

LCQ19: Breast Cancer Screening Pilot Programme

Following is a question by the Hon Elizabeth Quat and a written reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (May 24):

Question:

The Breast Cancer Screening Pilot Programme (the Pilot Programme) was officially rolled out in September 2021, aiming at early detection of women with breast cancer who do not appear any symptoms, so that they can receive early treatment. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the following information since the launch of the Pilot Programme in 2021: (i) the respective numbers of women who received breast cancer risk assessment in Women Health Centres and Elderly Health Centres and, (ii) among them, the respective numbers of those who were referred for mammography screening, and (iii) the number of those with confirmed breast cancer detected through such screening, together with a breakdown by quarter;

(2) given that in reply to a question raised by a Member of this Council in respect of the Estimates of Expenditure 2023-2024, the Government indicated that it would evaluate the effectiveness of the Pilot Programme, of the timing for publishing the relevant evaluation report; whether it has set up a working group, which targets at the Pilot Programme, to conduct regular reviews; if so, of the member composition of the group;

(3) given that the Primary Healthcare Blueprint released by the Government proposes to implement public-private partnership through strategic purchasing to enhance patients' accessibility and affordability of primary healthcare services at the community level, whether the Government will consider procuring breast cancer screening services from private healthcare institutions, so as to expand and regularise the Pilot Programme; if so, of the details; if not, the reasons for that;

(4) given that the Acting Secretary for Health indicated earlier on at the special meeting of the Finance Committee of this Council that the Department of Health would implement a three-year Breast Cancer Screening Pilot Programme operated by non-governmental organisations in the coming year, of the respective numbers of organisations in the 18 districts across the territory which the Government expects will provide the relevant services under such programme; of the estimated service attendance and total expenditure of the programme; and

(5) as it is learnt that at present, the Pilot Programme mainly provides breast cancer screening services for persons at high and moderate risk, as well as persons with personalised risk factors, whether the target recipients

of the breast cancer screening services under the Breast Cancer Screening Pilot Programme to be implemented in the coming year will be extended to cover low-risk persons?

Reply:

President,

The Government attaches importance to cancer prevention and control. This is an important strategy to prevent and control non-communicable diseases. As early as 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 prevention and screening, surveillance, research and treatment. The CCC is now chaired by the Secretary for Health and comprising members who are 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.

Based on the revised recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening. The Department of Health (DH) launched the Breast Cancer Screening Pilot Programme (BCSPP) and started to provide screening services for eligible women at three Woman Health Centres (WHCs) and 18 Elderly Health Centres (EHCs) since latter half of 2021, with an aim of detecting early breast cancer in women before any symptoms appear, so that treatment can be carried out early.

The reply, in consultation with the DH, to the question raised by the Hon Elizabeth Quat is as follows:

(1) As of March 31, 2023, 19 287 women aged between 44 and 69 received breast cancer risk assessment in WHCs and EHCs, of which 5 475 women (around 28 per cent) were referred for mammography (MMG) screening. Among the women receiving MMG screening, 777 (around 14 per cent) were arranged for breast ultrasound scanning as a supplementary examination. Among the women who had MMG screening and breast ultrasound scanning as a supplementary examination as needed, 407 (around 7 per cent of women received MMG screening) were referred to specialists for further management. Relevant figures by quarters are tabulated as below:

Period	Number of women received breast cancer risk assessment	Number of women referred for MMG screening
Sep – Dec 2021	3 487	1 250
Q1 in 2022	2 448	796
Q2 in 2022	2 943	779
Q3 in 2022	3 572	944
Q4 in 2022	3 441	844

Q1 in 2023	3 396	862
Total	19 287	5 475

With the consent of the women participating in the BCSP, the DH has been collecting input from the specialists following up the referred cases and the Hong Kong Cancer Registry on the number of breast cancer detected and the relevant data. The data collection is still on-going and information could not be provided at this moment.

(2) and (4) To further strengthen breast cancer screening services, the Government has commissioned a local university to conduct evaluation study on the BCSP to assess its effectiveness and provide references for the implementation of the local breast cancer screening strategy. The DH is planning to launch the next phase of three-year BCSP by end-2023. The relevant details of the programme will be announced in due course. In addition, the DH has also established a working group comprising experts from the public and private sectors, as well as the academia, in various fields (including public health, breast surgery, radiology, family medicine and clinical oncology), to provide professional advice on the next phase of the BCSP.

(3) District Health Centres (DHCs) have been actively complementing the promotion of cancer screening programmes implemented by the Government. At the health management level, DHCs have been promoting cancer screening education and relevant cancer-related risk assessment, including providing professional advice, co-ordination and referrals to screening for individuals with high risk factors. 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.

(5) Based on the revised recommendations of the CEWG, the Government adopts a risk-based approach for breast cancer screening. According to the CEWG's recommendations, 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 relative, a prior diagnosis of benign breast disease, nulliparity and late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer (viz. risk higher than 75 per cent of Hong Kong women of the same age) are recommended to consider MMG screening every two years.

The personalised breast cancer risk assessment tools developed by the University of Hong Kong and accessible at the Cancer Online Resource Hub (www.cancer.gov.hk/en/bctool) are used by the BCSP to assess the risk of developing breast cancer for eligible women, who would be provided with

breast cancer screening as appropriate. Breast ultrasound scanning as a supplementary examination may also be arranged for them if necessary.

Providing breast cancer screening for women at low risk is incompatible to the risk-based recommendation on breast cancer screening of the CEWG which is based on local and international evidence. When considering recommendations for any disease screening, the Government will refer to the evidence-based risk assessment and views of relevant experts from the perspective of public health, and take into account the perspective of good utilisation of medical resources to determine the priority. Excessive screening under public health programme not only wastes resources for the overall public health, but also runs out of resources that can be invested on other projects in greater need, and may pose unnecessary health risks to individuals, often causing more harm than good.