

立法會
Legislative Council

LC Paper No. CB(4)1077/20-21(07)

Ref: CB4/PL/HS

Panel on Health Services

Meeting on 11 June 2021

Background brief on women's health

Purpose

This paper provides background information and summarizes the major views and concerns expressed by 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 in the Sixth Legislative Council ("LegCo") on issues relating to women's health.

Background

2. According to the latest figures in 2018 released by the Hong Kong Cancer Registry ("HKCaR") in October 2020 (**Appendix I**), a total of 34 028 new cancer cases were diagnosed in Hong Kong in 2018, hitting a record high with 953 more cases (or a rise of 2.9%) compared with 2017. The most common cancers were colorectal cancer (16.6%), lung cancer (15.4%), breast cancer (13.7%), prostate cancer (6.5%) and liver cancer (5.1%).

3. According to the World Health Organization ("WHO"), 30% to 50% of all cancer cases are preventable by raising awareness, reducing exposure to cancer risk factors and adopting healthy lifestyles. Separately, when planned effectively, screening can reduce deaths from cancer and the risk of developing cancer in some cancer types. In Hong Kong, the Cancer Coordinating Committee ("CCC") under the Department of Health ("DH") is tasked to advise the strategies on cancer prevention and control and steer the direction of work covering prevention and screening, surveillance, research and treatment. The Cancer Expert Working Group on Cancer Prevention and Screening ("CEWG") set up under CCC regularly reviews international and

local evidence and makes recommendations on cancer prevention and screening applicable to the local setting.

Breast cancer

4. For females, the leading cancer was breast cancer (27.2%) in 2018. The proportion of registered deaths in Hong Kong attributed to cancers was 30.7% (i.e. 14 594 cases), with breast cancer ranked fourth (5.2%) in the causes of cancer deaths.

Commissioned study and recommendations on breast cancer screening

5. In October 2015, the Administration has commissioned The University of Hong Kong ("HKU") to conduct a study on risk factors associated with breast cancer for local women ("the HKU Study"), so as to help formulate the future strategies for breast cancer screening in Hong Kong. The study was completed in December 2019. Panel members were briefed on the key findings at the Panel meeting held on 10 July 2020. Taking into consideration the findings of the HKU study, CEWG has revised its recommendations on breast cancer screening, recommending women aged 44-69 with certain combinations of personalized risk factors¹ putting them at increased risk of breast cancer to consider mammography screening every two years.

Risk-based breast cancer screening programme

6. The Chief Executive announced in her 2020 Policy Address that the Administration will, based on the revised recommendations of the CEWG, adopt a risk-based, instead of age-based or population-based, approach for breast cancer screening. DH will provide breast cancer screening service to eligible women having regard to their risk of developing breast cancer. The Food and Health Bureau plans to report the progress to the Panel within the second quarter of 2021.

Cervical cancer

7. In 2018, cervical cancer ranked seventh (3.4%) on the list of the most common cancers for females, and ranked eighth (2.7%) among the causes of cancer deaths for females, as shown in **Appendix I**.

¹ Personalized risk factors include 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.

Recommendations on cervical cancer screening

8. CEWG has fine-tuned the recommendations on cervical cancer screening in June 2016, suggesting women aged 25 to 64 at average risk who ever had sexual experience to have cervical cancer screening by cytology every three years after 2 consecutive normal annual smears. Screening may be discontinued in women aged 65 or above if three previous consecutive smears within 10 years are normal. Women at or above 65 years of age who have never had a cervical smear should have the test.

Cervical Screening Programme

9. The Administration launched the territory-wide Cervical Screening Programme ("CSP") in March 2004 to facilitate and encourage women² to receive regular screening to reduce incidence and mortality from cervical cancer. The screening policy adopted by CSP is in line with the CEWG's recommendations. The major service providers under CSP include Maternal and Child Health Centres ("MCHCs") and Woman Health Centres ("WHCs") of DH, non-governmental organizations ("NGOs") and private healthcare service providers. MCHCs provide subsidized cervical cancer screening for the public at \$100 per visit.³ As at 31 December 2019, after excluding registered deaths, the cumulative number of women aged 25 to 64 who registered with CSP was about 549 700,⁴ accounting for 21.1% of local female population of this age group.

Community Care Fund Pilot Scheme on Subsidized Cervical Cancer Screening and Preventive Education for Eligible Low-income Women

10. To strengthen cervical cancer screening services especially among low-income groups, DH launched the three-year Community Care Fund Pilot Scheme on Subsidized Cervical Cancer Screening and Preventive Education

² CSP encourages women aged 25 to 64 who ever had sexual experience to receive regular screening by cytology every three years after receiving normal pap smear results for two consecutive years. Women aged 65 or above who have not received routine screenings in the past 10 years (including those who have never had cervical screening) should be screened. For women aged 21 to 24 who have risk factors for cervical cancer, they should discuss with their doctors about the need for screening

³ Fees are waived for women who are in receipt of the Comprehensive Social Security Assistance, holders of waiver of medical charges under the Medical Fee Waiving Mechanism of Public Hospitals and Clinics, and Level 0 voucher holders of the Pilot Scheme on Residential Care Service Voucher for the Elderly.

⁴ Figures are rounded to the nearest hundred.

for Eligible Low-income Women in December 2017. Under the Pilot Scheme, three NGOs⁵ have reached out to and encouraged eligible low-income women⁶ to receive cervical cancer screening and preventive education. Application for the Pilot Scheme was closed on 13 December 2020.

HPV vaccination programme

11. The above apart, the Administration announced in 2018 the expansion of the Hong Kong Childhood Immunisation Programme to incorporate the human papillomavirus ("HPV") vaccination programme for the prevention of cervical cancer. The Centre for Health Protection has started to provide free HPV vaccination to Primary Five and Six female students since the 2019-2020 school year.

Osteoporosis

12. According to WHO, osteoporosis is a systemic skeletal disease characterized by low bone density and microarchitectural deterioration of bone tissue with a consequent increase in bone fragility. Early osteoporosis is not usually diagnosed and remains asymptomatic. It does not become clinically evident until fractures occur. Common sites of fracture include thigh bone near the hip joint, spine (vertebrae) and forearm near the wrist. Vertebral fracture can result in a hunched-back and a decrease in body height, and sometimes back pain. Hip fracture is the most serious consequence of osteoporosis and can result in permanent disability and even death. Osteoporosis is three times more common in women than in men, partly because women have a lower peak bone mass and partly because of the hormonal changes that occur at the menopause.

13. According to DH, higher risk groups for osteoporosis include elders, female, Asian or Caucasian, persons who are underweight or of small frame, those having a family history, unhealthy lifestyle (such as smoking,

⁵ The three NGOs are Centre of Research and Promotion of Women's Health of the Chinese University of Hong Kong, the Family Planning Association of Hong Kong and United Christian Nethersole Community Health Service.

⁶ Eligible participants should meet the criteria for cervical cancer screening, hold a valid Hong Kong Identity Card; and are beneficiaries of any of the below assistance: (a) Comprehensive Social Security Assistance; (b) Level 0 voucher under the Pilot Scheme on Residential Care Service Voucher for the Elderly; (c) waiver of medical charges under the medical fee waiving mechanism of public hospitals and clinics; (d) Old Age Living Allowance; (e) Low-income Working Family Allowance; (f) Work Incentive Transport Subsidy; or (g) having household member(s) granted subsidy/remission under the School Textbook Assistance or the Kindergarten and Child Care Centre Fee Remission Scheme.

inadequate calcium intake, inadequate vitamin D intake, excessive caffeine intake, consuming too much salty food, doing little or no weight-bearing exercise and excessive alcohol consumption), diseases (such as estrogen deficiency, testosterone deficiency and endocrine diseases) as well as those on certain medications such as long-term use of high dose steroid.

14. Statistics of the Census and Statistics Department show that the number of persons reported to have suffered from osteoporosis in Hong Kong was 79 300 as at early 2019, of which 79.1% were females, who had a higher incidence rate (1.7%) than their male counterparts (0.5%).

Preventive services for osteoporosis

15. Generally speaking, osteoporosis can be prevented by adopting lifestyle. Fall prevention is important in preventing fractures and other complications, especially for those having osteoporosis. At present, the Administration does not provide no bone mineral density screening service in Hong Kong as there is insufficient scientific evidence to support a territory-wide osteoporosis screening programme. Health education on osteoporosis is provided by DH through various means. Separately, the District Health Centres ("DHCs") will attend to promote primary prevention of osteoporosis and osteoporotic fracture through evidence-based measures which include education on sufficient calcium and vitamin D levels, regular weight-bearing exercise, fall prevention, and avoidance of tobacco and excessive alcohol. For high risk elderly, muscle strength and balance training, advice on mobility aids and gadgets as well as advice on home hazards and safety intervention or modification will be provided as appropriate. For patients referred by the Hospital Authority ("HA") or network medical professionals to join the fracture hip rehabilitation programme, individualized treatment sessions by a range of allied health professionals (including physiotherapists and occupational therapists) and suggestion on home modification to prevent repeated falls would also be offered.

Major views and concerns of members

Breast Cancer

16. At the Panel meeting held on 10 July 2020, members were briefed on the key findings of the HKU Study, the personalized risk stratification model developed for local women for estimating the risk of developing breast cancer, as well as the revised recommendations on breast cancer screening made by CEWG. The Subcommittee also discussed issues relating to breast cancer

screening at its meetings held between April 2019 and March 2020. The deliberations and concerns of members are summarized in the following paragraphs.

Implementation of a screening programme

17. While welcoming CEWG's revised recommendations on breast cancer screening for women at increased risk that this group of women should have mammography every two years, members asked for the reason why the Administration still refused to adopt an age-based approach on breast cancer screening as practised in Taiwan and some other places, in order to build up a breast cancer database for local women.

18. The Administration pointed out that study results showed that population-based breast cancer screening might result in overdiagnosis and risk-based screening programme could contribute to a higher detection rate and was more effective than a population-based screening programme in reducing the morbidity and mortality of breast cancer. Based on the findings of the HKU Study and CEWG's revised recommendations, the Administration would adopt a risk-based approach, instead of an age-based or population-based approach, in determining the next step for breast cancer screening in Hong Kong.

19. Noting that eligible women (especially those from grass-root families) might have difficulties to undergo breast cancer screening due to lack of means, members enquired if any subsidy would be provided under the screening programme. They urged the Administration to take this into account when mapping out the way forward for breast cancer screening.

20. Members also expressed concern about whether the capacity of the healthcare system would hinder the implementation of the screening programme. The Administration would take into account, among others, the capacity of the healthcare system with respect to resources, manpower and infrastructure when determining the way forward for breast cancer screening in Hong Kong.

Screening tool

21. Pointing out that 3D mammography reduced the number of false positive results and caused less discomfort when comparing to conventional mammography, members questioned whether the public healthcare system would procure more 3D mammography machines for the screening. Members were advised that HA would procure 3D mammography machines when making procurement in this regard.

Cervical Cancer

22. At the Panel meeting on 15 October 2018 and the Subcommittee meeting on 20 May 2019, members were of the view that the Administration should also consider providing the vaccine for secondary female students and implementing a catch-up programme in this regard for women aged 24 or below. Members were advised that it was recommended by WHO that girls aged 9 to 13 should be provided with two doses of HPV vaccine. The Administration had taken into account the joint consensus recommendations of the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections, and the findings of a local economic analyses conducted by the School of Public Health of HKU in setting the target group of HPV vaccination. As a first step, the vaccination would cover Primary Five and Six female students.

Osteoporosis

23. Members deliberated prevention of osteoporosis at the Panel meeting held on 12 June 2020.

Screening services for osteoporosis

24. Members called on the Administration to provide osteoporosis screening services at DHCs and WHCs to identify people at risk of developing osteoporosis and strengthen bone health management and fall prevention. They believed that it was cost effective for DHCs or other clinics under DH to provide dual energy X-ray absorptiometry scan on bone mineral density, which was estimated to cost \$500 for each test, as there were about 10 000 hip fracture hospital admissions each year which on average involved a healthcare cost of \$100 000 per case.

25. The Administration advised that there was currently no sufficient evidence to support a territory-wide osteoporosis screening programme in

Hong Kong. Hence, bone mineral density screening service was not part of the health promotion and disease prevention services offered to all women at or below 64 years of age by MCHCs and WHCs. The Administration added that it was not a common practice in other places to implement universal screening programme as the development of osteoporosis was attributable to a number of risk factors, such as age, sex and medical history.

26. Referring to the International Osteoporosis Foundation's findings that one out of three women and one out of five men among the global population aged 50 or above suffered from osteoporotic fracture, members called on the Administration to conduct a study on the local situation; provide free and regular osteoporosis screening services for females aged 50 or above and males aged above 65 in the public healthcare sector or through public-private partnership; and step up health education on prevention of osteoporosis. The Administration took note of members' views, adding that the implementation of screening programmes for any chronic diseases had to be thoroughly examined and subject to the availability of scientific evidence.

Elderly Health Care Voucher

27. Considering that the scope of the Elderly Health Care Voucher ("EHV") Scheme covered the management of osteoporosis in the private healthcare sector, members suggested that the annual voucher amount of the EHV Scheme should be increased and all persons aged 50 or above should become eligible to use the voucher for receiving bone mineral density measurement in the private sector.

Motions passed on prevention of osteoporosis

28. Two motions were passed at the Panel meeting held on 12 June 2020, urging the Administration to include osteoporosis screening as a pilot scheme on primary care services, and to provide free osteoporosis screening services for females aged 50 or above and males aged above 65 on a territory-wide basis, and upon completion of the screening, make arrangements to conduct review for cases without health issues, marginal cases and those with health issues at five-yearly intervals, three-yearly intervals, and annually respectively. The wording of the motions is in **Appendix II and III** respectively.

Relevant papers

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

Council Business Division 4
Legislative Council Secretariat
7 June 2021

Leading Cancer Sites in 2018

10 Most Common Cancers					
Male					
Rank	Site	No. of new cases	Relative frequency	Crude incidence rate*	Median age (yr)
1	Colorectum	3,259	19.1%	95.6	68
2	Lung	3,245	19.0%	95.2	70
3	Prostate	2,204	12.9%	64.6	71
4	Liver	1,359	8.0%	39.8	65
5	Stomach	739	4.3%	21.7	70
6	Nasopharynx	634	3.7%	18.6	56
7	Non-melanoma skin	576	3.4%	16.9	70
8	Non-Hodgkin lymphoma	567	3.3%	16.6	67
9	Kidney and other urinary organs except bladder	513	3.0%	15.0	63
10	Lip, oral cavity and pharynx except nasopharynx	476	2.8%	14.0	64
	All sites	17,040	100%	499.7	68
Female					
Rank	Site	No. of new cases	Relative frequency	Crude incidence rate*	Median age (yr)
1	Breast	4,618	27.2%	114.3	57
2	Colorectum	2,375	14.0%	58.8	68
3	Lung	2,007	11.8%	49.7	68
4	Corpus uteri	1,165	6.9%	28.8	55
5	Thyroid	806	4.7%	19.9	50
6	Ovary and peritoneum	664	3.9%	16.4	54
7	Cervix	582	3.4%	14.4	54
8	Stomach	538	3.2%	13.3	68
9	Non-melanoma skin	531	3.1%	13.1	74
10	Non-Hodgkin lymphoma	441	2.6%	10.9	64
	All sites	16,988	100%	420.4	62
Both sexes					
Rank	Site	No. of new cases	Relative frequency	Crude incidence rate*	Median age (yr)
1	Colorectum	5,634	16.6%	75.6	68
2	Lung	5,252	15.4%	70.5	69
3	Breast	4,645	13.7%	62.0	57
4	Prostate	2,204	6.5%	64.6	71
5	Liver	1,742	5.1%	23.4	67
6	Stomach	1,277	3.8%	17.1	69
7	Corpus uteri	1,165	3.4%	28.8	55
8	Non-melanoma skin	1,107	3.3%	14.9	71
9	Thyroid	1,037	3.0%	13.9	51
10	Non-Hodgkin lymphoma	1,008	3.0%	13.5	66
	All sites	34,028	100%	456.7	65

10 Major Causes of Cancer Deaths					
Male					
Rank	Site	No. of deaths	Relative frequency	Crude mortality rate*	Median age (yr)
1	Lung	2,525	29.6%	74.0	73
2	Colorectum	1,309	15.4%	38.4	74
3	Liver	1,089	12.8%	31.9	69
4	Prostate	468	5.5%	13.7	82
5	Stomach	414	4.9%	12.1	75
6	Pancreas	393	4.6%	11.5	71
7	Oesophagus	250	2.9%	7.3	69
8	Nasopharynx	232	2.7%	6.8	61
9	Non-Hodgkin lymphoma	223	2.6%	6.5	74
10	Leukaemia	210	2.5%	6.2	71
	All sites	8,526	100%	250.0	72
Female					
Rank	Site	No. of deaths	Relative frequency	Crude mortality rate*	Median age (yr)
1	Lung	1,328	21.9%	32.9	73
2	Colorectum	1,005	16.6%	24.9	78
3	Breast	753	12.4%	18.6	61
4	Liver	398	6.6%	9.8	79
5	Pancreas	318	5.2%	7.9	74
6	Stomach	273	4.5%	6.8	76
7	Ovary and peritoneum	265	4.4%	6.6	64
8	Cervix	163	2.7%	4.0	61
9	Non-Hodgkin lymphoma	152	2.5%	3.8	77
10	Leukaemia	139	2.3%	3.4	69
	All sites	6,068	100%	150.2	72
Both sexes					
Rank	Site	No. of deaths	Relative frequency	Crude mortality rate*	Median age (yr)
1	Lung	3,853	26.4%	51.7	73
2	Colorectum	2,314	15.9%	31.1	75
3	Liver	1,487	10.2%	20.0	71
4	Breast	756	5.2%	10.1	61
5	Pancreas	711	4.9%	9.5	72
6	Stomach	687	4.7%	9.2	75
7	Prostate	468	3.2%	13.7	82
8	Non-Hodgkin lymphoma	375	2.6%	5.0	76
9	Leukaemia	349	2.4%	4.7	70
10	Oesophagus	311	2.1%	4.2	70
	All sites	14,594	100%	195.9	72

* All rates are expressed per 100,000 population. Rates for gender-specific sites are per 100,000 male or female population.

Statistics on the number of deaths are provided by the Census and Statistics Department and Department of Health of HKSAR.

衛生事務委員會
Panel on Health Services

在 2020 年 6 月 12 日的會議上就議程第 IV 項
"預防骨質疏鬆症"通過的議案
Motion passed at the meeting on 12 June 2020 under agenda item IV
"Prevention of osteoporosis"

鑒於有研究指出，本港 65 歲以上人士有四成患有骨質疏鬆症，而骨質疏鬆症患者較容易骨折，就此本會促請政府將骨質疏鬆篩查納入基層醫療先導計劃。

動議人：鄭俊宇議員

(Translation)

Given that some studies have pointed out that 40% of people aged over 65 in Hong Kong have suffered from osteoporosis and osteoporosis patients have a higher risk of bone fractures, this Panel urges the Government to include osteoporosis screening as a pilot scheme on primary care services.

Moved by : Hon KWONG Chun-yu

**衛生事務委員會
Panel on Health Services**

**在 2020 年 6 月 12 日的會議上就議程第 IV 項
"預防骨質疏鬆症"通過的議案
Motion passed at the meeting on 12 June 2020 under agenda item IV
"Prevention of osteoporosis"**

為預防骨質疏鬆症，本委員會促請特區政府盡快為全港 50 歲或以上女性及 65 歲以上男性提供免費骨質密度篩查服務。待完成篩查後，安排健康個案每 5 年覆檢、邊緣個案每 3 年覆檢，及有健康問題個案每年覆檢。

動議人：葛珮帆議員
和議人：陳凱欣議員

(Translation)

For the purpose of preventing osteoporosis, this Panel urges the HKSAR Government to provide free osteoporosis screening services for females aged 50 or above and males aged above 65 on a territory-wide basis, and upon completion of the screening, make arrangements to conduct review for cases without health issues, marginal cases and those with health issues at five-yearly intervals, three-yearly intervals, and annually respectively.

Moved by : Hon Elizabeth QUAT
Seconded by : Hon CHAN Hoi-yan

List of relevant papers

Committee	Date of meeting	Paper
Panel on Health Services	12 June 2020 (Item IV)	Agenda Minutes CB(2)142/20-21
	10 July 2020 (Item III)	Agenda Minutes CB(4)534/20-21
Subcommittee on Issues Relating to the Support for Cancer Patients	17 March 2020 (Item II)	Agenda Minutes CB(2)1409/19-20
	20 May 2019 (Item I)	Agenda Minutes CB(2)1876/18-19
Council Meeting	23 January 2019	Question 18 - Study on the risk factors associated with breast cancer for local women
	20 November 2019	Question 10 - Osteoporosis
	16 December 2020	Question 22 - Primary healthcare services
	20 January 2021	Question 10 - Human papillomavirus vaccination programme