

LCQ19: Prevention of cancers

Following is a question by Revd Canon the Hon Peter Douglas Koon and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (May 22):

Question:

It is learnt that in 2021, the five most common cancers in Hong Kong were in the order of lung cancer, colorectal cancer, breast cancer, prostate cancer and liver cancer. Regarding the prevention of cancers, will the Government inform this Council:

(1) given that Hong Kong residents aged between 50 and 75 with no symptoms of colorectal cancer are subsidised to undergo colorectal screening every two years in the private sector under the Colorectal Cancer Screening Programme (CRCSP) launched by the Government for the prevention of colorectal cancer, and eligible persons wishing to enrol in CRCSP are required to join the Electronic Health Record Sharing System, whether the Government will consider linking the Elderly Health Care Voucher Scheme (EHVS) to CRCSP (i.e. eligible persons under EHVS will be automatically enrolled in CRCSP), so as to encourage more senior citizens to undergo screening at an early stage; if so, of the details; if not, the reasons for that;

(2) whether it will step up publicity on CRCSP at the district level (e.g. setting up street counters) through District Council members, the District Services and Community Care Teams and social welfare organisations, so as to attract more eligible persons to enrol in CRCSP; if so, of the details; if not, the reasons for that; and

(3) apart from CRCSP and Phase 2 of the Breast Cancer Screening Pilot Programme in the pipeline, whether the authorities will consider introducing other funding schemes for the prevention of the aforesaid common cancers; if so, of the details; 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 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 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 local setting.

The reply, in consultation with the Department of Health (DH), to the questions raised by Revd Canon the Hon Peter Douglas Koon is as follows:

(1) The Colorectal Cancer Screening Programme (CRCSP) has been implemented by the Government since 2016. The CRCSP aims to identify people who have colorectal cancer before symptoms are shown, or people with a higher risk of colorectal cancer, enabling them to receive early treatment and significantly improving the prognosis. The removal of colorectal adenomas in the course of colonoscopy prevents them from turning into cancer. Currently, the CRCSP subsidises regular screening tests for eligible Hong Kong residents aged between 50 and 75.

The recommended criteria for colorectal cancer screening for risk group are set according to the recommendations made by the CEWG after reviewing and discussing the local and international scientific evidence. From the medical perspective, screening refers to the examination of people without symptoms in order to identify those who already have the disease or at higher risk of disease. There are multiple risk factors for developing colorectal cancer and the risk increases significantly upon reaching the age of 50. The CEWG therefore recommends individuals aged between 50 and 75 to discuss with their doctors and consider screening for colorectal cancer.

As at end-December 2023, more than 420 000 eligible persons participated in the CRCSP. Among those participants who had undergone colonoscopy examination, over 33 000 were found to have colorectal adenomas and about 2 900 were diagnosed with colorectal cancer. A preliminary analysis of about 1 900 colorectal cancer cases revealed that about 57 per cent were earlier-stage cases (stage II or below) with a more favourable prognosis. Statistics show that screening can achieve the aim of early identification and early treatment.

To tie in with the development of primary healthcare services, with effect from October 6, 2023, only doctors enlisted in the Primary Care Directory would be allowed to take part in various government-subsidised primary healthcare programmes (including the CRCSP). Meanwhile, the Primary Healthcare Office (PHO) also actively promotes Life Course Preventive Care Plan through District Health Centres (DHCs) and family doctors, thereby enhancing public awareness of disease prevention and establishing healthy lifestyle. The 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 needs to healthcare professionals. 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 factors including individuals' gender, age and family history. In addition to covering aspects such as vaccinations and the prevention and management of chronic diseases, such plans also include cancer screening, under which colorectal cancer screening is recommended for people aged between 50 and 75, and screening for prostate cancer, breast cancer, etc. is recommended based on personal risk factors.

The Government launched the Elderly Health Care Voucher Scheme (EHVS) in 2009 to provide financial incentives for elderly persons to encourage them to receive primary healthcare services, such as preventive care, screening, and management of chronic diseases at private institutions, thereby changing their health-seeking behaviour to achieve early detection and treatment for health protection, and to facilitate them to choose private primary healthcare services that best suit their health needs by providing them with additional healthcare choices on top of the existing public healthcare services. At present, all eligible Hong Kong residents aged 65 or above may benefit from the EHVS. The Government launched the three-year Elderly Health Care Voucher Pilot Reward Scheme (Pilot Reward Scheme) in November 2023 to further incentivise elderly persons through rewards by guiding them to make better use of healthcare vouchers for continuous preventive healthcare and chronic disease management services. Under the Pilot Reward Scheme, elderly persons only need to accumulate the use of vouchers of \$1,000 or more on designated primary healthcare purposes such as disease prevention and health management (including services on disease prevention, e.g. cancer screening, provided by medical practitioners enrolled in the EHVS) within the year (from January to December), they will be allotted a \$500 reward into their voucher account, which can be used on the same designated primary healthcare purposes.

Meanwhile, eHealth is a territory-wide, patient-oriented electronic sharing platform. It enables authorised public and private healthcare institutions to access and share the electronic health records of participating patients for healthcare purposes, so as to provide more timely diagnosis and treatment and reduce repeated diagnostic tests. The Government announced in the 2023 Policy Address the launch of a five-year plan for eHealth+ to transform eHealth into a comprehensive healthcare information infrastructure that integrates healthcare data sharing, service delivery and care journey management. One of the key focuses of eHealth+ is to build a one-stop Strategic Health Service Operation Platform to support and standardise the clinical and administrative work processes and documentations of all subsidised health programmes and relevant public or private healthcare services. The platform will integrate the systems of the CRCSP and the EHVS and support all primary healthcare programmes (e.g. the Chronic Disease Co-Care Pilot Scheme) and healthcare services strategic purchasing programmes. The eHealth mobile application will be further developed as an integrated health tool for citizens, including encouraging and even reminding registered eligible citizens to participate in various primary healthcare programmes, such as chronic disease and cancer screening programmes, and assisting them in managing relevant care processes to proactively prevent diseases and lead a healthier life.

(2) To enhance public awareness of the CRCSP, the DH has been conducting publicity campaigns through various channels. Health education information and publicity materials are disseminated on different media platforms such as the website (www.colonscreen.gov.hk), television, radio, newspapers, magazines, social media. The DH has also produced TV Announcements in the Public Interest for broadcast and posters for display on television and public transportation (such as trains, buses, ferries, trams) to promote

healthy lifestyle among the public for preventing colorectal cancer and encourage eligible persons to participate in the CRCSP. The health education information on the thematic website is also available in different languages (including Bahasa Indonesia, Hindi, Nepali, Tagalog, Thai and Urdu) to help ethnic minorities understand colorectal cancer screening and prevention.

The DH also works with various government departments and organisations such as the Home Affairs Department (HAD), the Housing Authority, and the Social Welfare Department to promote the CRCSP among the public, as well as the Race Relations Unit from the HAD to enhance publicity of the CRCSP among the local ethnic minorities. The DH has also been disseminating health information to the public through publicity at the district level, such as timely conveyance of relevant information to District Councils and stakeholders (including District Services and Community Care Teams). The DH will continue to step up its publicity efforts for the CRCSP through different channels to encourage participation of more eligible persons for screening to maximise its effectiveness.

The DHCs have also been actively complementing the Government cancer screening programmes, including through conducting health assessment for DHC members, identifying risk factors associated with cancers, and providing support to members of the public to continuously manage such risk factors. Meanwhile, DHCs assist and refer eligible persons to doctors who have enrolled under the Government cancer screening programmes and have been enlisted in the Primary Care Directory for receiving screening services. The PHO also actively promotes the role of family doctors and encourages the public to pair with a family doctor, through which the family doctor will act as their personal health manager to develop personalised health plans with support and assistance from the DHCs. With reference to the Life Course Preventive Care Plan strategy, DHCs offer individualised health advices, which provide guidance on the health needs of the citizens across different life stages.

(3) The CEWG regularly reviews local and international scientific evidence with a view to making recommendations to the Government on formulating evidence-based measures for cancer prevention and screening programmes applicable to the local population. From the public health perspective, the Government must carefully assess various factors when considering whether to implement a screening programme for a specific cancer with reference to evidence-based public health risk assessment and advice from the relevant experts. These include local prevalence of the cancer concerned, accuracy and safety of the relevant screening tests, effectiveness in reducing incidence and mortality rates, feasibility of implementing a screening programme, taking into account the perspective of optimising the use of the healthcare 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.

The Government regularly reviews and evaluates the effectiveness of screening programmes and formulates appropriate screening strategy. Currently, the Government has implemented the CRCSP, Cervical Screening

Programme and Breast Cancer Screening Pilot Programme. The Government will continue to make reference from the recommendations of the CEWG to consider implementing other suitable cancer screening programmes.

In fact, 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 all along been adopting a multi-pronged approach such as publicity, education, promotion, legislation and regulation to promote healthy lifestyles, including avoidance of smoking and alcohol, healthy diet, regular physical activities and maintenance of a healthy body weight and waist circumference to reduce the risks of non-communicable diseases including cancer.