LCQ16: Cancer treatment

Following is a question by the Hon Chan Hok-fung and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (January 8):

Question:

It is learnt that cancer is the leading fatal disease in Hong Kong. In 2021, there were nearly 40 000 new cases of cancer in Hong Kong, with an average of 105 people diagnosed with cancer every day. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the respective average time taken in the past three years by patients suffering from lung cancer, colorectal cancer, breast cancer, prostate cancer and liver cancer to proceed from diagnosis of a suspected case (e.g. scheduling an X-ray examination) to the stage of formally undergoing the first treatment (e.g. undergoing a surgical operation or chemotherapy) (set out in a table);

(2) as it is learnt that the majority of cancer patients are elderly people, with the median age at death due to cancer being 72 years for males and 73 years for females in 2021 for example, whether it knows the considerations and criteria (e.g. age and medical conditions) adopted by public hospitals for determining the priority of cancer patients in terms of the time of receiving treatment;

(3) as it is learnt that the prices of targeted therapy drugs for treating cancer in Hong Kong are 10 times higher than those on the Mainland, of the reasons for such a price gap, and whether it has studied options to narrow the relevant gap; if so, of the options; and

(4) given that according to the information from the Hong Kong Cancer Registry, the overall five-year survival rate for cancer patients has steadily increased over the past two decades, rising from 42 per cent in the early 2000s to 55 per cent in recent years, whether the Government has compiled statistics on the rates of increase in drug expenses for treating cancer patients in the past three years; whether it has adjusted the estimates of such expenses in view of the ageing population?

Reply:

President,

The Government attaches great importance to cancer prevention and control work. Fighting against cancer is an important part of the strategy to prevent and control non-communicable diseases. In 2001, the Government established the Cancer Coordinating Committee (CCC) to formulate strategies on cancer prevention and control and to 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 who are

cancer experts, academics, doctors in the 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 is tasked with regularly reviewing local and international evidence and makes recommendations on cancer prevention and screening applicable to local setting. In addition to the CEWG, the structure of the CCC also comprises the Department of Health, the Hong Kong Cancer Registry, the Hospital Authority (HA) and the Research Office of the Health Bureau. They oversee cancer surveillance, treatment and research respectively and directly report to the CCC.

In consultation with the HA, the reply to the question raised by the Hon Chan Hok-fung is as follows:

(1) As the largest provider of cancer-related public services in Hong Kong, the HA has been committed to providing effective and timely treatment to cancer patients. The HA has also been continuously improving its diagnostic services for suspected cancer patients through adopting a multidisciplinary-team approach to facilitate examinations and diagnosis for patients as soon as possible.

The waiting time for receiving the first treatment after diagnosis for breast cancer patients and colorectal cancer patients in the past three years are as follows:

	2021-22	2022-23	2023-24 (Provisional Figures)
The median waiting time for breast cancer patients to receive the first treatment after diagnosis (days)	39	41	43
The median waiting time for colorectal cancer patients to receive the first treatment after diagnosis (days)	46	48	51

Note: The median waiting time refers to the number of days counting from the date of the confirmed pathological cancer diagnosis (or in the case where testing is not done by the HA, the date when the HA is informed of such diagnosis) to the patient's first treatment. The waiting time of half of such cases is shorter than the value indicated.

Currently, the HA does not maintain figures on the waiting time for diagnosing suspected cancer cases and other cancer types mentioned in the

question. To effectively monitor and evaluate cancer services, the HA is exploring adoption of a more systematic approach to collect data with a view to developing clinical indicators or key performance indicators covering other major cancers.

(2) To ensure patients with urgent conditions requiring early intervention are followed up on and treated with priority, Specialist Out-patient Clinics of the HA (including cancer treatment and related specialty services) have implemented a triage system. In general, referrals of new patients are usually first screened by a nurse and then reviewed by a specialist doctor of the relevant specialty for classification into urgent, semi-urgent and stable categories that prioritise patients for medical appointment and cancer-related testing. After a patient is diagnosed with cancer, the doctor will consider the type(s) of cancer, the clinical needs of the patient as well as the patient's condition in devising an appropriate treatment plan for the patient, which may include surgery, radiation therapy and anti-cancer drug therapy. Age is in general not a consideration in determining the priority of treatment.

(3) The HA has put in place a robust drug procurement mechanism to purchase pharmaceutical products that meet the requirements through various channels, so as to ensure the safety, efficacy and quality of drugs and safeguard patients' health. At the same time, the HA has all along enhanced market competition through centralised tendering and quotation processes to achieve economies of scale. Among the drugs currently used for treating cancers in public hospitals, except for a few drugs with special purposes or used in small quantities, most drugs are centrally procured. Given the relatively large quantity of drugs purchased, the HA has a certain degree of bargaining power in negotiating drug prices with pharmaceutical manufacturers, and this is expected to improve cost-effectiveness.

The drug procurement process is closely related to the local regulatory systems of different regions and the customs territory system under the World Trade Organization. Hong Kong and the Mainland belong to different customs territories with respective customs systems under "one country, two systems". As socio-economic factors such as income and cost of living vary among economies, similar goods or services often have different prices in economies under different customs territories. In addition, due to the differences in the healthcare and drug regulatory systems between Hong Kong and the Mainland, it is inappropriate to make direct comparison of the drug prices in Hong Kong with those in other neighbouring regions.

The HA has implemented various measures to introduce more cost-effective drugs, thereby optimising the use of limited public resources. By establishing a "Cost Assessment Panel" to negotiate with pharmaceutical companies, the HA strives to reduce the costs and prices of introducing new drugs. On the other hand, the HA continues to optimise the centralised procurement model for pharmaceutical products and explore the introduction of market competition, with a view to achieving efficient and cost-effective use of resources. The HA also conducts mutual visits and exchanges with Mainland experts on issues of common concern from time to time so as to facilitate mutual learning of experience, and promote the co-operation and development

of the two places. The HA will continue to closely monitor market developments and maintain communication with different stakeholders to promote diversification of drug supply so as to provide patients with safe, efficacious and cost-effective drugs.

(4) The HA attaches high importance to the provision of optimal care based on available medical evidence for all patients, including those with cancers, while ensuring optimal and rational use of public resources. Currently, the HA Drug Formulary has included multiple drugs for the treatment of cancers. Among these cancer drugs, some are included as General Drugs or Special Drugs which are provided to patients at standard fees. Besides, if the drugs prescribed are Self-financed Items with safety net coverage (safety net drugs), eligible patients can also receive relevant subsidies through the Samaritan Fund and/or the Community Care Fund Medical Assistance Programmes. The abovementioned General Drugs and Special Drugs for cancers, as well as safety net drugs are all heavily subsidised by the Government.

The following table shows the drug expenditure of the HA on cancer drugs (including cancer drugs charged at standard fees and as Self-financed Items) over the past three years:

	2021-22	2022-23	2023-24
Drug expenditure on cancer drugs ($ million)	2,970	3,024	3,285

The HA has been extending the coverage of its Drug Formulary through regular review. Self-financed cancer drugs are considered for inclusion in the Special Drug category under the Drug Formulary based on evidence of clinical effectiveness. At the same time, the HA will also regularly review the coverage of the safety net, including deliberating on whether to include more self-financed cancer drugs and relax the clinical indications of existing cancer drugs in the safety net, so as to assist cancer patients with financial difficulties.