孚 香港乳癌資料庫
Hong Kong Breast Cancer Registry

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編者的話

今期簡報旨在補充《香港乳癌實況第三號報告》的數據分析，以進一步探討乳癌患者的經濟及社會狀況對偵測乳癌的影響。香港乳癌基金會將根據分析結果，加強對低收入地區的乳健教育工作，鼓勵婦女定期檢查，就算患有乳癌也可以及早發現。

經濟及社會狀況差異對乳癌普查習慣和癌症期數的影響

前言

乳癌普查，包括自我乳房檢查、臨床乳房檢查和乳房X光造影檢查，是醫學上證實可以偵測早期乳癌的方法。群組中的乳癌患者經濟和社會狀況有別，特別是居住地區收入水平和個人教育程度這兩項因素，皆與乳癌特徵和存活有關[1,2]。

本港的乳癌新病例在過去二十年不斷增加，這現象跟本港市民生活日趨西化和個人的經濟、社會條件差異息息相關。定期乳癌普查有助患者及早偵測乳癌，從而有效醫治病症。不過，我們可見乳癌患者當中的乳癌特徵和確診前乳癌普查率存有相當大的差異，這可能與本港未推行全民乳癌普查計劃有關。

研究對象及方法

《香港乳癌實況第三號報告》涵蓋5,300名於2008年至2011年間從私營及公營醫療機構招募的乳癌患者／康復者，本簡報的分析選取群組中40歲或以上的患者為研究對象，目的是探討不同經濟社會條件的患者，其乳癌期數和乳房檢查習慣的差異。研究將患者按居住地區分組，用卡方檢定測試 (Chi-square test) 比較人口統計資料和癌症期數的關係，並用二元邏輯迴歸方法 (Binary logistic regression) 評估居住地區、地區住戶入息和患者的教育程度等三項因素與癌症期數之間的調整關連程度 (Adjusted associations)。

結果

數據分析顯示，居於住戶入息收入較低地區的患者，確診時屬晚期的比率較高。這些地區包括黃大仙（17.8%）、新界北區（16.7%）、深水埗（15.0%）、觀塘（14.0%）和葵青（14.4%）。反觀在全港住戶入息最高的灣仔區，有多達半數的患者在確診前有定期接受乳房X光造影檢查；在觀塘和深水埗等最貧窮地區，有定期接受乳房X光造影檢查的患者則不足兩成，從未進行這種檢查者更高達80%。港島區的患者有最高的定期乳房X光造影檢查率。在北區、葵青、屯門和大埔等地區則有最多人從未做過X光造影（表一）。

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表一：各區從未接受乳房X光造影檢查的患者比率

地區	每月住戶入息中位數# (HK$)	從未接受乳房X光造影%	有定期接受乳房X光造影%	晚期個案%
整體	$18,000	62.9	27.4	12.4
觀塘	$14,000	80.4	13.2	14.0
新界北區	$17,000	75.8	14.2	16.7
葵青	$14,500	73.0	18.7	14.4
屯門	$16,000	71.1	19.9	12.3
大埔	$16,000	71.0	18.4	12.0
深水埗	$14,000	68.5	23.5	15.0
荃灣	$20,800	68.0	25.6	10.0
沙田	$20,000	67.1	22.3	14.0
黃大仙	$15,000	66.9	23.0	17.8
元朗	$15,000	65.3	24.2	11.2
離島	$17,800	64.6	30.5	10.2
西貢	$23,000	56.6	30.7	8.9
油尖旺	$18,200	54.9	34.0	12.3
港島東區	$22,000	47.8	40.4	10.3
九龍城	$20,000	47.7	38.1	12.6
港島南區	$20,000	45.0	43.8	10.4
中西區	$25,600	41.5	45.2	9.7
灣仔	$29,000	32.6	53.0	3.8

資料來源：按區議會分區劃分人口及住戶統計資料（香港政府統計處，2010年出版）

數據分析顯示教育程度單獨一項因素與乳房X光造影檢查率有關。有中學或以上教育程度的患者，其乳房X光造影檢查率高於從未接受教育或幼稚園程度的患者（表二）〔調整勝算比（Adjusted OR）分別是1.696及1.873〕。

地區住戶入息是另一項跟乳房X光造影檢查率有顯著關係的因素（表二）。居住地區住戶入息為30,000元或以上的患者，比住戶入息低於10,000元地區的患者有較高的乳房X光造影檢查率。〔調整勝算比（Adjusted OR）＝1.453〕

結果顯示，經濟及社會條件較低的患者有較低的檢查率和確診時有較高的癌症期數。本港目前沒有推行全民乳癌普查計劃，

婦女只可自費到私營醫療機構或非牟利醫療機構接受乳房X光造影檢查服務。這些服務沒有單一機構統籌和組織，每次檢查的費用由780至1,500元不等。這是經濟及社會條件較低的患者檢查率偏低和確診癌症期數高的可能原因。

啟示

研究顯示，有必要為低收入和低教育程度的婦女制訂特別的乳房健康教育計劃和經濟資助計劃，以助消除使用乳癌普查服務方面的不公平情況[3]。另外，當局應再三考慮在香港實施全民乳癌普查計劃。

表二：患者的經濟、社會條件與乳房X光造影檢查率的關係

因素	組別 (地區)	P值 (P-value)	勝算比 (OR)	95% CI 覆蓋機率	
				下	上
居住地區	中西區		1.000	—	—
	灣仔	.087	3.766	.823	17.230
	荃灣	.665	1.180	.558	2.496
	西貢	.744	1.163	.471	2.874
	離島	.883	1.094	.331	3.614
	屯門	.992	.996	.448	2.217
	港島東區	.913	.960	.460	2.001
	元朗	.824	.915	.420	1.995
	大埔	.490	.772	.370	1.610
	港島南	.549	.769	.326	1.816
	觀塘	.398	.745	.376	1.474
	油尖旺	.474	.722	.296	1.760
	九龍城	.385	.698	.310	1.572
	葵青區	.290	.697	.357	1.361
	沙田	.241	.677	.353	1.299
	深水埗	.209	.628	.304	1.298
	新界北區	.181	.613	.300	1.254
	黃大仙	.172	.560	.243	1.287
教育水平	從未接受教育 / 幼稚園程度		1.000	—	—
	小學程度	.185	1.390	.854	2.262
	中學程度	.034*	1.696	1.042	2.759
	預科程度	.127	1.637	.870	3.081
	大專或以上程度	.040*	1.873	1.028	3.411
地區每月住戶入息	<HK$10,000		1.000	—	—
	HK$10,000-29,999	.140	1.299	.918	1.836
	HK$30,000 或以上	.047*	1.453	1.006	2.100

*有明顯關係：p值<0.05

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Editor's message

This issue intends to complement the sub-analysis of the "Breast Cancer Facts in Hong Kong Report No. 3" on the socio-economic disparities in breast cancer detection in Hong Kong. With the findings, the Hong Kong Breast Cancer Foundation Breast Health Centre will put more efforts to reach out the lower income districts to promote breast health and the importance of early detection of possible breast cancer through regular screening.

Socio-economic Disparities in Breast Cancer Screening Practice and Cancer staging in Hong Kong

Introduction

Breast screening, including breast self-examination, clinical breast examination and mammography screening, has been proven to be an effective tool to detect breast cancer at an early stage. It was observed that socio-economic disparities, in particular disparities in income and educational level, affect presentation and survival of breast cancer[1,2].

Breast cancer incidence has been on the rise in the past two decades. This can be explained by westernisation of lifestyle and socio-economic disparities in Hong Kong population. Regular breast cancer screening can help detect breast cancer early when it can be effectively treated. However, breast cancer screening rates before diagnosis varied widely among patients with different socio-economic conditions in Hong Kong. Possible reasons for such disparities could be due to the lack of a population-based breast cancer screening programme in Hong Kong.

Subjects & Methods

"Breast Cancer Facts in Hong Kong Report No. 3" covers a cohort of over 5,300 patients who were recruited from both public and private hospitals / clinics from 2008 to 2011. A sub-analysis study on the data of the patients who were aged 40 or above was conducted to examine the relationship between disparities in breast cancer staging and practice of breast screening and socio-economic status. The subjects had been categorised by their residential districts. The demographic factors were put into chi-square test across cancer stages. The three factors which included residential district, monthly household income of the patient's residential district and personal educational level were put into binary logistic regression to evaluate the adjusted associations with the cancer stage at diagnosis.

Results

The data analysis showed that the proportion of advanced stage breast cancer patients in low-income districts was higher. The districts with the highest rates of advanced stage cases were Wong Tai Sin (17.8%), North District (16.7%), Sham Shui Po (15.0%), Kwun Tong (14.0%) and Kwai Tsing (14.4%). It was also observed in Wan Chai, the district with the highest household income, that half of the breast cancer patients had had regular mammography screening before diagnosis, whilst in the poorest districts such as Kwun Tong and Sham Shui Po, less than 20 per cent of the patients had had regular mammograms and 80 per cent had never had one. Hong Kong Island patients had the highest mammography screening rate. The percentage of patients who had never had mammography screening was highest in North District, Kwai Tsing, Tuen Mun and Tai Po (Table 1).

Table 1: Rates of patients who had never had mammography screening (MMG) by district

District	Median household monthly income# (HK$)	% of patients who had never had MMG	% of regular MMG	% of advanced stage cases
Overall	**$18,000**	**62.9**	**27.4**	**12.4**
Kwun Tong	$14,000	80.4	13.2	14.0
North District	$17,000	75.8	14.2	16.7
Kwai Tsing	$14,500	73.0	18.7	14.4
Tuen Mun	$16,000	71.1	19.9	12.3
Tai Po	$16,000	71.0	18.4	12.0
Sham Shui Po	$14,000	68.5	23.5	15.0
Tsuen Wan	$20,800	68.0	25.6	10.0
Shatin	$20,000	67.1	22.3	14.0
Wong Tai Sin	$15,000	66.9	23.0	17.8
Yuen Long	$15,000	65.3	24.2	11.2
Islands	$17,800	64.6	30.5	10.2
Sai Kung	$23,000	56.6	30.7	8.9
Yau Tsim Mong	$18,200	54.9	34.0	12.3
Eastern	$22,000	47.8	40.4	10.3
Kowloon City	$20,000	47.7	38.1	12.6
Southern	$20,000	45.0	43.8	10.4
Central & Western	$25,600	41.5	45.2	9.7
Wan Chai	$29,000	32.6	53.0	3.8

Source: Population and Household Statistics Analysed by District Council District 2011, Hong Kong Census and Statistics Department

Results of the sub-analysis study showed that educational level was found to be an independent factor associating with mammography screening rate. Patients who completed secondary school education or above had a higher mammography screening rate, compared to those who had no education or kindergarten education. (Table 2) (Adjusted OR=1.696, and 1.873 respectively).

Monthly household income was also found as a significant factor associating with mammography screening rate (Table 2). Patients residing in districts with median monthly household income of HK$30,000 or above had higher mammography screening rate (Adjusted OR=1.453) compared to those in districts with monthly household income less than HK$10,000.

The result indicated that patients with lower socioeconomic status were less likely to be screened and their cancers were more likely to be diagnosed at late stages.

In the absence of population-based breast cancer screening programme in Hong Kong, women are only able to get screened through opportunistic mammography screening service at either private medical facilities or non-profit making organisations in Hong Kong at their own expenses, at screening costs from HK$780 to HK$1,500. Such circumstance may therefore have led to lower screening rate as well as a higher proportion of advanced cases in patients with lower socio-economic status.

Table 2: Association between sociodemographics and mammography screening rate

Factor	Sub-group	P-value	OR	95% C.I. for OR	
				Lower	Upper
District of residence	Central & Western		1.000	–	–
	Wanchai	.087	3.766	.823	17.230
	Tsuen Wan	.665	1.180	.558	2.496
	Sai Kung	.744	1.163	.471	2.874
	Islands	.883	1.094	.331	3.614
	Tuen Mun	.992	.996	.448	2.217
	Eastern distrct	.913	.960	.460	2.001
	Yuen Long	.824	.915	.420	1.995
	Tai Po	.490	.772	.370	1.610
	Southern district	.549	.769	.326	1.816
	Kwun Tong	.398	.745	.376	1.474
	Yau Tsim Mong	.474	.722	.296	1.760
	Kowloon City	.385	.698	.310	1.572
	Kwai Tsing	.290	.697	.357	1.361
	Sha Tin	.241	.677	.353	1.299
	Sham Shui Po	.209	.628	.304	1.298
	North district	.181	.613	.300	1.254
	Wong Tai Sin	.172	.560	.243	1.287
Educational level	No education / kindergarten		1.000	–	–
	Primary	.185	1.390	.854	2.262
	Secondary	.034*	1.696	1.042	2.759
	Matriculation	.127	1.637	.870	3.081
	Undergraduate or above	.040*	1.873	1.028	3.411
Monthly household income	<HK$10,000		1.000	–	–
	HK$10,000-29,999	.140	1.299	.918	1.836
	HK$30,000 or above	.047*	1.453	1.006	2.100

* Significant association as p<0.05

Implications

The study has shown that there is a dire need for devising special breast health education programmes and financial assistance for women of low income household and lower education in order to reduce the inequalities in utilisation of breast cancer screening[3]. The policy that rules out a population-based breast cancer screening programme in Hong Kong deserves re-examination.

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