



衛生防護中心
Centre for Health Protection

Colorectal Cancer Screening Programme
Progress Report of the Screening Outcome for Participants
Enrolled between 28 September 2016 and 31 December 2023
(Position as at 31 December 2023)



衛生防護中心乃衛生
署轄下執行疾病預防
及控制的專業架構
*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 Colorectal Cancer Screening Programme (“Programme”) was launched by the Department of Health (DH) as a pilot programme in September 2016, regularised in August 2018 and fully implemented in January 2020 to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests every two years in the private sector for prevention of colorectal cancer.
2. Regarding screening workflow, Programme participants will first receive subsidised Faecal Immunochemical Test (“FIT”) (a version of Faecal Occult Blood Test which is simple and does not require restriction on diet or medication) from enrolled Primary Care Doctor (“PCD”). If the FIT result is positive, the participant will receive subsidised colonoscopy examination service from enrolled Colonoscopy Specialist (“CS”). If the FIT result is negative, the participant will receive subsidised FIT again (re-screening) every two years until they fall outside the screening age of 75. Participants due for re-screening will receive notification through SMS, the eHealth App, email or postal mail to remind them to receive FIT re-screening at any enrolled PCD clinic. As the Programme commences in late September 2016, there are participants who attended second, third and fourth round of FIT screening starting from the end of September 2018, 2020 and 2022 respectively.
3. This report summarises screening outcomes of the participants who were enrolled in the Programme at the age between 50 and 75 during its over 7 years of implementation (i.e. between 28 September 2016 and 31 December 2023). **Figures in this report are up to date as at 31 December 2023, 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 might take up to 6 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 some participants may not have been captured in the IT system as at 31 December 2023 and fully presented in this report. In addition, these data should be interpreted with caution due to variation in methodology used among different areas/organisations.

ENROLMENT

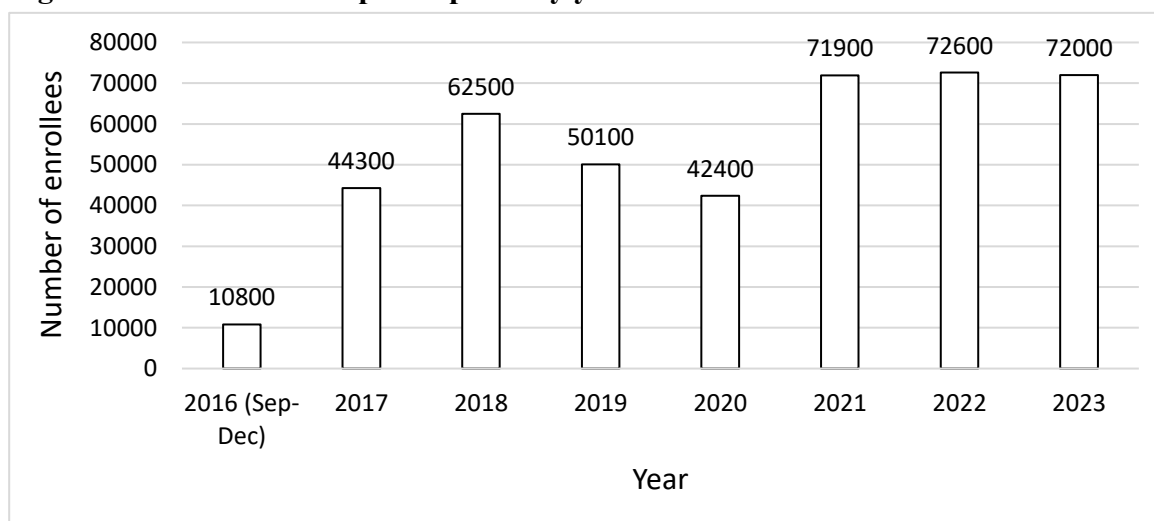
Doctor’s enrolment

4. As at end-2023, around 1040 PCDs based in around 1960 clinics have been enrolled. Among these clinics, 97% would not charge any co-payment. On the other hand, more than 240 CS have joined to provide colonoscopy examination services at around 770 locations. If no polypectomy is required, 86% locations will not charge any co-payment. If polypectomy has to be performed, 75% locations will not charge any co-payment. In other words, Programme participants can easily access these subsidised screening services entirely free of charge.

Participant’s enrolment

5. As at 31 December 2023, over 426,000 participants have joined the Programme with FIT issued. Around 72,000 new enrolments were recorded in 2023 (**Figure 1**). The participation rate of the younger population aged 50-59 is lower than that of the older eligible population.

Figure 1. Number of new participants by year*



*Figures are rounded to the nearest hundred

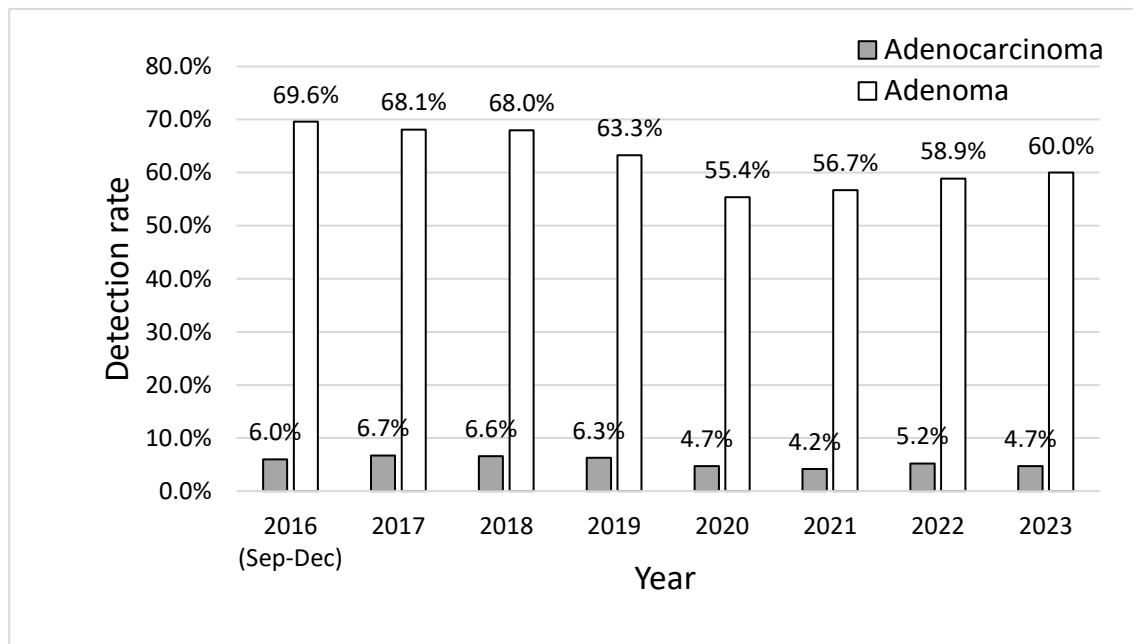
FIT

6. For the first, second, third and fourth round of screening, the FIT positivity rate was 12.6%, 9.7%, 8.1% and 8.0% respectively.

COLONOSCOPY

7. The median waiting time for FIT positive participants from Primary Care Doctors referral to receiving colonoscopy examination was 17 days only, with 95% meeting the service pledge of within eight weeks.
8. Among all participants enrolled in the Programme, around 0.7% (2,900/426,000) had adenocarcinoma detected and 7.8% (33,100/426,000) had adenoma detected.
9. The adenocarcinoma detection rate among FIT positive participants with colonoscopy done peaked in 2017 at 6.7% and decreased to 4.2-5.2% in 2020-2023. For adenoma detection rate among FIT positive participants with colonoscopy done, likewise, it peaked in 2016 at 69.6% and decreased to around 55-60% in 2020-2023. This could be due to older age composition of participants of the Pilot Programme, before regularisation (2018) and full implementation of the Programme (2020) as well as increasing number of FIT from second or subsequent round of screening (**Figure 2**).

Figure 2. Adenocarcinoma and adenoma detection rate among FIT positive participants with colonoscopy done by year



10. Preliminary analysis of about 2,400 adenocarcinoma cases diagnosed under the Programme revealed that about 56% of these cases belonged to earlier stages (stage II or below) while about 38% of colorectal cancer cases in the general population (excluding cases from the Programme) belonged to earlier stages.

SUMMARY

11. Throughout the over 7 years of implementation of the Colorectal Cancer Screening Programme, the operation is smooth and the Programme is effective, acceptable, accessible and affordable: -

- (a) **Effective** – The Programme picked up a high number of about 33,100 adenoma and 2,900 adenocarcinoma cases. Among the 33,100 adenoma detected, more than 40% cases were high risk adenoma. With removal of these high risk adenoma (i.e. precancerous adenomatous lesions) before symptoms occur, their risk of colorectal cancer would be reduced. Cancerous lesions detected during screening were more likely to belong to earlier stages with better treatment outcome and disease prognosis.
- (b) **Acceptable** – FIT is adopted as the primary screening test in the Programme. It does not require restriction on diet or medication and is simple to use, hygienic, safe and hence more acceptable to Programme participants.
- (c) **Accessible** – There were over 1000 PCD and more than 240 CS throughout the whole territory to provide FIT screening and colonoscopy services. The median waiting time for FIT positive participants from PCD's referral to receiving colonoscopy examination was only around 17 days.
- (d) **Affordable** – With 97% of PCD clinics and more than 75% of colonoscopy centres not charging co-payment due to Government's high level of subsidy, Programme participants could access the subsidised services entirely free of charge.

12. With the aforesaid merits, eligible persons are encouraged to join the Programme for prevention of colorectal cancer. They are welcome to (a) call the enquiry line 3565 6288 which is manned by trained staff to answer enquiries during office hours; or (b) visit the thematic website at www.colonscreen.gov.hk for further Programme information.

13. The DH will continue to (a) monitor the Programme closely and implement appropriate measures for continuous quality improvement as well as (b) promote the Programme participation through public education and publicity via various means.

ENDS