

**Expected Outcome of the Cancer Strategy by 2025**

(1) Surveillance

- \* shorten the current time lag in the reporting of annual cancer statistics from 22/23 months to 20 months
- \* capture, compile and report high-quality stage data for the 10 prevalent cancers
- \* compile and report stage-specific survival rates of the 10 prevalent cancers
- \* expand access to the data through a dedicated website

(2) Prevention and screening

- \* a 25% relative reduction in risk of premature mortality from non-communicable diseases including cancers
- \* at least 10% relative reduction in prevalence of binge drinking and harmful use of alcohol among adults and in the prevalence of drinking among youth
- \* a 10% relative reduction in prevalence of insufficient physical activity among adolescents and adults
- \* a 30% relative reduction in prevalence of current tobacco use in persons aged 15 or above
- \* a halt to the rise in obesity
- \* vaccination coverage of hepatitis B vaccine maintained at more than or equal to 95%
- \* interim target of 70% coverage for completion of two doses of human papillomavirus vaccination among the first cohort
- \* a 10% relative increase in coverage for cervical cancer screening
- \* a 30% relative increase in coverage for colorectal cancer screening

(3) Early detection and diagnosis

- \* introduce a cancer-specific checklist to help patients receive investigations in a more timely manner and confirm the diagnosis at an earlier stage
- \* pilot the streamlined cancer specific diagnostic service for selected cancer type(s)
- \* support patient profile tracking and facilitate an integrated review of investigation results across different clinical systems with the support of information technology
- \* establish the big data and machine learning infrastructure for image artificial intelligence (AI) development and clinical AI service deployment for operation

(4) Timely and effective treatment

- \* continue to review and expand the coverage of cancer drugs in the HA Drug Formulary

- \* develop service model for satellite chemotherapy centre and pilot the model in selected cluster(s)
- \* develop and launch additional Cancer Case Manager Programmes
- \* roll out nurse clinics and clinical pharmacist service for cancer services in all clusters
- \* introduce advanced medical technology for cancer treatment (for example, treatment planning and delivery system and robotic surgery, etc.) in all clusters
- \* increase the number of and upgrade Linear Accelerator facilities according to the projected service demand
- \* reserve extra space in new hospitals/oncology centres to facilitate the installation of advanced medical equipment and facilities
- \* modernise treatment facilities such as establishing oncology centre, enhancing radiology services and increasing the number of Operational Theatres through the Ten-year Hospital Development Plan

#### (5) Technology and support

- \* upgrade and acquire medical equipment of different clinical areas and introduce evidence-based advanced or new medical technology for different treatment modalities
- \* create a dedicated online resource hub to enhance health communications and to serve as a centralised directory to inform the public of cancer related relevant resources
- \* set up a platform involving the civil society (i.e. “Cancer Network of Partners”) with a view to working towards optimal models in benefitting more cancer patients and carers

#### (6) Survivorship and palliative care

- \* empower patients by developing a medical-social collaboration model
- \* introduce a fast-track refer-back mechanism so that cancer survivors can have ready access to HA’s cancer care team if need be
- \* define the role and scope of multi-disciplinary team support, including allied health services for survivorship
- \* establish and pilot the collaboration model for Oncology specialist outpatient clinics and Family Medicine/general outpatient clinics for survivorship
- \* enhance structured rehabilitation and supportive care programme for survivors
- \* enhance palliative care support for patients approaching end-of-life

#### (7) Research

- \* support about 300 investigator-initiated research and health promotion projects for better prevention and control of cancer
- \* support about 30 awardees under the Research Fellowship Scheme addressing the risk

factors of cancer

Ends