

**Legislative Council Panel on Health Services  
Hong Kong Cancer Strategy**

**Purpose**

This paper briefs Members on the cancer situation in Hong Kong and the Hong Kong Cancer Strategy (“Cancer Strategy”) <sup>1</sup> which was launched in July 2019.

**Background**

Cancer Situation

2. Cancer is one of the major non-communicable diseases (“NCD”) in Hong Kong. The cancer incidence has been on a rising trend, increasing at an average rate of about 3.1% per annum in the past decade. The number of new cancer cases in Hong Kong hit a historical high of 33 075 in 2017. A total of 17 030 cancers are currently estimated to have occurred in males and 16 250 in females in 2018, giving a male to female ratio of 1.05 to 1<sup>2</sup>. A more pronounced increase in cancer numbers, commensurate with the increase in the projected female population, will very likely reverse the current gender difference in the number of newly diagnosed cancers in the coming few years. With the prevailing trends in incidence and population structure in Hong Kong, the annual number of new cancer cases is projected to increase by around 30% to more than 42 000 by 2030 from current level.

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<sup>1</sup> The summary reports of the Cancer Strategy had been distributed to Members through the Legislative Council Secretariat in July 2019. The full report and the summary report of the Cancer Strategy can also be accessed and downloaded at the Food and Health Bureau’s website ([www.fhb.gov.hk/en/press\\_and\\_publications/otherinfo/190700\\_hkcs/index.html](http://www.fhb.gov.hk/en/press_and_publications/otherinfo/190700_hkcs/index.html)).

<sup>2</sup> Due to the time required for cancer data collection, compilation, analysis and quality control, there is a time gap of 22 months in the presentation of data (which is a common phenomenon recognised in other countries). The number of new cancer cases in 2018 is estimated based on actual incidence data in 2016. The numbers for each cancer type are estimated by summing up the products of the age-specific incidence rates in 2016 and the number of population in the same age subgroup in 2018. All estimates are rounded to the nearest 5.

3. Cancer is the top killer in Hong Kong. In 2018, cancer claimed 14 446 lives, accounting for about one third of the total deaths in the local population. Among all, lung cancer, colorectal cancer and liver cancer topped the list and made up 52.4% of all cancer deaths.

#### Cancer Coordinating Committee (“CCC”)

4. The Government attaches great importance to cancer prevention and control. Hong Kong has in place an effective infrastructure that has stood the test of time to provide cancer prevention, diagnosis, treatment, support and care services, as well as surveillance and research activities.

5. The CCC, chaired by the Secretary for Food and Health, was established in 2001 comprising cancer experts and doctors from the public and private sectors, academics and public health professionals, to advise on the planning and development of cancer prevention and control strategies. The CCC unanimously agreed earlier that the Government should consolidate and enhance a comprehensive strategy on cancer prevention and control so that the Government will implement cancer-related actions in a more strategic, coordinated and proactive manner, addressing the challenges posed by cancer to the health of the public and the society.

#### **Hong Kong Cancer Strategy**

6. The Cancer Strategy is the first attempt to offer a holistic plan for cancer prevention and control for Hong Kong. In formulating the Cancer Strategy, the CCC drew reference from World Health Organization’s recommendations, international practices and actual local situations. Our vision is to reduce cancer burden in the local population, improve the quality of life and survivorship of cancer patients. Our objective is to –

- (a) reduce the incidence and mortality of cancer in Hong Kong;
- (b) adopt a holistic approach for the care of cancer patients;
- (c) improve the quality of life of cancer patients through better access to evidence-based prevention, screening, early detection and diagnosis, effective treatment and care as well as palliative care;

- (d) transform the care for survivors and perceive cancer as a chronic illness; and
- (e) capitalise on innovation and technology, surveillance system, scientific research, as well as partnership and resources in the community to support policy making and service delivery.

7. The directions laid down in the Cancer Strategy include reducing risk factors leading to cancer and providing evidence-based screening; seeking early detection and diagnosis; offering timely and effective treatment; strengthening survivorship support to cancer survivors; providing palliative and end-of-life care; investing in technology; enhancing the collaboration among relevant bureaux, government departments, the Hospital Authority (“HA”), community organisations and civil society; as well as enhancing surveillance and research capabilities. The goal is to better prevent and control various cancers through these directions. Phased outcomes in the seven aspects of the Cancer Strategy, namely cancer surveillance, prevention and screening, early detection and diagnosis, timely and effective treatment, technology and support, survivorship and palliative care as well as cancer research, are expected to be achieved by 2025. The details are set out in the **Annex**.

8. The Cancer Strategy complements the Government’s strategy and action plan to prevent and control NCD, promulgated through the document “*Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong*”. Besides, the Cancer Strategy focuses on the policy and the work on cancer prevention and control, which is in line with the Government's commitment in developing primary healthcare.

## **Way Forward**

9. Through people-oriented measures, allocation of resources and collaboration with community partners laid down in the Cancer Strategy, the Government seeks to enhance cancer prevention and to reduce the agony and anxieties among those who are affected by cancer. Among others, we will develop an online resource hub so that the public (particularly patients and carers) will be informed of what to do when one is diagnosed cancer, what resources materials are available, and what support groups can offer help.

10. In order to enhance the cooperation with community organisations, we will also create a “Cancer Network of Partners”, an engagement platform involving community partners. Through better coordination, we can pool together all key resources available, align community efforts, and define the roles of different parties in the community with a view to strengthening all-round support to cancer patients, cancer survivors and carers.

11. At the same time, we take on a greater role in making available resources to support people living with cancer. We will review how cancer-related policies should be more effectively formulated and implemented through collection of data, technology, as well as research.

12. The Food and Health Bureau, the Department of Health and the HA, in collaboration with partners in the medical sector, cancer survivors and different parties in the community, will implement various measures in a proactive manner so as to achieve the expected outcomes.

13. Members are invited to note the content of this paper.

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

## Summary of Hong Kong Cancer Strategy

In the Cancer Strategy, the Government lays down the direction, strategies, and expected outcomes to be achieved by 2025 for the following seven aspects -

### A. Surveillance System

#### (a) Direction

The availability of comprehensive cancer data is essential to the planning of cancer services across the territory and to assess and monitor the impact of local cancer control programmes at population level. The Hong Kong Cancer Registry, as the Government-recognised agency tasked to provide wide-spectrum surveillance data, will expand its role in the surveillance of cancers and the tracking of trends in local cancer burden by improving the use, efficiency and scope of cancer data and reporting system.

#### (b) Strategies

- ✧ Improving the quality of cancer data
- ✧ Allowing greater access to cancer surveillance data

#### (c) Expected Outcomes by 2025

- Shorten the current time lag in the reporting of annual cancer statistics from 22/23 months to 20 months
- Capture, compile and report high-quality stage data for the ten prevalent cancers
- Compile and report stage-specific survival rates of the ten prevalent cancers
- Expand access to the data through a dedicated website which would include fact sheets, bulletins and interactive access to databases used for local cancer surveillance

### B. Prevention and Screening

#### (a) Direction

Prevention is better than cure. Prevention and screening of cancer, as one of the non-communicable diseases (“NCD”), share several overarching principles as advocated in the *“Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong”* –

- (i) upstream approach – about 40% of cancers can be prevented through adoption of healthy lifestyle including no smoking, avoiding alcohol consumption, having a balanced diet and engaging in regular physical activity;
  - (ii) evidence-based strategies – strategies and practices for the prevention and screening of cancer need to be based on the latest scientific evidence, and/or best practices. The Cancer Expert Working Group on Cancer Prevention and Screening is the platform for reviewing overseas and local scientific evidence and making recommendations on cancer prevention and screening that are appropriate to local situation;
  - (iii) primary healthcare focused – healthcare services are being redesigned to place greater emphasis on primary care, health communication, disease prevention, screening, etc.; and
  - (iv) empowerment of people and communities – the public should be informed of what they can do to prevent and control cancer, and empowered to gain control over decisions and actions that influence health. Through more effective health communications, we seek to encourage health-seeking behaviour and sharpen health-management skills.
- (b) Strategies
- ✧ Reducing risk factors for cancer prevention
  - ✧ Providing population-based cancer screening based on evidence
  - ✧ Strengthening primary healthcare services
- (c) Expected Outcomes by 2025
- A 25% relative reduction in risk of premature mortality from NCD including cancers
  - At least 10% relative reduction in prevalence of binge drinking and harmful use of alcohol among adults and in the prevalence of drinking among youth
  - A 10% relative reduction in prevalence of insufficient physical activity among adolescents and adults
  - A 30% relative reduction in prevalence of current tobacco use in persons aged 15 or above
  - A halt to the rise in obesity
  - Vaccination coverage of hepatitis B vaccine maintained at  $\geq 95\%$
  - Interim target of 70% coverage for completion of two doses of HPV vaccination among the first cohort

- A 10% relative increase in coverage for cervical cancer screening
- A 30% relative increase in coverage for colorectal cancer screening

### **C. Early Detection and Diagnosis**

#### (a) Direction

Earlier detection and diagnosis simplify treatment courses and improve survival rates.

#### (b) Strategies

- ✧ Providing early risk assessment and enhancing the referral communication for suspected cancer cases from private/primary healthcare doctors
- ✧ Enhancing the triage system and streamlining the diagnostic procedures for new referrals
- ✧ Exploring collaboration with the private sector
- ✧ Introducing new technology to facilitate cancer diagnosis

#### (c) Expected Outcomes by 2025

- Introduce a cancer-specific checklist to help patients receive investigations in a more timely manner and confirm the diagnosis at an earlier stage
- Pilot the streamlined cancer-specific diagnostic service for selected cancer type(s)
- Support patient profile tracking and facilitate an integrated review of investigation results across different clinical systems with the support of information technology
- Establish the big data and machine learning infrastructure for image Artificial Intelligence (“AI”) development and clinical AI service deployment for operation.

### **D. Timely and Effective Treatment**

#### (a) Direction

Through building up an effective integrated service model that offers innovative and modernised cancer services, we seek to improve patient outcome, reduce morbidity and mortality.

#### (b) Strategies

- ✧ Better supporting individual patients by providing optimal and patient-centred treatment/care
- ✧ Augmenting service capacity and improving service coordination

- ✧ Providing more and better drugs and treatment
- ✧ Modernising and developing treatment facilities, technology and infrastructure

(c) Expected Outcomes by 2025

- Continue to review and expand the coverage of cancer drugs in the Hospital Authority Drug Formulary
- Develop service model for satellite chemotherapy centre and pilot the model in selected cluster(s)
- Develop and launch additional Cancer Case Manager Programmes
- Roll out nurse clinics and clinical pharmacist service for cancer services in all clusters
- Introduce advanced medical technology for cancer treatment (e.g. treatment planning and delivery system, and robotic surgery) in all clusters
- Increase the number of and upgrade LINAC facilities according to the projected service demand
- Reserve extra space in new hospital/oncology centres to facilitate the installation of advanced medical equipment and facilities
- Roll out the Ten-year Hospital Development Plan as quickly as possible, to establish a new oncology centre, enhance radiology services and increase the number of Operating Theatres, etc.

## **E. Technology and Support**

(a) Direction

The delivery of a holistic approach to patient care should be underpinned by operational excellence and effective use of resources across the board. As the first step, we would focus on capitalising modern technology in the prevention and control of cancer and making best use of resources in supporting patients and carers in navigating their pathways.

(b) Strategies

- ✧ Investing in state-of-the-art technologies
- ✧ Developing an online resource hub to provide accurate and reliable health information related to cancer
- ✧ Pooling together community resources to maximise benefits to patients and carers

(c) Expected Outcomes by 2025

- Upgrade and acquire medical equipment of different clinical



areas and introduce evidence-based advanced or new medical technology for different treatment modalities

- Create a dedicated online resource hub to enhance health communications and to serve as a centralised directory to inform the public of cancer-related resources
- Set up a platform involving the civil society (i.e. the “Cancer Network of Partners”) with a view to working towards optimal models in benefitting more cancer patients and carers.

## **F. Survivorship and Palliative Care**

### (a) Direction

With the ageing population and treatment advancement, the survival rates of most cancers have improved over the years with more patients living with and beyond cancer. We need to identify and prioritise cancer survivorship needs and strengthened support to this growing population seeking to improve the quality of life of the survivors and their families.

### (b) Strategies

- ✧ Taking care of cancer patients in primary care settings
- ✧ Initiating a refer-back mechanism for quick access to the Hospital Authority’s (“HA’s”) cancer care team
- ✧ Engaging community partners to reinforce medical-social collaboration
- ✧ Establishing a sustainable service model for cancer survivors
- ✧ Enhancing palliative support for end-of-life patients

### (c) Expected Outcomes by 2025

- Empower patients by developing a medical-social collaboration model
- Introduce a fast-track refer-back mechanism so that cancer survivors can have ready access to the HA’s cancer care team if need be
- Define the role and scope of Multi-disciplinary Teams support, including allied health services for survivorship
- Establish and pilot the collaboration model for Oncology Specialist Outpatient Clinic and Family Medicine Clinic/General Outpatient Clinic for survivorship
- Enhance structured rehabilitation and supportive care programme for survivors
- Enhance palliative care support for patients approaching end-of-life

## **G. Research**

(a) Direction

Through generation of scientific knowledge derived from local and global research, as well as translating such knowledge into clinical practice, we aim to provide more and better evidence to support cancer prevention, diagnosis, treatment and survivorship, as well as formulation of evidence-based health policy, to reduce cancer incidence, morbidity, mortality, and to improve the quality of life of patients.

(b) Strategies

- ✧ Setting priority for cancer-related research
- ✧ Providing scientific evidence to inform and evaluate cancer-related policy
- ✧ Building capacity to nurture local researchers to conduct cancer-related research

(c) Expected Outcomes by 2025

- Support about 300 investigator-initiated research and health promotion projects for better prevention and control of cancer
- Support about 30 awardees under the Research Fellowship Scheme addressing the risk factors of cancer