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持續醫學進修專訊



## Current Clinical Applications of Probiotics

Dr LAU, Siu Fai

CME  
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# EDITORIAL – January 2024 Issue



**Dr SO, Yui Chi**

*Chief Editor, The Hong Kong Medical Association CME Bulletin*

Thanks for your support of the HKMA CME Bulletin committee and staff all along. This month, we open up a new year after COVID knockdown 2019-2023 inclusively.

We shifted from the COVID epidemic to influenza and mycoplasma epidemic. All kinds of vaccination will have to be revised and updated from regular read up by different channels—such as the HKMA CME Bulletin will surely be one of them. We don't need a specialist, but a sound mind of general doctors can already help Hong Kong society.

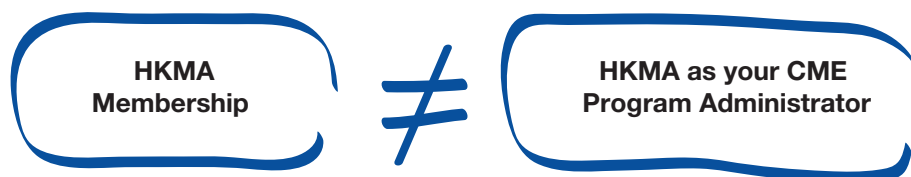
Our administrators are eager to top up the frontline doctors to tackle the everyday caring jobs. However, the gooseneck of training lag behind (not fast enough). You can't send a soldier without enough gear (knowledge) to fight. Becoming a family physician / specialist needs regular update, I hope the HKMA CME Bulletin and the HKMA CME lectures can help to enrich the empty mind we are facing.

This issue we'll first update the "Probiotic" – natural defense system to counteract the pathogens. Let's see how much we gain.

Good Health and Good Luck to all of you!

Happy New Year!

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# Current Clinical Applications of Probiotics

*Keywords: probiotics, antibiotic-associated diarrhea, allergy, COVID, Lactobacillus, Bifidobacterium*

## Introduction

The role of probiotics has been increasingly recognized in clinical management. Probiotics enhances mucosal barrier function, antagonise pathogen invasion by inhibiting bacterial adherence. It is shown to have strong and important role in immune regulatory function. Emerging data has consistently shown their contribution in clinical management like gastrointestinal diseases and allergy. Amid COVID pandemic, clinical studies have shed lights on the possibility to use them as an adjuvant to the therapeutic approach of the COVID-19 both acute infection as well as in the persistent symptoms of long COVID.

## What is probiotic?

Probiotics are living non-pathogenic microorganisms, which when given in sufficient amounts (at least  $10^6$  viable CFU/g) should be beneficial to host by improving its microbial balance in gut and participate in the metabolism <sup>(1)</sup>.

Probiotics need to be resistant to various intestinal environment like the extreme to pH, bile and pancreatic fluid tolerance. They are able to anchor to intestinal epithelial cells so as to survive in the gastrointestinal tract <sup>(2)</sup>.

Food and Agriculture Organization of the United Nations and the WHO (FAO/WHO) defines probiotics as “living microorganisms, which, when consumed in adequate amounts, have a health benefit for the host.” They may be used as food supplements, taken as pills or powder containing a single or multiple strains. The quantity is essential as it is generally accepted that the microorganisms must be 100 million to 10 billion microorganisms to be effective <sup>(1)</sup>.

## How does probiotics benefit human body?

Probiotics seem to exert their effect through different mechanisms:

- Competition for space (Spatial arrangement theory) in the intestine <sup>(3,4)</sup>.
- Antagonising invasive bacteria by competition for nutrients in the intestine <sup>(3)</sup>. Probiotics are able to maintain the ecology on the epithelium including a favourable acidic pH <sup>(4,5)</sup>.



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- Synthesis of nutrients <sup>(3)</sup>.
- cytoprotective action of gastric mucosa by strengthening the epithelial junctions and mucosal barrier function <sup>(6)</sup>.
- Regulation of gut motility <sup>(7)</sup>. The Enteric Nervous System (ENS) in the intestinal wall or a “second brain”, coordinates intestinal reflexes and secretory functions. ENS is composed of a complex neural network of sensory, motor, inter neurons and glial cells. A reciprocal dialogue exists between Central Nervous System and intestinal flora.
- regulation of CD4 + and CD8 + T lymphocytes and secretion of IgA to neutralize pathogens.
- suppression of Th1 inflammatory response and the production of inflammatory cytokines <sup>(8)</sup>.

## The current status of probiotics

Currently, the Food and Drug Administration (FDA) (USA) classifies probiotics as safe food supplements <sup>(10,11)</sup>. Under the Japanese Ministry of Health and Welfare, FOSHU label (Food for Specified Health Use) is given to selected probiotic products for health claims <sup>(12)</sup>.

Emergence of multi-resistant bacterial strains and thus alteration of human floras become a serious health issue under extensive use of antibiotics <sup>(9)</sup>. Probiotics have been proposed as a less harmful alternative, or work in synergy with antibiotics.

Probiotics have been extensively profiled in their biochemical characteristics, and interaction with host intestinal cells <sup>(13)</sup>. The pharmacokinetic parameters like half-life, intestinal permeability, correlation of the obtained dose and persistence in stools) have been evaluated <sup>(14)</sup>. The host tolerance and overall change in the landscape of microflora after the intake <sup>(15)</sup>. With these, the FDA lists certain probiotic under GRAS (Generally Recognized As Safe), as a food supplement which is considered safe by experts <sup>(10)</sup>.

Two species, *Lactobacillus* and *Bifidobacterium* genera are most reported. They are significantly isolated in the human intestine. They are acid-tolerant and have a good adherence capacity. *Bifidobacterium* belong to the phylum of Actinobacteria as they have a characteristic ramified morphology <sup>(1)</sup>.

Consensus paper from International Scientific Association for Probiotics and Prebiotics (ISAPP) in 2014 stated that metabolic by-products, bacterial molecular components and dead microorganisms might have some beneficial effect <sup>(12)</sup>.

## What are the potential applications of probiotics?

### COVID infection

Enhanced expression of ACE2 in the GI tract are found in patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2, COVID, COVID-19) <sup>(19,20)</sup>. The severity of COVID infection and protracted course of recovery from the disease have been identified linking to disrupted microbiome. These patients demonstrated enrichment of opportunistic pathogens and depletion of beneficial commensals in faeces <sup>(20,21)</sup>. Gut commensals with known immunomodulatory actions were consistently low in faecal samples during infection, and up to one month after clinical recovery <sup>(22)</sup>.

“Long COVID”, characterised by long-term complications and/or persistent symptoms after infection is increasingly recognised <sup>(23-25)</sup>. Up to three-quarters of patients reported at least one symptom at 6 months after recovery. Multisystem symptoms, like fatigue, muscle weakness and sleep difficulties and hair loss are commonly reported <sup>(26)</sup>.

The exact etiology of Long COVID is largely unknown. The complex cascade of systemic inflammatory responses, tissue destruction by the virus and complications like super-infection may be the culprits <sup>(27)</sup>.

The symptoms of Long COVID were found to be associated with disrupted gut microbiome patterns <sup>(28)</sup>. On the other hand, the presence in abundance of some bacteria are shown to be beneficial to host immunity like *Bifidobacterium*. They demonstrated a largest inverse correlations with persistent symptomatology at 6 months <sup>(28)</sup>.

### Diarrhea and constipation

It is interesting to note that probiotic may have a beneficial way on two contradicting conditions: diarrhea and constipation. Tablets containing *Bifidobacterium bifidum* G9-1 (BBG9-1), a strain of *Bifidobacterium bifidum* known as one of the major intestinal microbiota components in human.

In low-fiber diet (1% fiber diet) induced constipation model, BBG9-1 significantly increased total amount and number of faeces <sup>(29)</sup>. In addition, BBG9-1 increased the relative abundance of facultative anaerobes and decreased that of coliform bacteria in feces. On the other hand, administration of BBG9-1 to the diarrhea model induced by a lectin diet improves diarrhea-like symptoms <sup>(29)</sup>. Moreover, BBG9-1 increased the relative abundance of obligate anaerobes and decreased that of coliform bacteria in faeces <sup>(29)</sup>.

Administration of BBG9-1 to rat model of low fiber diet-induced constipation suppressed reduction of fecal water content to the comparable level of the standard diet group <sup>(30)</sup>. Administration of BBG9-1 also showed an apparent increase in daily total amount of faeces after Day 3 of administration, which demonstrated a constipation improvement effect <sup>(30)</sup>. BBG9-1 decreased especially Enterobacteriaceae, increased obligate anaerobes in feces and suppressed an increase of blood ammonia, cholesterol, and triacylglycerol level <sup>(30)</sup>.

Lactic acid bacteria products are generally used for the functional constipation but are also used for the organic constipation after surgical treatment or as a mild cathartic if the symptom is mild <sup>(31)</sup>.

Oral administration of a mixture of 3 lactic acid bacteria species has a protective effect against infection with *Salmonella typhimurium*, quantitative dominance in the number of Kupffer cells may be involved in the modification of host responses <sup>(32)</sup>. *Bif. bifidum* (*bifidus*), *L. acidophilus*(*acidophilus*), and *Str. faecalis* (*enterococcus*), known as indigenous bacteria among those forming intestinal flora are useful to protect infections <sup>(33)</sup>.

Strains of *E. coli*, *Salmonella*, *Shigella*, *Campylobacter* and Rotavirus, Norovirus are the most frequent causes of gastroenteritis <sup>(34)</sup>. *Lactobacillus* strains are the main commercially available probiotics against the pathogenic *E. coli* and *C. difficile* <sup>(35)</sup>.

Probiotics can have an effect on inflammatory bowel disease <sup>(36,37)</sup> by decreasing inflammatory mediators in animal models <sup>(34)</sup>.

Lactose intolerance is due to the inability to digest lactose in dairy products. It is believed to affect 60% of the world's population <sup>(38)</sup>. *Lactobacillus delbrueckii* subspecies *bulgaricus* and *S. thermophilus* in yogurts possess the enzyme beta-galactosidase and can improve lactose intolerance <sup>(39)</sup>. Randomized double-blind studies showed probiotic bacteria in fermented and unfermented milk preparations improve clinical symptoms <sup>(38)</sup>.

## Allergy

Dysbiosis, a state of microbial imbalance, has been incriminated for the development of allergies. Allergens range from a wide spectrum like drugs, foods, pollen, insects, dust mites, pet dander, various organic or inorganic chemicals<sup>(40)</sup>. The immune system matures by develop tolerance mechanisms. It is shown that gut microbiota modulates this evolution. Probiotics have a role in treatment of allergic diseases such as allergic rhinitis, asthma, atopic dermatitis and food allergy<sup>(41)</sup>.

However, studies results on prevention or treatment of food allergies were contradictory<sup>(41,42)</sup>. The optimal strain, duration and quantity are yet to defined<sup>(40)</sup>.

Children at risk of asthma showed a complete absence of certain bacterial genera<sup>(43)</sup>. The replacement of in mice models showed a decline in inflammation<sup>(43)</sup>.

## Skin diseases

Intestinal dysbiosis has the potential to negatively impact skin function<sup>(44)</sup>. Metabolic products of aromatic amino acids, are considered biomarkers of a disturbed gut milieu. Their production is induced by pathogenic bacteria like *C. difficile*<sup>(44)</sup>. These metabolites will be absorbed and accumulate in the skin, leading to impairment of epidermal differentiation and skin barrier integrity<sup>(45)</sup>. Intestinal dysbiosis results in T cells dysregulation and overexpression of pro-inflammatory cytokines. This further undermines epithelial permeability leading to extensive inflammation<sup>(45,48)</sup>.

Cross talk between intestinal commensal bacteria and the mTOR pathway have an important role in acne<sup>(49)</sup>, studies speculated that this mechanism may be triggered by the metabolites produced by gut flora<sup>(44)</sup>.

## Conclusion

During the last years probiotics gained the attention of clinicians for their use in the prevention and treatment of multiple diseases. More clinical studies should be undertaken in large samples of diseased populations so that the assessment of their therapeutic potential provide us with strong evidence for their efficacy and safety in clinical use.

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## Q&A Assessment Questions

Complete Spotlight, **1 CME Point** will be awarded for at least five correct answers

Answer these on page 12 or make an online submission at: [www.hkma.org](http://www.hkma.org). Please indicate whether the following statements are true or false.

1. Probiotics are living microorganisms, which, when consumed in adequate amounts, have a health benefit for the host.
2. Probiotics antagonize invasive bacteria by competition for nutrients in the intestine. They can maintain the ecology on the epithelium but does not involve in synthesis of nutrients.
3. Probiotics can be used as a less harmful alternative for pathogenic infections, or work in synergy with antibiotics and alleviate side effects from the use of antibiotics.
4. The severity of COVID infection and protracted course of recovery from the disease have been identified linking to disrupted microbiome.
5. The presence in abundance of some bacteria like Lactobacillus demonstrated largest inverse correlations with persistent symptomatology of Long COVID.
6. Probiotic does not have a beneficial way on two contradicting conditions diarrhea and constipation as the mechanisms are totally different.
7. The Enteric Nervous System (ENS) in the intestinal wall or a “second brain”, coordinates intestinal reflexes and secretory functions. A reciprocal dialogue exists between Central Nervous System and intestinal flora.
8. Lactic acid bacteria products are generally used for the functional constipation but are also used for the organic constipation after surgical treatment or as a mild cathartic.
9. Emergence of multi-resistant bacterial strains and thus alteration of human floras become a serious health issue under extensive use of antibiotics.
10. Dysbiosis, a state of microbial imbalance, has been incriminated for the development of allergies. Probiotics may have a role in treatment of allergic diseases such as allergic rhinitis, asthma, atopic dermatitis and food allergy.

Answer to December 2023

Spotlight – Rezum – The Light in the MIST

1. F 2. T 3. F 4. T 5. F 6. T 7. F 8. T 9. F 10. T

Complete Cardiology case,  
**0.5 CME POINT** will be awarded for  
at least 2 correct answers in total

## A Patient with Lung Carcinoma Presents with Shortness of Breath

A 65-year-old man with recently diagnosed lung carcinoma was admitted for a complaint of worsening dyspnoea. His vitals are BP 95/75, HR 120 bpm, SpO2 99% on 2L O2 and is afebrile. His CXR shows multiple nodular lesions in the lung fields. There is no pneumothorax or consolidation and is static relative to a CXR performed 1 month ago. His ECG is shown in Figure 1. A transthoracic echocardiogram was performed in Figure 2 before something occurred and shown in Figure 3.

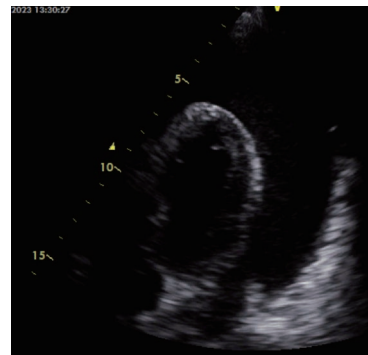
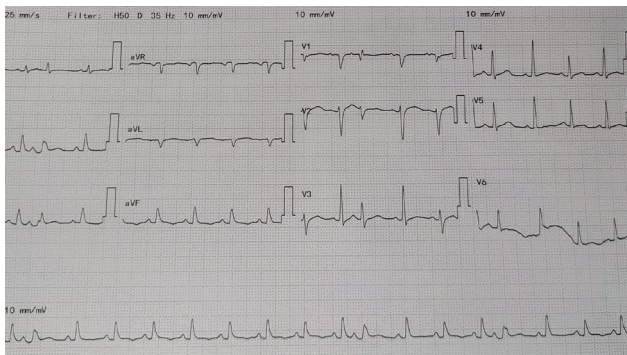


Figure 2



Figure 3

### Q&A

Please answer ALL questions

Answer these on page 12 or make an online submission at: [www.hkma.org](http://www.hkma.org).

- What is the most striking ECG abnormality that could explain the patient's symptoms and clinical presentation?
  - Sinus tachycardia
  - S1Q3T3
  - Features of right ventricular strain
  - Electrical alternans
- What is the view shown in the echocardiogram in Figure 2 and what is the most striking abnormality?
  - Subcostal view with large tumour extending from the inferior vena cava.
  - Subcostal view with large pericardial effusion
  - Apical view with large pericardial effusion
  - Apical view with large tumour invading into the left atrium
- What do you suspect has been performed in the image shown in Figure 3?
  - Rupture of the left ventricular free wall
  - Injection of agitated saline to confirm true pericardial space entry
  - Injection of agitated contrast to confirm true pericardial space entry
  - Iatrogenic perforation into the left ventricular apex

## Cardiology December Answers

## Explanation:

1. This patient was admitted for sudden onset shortness of breath with respiratory failure and cardiogenic shock. The ECG showed sinus tachycardia (P wave before each QRS, best seen in lead I and II), there is S wave in lead I together with Q wave and T inversion over lead III (S1Q3T3). There is no evidence of atrial fibrillation/ST segment elevation or heart block.
2. Given the clinical presentation, recent travel history and ECG findings, the possibility of pulmonary embolism is already high on the list. This, together with the findings of filling defects in bilateral pulmonary arteries from CT pulmonary angiogram (indicated by the red arrows), make pulmonary embolism the most likely diagnosis.



3. All patients diagnosed with acute pulmonary embolism should be started with anticoagulation (subcutaneous low molecular weight heparin or intravenous unfractionated heparin) without delay unless contra-indicated. Further treatment will depend on the risks of PE-related mortality. This risk can be estimated based on the presence of hemodynamic instability, right ventricular dysfunction on CT/echo finding or clinical signs of severe PE (Figure A). A simplified PE severity index (sPESI) was established to stratify those with at least intermediate PE risks (Table 1).

Our patient presented with hypotension requiring inotropic support, therefore had high risks of early mortality and reperfusion treatment should be considered. The reperfusion treatment options included systemic thrombolytic therapy, surgical embolectomy or percutaneous catheter-directed treatment. In the presence of previous intra-cranial hemorrhage, systemic thrombolytic therapy is contra-indicated. He was treated with catheter based embolectomy with large amount of thrombus removed successfully (Figure B).

## Reference

2019 ESC Guidelines for the diagnosis and management of acute pulmonary embolism European Heart Journal, Volume 41, Issue 4, 21 January 2020, Pages 543–603

Answers: 1. D 2. C 3. D

Table 1 Simplified Pulmonary Embolism Severity Index (sPESI) Score

Variable	Simplified PESI score
Age > 80 yr	1
History of cancer	1
Chronic cardiopulmonary disease*	1
Pulse ≥ 110 beats/min	1
sBP < 100 mm Hg	1
Arterial oxyhemoglobin saturation level < 90%	1

\*Combined variable of history of heart failure and history of chronic lung disease.

Figure A Treatment Algorithm of Acute Pulmonary Embolism

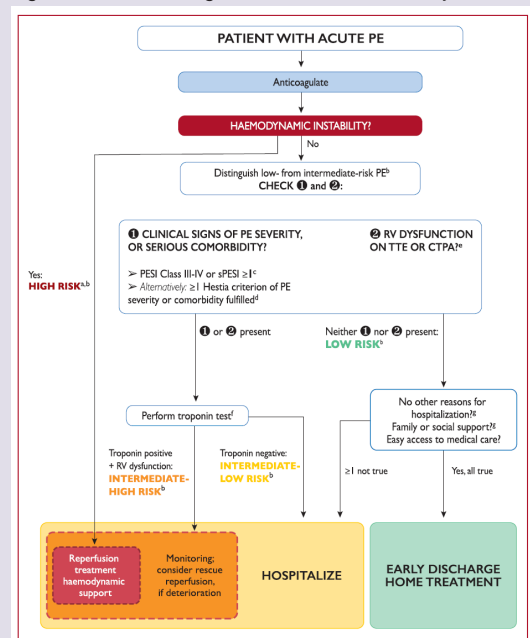
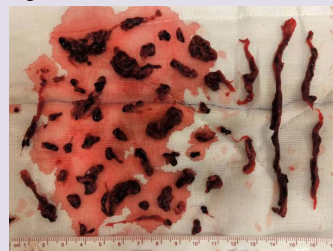


Figure B. Total Amount of Thrombus Removed



The content of the December 2023 Cardiology Series is provided by:

**Dr CHUI, Shing Fung**

MBChB (CUHK), FRCP (Glasg, Edin), FACC, FHKCP, FHKAM (Medicine),  
Specialist in Cardiology

**Dr WONG, Chi Yuen**

MBBS (HK), FHKCP, FHKAM (Medicine), FRCP (Edin), Specialist in Cardiology  
十二月臨床心臟科個案研究之內容承蒙徐城烽醫生及黃志遠醫生提供。



Complete Dermatology case,  
**0.5 CME POINT** will be awarded for  
at least 3 correct answers in total

Dermatology Series for January 2024 is provided by:  
Dr KWAN, Chi Keung, Dr TANG, Yuk Ming William, Dr CHAN, Hau Ngai Kingsley,  
Dr LEUNG, Wai Yiu, Dr NG, Shun Chin, Dr CHENG, Hok Fai and Dr KOH, Chiu Choi  
Specialists in Dermatology & Venereology  
一月皮膚科個案研究之內容承蒙關志強醫生、鄧旭明醫生、陳厚毅醫生、梁偉耀醫生、  
吳順展醫生、鄭學輝醫生及許招財醫生提供。

## A Gentleman with Small Red Spots on Forearms



A 55 year-old man complained some red growth on his forearms. He could not remember clearly the duration of onset. It might start few years ago and increase in number. Physical examination revealed multiple small red dome-shaped papules on the forearms. Each was around 1-2mm, otherwise, it was asymptomatic.

### Q&A

Please answer ALL questions

Answer these on page 12 or make an online submission at: [www.hkma.org](http://www.hkma.org).

- What are the differential diagnoses?
  - Cherry angioma
  - Pyogenic granuloma
  - Kaposi's sarcoma
  - Bacillary angiomatosis
  - All of the above
- What is the diagnosis?
  - Cherry angioma
  - Pyogenic granuloma
  - Kaposi's sarcoma
  - Bacillary angiomatosis
  - None of the above
- What investigation would you like to order?
  - Blood for prothrombin time (PT), activated partial thromboplastin time (APTT) and international normalised ratio (INR)
  - Blood for platelet count
  - Blood for HIV test
  - Blood for *Bartonella* antibodies
  - Do nothing
- What is the underlying pathophysiology?
  - Coagulation disorder
  - Reducing in platelet count/thrombocytopenia
  - Human Herpesvirus 8 (HHV8) infection
  - Bartonella spp.* infection
  - Benign vascular skin lesion due to endothelial cells proliferation
- How do you treat this patient?
  - Cauterisation and curettage
  - Laser therapy
  - Cryotherapy
  - Systemic antibiotics
  - Reassurance, no treatment is required

## Dermatology December Answer

### 1. C.

The clinical diagnosis is Impetigo, while secondary infection of impetigo on active lesions of dermatitis is called impetiginization. Impetigo is a bacterial skin infection which occurs in two forms: bullous and nonbullous. It mainly affects the face and hands but can also be commonly found on the trunk and perineum. It is more prevalent in young children but can affect people of all ages, with a higher incidence in summer and also on active dermatitic skin.

On the other hand, seborrheic dermatitis typically develops on the ears, eyebrows and eyelids, while tinea faciei often presents with classic ring-shaped scaly red patches.

### 2. T.

Impetigo is highly contagious and usually transmitted through direct contact and in crowded living conditions.

### 3. A.

Nonbullous and bullous impetigo represent conditions associated with impaired immunity and bacterial

infections, typically caused by *Staphylococcus aureus* and *Streptococcus pyogenes*, which are the two most common pathogens responsible for this condition. However, there is an increasing trend in cases of impetigo related to methicillin-resistant *Staphylococcus aureus* (MRSA).

### 4. C.

Applying an antiseptic agent and a topical antibiotic, such as fusidic acid cream, can be as effective as oral antibiotics for localised cases of the disease. In cases of topical treatment failure or extensive disease, oral antibiotics should be considered. Applying fusidic acid or mupirocin antibiotic ointment to the nostrils can also be effective in treating carriers and preventing the spread of the infection.

Dermatology Series for December 2023 is provided by:  
Dr LEUNG, Wai Yiu, Dr TANG, Yuk Ming William, Dr CHAN, Hau Ngai Kingsley,  
Dr KWAN, Chi Keung, Dr NG, Shun Chin, Dr CHENG, Hok Fai and Dr KOH, Chiu Choi  
Specialists in Dermatology & Venereology  
十二月皮膚科個案研究之內容承蒙梁偉耀醫生、鄧旭明醫生、陳厚毅醫生、  
關志強醫生、吳順展醫生、鄭學輝醫生及許招財醫生提供。

2024 — 恭賀新禧





本診所將於

至

休息，

並於年初

開診。

This clinic will be closed from

to

for Lunar New Year.

如有緊急查詢，請致電：

In an emergency, please contact





Name

Signature:

HKMA Membership No.

HKID No.   -   xxx(x)

Contact Tel No.:

# Answer Sheet

January 2024

## ANSWER SHEET

Please answer ALL questions and write the answers in the space provided.

### SPOTlight

Complete Spotlight, 1 CME point will be awarded for **at least 5** correct answers

1	2	3	4	5	6	7	8	9	10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Cardiology

Complete Cardiology, 0.5 CME point will be awarded for **at least two** correct answers

1	2	3
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Dermatology

Complete Dermatology, 0.5 CME point will be awarded for **at least three** correct answers

1	2	3	4	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A maximum of 20 points can be awarded for self-study per year and no upper limit of CME points for attending CME lectures

Please return the completed answer sheet to the HKMA Secretariat (email: [cme@hkma.org](mailto:cme@hkma.org) or Fax: 2865 0943) on or before **15 February 2024** for documentation.

If you want to complete the exercise online, please scan the below QR code and you are **NOT** required to return the answer sheet by fax/email.



## CME Self-Studies Series

You can register the CME Lectures and finish the CME Self-Studies Series within the webpage ([https://www.thkma.org/cme/continuous\\_medical\\_education/](https://www.thkma.org/cme/continuous_medical_education/)).

Don't wait! Please register and create your own account through <https://www.thkma.org/members/register.php> (1st time register account is limited on desktop ONLY) to experience our new Members Portal.

Please scan the QR code below to access the latest CME Self-Studies Series online.



# HKMA CME Lecture Policy and Procedure

## Lecture in Physical Attendance Mode

1. Unless otherwise specified, registrations are accepted from HKMA Members or Medical Practitioners in Hong Kong ONLY. Non-Medical Practitioners will not be served.
2. Prior registration is strictly required.
3. Registration is basically on a first-come-first-served basis except for district-based lectures that registration priorities will be given to doctors practicing in the related districts.
4. No walk-in will be accepted. Attendance without registration will not be recognized and no CME point(s) will be awarded. (\*Please refer to the policy of "Non-registrants at CME Lecture in Physical Attendance Mode")
5. HKMA Members and Medical Practitioners intending to register for CME lectures must complete the online registration form at [https://www.thkma.org/cme/continuous\\_medical\\_education/](https://www.thkma.org/cme/continuous_medical_education/) and return to HKMA Secretariat before deadline.
6. Confirmation emails will be sent out by the HKMA Secretariat to successful registrants before each lecture. Please ensure that registration is confirmed before coming to CME lecture.
7. Successful registrants must attend the lecture in real-time and sign in person the attendance form(s) for obtaining the CME point(s).
8. Successful registrants can only attend ONE lecture at a time regardless of which CME providers. Only 1 Lecture will be counted if the doctor watches multiple CME Lectures conducted at the same time.

## Non-registrants at CME Lecture in Physical Attendance Mode

1. Basically, all CME lectures require prior registration and entertain no non-registrant. But under exceptional circumstances that non-registrants come to CME lecture without prior registration, a non-registrant fee will be charged.
2. If under such exceptional circumstances, non-registrants must produce proof of personal identity together with MCHK registration for verification by the on-site HKMA staff.
3. Non-registrants must settle the exact amount of the non-registrant fees in cash or cheque before accessing the lecture. Electronic payment is not accepted, and no change will be provided.
4. The non-registration fees schedule is shown below:

	HKMA Premises	Venues outside HKMA Premises
HKMA Member	HK\$150 per person	HK\$300 per person
Non-HKMA Member	HK\$300 per person	HK\$600 per person

5. Any non-registrants in breach of the above policy will have to bear full legal responsibilities. The HKMA serves rights to take action against non-registrants for loss incurred for the non-observance.
6. This policy takes effect from 1 June 2023.

## Lecture in Online (via ZOOM)

1. Registration is open to HKMA Members or Medical Practitioners in Hong Kong ONLY. Non-Medical Practitioners will not be served.
2. Prior registration is strictly required.
3. Registration is basically on a first-come-first-served basis.
4. No walk-in will be accepted. Attendance without registration will not be recognized and no CME point(s) will be awarded.
5. Please complete the online registration form at [https://www.thkma.org/cme/continuous\\_medical\\_education/](https://www.thkma.org/cme/continuous_medical_education/) and return to HKMA Secretariat before deadline.
6. Confirmation / notification emails will be sent out by the HKMA Secretariat to successful registrants 1 day and 1 hour before each lecture. Please ensure that registration is confirmed before attending the CME lecture online.
7. CME accreditation will apply to both specialist and non-specialist doctor for each lecture. If the CME accreditation is for non-specialist doctors only, there will be a notice showing in the registration form.
8. CME point(s) will be awarded to successful registrants after attending the lecture and completing the quiz with at least 50% correct answers.
9. Successful registrants must watch the lecture in real-time and complete the online quiz within the designated time after the lecture. Late submission of the quiz will not be accepted.
10. Successful registrants can only attend ONE lecture at a time regardless of which CME providers. Only 1 Lecture will be counted if the doctor watches multiple CME Lectures conducted at the same time.
11. Successful registrants may install ZOOM app/launcher system to join the lecture online.
12. Wi-Fi connection is recommended on your mobile device or computer while watching the lecture via ZOOM. Unstable internet connection may cause interruption to the broadcasting.
13. In case of technical issue and broadcast interruption, please be patient while the HKMA Secretariat works on fixing the problem; the video should resume in a few minutes.

## Lecture in Hybrid Format (Online + Physical Attendance)

1. Registration policy applies the same statements as above.
2. Please ensure that registration is confirmed before attending the lecture.

## General lecture policy

1. Doctor should sign for own CME.
2. Registration will cease when Q & A Session starts.
3. No recording unless permission is granted by the HKMA.
4. If doctor has attended CME Lecture in physical attendance and CME online at the same point of time, only CME Point(s) for the Lecture in physical attendance would be counted.
5. The HKMA will investigate when non-compliance at CME Session is reported, further action will be considered to ensure all CME activities are properly held.

## Typhoon/Black Rainstorm/Extreme Conditions Policy

When Tropical Storm Warning Signal No. 8 (or above) or the Black Rainstorm signal or Extreme Conditions Warning Signal is hoisted within 3 hours of the commencement time, the relevant CME function will be cancelled. (i.e. CME starting at 2:00 pm will be cancelled if the warning signal is hoisted or in force any time between 11:00 am and 2:00 pm).

The function will proceed as scheduled if the signal is lowered three hours before the commencement time. (i.e. CME starting at 2:00 pm will proceed if the warning signal is lowered at 11:00 am, but will be cancelled even if it is lowered at 11:01 am).

When Tropical Storm Warning Signal No. 8 (or above) or Black Rainstorm signal or Extreme Conditions Warning Signal is hoisted after CME commencement, announcement will be made depending on the conditions as to whether the CME will be terminated earlier or be conducted until the end of the session.

The above are general guidelines only. Individuals should decide on their CME attendance according to their own transportation and work/home location considerations to ensure personal safety.

## Contact

For enquiries, please contact the CME Department of the HKMA Secretariat at 2527-8452 or [cme@hkma.org](mailto:cme@hkma.org).





## The HKMA CME Live Lecture in February 2024

All lectures start at 2:00-3:00 p.m.



	Date	Organiser and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	21 February 2024 (Wed)	<b>The Hong Kong Medical Association</b> The Impact of Microbiome on Long COVID, Improvement of Health Outcomes, and Quality of Life: Insights from Recent Randomised Controlled Trials and Beyond <i>Sponsor: G-NiiB, Genie Biome Limited</i>	<b>Prof WONG, Chi Sang Martin</b> <i>Specialist in Family Medicine</i>	1	Yes
2.	23 February 2024 (Fri)	<b>The Hong Kong Medical Association</b> Lipid Management in Patients with Mixed-Dyslipidemia – How Can We Do Better? <i>Sponsor: Abbott Laboratories Limited</i>	<b>Dr WONG, Bun Lap Bernard</b> <i>Specialist in Cardiology</i>	1	Yes



Please register through <https://forms.gle/qiwmsPVbiKo8DibQA> or scan the QR code if you are interested to attend. For enquiry, please contact the Secretariat at 2527 8285.

# Accreditation from various colleges pending, for specialists, please complete the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. For lecture without "Yes", CME Accreditation is for Non-Specialists Only. Non-Specialists doctors must complete lecture quiz (10 Q&A) and answer questions within two hours after the lecture with at least 50% correct.

### HKMA CME Bulletin Monthly Self-Study Series Call for Articles

Since its publication, the HKMA CME Bulletin has become one of the most popular CME readings for doctors. This monthly publication has been serving more than 10,000 readers each month through practical case studies and picture quizzes. To enrich its content, we are inviting articles from experts of different specialties. Interested contributors may refer to the General Guidance below. Other formats are also welcome.

For further information, please contact **CME Dept. at 2527 8452 or by email at [cme@hkma.org](mailto:cme@hkma.org)**.

#### General Guidance for Authors

- Intended Readers : General Practitioners
- Length of Article : Approximately 8-10 A-4 pages in 12-pt fonts in single line spacing, or around 1,500-2,000 words.
- Review Questions : Include 10 self-assessment questions in true-or-false format.  
(It is recommended that analysis and answers to most questions be covered in the article.)
- Language : English
- Highlights : It is preferable that key messages in each paragraph/section be highlighted in bold types.
- Key Lessons : Recommended to include, if possible, a key message in point-form at the end of the article.
- Others : List of full name(s) of author(s), with qualifications and current appointment quoted, plus a digital photograph of each author.
- Deadline : All manuscripts for publication of the month should reach the Editor before the 1st of the previous month.

**All articles submitted for publication are subject to review and editing by the CME Bulletin & Online Editorial Board.**





## The Hong Kong Medical Association District Health Network CME Programme in February 2024



Points to note for this CME Programme:

1. Enrolment for CME lecture with physical attendance mode will be given to the HKMA Members or medical practitioners in Hong Kong ONLY.
2. For more details about the Policy for lecture in physical attendance mode, please refer to P. 13.
3. Registration is strictly required on a first-come, first-served basis.

### CME PROGRAMME

	Date & Time	Lecture Details	Registration
1.	Thursday, 22 February 2024 2:00 – 3:00 pm	<p>Topic: Recent Updates on Osteoporosis Management</p> <p>Speaker: Dr YIP, Wai Man <i>Specialist in Geriatric Medicine</i></p> <p>Venue: Rich Garden Restaurant (富園海鮮酒家), C2/F, 114 Broadway Street, Mei Foo Sun Chuen Stage 8, Mei Foo</p> <p><i>Sponsor: Amgen Hong Kong Limited</i></p>	<p>Registration Deadline: Thursday, 15 February 2024</p>  <p><a href="https://forms.gle/uYjHZ5teUaRCGXYDA">https://forms.gle/uYjHZ5teUaRCGXYDA</a></p>
2.	Wednesday, 28 February 2024 2:00 – 3:00 pm	<p>Topic: Updates on Lipid Management</p> <p>Speaker: Dr KONG, Chun Cheong <i>Specialist in Cardiology</i></p> <p>Venue: Lei Garden (利苑), Shop 1130-1143, 1/F, Phase 1, Yoho Mall, Yuen Long</p> <p><i>Sponsor: Daiichi Sankyo Hong Kong Ltd</i></p>	<p>Registration Deadline: Wednesday, 21 February 2024</p>  <p><a href="https://forms.gle/pFG11BwcNWCqn1UCA">https://forms.gle/pFG11BwcNWCqn1UCA</a></p>

#### CME Accreditation

: For Non-specialist Doctors: 1 CME point for each lecture.  
**Accreditation for Specialist Doctors: Yes #**  
 # Accreditation from various colleges is pending

#### Enquiry

: Please contact the HKMA DHN Department at 2861 1979  
 or email to [hkma\\_dhn@hkma.org](mailto:hkma_dhn@hkma.org).



# HKMA-HKSH CME Programme 2023-2024



- Time** : 1:00 – 2:00pm Lunch  
2:00 – 2:45pm Lecture  
2:45 – 3:00pm Q&A
- Format** : Hybrid; ZOOM/  
(Change from January 2024) The HKMA Wanchai Premises,  
5/F, Duke of Windsor Social Service Building, 15 Hennessy Road,  
Wanchai, Hong Kong
- Fee** : Free-of-charge
- Capacity** : The capacity for physical attendance is 40. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.
- Registration Deadline** : Friday, 26 January 2024
- Registration** : [If you have already registered for this CME Programme, you are already registered for the whole Programme. You will receive the notification email 1 day and 1 hour before each lecture. Therefore, you are not advised to register the Programme repeatedly.]
- Please register through <https://forms.gle/vR61p9L8pffZLQ9SA> or scan the QR code if you are interested to attend.
- CME Accreditation** : For Non-specialist Doctors: 1 CME point for each lecture #  
Accreditation for Specialist Doctors: Yes #
- # Accreditation from various colleges are pending. For specialists, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. Non-Specialists doctors must also complete lecture quiz (10 Q&A) within two hours after the lecture with at least 50% correct.
- Enquiry** : Please contact the HKMA CME Department at 2527 8452 or email to [cme@hkma.org](mailto:cme@hkma.org).



Date (Tuesday)	Topic	Speaker
6 February 2024	Updates in Interventional Endoscopy	Dr TEOH, Yuen Bun Anthony Specialist in General Surgery
5 March 2024 to 3 September 2024	The remaining lectures shall be announced in coming CME Bulletin issues.	



# HKMA-CUHK Medical Centre CME Programme 2024

**\*\*New Programme\*\***



- Time** : 1:00 – 2:00pm Lunch  
2:00 – 2:45pm Lecture  
2:45 – 3:00pm Q&A
- Format** : Hybrid; ZOOM/  
The HKMA Wanchai Premises,  
5/F, Duke of Windsor Social Service Building, 15 Hennessy Road,  
Wanchai, Hong Kong
- Fee** : Free-of-charge
- Capacity** : The capacity for physical attendance is 40. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.
- Registration Deadline** : **Wednesday, 31 January 2024**
- Registration** : Please register through <https://forms.gle/P5gtVQGcdeYM1oyr6> or scan the QR code if you are interested to attend.
- CME Accreditation** : For Non-specialist Doctors: 1 CME point for each lecture #  
Accreditation for Specialist Doctors: Yes #
- # Accreditation from various colleges are pending. For specialists, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points.  
Non-Specialists doctors must also complete lecture quiz (10 Q&A) within two hours after the lecture with at least 50% correct.
- Enquiry** : Please contact the HKMA CME Department at 2527 8452  
or email to [cme@hkma.org](mailto:cme@hkma.org).



Date (Wednesday)	Theme	Topic	Speaker
7 February 2024	Common Health Problems	Urinary Incontinence and Overreactive Bladder	Dr HOU, See Ming Simon <i>Specialist in Urology</i>
13 March 2024		Swallowing Disorder Amongst Elderly	Dr HO, Wan Sze Wency <i>Specialist in Geriatric Medicine</i>
10 April 2024 to 11 December 2024		The remaining lectures shall be announced in coming CME Bulletin issues.	





# HKMA-HKSTP CME Programme 2023



- Time** : 1:00 – 2:00pm Lunch  
2:00 – 2:45pm Lecture  
2:45 – 3:00pm Q&A
- Format** : Hybrid; ZOOM/  
(Change from January 2024) The HKMA Wanchai Premises,  
5/F, Duke of Windsor Social Service Building, 15 Hennessy Road,  
Wanchai, Hong Kong
- Fee** : Free-of-charge
- Capacity** : The capacity for physical attendance is 40. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.
- Registration Deadline** : Monday, 19 February 2024
- Registration** : [If you have already registered for this CME Programme, you are already registered for the whole Programme. You will receive the notification email 1 day and 1 hour before each lecture. Therefore, you are not advised to register the Programme repeatedly.]

Please register through  
<https://forms.gle/AMe1QGz6ymVzg3ft7>  
 or scan the QR code if you are interested to attend.



- CME Accreditation** : For Non-specialist Doctors: 1 CME point for each lecture #  
Accreditation for Specialist Doctors: Yes #

# Accreditation from various colleges are pending. For specialists, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. Non-Specialists doctors must also complete lecture quiz (10 Q&A) within two hours after the lecture with at least 50% correct.

- Enquiry** : Please contact the HKMA CME Department at 2527 8452  
or email to [cme@hkma.org](mailto:cme@hkma.org).

Date (All Thursday)	Theme	Topic	Speaker
29 February 2024	Series 4: Cancerous Disease Diagnosis + Treatment Solution	Therapeutic Strategies for Esophageal Squamous- Cell Carcinoma (ESCC) & Nasopharyngeal Cancer (NPC) and Potential Application of Patient- Derived Organoids	Professor KWONG, Lai-Wan Dora Clinical Professor, Department of Clinical Oncology, The University of Hong Kong
14 March 2024	The remaining lecture shall be announced in coming CME Bulletin issue.		



Organizer:



Supporting  
Organization:



香港醫學會  
THE HONG KONG  
MEDICAL ASSOCIATION

Sponsored by:



# 1<sup>ST</sup> HONG KONG Elderly RSV Summit

Date : **31 January 2024 (Wed)**

Time : **19:00–21:30**

Format: **Physical**

Venue : **Regency Ballroom, Lobby Level,  
Hyatt Regency Hong Kong, Tsim Sha Tsui**  
(18 Hanoi Road, Tsim Sha Tsui, Hong Kong)

Registration deadline: **24 January 2024**



SCAN QR CODE  
FOR REGISTRATION

## AGENDA:

18:30–19:00 **RECEPTION**

19:00–19:05 **OPENING REMARKS**  
– Dr. Ada Lin

19:05–19:30 **RSV DISEASE BURDEN AND  
MANAGEMENT ON ELDERLY IN  
HONG KONG**  
– Prof. Ivan Hung

19:30–20:05 **RSV PREVENTION ON ELDERLY  
WITH THE LATEST RECOMBINANT  
ADJUVANTED RSV VACCINE**  
– Prof. Ronald F. Grossman

20:05–20:30 **Q&A AND PANEL DISCUSSION**  
– All

20:30–21:30 **DINNER**

(The programme is subject to change without prior notice.)

## MODERATORS



**Dr. Ada Wai-Chi Lin**

Specialist in Infectious Disease  
President, The Hong Kong Society for Infectious Diseases

## SPEAKERS



**Prof. Ivan Fan-Ngai Hung**

Chair Professor of Infectious Diseases  
Head of Infectious Diseases Division,  
The University of Hong Kong  
Ru Chien & Helen Lieh Professor in Health Science Pedagogy  
Member of the COVID-19 Expert Advisory Panel, HKSAR



**Prof. Ronald F. Grossman**

Specialist in Pulmonary Medicine  
Professor of Medicine, University of Toronto  
Previous Chief of Medicine, Credit Valley Hospital,  
Mississauga, Ontario, Canada

CME accreditation in progress

This meeting is for invited guests only. Reservation is required for on-site meeting due to limited availability. A confirmation email with full meeting details will be sent to **successful registrants**. Should you not receive any confirmation email, please contact [enquiry@bestsolution.com.hk](mailto:enquiry@bestsolution.com.hk) or call **3563 8773** for assistance.

RSV STOPS HERE

## The Hong Kong Medical Association



Dr CHANG, Tien Yee Amy giving a CME lecture on 5 December 2023



Dr Moshe SZYF giving a CME lecture on 7 December 2023



Dr CHAN, Ho Yan Yolanda giving a CME lecture on 13 December 2023



Dr YU, Chi Shing Allen giving a CME lecture on 14 December 2023



Dr CHAN, Jonathan Cheuk Hung giving a CME lecture on 19 December 2023

## The HKMA District Health Network CME Programme



Moderator Dr LEUNG, Gin Pang (Left) presenting a souvenir to Speaker Dr LAM, Yiu Chung Thomas (Right) on 1 December 2023



Moderator Dr YEUNG, Hip Wo Victor (Left) and The HKMA President Dr CHENG, Chi Man (Right) presenting a souvenir to Speaker Dr CHAN, Pierre (Middle) on 12 December 2023



Moderator Dr YIK, Ping Yin (Right) presenting a souvenir to Speaker Dr LUK, Ngai Hong (Left) on 20 December 2023

## January 2024

22 January (Mon) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association and The Chinese University of Hong Kong Centre for Health Education and Health Promotion</b> Respiratory Syncytial Virus (RSV) Infection: Disease Overview, Burden and Update on Management <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	
23 January (Tue) 2:00-3:00 p.m.	<b>The HKMA District Health Network</b> The HKMA DHN CME Programme Treating Obesity as A Disease in Primary Care Setting <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	 
24 January (Wed) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> The Modern Era Precision Medicine on Lung and Breast Cancer Treatment <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	
26 January (Fri) 2:00-3:00 p.m.	<b>The HKMA District Health Network</b> The HKMA DHN CME Programme Lipid Management in Patients with Mixed-Dyslipidemia – How Can We Do Better? <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	 
29 January (Mon) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Acute Gastroenteritis Management in Pediatric Patients <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	
30 January (Tue) 2:00-3:00 p.m.	<b>The HKMA District Health Network</b> The HKMA DHN CME Programme Diabetic Neuropathy: Insights to Early Diagnosis and Treatments <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	 
31 January (Wed) 7:00-9:30 p.m.	<b>The Hong Kong Society for Infectious Diseases Supporting Organisation: The HKMA Medical Association</b> 1 <sup>st</sup> Hong Kong Elderly RSV Summit <i>CME Physical Lecture</i> Registration: <a href="https://www.hkrsvsummit.com/registration">https://www.hkrsvsummit.com/registration</a> Enquiry – Tel: 3563 8773	

## February 2024

6 February (Tue) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association and The Hong Kong Sanatorium &amp; Hospital</b> HKMA-HKSH CME Programme 2023-2024 Updates in Interventional Endoscopy <i>HKMA CME Hybrid Lecture</i> HKMA CME Dept. – Tel: 2527 8452	 
7 February (Wed) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association and The CUHK Medical Centre</b> HKMA-CUHK Medical Centre CME Programme 2024 Urinary Incontinence and Overreactive Bladder <i>HKMA CME Hybrid Lecture</i> HKMA CME Dept. – Tel: 2527 8452	 
21 February (Wed) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> The Impact of Microbiome on Long COVID, Improvement of Health Outcomes, and Quality of Life: Insights from Recent Randomised Controlled Trials and Beyond <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	
22 February (Thu) 2:00-3:00 p.m.	<b>The HKMA District Health Network</b> The HKMA DHN CME Programme Recent Updates on Osteoporosis Management <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	 
23 February (Fri) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Lipid Management in Patients with Mixed-Dyslipidemia – How Can We Do Better? <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	
28 February (Wed) 2:00-3:00 p.m.	<b>The HKMA District Health Network</b> The HKMA DHN CME Programme Updates on Lipid Management <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	 
29 February (Thu) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association and The Hong Kong Science and Technology Park</b> HKMA-HKSTP CME Programme 2023 Therapeutic Strategies for Esophageal Squamous-Cell Carcinoma (ESCC) & Nasopharyngeal Cancer (NPC) and Potential Application of Patient-Derived Organoids <i>HKMA CME Hybrid Lecture</i> HKMA CME Dept. – Tel: 2527 8452	 
12-14 July (Fri-Sun)	<b>Perak Medical Practitioners' Society</b> 13th ASEAN & 10th Perak Health Congress – “Embracing New Horizons In Primary Health Care” Venue: Kinta Riverfront Hotel, Ipoh, Perak, Malaysia Fee & Registration: <a href="http://pmpps.org.my">http://pmpps.org.my</a> Enquiry: <a href="mailto:pmpps.secretariat@gmail.com">pmpps.secretariat@gmail.com</a>	



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