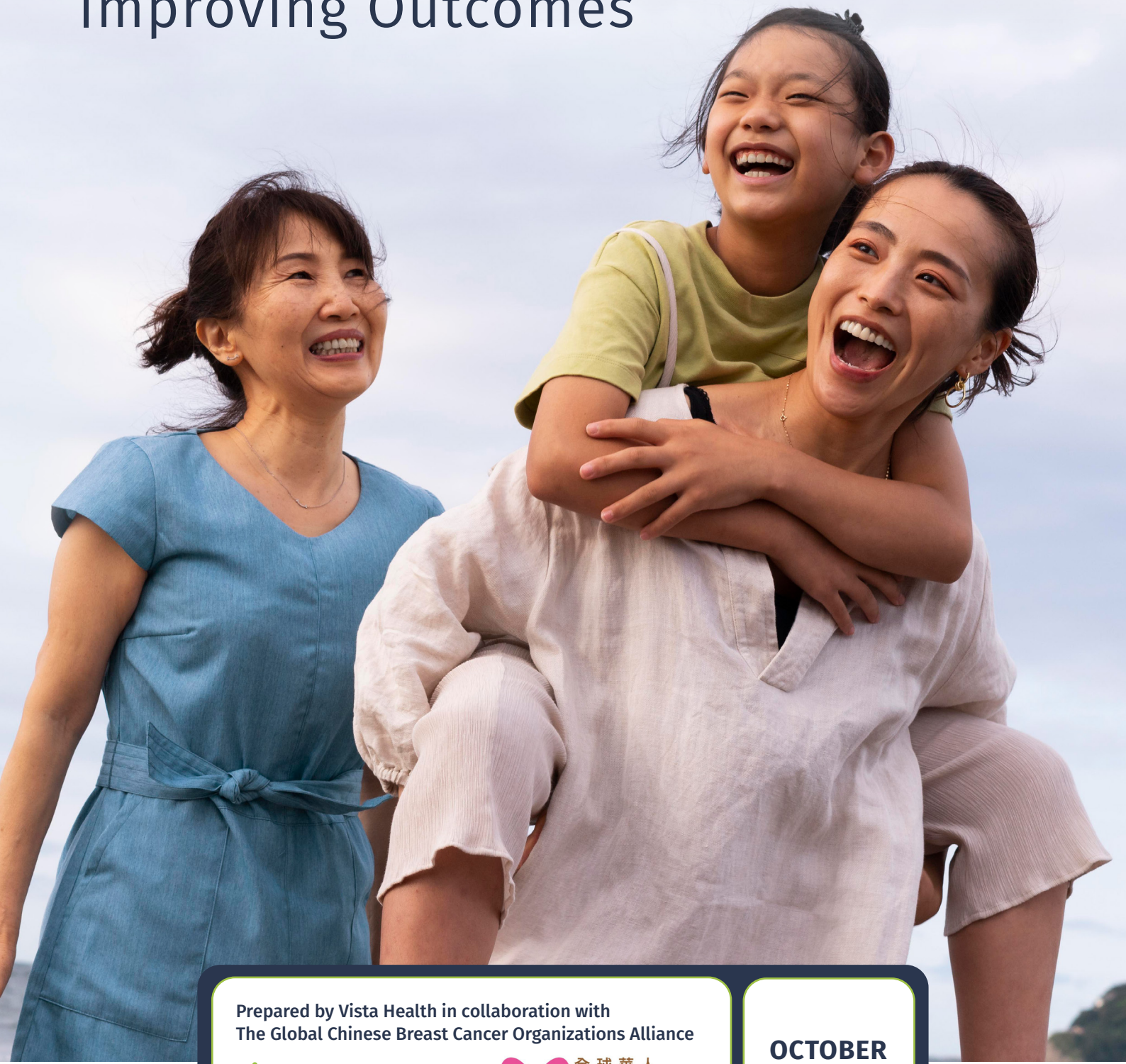
Strengthening Hong Kong's Response to Early Breast Cancer:

Advancing Access, Improving Outcomes



Prepared by Vista Health in collaboration with
The Global Chinese Breast Cancer Organizations Alliance

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Glossary

ASCO	American Society of Clinical Oncology
BCSPP	Breast Cancer Screening Pilot Programme
CDK4/6	Cyclin-Dependent Kinase 4/6
CDF	Cancer Drug Fund
CDL	Cancer Drug List
eBC	Early Breast Cancer
ESMO	European Society for Medical Oncology
GDP	Gross Domestic Product
GBCI	Global Breast Cancer Initiative
GCBC	Global Chinese Breast Cancer Organisations Alliance
HA	Hospital Authority
HER2	Human Epidermal Growth Factor Receptor 2
HKBCF	Hong Kong Breast Cancer Foundation
HR	Hormone Receptor
ICER	Incremental Cost-Effectiveness Ratio
NGO	Non-governmental Organisation
NHI	National Health Insurance
NICE	National Institute for Health and Care Excellence
WHO	World Health Organisation

Executive Summary

Early breast cancer (eBC) in Hong Kong is a public health success story in the making, but ongoing challenges in treatment access pose risks to fully realising its potential. Owing to improved awareness and screening initiatives, over 70% of breast cancer cases in Hong Kong are now diagnosed at early stages, a milestone associated with five-year survival rates above 90%[1]. However, this progress in early detection has not been fully matched by timely and effective post-diagnosis care. Many women diagnosed with eBC still face systemic and financial barriers, such as delays in referral, limited access to specialists, or lack of coverage for essential services, that impede optimal treatment, undermining the potential survival gains and imposing hidden costs on families and society.

Key challenges persist in linking early detection to effective treatment. Patients frequently encounter:

High out-of-pocket costs

Limited public formulary coverage

Lengthy wait times in the public system

Uneven insurance support for cutting-edge therapies

These hurdles are especially evident with the latest adjuvant treatments – for example, CDK4/6 inhibitors that can significantly reduce the risk of recurrence in certain high-risk eBC patients. In Hong Kong, such innovative therapies remain largely accessible only via self-financing, with restrictive subsidy criteria for those seeking assistance. Clinicians report that the expense of new cancer drugs and the burden on patients' personal finances heavily influence treatment decisions[2]. As a result, even women diagnosed at an early, curable stage may miss out on the full benefit of medical advances due to cost and access constraints, potentially leading to higher relapse rates, more costly late-stage care, detrimental social impact, and avoidable loss of life and productivity.

Evidence-based advances offer an opportunity to improve outcomes if integrated into standard care. International guidelines now recommend adding adjuvant CDK4/6 inhibitor therapy for patients with high-risk hormone receptor-positive/HER2-negative eBC to improve invasive disease-free survival[3]. Local real-world data echoes the high risk of recurrence in these patients, underscoring that Hong Kong patients could significantly benefit from such therapies. These treatments not only extend survival and disease-free time for patients, but also promise long-term savings by preventing metastatic recurrences and the subsequent need for more intensive care.

Yet, without policy action, their impact will remain limited. Access in Hong Kong is currently restricted – available only to those who can pay out-of-pocket or qualify for a narrow safety net – illustrating a critical gap between what is medically possible and what is financially feasible for patients.

This gap has the potential to widen health inequities and undermine the significant progress made through early detection.

Closing this gap requires decisive, collaborative policy intervention. Drawing lessons from global leaders such as Singapore, Taiwan, and the United Kingdom, this white paper highlights several actionable strategies to ensure eBC patients in Hong Kong receive timely, effective treatment.

Foremost is a call for multi-stakeholder collaboration to unite and reform the cancer care ecosystem

Policymakers

Healthcare providers

Payers *(insurers and public funders)*

Patient advocacy groups

Priority recommendations include: expanding public funding and insurance coverage for proven adjuvant therapies (so that life-saving medicines like CDK4/6 inhibitors are included in the subsidised formulary or private health insurance for eligible patients), streamlining treatment pathways to reduce waiting times for specialist care, and investing in oncology infrastructure and workforce to meet growing demand. By leveraging successful models abroad – for instance, where governments have rapidly subsidised new therapies and integrated them into standard protocols – Hong Kong can design locally tailored solutions that bridge current gaps. Innovative insurance models and public-private partnerships should also be explored to spread the financial risk of high-cost treatments and support patients through their cancer journey without catastrophic expense.

Hong Kong's progress in eBC detection has created an invaluable opportunity to save lives; it must be matched by an equally strong commitment to treatment access. Health policymakers should prioritise eBC care and implement evidence-based reforms to enhance the system's equity and responsiveness. By doing so, Hong Kong can preserve the survival advantage of early diagnosis, reduce the long-term burden of advanced cancers, and enable more women to return to health and productivity. It is imperative to act now – through collaborative policy innovation and resource allocation – to ensure that no woman in Hong Kong who is diagnosed early is denied the full benefit of modern breast cancer therapy due to financial or systemic barriers. In moving from early detection to effective cure, Hong Kong can deliver on the promise of a healthier, more resilient society.

1 Hong Kong's early breast cancer landscape

Breast cancer is the most common cancer among women in Hong Kong[4]

> 5,000 news cases in 2022 alone[4]

→

~ 30% of all cancer diagnosis among women[4,5]

→

equates to ~13 women being diagnosed with breast cancer every day[4,5]

Owing to growing awareness and improvements in care, a large proportion of cases are now detected at earlier stages. More than 70% of breast cancers in Hong Kong are diagnosed at Stage I or II, a positive trend that generally correlates with better outcomes[6].

Despite this progress, breast cancer is still the third leading cause of cancer-related mortality among women in the territory, which underscores that early detection alone is not sufficient[4]. To translate early diagnosis into durable benefit, Hong Kong requires a comprehensive approach that couples screening with timely, effective adjuvant treatment and structured follow-up care. Only by aligning detection with high-quality treatment pathways can early-stage cases achieve the lowest possible risk of recurrence and deliver sustained improvements in survival.

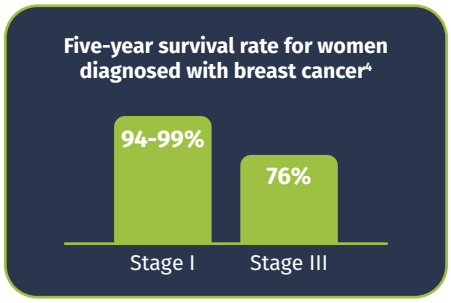
1.1 The Hong Kong government has made commendable progress in promoting early detection

Historically, the health system lacked a formal screening programme, and most breast cancers were discovered only after symptoms appeared.

Recognising this gap, the Government launched the Breast Cancer Screening Pilot Programme (BCSPP) in September 2021. In its first eighteen months, the BCSPP provided risk assessments to nearly 20,000 women and referred roughly 5,500 higher-risk women for mammography[7]. The success of BCSPP is evident in achieving a key benchmark outlined by the World Health Organisation's (WHO) Global Breast Cancer Initiative (GBCI) Framework, with more than 60% of invasive breast cancers now detected at early stages (I and II) in Hong Kong[8].

A local registry reported that 80% of cases were self-detected, with only about 11% discovered via mammograms, before symptoms appeared[5].

Stage at diagnosis is a critical determinant of outcome. According to Hong Kong Cancer Registry data, the five-year survival rate exceeds 94–99% for women diagnosed at Stage I disease, compared to around 76% for those diagnosed at Stage III, with prognosis dropping to a staggering 29.8% if diagnosed at Stage IV[4]. The city's rising share of early-stage diagnoses is therefore a public-health success. The task ahead is to ensure that these early detections consistently lead to appropriate adjuvant therapy and vigilant follow-up so that the survival advantage is preserved over the long term.



1.2 While early detection is necessary, it is not sufficient on its own to eliminate the burden of breast cancer

Although increasingly detected early, breast cancer can still relapse if adjuvant therapy and follow-up are delayed, fragmented, or inaccessible.

Hong Kong's strategy for eBC must therefore ensure that early detection is matched by reliable access to effective therapies and integration of adjuvant care within coherent treatment pathways.

> *While breast cancer screening programmes help detect the disease early, these patients remain biologically at risk of recurrence and therefore require ongoing support and protection.*
>
> **Dr. Ashley Cheng,**
> **Specialist in Clinical Oncology**

> *Once a patient develops a recurrence – except for a very small percentage of cases – it is generally not curable. That is why it is so important to do things right from the beginning and provide the most appropriate treatment upfront.*
>
> *The intent of treatment in the early (adjuvant) setting is curative – to reduce the risk of recurrence and give patients the best possible chance of a cure. This means that early detection must be coupled with effective treatment pathways to truly improve long-term outcomes.*

Dr. Peter Choi,
Specialist in Clinical Oncology

Recent advances in oncology have expanded the treatment landscape. Innovative adjuvant therapies and targeted drugs now offer the ability to significantly lower recurrence risk among high-risk early-stage patients

To build on the positive momentum created by initiatives such as the BCSPP, now is a critical opportunity for Hong Kong's health authorities and key stakeholders across the patient journey to close the gap between early diagnosis and optimal treatment access. Ensuring that all patients diagnosed at an early stage receive timely and appropriate treatment offers the greatest likelihood not only of survival but also of remaining cancer-free over the long term.

Yet equitable access is not guaranteed. Financial barriers, limited reimbursement coverage for outpatient cancer medicines, and uneven availability of specialised services continue to prevent some patients from benefiting fully from these developments[9].

2 Barriers impeding access to effective breast cancer management

Despite global advances in the management of eBC, patients in Hong Kong continue to face barriers that impede timely access to effective treatment. These financial, systemic, and logistical obstacles have a direct impact on outcomes and contribute to a broader economic burden on society.

2.1 Variability in reimbursement policies and gaps in insurance coverage

Barriers related to affordability are particularly pronounced for innovative targeted treatments and novel systemic therapies that have been shown to improve survival and help patients return to healthy, productive lives.

Cutting-edge therapies that significantly reduce recurrence risk in high-risk eBC are often not included in the standard formulary. Instead, they fall under the HA's "Self-Financed Items" category, which requires patients to pay the full cost out of pocket unless they qualify for means-tested subsidy programmes[11]. This structure can create a two-tier system in which only those who can afford the high cost, or who possess comprehensive private insurance, can readily obtain the latest treatments.

Hong Kong's safety-net programmes, the Samaritan Fund and the Community Care Fund Medical Assistance Scheme, provide vital support to patients in significant financial need. Clinicians recognise the value of these mechanisms, which enable access for many who would otherwise go without.

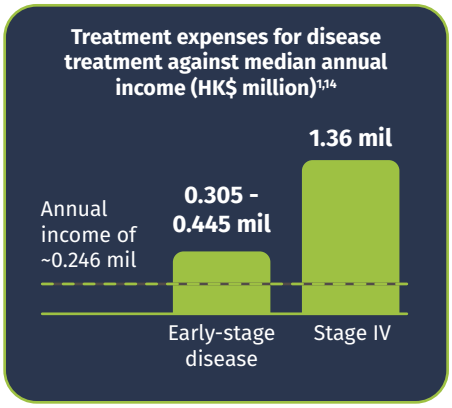
The Hospital Authority (HA) Drug Formulary does provide access to some breast cancer therapies within the public system, but reimbursement largely focuses on essential medicines and late-stage options[10].

> *Financial constraints are always a concern, but with supportive public financial initiatives, patients in need can still access necessary treatments. These programmes play a crucial role in enabling access to care.*
>
> **Dr. Peter Choi,**
> **Specialist in Clinical Oncology**

However, the funds' design primarily targets those in extreme financial difficulty[12]. Strict eligibility criteria and household-based means testing exclude the majority of middle-income patients who do not qualify for government subsidy, yet cannot realistically afford high, sustained out-of-pocket expenses[13].

Against a median annual income of roughly HK$246,000, the costs of modern cancer care are substantial[1]. Treatment expenses rise markedly with disease progression, averaging HK$305,000–HK$445,000 for early-stage disease and exceeding HK$1.36 million for Stage IV[14].

Patients without robust private insurance, or with policies that do not fully cover outpatient cancer drugs, face overwhelming financial pressure. In practice, they may deplete savings, seek charitable aid, or forgo optimal therapy, which in turn risks poorer outcomes.



In the words of one Hong Kong patient, confronting daily treatment expenses can be overwhelming:

Here's what I wake up to every day: a dose of drugs that costs HK$400 a day – it's just too hard to swallow

Ms Li,
A three-time breast cancer survivor on long-term targeted therapy

Even with charitable drug assistance easing half the cost of her medications, Ms Li expressed hope for greater support from the government and NGOs for patients in her position[15].

2.2 Systemic barriers and healthcare workforce strain

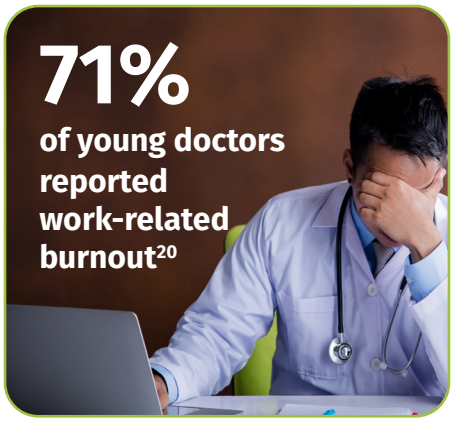
Beyond financing, systemic constraints within the delivery system can delay or limit access. Public hospitals and oncology clinics face considerable strain, with high patient volumes leading to long waiting times for consultations and initiation of treatment[16].

Administrative processes for approving and integrating new drugs into clinical practice can also be protracted. Regulatory approval and public formulary listing have historically taken far longer than in comparable healthcare systems. In Singapore, certain cancer drugs can be assessed and made available within 60 days under streamlined pathways, whereas in Hong Kong, approval and reimbursement can take 18–24 months for the same therapies[19]. This delay prevents patients from benefiting from potentially life-saving therapies at a critical stage in their treatment journey.

Delays are particularly concerning for early-stage patients, for whom the timely commencement of adjuvant therapy is critical. In some instances, patients may wait up to 66 days between diagnosis and first treatment, increasing the risk that early-stage, potentially curable disease progresses or that the window of maximal adjuvant benefit narrows[17,18].

Workforce limitations compound these challenges. Hong Kong's oncology professionals are highly skilled, but there are too few to meet rising demand. Clinics frequently run at full capacity. It is not uncommon for public oncologists to see dozens of patients in a single morning clinic, limiting the time for each patient.

Reports indicate high levels of physician burnout, particularly among younger doctors, driven by heavy caseloads and insufficient rest. In one survey, 71% of young doctors in Hong Kong reported work-related burnout[20]. Such fatigue among healthcare providers can indirectly affect care quality and system efficiency.



2.3 **When barriers prevent eBC patients from receiving timely and optimal treatment, the consequences extend far beyond individual patient health, impacting the wider society.**

For patients, any delay or inability to get the best treatment increases the risk of breast cancer returning in a more dangerous form. Studies have shown that the psychological toll of this can be significant[21].

Many breast cancer survivors in Hong Kong voice ongoing anxiety about recurrence. In a recent local survey conducted by the Global Chinese Breast Cancer Organisations Alliance (GCBC):

~70% of patients experienced physical or mental distress due to the fear of recurrence

Within this group of patients and due to the fear

>50% suffer from persistent anxiety and worry

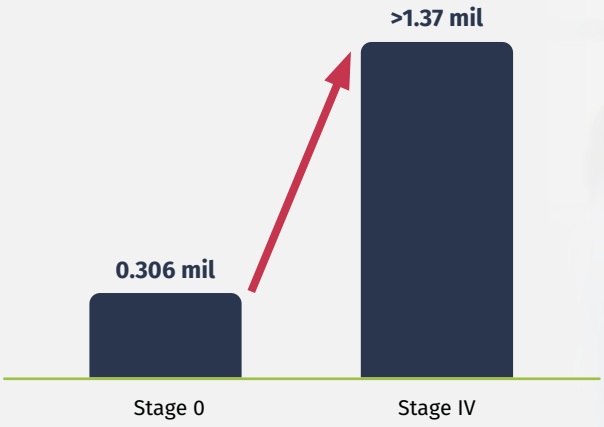
~20% reported physical symptoms or behavioural changes (such as sleep problems or avoiding future plans)

This constant psychological burden can erode quality of life and even lead to clinical depression in some cases.

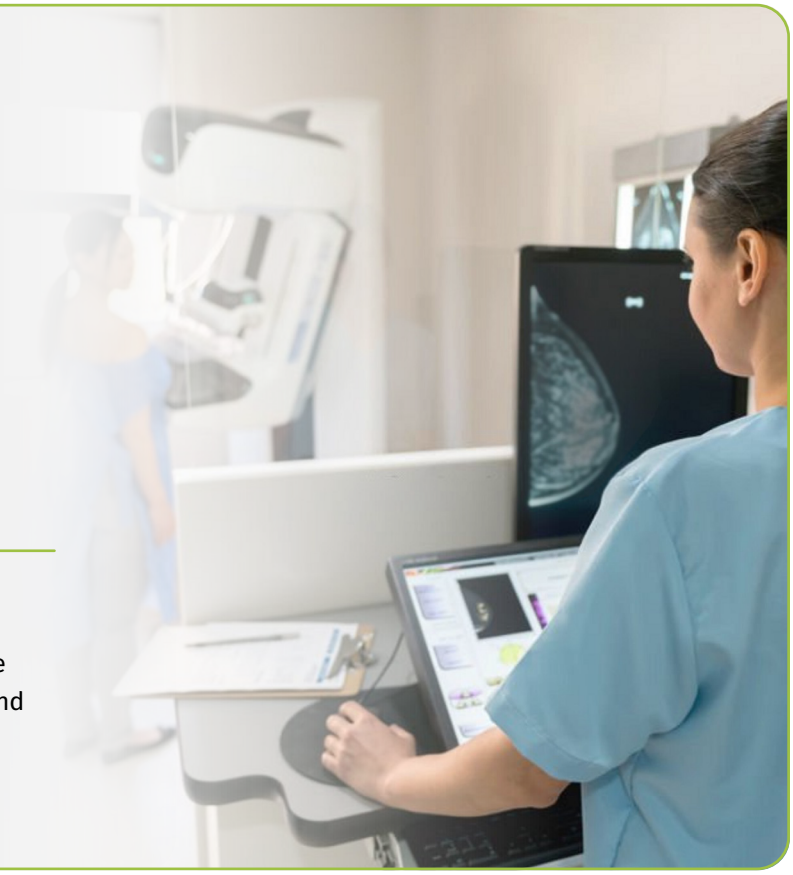
It also affects families – the patient's worry often translates into stress on spouses, children, and caregivers who share the uncertainty about the future.

The economic consequences are equally significant. Inaction or delayed action in the early stage leads to more cases progressing to advanced disease, which is far more expensive to manage.

Overall breast cancer treatment costs (HK$ million) rise sharply from[14]:

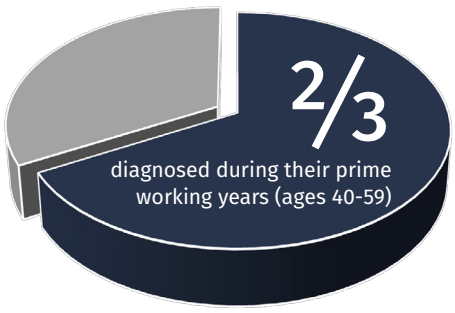


Treating advanced cancer will also require more aggressive therapies, longer hospitalisations, and increased use of healthcare resources, placing greater strain on the public system.



Additionally, the workforce productivity impact is substantial, as two-thirds of breast cancer patients in Hong Kong are diagnosed during their prime working years (ages 40-59)[14].

Breast cancer patients in Hong Kong[14]



Reduced working hours, forced career exits, and premature mortality all represent losses of talent and wages that reverberate through the economy. The cumulative burden highlights the urgency of removing barriers to evidence-based adjuvant treatment.

Furthermore, early stage breast cancer can significantly affect the social dynamics of patients and their families. For working mothers, treatment and recovery may disrupt routines, reduce income, and require additional support at home and work. Children may experience changes in caregiving and household stability, which can influence their emotional and developmental well-being. These challenges highlight the broader social implications of the disease beyond its medical impact.

3 Current early breast cancer treatment paradigm and the role of CDK4/6 inhibitors

For nearly two decades, the management of early hormone receptor-positive, HER2-negative breast cancer has centred on surgery, chemotherapy, and adjuvant endocrine therapy, with comparatively few innovations added to improve outcomes[22,23]. While these traditional treatments have significantly reduced mortality, high-risk patients still face significant recurrence rates[22].

Real-world data from Hong Kong provides further insight into this issue. Researchers applied high-risk definitions from two major international clinical trials, monarchE and NATALEE, which focus on identifying patients at the highest risk of recurrence. These trials are widely recognised for establishing treatment protocols in early breast cancer but included a different subset of Stage II and III high risk patients. The data showed that HER2-negative patients who met both high-risk criteria from these trials had the poorest outcomes, with about one in three experiencing recurrence within 10 years[24].

Patients who qualified only under the broader NATALEE criteria, including not only high-risk node-negative but also certain node-positive patients not eligible under the monarchE criteria, did better but still had higher recurrence rates than those with Stage I disease, where nearly 1 in 6 experienced an invasive recurrence event by 10 years[24].

These findings make clear that risk is not confined to node-positive patients. Both node-positive and biologically high-risk node-negative populations remain vulnerable to recurrence, warranting intensified adjuvant care to improve disease-free survival and prevent metastatic progression.

> *Even node-negative patients can still carry significant risk, showing that treatment decisions must go beyond just nodal status.*
>
> **Dr Peter Teo,**
> **Specialist in Clinical Oncology**

3.1 CDK4/6 inhibitors have emerged as a transformative addition to therapy, addressing the longstanding gap in HR+/HER2- eBC

CDK4/6 inhibitors represent the first major innovation in this space in decades. These oral targeted agents, when combined with endocrine therapy, block cancer cell proliferation by halting cell-cycle progression. Following their success in metastatic hormone receptor-positive disease, they have now demonstrated meaningful benefits in the adjuvant setting for high-risk early-stage patients.

In the monarchE trial, adding abemaciclib to standard adjuvant endocrine therapy reduced the risk of recurrence by approximately thirty-two percent compared with endocrine therapy alone[23].

Similarly, in the NATALEE trial, ribociclib plus endocrine therapy significantly improved invasive disease-free survival, prompting early trial termination for positive efficacy[25].

Notably, NATALEE enrolled select high-risk node-negative patients, reinforcing that treatment decisions should be based on a comprehensive risk profile, including tumour biology and size, rather than nodal status alone.

Together, abemaciclib and ribociclib mark a practice-changing advance in eBC management, offering a significantly broader group of patients a realistic chance to avoid metastatic relapse and its profound human and economic costs.

3.2 Health economic value of adjuvant CDK4/6 inhibitors globally and in Hong Kong

Adjuvant CDK4/6 inhibitors, such as abemaciclib and ribociclib, offer substantial value in the eBC setting, despite their considerable treatment cost.

The key argument for these treatments is their ability to prevent recurrences, which translates into long-term healthcare savings. Although the upfront cost of a 2- to 3-year treatment course is high, avoiding a single recurrence prevents the need for expensive care in a metastatic setting, including hospitalisations and palliative treatments. Beyond the health system savings from avoided recurrence, these drugs generate wider societal benefits by enabling patients to remain active contributors to their families, workplaces, and communities.

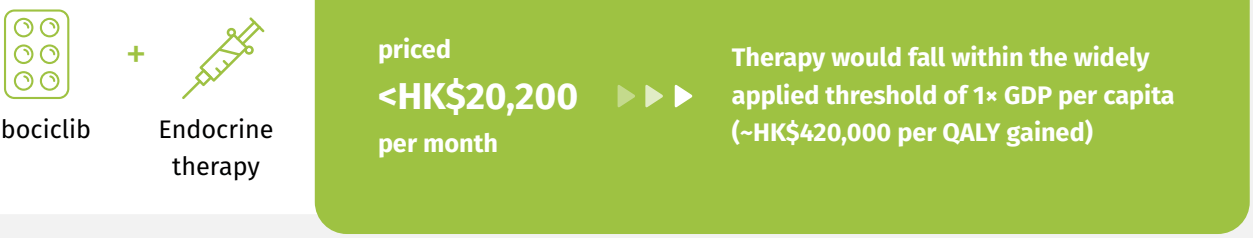
Evidence of cost-effectiveness has been demonstrated globally, as well as in Hong Kong. The National Institute for Health and Care Excellence (NICE) in the United Kingdom has approved CDK4/6 inhibitors for use in HR+/HER2- eBC patients at high risk of recurrence for reimbursement.

NICE recommends abemaciclib combined with endocrine therapy based on strong evidence showing that it improves invasive disease-free survival (iDFS) and reduces recurrence risk[26]. Furthermore, NICE's economic analysis confirms that the drug represents good value for money, falling within the NHS's cost-effectiveness threshold. Similarly, ribociclib has also been approved by NICE for adjuvant treatment in a broader patient population than abemaciclib, covering the full NATALEE cohort.

Notably, despite the wider eligible population and greater associated treatment costs, the committee concluded that ribociclib offers meaningful clinical benefit in reducing recurrences and still delivers cost-effectiveness, leading to nationwide reimbursement[27]. Approval by NICE, recognised for its rigorous HTA process, underscores the clinical and economic value of CDK4/6 inhibitors.

A recent cost-effectiveness analysis adapted to the Hong Kong context has also indicated that CDK4/6 inhibitors have the potential to be cost-effective in the region. In the analysis, the comparator was endocrine therapy (ET), assessing ribociclib plus ET versus ET alone.

Results showed that if:



This make it a cost-effective treatment option among HR+/HER2- eBC patients at high risk of recurrence.

While the upfront cost is considerable, consistent global and local evidence demonstrates that they deliver substantial clinical and economic value. By preventing costly disease recurrences, they not only improve long-term health outcomes but also generate meaningful savings for healthcare systems. This reinforces their role as an important treatment option in eBC, offering both clinical benefit and economic sustainability.

3.3 The strong evidence base for CDK4/6 inhibitors for treating eBC has been embraced by international clinical guidelines, effectively establishing these drugs as a new standard of care for eligible high-risk patients

In the United States, the National Comprehensive Cancer Network (NCCN) designates ribociclib in combination with an aromatase inhibitor as a Category 1, preferred adjuvant regimen for patients with hormone receptor–positive (HR+)/HER2– early breast cancer, including those with any lymph node involvement or node-negative disease with high-risk features.[28] In the same setting, abemaciclib in combination with endocrine therapy is also recommended, but its use is specifically restricted to patients with high-risk, node-positive disease, consistent with evidence from the monarchE trial.[29]

Importantly, ribociclib is currently the only CDK4/6 inhibitor listed by NCCN for both node-positive and high-risk node-negative patients, reflecting its broader evidence base from the NATALEE trial[25].

The ASCO also issued guideline updates in 2024 endorsing the use of abemaciclib in combination with endocrine therapy for patients meeting monarchE criteria (node-positive, high-risk)[3]. Following the reporting of NATALEE, ASCO's panel also recommended a combination of ribociclib and endocrine therapy for patients who fit the high-risk profile of each respective trial[3]. These updates affirm that both abemaciclib and ribociclib are appropriate adjuvant options given their proven efficacy.

European guidance from the European Society for Medical Oncology has likewise incorporated adjuvant CDK4/6 inhibitors for high-risk cases[23,30].

> *We now have two choices in the adjuvant setting - abemaciclib and ribociclib - for patients with HR-positive disease. Eligibility criteria differ between the trials, but patients who meet them should be offered treatment.*
>
> *I would not hesitate to use CDK4/6 inhibitors in the adjuvant setting when the clinical parameters indicate that a patient is at high risk of recurrence.*

Dr Peter Teo,
Specialist in Clinical Oncology

The global oncology community has coalesced around CDK4/6 inhibitors as a practice-changing innovation in eBC care – one that Hong Kong should consider fully integrating to align with evidence-based best practices.

3.4 Despite regulatory approvals elsewhere and strong clinical endorsement worldwide, patient access to CDK4/6 inhibitors in Hong Kong remains highly limited, especially in the public healthcare system

The HA currently classifies CDK4/6 inhibitors as a Self-Financed Item with a safety net, primarily indicated for metastatic breast cancer[31]. Currently, only abemaciclib is listed for subsidy support by the Community Care Fund, with eligibility extending to patients with early breast cancer who have extensive nodal involvement (N2+, meaning four or more positive lymph nodes) as well as those with metastatic disease[32].

At present, none of the CDK4/6 inhibitors are included as standard HA-funded drugs for eBC[33]. This means that a public hospital patient who is classified as N0 or N1+ but does not meet the clinical criteria for N2+ is ineligible for reimbursement and must therefore either bear the full cost of the medication or forgo treatment altogether.

In private care[34]

Monthly cost of CDK4/6 inhibitors often **exceeds HK$20,000** for a recommended duration of **2–3 years** in the adjuvant setting[34]

+

Necessary endocrine therapy to be combined with CDK4/6 treatment adds another **~$2,000 per month**[34]

=

Full course of adjuvant treatment can **exceed >HK$200,000 annually**, a daunting figure for most households

Many standard health insurance plans in Hong Kong provide only partial coverage for outpatient cancer medications, if at all. Some high-end or critical illness policies may cover targeted therapies, but coverage is inconsistent – often capped or tied to complex reimbursement criteria.

This leaves many private patients facing large out-of-pocket expenses.

To bridge the gap, pharmaceutical companies and NGOs have launched patient assistance programmes.

For example, the Hong Kong Breast Cancer Foundation (HKBCF) introduced an "Early Breast Cancer Drug Subsidy Programme" in 2024, in partnership with the manufacturer, to help patients afford abemaciclib and ribociclib[34,35].

Through this scheme, eligible patients can receive financial rebates **(up to HK$96,000 - HK$162,000)** after paying for a certain number of treatment cycles[34,35]. While such initiatives are helpful, they remain temporary measures and underscore that life-saving therapies, though available, are not yet equitably accessible.

Hong Kong has an opportunity to close this gap. With strong clinical evidence and broad international consensus supporting the use of CDK4/6 inhibitors in early-stage settings, expanding access through updated policy and funding pathways would ensure that eligible patients are not left behind in receiving optimal, guideline-recommended treatment.

4 Opportunities for Hong Kong to enhance early breast cancer care

While Hong Kong's healthcare system has many strengths, there remains room to enhance support for eBC patients, particularly in terms of access to and financing of treatment.

In Hong Kong, access to innovative breast cancer drugs is mainly channelled through the Hospital Authority Drug Formulary, where CDK4/6 inhibitors are listed as Self-Financed Items with safety net support. At present, only abemaciclib qualifies for subsidy under the Community Care Fund for patients with node-positive eBC (N2+ disease) or metastatic disease, leaving other high-risk groups without public funding support.

Globally and within the Asia Pacific, there are successful models and innovative strategies that Hong Kong can consider looking to. These models show how sustainable financing and multi-sector collaboration can expand access to new therapies without undermining healthcare budgets.

4.1 Funding models and reimbursement schemes

One opportunity is to adopt funding mechanisms that have been proven in other health systems to improve access to expensive cancer drugs.

A notable example is Singapore's Cancer Drug List (CDL) initiative, implemented under the national MediShield Life insurance scheme and MediSave programme[36]

Singapore recognised that rising costs of cancer drugs were a challenge and responded by creating a tiered formulary (the CDL), which lists cancer drugs that are covered under government insurance, often with caps or specific criteria. Adjuvant abemaciclib for high-risk eBC, for instance, is included on Singapore's Cancer Drug List and is eligible for reimbursement for up to two years of treatment in the adjuvant setting[36].

Patients who meet clearly defined clinical criteria (aligned with trial evidence) can get this drug with a significant portion of the cost paid by MediShield Life and withdrawals from their MediSave accounts, greatly reducing out-of-pocket expenditure[36].

The Singapore model ensures that clinically effective therapies are financially accessible while also negotiating pricing and using evidence-based criteria to maintain sustainability. By providing coverage through a structured national drug list and tying reimbursement to clinical guidelines, Singapore strikes a balance between equity and cost control.

Taiwan's healthcare reimbursement system offers another valuable model. Taiwan is well-known for its comprehensive single-payer insurance.

In 2024, they added 11 new cancer drugs to its reimbursement formulary (and relaxed payment rules for 7 others), benefiting over 14,500 patients across various cancers[37]. Notably, this update included adjuvant abemaciclib for eBC. Taiwan also established a dedicated "Special Fund for New Cancer Drugs," seeded with an initial NT$5 billion (approx. HK$1.25 billion) and aiming to grow to NT$10 billion, specifically to finance the inclusion of innovative therapies while data is gathered on their real-world effectiveness[38].

This approach shows how the government is proactive and agile in funding innovation, ensuring patients benefit from the latest treatments as soon as possible.

Another global example is the United Kingdom's Cancer Drugs Fund (CDF).

The CDF was created to provide interim funding for promising new cancer treatments that are not yet fully appraised by NICE or that failed initial cost-effectiveness thresholds. Since 2016, the CDF has provided early access to around 100 novel cancer therapies for over 80,000 patients in England[39]. Adjuvant abemaciclib was one such drug fast-tracked via the CDF while NICE completed its review. The fund essentially buys time and collects data – drugs are made available with monitoring of outcomes, and that data can support future decisions.

The UK experience shows that ring-fenced public funds for cancer drugs can accelerate the adoption of effective treatments, save lives, and even, in some cases, negotiate better pricing through managed access agreements.

4.2 Public–private and philanthropic partnerships in breast cancer care

Beyond public funding mechanisms, partnerships between public institutions and private or philanthropic organisations can strengthen survivorship care and system capacity.

In Hong Kong, the Global Chinese Breast Cancer Organisations Alliance (GCBC) plays a vital role in addressing areas not yet covered by government support. Its Pink Angels Service provides free chemotherapy companionship, emotional support, and peer mentorship from survivor volunteers, services that go beyond what the Hospital Authority funds[40]. GCBC also runs the Pink Hotline and patient chatrooms to relieve stress and anxiety, a lymphedema management service for post-surgery rehabilitation, and offers free professional counselling and medical consultation.

These initiatives highlight how community and charitable resources are stepping in where government funding has yet to extend, offering patients holistic care that goes well beyond clinical treatment.

In other health systems, such as Singapore, the Temasek Foundation partnered with the National Cancer Centre Singapore to launch a S$2.1 million (approximately HK$12.5 million) initiative focused on breast cancer survivorship care[41,42]. This programme, called ACCESS, is a two-year pilot that provides comprehensive post-treatment support for over 4,000 breast cancer patients – everything from managing long-term side effects, psychological counselling, dietary and lifestyle guidance, to surveillance for recurrence[41,42].

By injecting funding into the public cancer centre, this collaboration fills a gap (after-care and survivorship services) that the standard hospital budget might not fully cover.

Another area for collaboration is capacity building. In Hong Kong, while public–private partnerships exist to support services such as imaging or outpatient primary care, there are limited structured resources dedicated specifically to areas like breast cancer and oncology. If public hospitals face long wait times for critical services (e.g. diagnostic imaging or surgeries), a structured partnership with private providers could allow breast cancer patients to access these services sooner at subsidised rates.

Australia's McGrath Foundation is working with the government to place breast care nurses in hospitals nationwide[43,44]. The McGrath Foundation, a charitable organisation, has funded and trained dozens of specialist breast care nurses who are then integrated into the public health system, ensuring that breast cancer patients across the country have access to a dedicated nurse for support and care coordination[43,44].

The government co-funds some of these positions and supports their integration. The impact has been remarkable in improving patient experience and outcomes, particularly in rural areas.

These nurses act as a consistent point of contact, provide education, coordinate appointments, and offer psychosocial support – services that are invaluable but often not sufficiently available in overstretched hospital clinics.

4.3 Private sector and insurer-led initiatives

The private healthcare sector and insurance industry also have roles to play in enhancing eBC care.

One notable initiative in the region is a partnership in Thailand between a major insurer (Prudential) and a leading hospital network (Bangkok Dusit Medical Services).

Announced in 2023, this partnership allows Prudential's insured patients from places like Hong Kong to travel to Thailand for high-quality breast cancer treatment at a capped, all-inclusive cost[45]. Essentially, Prudential negotiated packaged pricing with the hospital – for example, a 12-month breast cancer treatment plan (including surgery, necessary chemotherapy, radiation, etc.) is offered at a predetermined cost, and Prudential covers most or all of it under the insurance plan[45].

The advantage for patients is access to care with cost certainty and often shorter wait times, while the insurer benefits from potentially lower treatment costs compared to Hong Kong private hospitals.

This kind of insurer-driven solution shows creativity in expanding options for patients, which could improve affordability and access to comprehensive cancer care.

4.4 Now is a timely opportunity for policy innovation in Hong Kong

Hong Kong's recent reforms, including increased funding for the HA and the Primary Healthcare Blueprint, signal political will to strengthen cancer care. Now is an excellent time to build on that momentum with targeted innovations for eBC.

Hong Kong has already applied this principle in launching the breast screening pilot programme – catching cancers early to prevent advanced disease. The same principle extends to what comes after diagnosis: preventing recurrence is better than having to treat metastatic cancer later.

One guiding principle should be that "prevention is better than cure."

Early investment in treatment yields high returns by avoiding worse outcomes down the road.

> *Expanding treatment to include node-negative and node-positive patients aligns closely with government health policy, which emphasises early intervention to prevent recurrence.*
>
> **Dr Ashley Cheng,**
> **Specialist in Clinical Oncology**

Another positive trend in the city is the emphasis on building a "Healthy Hong Kong" where people can live long, productive lives. Breast cancer strikes women often in mid-life; helping these women remain cancer-free means they can continue to contribute to the workforce and society.

Many breast cancer patients today are professionals, business owners, caregivers – they are integral members of the community, not just patients.

> *Women are active professionals contributing to society, and they are very willing to return to work after treatment. It is therefore crucial that we do everything possible to cure them and prevent recurrence.*
>
> **Dr Ashley Cheng,**
> **Specialist in Clinical Oncology**

Indeed, enabling survivors to live their full lives and participate in society yields economic benefits (in terms of productivity and reduced dependency) that are hard to quantify but very real.

> *The welfare of breast cancer patients and the benefit they bring to society cannot be measured purely in monetary terms, which is why the value of treatment cannot be judged on drug cost and manpower alone.*
>
> **Dr Peter Choi,**
> **Specialist in Clinical Oncology**

In policy evaluation, we need to be mindful that behind every dollar spent on healthcare is a human life improved or saved, with ripple effects on families and communities. Thus, decisions on subsidising a treatment should not be made on drug cost and hospital budgets alone, but on a holistic view of value to Hong Kong.

5 Recommendations to enhance access to treatment and outcomes for early breast cancer patients

Addressing the challenges identified in this paper requires a multifaceted strategy grounded in collaboration and evidence. Below are evidence-based, actionable recommendations that stress collaboration and innovation, and they align with the shared goal of improving patient outcomes in Hong Kong.

Recommendation areas identified

1. **Promote multi-stakeholder collaboration in eBC policy and programmes**
2. **Strengthen insurance coverage and employer support for innovative treatments**
3. **Strengthen oncology infrastructure and workforce capacity in public hospitals**
4. **Expand public funding for high-impact eBC therapies** (e.g., CDK4/6 inhibitors)

Recommendation Area (1/2)

Recommendation Area	Vision / Goal with Key Actions required	Responsible Stakeholder
1  **Promote multi-stakeholder collaboration in eBC policy and programmes**	**Establish a standing, city-wide coalition that coordinates policy, financing, capacity, and patient support so early detection is reliably matched with timely, effective adjuvant treatment** ▸ Convene a Health Bureau–led working group (e.g., via the Cancer Coordinating Committee) to share data, map gaps, and design interventions ▸ Launch public–private capacity-relief pilots that refer appropriate eBC cases to co-managed private care with transparent subsidy arrangements ▸ Develop a unified public awareness programme on completing adjuvant therapy and navigating financial assistance ▸ Expand survivorship services, including structured "return-to-work" supports and community-based rehabilitation.	**Health Bureau** (Cancer Coordinating Committee) **Hospital Authority,** **Private hospitals and clinics** **Department of Health** **NGOs and patient groups** (e.g., GCBC, HKBCF) **Professional colleges** **Employers and chambers of commerce**
2  **Strengthen insurance coverage and employer support for innovative treatments**	**Reduce out-of-pocket burden for proven adjuvant therapies so middle-income patients can access guideline-recommended care without defaulting to the public safety net** ▸ Engage insurers and regulators to adopt benefit designs that include outpatient cancer drugs with clinically defined eligibility and high annual caps ▸ Encourage large employers to add riders covering targeted oncology medicines and to implement compassionate leave and flexible return-to-work policies ▸ Promote value-based arrangements that tie reimbursement to evidence-based use and documented outcomes ▸ Streamline claims to shorten reimbursement timeline	**Insurance Authority and insurers** **Major employers and public bodies** **Health Bureau** **Hospital Authority**

Recommendation area to be continued in the next page.

Recommendation Area (2/2)

Recommendation Area	Vision / Goal with Key Actions required	Responsible Stakeholder
3  **Strengthen oncology infrastructure and workforce capacity in public hospitals**	**Shorten time-to-treatment and improve care quality by expanding skilled workforce and high-demand infrastructure across the public oncology pathway** ▸ Fund additional positions for clinical oncologists, breast surgeons, radiologists, oncology nurses and pharmacists ▸ Scale training and fellowships in medical and clinical oncology ▸ Establish and staff breast-care nurse navigator roles to improve throughput and shared decision-making ▸ Invest in diagnostic and treatment capacity where bottlenecks occur ▸ Implement operational improvements and digital scheduling to reduce waits from diagnosis to adjuvant initiation ▸ Monitor performance using time-to-treatment and completion rates for adjuvant therapy	**Health Bureau** **Hospital Authority** **Hospitals and Medical Universities**
4  **Expand public funding for high-impact eBC therapies** (e.g., CDK4/6 inhibitors)	**Ensure equitable, guideline-concordant access to adjuvant CDK4/6 inhibitors for eligible high-risk patients, with sustainable financing and outcomes oversight.** ▸ Review HA Drug Formulary status to reclassify abemaciclib and ribociclib from Self-Financed Items to Standard/Special Drugs with subsidy ▸ Establish a time-limited Community Care Fund initiative to provide assistance to patients with co-financed therapy for two to three years while collecting Hong Kong real-world outcomes ▸ Adopt local consensus criteria via local breast cancer-focused medical societies to target use to those most likely to benefit ▸ Build an outcomes registry to inform permanent funding decisions and periodic price reviews.	**Health Bureau** **Hospital Authority** **Community Care Fund** **Local breast oncology-focused medical societies**

6 Call to action and conclusion

As the evidence presented in this paper demonstrates, there are significant opportunities to enhance eBC care in Hong Kong, but these opportunities will only be realised through collaborative, coordinated efforts.

These stakeholders play a critical role in addressing the unmet needs of patients with eBC.

The Hong Kong healthcare system has made tremendous strides, but now is the time to close existing gaps and ensure that every patient has access to timely, effective, and affordable treatment. To achieve this, policymakers must work closely with all stakeholders to create a unified approach that incorporates innovative solutions, such as expanding reimbursement for advanced therapies, improving care coordination, and strengthening healthcare infrastructure.

Several immediate priorities can be addressed through joint efforts. Financial support is an urgent need; broadening the scope of public subsidies, as well as improving private insurance coverage for innovative treatments, will reduce the financial burden on patients and ensure equitable access to life-saving therapies. Addressing systemic care gaps – such as delays in diagnosis and fragmented care pathways – will also improve treatment timelines and patient outcomes. By focusing on these immediate priorities, we can significantly improve the prognosis for eBC patients while easing the strain on the healthcare system in the long run.

Collaboration between the government, healthcare providers, insurers, pharmaceutical companies, NGOs, and patient advocacy groups is essential to achieving sustainable, impactful solutions. By working together, we can ensure that the needs of patients are met holistically, through more efficient treatment pathways, and greater financial support. When all stakeholders are aligned with a common vision, we can create a healthcare system that not only addresses current challenges but also anticipates future needs, ensuring that eBC care continues to evolve in line with medical advancements and societal expectations.

By acting on these recommendations, Hong Kong has the potential to lead the way in eBC care, setting a global example for how to address complex healthcare challenges through collaboration and innovation. Through a concerted effort, we can envision a future where eBC patients experience better outcomes, a reduction in the economic burden of the disease, and an enhanced quality of life. The time to act is now, and by working together, we can ensure that Hong Kong's healthcare system continues to provide the highest level of care to all its citizens.

The opportunity is clear, and the responsibility is shared – let us commit to a future where no one is left behind in the fight against breast cancer.

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About the Global Chinese Breast Cancer Organisations Alliance (GCBC)

The Global Chinese Breast Cancer Organisations Alliance (GCBC) is the first and only global charity connecting over 90 Chinese breast cancer groups worldwide. Founded by survivors, GCBC advocates for awareness, strengthens patient support, and ensures the voices of Chinese breast cancer patients are represented in global platforms such as the UICC, World Cancer Congress, and WHO meetings.

Learn more at **gcbcoa.org**

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