LCQ12: Provision of breast cancer screening services

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 (November 14):

Question:

A statistical report on breast cancer published by an organisation has pointed out that breast cancer is the most common cancer among women in Hong Kong. Hong Kong is one of the regions in Asia with high incidence of breast cancer, with an incidence of breast cancer of one in every 16 women, which is much higher than those of cervical cancer (which is one in every 128 women) and colorectal cancer (which is one in every 34 women). Besides, the number of cases of women diagnosed with breast cancer in Hong Kong increased by about three times in the past two decades. In 2015, 3 900 women were diagnosed with breast cancer and, among them, more than 900 had reached either the advanced stage or the terminal stage when they were diagnosed. The organisation has pointed out that with early treatment, the survival rates of breast cancer patients is as high as 90 per cent. While the governments of 34 countries and regions (including those in Europe, the United States and Canada) have long implemented breast cancer screening programmes, the Hong Kong Government has for a protracted period of time not implemented such a programme. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the number of patients diagnosed with breast cancer in each of the past two years and, among them, of the number of those who had reached Stage III and Stage IV when they were diagnosed; if it has not, of the reasons for that;

(2) given that (i) the Government implemented the cervical cancer screening and colorectal cancer screening programmes in 2004 and 2016 respectively, but both cancers have a lower incidence than breast cancer, (ii) the results of a study conducted by the Singapore Government in 1996 reportedly revealed that population-based screening effectively lowered the occurrence of advanced breast cancer, and (iii) breast cancer screening programmes have long been implemented by the governments of 34 countries and regions worldwide, whether the Government has assessed if the following conclusion reached earlier by the Cancer Expert Working Group on Cancer Prevention and Screening is still valid: there is at present insufficient evidence to support the implementation of population-based breast cancer screening;

(3) as it has been reported that a computer algorithm failure lasting 10 years since 2009 on the part of the United Kingdom authorities has resulted in 450 000 women missing out the breast cancer screening opportunity, which may have caused the deaths of hundreds of women, whether it has estimated the annual number of Hong Kong women who (i) may die from breast cancer because they have missed out the opportunity for receiving timely treatments as a

result of not receiving breast cancer screening services and, and (ii) can be identified as suffering from early breast cancer through screening services; and

(4) as the findings of a survey have revealed that, among the 802 female respondents, over half of them did not know that breast cancer is the most common cancer among women, over 70 per cent of them did not receive mammography on a regular basis, and nearly 80 per cent of those respondents who were aged above 40 were willing to receive free screening, whether the Government will, in the light of the relevant situation, consider afresh the introduction of the relevant services through the public-private partnership approach, or the provision of subsidies under the Community Care Fund for women to receive such services?

Reply:

President,

The Government attaches great importance to cancer prevention and control. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Government's Cancer Coordinating Committee regularly reviews and discusses the latest scientific evidence, local and worldwide, with a view to making recommendations on cancer prevention and screening suitable for the local population. 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 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. According to the HKCaR's statistics, there were 4 108 new cases of female breast cancer in Hong Kong in 2016. Among these cases, 659 and 345 were diagnosed at Stage III and Stage IV respectively.

The HKCaR is collating the data for 2017 including cancer data from public and private hospitals, which involves a considerable amount of raw data. Generally speaking, the HKCaR needs to consolidate, screen and verify the data according to international standards before the number of new cases of different types of cancer each year can be released.

(2) As regards population-based mammography screening, after considering the emerging scientific evidence, the CEWG considers that it is still unclear whether population-based mammography screening does more good than harm to local asymptomatic women. Therefore, CEWG concludes that there is insufficient scientific evidence to recommend for or against population-based mammography screening for women at average risk in Hong Kong.

(3) and (4) In examining whether to introduce a population-based screening programme for a specific disease or cancer (including breast cancer), the Government shall make reference to the CEWG's recommendations and carefully considers a number of factors, including the seriousness and prevalence of the disease locally, accuracy and safety of the screening tests for the local population, as well as effectiveness of the screening programme in reducing

disease incidence and mortality. The Government shall also give due consideration to the actual circumstances such as the feasibility, equity and cost-effectiveness of the screening programme and public acceptance.

Women at increased risk (such as carriers of certain deleterious gene mutations, those with a family history of breast or ovarian cancer, etc.) should seek doctors' assessment and advice before deciding whether they should undergo breast cancer screening. The Department of Health provides woman health services at its three Woman Health Centres and ten Maternal and Child Health Centres for women aged 64 or below. The services include clinical breast examination and mammography for women who are identified as having high risk of developing breast cancer after medical assessment. Women identified with breast abnormalities after examination will be referred to specialist out-patient clinics for follow-up.

As for asymptomatic women at average risk, 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 this group of women in Hong Kong. In this regard, the Government has commissioned the University of Hong Kong to conduct a study on risk factors associated with breast cancer for local women so as to help formulate the future strategies for breast cancer screening in Hong Kong. The study is expected to be completed in the latter half of 2019. The aim of the study is to formulate a risk prediction model for breast cancer in Hong Kong using a case-control study approach under which a comparison is made between women with and without breast cancer. It also aims to find out the relations between risk factors (such as age, body mass index and other personal characteristics, physical activity, family history of breast cancer, history of benign breast disease, etc.) and breast cancer development. The Government will review and consider what type of screening is to be adopted for women of different risk profiles, having regard to the scientific evidence and outcome of the study.

Some western countries and regions which have relatively high incidence of breast cancer have implemented population-based mammography screening programmes since the 1980s. However, studies found that there was only a slight drop or even no reduction in the mortality of breast cancer after implementation of such programmes. Some studies revealed that screening programmes have caused problems and harm such as over-diagnosis and over-treatment. As for countries and regions which have a predominantly Chinese or Asian population and have implemented population-based breast cancer screening programmes, detailed assessment data on the effectiveness (such as data on whether the programmes can effectively reduce the mortality of breast cancer among the female population, increase the long-term survival rate of such patients, etc.) and cost-effectiveness of the programmes have yet to be published by the governments concerned. 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. Notwithstanding this, we will review the situation and formulate future strategies for breast cancer screening in the light of the findings of the aforementioned study on risk factors associated

with breast cancer for local women.

In fact, many risk factors for breast cancer are closely related to lifestyles, such as lack of physical activity, alcohol consumption, obesity after menopause, etc. The Government will enhance education and publicity on breast health. Through mass media and collaboration with community partners and service providers, the Government will actively promote the adoption of healthy lifestyles (e.g. avoiding alcohol consumption, having a balanced diet, doing regular exercise, maintaining healthy body weight and waist circumference, prolonging breastfeeding duration, etc.) as the major preventive strategy. It will also promote the awareness of breast health among women for early detection of breast abnormalities and immediate medical attention.