The British
Chamber of Commerce
in Hong Kong
香港英商會

Professor Sophia Chan Siu Chee, JP
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2 Tim Mei Avenue, Tamar

Mr, Henry Fan Hung-ling. SBS, JP
Chairman
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Hospital Authority Building
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Your Ref: FHB/H.16/51

22 November, 2021

Dear Professor Chan and Mr. Fan,

Hong Kong Cancer Strategy- 2020/2021

We write in relation to the Hong Kong Government's Cancer Strategy.

Whilst we were encouraged that the Food and Health Bureau did, on 28 May 2021, respond to our letters dated 9 October 2020 and 23 December 2020, we are disappointed that to-date, there has been no further engagement on the topics raised in our letters.

Throughout 2021, the BritCham oncology sub-committee met (virtually) on numerous occasions to share information, insight and experience on a wide range of topics relating to cancer and cancer treatments in Hong Kong and elsewhere. We conducted comparative analysis on waiting times and the approval times/enlistment mechanisms for new drugs in Hong Kong and other jurisdictions. The information compiled was reviewed and discussed and a subsequent list of recommendations/ action points were formulated for discussion with you.

We now have more data and have accordingly updated below our recommendations/ action points and we hope that the Food and Drug Bureau and the Hospital Authority will consider adopting all (or some) of them as we firmly believe that these changes will be beneficial to cancer patients, hospitals, HCPs, industry and Hong Kong:

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1. Diagnosis on stages of cancer

Hong Kong lags behind other countries on diagnosis. For example, cancer staging at diagnosis in Hong Kong compared to Canada, UK, US and Japan for Breast and Lung Cancer show that although Hong Kong is comparable to other countries for breast cancer (~70% for stages 1 and 2), Hong Kong ranks poorly for Lung Cancer (15% for stages 1 and 2 compared to 35% in UK and 48% in Japan) (see attached slide presentation).

2. Waiting times

Although the waiting times at 90th percentile for patient with colorectal cancer, breast cancer and nasopharyngeal cancer receiving the first treatment after diagnosis have dropped 1.6% to 13% compared with last year, we should not forget that the number of all specialist outpatient first attendances has also dropped 12.2% due to the COVID-19 pandemic[1]. It is widely believed that waiting times will deteriorate again after the situation is back to normal.

Our view is that waiting times can immediately be shortened by broadening the Public Private Partnership ("PPP") programs so private clinics and hospitals can deliver more diagnostic, surgical and other services to cancer patients. In parallel with increasing the use and uptake on PPPs, the Hospital Authority should publish the data on PPP programs, including how PPPs are being used, for which conditions, the number of patients participating in PPPs, whether patients receive the full treatment by the private provider or if only partial treatment is received, and if so, at what stage the patient will return to the public hospital for treatment etc. This information will help stakeholders determine the success (and limitations) of PPP programs and to recommend changes to optimise the process and outcome for cancer patients. We are aware of the Secretary of Food and Health's response dated 20 October 2021 to questions asked by the Honourable Elizabeth Quat Pui-fan, BBS, JP, but the information provided falls short of explaining in detail, exactly how PPPs are implemented and an explanation of why some PPPs have been aborted, rather than expanded. Extensive improvement on PPPs is required.

3. Registration and reimbursement

According to our research, Hong Kong ranks lowest on access to innovative medicine; we are the slowest to list approved products for reimbursement when compared to Australia, China, Singapore, South Korea and UK (see attached slide presentation). As at 2021, around 50% of the 70+ oncology innovative drugs enlisted on the UK's NHS drug list and Cancer Drug Fund are not available for reimbursement in Hong Kong. This is because there are inherent problems with

[1] Hospital Authority, Report on Key Performance Indicators (KPI Report No.50, up to March 2021), https://www.ha.org.hk/haho/ho/cad_bnc/AOM-P1668.pdf, access on 24 September 2021

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the enlistment mechanism. Our recommendation is to simplify the existing mechanism by: -

(a) ***Change the 2 CPPs requirement to 1 CPP requirement.*** The Hong Kong Government's argument that to ensure drug safety (and to protect the Hong Kong public at large), the Drugs Office should only approve products with 2 CPPs is fundamentally flawed. The supposed rationale is that 2 approvals are better than 1. Using the same logic, 4 CPPs or 10 CPPs would be better than 2 CPPs but this does not help patients with urgent needs to access innovative medicine. The Hong Kong Government has not produced any evidence to show that 1 CPP is insufficient to protect patient safety – unless the Hong Kong Government is able to publish this data, the out-dated requirement for 2 CPPs should be scrapped. 1 CPP for product registration in Hong Kong is sufficient.

(b) ***Automatic enlistment.*** A pharmaceutical product which has been approved by the Drugs Office should automatically be listed as a self-finance item in the Hospital Authority Drug Formulary.

(c) ***Streamlining the enlistment procedure.*** Remove inefficiencies by either abolishing the Drug Therapeutic Committee ("DTC") or combining the Drug Advisory Committee ("DAC") and DTC into one committee.

(d) ***Increase the frequency of DMC meetings.*** Since 2018, the Drug Management Committee ("DMC") has been tasked with reviewing new drug proposals for inclusion into the Safety Net twice a year. This schedule cannot catch up with DAC meetings. Some self-finance drugs, after approval by the DAC, will still require the DMC's review, causing an additional 4-5 months waiting time. In view of this, the DMC should meet every quarter to review new drug proposals for incusion into the Safety Net to expedite the drug reimbursement.

(e) ***Introduce an "Accelerated Approval" mechanism for breakthrough cancer therapy.*** United States, China and Singapore have established expedited procedures for approval for drugs that treat serious or life-threatening conditions. The whole reimbursement approval process could be shortened to 6-9 months.

4. Data

There is very limited data on the Hong Kong cancer registry; for example, the cancer registry only shows limited types of cancer for stage at diagnosis, and there is no information on survival rates and treatment. The publication and analysis of

this data should be the Hong Kong Government's priority and can be implemented together with the Hong Kong Government's digital healthcare strategy.

Hong Kong is a world class city with one of the most advanced and envied healthcare systems. This is not reflected in the Hong Kong Government's cancer strategy. However, with some immediate and easy to implement changes, we believe that this sub-optimal situation can be remedied. We would be more than happy to work with you and would welcome a meeting with you and your colleagues so we can make the cancer strategy better.

Yours sincerely,

Dr Hanif Kanji
Chair of Healthcare Committee, BritCham

Cc: **Dr. Tony Ko Pat-sing**, Chief Executive, Hospital Authority.
Dr. Deacons Yeung Tai-kong, Director (Cluster Services), Hospital Authority.
The Honourable Bernard Charnwut Chan GBM, GBS, JP.

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