

LCQ22: Statistics on and screening services for breast cancer

Following is a question by the Dr Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 21):

Question:

Breast cancer is the most common cancer with the third highest mortality rate among women in Hong Kong. In 2016, breast cancer accounted for 26.6 per cent of all new cancer cases among women in Hong Kong. Besides, Hong Kong is one of the regions in Asia with high incidence of breast cancer, with the number of cases of women diagnosed with breast cancer rising by three times in the past two decades. In this connection, will the Government inform this Council:

(1) of the public healthcare institutions which currently provide mammography and breast ultrasound scanning for women; the number of units providing such services and the average charge for each test (with a breakdown by District Council district);

(2) whether it knows, in each of the past five years, the number of person-times, age distribution and waiting time of women who received mammography and breast ultrasound scanning which were provided by public and private healthcare institutions; if it does not have such figures, whether it will compile such statistics;

(3) whether it knows the number of new confirmed breast cancer patients in each of the past five years, with a breakdown by stage of breast cancer and age distribution;

(4) given that public hospitals provide appropriate services for breast cancer patients through their multi-specialty teams while surgeons and clinical oncologists will make appropriate treatment arrangements, whether it knows the current ratio of the number of specialists responsible for treating breast cancer in public and private healthcare institutions to the number of patients;

(5) given that the Chief Executive indicated in the Policy Address she delivered last month that a study to identify the risk factors associated with breast cancer for local women was expected to be completed in the latter half of next year, and that the Government would closely monitor the scientific evidence and outcome of the study to review the type of screening suitable for women of different risk profiles, of the details (including the timetable) of such work;

(6) given that the number of new breast cancer cases and the number of deaths

caused by breast cancer among women have been increasing year after year in recent years, and some cancer experts have suggested that breast cancer screening should be carried out for women at increased risk of developing breast cancer (e.g. those who have a family history of breast cancer), whether the Government (i) knows the current number of women at increased risk of developing breast cancer, (ii) will review the mechanisms for and measures on preventing breast cancer in order to help such women take preventive actions, and (iii) will launch a screening programme specifically for such women prior to the implementation of the relevant measures to be put forward by the study mentioned in (5); if so, of the details (including the timetable); if not, the reasons for that;

(7) given that a study report of the Hong Kong Breast Cancer Foundation has pointed out that the implementation of a population-wide screening programme is an effective way to lower the breast cancer mortality rate, whether the Government has studied the justifications behind the assertion made earlier by the Cancer Expert Working Group on Cancer Prevention and Screening that "all screening tests have their limitations";

(8) whether it knows if the Hospital Authority procured additional 3D mammography screening machines in the past five years in order to provide screening tests for women at increased risk of developing breast cancer; if HA did, of the number; if not, the reasons for that; and

(9) as there are views that women's awareness of the efficacy of breast examination is inadequate at present, whether the Government will allocate resources to step up publicity to boost the importance attached to breast examination by women; if so, of the details (including the timetable); if not, the reasons for that?

Reply:

President,

The Government attaches great importance to cancer prevention and control. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Government's Cancer Coordinating Committee regularly reviews and discusses the latest scientific evidence, local and worldwide, with a view to making recommendations on cancer prevention and screening suitable for the local population. My reply to the various parts of the question raised by the Dr Hon Elizabeth Quat is as follows:

(1) and (2) At present, both the Department of Health (DH) and the Hospital Authority (HA) provide mammography and breast ultrasound scanning services for women. Details are as follows:

Department of Health

Woman Health Service (WHS) is provided in the DH's three Woman Health Centres (WHCs) and ten Maternal and Child Health Centres (MCHCs) on sessional basis (details are set out at Tables 1 and 2 of Annex A) for women aged 64 or

below for the purposes of health promotion and disease prevention. The services include health education, assessment, counselling and investigations as appropriate. Investigation includes mammography for women at higher risk of developing breast cancer. Breast ultrasound scanning as a supplementary examination may be arranged for them if necessary.

The fees and charges for WHS and attendance for mammography over the past five years are set out at Tables 3 and 4 of Annex A. The DH does not keep records of age distribution of clients who received mammography or attendance and age distribution of those who received breast ultrasound scanning as a supplementary examination. The waiting time for the DH's WHS varies depending on individual WHCs/MCHCs. The median waiting time is five weeks.

Hospital Authority

Currently, there are 14 hospitals in different hospital clusters of HA providing mammography and breast ultrasound scanning services (details are set out at Table 1 of Annex B). HA doctors will assess patients' conditions and refer patients for mammography or ultrasound scanning when necessary. As the examination fees have already been covered in the in-patient or out-patient service fees, patients are not required to pay additional fees.

The number of patient attendance over the past five years and the waiting time in 2016-17 and 2017-18 for mammography provided by HA are set out at Tables 2 and 3 of Annex B. The HA does not maintain or plan to compile age breakdown on the number of patient attendance for mammography and statistics on the number of patient attendance and waiting time for breast ultrasound scanning service.

(3) According to the statistics of the Hong Kong Cancer Registry, the incidence of cases of female breast cancer in Hong Kong from 2012 to 2016, with a breakdown by stage of cancer and age distribution at diagnosis, are tabulated at Annex C.

(4) The cancer services (including breast cancer treatment) provided by the HA are based on a co-ordinated cross-specialty (e.g. pathology, radiology, medicine, surgery, clinical oncology and palliative care) and cross-disciplinary service system. The HA does not have information on the ratio of breast cancer specialists to patients.

(5) to (7) In examining whether to introduce a population-based screening programme for a specific disease or cancer (including breast cancer), the Government shall make reference to the CEWG's recommendations and carefully considers a number of factors, including the seriousness and prevalence of the disease locally, accuracy and safety of the screening tests for the local population, as well as effectiveness of the screening programme in reducing disease incidence and mortality. The Government shall also give due consideration to the actual circumstances such as the feasibility, equity and cost-effectiveness of the screening programme and public acceptance.

Women at increased risk (such as carriers of certain deleterious gene mutations, those with a family history of breast or ovarian cancer, etc.) should seek doctors' assessment and advice before deciding whether they should undergo breast cancer screening.

As for asymptomatic women at average risk, the Government and the medical sector need to gather more research findings and data to explore whether it is appropriate to implement population-based breast cancer screening for this group of women in Hong Kong. In this regard, the Government has commissioned the University of Hong Kong to conduct a study on risk factors associated with breast cancer for local women so as to help formulate the future strategies for breast cancer screening in Hong Kong. The study is expected to be completed in the latter half of 2019. The aim of the study is to formulate a risk prediction model for breast cancer in Hong Kong using a case-control study approach under which a comparison is made between women with and without breast cancer. It also aims to find out the relations between risk factors (such as age, body mass index and other personal characteristics, physical activity, family history of breast cancer, history of benign breast disease, etc.) and breast cancer development. The Government will review and consider what type of screening is to be adopted for women of different risk profiles, having regard to the scientific evidence and outcome of the study.

Some western countries and regions which have relatively high incidence of breast cancer have implemented population-based mammography screening programmes since the 1980s. However, studies found that there was only a slight drop or even no reduction in the mortality of breast cancer after implementation of such programmes. Some studies revealed that screening programmes have caused problems and harm such as over-diagnosis and over-treatment. As for countries and regions which have a predominantly Chinese or Asian population and have implemented population-based breast cancer screening programmes, detailed assessment data on the effectiveness (such as data on whether the programmes can effectively reduce the mortality of breast cancer among the female population, increase the long-term survival rate of such patients, etc.) and cost-effectiveness of the programmes have yet to be published by the governments concerned. The Government will review and formulate future strategies for breast cancer screening in the light of the findings of the aforementioned study on risk factors associated with breast cancer for local women.

(8) Over the past five years, the HA acquired two 3D mammography machines.

(9) Many risk factors for breast cancer are closely related to lifestyles, such as lack of physical activity, alcohol consumption, obesity after menopause, etc. The Government will enhance education and publicity on breast health. Through mass media and collaboration with community partners and service providers, the Government will actively promote the adoption of healthy lifestyles (e.g. avoiding alcohol consumption, having a balanced diet, doing regular exercise, maintaining healthy body weight and waist circumference, prolonging breastfeeding duration, etc.) as the major preventive strategy. It will also promote the awareness of breast health

among women for early detection of breast abnormalities and immediate medical attention.