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HONG KONG ANTI-CANCER SOCIETY

Since 1963

# Symposium on Cancer Challenge in Hong Kong

## Sustainable Cancer Control in Hong Kong

6 October 2018

A photograph of the Hong Kong skyline and harbor, featuring a large cruise ship in the water and the city's skyscrapers in the background.

**Programme Book**

# INDISPENSIBLE PARTNERS TO PROTECT THE BONES

Throughout the treatment journey of Prostate and Breast Cancer



## XGEVA<sup>®</sup> (denosumab) Abbreviated Prescribing Information

XGEVA<sup>®</sup> (denosumab) Solution for Injection 120 mg

**INDICATIONS** Indicated for prevention of skeletal related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with bone metastases from solid tumours, and treatment of adults and skeletally mature adolescents with giant cell tumour of bone that is unresectable or where surgical resection is likely to result in severe morbidity. **DOSAGE AND ADMINISTRATION** Supplementation of at least 500 mg calcium and 400 IU vitamin D daily is required in all patients, unless hypercalcaemia is present. Prevention of skeletal related events in adults with bone metastases from solid tumours: The recommended dose is 120 mg administered as a single subcutaneous injection once every 4 weeks into the thigh, abdomen or upper arm with additional 120 mg doses on days 8 and 15 of treatment of the first month of therapy. Patients with renal impairment: No dose adjustment is required in patients with renal impairment. Patients with hepatic impairment: The safety and efficacy of denosumab have not been studied in patients with hepatic impairment. **Elderly patients (age ≥65):** No dose adjustment is required in elderly patients. Paediatric population: XGEVA is not recommended in paediatric patients (age < 18) other than skeletally mature adolescents with giant cell tumour of bone. **CONTRAINDICATIONS** Contraindicated in patients with hypersensitivity to the active substance or to any of the excipients, and in patients with severe, untreated hypocalcaemia. Contraindicated in patients with unhealed lesions from dental or oral surgery. **SPECIAL WARNINGS AND PRECAUTIONS** **FOR USE Calcium and Vitamin D supplementation:** Supplementation with calcium and vitamin D is required in all patients unless hypercalcaemia is present. **Hypocalcaemia:** Pre-existing hypocalcaemia must be corrected prior to initiating therapy with XGEVA. **Hypocalcaemia can occur at any time during therapy with XGEVA. Renal impairment:** Patients with severe renal impairment (creatinine clearance < 30 mL/min) or receiving dialysis are at greater risk of developing hypocalcaemia. **Osteonecrosis of the jaw (ONJ):** ONJ has been reported in patients receiving XGEVA. The start of treatment or of a new course of treatment should be delayed in patients with unhealed open soft tissue lesions in the mouth. A dental examination with preventive dentistry and an individual benefit-risk assessment is recommended prior to treatment with XGEVA in patients with concomitant risk factors. **Atypical fractures of the femur:** Atypical femoral fractures have been reported in patients receiving XGEVA. Atypical femoral fractures may occur with little or no trauma in the subtrochanteric and diaphyseal regions of the femur. **Patients with growing skeletons:** XGEVA is not recommended in patients with growing skeletons. Clinically significant hypercalcaemia has been reported in XGEVA-treated patients weeks to months following treatment discontinuation. **Others:** Patients being treated with XGEVA should not be treated concomitantly with other denosumab containing medicinal products, or with bisphosphonates. **INTERACTIONS** No interaction studies have been performed. **PREGNANCY, LACTATION AND FERTILITY Pregnancy:** There are no adequate data from the use of XGEVA in pregnant women. XGEVA is not recommended for use in pregnant women and women of childbearing potential not using highly effective contraception. **Breast-feeding:** It is unknown whether denosumab is excreted in human milk. **Fertility:** No data are available on the effect of denosumab on human fertility. **UNDESIRABLE EFFECTS** Hypocalcaemia has commonly been reported following XGEVA administration, mostly within the first 2 weeks. The most common adverse reactions with XGEVA are musculoskeletal pain. The adverse reactions identified in clinical trials and from post-marketing experience: Very common (≥ 1/10) adverse reactions include: dyspnoea, diarrhoea and musculoskeletal pain. Common (≥ 1/100 to < 1/10) adverse reactions include: hypocalcaemia, hypophosphataemia, tooth extraction, hyperhidrosis and osteonecrosis of the jaw. **OVERDOSE** There is no experience with overdose in clinical studies.

Abbreviated Prescribing Information Version: HKPI20160002

Please read the full prescribing information prior to administration and full prescribing information is available on request.

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## Prolia<sup>®</sup> (denosumab) Abbreviated Prescribing Information

Prolia<sup>®</sup> (denosumab) Solution for Injection in Pre-filled Syringe 60 mg/mL

**INDICATIONS** Prolia is indicated for: i) treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; ii) treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; iii) treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. In these patients Prolia also reduced the incidence of vertebral fractures; iv) treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

**DOSAGE AND ADMINISTRATION** The recommended dose of Prolia is 60 mg administered as a single subcutaneous injection once every 6 months. Administer Prolia via subcutaneous injection in the upper arm, the upper thigh, or the abdomen. All patients should receive calcium 1000 mg daily and at least 400 IU vitamin D daily. **CONTRAINDICATIONS** Hypocalcaemia and pregnancy, as well as hypersensitivity to any component of the product. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE Hypersensitivity:** Clinically significant hypersensitivity including anaphylaxis has been reported with Prolia. Symptoms have included hypotension, dyspnea, throat tightness, facial and upper airway edema, pruritus, and urticaria. **Hypocalcaemia and Mineral Metabolism:** Hypocalcaemia may be exacerbated by the use of Prolia. Pre-existing hypocalcaemia must be corrected prior to initiating therapy with Prolia. Hypocalcaemia following Prolia administration is a significant risk in patients with severe renal impairment (creatinine clearance < 30 mL/min) or receiving dialysis. Adequately supplement all patients with calcium and vitamin D. **Osteonecrosis of the Jaw (ONJ):** ONJ has been reported in patients receiving Prolia. The start of treatment or of a new course of treatment should be delayed in patients with unhealed open soft tissue lesions in the mouth. A dental examination with preventive dentistry and an individual benefit-risk assessment is recommended prior to treatment with Prolia in patients with concomitant risk factors. All patients should be encouraged to maintain good oral hygiene, undergo routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain or swelling, or non-healing of sores or discharge during treatment with Prolia. While on treatment, invasive dental procedures should be performed with caution and avoided in close proximity to Prolia treatment. **Atypical Subtrochanteric and Diaphyseal Femoral Fractures:** Atypical low-energy or low trauma fractures of the shaft have been reported in patients receiving Prolia. Patients should be advised to report new or unusual thigh, hip, or groin pain. **Multiple Vertebral Fractures (MVF) Following Discontinuation of Prolia Treatment:** Following discontinuation of Prolia treatment, fracture risk increases, including the risk of multiple vertebral fractures. If Prolia treatment is discontinued, consider transitioning to an alternative antiresorptive therapy. **Serious Infections:** Serious infections leading to hospitalization were reported in clinical trial. Advise patients to seek prompt medical attention if they develop signs or symptoms of severe infection, including cellulitis. **Dermatologic Adverse Reactions:** Dermatitis, eczema, and rashes. Most of these events were not specific to the injection site. Consider discontinuing Prolia if severe symptoms develop. **Musculoskeletal Pain:** Severe and occasionally incapacitating bone, joint, and/or muscle pain. Consider discontinuing use if severe symptoms develop. **Suppression of Bone Turnover:** In clinical trials treatment with Prolia resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. **Osteonecrosis of the external auditory canal:** Osteonecrosis of the external auditory canal has been reported with denosumab. Possible risk factors include steroid use and chemotherapy and/or local risk factors such as infection or trauma. **INTERACTIONS** In subjects with postmenopausal osteoporosis, Prolia (60 mg subcutaneous injection) did not affect the pharmacokinetics of midazolam, which is metabolized by cytochrome P450 3A4 (CYP3A4), indicating that it should not affect the pharmacokinetics of drugs metabolized by this enzyme in this population. **PREGNANCY AND LACTATION Pregnancy:** Pregnancy: Category X. **Breast-feeding:** It is not known whether Prolia is excreted into human milk. **PEDIATRIC, GERIATRIC AND RENAL IMPAIRMENT Pediatric:** Prolia is not recommended in pediatric patients. **Geriatric:** No overall differences in safety or efficacy were observed in clinical studies between elderly patients and younger patients and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **Renal Impairment:** No dose adjustment is necessary in patients with renal impairment. **UNDESIRABLE EFFECTS** The most common adverse reactions reported with Prolia in patients with postmenopausal osteoporosis are back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, and cystitis. The most common adverse reactions reported with Prolia in men with osteoporosis are back pain, arthralgia, and nasopharyngitis. The most common (per patient incidence ≥ 10%) adverse reactions reported with Prolia in patients with bone loss receiving androgen deprivation therapy for prostate cancer or adjuvant aromatase inhibitor therapy for breast cancer are arthralgia and back pain. Pain in extremity and musculoskeletal pain have also been reported in clinical trials. The most common adverse reactions leading to discontinuation of Prolia in patients with postmenopausal osteoporosis are back pain and constipation. **OVERDOSE** There is no experience with overdosage with Prolia.

Abbreviated Prescribing Information Version: HKPRO101

Please read the full prescribing information prior to administration and full prescribing information is available on request.

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# Symposium on Cancer Challenge in Hong Kong

Sustainable  
Cancer Control in  
Hong Kong

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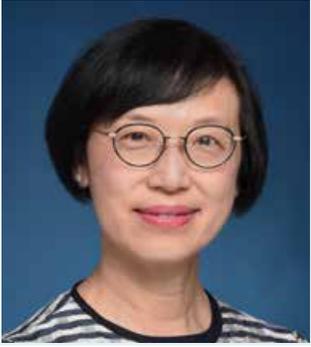


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# Welcome Message



It is our honour and privilege to welcome you to the Symposium on Cancer Challenge in Hong Kong, a platform for advocating a Sustainable Cancer Control Plan in HK. We are particularly thankful to have HRH Princess Dina Mired, President of the Union for International Cancer Control (UICC) and Mr. Matthew Cheung, Chief Secretary for Administration of the Hong Kong Special Administrative Region (HKSAR) as our Guests of Honour at the Opening Ceremony.

The Symposium is organised by The Hong Kong Anti-Cancer Society (HKACS) and supported by Department of Health, Hospital Authority, cancer related organisations, academic institutes and the private sector and many other organisations. It will feature presentations by both international and local experts on strategy and policy formulation as well as experience in the execution of cancer care.

This year marks the 55th Anniversary of HKACS and the Symposium creates an excellent opportunity in providing a common ground for advancing our knowledge, facilitating networking and collaboration in building a resilient society in HK to face the challenges brought about by the increasing burden caused by cancer.

Our sincere thanks go to all speakers, supporting organisations and members of the Organising Committee for putting together a full and exciting programme and those who have provided sponsorship to make this Symposium a reality!



Dr. LEONG Che-hung GBM, GBS, OBE, JP  
President  
The Hong Kong Anti-Cancer Society



Mrs. Patricia CHU YEUNG Pak-yu, BBS  
Chairman  
The Hong Kong Anti-Cancer Society

## Co - Chairmen:

**Mrs. Patricia CHU YEUNG Pak-yu, BBS**

Chairman, The Hong Kong Anti-Cancer Society

**Prof. Anne W.M. LEE**

Alice Ho Miu Ling Nethersole Charity Foundation Professor  
in Holistic Cancer Care, the University of Hong Kong;  
Vice-Chairman, The Hong Kong Anti-Cancer Society

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Dr. Rebecca YEUNG

Ms. Betty LIU

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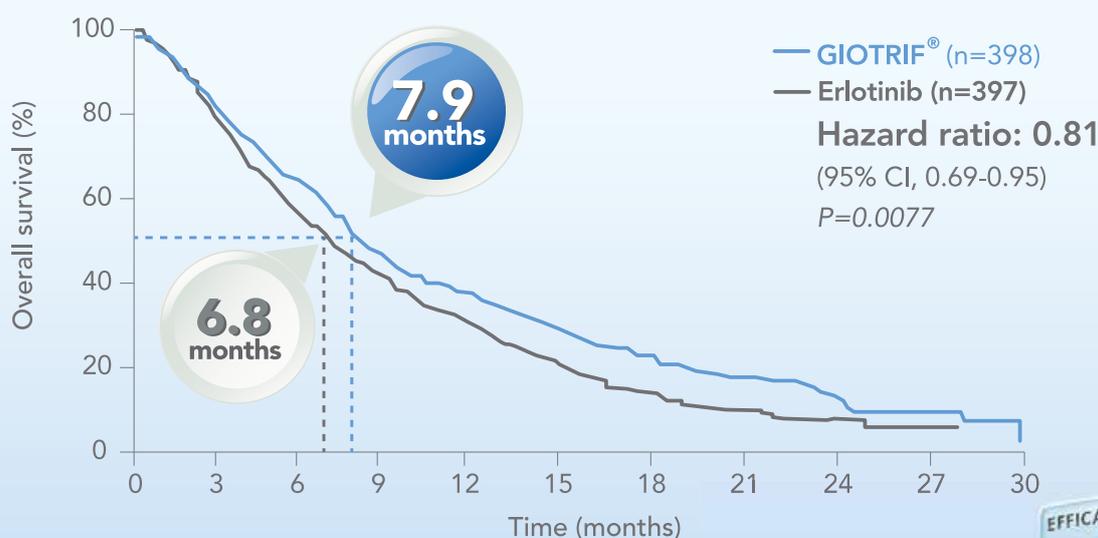
Dr. Rico LIU

# Scientific Programme

Time	Topic	Speaker
08:30 – 08:55	Registration	
09:00 – 09:05	Welcome Address	<b>Dr. LEONG Che-hung, GBM, GBS, OBE, JP</b> <i>President, The Hong Kong Anti-Cancer Society, Hong Kong</i>
09:05 – 09:10	Opening Address	<b>The Hon. Matthew CHEUNG Kin-chung, GBM, GBS, JP</b> <i>Chief Secretary for Administration, Hong Kong Special Administrative Region</i>
09:10 – 09:15	Congratulatory Address	<b>HRH Princess Dina MIREĐ</b> <i>President, Union for International Cancer Control, Jordan</i>
09:15 – 09:25	Group Photos	
09:25 – 11:00	Session I	<b>Moderator:</b> <b>Prof. Gabriel LEUNG, GBS, JP</b> <i>Dean, Li Ka Shing Faculty of Medicine, the University of Hong Kong, Hong Kong</i>
09:25 – 09:45	Making Cancer and Other NCDs a Global Priority	<b>Dr. Cary ADAMS</b> <i>Chief Executive Officer, Union for International Cancer Control, Switzerland</i>
09:45 – 10:05	Transforming Global Vision into Action	<b>HRH Princess Dina MIREĐ</b> <i>President, Union for International Cancer Control, Jordan</i>
10:05 – 10:25	Plan on Cancer Prevention and Early Detection	<b>Dr. Constance CHAN Hon-ye, JP</b> <i>Director of Health, Hong Kong Special Administrative Region</i>
10:25 – 10:45	Cancer Treatment Services in Public Hospitals	<b>Dr. Tony Pat-sing KO</b> <i>Director (Cluster Services), Hospital Authority, Hong Kong</i>
10:45 – 11:00	Q&A Session	
11:00 – 11:20	Tea Break	
11:20 – 12:35	Session II	<b>Moderator:</b> <b>Prof. Eng-kiong YEOH, OBE, GBS, JP</b> <i>Professor of Public Health; Director, The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong</i>
11:20 – 11:40	Cancer Care Plan - Key to Reducing Cancer Burden	<b>Dr. Lisa STEVENS</b> <i>Deputy Director for Planning and Operations, Center for Global Health, National Cancer Institute, USA</i>
11:40 – 12:00	Developing Sustainable Cancer Plan	<b>Prof. Rifat ATUN</b> <i>Professor of Global Health Systems, Harvard TH Chan School of Public Health, Harvard University, USA</i>
12:00 – 12:20	Impact of Health Policy on Cancer Prevention	<b>Dr. Frank CHALOUKKA</b> <i>Research Professor in the Division of Health Policy and Administration, School of Public Health, the University of Illinois at Chicago, USA</i>
12:20 – 12:35	Q&A Session	
12:35 – 14:15	Lunch Symposium	<b>By The Hong Kong Association of the Pharmaceutical Industry</b>
14:15 – 16:10	Session III	<b>Moderator:</b> <b>Dr. KO Wing-man, GBS, JP</b> <i>Hon. Vice-President, The Hong Kong Anti-Cancer Society, Hong Kong</i>
14:15 – 14:35	Cancer Control in Canada - Role of the Comprehensive Cancer Centres	<b>Prof. Mary GOSPODAROWICZ</b> <i>Medical Director, Princess Margaret Cancer Centre, Canada</i>
14:35 – 14:55	Role of Government in Cancer Care in Korea	<b>Prof. LEE Jin-soo</b> <i>Emeritus Professor, National Cancer Center Graduate School of Cancer Science and Policy, National Cancer Center of the Republic of Korea, Republic of Korea</i>
14:55 – 15:15	An Implementation Partner Perspective	<b>Mr. Mark MIDDLETON</b> <i>Chief Executive Officer, Icon Group, Australia</i>
15:15 – 15:35	Contribution to Cancer Control by Non-Government Organisations	<b>Mrs. Patricia CHU YEUNG Pak-yu, BBS</b> <i>Chairman, The Hong Kong Anti-Cancer Society, Hong Kong</i>
15:35 – 15:55	Cancer Control Plans: An Essential Tool	<b>Mr. Charles GODDARD</b> <i>Editorial Director, Asia-Pacific Economist Intelligence Unit, Hong Kong</i>
15:55 – 16:10	Q&A Session	
16:10 – 16:25	Closing Remarks – “Cancer Challenge - The Way Forward”	<b>Prof. Anne W. M. LEE</b> <i>Alice Ho Miu Ling Nethersole Charity Foundation Professor in Holistic Cancer Care, the University of Hong Kong; Vice-Chairman, The Hong Kong Anti-Cancer Society</i>

## GIOTRIF® - The oral choice in squamous NSCLC with proven OS benefit<sup>1,2</sup>

### LUX-Lung 8 overall survival<sup>2</sup>



- **19%** relative reduction in the risk of progression and death vs erlotinib (PFS: HR 0.81, *P*=0.0103; OS: HR 0.81, *P*=0.0077)<sup>2</sup>
- The survival benefit was significant from the first pre-specified time point measured at **6 months** and maintained at **18 months**<sup>2</sup>

OS=overall survival; PFS=progression-free survival

References: 1. Giotrif® Prescribing Information. 2. Soria JC et al. Lancet Oncol. 2015;16(8):897-907.

#### GIOTRIF® (afatinib) Abridged Prescribing Information

Please consult full prescribing information before prescription. **Presentation:** Film-coated tablets containing 20, 30, 40 mg afatinib (as dimaleate). **Indication:** Giotrif as monotherapy is indicated for the treatment of Epidermal Growth Factor Receptor (EGFR) TKI-naïve adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating EGFR mutation(s); and locally advanced or metastatic NSCLC of squamous histology progressing on or after platinum-based chemotherapy. **Dose and Administration:** 40 mg once daily. Symptomatic adverse reactions (e.g. severe/persistent diarrhoea or skin related adverse reactions) may be successfully managed by treatment interruption and dose reductions or treatment discontinuation. Not recommended in patients with severely impaired renal function (eGFR <15 mL/min/1.73m<sup>2</sup> or on dialysis) and severe hepatic impairment (Child Pugh C). Tablets should be taken on an empty stomach at least 3 hours before or 1 hour after meal. Tablets should be swallowed whole with water or dispersed in water and consumed immediately for patients with swallowing difficulties. **Contraindications:** Known hypersensitivity to afatinib or to any of the excipients. **Warnings and Precautions:** Assess EGFR mutation status. Diarrhoea most frequently occurred within the first 6 weeks of treatment. Anti-diarrhoeal medicinal products should be readily available to the patients and patients with severe diarrhoea may require interruption and dose reduction or discontinuation of therapy. Rash manifests as a mild or moderate erythematous and acneiform rash, which may occur or worsen in areas exposed to the sun. Severe skin reactions may require temporary interruption of therapy, dose reduction, additional therapeutic intervention and referral to a specialist. Closer monitoring in female patients, patients with lower body weight and those with underlying renal impairment is recommended. Treatment should be interrupted if ILD is suspected and permanently discontinued if ILD is diagnosed. Periodic liver function testing is recommended in patients with pre-existing liver disease. Dose interruption may become necessary in patients who experience worsening of liver function treatment should be discontinued if severe hepatic impairment develops. Acute or worsening eye inflammation, lacrimation, light sensitivity, blurred vision, eye pain and/or red eye should be referred promptly to an ophthalmology specialist. If ulcerative keratitis is confirmed, treatment should be interrupted or discontinued. Use with caution in patients with a history of keratitis, ulcerative keratitis or severe dry eye. Cardiac monitoring including LVEF assessment should be considered in patients with cardiac risk factors and those with conditions that can affect LVEF. Cardiac consultation and treatment interruption or discontinuation should be considered in patients with ejection fraction below the institution's lower limit of normal. **Interactions:** Administer strong P-gp inhibitors using staggered dosing, preferably 6 hours or 12 hours apart from Giotrif. Strong P-gp inducers may decrease exposure to Giotrif. Giotrif may increase the bioavailability of orally administered BCRP substrates. **Undesirable Effects:** The most frequent adverse drug reactions were diarrhoea and skin related adverse events as well as stomatitis and paronychia. Very common (≥1/10): paronychia, decreased appetite, epistaxis, diarrhoea, stomatitis, nausea, vomiting, rash, dermatitis acneiform, pruritus and dry skin.



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RAISING EXPECTATIONS

# Dr. Cary ADAMS

Chief Executive Officer,  
Union for International Cancer Control,  
Switzerland



Born in London, Dr. Cary Adams has a BSc Honours degree in Economics, Computing and Statistics from the University of Bath, United Kingdom and a Masters degree (with Distinction) in Business Administration. He is a Harvard Business School Alumni having attended the School's Executive General Management programme in 2003.

In 2009, Dr. Adams made a career change, moving from the management of international businesses in the banking sector to become CEO of UICC based in Geneva. UICC unites the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda. Its rapidly increasing membership base of over 1000 organisations in more than 160 countries features the world's major cancer societies, ministries of health and patient groups and includes influential policy makers, researchers and experts in cancer prevention and control. UICC also boasts more than 55 strategic partners.

Dr. Adams and his team focus on global advocacy, convening the cancer community (through World Cancer Day, the World Cancer Congress and the World Cancer Leaders' Summit) and running significant global capacity building projects that address global cancer issues.

Dr. Adams has also served as Chair of the NCD Alliance, a coalition of around 2,000 organisations working on non-communicable diseases, which include cancer, diabetes, heart, respiratory, mental and neurological diseases.

In 2014, he was awarded an Honorary Doctorate in International Relations from the University for Business and International Studies in Geneva and in 2015, an Honorary Doctorate in Health from Bath University in the UK. In May 2015, Dr. Adams was awarded 'CEO of the year' at the International and European Association conference organised by the Associations Network.

### **Making Cancer and the Other NCDs a Global Priority**

Dr Adams will describe the need to secure global commitments to address cancer and the other NCDs and the importance of working through the United Nations system to ensure that countries commit to addressing cancer in their own country and then follow up on this commitment with robust plans, investment and execution. He will map out what has been achieved since 2011, where the gaps are and what needs to be done in the next few years if we are to have a reasonable chance to deliver the 25% reduction in premature deaths caused by NCDs by 2025 which the world has committed to. He will outline how UICC and its membership around the world are working together to help governments fulfil their obligations.

# HRH Princess Dina MIREN

President,  
Union for International Cancer Control,  
Jordan



HRH Princess Dina Miren is a well-known passionate global advocate for Cancer Control and Non-Communicable Diseases and mother of a cancer survivor.

HRH Princess Dina was elected as President of UICC in October 2018. Testament to her outstanding leadership, she was the first Arab to have been elected in in such a prestigious global post.

In Sept 2011 Princess Dina, delivered the keynote speech on behalf of all civil society on the opening of the United Nations General Assembly first ever High-Level Meeting on NCD's. In September 2018, Princess Dina was chosen again to speak at the third high level meeting on NCDs as "Eminent Champion of the fight against Non-communicable diseases".

As Director General of the King Hussein Cancer Foundation (KHCF) in Jordan 2002 - 2016, Princess Dina established and led (KHCF) in Jordan for fifteen years transforming the non-profit into the most successful fundraiser for cancer control efforts in Jordan and an internationally known brand.

Princess Dina was the Honorary Chairperson of the Jordan Breast Cancer Program as founder from 2006-2016. Princess Dina is also a well-known fierce advocate in the fight against tobacco.

Princess Dina serves in many high-profile international positions and is recipient of many awards including the prestigious International Agency for Research on Cancer (IARC) Medal of Honour, "Personality of the year 2016 in the fight against breast cancer", "Female of the year 2017- Golden Award for Excellence" by the Arab Women Council.

### **Transforming Global Vision into Action**

It will be presented at the Symposium.

# Dr. Constance CHAN Hon-ye, JP

Director of Health,  
Hong Kong Special Administrative Region



Dr Constance Chan is the Director of Health of Hong Kong. Dr Chan joined the Government as a Medical and Health Officer in 1988 and was appointed as Director of the Department of Health in 2012. Before her current appointment, she served as Controller of the Centre for Food Safety of the Food & Environmental Hygiene Department between 2007 and mid-2012. Dr. Chan is a specialist in Public Health Medicine. She graduated from the medical school of the University of Hong Kong and obtained a Master of Medicine degree in Public Health from the National University of Singapore. She is a Fellow of the Hong Kong Academy of Medicine (Community Medicine) and a Fellow of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom. She holds honorary appointment as Clinical Professor in the School of Public Health of the University of Hong Kong.

### Plan on Cancer Prevention and Early Detection

Similar to many countries and jurisdictions, Hong Kong is facing an increasing threat of non-communicable diseases (NCD) which will give rise to increasing mortality, morbidity and disability if not addressed promptly. In 2017, four major NCD, namely cancers, cardiovascular diseases, diabetes and chronic respiratory diseases accounted about 58% of all registered deaths. In May 2018, the Government of Hong Kong Special Administrative Region (HKSARG) has launched the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" (SAP) which set out nine local targets to be achieved by 2025 and one of the targets is to achieve a 25% relative reduction in risk of premature mortality from the aforesaid four NCD.

To prevent and control of cancers, the Government has adopted a coordinated approach and set up a high-level Cancer Coordinating Committee (CCC) in 2001 to advise the formulation of strategies and steer the direction of work in relation to cancer prevention and screening, treatment, surveillance and research. Under the chairmanship of the Secretary for Food and Health, CCC comprises cancer experts and doctors in public and private sectors, academics as well as public health professionals. The Cancer Expert Working Groups on Cancer Prevention and Screening set up under CCC regularly reviews scientific evidence and provides recommendations on prevention and screening of cancers relevant to the local population.

There is growing body of evidence to show that leading causes and underlying risk factors for cancers and other NCD can be effectively tackled through population-based interventions that encourage healthy lifestyles including healthy eating, physical activity, and reduced consumption of tobacco and alcohol. Apart from primary prevention, early detection and evidence-based screening programmes such as Cervical Screening Programme and Colorectal Cancer Screening Programme are also important interventions taken to reduce the local cancer burden.

The HKSARG is committed to fighting against NCD including cancers on all fronts and alleviating its burden. But we cannot achieve this alone. We will continue to foster co-operation across sectors and work in close partnership with professional organisations, community groups and members of the public to build a health-enhancing physical and social environment for the local population.

# Dr. Tony Pat-sing KO

Director (Cluster Services),  
Hospital Authority,  
Hong Kong



Dr Tony Ko is a physician by background and a specialist in geriatric medicine. He is currently the Director of Cluster Services of the Hong Kong Hospital Authority. He previously was Hospital Chief Executive of Tuen Mun Hospital and the Cluster Chief Executive of New Territories West Cluster of the Hospital Authority.

Dr Ko moved from clinical medicine to health services management in 2008 and served as the Chief Manager (Strategy, Service Planning and Knowledge Management) and later the Chief Manager (Patient Safety & Risk Management) of the Hospital Authority Head Office until the appointment to Hospital Chief Executive of Pok Oi Hospital and Cluster Chief Executive of New Territories West Cluster in 2012 and 2014 respectively; and the appointment to his current position in 2018.

### **Cancer Treatment Services in Public Hospitals**

Cancer is a major public health issue in Hong Kong. The number of new cases of cancer in Hong Kong reached 30,318 in 2015. The Hospital Authority (HA) is the major healthcare provider in the public sector for the treatment of cancer patients. The cancer service provided by HA is based on a coordinated cross-specialty including clinical oncology, medicine, surgery, radiology, pathology, palliative etc. and cross-disciplinary service system. The cancer service is organised on cluster basis and operated through six cluster-based clinical oncology centres and each of which is networked with other intra-cluster hospitals and clinics to deliver cancer care. To meet the increasing service demand, HA will continue to implement initiatives to augment the service capacity along cancer patient journey from the spectrum covering diagnosis, treatment, survivorship, rehabilitation, palliation and end-of-life care for quality care. The HA will commission the seventh clinical oncology centre in United Christian Hospital to meet the needs of the population in Kowloon East region. HA is developing a Strategic Service Framework for Cancer Service to guide the development of service model and system infrastructure for cancer services over the next five to ten years.

# Dr. Lisa STEVENS

Deputy Director for Planning and Operations,  
Center for Global Health,  
National Cancer Institute, USA



Dr. Stevens' desire to facilitate and promote science is what brought her to the Office of the Director, NCI, in 2000. She joined the Center for Global Health (CGH) as the Deputy Director for Planning and Operations in 2012. In support of NCI, she has fostered collaborations, created decision-making tools, and overseen the development of strategic plans.

Since joining CGH, Lisa has focused on gathering input—both internal and external—to facilitate the development of the strategic priorities for the Center. As the Senior Lead of the International Global Cancer Control Program Lisa has worked with Ministries of Health and other multi-sectorial groups in all WHO Regions to include evidence-based policies in a cancer control and/or NCD control plans. In addition, Lisa co- founded the International Cancer Control Partnerships to organize multiple global partners working with stakeholders in the area of cancer control. This partnership has focused on collating published cancer control and NCD plans as well as other tools that individuals charged with developing, implementing, or evaluating national plans can utilize.

Prior to joining CGH, Dr. Stevens has worked on many strategic planning activities across NCI. She facilitated interactions among the NCI Divisions, Offices, and Centers, as well as other NIH Institutes and Centers. Dr. Stevens has guided the creation and communication of the long-range plan of the Institute, the yearly plan and budget request, and highlights of scientific progress.

### **National Cancer Control Plans – The Key to Reducing the cancer Burden**

The rise in the global cancer burden has been met with increased attention to national cancer control efforts. These efforts include national cancer control plans (NCCP), Non-Communicable Disease (NCD) Plans [with reference to cancer activities], or other planning documents (e.g., national treatment guidelines). A recent review of national strategies (NCCP, NCD plans with mention of cancer, etc) revealed that while progress is being made, there remain areas for continued focus and effort. These include setting realistic priorities, defining a budget, implementing the plan, monitoring and evaluating the plan, promoting research, and strengthening information systems. Engaging a broad spectrum of stakeholders is another way to improve the likelihood that a plan will be implemented, therefore impacting the cancer burden.

The global attention to cancer, through the NCD Global Action Plan (2013), the 2015 Sustainable Development Goals (Goal 3 “Good Health and Well Being”), and the recent WHO Resolution “Cancer prevention and control in the context of an integrated approach” adopted at the 2017 World Health Assembly, encourage multisectoral, evidence-based policies for disease prevention and control. These strategies provide guiding principles, and the NCCP and other cancer-related documents can provide country-level direction to reduce the cancer burden.

# Prof. Rifat ATUN

Professor of Global Health Systems,  
Harvard TH Chan School of Public Health,  
Harvard University, USA



Dr. Atun is Professor of Global Health Systems at Harvard University and the Faculty Chair for the Harvard Ministerial Leadership Program. In 2008-12 he was a member of the Executive Management Team of the Global Fund as Director of Strategy, Performance and Evaluation, and in 2006-2013 a Professor of International Health Management at Imperial College London. He served as an Associate Specialist Dean at University of London.

Professor Atun's research focuses on health system reform and innovation. He has published more than 300 papers in leading journals, including the New England Journal of Medicine, the Lancet, JAMA, and the Academy of Management Journal. Prof Atun has worked with more than 30 governments on health policy and health system reform, the World Bank, WHO and leading organizations worldwide. He co-Chaired the Lancet Commission on Radiotherapy, and co-Chairs the Lancet Commission on Sustainable Care for Childhood Care, and was a senior author on the Lancet Commission on Palliative Care. He is leading studies to improve health systems to advance management of cancer.

Professor Atun was a member of the US National Academy of Medicine Committee on Health Systems, and the Advisory Boards of WHO Research Centre for Health Development in Japan, and Norwegian Research Council's Programme for Global Health Research. He Chaired the STOP TB Partnership Coordinating Board in 2009-2011, and is a member of the UK Medical Research Council's Global Health Group and the Longitude Prize Committee, the largest science prize in the world.

Professor Atun studied medicine at University of London as a Commonwealth Scholar and completed postgraduate training in family medicine, public health, and Masters in Business Administration at University of London and Imperial College London. He is a Fellow of the Royal College of Physicians, the Faculty of Public Health, and the Royal College of General Practitioners.

### Developing Sustainable Cancer Plan

It will be presented at the Symposium.

# Dr. Frank CHALOUPKA

Research Professor in the Division of Health Policy and Administration, School of Public Health, the University of Illinois at Chicago, USA



Frank J. Chaloupka is Research Professor at the University of Illinois at Chicago, where he has been on the faculty since 1988. He is Director of the UIC Health Policy Center and holds appointments in the School of Public Health's Division of Health Policy and Administration and the College of Liberal Arts and Sciences' Department of Economics. He is a Research Associate in the National Bureau of Economic Research's Health Economics Program and Children's Program. An economist, Dr. Chaloupka earned his B.A. from John Carroll University and his Ph.D. from the City University of New York Graduate School and University Center.

Numerous professional publications and presentations have resulted from Dr. Chaloupka's research on the effects of prices and substance control policies on cigarette smoking and other tobacco use, alcohol use and abuse, and illicit drug use, as well as on various outcomes related to substance use and abuse. Over the past fifteen years, Dr. Chaloupka's research on the policy and economic determinants of health behaviors has expanded to include a focus on healthy eating, physical activity, and obesity. Since 2015, he was named one of the "World's Most Influential Minds" based on the impact of his research.

### Impact of Health Policy on Cancer Prevention

Unhealthy behaviors, including tobacco use, excessive drinking, unhealthy diet, and physical inactivity, are leading causes of cancers and other non-communicable diseases. In addition to their health consequences, these unhealthy behaviors result in significant economic costs, from spending on health care to lost productivity. There are a variety of evidence-based policies and programs that can be used to prevent or reduce these unhealthy behaviors, including marketing bans or restrictions, regulation of packaging and labelling, public education campaigns, and constraints on use. Of these, fiscal policies, particularly excise taxation, are highly effective in curbing these behaviors and promoting health, while at the same time improving government budgets by raising revenues and cutting costs. This presentation will: briefly review the evidence on the impact of policies demonstrated to be effective in preventing and reducing unhealthy behaviors, with a focus on the impact of fiscal policies on these behaviors and their consequences; describe how fiscal policies are being used globally; and discuss their broader economic impact.

# Prof. Mary GOSPODAROWICZ

Medical Director,  
Princess Margaret Cancer Centre,  
Canada



Mary Gospodarowicz is University Professor at the University of Toronto, Medical Director of Princess Margaret Cancer Centre/University Health Network, and the Regional Vice President of Cancer Care Ontario. She is past Chair of Department of Radiation Oncology at the University of Toronto. Her research focused on clinical trials evaluating radiation therapy, image-guided precision radiotherapy, and cancer survivorship. Her current interests include global cancer control, global access to radiotherapy, and quality cancer care.

Mary Gospodarowicz is a Past-President of the Union for International Cancer Control (UICC). She participated in the Global Task Force on Cancer Care and Control of HGEI and the HGEI-Lancet Commission on Global Access to Pain Control & Palliative Care. Under the auspices of UICC and Lancet Oncology, the Global Task Force on Radiotherapy produced a seminal report on "Expanding the global access to radiotherapy" that provided evidence for the demand, efficacy, and cost-effectiveness of radiotherapy.

She is a Fellow of the American Society in Radiation Oncology (ASTRO), Honorary Fellow of the Royal College of Radiologists in the United Kingdom, Honorary Fellow of the Faculty of Radiologists in the Royal College of Surgeons of Ireland, and honorary member of ESTRO, SASRO, and DEGRO. She is a recipient of the ASTRO Gold Medal, American Radium Society Janeway Medal, O. Harold Warwick Prize from Canadian Cancer Society, and the Women Who Conquer Cancer Mentorship Award from the American Society of Clinical Oncology. She was appointed Officer of the Order of Canada in 2015.

### Cancer in Canada - Role of the Comprehensive Cancer Centres

Healthcare in Canada is under provincial jurisdiction. Although governed by the Canada Health Act, the specific plans for cancer care are developed at Provincial level. In Ontario, Cancer Care Ontario develops cancer plans and sets the goals but does not operate Cancer Centres. Ontario has 14 Regional Cancer Centres, five of them being academic cancer centres engaged in research and education beyond delivering care. All cancer centres have outreach responsibilities with the emphasis on access to care, quality of care and integration with community. Most cancer centres are not freestanding but are integrated within broader health sciences centres. One of the main challenges of cancer centres is to maintain the ability to quickly adopt innovation while maintaining standards of care. There are a number of strategies cancer centres may follow to make room for new technologies, new treatments, and research. They include optimization of internal operations, process improvement and automation, integration with community, and task shifting strategies. Engagement in research, whether translational or clinical trials, offers early exposure to new therapies and accelerates progress. Integration of education and training programs secures well trained staff and facilitates succession planning as well as program expansion.

# Prof. LEE Jin-soo

Emeritus Professor,  
National Cancer Center Graduate School of  
Cancer Science and Policy,  
National Cancer Center of the Republic of Korea,  
Republic of Korea



Dr. LEE Jin Soo, former-president of National Cancer Center Korea, is Professor Emeritus of NCC Graduate School of Cancer Science and Policy. Dr. LEE received his M.D. from Seoul National University, College of Medicine in 1974 and Ph.D. from Seoul National University, School of Public Health in 2007. He got his internal medicine residency training in the USA with board certification. He joined University of Texas M.D. Anderson Cancer Center as a medical oncology fellow in 1982 and continued to serve as a faculty until 2001 to the rank of full professor. After he returned to Korea in 2001, he has been working at NCC Korea and served as the President of NCC for two terms (2008-2014). He opened the NCC Graduated School of Cancer Science and Policy in October 2013 and served as the first Chancellor. Throughout his career, lung cancer has been the major subject of his research and clinical activity. Cancer epidemiology and public health promotion are another area of his research interest. He organized the 12th World Conference on Lung Cancer in Seoul Korea in 2007. He also served as president of Korean Cancer Association in 2010. He now teaches graduate students as an emeritus professor and continues to take care of lung cancer patients at the NCC hospital.

### Role of Government in Cancer Care in Korea

Cancer has been the leading cause of death in Korea ever since in 1983 when the data was first available. To reduce the cancer burden, government decided in 1989 to establish the National Cancer Center, which opened in 2000 based on the National Cancer Center Act. In 1996, the first 10-year plan for cancer control was started, which focused on constructing infra-structure for cancer control. In 2003, the National Cancer Control Act was promulgated which was later revised in 2010. The law stipulated that the government shall establish and implement a long-term plan for cancer control. The law also defined the government's role to support for cancer-related research and mandated a national cancer registry program to produce cancer statistics including cancer incidence and survival rates. The second 10-year plan for cancer control was started in 2006 aiming to execute more effective and efficient cancer control programs based on the life stages of people. It covers not only the primary prevention activities and the national cancer screening program but also the end-of-life hospice palliative care and research on better treatment. Firm commitment of government with legal and budgetary back-up has been the key for the successful national cancer control in Korea.

# Mr. Mark MIDDLETON

Chief Executive Officer,  
Icon Group,  
Australia



The minute you meet Mark you know he is passionate about access to world-class healthcare. As the Group CEO, and a highly-regarded radiation therapist, Mark knows all too well the impact of cancer on patients, family and society. His leadership style is simple, nurture and challenge a team to deliver exceptional cancer care and grow the business to deliver that care for as many people as possible.

Since taking the reins in 2015, Mark has delivered a robust growth profile. In this time the Group has expanded into China and Singapore, with a significant South-East Asia reach, delivered a 50% increase in their radiation oncology footprint and driven acquisition in the chemotherapy compounding space to deliver one of Australia's largest oncology manufacturers. Before this Mark led the Radiation Oncology Centres [ROC] team, including the successful acquisition of ROI and Oceania into the radiation oncology business.

Mark was a State Finalist for the Australian Institute of Management [AIM] Queensland Manager of the Year in 2014 and regional winner of the AIM Excellence Award 2015. He has a Master of Business Administration from Deakin University and is a Fellow of both the AIM and the Australian Institute of Radiography [AIR].

### **An Implementation Partner Perspective**

This presentation will outline the Icon vision to bring more cancer services to more people closer to where they live and will illustrate the network of cancer care delivery that Icon has established across Australia, Singapore and New Zealand. Icon has built sustainable cancer services in partnership with both Federal and State Governments in Australia and has a significant track record of Public Private Partnerships (PPP). This experience is proving valuable in introducing sustainable cancer care into other countries, particularly in South East Asia.

Experience in scaling up (and scaling down building footprints) with existing hospital campuses has allowed cancer care to be delivered in brownfield developments, which is an important tool in the ongoing challenge of an ever increasing cancer incidence. To support cancer care delivery Icon has also established supply chain solutions with the development of oncology compounding and pharmacy services to deliver across networks and geographical locations.

Delivering capability via education, training and specialised skills such as those needed in Radiation Oncology and Medical Oncology is an important aspect of sustainable cancer care and this presentation will also outline how Icon has approached these essential activities.

### Mrs. Patricia CHUYEUNG Pak-yu, BBS

Chairman,  
The Hong Kong Anti-Cancer Society,  
Hong Kong



Mrs. Patricia Chu is the Chairman of the Hong Kong Anti-Cancer Society and the Consortium of Institutes on Family in the Asian Region. She had served in the civil service for 34 years, and was the Deputy Director of the Social Welfare Department of the Hong Kong Special Administrative Region (HKSAR) before she retired in 2002. She is renowned in the social welfare profession for her dedication and contribution, in particular, to the development of family work. Since 2003, she has been actively involved in various volunteer services, including that of the Hong Kong Anti-Cancer Society. She has taken up the chairmanship of the Society since 2012, dedicating her professional expertise in addressing the psycho-social needs of the cancer patients and their families, while raising funds to provide assistance to needy patients.

She had also served as the Chairperson of the Social Workers Registration Board, Equal Opportunities Commission, Founding chairman of the Asian Academy of Family Therapy, Associate Director and faculty member of the Hong Kong University Family Institute, a member of the Subcommittee on Privacy of the Law Reform Commission, the Solicitors Disciplinary Tribunal Panel as well as co-opted member of the Welfare Subcommittee of the Community Care Fund. Mrs. Chu is currently a member of the Family Council of the HKSAR Government and the Convener of the Family Support Committee of the Family Council. She is also a Director of Mother's Choice.

She has received the Bronze Bauhinia Star awarded by the HKSAR Government in 2000 and the Rotary Centennial Service Award of Professional Excellence awarded by the Rotary International District 3450 in 2005 in recognition of her contribution to the social welfare field and the social work profession. She had also served as an official Justice of Peace from 1997 to 2002.

#### **Contribution to Cancer Control by Non-Government Organisations**

Cancer is one of the most distressing events in life, inflicting long-term damages on individuals and families as well as imposing escalating burden on our healthcare, social and financial systems. The fight against cancer requires concerted efforts from all fronts, involving the public, private, philanthropic, academic, professional, NGO sectors and the society as a whole.

In Hong Kong, NGOs are playing significant roles to complement and supplement the work of the medical field in the public and private sectors, by providing direct patient and family centred services in the community, including rehabilitation, carer support, medical assistance and palliative care at the various stages of the cancer journey. Some are also actively involved in cancer education, detection and prevention, as well as playing an advocacy role to call for changes in legislation and collaborative efforts in mapping out comprehensive cancer control plan for Hong Kong, to meet the World Health Organization target by 2025.

The Hong Kong Anti-Cancer Society, the oldest cancer organization in Hong Kong, will be used to illustrate the many roles played by an NGO. With the vision "To fight cancer by advocating, engaging, empowerment and supporting all" we aim to reduce cancer burden in HK through prevention and early detection, providing treatment, rehabilitation, palliative care and holistic support to cancer sufferers and their families, and building capacity through education, research and advocacy.

We believe that we cannot act alone, and we need to join hands with all the stakeholders, including other cancer related NGOs, both at local and international levels, in order to create the greatest possible impact in facing the challenges brought about by the increasing burden caused by cancer.

# Mr. Charles GODDARD

Editorial Director,  
Asia-Pacific Economist Intelligence Unit,  
Hong Kong



Charles Goddard leads the Economist Intelligence Unit's editorial services in Asia-Pacific. A journalist by background, he has worked across a range of publications and services at the Economist Intelligence Unit, including as author of the China Market Atlas series and director of its research divisions. A frequent traveler and speaker, he interacts regularly with business and government leaders across Asia. He is also executive director of The Economist's World Ocean Summit, a global series of events on the sustainable use of our seas, and leads several of the Economist Group's initiatives around healthcare, including cancer.

### **Cancer Control Plans: An Essential Tool**

It will be presented at the Symposium.



# 香港防癌會

HONG KONG ANTI-CANCER SOCIETY

Since 1963

Founded in 1963 by the late Prof. John H.C. Ho, The Hong Kong Anti-Cancer Society (HKACS) is a non-profit-making cancer organisation with the longest history in Hong Kong. Commitment to serving people in Hong Kong, we have been at the forefront of the fight against cancer for over 55 years.

The Hong Kong Anti-Cancer Society Jockey Club Cancer Rehabilitation Center ("JCCRC") provides a one-stop nursing and rehabilitation service. With the aim of providing a comfortable "home away from home", we render comprehensive nursing care and psychological, social and spiritual support to patients and their carers.

Throughout the year, we organise various public awareness campaigns, including cancer education programmes, cancer research funding, and establishing evidence-based guidelines for cancer detection and prevention. In terms of services, we provide holistic support and counselling services to cancer patients and their family members, direct assistance to cancer patients with financial difficulties through the free or subsidised drugs for treatment, Charity Bed Programme, Project Wish, and more. HKACS staff and volunteers also organise home visits and recreational activities regularly for cancer patients.



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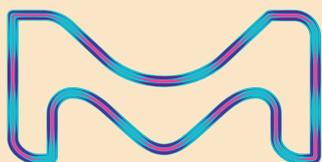
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