

LCQ9: Cancer prevention services provided for women

Following is a question by the Hon Alice Mak and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 11):

Question:

On cancer prevention services provided for women, will the Government inform this Council:

(1) of the respective numbers of new cases of and deaths from breast cancer, cervical cancer, ovarian cancer and corpus uteri cancer in each of the past five years; whether it will draw up specific plans to enhance prevention of these cancers; if so, of the details and estimated expenditure; if not, the reasons for that;

(2) of the respective numbers of persons receiving mammography and breast ultrasound scanning in public healthcare institutions in each of the past five years, with a breakdown by age group; and

(3) given that the Government has rolled out a two-year "Breast Cancer Screening Pilot Programme" in September last year to conduct breast cancer screening for women aged between 44 and 69, of the following information of the Programme:

(i) the up-to-date number and percentage of participants in each age group (i.e. 44 to 54, 55 to 64 and 65 to 69) and, among which, the number and percentage of those who have been arranged to receive mammography and breast ultrasound scanning;

(ii) the number of units providing the screening services, and the number of persons serviced by each unit so far;

(iii) the expenditure for the last financial year and the estimated expenditure for the current financial year; whether it will step up publicity on the Programme in the next financial year; if so, of the details;

(iv) the current number of units providing mammography screening; whether it has assessed if the existing service capacity is sufficient to meet the demand; if it has assessed and the outcome is in the negative, of the measures in place to increase the service capacity; and

(v) whether it will study turning the Programme into a territory-wide breast cancer screening programme for women; if so, of the details and estimated annual expenditure; if not, the reasons for that?

Reply:

President,

The Government attaches importance to cancer prevention and control as an important strategy to prevent and control non-communicable diseases. As early as 2001, the Government established the Cancer Coordinating Committee (CCC). Chaired by the Secretary for Food and Health and comprising members who are cancer experts, academics, doctors in public and private sectors as well as public health professionals, the CCC formulates strategies on cancer prevention and control and steers the direction of work covering prevention and screening, surveillance, research and treatment. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) set up under the CCC regularly reviews international and local evidence and makes recommendations on cancer prevention and screening applicable to the local setting. In addition to the CEWG, the structure of the CCC also comprises the Department of Health (DH), the Hong Kong Cancer Registry (HKCaR), the Hospital Authority (HA) and the Research Office of the Food and Health Bureau which oversees cancer surveillance, treatment and research respectively, and directly report to the CCC.

Having consulted the DH and the HA, the reply to various parts of the question raised by the Hon Alice MAK is as follows:

(1) and (3)(iii) In 2019, the Government promulgated the Hong Kong Cancer Strategy (HKCS), which sets out the holistic plan for cancer prevention and control for Hong Kong and the directions laid down herein include reducing risk factors leading to cancer and providing evidence-based screening. Relevant measures and publicity work include:

(a) starting from the 2019/20 school year, the DH has rolled out the human papillomavirus (HPV) vaccination programme to Primary 5 and 6 female students under the Hong Kong Childhood Immunisation Programme as a public health strategy to prevent cervical cancer. The first dose of HPV vaccine will be given to Primary 5 female students at their schools, and the second dose of the recommended vaccine schedule will be given to the girls when they reach Primary 6 in the following school year. The financial provision of HPV vaccination programme in 2021-22 and 2022-23 is around \$91 million in each year;

(b) As a tool for secondary prevention, screening aims to detect cancers early or to identify precancerous disease in apparently healthy (asymptomatic) individuals so that treatment can be carried out more effectively. Based on the recommendations of the CEWG, the Government has launched the territory-wide Cervical Screening Programme and the Breast Cancer Screening Pilot Programme (the Pilot Programme) under a risk-based approach. The financial provision of the Cervical Screening Programme in 2021-2022 and 2022-23 is about \$21 million per year, whereas the financial provision of the Pilot Programme in the two financial years is about \$23 million annually; and

(c) The DH has been promoting a healthy lifestyle as the primary strategy for cancer prevention. Over the past three years, the DH had strengthened public

education relating to female cancers in order to raise public awareness on cancer prevention and screening. Communication channels included websites, printed materials, published articles, social media, web-based publicity, telephone education hotline, media interviews, etc. For example, short videos promoting cervical screening were launched in 2020, and two Announcements in the Public Interest in promoting breast awareness and breast cancer prevention were launched in 2021. The DH has also produced health information on the prevention and screening of cervical and breast cancers in seven languages (including Hindi, Nepali, Urdu, Thai, Bahasa Indonesia, Tagalog and Vietnamese) for ethnic minorities. Relevant work will continue in 2022-23. The resources and manpower involved in the work on cancer prevention and education cannot be separately quantified as they are absorbed by the DH's overall provision for disease prevention.

According to the information of HKCaR, the numbers of new cases of (female) breast cancer, cervical cancer, ovarian cancer and corpus uteri cancer from 2017 to 2019 are shown below:

| Year | (Female) breast cancer | Cervical cancer | Ovarian cancer | Corpus uteri cancer |
|------|------------------------|-----------------|----------------|---------------------|
| 2017 | 4 373 | 516 | 627 | 1 076 |
| 2018 | 4 618 | 582 | 603 | 1 165 |
| 2019 | 4 761 | 520 | 665 | 1 198 |

The numbers of registered deaths resulted from (female) breast cancer, cervical cancer, ovarian cancer and corpus uteri cancer from 2017 to 2019 are shown below:

| Year | (Female) breast cancer | Cervical cancer | Ovarian cancer | Corpus uteri cancer |
|------|------------------------|-----------------|----------------|---------------------|
| 2017 | 721 | 150 | 218 | 114 |
| 2018 | 753 | 163 | 229 | 115 |
| 2019 | 852 | 162 | 235 | 134 |

The numbers of new cases and registered deaths for the abovementioned cancers in 2020 and 2021 are not yet available now.

(2) The numbers of patient attendances for receiving mammography (MMG) screening in the HA over the past five years is listed below:

| Year | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 (Provisional figures) |
|-------|---------|---------|---------|---------|----------------------------------|
| Total | 21 690 | 23 409 | 25 593 | 26 033 | 32 526 |

The age breakdown on the numbers of patient attendances for MMG

screening has been available in the HA since 2021-22 as set out in the table below. The HA does not maintain the statistics on the number of patient attendances and the breakdown according to their age for breast ultrasound scanning:

| Age group | Number of patient attendances for MMG screening (Provisional figures) |
|-------------|---|
| 44 or below | 3 599 |
| 45-54 | 9 207 |
| 55-64 | 10 300 |
| 65-69 | 4 013 |
| 70 or above | 5 406 |
| All ages | 32 526 * |

* The sum of each age group may not equal to the total number of patient attendances for MMG screening for all ages due to the inclusion of patients with unknown age.

Over the past five years, the number of persons receiving MMG screening and breast ultrasound scanning at the Woman Health Service (WHS) of the DH is as follows. The DH does not maintain the information by age groups.

| Year | 2017 | 2018 | 2019 | 2020 (January)* | 2021 (September to December)* |
|----------------------------|-------|-------|-------|-----------------|-------------------------------|
| MMG screening | 1 238 | 1 055 | 1 063 | 72 | 1 072 |
| Breast ultrasound scanning | 106 | 118 | 93 | 12 | 275 |

* In view of the COVID-19 epidemic situation, WHS of the DH was suspended from February 2020 onwards and three Woman Health Centres (WHCs) have resumed normal service since September 6, 2021.

(3)(i), (ii), (iv) and (v) The DH rolled out the Pilot Programme at its three WHCs from September 6, 2021 and 18 Elderly Health Centres from December 13, 2021 for two years. The Pilot Programme provides breast cancer screening services for eligible women aged between 44 and 69, based on the recommendations of CEWG on breast cancer screening and personalised breast cancer risk assessment tool, which is accessible at the Cancer Online Resource Hub (www.cancer.gov.hk/en/bctool). Women identified to be at increased risk of breast cancer by the breast cancer risk assessment tool will be referred by the DH to the outsourced imaging centre for MMG screening and supplementary breast ultrasound scanning, if necessary.

As at March 31, 2022, about 6 000 eligible women received breast cancer risk assessment, with breakdown below:

| | Received breast cancer risk assessment | Arranged to receive MMG screening (and breast ultrasound scanning, if necessary) |
|------------------------|--|--|
| Total number of women | 5 935 | 2 044 (34.4%) |
| (a) Women aged 44 – 64 | 5 491 | 1 974 (35.9%) |
| (b) Women aged 65 – 69 | 444 | 70 (15.8%) |

In general, appointments for MMG screening can be arranged within one to two weeks and the service can largely meet the demand. To evaluate the effectiveness of the Pilot Programme, the Government will conduct a review after the screening services has been fully implemented in order to decide on the next phase for breast cancer screening, including engaging non-governmental organisations for provision of screening services.