

Hong Kong Breast Cancer Registry Report No. 18

KEY FINDINGS

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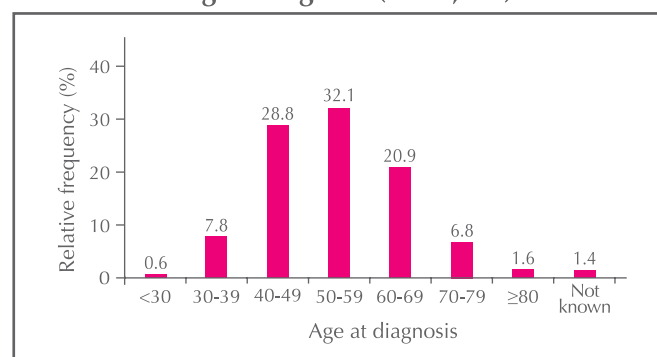
As of the end of February 2026, a total of 33,020 breast cancer patients had registered with the HKBCR. This report analysed data from patients diagnosed between 2006 and 2026 to enhance our understanding of breast cancer locally. In addition, to further examine the clinical benefits of mammography (MMG) screening, the screen-detected group (asymptomatic patients who detected cancer primarily through MMG screening) were compared with the symptom-detected group (patients who detected cancer based on symptoms) to identify their differences, including patient characteristics, clinicopathological features, treatment use and survival outcomes. Details of the study findings are set out in the theme paper (HKBCR Bulletin Issue 17).

Local facts of breast cancer in Hong Kong

Patient characteristics

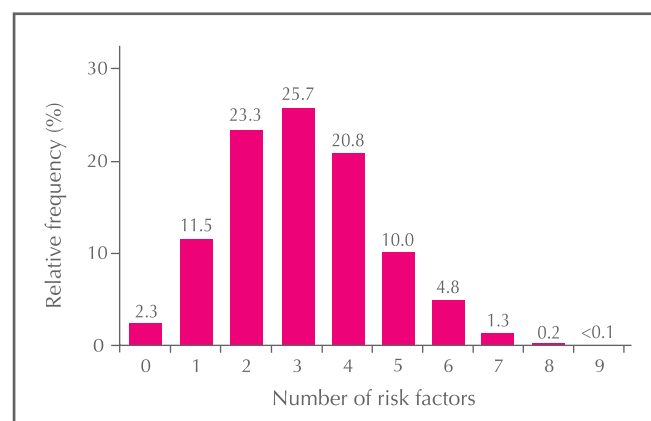
- Of the 28,806 patients analysed, about 60% of the patients were aged between 40 and 59, with the median age at 53.4.

Distribution of age at diagnosis (N=28,806)



- About 60% of the patients had three or more common risk factors, while only 2.3% had none.

Distribution of risk factors among patients at diagnosis (N=28,357)



- The 10 most common risk factors of breast cancer, with the respective proportions of risk exposure, are listed below:

	%
Lack of exercise (<3 hours / week)	75.2
No breastfeeding	66.0
Being overweight/obese	40.9
High level of stress (>50% of time)	37.1
No childbirth/first live birth after age 35	30.0
Family history of breast cancer	16.5
Early menarche (<12 years old)	14.7
Diet rich in meat/dairy products	13.4
Habit of drinking alcohol	6.2
Use of hormone replacement therapy	3.4

- The top four common risk factors were lack of exercise, no breastfeeding, being overweight/obese and high level of stress. As these are all modifiable factors, women are encouraged to take primary preventive actions, i.e. maintaining a healthy lifestyle, to help reduce their risk of breast cancer.

- Of the patients aged 40 or above, 63.3% had never undergone MMG screening, while less than a quarter had regular MMG screening. The findings suggested that breast health care

practices were poor and highlighted the need for greater efforts to raise awareness of regular breast screening.

Mammography screening habit by age group (N=25,972)

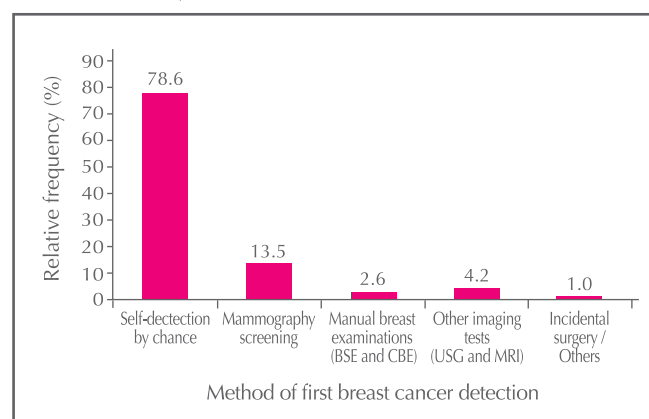
	Age group, %			
	40-49 (N=8,299)	50-59 (N=9,235)	60-69 (N=6,023)	≥70 (N=2,415)
Never	65.6	59.1	60.8	77.1
Occasional	12.6	14.8	16.8	12.0
Regular*	20.3	24.4	20.8	8.7
Not known	1.4	1.6	1.7	2.2

* "Regular" is defined as engaging in the breast health care method every 1-3 years

Disease pattern

- The primary method of first cancer detection was self-detection by chance.
- Compared to self-detected cases, MMG-detected cases had a higher proportion of stages 0-I disease and smaller invasive tumour sizes, reflecting that screening facilitates earlier cancer detection

Methods of first breast cancer detection in the patient cohort (N=24,430)



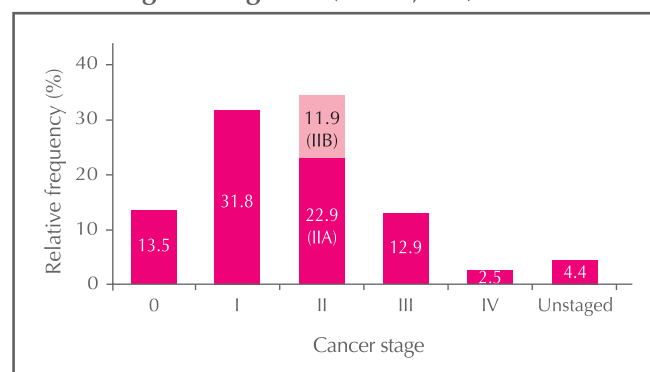
BSE: breast self-examination; CBE: clinical breast examination;
USG: breast ultrasound; MRI: magnetic resonance imaging

Methods of first breast cancer detection by cancer stage

	Cancer stage, %					
	0	I	IIA	IIB	III	IV
Self-detection by chance (N=18,293)	8.5	30.0	27.1	14.8	16.5	3.1
Mammography screening (N=3,227)	40.9	43.5	9.9	3.0	2.2	0.6

- The most common cancer stage at diagnosis was stage II (34.8%) followed by stage I (31.8%), stage III (12.9%) and stage IV (2.5%). In addition, 13.5% of the patients were diagnosed with stage 0 cancer.

Cancer stage at diagnosis (N=25,618)



Treatment

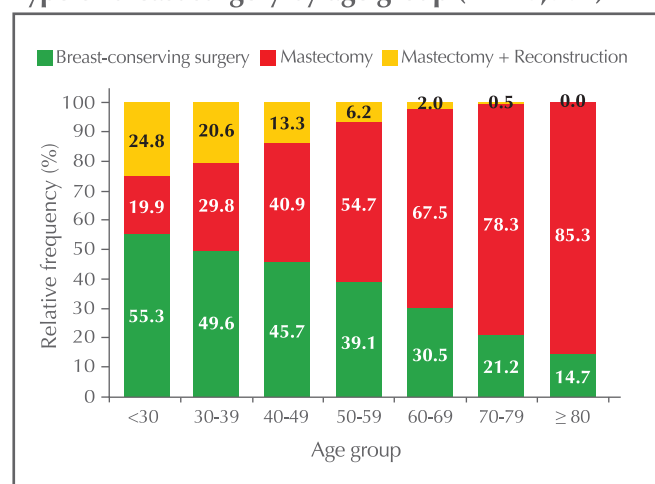
- Of the patients, 19.1% received full care at private medical services, 46.3% received full care at public medical services, and 34.5% received care at both private and public medical services.
- The number of treatment modalities increased with increasing cancer stage, indicating greater treatment intensity required for advanced disease.

Number of treatment modalities by cancer stage (N=24,480)

	Cancer stage, %					
	0 (N=3,468)	I (N=8,156)	IIA (N=5,860)	IIB (N=3,036)	III (N=3,310)	IV (N=650)
0	0.1	0.0	0.0	0.1	<0.1	0.8
1	38.5	6.2	2.6	1.4	0.9	6.6
2	51.8	31.8	18.4	6.4	2.7	13.2
3	8.2	43.6	37.1	26.7	16.7	28.3
4	1.3	15.0	35.5	54.6	63.7	37.1
5	0.1	3.4	6.3	10.9	16.0	14.0

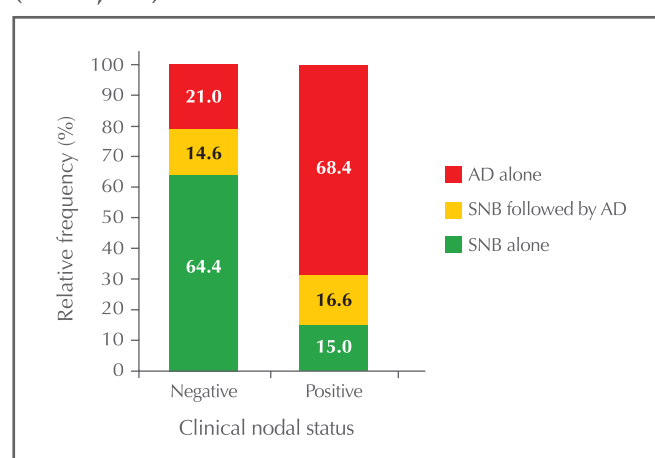
- Nearly all patients underwent surgery as part of their treatment. The proportion of patients who underwent mastectomy increased with age.

Type of breast surgery by age group (N=23,507)



- Sentinel node biopsy alone was more commonly performed in patients with negative clinical nodal status, while axillary dissection alone was more commonly performed in patients with positive clinical nodal status.

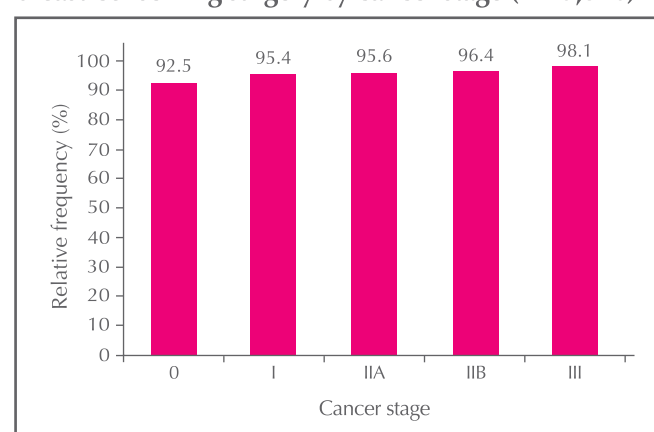
Type of nodal surgery by clinical nodal status (N=22,689)



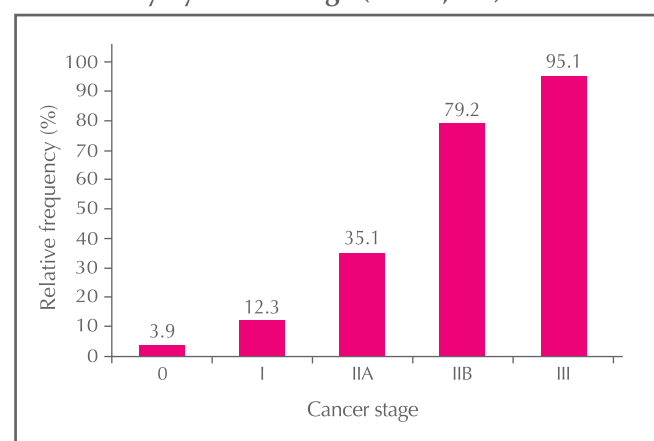
SNB: sentinel node biopsy; AD: axillary dissection

- The proportions of patients who underwent breast-conserving surgery followed by radiotherapy were similar across cancer stages, while the proportion of patients who underwent mastectomy followed by radiotherapy increased significantly with progressing cancer stage.

Use of radiotherapy among patients who underwent breast-conserving surgery by cancer stage (N=9,340)



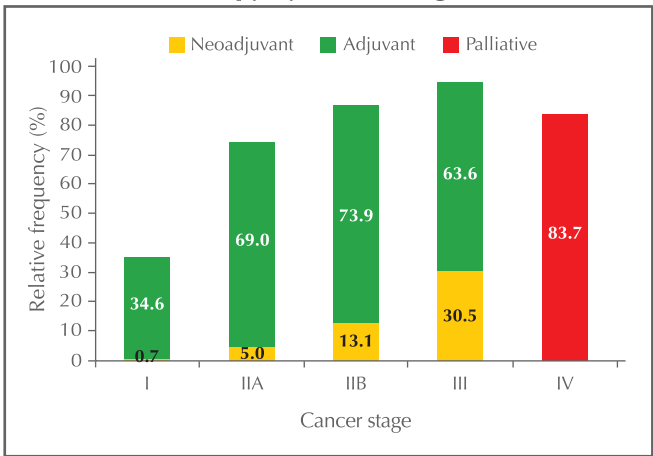
Use of radiotherapy among patients who underwent mastectomy by cancer stage (N=14,384)





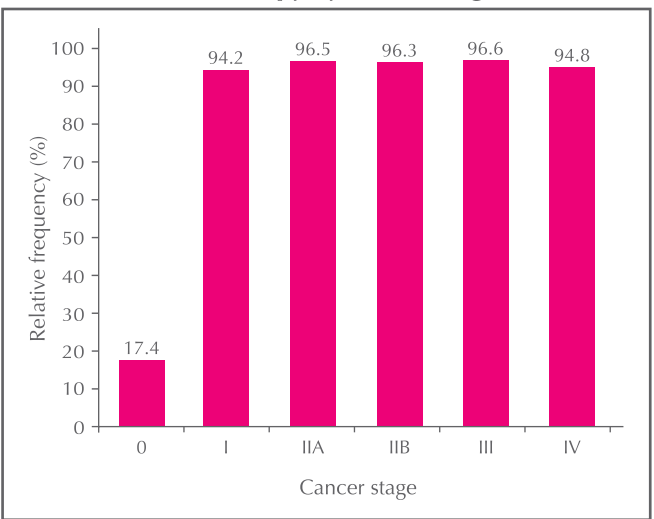
- The overall use of chemotherapy increased from stage I to III, along with its increased application in the neoadjuvant setting. The overall use of chemotherapy decreased across diagnosis year groups, particularly among patients with early-stage disease and those with hormone receptor (HR)-positive HER2-negative tumours.

Use of chemotherapy by cancer stage (N=20,960)



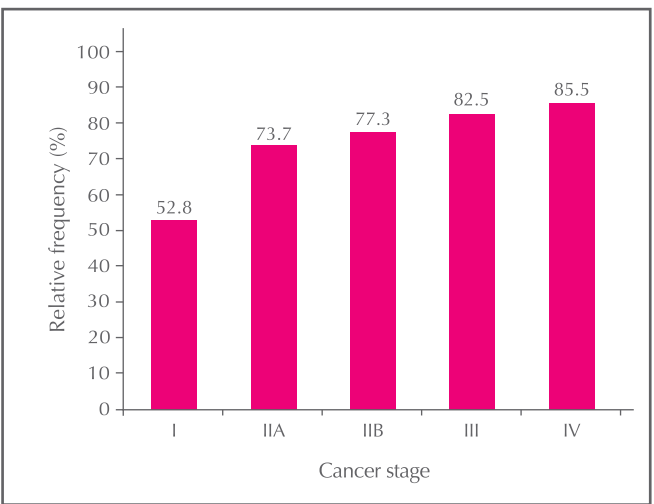
- For HR-positive patients with invasive breast cancer, 95.5% received endocrine therapy, while for those with in situ disease, the proportion was only 17.4%. The use of endocrine therapy remained at about 85% across diagnosis year groups.

Use of endocrine therapy by cancer stage (N=18,323)



- Among HER2-positive patients, the use of anti-HER2 targeted therapy was much lower in stage I disease, and the proportions increased with progressing cancer stage among stage II or above patients. The use of anti-HER2 targeted therapy also increased markedly across diagnosis year groups.

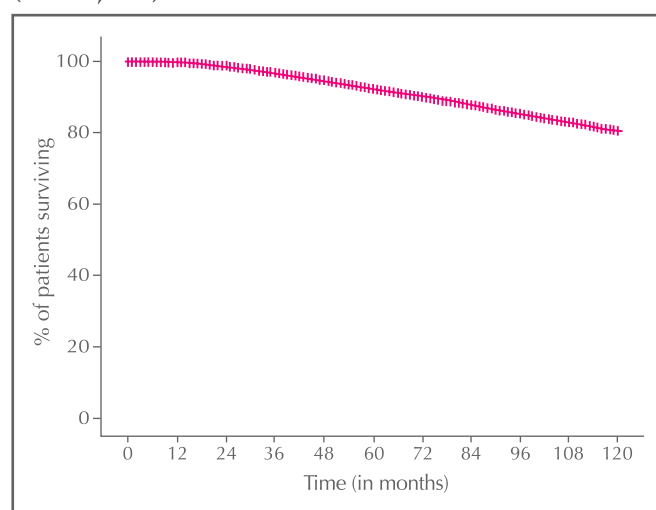
Use of anti-HER2 targeted therapy in HER2-positive patients by cancer stage (N=4,262)



Patient status

- ▶ A total of 22,768 patients had been followed up at least once since registration, with a median follow-up period of 5.3 years, and 1,780 patients died from breast cancer.
- ▶ In the cohort, 2.3% experienced only locoregional recurrence, 2.9% experienced only distant recurrence, and 2.0% experienced both locoregional and distant recurrence.
- ▶ The most common sites for locoregional recurrence were breast (38.2%) and axilla (32.8%), while the top four organs involved in distant recurrence were bone (59.6%), lung (46.6%), liver (39.0%) and brain (15.5%).
- ▶ The estimated 10-year overall survival rate was 81.1%.

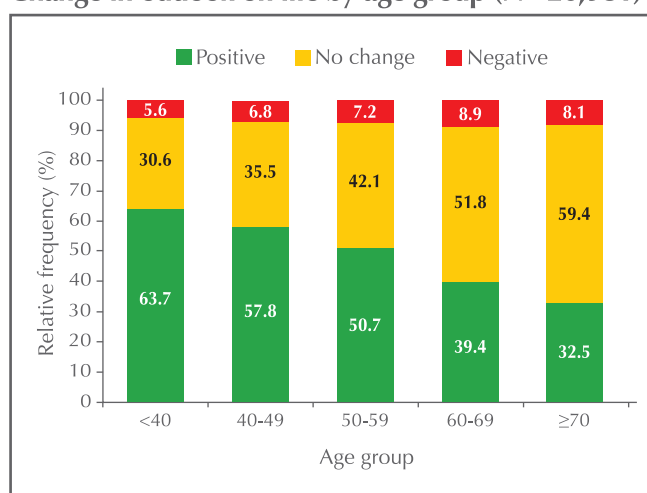
10-year overall survival of the patient cohort (N=22,768)



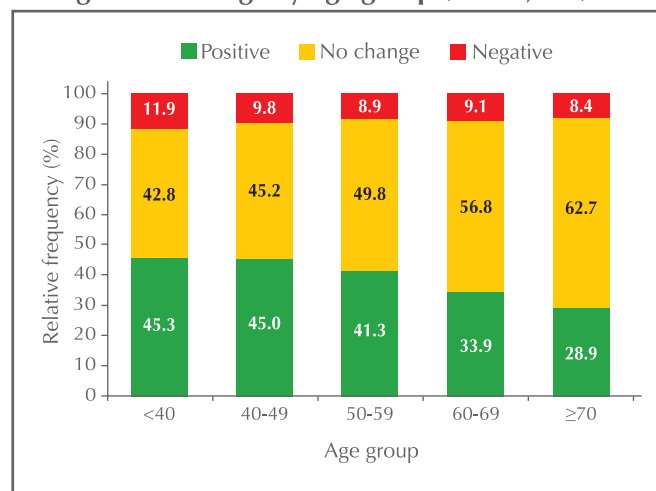
Physical and psychological impact of breast cancer

- ▶ The majority of patients experienced no or minimal physical discomfort after undergoing surgery, radiotherapy, endocrine therapy and targeted therapy, while about half of the patients who had chemotherapy experienced severe physical discomfort due to side effects.
- ▶ Positive changes in outlook on life and self-image were negatively associated with increasing age.

Change in outlook on life by age group (N=20,981)

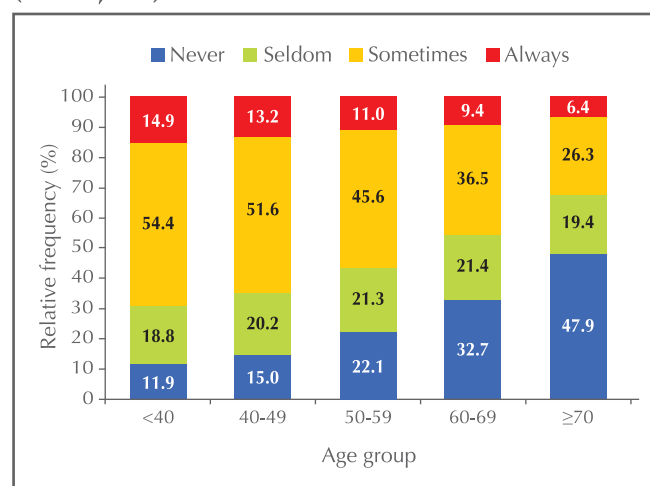


Change in self-image by age group (N=20,971)



- The proportion of patients who never worried about recurrence increased with age, while the proportion of patients who always worried about recurrence decreased with age.

Level of worry about recurrence by age group (N=21,003)



The key findings were extracted from Hong Kong Breast Cancer Registry Report No. 18.

If you are interested to read the full version for more in-depth information, please visit:

https://www.hkbcf.org/en/our_research/main/1448/

The theme paper on screen-detected versus symptom-detected breast cancer (i.e. HKBCR Bulletin Issue 17) is available online: https://www.hkbcf.org/en/our_research/main/424/



Report



Bulletin