

非傳染病處



Non-Communicable
Disease
Branch

本署檔號 Our Ref.: DH NCDB/7/18/1 XIII

24 July 2023

Dear Doctors,

Updated Recommendations on Lung Cancer Screening

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

Lung cancer was the most common cancer in 2020 and also the leading cause of cancer deaths in 2021 in Hong Kong. Overseas randomised controlled trials showed that screening for lung cancer with low-dose computed tomography (LDCT) detects early-stage disease and reduces lung cancer mortality among individuals who are at high risk for lung cancer. However, LDCT screening can cause potential harms, especially when false-positive findings lead to unnecessary follow-up investigations and invasive procedures. Some overseas health authorities recommend LDCT screening for asymptomatic persons with heavy smoking history, but with variations in screening criteria and screening intervals. In Hong Kong, no study has measured effectiveness, cost-effectiveness and potential benefit-versus-harm of LDCT screening in the local setting.

Taking into consideration the latest scientific evidence and local actual situation, the CEWG concludes there is insufficient local data to establish definitive local screening criteria or recommend any population-based LDCT screening programme, but considers it appropriate to inform local doctors and persons at increased risk about the latest evidence from scientific literature and overseas recommendations to facilitate them in making informed decisions. Applicability of these overseas criteria and evidence in the local population remains to be further investigated.



Cigarette smoking is the single biggest risk factor for developing lung cancer. Lung cancer screening is not an alternative for quitting smoking. Smoking cessation or never start smoking remains the best way to prevent lung cancer.

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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

香港灣仔皇后大道東213號胡忠大廈18樓
18/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong

The CEWG has revised the recommendations which serve as a general reference for doctors to provide individualised advice on prevention and screening for lung cancer for local population, as follows:

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| 1. Primary prevention is the most important strategy for reducing the risk of developing lung cancer. Current smokers should quit smoking and non-smokers should never start smoking. |
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For asymptomatic population at average risk
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| 2. Routine screening for lung cancer (including chest X-ray, sputum cytology, or low-dose computed tomography (LDCT)) is NOT recommended for asymptomatic persons at average risk. |
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For asymptomatic persons at increased risk

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| 3. There is currently insufficient data to assess the benefit vs harm and cost-effectiveness of LDCT screening and its associated criteria such as target groups and optimal screening protocol in the local setting. Based on overseas literature, asymptomatic persons with heavy smoking history (i.e., more than 20-30 pack-year and who either currently smoke or have quit for not more than 10-15 years) that put them at increased risk of lung cancer may benefit from LDCT screening. In the majority of overseas recommendations, the usual starting and finishing age for screening is 50-55 years and 74-80 years respectively, and screening is most commonly performed annually or biennially. Since the local applicability of these criteria has not been sufficiently characterised, persons with heavy smoking history are advised to discuss with their doctors the benefits and harms (including false-positive findings and potential follow up investigations) of LDCT screening before making an informed and individualised decision. |
| 4. Screening for lung cancer with chest X-ray or sputum cytology is NOT recommended. |

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

Thank you for your support.

Yours faithfully,



(Dr. Rita HO)

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