

LCQ11: Breast Cancer Screening Pilot Programme

Following is a question by the Hon Elizabeth Quat and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 5):

Question:

The Breast Cancer Screening Pilot Programme (the Pilot Programme), which was rolled out by the Government in 2021, ended in September last year. The Government subsequently advised that it had been actively preparing the next phase of the Pilot Programme, but relevant details have yet to be announced so far. According to some statistics from a political party, since the launch of the Pilot Programme up to end-March last year, only 5 475 women aged between 45 and 69 were referred for mammography (MMG) screening, representing 0.34 per cent of the female population in that age group. However, new cases of breast cancer have been increasing year after year, and in 2021 alone, the number of new cases of women with breast cancer amounted to 6 400. There are views pointing out that the implementation of the next phase of the Pilot Programme can brook no delay. In this connection, will the Government inform this Council:

(1) of the Administration's work progress in reviewing the effectiveness of the Pilot Programme, as well as the progress of preparing the next phase of the Pilot Programme and the implementation details of the relevant work;

(2) whether, when implementing the next phase of the Pilot Programme, the Administration will set up a one-stop platform to disseminate all information relating to the Pilot Programme, include more advanced 3D MMG screening to enhance efficiency, strengthen public-private partnership to boost service capacity, and step up public education to encourage more women to undergo breast cancer screening; if so, of the details of the relevant work; if not, the reasons for that; and

(3) whether, when implementing the next phase of the Pilot Programme, the Government will expand the eligibility for referral for MMG screening to cover women with medium-to-high risk of breast cancer, and expand the relevant target recipients of the screening to cover all women aged over 40 in the long run, so as to improve the current situation of ineffective breast cancer screening; if so, of the related specific arrangements; if not, the reasons for that?

Reply:

President,

The Government attaches great importance to cancer prevention and

control. Fighting against cancer is an important strategy to prevent and control non-communicable diseases. In 2001, the Government established the Cancer Coordinating Committee (CCC) to formulate strategies for cancer prevention and control as well as steer the direction of work covering cancer prevention and screening, surveillance, research and treatment. The CCC is chaired by the Secretary for Health and comprises members including cancer experts, academics, doctors in public and private sectors as well as public health professionals. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the CCC regularly reviews local and international evidence and makes recommendations on cancer prevention and screening applicable to the local setting.

The reply, in consultation with the Department of Health (DH), to the question raised by the Hon Elizabeth Quat is as follows:

(1) and (3) Breast cancer is the most common cancer among females in Hong Kong. According to the data of the Hong Kong Cancer Registry, there were 5 565 newly diagnosed invasive female breast cancer cases and 835 new cases of female in situ breast cancer (Note 1) (also known as stage 0 breast cancer) in 2021.

Based on the recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening. The CEWG recommends that women aged between 44 and 69 with certain combinations of personalised risk factors of breast cancer (including presence of history of breast cancer among first-degree relatives, a prior diagnosis of a benign breast disease, nulliparity and first live birth at a late age, menarche at an early age, high body mass index and physical inactivity) putting them at a higher risk of breast cancer (viz. risk higher than that of 75 per cent of Hong Kong women of the same age) should consider undergoing mammography screening every two years.

The DH launched the Phase I of the Breast Cancer Screening Pilot Programme (BCSPP) in the latter half of 2021 to provide screening services to eligible women at the Woman Health Centres (WHCs), four Maternal and Child Health Centres (MCHCs) as well as 18 Elderly Health Centres (EHCs). The goal is to promptly identify breast cancer patients who have yet to show any symptoms from a risk-stratified group, enabling them to receive timely treatment. The personalised breast cancer risk assessment tools developed by the University of Hong Kong are used by the BCSPP to assess the risk of developing breast cancer for eligible women, who would, subject to circumstances, be subsequently provided with 2D mammography for breast cancer screening. Supplementary breast ultrasound examination may also be arranged for them if necessary.

Currently, the above-mentioned health centres under the DH are still providing risk-based breast cancer screening services to eligible women according to the recommendations of the CEWG. As of March 31, 2024, a total of 30 048 women aged between 44 and 69 have received breast cancer risk assessment at the WHCs, four MCHCs and 18 EHCs. 8 484 (around 28 per cent) of them were referred for mammography screening, which is similar to the research findings by the University of Hong Kong (Note 2).

From the public health perspective, the Government will carefully assess various factors when considering the implementation of a screening programme for a specific cancer with reference to an evidence-based public health risk assessment and advice from relevant experts, including target groups of the screening programme. Excessive screening under a public health programme not only wastes the resources for overall public health, but also runs out of resources that can be invested in other projects in greater need, and may pose unnecessary health risks to individuals. The Government is reviewing the experience and effectiveness of the Phase I programme, views of the CCC and the latest recommendations of the CEWG to determine the implementation details for the next phase of the BCSPP. Relevant details will be announced in due course.

(2) When implementing the Phase II of the BCSPP, the Government will disseminate relevant information through appropriate information platforms. The DH will also continue to raise public awareness of breast cancer prevention and breast health through various channels, including publishing articles, producing Announcements in the Public Interest for broadcasting through television, radio, online platforms, social media.

According to the findings of overseas studies, there is a lack of evidence that screening with 3D mammography is more cost-effective than screening with 2D mammography in terms of detecting breast cancer and reducing breast cancer mortality. Since 3D mammography screening incurs higher costs and requires a longer time for specialists to review the mammography screening images, most regions that provide breast cancer screening services generally use 2D rather than 3D mammography machines.

Primary prevention (i.e. reducing exposure to cancer risk factors) is the most important strategy for reducing the risk of developing cancer. The DH has been promoting healthy lifestyle (including avoiding alcohol consumption, having regular physical activity, maintaining a healthy body weight and waist circumference) as well as breast awareness as the primary strategy for cancer prevention. Meanwhile, risk-based breast cancer screening can facilitate early detection of breast cancer in women, allowing timely treatment.

The DH works with various government departments and organisations such as the Home Affairs Department (HAD), the Hong Kong Housing Authority, and the Social Welfare Department to promote the BCSPP among the public, as well as enhance programme promotion to the local ethnic minorities via the Race Relations Unit of the HAD. The DH has also been disseminating health information to the public through district promotion, such as timely conveyance of relevant information to District Councils and stakeholders (including District Services and Community Care Teams). In addition, the DH has also produced health education materials such as posters and pamphlets on breast health awareness and breast cancer prevention, and provided corresponding health information in at least six ethnic minority languages (including Hindi, Nepali, Urdu, Thai, Bahasa Indonesia and Tagalog) to allow ethnic minorities to know more on breast cancer screening and prevention. The

DH will continue to step up its publicity efforts for the BCSP through different channels to encourage participation of more eligible persons for screening to maximise its effectiveness.

On the other hand, the Primary Healthcare Office (PHO) published the Hong Kong Reference Framework for Life Course Preventive Care in Primary Healthcare in September 2023, providing a set of comprehensive and evidence-based guidance on health to healthcare professionals. The Life Course Preventive Care Plan under the Reference Framework emphasises disease prevention and personalised needs. Personalised plans that focus on disease prevention are established based on the individuals' gender, age, family history and other factors. Cancer screening is also included.

The PHO also actively promotes the role of family doctors and encourages the public to pair with a family doctor who will act as their personal health manager to develop personalised health plans with the support and assistance of the District Health Centres (DHCs). With reference to the Life Course Preventive Care Plan strategy, DHCs will offer individualised health advice and provide citizens with guidance on their health needs across different life stages.

The DHCs have also been actively complementing the government cancer screening programmes, including identifying risk factors associated with cancers through conducting health assessments for DHC members to provide support to members of the public to continuously manage such risk factors. Meanwhile, the DHCs assist and refer eligible persons to doctors who have been enlisted in the Primary Care Directory and enrolled in the government cancer screening programmes and for receiving screening. In the long run, as the district-based, family-centric community health system evolves along the implementation of the "Family Doctor for All" concept, various disease screening and management programmes provided by the Government shall be migrated to the primary healthcare system at the helm of the Primary Healthcare Commission to be set up in the future. Where necessary, such services shall be strategically purchased from private healthcare providers and non-governmental organisations to ensure effective and holistic primary healthcare service delivery.

Note 1: In situ breast cancer is non-invasive, and is considered the earliest form of breast cancer. The relevant data is of the Hong Kong Cancer Registry's interest in monitoring the trend of pre-malignant abnormalities.

Note 2: According to the study of the University of Hong Kong, some 25 per cent of women aged between 44 and 69 possess certain combination of personalised risk factors of breast cancer, increasing their risk of developing breast cancer.