LCQ21: Prevention and treatment of liver cancer

Following is a question by the Hon Michael Tien and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 12):

Question:

According to the data of the Hospital Authority (HA) in 2021, liver cancer is the fifth most common cancer in Hong Kong and the mortality rate is the third highest. Regarding the prevention and treatment of liver cancer, will the Government inform this Council:

(1) as it is learnt that liver cancer patients are currently required to undergo oesophagogastroduodenoscopy before receiving drug treatment with Atezolizumab and Bevacizumab and the current annual demand for such screening service for liver cancer patients is approximately 600 to 800 attendances, accounting for only about 0.67 per cent to 0.89 per cent of the total number of such screening service provided by public hospitals in 2022-2023 based on the estimation of patient groups, but the existing waiting time for screening in public hospitals is very long, whether the authorities will consider setting up a waiting list for liver cancer patients or adopting a public-private partnership approach to help them get screened within three months, so that they can take medication as early as possible; if so, of the details; if not, the reasons for that;

(2) as it has been reported that as pointed out by doctors, hepatitis B can develop into cirrhosis or liver cancer if left untreated, and according to the survey results of the Department of Health last year, about 410 000 people in Hong Kong are infected with the hepatitis B virus, with over 40 per cent of them being unaware that they are carriers, and based on the information provided by patient groups, the cost of blood tests for hepatitis B is about $30 each, whether the authorities will consider allocating additional resources to conduct at least one hepatitis B screening test for citizens born before 1986 in order to identify the carriers so that they can receive treatment as early as possible to prevent their conditions from deteriorating further and save public expenditure on liver cancer treatment; if so, of the details; if not, the reasons for that; and

(3) given that in the reply to a question raised by a Member of this Council on the Estimates of Expenditure 2024-2025, the Secretary for Health indicated that HA would explore new diagnostic and treatment options for liver cancer, including the introduction of technology for detecting the biomarkers of abnormal coagulation in a timely manner to provide patients with optimal treatment, whether the Government knows the timetable for the introduction of the relevant new detection technology by HA, and whether HA will arrange time this year to meet with stakeholders, including relevant experts, service providers and representatives of patient groups, etc., on such matters; if

so, of the details; if not, the reasons for that?

Reply:

President,

In consultation with the Department of Health (DH) and the Hospital Authority (HA), the consolidated reply to the question raised by the Hon Michael Tien is as follows:

The Government has been attaching great importance to the prevention and treatment of liver cancer. On the prevention of liver cancer, the Government set up the Steering Committee on Prevention and Control of Viral Hepatitis (SCVH) in 2018 to advise on overall policy, targeted strategies and resource allocation for the prevention and control of viral hepatitis. Having examined the local situation and international experience, the SCVH recommended focused risk-based testing to start scaling up hepatitis B screening in Hong Kong. The six priority populations for testing who are at higher risk of hepatitis B infection include people who inject drugs, people with Human Immunodeficiency Virus (HIV), men who have sex with men (MSM), sex workers, people in custody, and family members and sexual partners of people with chronic hepatitis B infection. According to the SCVH's recommendation, hepatitis C testing should be offered to relevant persons where appropriate.

Baseline and targeted regular hepatitis B and hepatitis C testing and management for people with HIV attending the designated HIV clinics of the DH and the HA have been in place for years. Babies attending Maternal and Child Health Centres of the DH who are born to mothers infected with hepatitis B have been offered post-vaccination serologic testing since January 2022. With effect from April 2022, all MSM and sex workers attending Social Hygiene Clinics of the DH are offered hepatitis B and hepatitis C screenings as part of the comprehensive screening for sexually transmitted infections. With effect from July 2023, the DH has launched risk-based viral hepatitis screenings at its Elderly Health Service, Woman Health Service, Families Clinics and Methadone Clinics. Members of the public may also consult their family doctors for arranging testing.

To enhance the overall management capacity of hepatitis B in Hong Kong, the HA and the DH formulated the Management of Adult Patients with Chronic Hepatitis B in Primary Care in September 2023, and a collaborative approach between primary healthcare and specialty for the management of hepatitis B was piloted in the HA. The Primary Healthcare Office under the Health Bureau (being progressively transformed into the Primary Healthcare Commission) will also make reference to the strategies put forward by the SCVH, and continuously review the relevant services provided by the District Health Centres, so as to provide evidence-based, effective and efficient primary healthcare services to the community under the principle of district-based medical-social collaboration.

The SCVH will continue to keep in view local and international situations and advise the Government on feasible, sustainable and effective strategies related to the prevention and control of chronic hepatitis.

As for the treatment of liver cancer, the HA currently provides laboratory testing services to support clinical specialties on clinical diagnosis and monitoring of various diseases including liver cancer. The HA also provides oesophago-gastro-duodenoscopy (OGD) (commonly referred to as gastroscopy) services and treatment to liver cancer patients with clinical needs as necessary and appropriate. For liver cancer patients who need to receive drug treatment with Atezolizumab and Bevacizumab, the HA will generally arrange them to undergo the OGD to reduce the risk of complications when receiving the relevant drug treatment. At present, the HA will arrange relevant investigation as soon as possible according to the patient's treatment need and schedule, and will, subject to the patient's condition, start treatment early during the waiting period for the investigation to avoid delay. Patients may also choose to undergo relevant investigation in the private sector.

When introducing new laboratory testing services, the HA will take into account relevant factors such as clinical benefits, safety and efficacy of the new technology, availability of manpower and expertise, capacity and technical adaptability of the laboratory. The HA will explore new diagnostic and treatment options, including the feasibility and suitable timing of introducing technology for detecting the biomarkers of abnormal coagulation (PIVKA-II) in order to provide patients with optimal treatment. When new diagnostic or treatment option is launched, the healthcare team will liaise with suitable patients in a timely manner for relevant follow-up.

When exploring new Public-Private Partnership (PPP) programmes, the HA will, based on its service demand and in line with the Government's direction of healthcare development, explore the need and feasibility of introducing other PPP programmes according to the principle of strategic purchasing of healthcare services, so as to meet the public's demand for healthcare services. In the process, the HA will communicate with the public and patient groups, work closely with the stakeholders, and consider various factors such as evolving service demand, potential complexity of the PPP programmes, capacity and readiness of the private sector, and the impact on public healthcare manpower and private healthcare charges.