeutic treatment like surgery, radiotherapy and chemotherapy is expected to increase progressively.

DIAGNOSIS

5. At present, most patients are referred to the HA Specialist Outpatient Clinics (“SOPC”) via referral letter for further investigation and management of suspected or confirmed cancers, after consultation with doctors in private sector, primary care setting, or other clinical specialties within the HA. The HA has been adopting a triage mechanism for new SOPC referrals to ensure patients with urgent conditions are being treated with priority. Following assessment, patients would receive cancer investigations and management in public hospitals.

6. Common diagnostic investigations for cancer diagnosis include imaging (such as Computed Tomography (“CT”) Scans, Magnetic Resonance Imaging (“MRI”), X-rays and ultrasound), endoscopy procedures, biopsy and laboratory tests. Based on the strength and expertise, some special diagnostic investigations/tests are only provided in designated hospitals.

7. The HA has improved its diagnostic service capacity through installing additional CT and MRI machines in the past few years. Since 2012-13, two Positron Emission Tomography (“PET”) machines have been installed in the HA to provide services for patients in need. In view of the increasing demand for staging imaging for confirmed cancer cases, the HA has implemented a Public Private Partnership Programme – “Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration)” since May 2012 to provide selected cancer patients fulfilling pre-defined clinical criteria with an option to receive CT and MRI examinations in the private sector. The target patient groups of the project have been expanded over the years to benefit patients of more cancer types.

TREATMENT

8. The HA provides a comprehensive range of cancer treatments including chemotherapy, radiotherapy, surgery, targeted therapy, hormonal therapy and immunotherapy, etc. to cancer patients in different settings (inpatient, outpatient and ambulatory care, and outreach home care). Due to the rising cancer incidence and prevalence, as well as the complexity of cancer care provision, the HA is challenged by an escalating service demand. To meet the rising demand for surgery, chemotherapy and radiotherapy, the HA has progressively increased operating theatre sessions and chemotherapy clinic, and extended service hours for radiotherapy in various clusters. To offer better radiotherapy service, the HA has installed more advanced Linear Accelerator (“LINAC”) facilities, a type of linear particle accelerator which customises high energy x-rays or electrons to conform to a tumor’s shape and destroy cancer cells while sparing surrounding normal tissue. As of March 2019, 28 LINACs are installed in public hospitals to provide radiotherapy service.

9. In recent years, the HA has also stepped up multi-disciplinary team support to provide holistic patient-centred care which addresses the needs of patients and carers throughout the journey of cancer treatment. For instance, the HA has introduced oncology clinical pharmacy services with a view to enhancing the pharmaceutical care and ensuring the safety of chemotherapy for cancer patients.

10. The HA places high importance in providing optimal care for cancer patients. The HA 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. The waiting time in 2018-19² at the 90th percentile³ for patients with colorectal cancer, breast cancer and nasopharyngeal cancer to receive their first treatment after diagnosis were 74 days, 71 days and 56 days respectively. The waiting time at 90th percentile of patients receiving radical radiotherapy⁴ was 28 days in 2018-

² The calculation of the 90th percentile waiting time for patients with colorectal cancer, breast cancer and nasopharyngeal cancer is based on the data of period from January to December 2018.

³ 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.

⁴ The 90th percentile waiting time refers to the number of days cancer patients have to wait for the first attendance of radical radiotherapy treatment from booking or when patient is ready to treat. The waiting time of 90 per cent of such cases is shorter than the value indicated.

19, which was stable in the past two years.

Cancer Case Manager

11. The HA has implemented the Cancer Case Manager (“CCM”) programme for patients with breast or colorectal cancer since 2010-11. Under the programme, cancer case managers act as the contact persons between patients and doctors as well as the care coordinators who navigate the patients along the patient journey and facilitate the coordination of the diagnostic process and treatment. The CCM programme has covered all seven clusters since 2014-15. As of March 2019, a total of around 17 800 breast cancer new cases and 21 100 colorectal cancer new cases benefited from the programme. This programme has proven to have improved care coordination throughout the complex cancer patient journey. With the promising and positive feedback of the programme, the HA will also explore the extension of the CCM services to other cancers.

Drug treatment

12. As of October 2019, the HA Drug Formulary (“HADF”) covers 119 cancer drugs for treatment of various types of cancers. The coverage of cancer drugs available in the HADF are comparable with those of reference economies, such as England, Scotland and Australia.

13. With the additional recurrent subvention of \$400 million provided by the Government in the 2019 Budget, the HA has expanded the scope of the HADF since April 2019, which includes incorporating new cancer drugs and extending the therapeutic applications of various cancer drugs. For patients with difficulties in purchasing specific self-financed drugs, a safety net is provided through the Samaritan Fund and the Community Care Fund (“CCF”) Medical Assistance Programmes. In particular, the First Phase Programme of Medical Assistance Programme (“CCF First Phase Programme”) has been offering financial assistance for patients to purchase self-financed cancer drugs which have not yet been brought into the SF safety net but have been rapidly accumulating medical scientific evidence and have relatively higher efficacy. As of September 2019, the CCF First Phase Programme covered 22 specific self-financed cancer drugs for treating 14 types of cancers.

14. Currently, immunotherapy drugs for treating four types of cancers, namely skin cancer, renal cell cancer, lung cancer as well as head and neck cancer are listed as self-financed drugs in the HADF. The HA will continue to regularly review the coverage of the HADF and the safety net under established mechanism with a view to providing more suitable new drugs of proven safety and efficacy. To expedite the introduction of new drugs into the safety net coverage, the HA has, since 2018, increased the frequency of the review exercise from once to twice a year. In addition, as endorsed by the Commission on Poverty in October 2019, the approval process for introducing new drugs and medical devices to the CCF Medical Assistance Programmes will be streamlined starting from 2020-21 so as to provide more timely support to patients.

The Integrated Chinese-Western Medicine Pilot Programme

15. Apart from western medicine treatment for cancer, it is noted that cancer patients would also seek traditional Chinese medicine (“CM”) as aid to the treatment. The HA has, since September 2014 with Government’s support, commenced the Integrated Chinese-Western Medicine (“ICWM”) Pilot Programme in designated hospitals to gather experience on ICWM. Cancer palliative ICWM service is one of the four disease areas being tested out in two designated public hospitals under the pilot programme. With the Government’s commitment to develop CM in Hong Kong where CM has been incorporated into Hong Kong’s healthcare system, the HA will continue to review possible expansion of ICWM services in its hospitals. The CM hospital will also explore to provide cancer rehabilitation / palliative service in the future.

WAY FORWARD

16. The Government is committed to enhancing prevention and control of cancer, and support for cancer patients. To this end, the Government launched the Hong Kong Cancer Strategy in July 2019 which is a holistic plan that sets strategic priorities and direction on actions for cancer management. Going forward, the Government will implement relevant aspects of cancer work in a more strategic, coordinated and proactive approach in order to cope with the challenges imposed by the cancer burden on population health and society at large.

17. Meanwhile, the HA, as the major public healthcare services provider, is formulating its Strategic Service Framework for Cancer Services (“Cancer SSF”) to enhance its services along the cancer care pathway. Under the Cancer SSF, the HA aims to provide its patients with timely access to cancer diagnostic services, equitable and integrated cancer treatment services, and better transitional care for cancer survivors. The governance and organisation of cancer services will be strengthened through enhancement of performance monitoring for better service quality. The SSF is in the process of finalisation and is targeted to be published in end-2019.

ADVICE SOUGHT

18. Members are invited to note the contents of the paper.

**Food and Health Bureau
Hospital Authority
November 2019**