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Dr Hon CHIANG Lai-wan, SBS, JP Chairman Subcommittee on Issues Relating to the Support for Cancer Patients Legislative Council Panel on Health Services

> Progress of the Commissioned Study on Risk Factors Associated with Breast Cancer for Local Women

We read the paper submitted by the Department of Health on the subject of HKU Study and

we have the following comments and questions:

We learned that the study was completed in December 2019 and Cancer Expert Working Group (CEWG) is going to review its findings and recommendations. We hope that the **study findings could be released to public** especially stakeholders who have keen interest in the

subject.

We would like to draw attention of the panel to a **case-control study conducted by the HKBCF**, which involved 10,622 subjects (including 5,102 breast cancer cases) and the findings were released to the public in September 2018 (See the Appendix). The results showed that several modifiable and non-modifiable factors are associated with increased breast cancer risk. These included: (**non-modifiable factors**) first-degree relative with breast cancer, early menarche, first livebirth age >35; (**modifiable factors**) lack of physical activity, stress, no breast feeding, obesity, diet rich in meat and dairy products.

We would like the Administration to give a clear timeline as to the following:

1. Public release of HKU study result.

2. CEWG updated recommendation on breast cancer screening.

3. FHB policy on implementation of breast cancer screening in Hong Kong.



Moreover, it is obvious that breast cancer in Hong Kong fulfils the Ten Criteria for population-based cancer screening:

- 1. Breast cancer is the number one most frequent cancer affecting HK women.
- 2. Breast cancer treatment in HK follows closely international standard of care and is effective.
- 3. HA Oncology departments and private oncology centres and clinics are available, accessible and effectively taking care of patients with breast cancer.
- 4. Breast cancer is well known to be detected in preclinical phase, and ductal carcinoma in situ (DCIS) detected through screening are precursors to invasive cancer.
- 5. Mammogram is the world gold standard of diagnosing breast cancer early through screening.
- 6. Mammogram is well accepted by HK women except for cost. Survey by the HKBCF showed that 80% of women will go for screening if free of charge. Cost is the major barrier.
- 7. It is well understood that DCIS detected through regular breast screening, can reduce the occurrence of invasive cancer (study by Stephen Duffy, UK breast cancer screening results).
- 8. Treatment of breast cancer follows international guidelines and standards.
- 9. Currently in HK, 24% of breast cancer is detected at stage 3&4, compared to 15% in countries conducting population-based screening. With new drug development treating breast cancer, 5- year mortality rate of stage 4 breast cancer increased from 5 to 20% in HK, indicating the health care cost for treating advanced cancer is increased tremendously, to keep them alive with disease. Early shift of staging through breast cancer screening can save treatment cost.
- 10. Breast screening in reducing mortality is an established fact from scientific evidence, quality of screening and regular screening are important criteria for its success.





On the subject of feasibility of population-based breast cancer screening in Hong Kong, it is clear that the HKU Study looking at risk factors of breast cancer, is not addressing this issue. Therefore we urge the Administration to consider a feasibility trial to answer this question.

We would like to reiterate our call for three-steps in breast cancer screening in Hong Kong:

- 1. Provision of breast screening program to high risk women.
- 2. Provision of breast screening program to women in low income districts, who are less accessible to breast screening, and research showed more advanced cancers at time of diagnosis.
- 3. With results from the previous two steps, the Government should pave way towards population-based breast cancer screening.

Should there be any questions, please feel free to contact Mr. Vincent Fong at 3143-7311 or via vincentfong@hkbcf.org.

With best regards,

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