

LCQ10: Colorectal Cancer Screening Programme

Following is a question by Dr the Hon David Lam and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (February 19):

Question:

The Colorectal Cancer Screening Programme (CRCSP) has been implemented since 2016, under which participants will be arranged to undergo a Faecal Immunochemical Test (FIT) screening. According to the information released by the Government in December last year, about 60 per cent of the colorectal cancer patients diagnosed under CRCSP were in earlier stages (i.e. stage I and stage II) of cancer, which was higher than the 40 per cent of those who were not diagnosed under CRCSP. On the other hand, according to the information on the website of the Hong Kong Cancer Registry, among all cancers, the incidence rate of colorectal cancer dropped from the first place in 2016 to the third place in 2022, and the age-standardised mortality rate of colorectal cancer also dropped from about 14.1 to 12.7 per 100 000 population during the same period, indicating that CRCSP is effective in detecting colorectal cancer at an earlier stage and in lowering the mortality rate. However, there are views that only early detection and removal of advanced adenoma can further minimise the incidence rate of colorectal cancer. In recent years, studies have found that although FIT has a high sensitivity and specificity for colorectal cancer, the sensitivity for advanced adenoma ranges from 25 per cent to 34 per cent only, which is lower than that of the newer multi-target stool DNA test (about 42 per cent) and faecal bacterial gene markers test (about 57 per cent). Moreover, the Asian Pacific Association of Gastroenterology and the Asian-Pacific Society for Digestive Endoscopy do not even recommend the use of FIT for screening of colorectal polyps. In this connection, will the Government inform this Council whether it has plans to review CRCSP and consider adopting screening other than FIT for testing by participants; if so, of the relevant progress; if not, the reasons for that?

Reply:

President,

The reply, in consultation with the Department of Health (DH), to the question raised by Dr the Hon David Lam is as follows:

The Government attaches great importance to cancer prevention and control. In 2001, it established the Cancer Coordinating Committee (CCC) to formulate strategies for 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 scientific evidence and makes recommendations on cancer prevention and screening applicable to the local setting.

From the public health perspective, the Government must carefully assess various factors when formulating a cancer screening programme with reference to evidence-based advice from the relevant experts. These include the local prevalence of the cancer concerned, the accuracy and safety of the relevant screening tools, and the effectiveness and cost-effectiveness in reducing incidence and mortality rates. Meanwhile, a screening programme will lead the public and relevant medical specialties to change the demand and supply model of related medical services. The Government needs to carefully assess the impact of a screening programme on the current healthcare system to avoid a severe imbalance in the use of limited healthcare resources, with a view to ensuring the optimal use of the overall public health and healthcare resources.

Regarding screening for colorectal cancer (CRC), the CEWG recommends that average-risk (e.g. without hereditary bowel syndromes), asymptomatic individuals aged 50 to 75 should consider annual or biennial faecal occult blood test; or sigmoidoscopy every five years; or colonoscopy every 10 years.

Based on the CEWG recommendations, the Government launched the Colorectal Cancer Screening Programme (the Programme) in 2016, which currently subsidises asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests every two years in the private sector. The programme adopts faecal immunochemical test (FIT) as the screening tool. If the FIT result is positive, the participant will be referred to an enrolled colonoscopy specialist to receive a colonoscopy examination subsidised by the Government. If the FIT result is negative, the participant is advised to undergo the screening two years later.

As of the end of 2024, the cumulative total number of eligible persons participated in the Programme was approximately 510 000. About 77 000 persons (15 per cent) had positive FIT results, about 40 000 persons (7.7 per cent) were diagnosed to have colorectal adenomas after colonoscopy examination, and about 3 400 persons (0.7 per cent) had CRC. In 2024, there were around 86 000 new participants in the Programme, a record annual high since its launch. Among the CRC cases diagnosed under the Programme, a preliminary analysis of around 2 400 cases has been conducted, and about 56 per cent of these cases were in earlier stages, while less than 40 per cent of CRC cases in the general population (excluding cases from the Programme) belonged to earlier stages. This demonstrates that participation in the Programme allows early detection and treatment of CRC, thereby leading to a more favourable prognosis.

Regarding the screening method, the Programme uses FIT as the primary screening tool, which is in line with practices of the CRC screening programmes of most overseas places (such as Singapore, the United Kingdom and Australia). The CEWG has reviewed the scientific evidence on other non-

invasive tests for CRC screening such as stool DNA, RNA, "microbial marker" and blood DNA tests in 2023, including the Joint Asian Pacific Association of Gastroenterology (APAGE)–Asian Pacific Society of Digestive Endoscopy (APSDE) clinical practice guidelines on the use of non-invasive biomarkers for diagnosis of colorectal neoplasia published in 2023. Upon CEWG's review, there was currently insufficient evidence on better effectiveness and cost-effectiveness in reducing CRC incidence and mortality by these newer non-invasive CRC screening tools. The CEWG therefore reaffirmed the recommendations on CRC screening. In general, the cost of FIT ranges from several dozens to several hundred dollars, while the service charge of other newer non-invasive CRC screening tests mentioned above could amount to several thousand dollars. The CEWG shall continue to keep in view further local and overseas scientific evidence and practice related to CRC screening.

Apart from participating in regular CRC screening, leading a healthy lifestyle is also important in the prevention of CRC. According to CEWG's current recommendation on prevention of CRC, the public is advised to adopt healthy lifestyle such as increasing intake of dietary fibre, reducing consumption of red and processed meat, having regular exercise, maintaining a healthy body weight and waist circumference, avoiding drinking alcohol and smoking. The DH has long been promoting a healthy lifestyle as the primary strategy for cancer prevention. The DH makes every effort in stepping up public education related to cancers with a view to raising public awareness of cancer prevention and screening.

At the same time, the Primary Healthcare Commission is actively promoting the Life Course Preventive Care Plan via District Health Centres (DHCs)/DHC Expresses and family doctors. Based on the core principles of prevention-oriented and whole-person care, a personalised preventive care plan will be formulated to address the health needs of citizens across different life stages with reference to the latest evidence. Family doctors and primary healthcare professionals will collaborate to provide health advice and education on chronic disease and cancer screening, and healthy lifestyles according to personal factors, such as recommending persons aged 50 or above to undergo CRC screening.