

**For Information
on 11 June 2021**

Legislative Council Panel on Health Services

Women's Health

PURPOSE

This paper serves to brief Members on the Administration's preventive care programmes offered to girls and women in Hong Kong to prevent cervical cancer, breast cancer and osteoporosis.

BACKGROUND

2. The life expectancy at birth of female population in Hong Kong in 2020 is 88.1 years of age. In 2018, there were 16 988 newly diagnosed cancer cases in women¹. There were 4 618 and 582 newly diagnosed cases of breast cancer and cervical cancers respectively, which accounted for 27.2% and 3.4% of all new cancer cases among female. Breast cancer is the commonest cancer among females in Hong Kong and is on the rise in the past decades. On the other hand, cervical cancer has been on a decreasing trend and stabilised in recent years. In 2019, breast cancer and cervical cancer were the third and eighth leading cause of cancer deaths among women, causing 1 014 deaths².

A. CERVICAL AND BREAST CANCERS

3. Reducing exposure to cancer risk factors is the key strategy of prevention of cancer. The risk of developing cancers can be lowered by

¹ Hong Kong Cancer Registry. Female Breast Cancer in 2018. Available at https://www3.ha.org.hk/cancereg/pdf/top10/rank_2018.pdf.

² Centre for Health Protection.

(a) Mortality of Female Breast Cancer in 2019. Available at <https://www.chp.gov.hk/en/healthtopics/content/25/53.html>; and

(b) Mortality of Cervical Cancer in 2019. Available at <https://www.chp.gov.hk/en/healthtopics/content/25/56.html>.

adopting primary preventive measures such as being physically active, avoiding consumption of alcohol, maintaining a healthy body weight and waist circumference, as well as having childbirth at an earlier age and breastfeeding each child for a longer duration.

4. To this end, the Department of Health (“DH”) has been actively promoting healthy lifestyles as the primary preventive strategy in reducing the burden of non-communicable diseases (“NCD”) on healthcare and the society, including that due to cancer. To address the growing threats of NCD including cancer, the Government promulgated in 2018 a policy document entitled “*Towards 2025: Strategy and Action Plan to Prevent and Control NCD in Hong Kong*” with one of the nine targets being reducing NCD by 2025 is a 25% relative reduction in risk of premature mortality from NCD, including cancer. In 2019, the *Hong Kong Cancer Strategy* (“HKCS”) was launched to offer a holistic plan for cancer prevention and control for Hong Kong. The directions laid down in the HKCS include reducing risk factors leading to cancer and providing evidence-based screening.

5. Preventive services targeting women in primary healthcare is delivered through amongst others DH’s Woman Health Service (“WHS”) and District Health Centres (“DHCs”). WHS provides to women aged 64 or below services include health education, assessment, counseling and investigations as appropriate. DHCs on the other hand promotes health education covering women health (such as breast health awareness, osteoporosis, cervical cancer prevention, smoking cessation counselling, healthy diet talk, etc.) through various means and channels with a view to enhancing public awareness of personal health management and disease prevention.

6. As a tool for secondary prevention, screening aims to detect cancers early or to identify precancerous disease in apparently healthy (asymptomatic) individuals so that treatment can be carried out more effectively. Based on the advice of the Cancer Expert Working Group on Cancer Prevention and Screening (“CEWG”) set up under the Cancer Coordinating Committee led by the Secretary for Food and Health, one of Government’s territory-wide screening programmes targets cervical cancer.

Cervical Screening Programme

7. The Cervical Screening Programme (“CSP”) was launched in 2004, in collaboration with healthcare professionals in the public and private sectors and non-governmental organisations (“NGOs”), to facilitate and encourage women to receive regular cervical screening.

8. The CSP encourages women aged between 25 and 64 who ever had sex to receive regular screening as recommended by the CEWG. The major service providers under the CSP include the Maternal and Child Health Centres (“MCHCs”) and Woman Health Centres (“WHCs”) of the DH, NGOs and private healthcare service providers. The MCHCs of the DH provide subsidised cervical screening to the public, at \$100 per screening. In general, there are about 100 000 attendances at MCHCs for cervical screening service per year.

9. In order to raise the public awareness of prevention of cervical cancer and encourage women to have regular cervical screening, various health promotion activities, as well as collaboration with other partners, are conducted, including distribution of health education resources and publicity via various media channels such as website, television, radio, newspapers, magazines, social media etc. The DH also produces health educational materials of various languages (including Bahasa Indonesia, Hindi, Nepali, Tagalog, Thai and Urdu) for the ethnic minorities to understand the details of the CSP and the services available to them.

HPV Vaccination to School Girls

10. Announced in the 2018 Policy Address, starting from the 2019/20 school year, the Government has introduced free human papillomavirus (“HPV”) vaccination to school girls of particular age groups as a public health strategy for prevention of cervical cancer. One of the outcome under the HKCS is to achieve by 2025 the interim target of 70% coverage for completion of two doses of HPV vaccination among the first cohort.

11. Accordingly, the DH has provided HPV vaccination to Primary 5 and 6 female students under the Hong Kong Childhood Immunisation Programme since 2019/20 school year. The first dose of HPV vaccination

will be given via outreach by the DH's School Immunisation Teams to Primary 5 female students at their schools, and a second dose will be given to the girls when they reach Primary 6 in the following school year. In 2019/20 school year, the first dose of HPV vaccination has been provided to about 24 400 Primary 5 female students and the uptake rate is 86%. In 2020/21 school year, about 7 500 of this cohort of students (now Primary 6 students) have received the second dose of HPV vaccination so far and the programme is ongoing. For Primary 5 female students of 2020/21 school year, about 7 600 of them have received the first dose of HPV vaccination so far and the programme is ongoing.

Breast Cancer Screening Pilot Programme

12. In the 2020 Policy Address, it was announced that the Government would, based on the revised recommendations of the CEWG (as set out at Annex) adopt a risk-based approach for breast cancer screening. The recommendations of the CEWG were revised taken into consideration available evidence as well as findings of the study on risk factors associated with breast cancer for local women conducted by The University of Hong Kong ("HKU") and completed in 2019. According to the latest CEWG's recommendations, women aged between 44 and 69 with certain combinations of personalised risk factors³ putting them at increased risk of breast cancer are recommended to consider mammography ("MMG") screening every two years.

13. The DH targets to launch a two-year Breast Cancer Screening Pilot Programme ("Pilot Programme") in the second half of 2021 to provide breast cancer screening services to eligible women aged between 44 and 69, based on the revised recommendations on breast cancer screening and personalised breast cancer risk assessment tool⁴. At the initial stage of the Pilot Programme, the services will be offered by phases under the DH's WHS through its three WHCs and ten MCHCs. Upon enrolling the WHS with an annual fee of \$310, eligible persons will pay \$225 for MMG per episode. Breast ultrasound scanning as a supplementary examination may be arranged

³ They include age of menarche, age of first live birth, presence of history of breast cancer among first-degree relative (mother, sister or daughter), prior diagnosis of benign breast disease, body mass index and level of physical activity.

⁴ A risk assessment tool for local women (e.g. one developed by HKU) is recommended to be used for estimating the risk of developing breast cancer with regard to the personalised risk factors.

for them if necessary.

14. According to the HKU study, some 25% of women aged between 44 and 69 possesses certain combination of personalised risk factors are at increased risk in developing breast cancer. For the Pilot Scheme, it is estimated that about 24 000 clients would enroll to WHS each year and about a quarter of them would be assessed to be of increased risk requiring breast cancer screening.

15. To evaluate the effectiveness of Pilot Programme, a review will be conducted after the screening services has been fully introduced for the Government to decide on the next phase for breast cancer screening, including engaging NGOs for provision of screening services.

16. The DH in collaboration with the Hong Kong College of Community Medicine and the Hong Kong College of Family Physicians, organised a webinar on 26 March 2021 to introduce to registered medical practitioners the latest CEWG recommendations, the findings of the study conducted by the HKU and the use of the risk assessment tool.

17. For cervical screening and breast cancer screening provided by the DH, fees will be waived for women who are in receipt of the Comprehensive Social Security Assistance, holders of waivers of medical charges under the Medical Fee Waiving Mechanism of Public Hospitals and Clinics, or Level 0 Voucher Holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly.

B. OSTEOPOROSIS

18. Osteoporosis is a chronic metabolic disease of bone which leads to a reduction in bone density. Prevention of osteoporosis should begin by building strong and healthy bones at an early age. To avoid or reduce bone density loss and to minimise fracture risk, all people regardless of age should adopt a healthy lifestyle. This can be achieved by doing regular physical and weight-bearing exercises, maintaining optimal body weight, eating a balanced diet for adequate calcium and vitamin D intake, having appropriate sunlight exposure for vitamin D synthesis, and refraining from smoking and

excessive drinking. Elderly should take extra fall prevention precautions to further reduce the risks of fracture and other complications.

19. The DH provides health education on the maintenance of bone health, prevention of osteoporosis and falls that may lead to fractures, as well as advocates the importance of adopting a healthy diet and lifestyle to prevent the disease through its various services, e.g. Centre for Health Protection, Elderly Health Service and Family Health Service. Relevant health information on osteoporosis, including but not limited to its symptoms, prevention and treatment, has been uploaded onto websites for public's reference. Health education messages are also disseminated through other channels as health talks, individual counselling and leaflets. Moreover, the DH's Drug Office has also published and uploaded to its website detailed information on oral antiosteoporotic drugs, including the commonly-used oral antiosteoporotic drugs available, their common side effects and precautions, general advice, suggestions on communications with doctor and storage. The above health education resources are being regularly reviewed to meet the needs of the community.

20. Currently, there is no sufficient scientific evidence to support a territory-wide osteoporosis screening programme in Hong Kong. In adopting an evidence-based approach, the DH does not provide bone mineral density screening service. People who are at risk of developing osteoporosis due to, for example, underweight, previous history of bone fracture, premature menopause, smoking habit or heavy drinking, or a family history of osteoporosis or fracture, should take active control of the risk factors and seek medical advice on appropriate management options, such as bone mineral density assessment or treatment. At present, under the Elderly Health Care Voucher Scheme, eligible elderly persons aged 65 or above are provided with an annual voucher amount of \$2,000 for them to use private primary healthcare services that best suit their health needs, including those for the management of osteoporosis and other chronic diseases.

WAY FORWARD

21. The DH will closely monitor the implementation of the Pilot Programme later this year, and continue to regularly review its prevention

care programmes and health education resources to meet the needs of girls and women in Hong Kong. The Food and Health Bureau will also constantly review the service scope of DHCs with a view to providing evidence-based, efficient and cost-effective primary healthcare services via district-based medical-social collaboration in the community.

ADVICE SOUGHT

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

**Food and Health Bureau
Department of Health
June 2021**

**Latest Recommendations on Breast Cancer Screening by
Cancer Expert Working Group on Cancer Prevention and Screening
("CEWG")**

The CEWG's latest recommendations on breast cancer screening for local female population include -

- (a) **breast self-examination** is not recommended as a screening tool for breast cancer for asymptomatic women. Women are recommended to be breast aware (be familiar with the normal look and feel of their breasts) and seek medical attention promptly if suspicious symptoms arise;
- (b) there is insufficient evidence to recommend **clinical breast examination** or **ultrasonography** as a screening tool for breast cancer for asymptomatic women;
- (c) it is recommended that risk-based approach should be adopted for breast cancer screening; and
- (d) while the recommendations on breast cancer screening for (i) **women at high risk** remain *status quo*, those for (ii) **women at moderate risk** and (iii) **other women at general population** are revised. Details of recommendations for women at different risk profiles are listed as follows -

(i) For women at high risk
<p>Local definition - with any one of the risk factors:</p> <ol style="list-style-type: none"> 1. Carriers of <i>BRCA1/2</i> deleterious mutations confirmed by genetic testing. 2. Family history of breast cancer /ovarian cancer, such as: <ul style="list-style-type: none"> - any first-degree female relative is a confirmed carrier of <i>BRCA1/2</i> deleterious mutations; - any first- or second-degree female relative with both breast cancer and ovarian cancer;

(i) For women at high risk

- any first-degree female relative with bilateral breast cancer;
- any male relative with a history of breast cancer;
- 2 first-degree female relatives with breast cancer AND one of them being diagnosed at age ≤ 50 years;
- ≥ 2 first- or second-degree female relatives with ovarian cancer;
- ≥ 3 first- or second-degree female relatives with breast cancer OR a combination of breast cancer and ovarian cancer.

3. Personal risk factors

- history of radiation therapy to chest for treatment between age ten and 30 years, e.g. Hodgkin's disease;
- history of breast cancer, including ductal carcinoma in situ ("DCIS"); lobular carcinoma;
- history of atypical ductal hyperplasia or atypical lobular hyperplasia.

Recommendation on screening

1. Should seek advice from doctors; and

- have mammography screening every year;
- begin screening at age 35 or 10 years prior to the age at diagnosis of the youngest affected relative (for those with family history), whichever is earlier, but not earlier than age 30.
- for confirmed carriers of *BRCA1/2* deleterious mutations or women who had radiation therapy to chest for treatment between age ten and 30 years (e.g. for Hodgkin's disease), consider additional annual screening by magnetic resonance imaging ("MRI").

Recommendation on genetic testing

1. Women who have any first-degree female relative with confirmed *BRCA1/2* deleterious mutations should be offered genetic testing to confirm or refute their carrier status.
2. For women at high risk due to other types of family history who wish to clarify their genetic risk or that of their family, referral to a specialist cancer clinic for advice, counselling and management should be discussed and considered.

(i) For women at high risk

3. Genetic testing should be performed by specialised cancer centres with expertise in genetic counselling, which should be provided before genetic testing. Health care professionals should discuss with their clients in detail about the uncertainties and implications of the test results. Confirmed carriers of *BRCA1/2* deleterious mutations who wish to consider prophylactic surgery / chemoprevention should also be referred to a specialist cancer clinic for advice and counselling.

(ii) For women at moderate risk

1. Women at moderate risk (i.e. family history of only one first-degree female relative with breast cancer diagnosed at ≤ 50 years of age; or two first-degree female relatives diagnosed with breast cancer after the age of 50 years) are recommended to have mammography every two years and should discuss with their doctors the potential benefits and harms of breast cancer screening before starting screening.
2. MRI is not recommended for breast cancer screening in women at moderate risk.

(iii) For other women at general population

1. Women aged 44-69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relative, a prior diagnosis of benign breast disease, nulliparity and late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography screening every two years. They should discuss with their doctors on the potential benefits and harms before undergoing mammography screening.
2. A risk assessment tool for local women (e.g. one developed by The University of Hong Kong) is recommended to be used for estimating the risk of developing breast cancer with regard to the personalised risk factors described above.
3. MRI is not recommended for breast cancer screening in women at general population.