LCQ2: Application of immunotherapy in Hong Kong

Following is a question by the Hon Chan Han-pan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 24):

Question:

The Nobel Committee has earlier decided to award this year's Nobel Prize in Physiology or Medicine to two immunologists to commend their breakthroughs in treating cancers with immunotherapy. Although immunotherapy has been proven to be effective in treating cancers, and has brought a ray of hope to quite a number of cancer patients, the Hospital Authority (HA) has not adopted immunotherapy as a regular treatment for cancers. As a result, patients cannot receive immunotherapy treatment even though they are willing to pay for such treatment. Besides, the medications needed for immunotherapy are costly. In this connection, will the Government inform this Council whether it knows if HA:

(1) has drawn up a timetable for adopting immunotherapy as a regular treatment for cancers; if HA has, the details; if not, the reasons for that;

(2) arranged immunotherapy-related training for its healthcare staff in the past three years; if HA did, the details; if not, the reasons for that and when HA will make such arrangements; and

(3) will add the medications needed for immunotherapy to the Hospital Authority's Drug Formulary either as a drug on the list of special drugs subsidised by public funds, or on the list of self-financed drugs with safety net; if HA will, the details; if not, the reasons for that?

Reply:

President,

The Government and the Hospital Authority (HA) place high importance on providing optimal care for all patients, including cancer patients, and assuring patients of equitable access to safe, efficacious and cost-effective drugs under the highly subsidised public healthcare system. My reply to the various parts of the question raised by the Hon Chan Han-pan is as follows.

(1) Drugs for cancer treatment can be classified into different types according to the types of treatment such as traditional chemotherapy, targeted therapy, immunotherapy and hormonal therapy, among which immunotherapy is a new type of cancer treatment. Medications for immunotherapy are mainly intravenously injected into a patient's body to boost or supplement his/her own immune system, so that it will kill or

suppress his/her cancer cells. Doctors will consider the condition and wish of a patient in deciding what type of cancer treatment is suitable for the patient including immunotherapy, and immunotherapy is one of the cancer treatment options.

(2) On the technical side, the current injection method of immunotherapy drugs is similar to that of other anti-cancer drugs, and does not require any additional techniques. That said, continuous on-the-job training is provided for healthcare professionals for professional development and for them to learn about the clinical application and the side effects of drugs in treating different diseases so as to keep abreast of the ever-changing scientific development and meet the clinical needs of patients.

(3) The HA has an established mechanism for regular appraisal of new drugs and review of its Drug Formulary and coverage of the safety net, and would make changes as appropriate. The process is based on scientific and clinical evidence, taking into account the safety, efficacy and cost-effectiveness of drugs and other relevant considerations, including international recommendations and practices as well as professional views, so as to ensure equitable and rational use of public resources as well as the provision of optimal care for patients.

At present, there are three immunotherapy drugs listed as self-financed items (SFIs) on the HA Drug Formulary (HADF) for treating four types of cancers, namely skin cancer, renal cell cancer, lung cancer as well as head and neck cancer. Nivolumab, a type of immunotherapy drug for treating skin cancer, has been covered by the Community Care Fund Medical Assistance Programme since August 2018. Patients with clinical needs and meeting specified criteria may apply for drug subsidy to use this drug.

We understand the financial pressure and economic burden on patients, as well as their strong aspiration for listing certain drugs on the HADF and including them in the scope of subsidy under the safety net. To shorten the lead time for introducing suitable new drugs to the safety net, the HA has, since 2018, increased the frequency of prioritisation for including SFIs in the safety net from once to twice a year. The HA will also liaise with pharmaceutical companies from time to time on setting up risk sharing programmes for certain suitable SFIs. Under the programmes, the HA, patients and pharmaceutical companies would contribute to the drug costs in specific proportions within a defined period, or the drug treatment costs to be borne by patients would be capped, with a view to facilitating patients' early access to specific drug treatments.

The HA will continue to keep abreast of the latest development of clinical and scientific evidence, listen to the views and suggestions of patient groups and follow the principle of rational use of limited public resources to review the HADF under the established mechanism and to include suitable self-financed drugs as special drugs or under the coverage of the safety net so as to benefit more patients in need.