

DH to extend coverage of Colorectal Cancer Screening Programme to Hong Kong residents aged 50 to 75

The Department of Health (DH) announced today (December 19) that the Colorectal Cancer Screening Programme (CRCSP), starting on January 1 next year, will further extend its coverage to Hong Kong residents aged 50 to 75, i.e. those born in the years 1944 to 1970.

Regularised by the DH in August last year, the CRCSP aims to heavily subsidise asymptomatic Hong Kong residents to undergo screening tests in three phases. The first and second phases cover people aged 61 to 75 and those aged 56 to 75 respectively, while the last phase will further extend the coverage to those aged 50 to 75.

Colorectal cancer is the most common cancer locally. In 2017, there were 5 635 newly diagnosed colorectal cancer cases, accounting for 17.0 per cent of all new cancer cases, or about one in six new cancer cases. According to the figures in 2018, colorectal cancer led to 2 314 deaths, accounting for 15.9 per cent of all cancer deaths, or about one in six cancer deaths. It is the second most common cause of cancer death in Hong Kong, coming only after lung cancer.

A spokesman for the DH said that the screening can identify those who have colorectal cancer before they present with symptoms, or individuals at increased risk of colorectal cancer and enable them to receive early treatment. Eligible persons are encouraged to join the CRCSP as soon as possible.

The spokesman also reminded those born in 1943 to seize the chance to enrol in the CRCSP on or before December 31 this year, or else they will lose the eligibility with their age exceeding the upper limit next year.

There is no quota for participants under the CRCSP and it is heavily subsidised by the Government. Details of the screening pathway and corresponding subsidies are as follows:

(1) Participants shall attend a medical consultation by an enrolled primary care doctor (PCD) to receive a Faecal Immunochemical Test (FIT) screening. A government subsidy of \$280 per consultation applies including the second consultation to follow up on a positive FIT test result.

(2) If the FIT result is positive, the participant will be referred to see an enrolled colonoscopy specialist to receive a colonoscopy examination subsidised by the Government so as to find out the cause of bleeding. Under the standard colonoscopy service package targeted at FIT-positive participants, the subsidy amount is \$8,500 if polyp removal is necessary,

whereas the amount is \$7,800 if no polyp removal is needed. Colonoscopy specialists may charge a co-payment not exceeding \$1,000 when providing the standard colonoscopy examination service.

For FIT-negative participants, they should receive FIT re-screening every two years until they pass the age of 75 in order to maximise the Programme's capability to prevent colorectal cancer. They will receive reminders via SMS, email or postal mail when they are due for re-screening. The subsidised FIT re-screening services are provided in any enrolled PCD clinic.

To date, more than 770 PCDs have successfully enrolled in the CRCSP covering about 1 080 locations, and about 97 per cent of these locations will not charge any co-payment. In addition, more than 190 colonoscopy specialists have joined the CRCSP to provide colonoscopy examination services at about 450 service locations. If no polyp removal is necessary, about 90 per cent of these locations will not require additional charges. If polyp removal is needed, about 70 per cent of these locations will not require additional charges. Separately, more than 166 000 eligible persons had participated in the CRCSP with FIT issued.

On screening outcomes, as of September 27 this year, among those participants who had submitted FIT tubes with analysable results, about 19 500 persons (12.6 per cent) had positive results in the first round of screening. Among those FIT-positive participants who underwent colonoscopy examination services, about 11 900 persons (66.7 per cent) had colorectal adenomas and around 1 170 persons had colorectal cancer (6.6 per cent).

With colorectal adenoma removed in the course of a colonoscopy, these lesions are prevented from turning into cancer, which reinforces the importance of undergoing timely screening tests to identify people at increased risk of disease for early treatment.

A preliminary analysis of 755 colorectal cancer cases diagnosed under the CRCSP revealed that about 60 per cent of these cases belonged to earlier stages, thus having a more favourable prognosis.

The spokesman said, "Leading a healthy lifestyle and having well-organised screenings can help prevent colorectal cancer. The prognosis of colorectal cancer can be significantly improved if detected early with prompt treatment."

Eligible persons who wish to join the CRCSP are reminded to enrol in the Electronic Health Record Sharing System (eHRSS). Please refer to the eHRSS website at www.ehealth.gov.hk or call the Registration Office at 3467 6300 for details.

For more information on the CRCSP, please visit the DH's thematic website www.colonscreen.gov.hk. The DH also operates a dedicated hotline (3565 6288) to answer public enquiries related to the CRCSP during office hours.