

LCQ18: Prevention and treatment of breast cancer

Following is a question by the Hon Paul Tse and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 20):

Question:

According to the information from the Hong Kong Cancer Registry under the Hospital Authority (HA), breast cancer is the most common cancer among women in Hong Kong (with one in every 16 women developing breast cancer). In recent years, there has been an upward trend in the number of cases of women being diagnosed with breast cancer: 1 152 cases in 1993 rising by about three times to 3 900 cases in 2015 (i.e. 10 women were diagnosed with breast cancer each day on average). Breast cancer patients in Hong Kong are relatively younger than their overseas counterparts, with the lowest incidence age being 20. It has been reported that in the United States, a female terminal breast cancer patient whose cancer cells had spread to the liver and other organs was selected for participation in an immunotherapy trial (adoptive cell transfer (ACT) therapy), which enlisted her own "tumor-infiltrating lymphocytes" (TILs which contained T cells) to fight against the cancer, coupled with drug treatment which assisted her immune system in attacking cancer cells. Forty-two weeks later, no cancer cells could be found in her body and there was no relapse of cancer within two years. The same therapy was also very effective in treating two other patients suffering from terminal liver cancer and terminal colon cancer respectively. A doctor of the United States National Cancer Institute considered that the three cases had indicated that the aforesaid therapy would hopefully provide a blueprint for treating solid tumours in body organs (e.g. stomach cancers, oesophageal cancers, etc.). Regarding the prevention and treatment of breast cancers, will the Government inform this Council:

(1) whether it knows the number of patients diagnosed with breast cancer in each of the past three years and, among them, the number of those whose cancer had reached advanced and terminal stages when they were diagnosed;

(2) whether it knows, apart from palliative care, other more positive therapies for terminal breast cancer patients; the costs and efficacy of such therapies; whether there are drugs for treating terminal breast cancer in the Hospital Authority Drug Formulary at present; if so, of their prices;

(3) given that ACT therapy gives terminal breast cancer patients a ray of hope, coupled with the fact that its side effects are much milder than those of conventional therapies, such as chemotherapy and electrotherapy, whether the Government and the authorities will consider studying the introduction of this technique or developing it on their own initiatives, with a view to providing an additional option for those terminal breast cancer patients who volunteer to try new therapies;

(4) given that quite a number of breast cancer patients have relayed that oncologists and surgeons often have conflicting opinions, with the former mostly recommending that the patients should receive chemotherapy first and surgery to remove tumour should be performed only after the spread of cancer cells has been effectively controlled or the size of the tumour has reduced, while the latter mostly advocating surgical removal of the tumour first before chemotherapy or electrotherapy, thus leaving patients perplexed, of the measures put in place by the Government to assist the patients in making appropriate decisions after weighing the opinions of the two sides;

(5) as some oncology experts have pointed out that genetic testing technique, which has been implemented in overseas countries for 10 years, analyses the hazard of a tumour and the risk of relapse and can help patients determine whether it is suitable to receive chemotherapy and spend some \$200,000 on it, but such genetic testing services are unavailable in public hospitals in Hong Kong so far, whether the Government knows the reasons for that; whether it will consider introducing such genetic testing services expeditiously; whether HA has assessed if the techniques used in Hong Kong for treating cancers were below international standards;

(6) given that earlier, the Government announced the injection of \$50 billion for the development of innovation and technology, whether the Government will consider, in addressing the medical needs of the terminal breast cancer patients in Hong Kong, taking the initiative to invite the medical research institutes which intend to introduce ACT therapy to apply for research grants, with a view to meeting the critical and urgent needs of the patients; and

(7) whether the Government will, on the basis of the notion that prevention is better than cure, and making reference to UK's offer of breast screening services for its nationals and the successful example of the Colon Assessment Public-Private Partnership Programme launched by HA in 2016, offer non-means-tested free breast screening services for all women of the relevant age cohort in the territory; if so, of the details and the implementation timetable; if not, the reasons for that?

Reply:

President,

Having consulted the Innovation and Technology Bureau, my reply to the various parts of the question raised by the Hon Paul Tse is as follows:

(1) The Hong Kong Cancer Registry (HKCaR) of the Hospital Authority (HA) oversees cancer surveillance and assists in compiling and analysing data on cancer cases in the local population to facilitate the planning of relevant medical services. The HKCaR's statistics on the incidence and stage distribution of female breast cancer cases in Hong Kong from 2013 to 2015 are tabulated below:

Year	Stage I	Stage II	Stage III	Stage IV	Unstaged	Total
2013	1 098	1 277	528	262	359	3 524
2014	1 252	1 334	610	318	354	3 868
2015	1 255	1 327	635	277	406	3 900

(2) Cancer service provided by the HA is based on a coordinated cross-specialty (e.g. pathology, radiology, medicine, surgery, clinical oncology, palliative care) and cross-disciplinary service system, and is organised on a cluster basis. Doctors from different specialties (including oncology and surgery) work closely with each other to make appropriate treatment plans for patients according to their clinical conditions.

Generally speaking, terminal cancer patients need more support in the final stage of their lives owing to changes in their medical conditions and emotions. Such support includes in-patient service for functional disabilities, continuous care upon discharge from hospitals and psychosocial support to alleviate emotional disturbances. The palliative care service of the HA provides holistic care and support for patients suffering from life-threatening illnesses and their families to meet their physical, psychological, social and spiritual needs, so that the patients will be able to face death in a dignified and peaceful way.

Currently, the HA provides palliative care service in all its seven clusters. The scope of service includes in-patient service, out-patient service, day care service, home care service and bereavement service. With the aim of providing holistic care for patients, the HA has been providing appropriate palliative care under a comprehensive service model for terminally-ill patients and their families through a multi-disciplinary teams of professionals, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc.

The HA will continue to regularly review the demand for various medical services and plan for the development of such services having regard to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and will collaborate with community partners to better meet the needs of patients.

At present, there are different drugs in the HA Drug Formulary for treatment of terminal breast cancer. The table below sets out the information of the relevant drugs:

Drug name	Category	Cost
Capecitabine	General drug ¹	Standard fees and charges
Gemcitabine	General drug	Standard fees and charges

Vinorelbine	Special drug ²	Standard fees and charges
Doxorubicin Liposomal	Self-financed item ³	\$15,207 for every four weeks
Eribulin	Self-financed item	\$17,880 for every three weeks

Note:

1. General drugs are drugs with well-established indications and cost-effectiveness which are available for general use as indicated by patients with relevant clinical indications. These drugs are provided at standard fees and charges in public hospitals and clinics.
2. Special drugs are drugs used under specific clinical conditions with specific specialist authorisation. These drugs are provided at standard fees and charges in public hospitals and clinics when prescribed under specific clinical conditions. Patients who do not meet the specified clinical conditions but choose to use these Special drugs are required to pay for them.
3. Self-financed items include drugs with preliminary medical evidence only, drugs with marginal benefits over available alternatives but at significantly higher costs, and lifestyle drugs. These drugs are not covered by standard fees and charges. Patients who choose to use these drugs are required to purchase these drugs at their own expense.

(3)&(5) The HA notices that immunotherapy with adoptive transfer of autologous tumour-infiltrating T lymphocytes, and checkpoint inhibitor pembrolizumab, is a proof of principle for the use of immunotherapy in metastatic breast cancer, but it is still experimental. Its long term efficacy and safety need to be confirmed in larger clinical trials before it could be applied more widely in clinical practice. In addition, not every patient is expected to be suitable or would benefit from the treatment. Similarly, the application of genetic testing technique to assess the risk of tumour relapse is yet to be confirmed. The HA will keep closely in view the development of medical technology. Moreover, it has an established mechanism under which experts study and review regularly the testing and treatment options for patients, and the latest development of clinical and scientific evidences of drugs, so that adjustments can be made as appropriate. During the process, factors such as scientific evidences, cost-effectiveness, opportunity cost, technological advancement and views of patient groups are taken into account.

(4) The HA has been providing appropriate services for cancer patients through its multi-specialty team of professionals specialised in pathology, radiology, medicine, surgery, clinical oncology and palliative care. For patients with complex breast cancer, cancer case managers co-ordinate communication within the multi-specialty team, while surgeons and clinical oncologists maintain communication through various channels including close collaboration at multi-disciplinary conferences, so as to make appropriate treatment arrangements for patients according to their conditions and wishes.

(6) The government has set aside over \$50 billion in the 2018-19 Budget to promote the development of innovation and technology in Hong Kong. One of the initiatives is to establish research clusters on healthcare technologies and on artificial intelligence and robotics technologies in the Hong Kong Science Park. The research cluster on healthcare technologies aims to attract local, Mainland and overseas top universities, scientific research institutions and technology enterprises for conducting more research and development (R&D) projects on healthcare technologies. In addition, the Innovation and Technology Fund finances applied R&D projects that can contribute to industrial innovation and technologies upgrading, including biotechnology-related projects, which covers researches on new drugs and therapy for various diseases.

(7) The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Government's Cancer Coordinating Committee has kept abreast of the latest local and international scientific evidence on cancer prevention and screening, and conducted timely reviews to ensure the evidence-based recommendations that CEWG formulated are applicable to the local circumstances.

After considering the emerging scientific evidence, the CEWG considers that it is still unclear whether population-based mammography screening does more good than harm in local asymptomatic women. Therefore, the CEWG concludes that there is insufficient evidence to recommend for or against population-based mammography screening for asymptomatic women at average risk in Hong Kong. For women at increased risk (e.g. carriers of certain deleterious gene mutations, those with a family history of breast or ovarian cancer), they should seek doctors' assessment and advice before deciding whether they should undergo breast cancer screening.

Given the lack of justification from public health perspectives as supported by scientific evidence, the Government at present does not have plans to introduce a population-based mammography screening programme. The Government and the medical sector need to gather more research findings and data to explore whether it is appropriate to implement population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. Before a conclusion is drawn, service providers should offer adequate explanation to women who are considering breast cancer screening regarding its benefits, harms and limitations in order to help them make an informed choice.

Evidence (Amendment) Bill 2018 to be gazetted on Friday

The Government will introduce the Evidence (Amendment) Bill 2018 into

the Legislative Council (LegCo) to reform the common law rule against hearsay evidence in criminal proceedings (hearsay rule) by way of an elaborate legislative scheme.

A spokesman for the Department of Justice (DoJ) said today (June 20), "Under the proposed legislative scheme, hearsay evidence can be adduced if the parties agree, if no party opposes its admission, or if the court grants permission upon certain conditions being satisfied, including that the evidence is necessary and there is reasonable assurance that it is reliable."

The proposal is formulated on the basis of the recommendations of the Law Reform Commission of Hong Kong in its report on "Hearsay in Criminal Proceedings" published in November 2009.

The spokesman added that the proposed legislative scheme also contains other safeguards to prevent miscarriages of justice and unsafe convictions and strikes a fair balance between the fair trial right of the accused and other legitimate interests.

"The introduction of the new legislation would align the hearsay rule with the developments in other major common law jurisdictions, such as England and New Zealand. The reform will address the criticisms against the hearsay rule that it is strict and inflexible, is complicated and lacks clarity, and excludes hearsay evidence even if it is cogent and reliable," the spokesman noted.

A consultation on the proposals was conducted in 2017. The LegCo Panel on Administration of Justice and Legal Services was also briefed on the consultation exercise as well as the policy aspects of the Bill in March 2017 and February 2018 respectively. The Panel and responses received during the public consultation in 2017 were supportive of the proposed legislation.

The Bill will be gazetted on Friday (June 22) and introduced to LegCo on July 4.

[Hong Kong Customs seizes suspected dangerous drugs \(with photos\)](#)

Hong Kong Customs seized a batch of suspected dangerous drugs including about 1 kilogram of suspected methamphetamine, 400 grams of suspected crack cocaine and 250 grams of suspected ketamine with an estimated market value of about \$1.16 million in total at Hong Kong International Airport, Sheung Shui and Mong Kok on June 16 and yesterday (June 19).

Customs officers inspected an air mail parcel arriving from Malaysia on June 16 and found about 250 grams of suspected ketamine. After investigation,

Customs officers yesterday arrested a 29-year-old man suspected to be in connection with the case in Sham Shui Po.

Customs officers also intercepted a 30-year-old man in Sheung Shui yesterday afternoon. About 400 grams of suspected crack cocaine and a batch of drug packaging paraphernalia were found inside his private car. The man was then arrested.

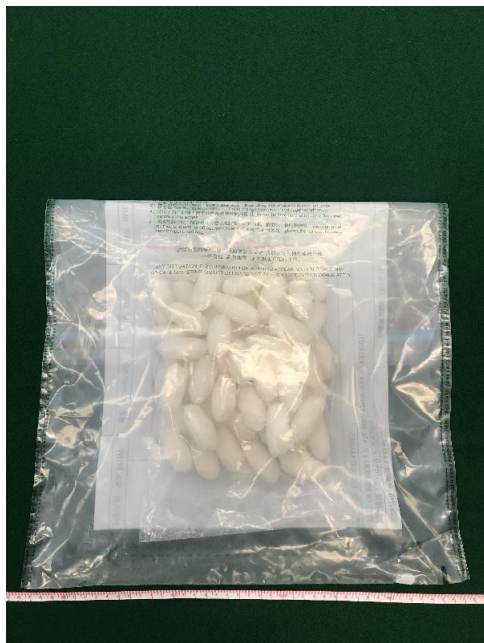
Customs officers intercepted another 30-year-old man in Mong Kok on the same night and found about 1 kilogram of suspected methamphetamine inside a plastic bag carried by him. Subsequently, the arrested person was escorted to a residential premises in the vicinity where a batch of drug packaging paraphernalia was seized. Small amounts of suspected methamphetamine and crack cocaine were further seized in his residence in Yau Tong.

Investigations are ongoing.

Under the Dangerous Drugs Ordinance, trafficking in a dangerous drug is a serious offence. The maximum penalty upon conviction is a fine of \$5 million and life imprisonment.

Members of the public may report any suspected drug trafficking activities to the Customs 24-hour hotline 2545 6182 or dedicated crime-reporting email account (crimereport@customs.gov.hk).





LCQ16: Protection of animal rights, interests and welfare

Following is a question by the Hon Chan Hak-kan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 20):

Question:

Regarding the protection of animal rights, interests and welfare, will the Government inform this Council:

- (1) whether it will study the formulation of guidelines on the space, food, water, etc. that animal keepers are required to provide for various types of animals;
- (2) whether it will organise courses on the knowledge and skills needed for keeping various types of animals; if so, of the details; if not, the reasons for that;
- (3) of the number, content and effectiveness of the dog training courses organised in the past five years for dog owners by the Agriculture, Fisheries and Conservation Department;
- (4) whether it will consider afresh making it mandatory for persons convicted of cruelty to animals or animal abandonment to attend courses relating to animal welfare; if so, of the details; if not, the reasons for that;

(5) whether it will consider amending the legislation to require cat owners to arrange for microchipping their cats; if so, of the details; if not, the reasons for that;

(6) as there are views that the number of animals being adopted has been on the low side over the years, whether the authorities will launch an animal adoption fund to support animal welfare organisations (AWOs) to promote animal adoption; if so, of the details; if not, the reasons for that;

(7) given that with the completion of the three-year "Trap-Neuter-Return" Trial Programme for Stray Dogs in January this year, the authorities indicated last month that they were open-minded about AWOs or other groups conducting this type of programme at specific locations, of the attitude taken by the authorities regarding the implementation of the same type of programme to tackle the problem of stray cats, as well as whether they will provide the relevant organisations or groups with the resources and support needed;

(8) of the number of cases in which animals smuggled into the territory were seized by the authorities in each of the past five years, with a breakdown by the boundary control point where such animals were seized; among such cases, the number and percentage of those involving endangered species; the measures to be put in place to step up the efforts in combating such smuggling activities; and

(9) of the number of complaints received by the authorities in the past five years involving pet services (including beauty, boarding, hospice services) and the use of animals in commercial activities (e.g. pet cafes); the legislation currently in place to regulate such activities, and whether it will study stepping up the regulation of the relevant activities through licensing; if so, of the details; if not, the reasons for that?

Reply:

President,

Having consulted the relevant departments, my reply to various parts of the question is as follows.

(1) and (2) To further protect animal welfare, the Government is exploring the introduction of a concept of positive duty of care on animal keepers in the legislation. At the same time, having regard to overseas practices and the situation in Hong Kong, we plan to draw up code(s) of practice for animal caring, covering among others requirements for carers to provide their animals with suitable diet and living environment, with a view to protecting animal welfare and health.

The Agriculture, Fisheries and Conservation Department (AFCD) has set up a dedicated website on animal keeping and management (www.pets.gov.hk/english/index.html), which provides relevant information on taking proper care of various types of pets. In addition, AFCD and partner

organisations organise various activities from time to time to promote animal welfare and adoption, and provide the public with the knowledge of animal keeping. To tie in with the above legislative amendments and code(s) of practice for animal caring, we will further enhance our publicity and education efforts.

(3) AFCD organised a total of 22 dog training courses for more than 750 dog owners from 2013 to May 30, 2018. Featuring both theory and practical sessions, these courses covered common behavioural problems of dogs and basic skills in dog training, with the aim of promoting the message on responsible pet ownership and educating participants on proper control of dogs. These courses were well-received with positive feedback, showing that dog owners considered them helpful in enriching their knowledge of dog management. AFCD will continue to allocate resources for organising more dog training courses.

(4) In reviewing the legislation relating to animals, we will also examine the feasibility of empowering the courts to prohibit convicted persons from keeping animals again having regard to severity of the cases. Meanwhile, AFCD will explore ways to help convicted persons enhance their knowledge of proper caring of animals, such as through providing online courses or information, and encouraging them to take dog training courses, etc.

(5) Cats are usually kept indoors. Since cats infected with rabies are less likely to exhibit aggressive behaviour, the risk of spreading rabies in the community by cats is far lower than that by dogs. Under the Rabies Regulation (Cap 421A), cat owners are not required to have their cats licensed, vaccinated against rabies and microchipped.

This notwithstanding, cat owners may take their cats to veterinary clinics for vaccination against rabies and microchipping for identification purpose. Furthermore, in reviewing the effectiveness of the Public Health (Animals and Birds) (Trading and Breeding) Regulations (Cap 139B) in the future, we will also consider whether it is necessary to extend the regulation to also cover cat breeding and trading activities, as well as to incorporate the requirement of microchipping cats for sale.

(6) AFCD has been collaborating with animal welfare organisations (AWOs) to enhance animal welfare and promote animal adoption. As most AWOs are non-profit making with limited resources, the Government, as long as resources permit, has been providing subvention for these AWOs since 2011 to support their work, which includes promoting animal adoption and disseminating messages on responsible pet ownership, etc. Interested AWOs may submit their applications together with details of their animal welfare initiatives, estimated budget, and the associated performance indicators under the proposed programme to AFCD for consideration.

With the implementation of the above-mentioned measures and the close collaboration between AFCD and AWOs, the number of stray cats and dogs caught by AFCD has decreased by around 70 per cent over the past five years. Over the same period of time, the animal adoption rate has been gradually rising from 10.8 per cent in 2013 to 15.6 per cent in 2017. We will continue to step

up our efforts in promoting animal adoption.

(7) Cats are not a major source of rabies transmission, thus having less implication for public health and safety. At present, some AWOs (such as the Society for the Prevention of Cruelty to Animals) run the "Trap-Neuter-Return" programme for stray cats with their own resources. AFCD has been supporting work of the organisations concerned, by explaining the programme to relevant stakeholders and handling complaints about stray cats.

(8) In accordance with the Public Health (Animals and Birds) Ordinance (Cap 139) and the Rabies Ordinance (Cap 421), AFCD regulates the import of animals from other places through a permit system to prevent the transmission of diseases into Hong Kong through animals.

AFCD's dog handlers perform duties with their quarantine detector dogs at various boundary control points in Hong Kong, and take surveillance and enforcement actions against illegal import of animals in collaboration with other law enforcement departments. If any act of illegal import of animals is found or suspected, members of the public may report the case to AFCD.

On publicity and education, dog handlers, together with their quarantine detector dogs, often conduct talks and demonstrations at schools and in local communities to promote the messages on prevention of animal smuggling.

The number of cases relating to seizure of animals smuggled into the territory by AFCD in the past five years is at Annex 1.

(9) The Public Health (Animals and Birds) (Trading and Breeding) Regulations (Cap 139B) and the Public Health (Animals) (Boarding Establishment) Regulations (Cap 139I) regulate the activities of animal traders and boarding establishments respectively in Hong Kong. A breakdown of complaints against such shops received by AFCD in the past five years is at Annex 2.

As stipulated in the Prevention of Cruelty to Animals Ordinance (Cap 169), any person who cruelly beats, kicks, ill-treats, over-rides, over-drives, overloads, tortures, infuriates, or terrifies any animal, or, by wantonly or unreasonably doing or omitting to do any act, causes any unnecessary suffering to any animal commits an offence, and shall be liable on conviction to a fine of \$200,000 and to imprisonment for three years. Enforcement departments will follow up on individual cases depending on the evidence available. Any person who intentionally causes suffering to animals when operating an animal related business (e.g. animal grooming) may be prosecuted.

Regarding "animal cafe", operators are required to comply with the Food Business Regulation (Cap 132X) just as operators of other food premises. As for hospice services for animals, operators are required to comply with the provisions of relevant ordinances, including the Public Health and Municipal Services Ordinance (Cap 132), the Air Pollution Control Ordinance (Cap 311), the Fire Services Ordinance (Cap 95), the Dangerous Goods Ordinance (Cap 295) and the Buildings Ordinance (Cap 123), as well as land lease conditions. The

numbers of complaints about hospice services for pets received by the Environmental Protection Department, the Lands Department and the Fire Services Department respectively in the past five years are set out in Annex 3.

The Government currently has no plan to set up a separate licensing system for regulating other commercial activities relating to animals.

Phishing email related to The Hongkong and Shanghai Banking Corporation Limited

The following is issued on behalf of the Hong Kong Monetary Authority:

The Hong Kong Monetary Authority (HKMA) wishes to alert members of the public to a press release issued by The Hongkong and Shanghai Banking Corporation Limited on phishing e-mail, which has been reported to the HKMA. Hyperlink to the press release is available on [the HKMA website](#) for ease of reference by members of the public.

Anyone who has provided his or her personal information to the e-mail concerned or has conducted any financial transactions through the e-mail should contact the bank concerned using the contact information provided in the press release, and report to the Police or contact the Cyber Security and Technology Crime Bureau of the Hong Kong Police Force at 2860 5012.