To the Editor—It is with great interest that I read the article “Alternatives to colonoscopy for population-wide colorectal cancer screening” by Leung et al in the February issue of the Hong Kong Medical Journal. Implementing a population-wide screening programme is complex, and should be based on evidence and cost-effectiveness. Australia’s experience may be seen as a model for the multitude of factors to consider when establishing a programme in Hong Kong. The National Bowel Cancer Screening Program utilises an immunochemical faecal occult blood test kit mailed to all Australians aged 50, 55, 60, and 65 years. Participants are able to collect the sample themselves at home. From 2015 to 2020, Australia is moving towards biennial screening for everyone between the ages of 50 and 74 years. Participation in the programme is slowly increasing, with overall participation at about 36%. Nevertheless, a preliminary cost-effectiveness analysis in 2012 based on Australian data continued to demonstrate cost-effectiveness of this programme. Strategies to increase participation would further benefit population outcomes and cost-effectiveness. One of the strategies recently considered is endorsement of screening by the patient’s general practitioner. Studies have shown that associating a patient’s general practitioner or his/her clinic with an invitation letter enhances participation in screening programmes.

Furthermore, all screening programmes must be coupled with political willpower and an understanding of screening issues by those who commit funding to the programme. Staged rollouts or limiting screening to certain age-groups may possibly be considered, but should always be based on evidence.

Samuel Hui *, MB, BS
Monash Health, Melbourne, Victoria, Australia
* Corresponding author: samhui59@gmail.com

References