

非傳染病處



Non-Communicable
Disease
Branch

本署檔號 Our Ref.: DH NCDB/7/18/1 XII

22 February 2021

Dear Doctors,

Updated Recommendations on Breast Cancer Screening and Introduction of Breast Cancer Risk Assessment Tool for Local Chinese Women

We write to inform you that the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee which is chaired by the Secretary for Food and Health has updated the recommendations on breast cancer screening.

Breast cancer is the most common cancer and the third leading cause of cancer deaths among Hong Kong women in 2018. To bridge the knowledge gap for risk factors associated with breast cancer in the local female population, the Government commissioned the School of Public Health of The University of Hong Kong (HKU) to conduct a large case-control study namely the Hong Kong Breast Cancer Study (HKBCS) in 2015, which was completed in December 2019. Taking into consideration the findings of the HKBCS and available scientific evidence, CEWG has revised the recommendations on breast cancer screening for local population which are summarized in **Annex I** and highlighted below-

- i. Breast self-examination is not recommended as a screening tool for breast cancer for asymptomatic women; women are recommended to be breast aware (be familiar with the normal look and feel of their breasts) and seek medical attention promptly if suspicious symptoms arise.
- ii. There is insufficient evidence to recommend clinical breast examination or ultrasonography as a screening tool for breast cancer for asymptomatic women.
- iii. It is recommended that risk-based approach should be adopted for breast cancer screening.



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- iv. While recommendations on breast cancer screening for (a) women at high risk remain status quo, that for (b) women at moderate risk and (c) other women at general population are revised.
- v. Women at high risk (e.g. carriers of *BRCA1/2* deleterious mutations) are recommended to seek advice from doctors and have mammography screening every year.
- vi. Women at moderate risk (i.e. family history of only one first-degree female relative with breast cancer diagnosed at ≤ 50 years of age; or two first-degree female relatives diagnosed with breast cancer after the age of 50 years) are recommended to have mammography every two years and should discuss with their doctors the potential benefits and harms of breast cancer screening before starting screening.
- vii. Other women at general population and aged 44-69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relative, a prior diagnosis of benign breast disease, nulliparity and late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography screening every two years. They should discuss with their doctors on the potential benefits and harms before undergoing mammography screening. A risk assessment tool for local women is recommended to be used for estimating the risk of developing breast cancer with regard to the personalised risk factors described above.

On vii. above, the HKU has developed a locally validated breast cancer risk assessment tool under the HKBCS. In this connection, we would like to provide you with the trial version so that you may get familiar with the use of this risk assessment tool before its roll out to the public in mid-2021 tentatively. The trial version of this tool is accessible through the following website:

Testing website: www.cancer.gov.hk/bctool
Username: cancer
Password: 3e5T7n8u



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To introduce the latest CEWG recommendations on breast cancer screening, findings of the HKBCS and the use of the risk assessment tool, we are pleased to inform you that the Department of Health, in collaboration with the Hong Kong College of Community Medicine and the Hong Kong College of Family Physicians, will organise a Webinar on 26 March 2021(Friday, pm). All medical practitioners are welcome to join the Webinar and please refer to the flyer in **Annex II** for details. Registration form is available in the Centre for Health Protection's website <https://www.chp.gov.hk/en/other/trainings/index.html>.

For details of CEWG recommendations, please refer to the Centre of Health Protection's website at https://www.chp.gov.hk/files/pdf/breast_cancer_professional_hp.pdf.

For details of the HKBCS, please refer to the final report at following website: <https://rfs1.fhb.gov.hk/app/fundedsearch/projectdetail.xhtml?id=1903>.

Thank you for your support.

Yours faithfully,



(Dr. Rita HO)

Head, Non-Communicable Disease Branch
Centre for Health Protection
Department of Health



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Updated CEWG Recommendations on Breast Cancer Screening

(a) For women at high risk

Local definition - with any one of the risk factors:

1. Carriers of *BRCA1/2* deleterious mutations confirmed by genetic testing.
2. Family history of breast cancer /ovarian cancer, such as
 - any first-degree female relative is a confirmed carrier of *BRCA1/2* deleterious mutations;
 - any first- or second-degree female relative with both breast cancer and ovarian cancer;
 - any first-degree female relative with bilateral breast cancer;
 - any male relative with a history of breast cancer;
 - 2 first-degree female relatives with breast cancer AND one of them being diagnosed at age ≤ 50 years;
 - ≥ 2 first- or second-degree female relatives with ovarian cancer;
 - ≥ 3 first- or second-degree female relatives with breast cancer OR a combination of breast cancer and ovarian cancer
3. Personal risk factors
 - history of radiation therapy to chest for treatment between age 10 and 30 years, e.g. Hodgkin's disease
 - history of breast cancer, including ductal carcinoma in situ (DCIS); lobular carcinoma
 - history of atypical ductal hyperplasia or atypical lobular hyperplasia

Recommendation on screening

1. Should seek advice from doctors; and
 - have mammography screening every year;
 - begin screening at age 35 or 10 years prior to the age at diagnosis of the youngest affected relative (for those with family history), whichever is earlier, but not earlier than age 30.
 - for confirmed carriers of *BRCA1/2* deleterious mutations or women who had radiation therapy to chest for treatment between age 10 and 30 years (e.g. for Hodgkin's disease), consider additional annual screening by magnetic resonance imaging (MRI).

Recommendation on genetic testing

1. Women who have any first-degree female relative with confirmed *BRCA1/2* deleterious mutations should be offered genetic testing to confirm or refute their carrier status.

(a) For women at high risk

2. For women at high risk due to other types of family history who wish to clarify their genetic risk or that of their family, referral to a specialist cancer clinic for advice, counselling and management should be discussed and considered.
3. Genetic testing should be performed by specialised cancer centres with expertise in genetic counselling, which should be provided before genetic testing. Healthcare professionals should discuss with their clients in detail about the uncertainties and implications of the test results. Confirmed carriers of *BRCA1/2* deleterious mutations who wish to consider prophylactic surgery / chemoprevention should also be referred to a specialist cancer clinic for advice and counselling.

(b) For women at moderate risk

1. Women at moderate risk (i.e. family history of only one first-degree female relative with breast cancer diagnosed at ≤ 50 years of age; or two first-degree female relatives diagnosed with breast cancer after the age of 50 years) are recommended to have mammography every two years and should discuss with their doctors the potential benefits and harms of breast cancer screening before starting screening.
2. MRI is not recommended for breast cancer screening in women at moderate risk.

(c) For other women at general population

1. Women aged 44-69 with certain combinations of personalised risk factors (including presence of history of breast cancer among first-degree relative, a prior diagnosis of benign breast disease, nulliparity and late age of first live birth, early age of menarche, high body mass index and physical inactivity) putting them at increased risk of breast cancer are recommended to consider mammography screening every two years. They should discuss with their doctors on the potential benefits and harms before undergoing mammography screening.
2. A risk assessment tool for local women (e.g. one developed by The University of Hong Kong) is recommended to be used for estimating the risk of developing breast cancer with regard to the personalised risk factors described above.
3. MRI is not recommended for breast cancer screening in women at general population.

Update on Breast Cancer Screening Recommendations in Hong Kong by the Cancer Expert Working Group

Date: 26 March 2021 (Friday)

Time: 2:30pm – 4:00pm

Objectives: To share the local epidemiology of breast cancer in Hong Kong, latest evidence on risk factors and screening for breast cancer and recommendations updated by the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) on breast cancer screening

Topics: **(I) Hong Kong Breast Cancer Study's findings and use of breast cancer risk assessment tool**
Professor Gabriel M. LEUNG
Dean of Medicine, LKS Faculty of Medicine, The University of Hong Kong

(II) Updated CEWG recommendations for breast cancer screening
Dr Thomas Ho-fai TSANG
Chairman, CEWG

Format: Online Seminar (Webinar)

CME point: Pending

Registration: Please complete and return the registration form which is available in the Centre for Health Protection's website below
<https://www.chp.gov.hk/en/other/trainings/index.html>

Enquiry: 2961 8412

Organiser:



Co – Organisers:

