立法會
Legislative Council

LC Paper No. CB(2)198/19-20(02)

Ref : CB2/ PS/1/17

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 18 November 2019

Diagnosis and treatment of cancer under the public healthcare system

Purpose

This paper summarizes the concerns of members of the Panel on Health Services ("the Panel") and the Subcommittee on Issues Relating to the Support for Cancer Patients ("the Subcommittee") appointed by the Panel on issues relating to the diagnosis and treatment of cancer under the public healthcare system.

Background

2. Cancer is the top killer in Hong Kong.[1] To improve survival rates of cancers, early diagnosis and timely and effective treatment is indispensable. According to the Administration, a rough estimation of the relative proportion of cancer care provided in the public versus private sector is about 9 to 1. The Hospital Authority ("HA") is the major public provider of cancer-related care services. In 2018-2019, there were about 139 400 cancer patients receiving treatment at standard fees and charges in HA. Most of the cancer services in HA, including diagnostic radiology, pathology, endoscopy, surgery, radiotherapy, chemotherapy and palliative care, are mainly provided in regional hospitals or the six cluster-based oncology centres[2] under a multi-disciplinary team and

---

1 In 2018, cancer claimed 14 446 lives, accounting for about one third of the total deaths in the local population.

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

holistic patient-centred approach. HA also networks with non-governmental organizations in providing psychosocial support to cancer patients and their families at the community level.

3. At present, patients of HA with suspected diagnosis of cancer will first be seen by respective specialists in outpatient clinics for evaluation and diagnosis, with priority to receive necessary investigations according to urgency of their clinical conditions. During the period between July 2017 and June 2018, the waiting time at the 90th percentile for patients with colorectal cancer, breast cancer and nasopharyngeal cancer to receive their first treatment after diagnosis was 74 days, 65 days and 56 days respectively.[3] The waiting time of cases triaged as Priority 1, Priority 2 and Routine cases for computed tomography ("CT"), magnetic resonance imaging ("MRI"), ultrasonography and mammogram of HA in 2018-2019 is in **Appendix I**.

4. On drug treatment, cancer drugs provided by HA are categorized into General Drugs, Special Drugs and self-financed drugs with or without safety net coverage by the Samaritan Fund or the Community Care Fund Medical Assistance Programme (First Phase Programme)[4] ("the two safety nets") under the Hospital Authority Drug Formulary ("the Drug Formulary"). As of April 2019, the Drug Formulary covers 54 cancer drugs for treatment of 24 types of cancers. The projection as of 31 December 2018 was that the total drug consumption expenditure involved for all types of cancers in 2018-2019 amounted to around $616 million. Separately, a total of 13 and 18 self-financed drugs for cancer treatment were covered by the Samaritan Fund and the Community Care Fund Medical Assistance Programmes respectively as of January 2019.

Deliberations of the Panel

5. The Panel and the Subcommittee discussed issues relating to the diagnosis and treatment of cancer under the public healthcare system at several meetings held in 2018 and 2019. The Panel also received the views of deputations on cancer strategy at a meeting in March 2018. The deliberations and concerns of members are summarized in the following paragraphs.

---

[3] According to HA, it does not have relevant statistics on the waiting time of patients with other types of cancer for their first treatment.

[4] The Community Care Fund Medical Assistance Programme (First Phase Programme) was launched in August 2011 to offer patients financial assistance to purchase specified self-financed cancer drugs which have not yet been brought into the Samaritan Fund safety net but have been rapidly accumulating medical scientific evidence and have relatively higher efficacy.

Medical equipment

6. Noting that $5 billion was earmarked in the 2019-2020 Budget for expediting the upgrading and acquisition of medical equipment of HA, members enquired about the amount of funding to be used by HA for the introduction of advanced medical equipment items for diagnosing and treating cancers.

7. Members were advised that HA had increased its capacity in pathology services, in particular, the access to molecular diagnostic services for blood, lung, breast, colorectal and gastric cancer patients so as to meet the demand for cancer services. It had implemented the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector since May 2012 to provide CT and MRI examinations for selected cancer patients fulfilling pre-defined clinical criteria. With the additional funding support, HA would spend around $830 million in 2019-2020 for procuring medical equipment. In the coming two to three years, HA planned to modernize and add linear accelerators, CT scanners and MRI scanners with more advanced functionalities to improve the diagnosis and treatment of cancer patients. The introduction of Angiography or Computed Tomography System would enhance interventional radiology services and patient safety. In addition, HA planned to tap on advanced technology such as using additional robotic surgery stem to augment minimal invasive surgical services, and Next Generation Sequencing technology to benefit, among others, cancer patients.

Waiting time for receiving treatment of cancer

8. Members were gravely concerned about the long waiting time for HA's cancer patients to receive their first treatment after diagnosis. Members were advised that HA had reviewed on a regular basis the waiting time in this regard for patients with colorectal cancer, breast cancer and nasopharyngeal cancer. As the overall demand on surgery, chemotherapy and radiotherapy in HA was on the rise, HA had progressively increased the operating theatre sessions, chemotherapy clinic and extended service hours for radiotherapy in various clusters. This apart, oncology clinical pharmacy service was in place to enhance the pharmaceutical care and ensuring the safety of chemotherapy for cancer patients. To further enhance its service capacity, HA would increase the operation theatre sessions to augment the capacity for cancer operations by building up facilities and increase in manpower, commission the seventh oncology centre in the United Christian Hospital upon completion of its redevelopment which was scheduled for 2023, and augment radiotherapy and chemotherapy service capacity.

Drug treatment

9. Members were concerned about patients' limited access to new and/or expensive cancer drugs as well as the financial and emotional burdens of patients and their families arising from drug expenditure. They urged HA to shorten the long lead time for approving new cancer drugs and including the drugs in the Drug Formulary and the two safety nets. There was a suggestion that a fast-track cancer drug appraisal mechanism should be devised under the Drug Formulary to enable patients to access to new cancer drugs.

10. According to HA, with the additional recurrent resources of $400 million in 2019-2020 for expanding the scope of the Drug Formulary, the scope of the Drug Formulary had been widened in the second quarter of 2019 to cover more drugs with accumulated scientific evidence on safety and clinical efficacy. In respect of management of cancers, five self-financed drugs had been repositioned as Special Drugs, and the therapeutic application of two special drugs or drug classes had been extended.[5] To expedite the introduction of new drugs to the safety net, HA had, since 2018, increased the frequency of prioritization exercise for including self-financed drugs into the two safety nets from once to twice a year. Separately, enhancement measures for the means test mechanism of the two safety nets were introduced in early 2019 to alleviate the financial burden of patients and their families.[6] The Administration had undertaken to revert to the Panel on the implementation of the enhancement measures after 12 months of implementation.

Integrated Chinese-Western Medicine

11. Members noted that cancer palliative care was one of the four selective disease areas under the Integrated Chinese-Western Medicine Pilot Programme implemented by HA, which provided inpatient service and Chinese medicine outpatient follow-up service for participating patients. The cancer palliative care service had been tested out in Tuen Mun Hospital and Princess Margaret Hospital since September 2014 and December 2015 respectively. There were

---

[5] The five self-financed drugs being repositioned as Special Drugs for managing cancers included Pemetrexed for metastatic stage IV non-small-cell lung cancer; Zolendronic acid & Denosumab for prevention of skeletal related events in patients with lytic bone metastases from breast cancer; TS-One® for post-operative adjuvant chemotherapy for locally advanced gastric cancer; Temozolomide for concurrent chemoradiotherapy for Glioblastoma multiforme; and Docetaxel for advanced/metastatic lung cancer. Separately, the therapeutic application of Docetaxel for use in breast cancer and Luteinizing hormone-releasing hormone agonist for castration sensitive metastatic prostate cancer had been extended.

[6] The enhancement measures included modifying the calculation of annual disposable financial resources for drug subsidy application by counting only 50% of the patients' household net assets; and refining the definition of "household" adopted in financial assessment.

views that the Administration and HA should encourage more patients to participate in the pilot project and strengthen the role of Chinese medicine in cancer treatment provided by public hospitals.

12. According to the Administration, it would increase funding to reduce the additional daily fee for integrated Chinese-Western medicine services from $200 to $120, in order to courage more patients to participate. The future Chinese Medicine Hospital, which would provide pure Chinese medicine services and integrated Chinese-Western medicine services with Chinese medicine playing a predominant role, would explore the feasibility of providing a Chinese medicine centric cancer palliative service.

Genome sequencing

13. Members noted that under the Hong Kong Genome Project ("HKGP"), whole genome sequencing would be performed for 20 000 cases of patients, their families and candidates of research cohorts to aid clinical management. Cancers with clinical clues linked to possible hereditary genetic components was one of the diseases to be covered. There was a view that more cases should be covered for achieving the objective of enhancing clinical application of genomic medicine, in particular the provision of more personalized treatment for cancer patients.

14. The Administration advised that HKGP would give insight into the genomic changes that caused an individual's cancer. This information could improve diagnosis and help clinicians to select the treatments most likely to be effective in each individual case. It allowed more personalized treatment strategy according to the molecular profiles of patients. The design and scope of HKGP would be further discussed by the Working Group on HKGP. The Administration's plan was to commence the pilot phase of HKGP, which would cover 2 000 cases of undiagnosed disorders and cancers with clinical clues linked to possible hereditary genetic components, in 2020.

Recent developments

15. Two oral questions in relation to the application of immunotherapy in Hong Kong and the treatment of cancers were raised at the Council meetings of 24 October 2018 and 26 June 2019 respectively. The relevant extracts from the Official Record of Proceedings of the above two Council meetings are in **Appendices II and III**.

16. According to HA, it is in the course of developing a Strategic Service Framework for Cancer Service to identify areas for improvement, and guide the development of service model and system infrastructure for cancer services over the next five to 10 years.

Relevant papers

17. A list of the relevant papers on the Legislative Council website is in **Appendix IV**.

Council Business Division
Legislative Council Secretariat
15 November 2019

Appendix I

Waiting time for investigations at the Hospital Authority

Modality	Priority 1				Priority 2				Routine			
	Waiting Time (week)				Waiting Time (week)				Waiting Time (week)			
	25th	50th	75th	90th	25th	50th	75th	90th	25th	50th	75th	90th
	percentile				percentile				percentile			
Computed tomography	1	6	17	33	13	24	41	65	32	53	86	115
Magnetic resonance imaging	1	6	21	37	16	27	44	60	34	54	82	116
Ultrasonography	<1	3	10	22	16	27	55	81	30	62	99	132
Mammogram	<1	1	4	35	12	27	51	78	50	89	133	162

Source: The Administration's response to issues raised in the meeting of the Subcommittee on Issues Relating to the Support for Cancer Patients on 26 April 2019 (LC Paper No. CB(2)1433/18-19(03)).

Application of immunotherapy in Hong Kong

2. **MR CHAN HAN-PAN** (in Cantonese): *The Nobel Committee has earlier decided to award this year's Nobel Prize in Physiology or Medicine to two immunologists to commend their breakthroughs in treating cancers with immunotherapy. Although immunotherapy has been proven to be effective in treating cancers, and has brought a ray of hope to quite a number of cancer patients, the Hospital Authority ("HA") has not adopted immunotherapy as a regular treatment for cancers. As a result, patients cannot receive immunotherapy treatment even though they are willing to pay for such treatment. Besides, the medications needed for immunotherapy are costly. In this connection, will the Government inform this Council whether it knows if HA:*

(1) has drawn up a timetable for adopting immunotherapy as a regular treatment for cancers; if HA has, the details; if not, the reasons for that;

(2) arranged immunotherapy-related training for its health care staff in the past three years; if HA did, the details; if not, the reasons for that and when HA will make such arrangements; and

(3) will add the medications needed for immunotherapy to the Hospital Authority's Drug Formulary either as a drug on the list of special drugs subsidized by public funds, or on the list of self-financed drugs with safety net; if HA will, the details; if not, the reasons for that?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, the Government and the Hospital Authority ("HA") place high importance on providing optimal care for all patients, including cancer patients, and assuring patients of equitable access to safe, efficacious and cost-effective drugs under the highly subsidized public health care system. My reply to the various parts of the question raised by Mr CHAN Han-pan is as follows:

(1) Drugs for cancer treatment can be classified into different types according to the types of treatment such as traditional chemotherapy, targeted therapy, immunotherapy and hormonal therapy, among which immunotherapy is a new type of cancer treatment. Medications for immunotherapy are mainly intravenously injected

into a patient's body to boost or supplement his/her own immune system, so that it will kill or suppress his/her cancer cells. Doctors will consider the condition and wish of a patient in deciding what type of cancer treatment is suitable for the patient including immunotherapy, and immunotherapy is one of the cancer treatment options.

(2) On the technical side, the current injection method of immunotherapy drugs is similar to that of other anti-cancer drugs, and does not require any additional techniques. That said, continuous on-the-job training is provided for health care professionals for professional development and for them to learn about the clinical application and the side effects of drugs in treating different diseases so as to keep abreast of the ever-changing scientific development and meet the clinical needs of patients.

(3) HA has an established mechanism for regular appraisal of new drugs and review of its Drug Formulary and coverage of the safety net, and would make changes as appropriate. The process is based on scientific and clinical evidence, taking into account the safety, efficacy and cost-effectiveness of drugs and other relevant considerations, including international recommendations and practices as well as professional views, so as to ensure equitable and rational use of public resources as well as the provision of optimal care for patients.

At present, there are three immunotherapy drugs listed as self-financed items ("SFIs") on the HA Drug Formulary ("HADF") for treating four types of cancers, namely skin cancer, renal cell cancer, lung cancer as well as head and neck cancer. Nivolumab, a type of immunotherapy drug for treating skin cancer, has been covered by the Community Care Fund Medical Assistance Programme since August 2018. Patients with clinical needs and meeting specified criteria may apply for drug subsidy to use this drug.

We understand the financial pressure and economic burden on patients, as well as their strong aspiration for listing certain drugs on HADF and including them in the scope of subsidy under the safety net. To shorten the lead time for introducing suitable new drugs to

the safety net, HA has, since 2018, increased the frequency of prioritization for including SFIs in the safety net from once to twice a year. HA will also liaise with pharmaceutical companies from time to time on setting up risk sharing programmes for certain suitable SFIs. Under the programmes, HA, patients and pharmaceutical companies would contribute to the drug costs in specific proportions within a defined period, or the drug treatment costs to be borne by patients would be capped, with a view to facilitating patients' early access to specific drug treatments.

HA will continue to keep abreast of the latest development of clinical and scientific evidence, listen to the views and suggestions of patient groups and follow the principle of rational use of limited public resources to review HADF under the established mechanism and to include suitable self-financed drugs as special drugs or under the coverage of the safety net so as to benefit more patients in need.

MR CHAN HAN-PAN (in Cantonese): *President, given that some types of immunotherapy are not included as a regular treatment for cancers, doctors who wish to adopt immunotherapy for patients have to make applications on an individual basis. This practice is indeed very troublesome and discourages some doctors from adopting this treatment option. I thus wish the Secretary to know that this is inappropriate. Immunotherapy has been proven efficacious and the immunologists concerned have been awarded the Nobel Prize. The Government should comprehensively consider accepting more immunotherapeutic treatment options to help people to receive optimal medical treatment.*

An end-stage liver cancer patient came to me yesterday. He manages to get immunotherapy for his cancer but the annual cost of medication is as much as some $200,000 to $300,000. He cannot afford it, but his cancer already reaches end stage and there is no other alternative drugs. Hence, may I ask the Secretary, apart from discussing twice a year the prioritization of self-financed items ("SFIs") for inclusion into the safety net, does the Hospital Authority ("HA") have any other means to give these end-stage cancer patients greater hope?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Mr CHAN for his question. In fact, I already mentioned this just now. Regarding cancer treatment, HA has been using different treatment options including conventional chemotherapy, targeted therapy, etc., and immunotherapy is also an treatment option. Of course, HA has a very important task, namely adopting the optimal medical treatment for patients, especially end-stage cancer patients. I believe HA will monitor whether patients are given the optimal medical treatment and look after their best interest. When new drugs scientifically and clinically proven safe and efficacious become available, HA will consider as soon as possible bringing them under its existing mechanisms in accordance with its established mechanism.

Certainly, I believe the clinical condition of a patient, his suitability of using different drugs and the diagnosis and opinion of his doctor are also very important. Hence, we will keep under close watch any new treatment options for cancer patients, with a view to giving them the optimal treatment.

DR FERNANDO CHEUNG (in Cantonese): *President, new cancer treatment options are ever-changing. This is why many doctors say that cancer may be regarded as a chronic illness controllable with drugs. Immunotherapy is a relatively new treatment option with less side effects and more specific efficacy.*

The Secretary points out in the main reply that these drugs are vetted and approved by HA and the Department of Health, and that HA has to consider the efficacy and safety of these drugs when it decides whether or not to add them to the HA Drug Formulary ("HADF"). In this case, instead of classifying these immunotherapeutic drugs in HADF as SFIs, why does HA not place them in the scope of subsidy of the safety net direct? Given that these life-saving drugs must be prescribed by doctors, and patients cannot buy or use them on their own, the Secretary should place these drugs in the safety net direct, instead of classifying them as SFIs. Is the Secretary willing to do this?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Dr Fernando CHEUNG for his question. HA doctors will consider the condition and wish of a patient in deciding the type of treatment that is most suitable for the patient. Like I said just now, immunotherapy is one of the cancer treatment options and other treatment options have their respective efficacies. Hence, doctors have to consider the clinical condition and wish of a patient, which is also

important. HA doctors will provide the optimal treatment for patients based on clinically proven practices and also, like I just said, the clinical condition of patients. This is also very important.

Moreover, HA has established treatment guidelines on medications for different diseases; and it has also increased the frequency of prioritizing SFIs for placement in the safety net from once a year to twice a year. HA will continue to review the present needs and include suitable drugs in the existing mechanisms of HA.

PRESIDENT (in Cantonese): Dr Fernando CHEUNG, which part of your supplementary question has not been answered?

DR FERNANDO CHEUNG (in Cantonese): *My supplementary question is not about the clinical judgment of doctors because this is obvious ...*

PRESIDENT (in Cantonese): Dr CHEUNG, please directly point out the part of your supplementary question that has not been answered.

DR FERNANDO CHEUNG (in Cantonese): *She has not answered why HA cannot place those SFIs which are already in HADF in the scope of subsidy of the safety net direct.*

PRESIDENT (in Cantonese): Dr CHEUNG, you have pointed out the part that has not been answered. Please sit down. Secretary, do you have anything to add?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): Let me make a simple supplementary point. The SFI mechanism is one of the existing mechanisms of HA and it has been proven. Regarding the introduction of new drugs by HA and the availability of SFIs, or other better means, to help patients with financial needs, HA has other safety nets for these patients, including the Community Care Fund ("CCF") and the Samaritan Fund.

DR ELIZABETH QUAT (in Cantonese): *President, many citizens have made enquiries recently about immunotherapy because everyone knows that this treatment option may give patients a bigger chance of recovery and cause less side effects compared with targeted therapy. But according to my enquiries with some pharmaceutical companies, applications for inclusion of immunotherapeutic drugs into HADF are still being processed after a lapse of 18 months. So, there seems to be a time lag between the drug inclusion mechanism of the Government and HA to meet the needs of the people and catch up with advancements in technology.*

I thus wish to know whether the Government has any new mechanism to explore how best to speed up the inclusion of new drugs scientifically proven efficacious. And given that new drugs are usually costly, how will the Government help patients' access to these drugs expeditiously?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Dr Elizabeth QUAT for her supplementary question. HA has an established mechanism for new drug appraisal and review of the existing HADF and the scope of subsidy of the safety net. The scale of these reviews is expanding every year. In this process, HA will review evidence-based medicine and the attainment of the goal of rational use of public resources; the opportunity cost and principles such as facilitating patients' right of choice will also be considered; and the most important consideration is certainly the safety, efficacy and cost-effectiveness of drugs, as well as other related factors, including international recommendations and practices and changes in technology. Dr QUAT mentioned some new medical advancements just now. HA will also take note of these changes, as well as the development of diseases, the medication compliance of patients, their quality of life and the practical experience of drug application, as well as the views of professionals and patient groups.

Regarding the review of new drugs, especially more costly drugs, HA will prudently examine related treatment options and consider, for instance, whether a certain option is financially sustainable, with a view to providing the optimal treatment for patients. In this regard, as I already said just now, HA has increased the review frequency from once a year to twice a year. HA will continue to keep under close watch the latest development of treatment options that are good to patients, on both fronts of medication and technology.

PRESIDENT (in Cantonese): Dr QUAT, which part of your supplementary question has not been answered?

DR ELIZABETH QUAT (in Cantonese): *I said just now that some pharmaceutical companies spent 18 months on introducing their drugs into HADF. Can the increase of the review frequency to twice a year resolve this problem? In fact, will it still be not enough?*

PRESIDENT (in Cantonese): Dr QUAT, you have pointed out the part of your supplementary question that has not been answered. Secretary, do you have anything to add?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): We will continue to examine the situation. HA has just increased the review frequency from once a year to twice a year. But we will continue to monitor the situation and see if anything else can be done to optimize the present mechanism.

DR FERNANDO CHEUNG (in Cantonese): *President, the present health care policy of Hong Kong is that no one will be deprived of optimal health care services because of lack of means; and optimal health care services are based on doctors' clinical diagnoses and judgment. If a certain drug (especially a life-saving drug) is, in a doctor's opinion, the best treatment option for a patient but the drug is a SFI, the patient will be denied the optimal care if he cannot afford the SFI.*

The SFI mechanism is in itself contradictory to, or clashing with, the policy of Hong Kong. I thus wish to ask the following question. Some cancer patients in Hong Kong are diagnosed by public-sector hospital doctors that they should best be prescribed these drugs for their cancer, but they cannot use these drugs because of financial difficulties. In these cases, the drugs are available, but they do not have the means. Secretary, can you pre-empt something like this from happening, so as to live up to the health care policy pledged by you?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Dr Fernando CHEUNG for his supplementary question and view. Regarding the present health care policy, HA will provide the optimal treatment option for all patients, including cancer patients. Regarding medication, this is only part of the treatment for cancer patients. Certainly, some of these drugs are very expensive, and that is why we also have different approaches. These include considering placing these drugs in HADF, or including them in the scope of subsidy of CCF or the Samaritan Fund. However, I also wish to point out that in addition to providing medications for cancer patients, HA has also been increasing resources to cater for the special needs of cancer patients, including strengthening cancer diagnosis services, increasing oncology beds, strengthening surgical operation services and radiotherapy services, as well as nursing care services.

Hence, we will do a holistic review of the types of cancer therapy for patients. HA will strengthen related services based on available resources. We also attach great importance to treatment of cancers, and actually, not just treatment. The Policy Address this year has announced that we will formulate a cancer strategy, which will conduct a holistic review of cancer prevention, surveillance, control, treatment and recovery.

PRESIDENT (in Cantonese): Dr Fernando CHEUNG, which part of your supplementary question has not been answered?

DR FERNANDO CHEUNG (in Cantonese): *President, the Secretary is still evading my supplementary question. I am saying that the policy of the Government is that no one will be denied of optimal medical care because of financial means. No other thing than a doctor's diagnosis can better show what is optimal medical care. Why does the Government not provide these drugs for cancer patients?*

PRESIDENT (in Cantonese): Dr CHEUNG, you have pointed out the part of your supplementary question that has not been answered. Please sit down. Secretary, do you have anything to add?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, in fact, I already repeatedly pointed this out just now. There are many types of optimal treatment for cancers, and immunotherapy is only one of them. For instance, conventional chemotherapy and new targeted therapy, among others, are also optimal treatment options for cancer patients. And HA also provides these types of therapy.

MR CHAN HAN-PAN (in Cantonese): *President, as the saying goes, "saving lives is as urgent as putting out a fire". By the time there is an outcome of the Government's review, cancer patients will be dead. The Secretary said just now that cancer patients could also have their cancer cured with other drugs or by targeted therapy. But the problem is that if a cancer patient has no other drugs that can cure his cancer and his doctor confidently suggests him to use immunotherapy which is not subsidized under the safety net of the Government, the patient will have to pay for the drug. I have this specific question for the Secretary. Given this loophole of the safety net, will the Secretary consider setting up a new item under CCF to help patients who have been recommended by their doctor to use drugs not included in the safety net?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Mr CHAN for his supplementary question. In fact, as I mentioned just now, as regards the new drug review, I believe HADF, the safety net and its scope of subsidy are all important elements of the review. This is done on the basis of scientific and clinical evidence, taking into account the safety, efficacy and cost-effectiveness of the drugs. If we consider it necessary and appropriate to include these drugs after comprehensively examining all of these factors, we will communicate with CCF on a regular basis and timely bring these drugs under the scope of subsidy of CCF. In fact, different drugs, especially drugs for cancers, have been brought annually under CCF in the past few years using substantial resources, and many patients have used the drugs. Hence, we will keep in view the work in this regard, so that patients can receive optimal medical treatment.

PRESIDENT (in Cantonese): Mr CHAN Han-pan, which part of your supplementary question has not been answered?

MR CHAN HAN-PAN (in Cantonese): *The Secretary has not answered my supplementary question. My supplementary question is simple. I asked whether the Secretary would consider setting up a specific item under CCF to help patients who have been recommended by their doctor to use drugs not included in the safety net …*

PRESIDENT (in Cantonese): Mr CHAN, you have pointed out the part of your supplementary question that has not been answered. Secretary, do you have anything to add?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I do not have any particular points to add. In fact, CCF and HA have all along maintained communication. If there is a need to set up any items or add any drugs to CCF, I believe it is one of the items of discussion between HA and CCF.

PRESIDENT (in Cantonese): Third question.

Labour interests and rights of employees who perform duties during and immediately after inclement weather

3. **MR HO KAI-MING** (in Cantonese): *President, as super typhoon Mangkhut which hit Hong Kong last month had caused extensive damage to the community, the authorities needed to deploy considerable manpower for the recovery efforts. During the time when the typhoon was gradually moving away from Hong Kong, the majority of employees needed to go to work while the transport networks were partially paralyzed, which put them in an extremely awkward position. Regarding the protection of labour rights and interests of employees who perform duties during and immediately after inclement weather, will the Government inform this Council:*

(1) whether it knows the number of workers engaged by outsourced service contractors who participated in the clearance work during and after the typhoon, and a breakdown of such number by job type; whether the Government will consider granting a special hardship allowance to those workers and regularizing such an allowance; if so, of the details; if not, the reasons for that;

PRESIDENT (in Cantonese): Fourth question.

Treatment of cancers

4. **DR CHIANG LAI-WAN** (in Cantonese): *As projected by the Hong Kong Cancer Registry ("HKCaR") under the Hospital Authority ("HA"), with a continuously growing and ageing population, the number of new cancer cases in Hong Kong in 2030 will be 40% higher than that in 2016 and exceed 44 000. Some patients have relayed that at present, quite a number of cancer patients at public hospitals can only take drugs with more side effects and lower efficacy as they cannot afford the expensive self-financed drugs, thus suffering immensely in their illnesses. In this connection, will the Government inform this Council:*

(1) whether the Government will propose to HA to discuss with the Mainland authorities purchasing cancer drugs jointly, with a view to reducing expenses on drugs, and whether it will expedite the vetting and approval of clinical trial schemes to be carried out in Hong Kong for new cancer drugs and new treatment protocols so that cancer patients participating in the schemes can try them out for free; if so, of the details; if not, the reasons for that;

(2) given that the Government has earmarked $5 billion in the current financial year for the upgrading or acquisition of medical equipment by HA, whether it knows if HA will spend the money on acquiring state-of-the-art medical equipment for treating cancers, including that for proton therapy and electric field therapy; if HA will, of the details; if not, whether HA will discuss with the private hospitals which have acquired the relevant equipment the implementation of public-private partnership programmes so as to make use of such kind of equipment for treating public hospital patients; and

(3) given that the provision of cancer data to HKCaR by hospitals is currently voluntary in nature, whether the Government will adopt measures to facilitate HKCaR in collecting data as well as using artificial intelligence and big data technologies to speed up the analysis of cancer data; if so, of the details; if not, the reasons for that?

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, my reply to the various parts of the question raised by Dr CHIANG Lai-wan is as follows:

(1) The Hospital Authority ("HA") has put in place an established drug procurement mechanism, which is fair and stringent, for procurement of pharmaceutical products that are registered with the Department of Health ("DH") and meet quality requirements for use in its public hospitals and clinics in accordance with the requirements and guidelines of the World Health Organization, the World Trade Organization and DH. The existing mechanism is effective and allows HA to procure the most cost-effective drugs from the market. We do not think that there is sufficient justification to change it.

As regards clinical trials on drugs, anyone who wishes to conduct a clinical trial on pharmaceutical product(s) in Hong Kong is required to apply to the Pharmacy and Poisons Board of Hong Kong for a Certificate for Clinical Trial ("certificate") according to the provisions and requirements of the Pharmacy and Poisons Ordinance (Cap. 138). As set out in the performance pledges, DH will issue a certificate within three months on receipt of an application submitted with the necessary supporting documents. In 2018-2019, DH issued a total of 173 certificates. All applications were vetted and approved within three months, meeting the target set in the performance pledge.

Moreover, DH has implemented a number of enhancement measures in recent years to further shorten the time for vetting and approving such applications. These measures include extending the validity period of certificates and simplifying the application procedures for low-risk clinical trials.

(2) The Government has earmarked an additional $5 billion in 2019-2020 for HA to expedite the upgrading and acquisition of medical equipment, and to allow HA to formulate plans for acquiring relevant medical equipment in the longer term. HA will further modernize and upgrade its medical equipment to provide quality services for patients. For example, upgrading or acquiring new

linear accelerators, computed tomography scanners and magnetic resonance imaging scanners with more advanced functionalities will improve the diagnosis and treatment of cancer patients. HA will also diffuse the application of advanced technology. For example, additional robotic surgery systems will be acquired to enhance minimal invasive surgical services, and Next Generation Sequencing technology will be used for treating cancer patients.

Regarding suggestions such as the introduction of proton therapy and tumor treating fields therapy, HA will keep in view the technological advancement in this regard. Under the established mechanism of HA, experts will continue to examine and review regularly treatment options as well as the latest development of the clinical and scientific evidence of relevant technology, taking into account factors such as scientific evidence, cost-effectiveness, opportunity cost, technological advancement and views of patient groups.

In respect of collaboration with private hospitals, HA rolled out the "Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector" in 2012 through purchase of computed tomography and magnetic resonance imaging services from private health care organizations to provide cancer(1) patients with the option to receive radiological investigation services in the private sector. HA will carefully consider relevant factors when examining new Public-Private Partnership ("PPP") programmes, such as the potential complexity of the programmes, and the capacity and readiness of the private sector, etc. HA will continue to communicate with the public and patient groups, and will work closely with stakeholders to explore the feasibility of introducing other PPP programmes, so as to meet the public's demand for health care services.

(3) The Government attaches great importance to the collection and monitoring of cancer data, and supports the work of the Hong Kong Cancer Registry ("HKCaR") on analysis of the overall cancer data from the public and private health care service providers and

(1) Colorectal cancer, breast cancer, nasopharyngeal cancer, lymphoma, prostate cancer, stomach cancer, cervix cancer, corpus uteri cancer, head and neck cancer, sarcoma or germ cell tumor.

surveillance of local cancer situation. As early as in the 2000s, HKCaR began to set up progressively a cancer case review system for the collation and analysis of the structural clinical data in the HA's Clinical Management System and the information collected from private hospitals.

HA also strives to assist HKCaR in enhancing the efficiency of data analysis, and has established a working group last year to study, through big data analysis, how to use clinical data to speed up the collation of cancer data. Meanwhile, the Food and Health Bureau and HKCaR invited in writing private hospitals across the territory to provide pathology reports of cancer tissues for further collation and verification by HKCaR. The arrangement is currently working smoothly and effectively. HKCaR will continue to do its best to shorten the time required for collecting and publishing information.

DR CHIANG LAI-WAN (in Cantonese): *President, I am not quite satisfied with the Administration's reply to part (1) of my question, saying that there is not sufficient justification to change the relevant procurement mechanism. I would like to tell the Secretary that, as the purchasing volume of the Mainland is greater, the costs will decrease accordingly if Hong Kong makes purchases jointly with the Mainland. With the same amount of money spent, perhaps only one patient can be treated if Hong Kong purchases drugs separately, while if Hong Kong and the Mainland can purchase drugs jointly, perhaps two patients can be treated. Why do we not go ahead with it then? The European Union and the World Trade Organization have also proposed centralized procurement to minimize costs. Why does the Secretary not give it consideration? May I ask the Secretary if she knows the purchase price of the same drug paid by the Mainland is lower by how many percent on average than that paid by Hong Kong?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Dr CHIANG Lai-wan for her supplementary question and suggestion. The cost-effectiveness of drugs is examined under HA's existing drug procurement mechanism. Insofar as joint procurement of drugs with other places is concerned, further study is necessary as it involves different drug legislation and registration systems in the two places. Hence, at present, it is most important

that we have sufficient resources to purchase drugs and expedite the procurement process, while ensuring that the drugs are scientifically proven and clinically tested.

PRESIDENT (in Cantonese): Dr CHIANG Lai-wan, which part of your supplementary question has not been answered?

DR CHIANG LAI-WAN (in Cantonese): *I hope the Secretary will follow up on and study the possibility of procuring drugs from the Mainland and compare the prices to see if they are much cheaper.*

PRESIDENT (in Cantonese): Dr CHIANG, this is not part of your supplementary question. Please follow up on other occasions.

MR MARTIN LIAO (in Cantonese): *President, while cutting-edge medical equipment and expeditious application of effective new drugs are essential to the successful and timely treatment of cancers, the physical, mental and living quality of cancer patients and their carers during and after such treatments should not be neglected either. In this connection, care programmes for recovered cancer patients have been set up in the United Kingdom and Australia to enhance the support for cancer patients and recovered cancer patients. The Administration once indicated its wish to enhance support for recovered cancer patients in Hong Kong. May I ask the Administration whether a care programme similar to those in the United Kingdom and Australia will be drawn up? If so, what are the estimated resources and manpower required by the service providers and details of the implementation timetable?*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I thank Mr Martin LIAO for his supplementary question. First of all, the Administration attaches great importance to the provision of support for recovered cancer patients as part of the overall strategy for cancer treatment and prevention. With the ageing population and growing average life expectancy in Hong Kong, cancer seems to have gradually become a chronic disease according to the data on cancer.

Thanks to the application of high technology in early diagnosis, medication and overall treatment, the life expectancy of cancer patients is extended. Hence, we find this very important and HA is discussing with cancer rehabilitation service providers in the community how best such work can be done better in the future. A paper on cancer strategy in Hong Kong will be published later on, presenting our strategy and measures in preventing, monitoring, treating cancer and rehabilitation. We will allocate additional resources to handling the work on this front.

We have to significantly step up our support for recovered cancer patients, which is one of the topics covered in the paper on cancer strategy in Hong Kong. In addition to the secondary and tertiary services provided by HA, patients' return to the community upon recovery is also an important element to an effective treatment. Therefore, we will definitely allocate additional resources to taking proper measures in this respect. We have also noticed that a number of non-governmental organizations are providing this kind of services and treatments. We will definitely strengthen cooperation with them.

MRS REGINA IP (in Cantonese): *President, the drugs for treatment of cancer or rare diseases developed by pharmaceutical companies in Europe and the United States are very costly. For instance, the drug, Spinraza, developed by pharmaceutical company Biogen required by the SMA (Spinal Muscular Atrophy) patient to whom the Chief Executive has offered help earlier on costs a few million dollars per dosage. How much will it cost HA to help so many patients suffering from cancer and rare diseases?*

Nevertheless, I wonder if the Secretary has noticed the frequent reports carried by Bloomberg magazine in the United States recently on the remarkable advancements in biotechnology in the Mainland. Pharmaceutical companies Merck & Co. and Bristol-Myers Squibb from the United States are facing keen competition in the Mainland market due to the cancer drug, PD-1, developed in the Mainland. Moreover, pharmaceutical company AstraZeneca has invested in Mainland drug manufacturers to develop drugs for lowering cholesterol making use of traditional Chinese herbal medicine.

Drugs developed in the Mainland cost only about one third of that developed in Europe and the United States. Will the Secretary examine ways to simplify the procedures for vetting and approving drugs with a view to

introducing more drugs from the Mainland, so that patients in Hong Kong may try them on a voluntary basis, at the very least, instead of being limited to expensive drugs from overseas?

President, I have to make a declaration, that I hold shares of the three pharmaceutical companies mentioned.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): President, I thank Mrs Regina IP for her views. As I have said earlier, HA has an established mechanism for procurement of drugs for cancer treatment. I agree with Mrs IP that the vetting and approval of drugs should be expedited. HA is accelerating the vetting and approval procedures by, for example, increasing the number of meetings held to examine scientific and clinical evidence annually. Also, analyses of clinical data of such kind of drugs have always been ongoing. We will definitely make efforts to this end.

HA's expert panel will keep in view the latest development of drugs, expedite the vetting and approval procedures and increase the number of drugs in the Drug Formulary. It will also study ways to enable the public to use drug at a sustainable cost through the Community Care Fund and the Samaritan Fund. We will proceed with our work in this direction.

PROF JOSEPH LEE (in Cantonese): *President, the Secretary mentioned proton therapy and tumor treating fields therapy in the main reply, yet there is no plan to purchase the equipment at the moment. To my understanding, some private hospitals have already purchased such equipment and plan to put them into service by the end of this year. Since PPP programmes are already in place and that such equipment is not yet available in public hospitals, will the Administration consider expanding PPP programmes so that some cancer patients, such as children cancer patients, may benefit from the treatments early without having to use the costly service in private hospitals.*

SECRETARY FOR FOOD AND HEALTH (in Cantonese): I thank Prof Joseph LEE for his suggestion. Insofar as the suggestion on introducing proton therapy and tumor treating fields therapy is concerned, HA has been

keeping in view the technological advancement in this aspect. The expert panel that I mentioned just now will examine and review treatment options for patients as well as the scientific and clinical evidence required under the established mechanism. We understand that the technology of cancer treatment is developing rapidly. We have been keeping abreast of the development in this aspect, listening to the views of patient groups and examining the scientific evidence of relevant technology.

As regards expanding PPP programmes, I believe we must first understand the clinical needs of patients and relevant evidence, and then consider how to implement it. At present, some services are provided under PPP programmes. If other services are to be included, it is necessary to examine the feasibility and how public demand for health care services can be satisfied.

PRESIDENT (in Cantonese): Fifth question.

Caring and Sharing Scheme

5. **MR KWONG CHUN-YU** (in Cantonese): *President, applications for the Caring and Sharing Scheme, under which each eligible member of the public will be granted up to $4,000, closed on 30 April. Last month, the Government indicated that the Working Family Allowance Office ("WFAO"), which is responsible for implementing the Scheme, had received about 3.44 million applications and issued to all applicants acknowledgements of their applications. In this connection, will the Government inform this Council:*

(1) as some members of the public have indicated that they have not yet received any acknowledgement, of the to-date number of members of the public who have indicated that they submitted an application but had yet to receive any acknowledgement;

(2) whether WFAO has uncovered any case of missing application forms; if so, of the number of forms involved and the causes for that, as well as the remedial measures put in place; if not, why some applicants have not received any acknowledgement; and

Appendix IV

Relevant papers on the diagnosis and treatment of cancer under the public healthcare system

Committee	Date of meeting	Paper
Panel on Health Services	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
	21.1.2019 (Item III)	Agenda Minutes CB(2)1842/18-19(01)
Subcommittee on Issues Relating to the Support for Cancer Patients	26.4.2019 (Item I)	Agenda Minutes CB(2)1528/18-19(01)
Panel on Health Services	8.11.2019 (Item V)	Agenda

Council Business Division 2
Legislative Council Secretariat
15 November 2019