LCQ4: Treatment of cancers

Following is a question by Dr the Hon Chiang Lai-wan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 26):

Question:

As projected by the Hong Kong Cancer Registry (HKCaR) under the Hospital Authority (HA), with a continuously growing and ageing population, the number of new cancer cases in Hong Kong in 2030 will be 40% higher than that in 2016 and exceed 44 000. Some patients have relayed that at present, quite a number of cancer patients at public hospitals can only take drugs with more side effects and lower efficacy as they cannot afford the expensive self-financed drugs, thus suffering immensely in their illnesses. In this connection, will the Government inform this Council:

(1) whether the Government will propose to HA to discuss with the Mainland authorities purchasing cancer drugs jointly, with a view to reducing expenses on drugs, and whether it will expedite the vetting and approval of clinical trial schemes to be carried out in Hong Kong for new cancer drugs and new treatment protocols so that cancer patients participating in the schemes can try them out for free; if so, of the details; if not, the reasons for that;

(2) given that the Government has earmarked $5 billion in the current financial year for the upgrading or acquisition of medical equipment by HA, whether it knows if HA will spend the money on acquiring state-of-the-art medical equipment for treating cancers, including that for proton therapy and electric field therapy; if HA will, of the details; if not, whether HA will discuss with the private hospitals which have acquired the relevant equipment the implementation of public-private partnership programmes so as to make use of such kind of equipment for treating public hospital patients; and

(3) given that the provision of cancer data to HKCaR by hospitals is currently voluntary in nature, whether the Government will adopt measures to facilitate HKCaR in collecting data as well as using artificial intelligence and big data technologies to speed up the analysis of cancer data; if so, of the details; if not, the reasons for that?

Reply:

President,

My reply to the various parts of the question raised by Dr the Hon Chiang Lai-wan is as follows:

(1) The Hospital Authority (HA) has put in place an established drug procurement mechanism, which is fair and stringent, for procurement of pharmaceutical products that are registered with the Department of Health

(DH) and meet quality requirements for use in its public hospitals and clinics in accordance with the requirements and guidelines of the World Health Organization, the World Trade Organization and the DH. The existing mechanism is effective and allows the HA to procure the most cost-effective drugs from the market. We do not think that there is sufficient justification to change it.

As regards clinical trials on drugs, anyone who wishes to conduct a clinical trial on pharmaceutical product(s) in Hong Kong is required to apply to the Pharmacy and Poisons Board of Hong Kong for a Certificate for Clinical Trial (certificate) according to the provisions and requirements of the Pharmacy and Poisons Ordinance (Cap. 138). As set out in the performance pledges, the DH will issue a certificate within three months on receipt of an application submitted with the necessary supporting documents. In 2018-19, the DH issued a total of 173 certificates. All applications were vetted and approved within three months, meeting the target set in the performance pledge.

Moreover, the DH has implemented a number of enhancement measures in recent years to further shorten the time for vetting and approving such applications. These measures include extending the validity period of certificates and simplifying the application procedures for low-risk clinical trials.

(2) The Government has earmarked an additional $5 billion in 2019-20 for the HA to expedite the upgrading and acquisition of medical equipment, and to allow the HA to formulate plans for acquiring relevant medical equipment in the longer term. The HA will further modernise and upgrade its medical equipment to provide quality services for patients. For example, upgrading or acquiring new linear accelerators, computed tomography scanners and magnetic resonance imaging scanners with more advanced functionalities will improve the diagnosis and treatment of cancer patients. The HA will also diffuse the application of advanced technology. For example, additional robotic surgery systems will be acquired to enhance minimal invasive surgical services, and Next Generation Sequencing technology will be used for treating cancer patients.

Regarding suggestions such as the introduction of proton therapy and tumor treating fields therapy, the HA will keep in view the technological advancement in this regard. Under the established mechanism of the HA, experts will continue to examine and review regularly treatment options as well as the latest development of the clinical and scientific evidence of relevant technology, taking into account factors such as scientific evidence, cost-effectiveness, opportunity cost, technological advancement and views of patient groups.

In respect of collaboration with private hospitals, the HA rolled out the "Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector" in 2012 through purchase of computed tomography and magnetic resonance imaging services from private healthcare organisations to provide cancer (See note) patients with the option to

receive radiological investigation services in the private sector. The HA will carefully consider relevant factors when examining new Public-Private Partnership (PPP) programmes, such as the potential complexity of the programmes, and the capacity and readiness of the private sector, etc. The HA will continue to communicate with the public and patient groups, and will work closely with stakeholders to explore the feasibility of introducing other PPP programmes, so as to meet the public's demand for healthcare services.

(Note: Colorectal cancer, breast cancer, nasopharyngeal cancer, lymphoma, prostate cancer, stomach cancer, cervix cancer, corpus uteri cancer, head and neck cancer, sarcoma or germ cell tumor.)

(3) The Government attaches great importance to the collection and monitoring of cancer data, and supports the work of the Hong Kong Cancer Registry (HKCaR) on analysis of the overall cancer data from the public and private healthcare service providers and surveillance of local cancer situation. As early as in the 2000s, the HKCaR began to set up progressively a cancer case review system for the collation and analysis of the structural clinical data in the HA's Clinical Management System and the information collected from private hospitals.

The HA also strives to assist the HKCaR in enhancing the efficiency of data analysis, and has established a working group last year to study, through big data analysis, how to use clinical data to speed up the collation of cancer data. Meanwhile, the Food and Health Bureau and the HKCaR invited in writing private hospitals across the territory to provide pathology reports of cancer tissues for further collation and verification by the HKCaR. The arrangement is currently working smoothly and effectively. The HKCaR will continue to do its best to shorten the time required for collecting and publishing information.