衞生防護中心
Centre for Health Protection

Colorectal Cancer Screening Pilot Programme

Interim Report of the Screening Outcome for Participants Enrolled between 28 September 2016 and 27 March 2018 (Position as at 27 March 2018)

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The Centre for Health Protection is a professional arm of the Department of Health for disease prevention and control

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PREFACE

1. The three-year Colorectal Cancer Screening Pilot Programme ("Pilot Programme") was launched by the Department of Health (DH) on 28 September 2016 to subsidise Hong Kong residents born in the years 1946 to 1955 to receive colorectal cancer screening services in phases from the non-public sector. As at 27 March 2018, Hong Kong residents born in 1946 to 1955 were eligible to join the Pilot Programme. Operation of the programme had been smooth so far.

2. The screening workflow of the Pilot Programme comprises two stages:
   (a) Eligible persons first make an appointment with an enrolled Primary Care Doctor (PCD). After enrolment into the Programme, participants receive a government subsidy to undergo the Faecal Immunochemical Test (FIT). Participants collect stool specimens according to the instructions given and return them within four days from the day of FIT prescription, to any collection box set up by DH; and
   (b) If the FIT result is positive, the participant attends the second PCD consultation when he or she will be explained about the situation and given a referral letter to see an enrolled Colonoscopy Specialist (CS) to receive the subsidized Standard Package of Colonoscopy Service to find out the cause of occult bleeding in stool.

3. This report summarises screening outcome of the participants who were born in 1946 to 1955 and have enrolled in the Pilot Programme between 28 September 2016 and 27 March 2018. **Figures in this report are up to date as at 27 March 2018, i.e. the same cut-off date for participant's enrollment. In this connection, figures presented in this report are subject to updating** because it can take up to four to six months for a participant to complete the whole screening pathway and for the enrolled doctors to enter all screening information into the designated IT system. In other words, screening outcome of the participants who were enrolled into the Pilot Programme from September 2017 to March 2018 may not have been captured in the IT system at this stage and fully presented in this report.

ENROLMENT

Doctor's enrolment

4. As at 27 March 2018, 649 Primary Care Doctors based in 961 clinics have been enrolled. Among these clinics, 97% would not charge any co-payment. On the other hand, 160 Colonoscopy Specialists have joined to provide colonoscopy examination services at 312 locations. If no polypectomy is required, 81% locations will not charge any co-payment. Where polypectomy has been performed, 70% of locations will not charge any co-payment.

Participant's enrolment

5. As at 27 March 2018, 68,774 participants were enrolled in the Pilot Programme and have received FIT, which showed an increase of 28,465 enrolled participants when comparing with the figure of 40,309 as at 27 September 2017.

6. As at 27 March 2018, participation rate was noted to be 8.3% due to a dilution effect resulting from the inclusion of about 380,000 eligible persons on 27 November 2017 upon extension of the Pilot Programme to people born in 1952-1955 in Phase Three. For people born in 1946 – 1948 who were eligible for screening since the Programme was first launched on 28 September 2017, their participation rate continued to increase and had reached about 13 % in 18 months. DH will continue to work with the mass media, community partners and healthcare providers to raise cancer awareness and promote screening participation through enhanced publicity and education.

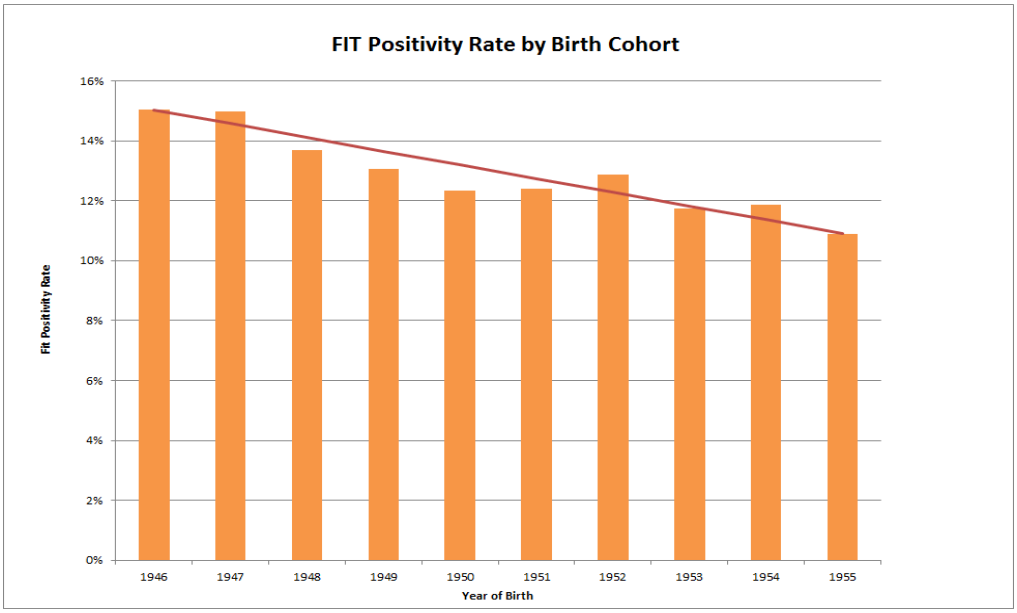
Table: Participation by birth cohort

Year of birth	Participation Rate (%)		
1946	13.8%	12.8%	Phase One - Enrollment since 28 September 2016 (enrolment data for 18 months)
1947	12.1%		
1948	12.7%		
1949	10.6%	9.9%	Phase Two - Enrollment since 27 February 2017 (enrolment data for 13 months)
1950	9.2%		
1951	9.9%		
1952	5.1%	5.0%	Phase Three - Enrollment since 27 November 2017 (enrolment data for 4 months)
1953	4.8%		
1954	4.8%		
1955	5.2%		
Overall	8.3%		

FIT SCREENING

7. Among the 66,697 participants with either interpretable positive or negative FIT results, 57,973 participants were tested negative, and 8,724 participants were tested positive. The overall FIT positivity rate was 13.1% (8,724/66,697).

8. Analyzed by birth cohort, a statistically significant liner trend can be observed for FIT positivity rate. The older the participants are, the higher the FIT positivity rates.



FIT positivity tended to increase with age (Chi-square test for linear trend, $chi^2=104.8$, $p<0.001$).

COLONOSCOPY SERVICE

9. The service pledge for waiting time between the second PCD Consultation (at which a participant receives the positive FIT result) to undergoing colonoscopy examination should be less than 8 weeks. As at 27 March 2018, the mean waiting time from the PCD second consultation to colonoscopy examination was 3 weeks which fully met the service pledge.

10. Among the 7,203 FIT positive participants[1] who underwent colonoscopy examination and whose clinical information have subsequently been submitted for payment

[1] This figure is subject to updating because it can take up to four to six months for a participant to complete the screening pathway and for the enrolled doctors to enter all screening information into the designated IT System. For instance, some participants may just receive the FIT positive results just before the cut off date for this report, or some participants may have colonoscopy done just before the cut off date for this report but the histopathology report and / or payment had not been submitted etc.

processing, 842 (11.7%) participants did not require polypectomy, 4965 (68.9%) participants had adenoma, 458 (6.4%) participants had adenocarcinoma, and the remaining 938 (13%) participants had hyperplastic polyps, inflammation of the bowel or no significant pathology.

11. It is noteworthy that the adenoma detection rate reached 69%. These benign tumors, if not removed in the course of colonoscopy, could progress to adenocarcinoma. This signifies the merit of screening by enrolling into the Pilot Programme for early detection of precancerous lesions, so that treatment can be commenced earlier to prevent progression into cancer.

12. In addition, over 6% of participants completing the colonoscopy examination were diagnosed with colorectal cancer and subsequently referred for further assessment and treatment. Preliminary analysis of 319 adenocarcinoma cases diagnosed under the Pilot Programme since launch of Pilot Programme revealed obvious "stage migration" (early stage of the disease: About 60% in screen-detected cancer versus 40% in the general population). It can be seen that most screen-detected cancers belonged to earlier stages of the disease and their prognosis is expected to be more favourable.

13. Regarding complications, 31 episodes were reported under the Pilot Programme, including 25 cases of post-polypectomy bleeding, 3 cases of sedation related reactions, one case of post-polypectomy syndrome, one case of cardiovascular and respiratory event and one case of colonic perforation. All cases recovered after observation or treatment. The low rates of post-polypectomy bleeding and perforation are well within international standards.

WAY FORWARD

14. The Pilot Programme proceeded well in the first one and a half years of implementation to pick up a higher than expected number of adenoma and adenocarcinoma cases. Precancerous lesions received clinical management well before symptoms occur, thus offering protection against cancer formation. Cancerous lesions were more likely to belong to early stages with better treatment outcome and disease prognosis. In addition, various programme components fitted well in the overall scheme of services and logistics, and participants generally navigated through the screening pathway uneventfully.

15. With satisfactory performance and positive feedback achieved by the Pilot Programme,

the Government is making plans to regularise the Pilot Programme, naming it "Colorectal Cancer Screening Programme" and extending the screening age from the current 61-70 to 50-75 in phases.

16. The screening participation is expected to continue to increase over time as more eligible persons will join with the extension of screening age. DH will continue to promulgate the Programme for enhancing its participation and to keep a close watch over it through data collected by the CRC IT System, feedback from stakeholders, service providers and users as well as the general public, and other monitoring and evaluation activities, for continuous service improvement.

ENDS