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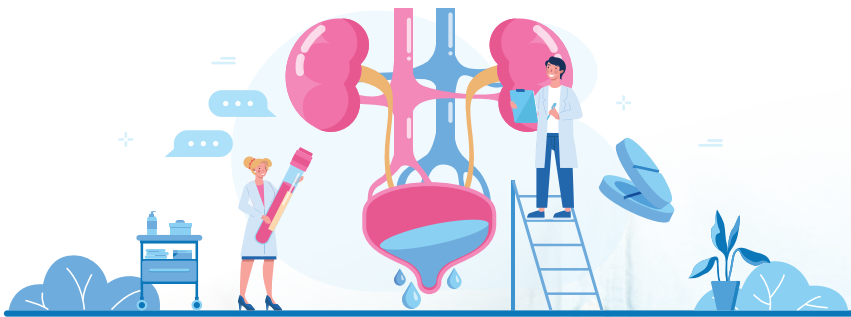
# CME

B U L L E T I N

持續醫學進修專訊

## Rezum – The Light in the MIST

Dr LAW, Tak Tsun Vincent



CME  
LIVE



MERRY  
**CHRISTMAS**  
&  
HAPPY NEW YEAR



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# EDITORIAL – December 2023 Issue



**Dr KWOK, Wang Chun**

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

While it is almost the time to celebrate for the long awaited Christmas holiday and the New Year eve, we should not forget the importance to participating in CME activities and get the CME points by the end of the year!

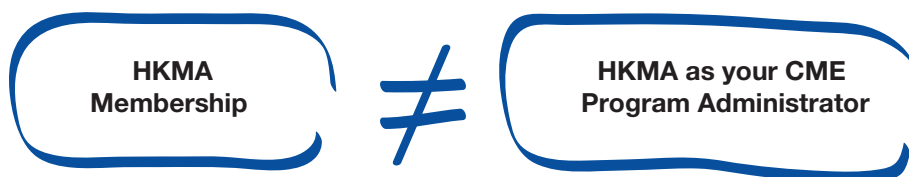
In this issue, we have Dr LAW, Tak Tsun Vincent who will discuss lower urinary tract symptoms, focusing on Rezum water vapor thermal therapy, an innovative, minimally invasive surgical therapy to treat benign prostatic hyperplasia.

In Cardiology quiz session, a patient with sudden onset shortness of breath and shock will be presented. The case illustrated an important medical emergency that all of us need to know, and it is good to learn from this illustrative case.

The Dermatology quiz has a young gentleman who presented with painful and itchy rash on his face. It is time for us to revise our knowledge in Dermatology to tackle this case.

Hope you will enjoy this issue of the CME Bulletin. Merry Christmas and Happy New Year!

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## Rezum – The Light in the MIST

### Introduction

Lower urinary tract symptoms (LUTS) are common complaints by men encountered by General Practitioners. Benign Prostatic Hyperplasia (BPH) is the culprit for voiding LUTS. The prevalence of BPH rises with age. 50% to 70% of men after 50 years old suffer from LUTS associated with BPH. (1)

### Assessment

A **detailed medical history** aims to identify the potential causes of LUTS. Relevant co-morbidities, including medical and neurological diseases should be documented. Current medication, lifestyle habits, emotional and psychological factors must be reviewed. During physical examination, the suprapubic area, external genitalia, perineum, and lower limbs should be examined. Urethral discharge, penile cancer, phimosis, meatal stenosis, signs of uraemia and fluid overload must be excluded. **Digital rectal examination** is essential to assess the prostate size and consistency and anal tone. Other than detailed history taking and thorough physical examination, **International Prostate Symptom Score (IPSS)**, **uroflowmetry** and **bladder diary** are important tools to assess severity of LUTS. IPSS is a self-administered and validated questionnaire, consisting of 7 symptoms questions and 1 Quality of Life (QOL) question for the past one month. The lowest score is 0 while the highest score is 35. The higher the score, the more severe the symptoms are. 0 point is categorized to be asymptomatic. 1 to 7 points are categorized to be mildly symptomatic. 8 to 19 points are categorized to be moderately symptomatic. 20-35 points are categorized to be severely symptomatic. Uroflowmetry measures the volume of urine, the flow rate and the post void residual urine. Maximum flowrate (Qmax) lower than 10ml/s represents significant obstruction. The Frequency volume chart (FVC) is the recording of the volume and time of each void by the patient. Bladder diary includes FVC and additional information such as type of fluid intake, number of pads used, activities during leakage, or which grades symptom severity and bladder sensation. The duration of bladder diary is 3 days so that it is long enough to minimize sampling error and short enough to avoid non-compliance. **Urinalysis** is included in the primary evaluation of patients presenting with LUTS to identify conditions, such as urinary tract infection, microscopic haematuria and diabetes mellitus. Serum **prostate-specific antigen (PSA)** is taken after counseling the patient and renal function test is ordered if renal impairment is suspected.



**Dr LAW, Tak Tsun Vincent**

MBBS(HK), FRCSEd (Urol), FCSHK,  
FHKAM (Surgery)  
Specialist in Urology

### Treatment options

The available treatment options for moderate to severe LUTS range from oral medications to surgical treatments. (2) The first line treatment is medication. It can be **alpha blocker**, **5alpha-reductase inhibitor**, or a combination of both. Common Adverse Events (AEs) associated with alpha blocker include **abnormal ejaculation**, **dizziness**, and **postural hypotension**. Common AEs of 5alpha-reductase inhibitors include **erectile dysfunction**, **reduced libido** and rarely **ejaculation failure**, retrograde ejaculation and gynaecomastia. Men may seek for secondary treatment due to AEs, poor compliance to medications or progression of disease. **Transurethral resection of prostate (TURP)** has traditionally been considered the **gold standard** surgical treatment as it has demonstrated significant improvement in urinary symptoms. However, there are complications and long-term negative impacts associated with such surgery. There are risks including bleeding, clot retention, infection, TUR syndrome, incontinence, urethral stricture, bladder neck stenosis, retrograde ejaculation (RE), erectile dysfunction (ED) etc. **The rate of RE and ED can be up to 65% and 6.5% respectively.** (3)

As alternative treatments to TURP, minimally invasive surgical therapies (MISTs) have emerged as options to relieve symptoms and to minimize duration of hospital stay and complications. Rezum water vapor thermal therapy is an innovative MIST cleared by the U.S. Food and Drug Administration in 2015 to reduce prostate tissue volume associated with BPH. **Rezum** can be performed in the office or ambulatory surgery center under **monitored anaesthetic care (MAC)** or **local anaesthesia** for patients with prostate size between 30cc to 80cc. Local anaesthesia is injected around the prostate via transperineal route, under the guidance of transrectal ultrasound (TRUS). Cystoscopy is then performed to rule out bladder lesions. Rezum system is made up of a hand-held delivery device attaching on a rigid cystoscope and a generator. A few drops of Sterile water are heated to 103°C in the generator. The sterile water is transformed into

vapor and the volume expands by almost 1,700 times and stores 540 calories of thermal energy per milliliter. A precise amount of thermal energy is delivered into the prostate tissue via a small needle with multiple emitter holes on the hand-held delivery device. The vapor is delivered into the targeted tissue at slightly above interstitial pressure, convectively driving the water vapor through tissue interstices, where it condenses and transfers the stored thermal energy directly to the targeted tissue. The process of energy transfer is fast and self-limiting. Water vapor condenses as it is dispersed through tissue, so the energy cannot travel further than its intended area of treatment. Thus, there is no thermal damage outside the treatment zone. In contrast, other MISTs such as transurethral needle ablation of the prostate (TUNA) and transurethral microwave thermotherapy (TUMT) achieve cell damage by heat conduction and cell kill gradient is observed. Each injection lasts for **9 seconds**. Most of the patients require 6 to 8 injections in the treatment. Patients are catheterized and discharged with analgesics and antibiotics after the treatment. Foley Catheter is taken off 10 to 14 days later.

Compared with TURP, Rezum can improve LUTS while **minimizing the anaesthetic risks, bleeding risk, length of stay, risk of ED, and other undesirable side effects**. According to the 5-year outcomes of REZUM II study, there was significant improvement of lower urinary tract symptoms at <3 months post-thermal therapy, remaining durable through 5 years in the treatment group (i.e IPSS score reduced 48%, QOL increased 45%, Qmax improved 44%). **Surgical re-treatment rate was 4.4%**. There was **no report** of device or procedure related to **sexual dysfunction** or sustained de novo **erectile dysfunction**. (4)

Prostatic urethral lift (PUL) is a minimally invasive surgery which can be performed under local or general anaesthesia. Permanent anchor-like implants made of nitinol, stainless steel and sutures are deployed using a specifically designed delivery device under cystoscopic guidance. The implants retract the enlarged lateral prostate lobes to restore a patent prostatic urethral channel. A meta-analysis showed there was an overall improvement in IPSS, QOL and Qmax (5). However, 5 years re-treatment rate was up to 13.4%. (6) It is recommended to perform PUL only on prostate without median lobe and with size less than 70cc.

Urologists extended the inclusion criteria for Rezum. It was performed on patients with prostate size more than 80cc. A study recruited patients with median prostate size of 100cc and there was significant improvement in IPSS, QOL and Qmax at 3 months and 12 months post-Rezum. IPSS improved 57% and 59% at 3 and 12 months post-Rezum respectively. QOL improved by 56% and 70% at these same timepoints. Qmax improved by 55% at 3 months and 59% at 12 months post Rezum. (7)

During the COVID pandemic in Hong Kong, there was a service cut in elective operation in public hospitals. Patients with retention of urine and on foley catheter had to wait for months before undergoing TURP. There were unplanned emergency admissions due to foley catheter related complications such as catheter-related urinary tract infection, haematuria, blockage of foley catheter etc. Rezum was conducted on this group of patients under local anaesthesia and patients were discharged on the same day of admission. The result was encouraging, with 92% of patients being catheter-free at 1 month post-Rezum. None of them reported ED. (8)

## Conclusion

In the REZUM II study, there was sustained improvement in IPSS, QOL and Qmax, with a low surgical retreatment rate. It is a safe treatment for patients who want to preserve sexual function and to be free from AEs of medications. With more evidence in the future, Rezum may one day be the first line treatment for moderate to severe LUTS.

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Answer to November 2023

Spotlight – Approach to Prevention and Monitoring of Infectious Disease Complications Associated with Systemic Corticosteroid Use

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



## Q&A Assessment Questions

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

Answer these on page 10 or make an online submission at: [www.hkma.org](http://www.hkma.org). Please indicate whether the following statements are true or false.

1. LUTS are uncommon complaints among men after 50 years old
2. Digital rectal examination is essential in assessing patients complaining of LUTS.
3. The duration of bladder diary is 7 days.
4. The first line treatment for moderate to severe LUTS is medication.
5. Alpha blocker is the only medical treatment option for LUTS.
6. TURP is the gold standard of surgical treatment for BPH.
7. TURP will not cause ED/RE.
8. Rezum can be performed in the office or ambulatory surgery center under MAC or local anaesthesia for patient with prostate size between 30cc to 80cc.
9. Patient can be catheter-free right after Rezum.
10. PUL has a higher 5-year re-treatment rate than Rezum.

### 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.

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| 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.<br>(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.  |
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| Others            | : List of full name(s) of author(s), with qualifications and current appointment quoted, plus a digital photograph of each author.                            |
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The content of the December 2023 Cardiology Series is provided by:

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

## Patient With Sudden Onset Shortness of Breath and Shock

A 53 year-old female, with history of intra-cranial hemorrhage but good recovery, was just returned from a business trip in Europe and was admitted to the Accident and Emergency Department for sudden onset shortness of breath. Her blood pressure was lowish despite fluid resuscitation, so dopamine infusion was started to maintain BP at 102/54mmHg with heart rate 122bpm and pulse oximetry 92% on 2L of oxygen via nasal cannula. Physical examination revealed a patient in respiratory distress and chest auscultation noted normal air entry with no wheezing or crepitation. Routine blood tests were performed with normal complete blood counts/clotting profile/renal function/liver function but elevated cardiac enzyme (hsTroponin 472ng/L with normal value <34.2). ECG is shown in Figure 1.

**Q&A**

Please answer ALL questions

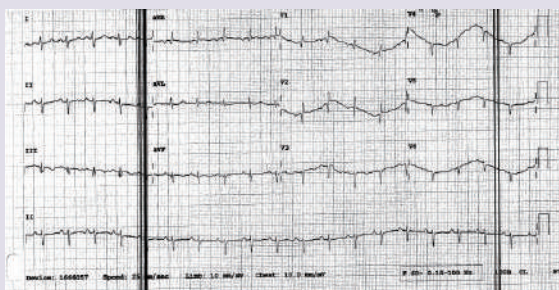
 Answer these on page 10 or make an online submission at: [www.hkma.org](http://www.hkma.org).


Fig 1

### 1. What is /are the abnormal ECG finding(s)?

- A. Atrial fibrillation
- B. Complete heart Block
- C. ST-segment elevation over inferior leads
- D. S1Q3T3
- E. All of the above

Urgent contrast CT thorax was performed and shown in Figure 2A and Fig 2B with red arrows pointing at the lesions.

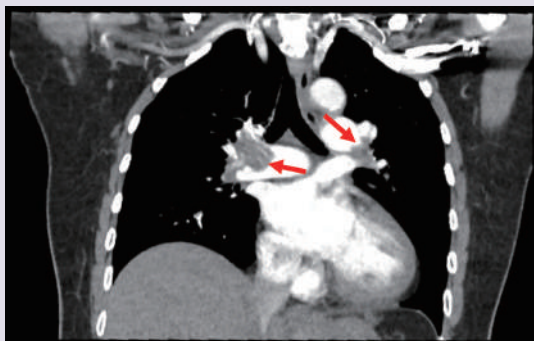


Fig 2A

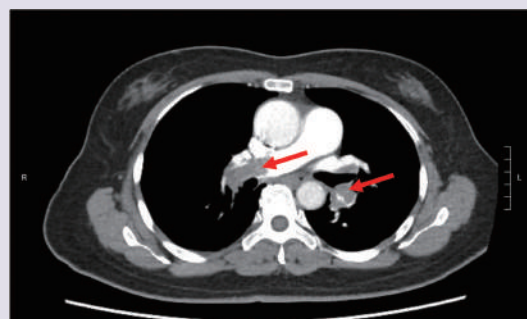


Fig 2B

### 2. What is the most likely diagnosis?

- A. Pneumothorax
- B. Aortic Dissection
- C. Pulmonary embolism
- D. ST-segment elevation myocardial infarction
- E. Acute pulmonary oedema

### 3. Which of the following treatment(s) should be considered for this patient?

- a. Subcutaneous low molecular weight heparin (LMWH)
- b. Aspirin with clopidogrel
- c. IV thrombolysis with rtPA
- d. Urgent surgery
- e. Percutaneous catheter-based treatment

- A. a only
- B. a, b
- C. b, c
- D. a, d, e
- E. All of the above

## Cardiology November Answers

## Discussion:

Heart failure (HF) is a complex clinical syndrome which is commonly encountered in both primary care and tertiary care setting. Common symptoms include exertional dyspnea, orthopnea, bendopnea, edema and malaise. HF can be classified according to the left ventricular ejection fraction (LVEF): heart failure with reduced ejection fraction (HFrEF) if LVEF  $\leq 40\%$ , heart failure with mildly reduced ejection fraction (HFmrEF) if LVEF 41-49% and heart failure with preserved ejection fraction (HFpEF) if LVEF  $\geq 50\%$ . Common causes of heart failure include ischemic heart disease, myocardial infarction, hypertension, valvular heart diseases. Other less common etiologies include myocarditis, drug and toxin, autoimmune disease, endocrine and metabolic disease (thyroid, pheochromocytoma, acromegaly), familial and genetic heart disease, infiltrative disease (hemosiderosis, amyloidosis) and different types of cardiomyopathy (hypertrophic, restrictive, stress-induced, tachycardia-mediated, peri-partum).

Non-pharmacological treatments of HF include salt and water restriction and optimization of underlying medical comorbidities. According to latest ESC/ACC guidelines, patients with HFrEF should be started on the '4 pillars' of heart failure medications including: Renin angiotensin system inhibitor (angiotensin receptor-neprilysin inhibitor / angiotensin-converting enzyme inhibitor / angiotensin receptor blocker), beta-blocker (bisoprolol, carvedilol, sustained-release metoprolol succinate), sodium-glucose cotransporter 2 inhibitor (SGLT2-i) and mineralocorticoid antagonist (MRA). These medications should be initiated as soon as possible and titrated to target dosing as tolerated.

After optimization of medications, echocardiogram is repeated to see if further therapy is needed. If the patient is still in NYHA Class II or above and LVEF remained poor, additional therapies should be considered. For patients with LVEF  $\leq 35\%$

## Answers: 1. C 2. B 3. D

and ECG showing sinus rhythm, left bundle branch block and QRS  $> 120\text{ms}$ , cardiac resynchronization therapy (CRT) should be offered to reduce mortality, hospitalization and improve QoL and symptoms (Class I recommendation if QRS  $\geq 150\text{ms}$ , Class IIa recommendation if QRS 120-149ms). Ivabradine can be beneficial in reducing HF hospitalization and cardiovascular death if patient is in sinus rhythm with resting HR  $\geq 70\text{bpm}$  despite maximally tolerated beta-blocker. Oral soluble guanylate cyclase stimulator (Vericiguat) may be considered to reduce HF hospitalization and cardiovascular death if LVEF  $\leq 45\%$  with recent HF hospitalization or use of intravenous diuretic. Combination of hydralazine / isosorbide dinitrate is recommended to improve symptoms and reduce morbidity and mortality in African American. Digoxin might be considered in symptomatic HFrEF patient to reduce heart failure hospitalization, but evidence is mainly based upon much earlier trials of digoxin. Implantable cardioverter defibrillator should be considered as primary prevention of sudden cardiac death in NYHA Class II or above patients with LVEF  $\leq 35\%$  or NYHA Class I patients with LVEF  $\leq 30\%$ .

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

**Dr HO, Ka Hei Carmen**

*MBChB (CUHK), FHKAM (Medicine), Specialist in Cardiology*

**Dr SUNG, Jonathan Gabriel**

*MBChB, FHKAM (Medicine), FRCP (Glasg), Specialist in Cardiology*  
十一月臨床心臟科個案研究之內容承蒙何嘉希醫生及宋司灝醫生提供。

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

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。

## A Gentleman with Painful and Itchy Rash on His Face

A 26-year-old gentleman with a past history of atopic eczema presented with complaints of itching, pain, redness and discharge on face for one week following shaving. On examination, there were multiple pink macules, pustules and thick golden honey-like crusts on his face. The patient is otherwise in good shape with no fever.



Figure 1

### Q&A

Please answer ALL questions

Answer these on page 10 or make an online submission at: [www.hkma.org](http://www.hkma.org).

#### 1. What is the clinical diagnosis?

- A. Tinea faciei
- B. Seborrheic dermatitis
- C. Impetigo
- D. Recurrent herpes simplex
- E. Contact dermatitis

#### 2. Is this skin disease contagious? (T/F)

#### 3. What are the common pathogens?

- A. *Staphylococcus aureus* and *Streptococcus pyogenes*
- B. Herpes simplex virus
- C. *Trichophyton rubrum*
- D. None of the above

#### 4. Which one is NOT the treatment option for this patient?

- A. Topical antibiotic to treat the patient and carriers
- B. Systemic antibiotic
- C. Antifungal agent
- D. Antiseptic agent

## Dermatology November Answer

### 1. C. Contact dermatitis

In the photo, there was a well demarcated erythematous patch over the popliteal region and part of the calf. Small clear fluid-filled blisters were present as well. The preceding history of application of herbal oil patch over the skin eruption site with sparing of other parts of body strongly suggested this diagnosis.

### 2. E. Herbal oil patch

The rectangular shape of the skin erythema corresponded to the shape of the herbal skin patch. Usually, the skin eruption related to contact dermatitis is well demarcated and localized to the contact area only. However, id reaction or auto-eczematization may develop in other parts of the body occasionally. It presents with secondary skin eruptions which can be generalized.

### 3. D. Skin patch test

Skin patch test is the standard test for allergic contact dermatitis. Small amounts of allergens are placed on top of skin covered with a patch. The patient will then be assessed for 48 and 96 hours respectively to detect any allergic reaction. Positive reading produced localized redness, swelling or vesicles.

### 4. B. Type IV hypersensitivity

Allergic contact dermatitis is considered a type IV or delayed-type hypersensitivity reaction related to the contact with an allergen in previously sensitized skin. It is mainly mediated by T lymphocytes which co-ordinate a cellular response to endogenous or exogenous antigens.

### 5. E. Oral antibiotic

Removal and avoidance of the potential allergen is the cornerstone of management of contact dermatitis. Regular application of a bland emollient and gentle cleansing can avoid further skin irritation and soothe the inflamed skin. Topical steroid cream can be applied to the most inflamed area to reduce itchiness quickly. Oral antihistamine may help further itch reduction. As there is no evidence of skin infection, oral antibiotic is not necessary in this case.

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Dr LEUNG, Wai Yiu, Dr KWAN, Chi Keung, Dr NG, Shun Chin,  
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十一月皮膚科個案研究之內容承蒙陳厚毅醫生、鄧旭明醫生、梁偉耀醫生、  
關志強醫生、吳順展醫生、鄭學輝醫生及許招財醫生提供。



Name

Signature:

HKMA Membership No.

HKID No.   -   xxx(x)

Contact Tel No.:

# Answer Sheet

December 2023

## 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 two** correct answers

1	2	3	4
<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 January 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).

# A NEW ERA OF PNEUMOCOCCAL PROTECTION: PCV20

At a hybrid symposium sponsored by Pfizer on Thursday, 20 July 2023, Professor Ivan Hung (Hong Kong) and Professor Charles Feldman (South Africa) presented data on the global and local burden of pneumococcal disease. They also shared insights on the next-generation 20-valent pneumococcal conjugate vaccine, PCV20, that offers broader protection against new serotypes of pneumococcal disease.

## THE GLOBAL PERSPECTIVE: UNDERSTANDING THE BURDEN OF PNEUMOCOCCAL DISEASE

### Professor Ivan Hung Fan Ngai

Chair Professor of Infectious Diseases,  
Head, Division of Infectious Diseases,  
Ru Chien & Helen Lih Professor in Health Science Pedagogy,  
The University of Hong Kong



The aging population is growing.<sup>1</sup> In Hong Kong, adults aged 50 years and older account for 45.9% of the whole population.<sup>2</sup> As the immune system weakens with age,<sup>3</sup> vaccination becomes crucial across all life stages. For older adults, the pneumococcal vaccine is recommended to help protect against diseases caused by the *Streptococcus pneumoniae* bacteria.<sup>4</sup>

### Burden of pneumococcal disease in Hong Kong

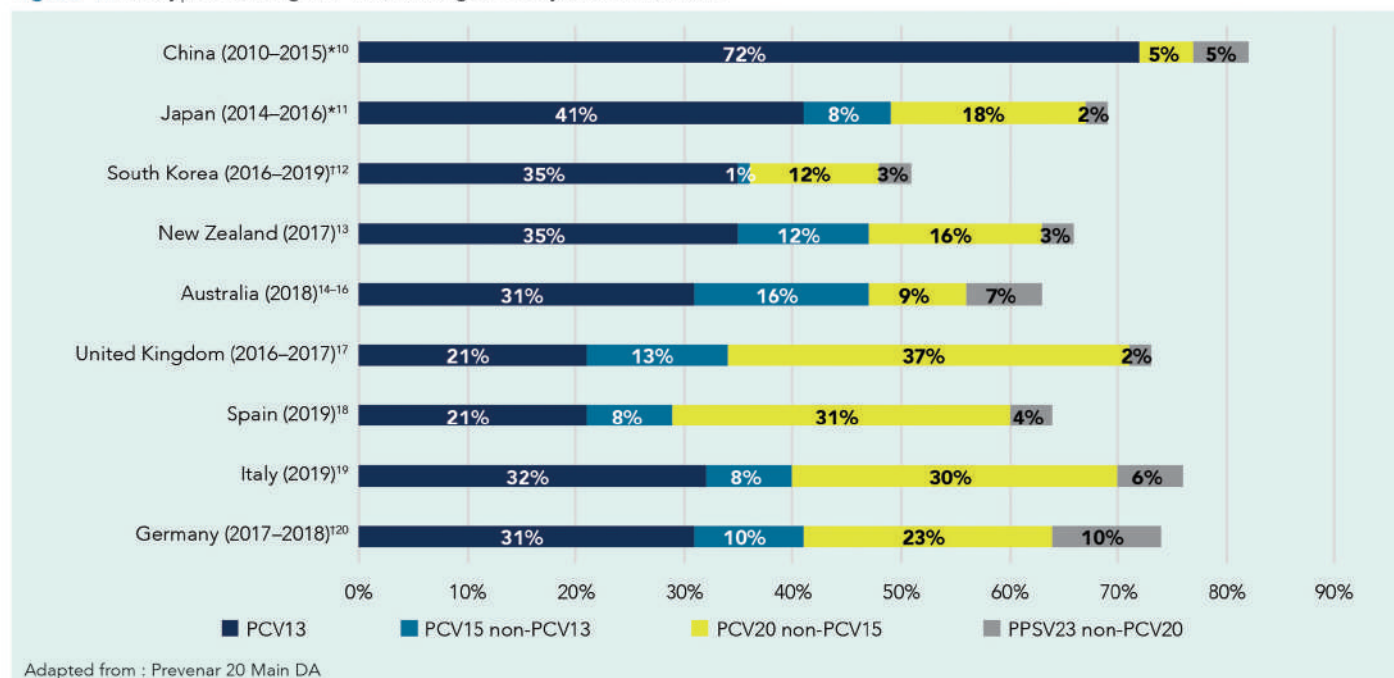
Pneumococcal disease is prevalent in the young and the elderly, and can manifest as invasive pneumococcal disease (IPD) or community-acquired pneumonia (CAP).<sup>4</sup> From 2001 to 2021, pneumonia was the second leading cause of death after malignant neoplasms in Hong Kong,<sup>5</sup> with *S. pneumoniae* being the second most common pathogen in adults hospitalised with CAP from 2004 to 2005.<sup>6</sup> Although the number of locally reported IPD cases dropped in 2020 due to COVID-19 social measures, it is gradually increasing again in the current post-COVID era.<sup>7</sup>

The most common cause of IPD in Hong Kong is serotype 3, followed by serotypes 19A and 14.<sup>7</sup> The 7-valent pneumococcal conjugate vaccine, PCV7 (protects against serotypes 4, 6B, 9V, 14, 18C, 19F, 23F) was first introduced in the Hong Kong Childhood Immunisation Programme in 2009 before it was switched to the 13-valent pneumococcal conjugate vaccine, PCV13 (protects against serotypes covered in PCV7 + 1, 5, 7F, 3, 6A, 19A) in 2011.<sup>8</sup> This subsequently led to a decrease in PCV13 serotype isolates among adults hospitalised with pneumococcal disease.<sup>8</sup> However, there are still a significant amount of IPD cases in older adults caused by PCV13 and other non-PCV13 serotypes, suggesting the need for a vaccine with expanded serotype coverage in this age group.<sup>8</sup>

### A vaccine with expanded serotype coverage – PCV20

Globally, *S. pneumoniae* is ranked the fourth most common cause of death by antimicrobial-resistant infections.<sup>9</sup> Serotypes 8 and 12F are prevalent in other parts of the world, and are part of the seven serotypes (8, 10A, 11A, 12F, 15B, 22F and 33F) expected to increase in prevalence worldwide (Figure 1)<sup>10-20</sup>. This prompted the development of PCV20, which includes coverage for the aforementioned serotypes on top of the existing PCV13 coverage. Currently, PCV20 is approved for use in the United States,<sup>21</sup> Canada<sup>22</sup> and the European Union<sup>23</sup> for adults aged ≥18 years and is now available in Hong Kong. Professor Hung believes that PCV20 will provide better protection for older adults and reduce the overall incidence of IPD locally.

**Figure 1.** Serotypes causing IPD in adults aged ≥65 years worldwide.



\*Among all adults; †Adults aged ≥60 years.

IPD, invasive pneumococcal disease; PCV13, 13-valent pneumococcal conjugate vaccine; PCV15, 15-valent pneumococcal conjugate vaccine; PCV20, 20-valent pneumococcal conjugate vaccine; PPSV23, 23-valent pneumococcal polysaccharide vaccine.



## THE EVOLVING LANDSCAPE OF PNEUMOCOCCAL DISEASE PREVENTION: NEW VACCINES, DATA AND INSIGHTS

### Professor Charles Feldman

Distinguished Professor of Pulmonology,  
Faculty of Health Sciences,  
University of the Witwatersrand,  
Johannesburg, South Africa



Since the introduction of universal PCV vaccination, global serotype epidemiology has changed, leading to the development of next-generation PCVs, such as PCV15 and PCV20, with higher serotype valencies.<sup>24</sup> The serotypes covered in these next-generation PCVs are predicted to increase in the coming years. These new vaccines are also expected to prevent a significant proportion of adult IPDs, with PCV20 having the potential to offer the broadest protection against pneumococcal diseases,<sup>24</sup> both globally and locally in Hong Kong.

### Immunogenicity, safety and cost effectiveness of PCV20

A recent study investigating the safety, tolerability and immunogenicity of PCV20 against PCV13 in 444 older adults (aged 60–64 years) without prior vaccination reported that the PCV20

group had robust functional immune responses as measured by opsonophagocytic activity (OPA) for all 20 serotypes included in the vaccine.<sup>25</sup> The OPA geometric mean fold rise relative to baseline for the 7 serotypes unique to PCV20 after 1 month, ranged from 11.2 to 113.4.<sup>25</sup> Rates of local reactions and systemic events were similar between both vaccine groups, and there were no serious vaccine-related adverse events reported.<sup>25</sup> These results indicate that PCV20 is well-tolerated and provides a good immune response.<sup>25</sup>

Meanwhile, cost-effectiveness studies of PCV20 over 5 years in England (against the 23-valent pneumococcal polysaccharide vaccine [PPSV23]) and Dubai (against PCV13 + PPSV23) showed that PCV20 effectively reduced the burden and economic costs of pneumococcal disease, resulting in long-term cost savings.<sup>26,27</sup>

### Guideline recommendations and future directions

In 2021, the Centers for Disease Control and Prevention in the United States updated the recommendations for pneumococcal vaccinations in adults to include PCV15 and PCV20.<sup>28</sup> However, there are no long-term data on the efficacy of PCV15 or PCV20, and further studies are needed to determine if revaccination is necessary. The development of new vaccines will also be needed to mitigate the emergence of replacement strains.

### Panel Discussion

#### 1. What is the expected increase in pneumococcal disease protection following the introduction of PCV20 in Hong Kong?

**Professor Hung:** Based on data from other countries, the additional seven serotypes covered by PCV20 may provide an additional 37% protection against IPD-related serotypes.<sup>29</sup>

#### 2. What are your thoughts on the majority of IPD cases still being caused by serotypes that are already included in PCV13?

**Professor Hung:** Despite vaccination with PCV13, certain serotypes like 3 and 19F continue to persist. Serotype 3 is particularly problematic due to its high virulence owing to its utilisation of the synthase-dependent pathway that gives rise to its mucoid properties, thus protecting the bacteria from phagocytosis.<sup>30</sup> The development of new vaccines utilising novel technologies will be needed to overcome this problem.

#### 3. What is the immunogenicity of PCV20 against serotype 3?

**Professor Hung:** In clinical trials, the overall antibody levels from PCV20 were slightly lower than PCV13.<sup>25</sup> However, clinicians should consider OPA levels and actual clinical protection instead of solely focusing on the immunogenicity of the vaccine. It is also worth noting that serotype 3 has a different capsule structure that would require a new, tailored vaccine technology to confer better protection against this serotype.

**Professor Feldman:** It is unclear how antibody levels or OPA activity for PCV20 correlates with clinical protection, however by comparing it with the PCV13 CAPiTA study,<sup>31</sup> clinicians can gain insights into the immunogenicity levels that are clinically effective in the elderly.

### Key takeaways

- The most common IPD serotype in Hong Kong is serotype 3, followed by serotypes 19A and 14.<sup>7</sup>
- A significant amount of local IPD cases in older adults are caused by PCV13 and non-PCV13 serotypes, indicating a need for a vaccine with expanded coverage.<sup>8</sup>
- Serotypes 8 and 12F are common in other parts of the world. These serotypes are part of the seven new serotypes (8, 10A, 11A, 12F, 15B, 22F and 33F) included in the next-generation vaccine – PCV20, as their prevalence are expected to increase in the upcoming years.<sup>10-20</sup>
- PCV20 has comparable safety and immunogenicity with PCV13 and is predicted to provide the broadest protection against pneumococcal diseases,<sup>24</sup> both globally and locally.
- Guideline recommendations have changed to incorporate PCV20 in the vaccination schedules of older adults.<sup>28</sup>
- Further studies evaluating the long-term immunogenicity of PCV20 are needed to assess if revaccination will be necessary.

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**Pfizer Corporation Hong Kong Limited**  
21/F, Kerry Centre, 683 King's Road,  
Quarry Bay, Hong Kong  
Tel: (852) 2811 9711 Fax: (852) 2579 0599  
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PP-PNR-HKG-0231 NOV 2023

### PREVNAR® 20 Hong Kong Prescribing Information

The QR code/URL links to the latest Prescribing Information approved by the Department of Health in Hong Kong and may not be effective and the same as presented in the actual product package.

For Healthcare Professionals Only.





## A NEW ERA OF PNEUMOCOCCAL PROTECTION

The latest conjugate vaccine with the broadest serotype coverage is

**NOW HERE<sup>1#</sup>**



Older adults and those with certain comorbidities are at highest risk\* of pneumococcal disease<sup>2†</sup>



Despite a high risk, 4 in 10 elderly adults<sup>§</sup> in Hong Kong remain unvaccinated<sup>3</sup>



Your patients listen when you **RECOMMEND** pneumococcal vaccines<sup>4</sup>



### CHOOSE Prevenar 20 to help protect at-risk adults<sup>1#</sup>

<sup>#</sup>Approved = Prevenar 20 is approved for the active immunisation for the prevention of pneumococcal disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F in adults 18 years of age and older.<sup>1</sup>

<sup>\*</sup>Relative risk compared with younger (18–49 years), healthy adults.<sup>2</sup>

<sup>†</sup>At-risk conditions include alcoholism, asthma, chronic heart disease, chronic liver disease, chronic lung disease, chronic use of oral steroids, diabetes, neuromuscular/seizure disorders, rheumatoid arthritis, Crohn's disease, lupus, and smoking.

<sup>§</sup>The relevant figures are calculated based on the accumulative number of vaccinated persons aged ≥65 years (excluding those deceased) as of 26 February 2023.

**References:** 1. Prevenar 20 (Pneumococcal polysaccharide conjugate, 20-valent adsorbed) Prescribing Information. Pfizer Corporation Hong Kong Limited: Version December 2022. Available at: <https://www.pfi.sr/wRb>. Accessed 15 May 2023. 2. Shea KM, et al. *Open Forum Infect Dis* 2014;1:ofu024. 3. Centre for Health Protection. Statistics on Vaccination Programmes in the Past 3 years. Available at: <https://www.chp.gov.hk/en/features/102226.html>. Accessed 15 May 2023. 4. Biyk MV, et al. *Prim Health Care Res Dev* 2020;21:e37.



#### PREVENAR 20 Hong Kong Prescribing Information

The QR code/URL links to the latest Prescribing Information approved by the Department of Health in Hong Kong and may not be effective and the same as presented in the actual product package.

For Healthcare Professionals Only.



**Pfizer Corporation Hong Kong Limited**  
21/F, Kerry Centre, 683 King's Road, Quarry Bay, Hong Kong  
Tel: (852) 2811 9711 Fax: (852) 2579 0599 [www.PfizerPro.com.hk](http://www.PfizerPro.com.hk)

PP-PNR-HKG-0232 NOV 2023



# 香港醫生網

## The Hong Kong Doctors Homepage

Health Care  
Doctor  
Hospital  
Pharmacist  
Nurse  
Dentist  
First Aid  
Surgeon  
Emergency



The Hong Kong  
Doctors Homepage



Health Care  
Doctor  
Hospital  
Pharmacist  
Nurse  
Dentist  
First Aid  
Surgeon  
Emergency



[www.hkdoctors.org](http://www.hkdoctors.org)

This web site is developed and maintained by the Hong Kong Medical Association for all registered Hong Kong doctors to house their Internet practice homepage. The format complies with the [Internet Guidelines](#) which was proposed by the Hong Kong Medical Association and adopted by the Medical Council of Hong Kong.

We consider a practice homepage as a signboard or an entry in the telephone directory. It contains essential information about the doctor including his specialty and how to get to him. This facilitates members of the public to communicate with their doctors.

This website is open to all registered doctors in Hong Kong. For practice page design and upload, please contact the Hong Kong Medical Association Secretariat.

由香港醫學會成立並管理的《香港醫生網》，是一個收錄本港註冊西醫執業網頁的網站。內容是根據由香港醫學會擬訂並獲香港醫務委員會批准使用的[互聯網指引](#)內的規定格式刊載。

醫生的「執業網頁」性質與電話索引內刊載的資料相近。目的是提供與醫生執業有關的基本資料，例如註冊專科及聯絡方法等，方便市民接觸個別醫生。

任何香港註冊西醫都可以參加《香港醫生網》。關於網頁版面安排及上載之詳情，請與香港醫學會秘書處聯絡為荷。



## The HKMA CME Live Lecture in January 2024

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



	Date	Organiser and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) <sup>#</sup>
1.	11 January 2024 (Thu)	<b>The Hong Kong Medical Association</b> Patient Counselling on Women's Health Disease: The Use of Hormonal Treatment <i>Sponsor: Bayer Healthcare Limited</i>	<b>Dr LIAUW, Linna</b> <i>Specialist in Obstetrics &amp; Gynaecology</i>	1	Yes
2.	19 January 2024 (Fri)	<b>The Hong Kong Medical Association</b> Benign Prostatic Hyperplasia and Male Lower Urinary Tract Symptoms: Update on Therapeutic Strategy <i>Sponsor: Synmosa Biopharma (HK) Co. Ltd</i>	<b>Dr LAM, Yiu Chung Thomas</b> <i>Specialist in Urology</i>	1	Yes
3.	24 January 2024 (Wed)	<b>The Hong Kong Medical Association</b> The Modern Era Precision Medicine on Lung and Breast Cancer Treatment <i>Sponsor: PuraPharm International (HK) Limited</i>	<b>Dr NG, Kim Pong Kenny</b> <i>Specialist in Medical Oncology</i>	1	Yes
4.	29 January 2024 (Mon)	<b>The Hong Kong Medical Association</b> Acute Gastroenteritis Management in Pediatric Patients <i>Sponsor: Abbott Laboratories Limited</i>	<b>Dr SHAM, Chak On Philip</b> <i>Specialist in Paediatrics</i>	1	Yes



Please register through <https://forms.gle/qjwmsPVbiKo8DibQA> or scan the QR code if you are interested to attend. For enquiry, please contact the Secretariat at 2527 8285.

<sup>#</sup> 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.




## The Hong Kong Medical Association District Health Network CME Programme in January 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. 11.
3. Registration is strictly required on a first-come, first-served basis.

### CME PROGRAMME

Date & Time	Lecture Details	Registration
1. Tuesday, 23 January 2:00 – 3:00 pm	<p><b>Topic:</b> Treating Obesity as A Disease in Primary Care Setting <b>Speaker:</b> Dr TSUI, Tsun Miu <i>Specialist in General Surgery</i></p> <p><b>Venue:</b> The Cityview Crystal Ballroom A &amp; B, 2/F, 23 Waterloo Road, Kowloon, Hong Kong</p> <p><i>Sponsor: Novo Nordisk Hong Kong Ltd.</i></p>	<p><b>Registration Deadline:</b> Monday, 15 January 2024</p>  <p><a href="https://forms.gle/fPdXxYyn529ESHhK6">https://forms.gle/fPdXxYyn529ESHhK6</a></p>
2. Friday, 26 January 2:00 – 3:00 pm	<p><b>Topic:</b> Lipid Management in Patients with Mixed-Dyslipidemia - How Can We Do Better? <b>Speaker:</b> Dr WONG, Cheuk Lik <i>Specialist in Endocrinology, Diabetes &amp; Metabolism</i></p> <p><b>Venue:</b> Courtyard by Marriott Hong Kong Sha Tin Ballroom III, 2/F, 1 On Ping Street, Shatin, Hong Kong</p> <p><i>Sponsor: Abbott Laboratories Limited</i></p>	<p><b>Registration Deadline:</b> Wednesday, 17 January 2024</p>  <p><a href="https://forms.gle/aAG8NZ8C6QPS8WGGA">https://forms.gle/aAG8NZ8C6QPS8WGGA</a></p>
3. Tuesday, 30 January 2:00 – 3:00 pm	<p><b>Topic:</b> Diabetic Neuropathy: Insights to Early Diagnosis and Treatments <b>Speaker:</b> Professor WONG, Ka Sing Lawrence <i>Specialist in Neurology Emeritus Professor &amp; Honorary Professor, Division of Neurology, Dept. of Medicine &amp; Therapeutics, Faculty of Medicine, CUHK</i></p> <p><b>Venue:</b> The HKMA Wanchai Premises 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong</p> <p><i>Sponsor: Kerry Medical Limited</i></p>	<p><b>Registration Deadline:</b> Monday, 22 January 2024</p>  <p><a href="https://forms.gle/LYG3ftqokgVpZ9sB6">https://forms.gle/LYG3ftqokgVpZ9sB6</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).**





# The Hong Kong Medical Association and Hong Kong Business Ethics Development Centre CME Live Lecture

香港  
商業道德  
發展中心  
HKBEDC



**Thursday, 18 January 2024**

## PROGRAMME

<b>2:00 – 2:05 p.m.</b>	<b>Introduction</b>
<b>2:05 – 2:45 p.m.</b>	<b>Integrity and Professional Ethics for Doctors</b>  <b>Ms Mary LAU</b> <i>Executive Director,  Hong Kong Business Ethics Development Centre,  Independent Commission Against Corruption (ICAC)</i>
<b>2:45 – 3:00 p.m.</b>	<b>Q&amp;A Session</b>

**Fee** : Free-of-charge

**Registration Deadline** : **Wednesday, 17 January 2024**

**Registration** : Please register through  
<https://forms.gle/hasLB4NfKMtuV3keA>  
or scan the QR code if you are interested to attend



**CME Accreditation** : **For Non-specialist Doctors: 1 CME point**  
**Accreditation for Specialist Doctors: Yes #**  
# Accreditation from various colleges are pending. For specialists who attended online, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. Non-Specialists doctors who attended online 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).







# The Hong Kong Medical Association and The Chinese University of Hong Kong Centre for Health Education and Health Promotion

## CME Live Lectures on Respiratory Syncytial Virus

### PROGRAMME

	Date	Topic	Speaker
Lecture 1	Monday, 22 January 2024	Respiratory Syncytial Virus (RSV) Infection: Disease Overview, Burden and Update on Management	<b>Prof HUNG, Fan Ngai Ivan</b> <i>Chair Professor of Infectious Diseases, Department of Medicine, LKS Faculty of Medicine, The University of Hong Kong</i>
Lecture 2	Thursday, 7 March 2024	Respiratory Syncytial Virus (RSV) Infections Amongst Infants: Burden, Risk Prevention Strategies and Management	<b>Prof HON, Kam Lun Ellis</b> <i>Professor of Practice in Paediatrics (by Courtesy), Department of Paediatrics, Faculty of Medicine, The Chinese University of Hong Kong</i>

Time for each lecture: 2:00 – 2:45 pm Lecture  
2:45 – 3:00 pm Q&A

Registration Deadlines: **Lecture 1: Friday, 19 January 2024**  
**Lecture 2: Wednesday, 6 March 2024**

Registration: Please register through  
<https://forms.gle/AisdwAa8WW5NDuTs7>  
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 who attended online, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. Non-Specialists doctors who attended online 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).





# 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** : Wednesday, 27 December 2023
- 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
2 January 2024	Novel Diagnostics & Therapeutics in Allergy Practice	Dr HO, Hok Kung Marco <i>Specialist in Paediatric Immunology, Allergy and Infectious Diseases</i>
6 February 2024	Updates in Interventional Endoscopy	Dr TEOH, Yuen Bun Anthony <i>Specialist in General Surgery</i>
5 March 2024 to 3 September 2024	The remaining lectures shall be announced in coming CME Bulletin issues.	



## Prevention of **OROPHARYNGEAL** and other HPV-related **HEAD AND NECK** **CANCERS** <sup>1\*</sup>

**OROPHARYNGEAL<sup>2</sup>**  
**HYPOPHARYNGEAL<sup>2</sup>**  
**LARYNGEAL<sup>2</sup>**  
**TONGUE<sup>2</sup>**

\*caused by HPV types 16, 18, 31, 33, 45, 52 and 58, from the age of 9 through 45 years

References: <sup>1</sup> Hong Kong Product Circular [GARDASIL 9 MSD]; <sup>2</sup> Centers for Disease Control and Prevention, Head and Neck Cancers, <https://www.cdc.gov/cancer/headneck/index.htm> Accessed on: April 13, 2023.

**Selected Safety Information Indications:** GARDASIL 9 is indicated for active immunisation of individuals from the age of 9 years against the following HPV diseases: Premalignant lesions and cancers affecting the cervix, vulva, vagina and anus caused by vaccine HPV types. Genital warts (Condyloma acuminata) caused by specific HPV types. GARDASIL 9 is indicated for active immunisation of individuals from the age of 9 through 45 years against the following HPV diseases: Cancers affecting the oropharynx and other head and neck sites caused by HPV types 16, 18, 31, 33, 45, 52, and 58. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients. Individuals with hypersensitivity after previous administration of GARDASIL 9 or Gardasil should not receive GARDASIL 9. **Precautions:** The decision to vaccinate an individual should take into account the risk for previous HPV exposure and potential benefit from vaccination. As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of rare anaphylactic reactions following the administration of the vaccine. Vaccines should be observed for approximately 15 minutes after vaccination. It is important that procedures are in place to avoid injury from falling. Vaccination should be postponed in individuals suffering from an acute severe febrile illness. However, the presence of a minor infection, such as a mild upper respiratory tract infection or low grade fever, is not a contraindication for immunisation. As with any vaccine, vaccination with GARDASIL 9 may not result in protection in all vaccine recipients. The vaccine will only protect against diseases that are caused by HPV types targeted by the vaccine. Therefore, appropriate precautions against sexually transmitted diseases should continue to be used. The vaccine is for prophylactic use only and has no effect on active HPV infections or established clinical disease. The vaccine has not been shown to have a therapeutic effect. The vaccine is therefore not indicated for treatment of cervical, vulvar, vaginal, anal, oropharyngeal and other head and neck cancers, high-grade cervical, vulvar, vaginal and anal dysplasia, lesions or genital warts. It is also not intended to prevent progression of other established HPV-related lesions. GARDASIL 9 does not prevent lesions due to a vaccine HPV type in individuals infected with that HPV type at the time of vaccination. Vaccination is not a substitute for routine cervical screening. Routine cervical screening remains critically important and should follow local recommendations. There are no data on the use of GARDASIL 9 in individuals with impaired immune responsiveness. Safety and immunogenicity of a HPV vaccine have been assessed in individuals aged from 7 to 12 years who are known to be infected with human immunodeficiency virus (HIV). Individuals with impaired immune responsiveness, due to either the use of potent immunosuppressive therapy, a genetic defect, human immunodeficiency virus (HIV) infection, or other causes, may not respond to the vaccine. This vaccine should be given with caution to individuals with thrombocytopenia or any coagulation disorder because bleeding may occur following an intramuscular administration in these individuals. There are no safety, immunogenicity or efficacy data to support interchangeability of GARDASIL 9 with bivalent or quadrivalent HPV vaccines. **Adverse events:** The most common adverse reactions observed with GARDASIL 9 were injection-site adverse reactions and headache. These adverse reactions usually were mild or moderate in intensity. Very common (≥1/10) or common (≥1/100 to <1/10) side effects include headache, injection site pain, swelling or erythema, dizziness, nausea, pyrexia, fatigue, injection site pruritus or bruising, etc. For detailed adverse events, please consult the full prescribing information. **Before prescribing, please consult the full prescribing information.**

# HKMA Monthly Self-Study Video

**Dear HKMA Members,**

## **The HKMA Monthly Self-Study Video is launched in HKMA website!**

This is to acknowledge you that the HKMA Monthly Self-Study Video had been launched in our website for non-specialist doctors to gain 1 CME point for each video. Interested doctors, please click [www.hkma.org](http://www.hkma.org) for more details!

**(HKMA Website Homepage → Login to Members Home Page → CME → Monthly Self-Study Series)**

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

Please contact the HKMA Secretariat at 2527 8452 or by email [cme@hkma.org](mailto:cme@hkma.org) for assistance.

### Important Note:

1. CME point is accredited for non-specialist ONLY.
2. No extra CME point will be granted if you have already attended the same lecture through Live broadcasting.
3. Quiz submission period: 16<sup>th</sup> of each month to 15<sup>th</sup> of next month (Submission before/after the stated dates will NOT be considered)
4. Complete each quiz, 1 CME point will be awarded for at least FIVE correct answers (only 1 attempt). A confirmation email will be automatically sent to doctors once who have submitted the quiz.
5. No CME point will be granted for incorrect personal information. Data collected will be used and processed for the purposes related to this self-study only. All personal information will be used to process CME records, and if required, may transfer to other CME Administrators for cross-checking and recording purposes.





## The Hong Kong Medical Association and Kowloon West Cluster of the Hospital Authority



### LISTEN more: Webinar Series on Community Resources

#### 聽多D：社區資源網上座談會系列

We are delighted to introduce you to a webinar series including four episodes on community resources which is co-organised by the Hong Kong Medical Association and the Kowloon West Cluster of the Hospital Authority in 2024. The video recordings of the webinars will be uploaded to the HKMA Website – CME Monthly Self-Study Webpage about 1 month after each episode. Members can review the videos within a designated period to obtain CME points.

Interest members, please scan the QR code or click this link  
[https://www.thkma.org/cme/continuous\\_medical\\_education/](https://www.thkma.org/cme/continuous_medical_education/)  
within the below designated period for viewing.



Accreditation for Self-Study CME

For Non-specialist Doctors: 1 CME point per episode.

Should you have any enquiry, please contact the HKMA  
CME Department at 2527 8452 or email to [cme@hkma.org](mailto:cme@hkma.org).

Self-Study  
Video

### PROGRAMME

Episode	Theme	Designated period for the Monthly Self-Study Video on the HKMA Website <sup>##</sup>		Remark (Webinar Video Period)
		Start Date	End Date	
1.	Overview of Long Term Care Services for Elderly in Hong Kong 安老服務全攻略	16 February 2024	15 March 2024	Jan 2024
2.	Care for the Carer in the Community 「照顧者」點做好？	16 May 2024	15 June 2024	Apr 2024
3.	Primary Health Care – It's Your Concern 基層醫療－關你事	16 August 2024	15 September 2024	Jul 2024
4.	Trends of Gerontechnology 樂齡科技新趨勢	16 November 2024	15 December 2024	Oct 2024

<sup>##</sup> Dates are subject to change.

Disclaimer: All the webinars shall be recorded and managed by the Hong Kong Medical Association and the Kowloon West Cluster of the Hospital Authority after taking the final consent from each speaker.

## Meeting Highlights

### The Hong Kong Medical Association



Dr TAM, Ching Ting and Dr Kent CHENG giving a CME lecture on 2 November 2023



(From left) Dr LAI, Chun Yip Leo (Speaker), Dr LIN, Wai Chi Ada (Moderator), Dr WONG, Chun Kwan Bonnie (Speaker), Dr MAK, Lung Yi Loey (Speaker) and Dr TSO, Raymond (Moderator) giving the Seminar in Infectious Diseases 2023 on 4 November 2023



Dr YU, Cheong giving a CME Live lecture on 6 November 2023



Dr CHAN, Wai Chung giving a CME lecture on 7 November 2023



Dr CHENG, Shui Ying giving a CME lecture on 8 November 2023



Dr CHOK, Siu Ho giving a CME lecture on 21 November 2023

## The HKMA District Health Network – Central Coordination Committee

### CME lecture for The HKMA DHN (Yau Tsim Mong) cum Network Meeting



(From left) Dr Jovi LAM, Dr LAI, Wing Him (Moderator), Dr LING, Siu Chi Tony and Dr YEUNG, Hip Wo Victor (The HKMA DHN Central Coordinators), Dr CHONG, King Yee (Moderator), Prof WONG, Tak Hing Michael (Speaker) and Dr NG, Tat Ming Simon (Speaker) having a group photo on 11 November 2023



The HKMA DHN Central Coordinator Dr LING, Siu Chi Tony (Right) presenting a souvenir to Speaker Prof WONG, Tak Hing Michael (Left) on 11 November 2023



The HKMA DHN Central Coordinator Dr LING, Siu Chi Tony (Right) presenting a souvenir to Speaker Dr NG, Tat Ming Simon (Left) on 11 November 2023

### CEM lecture for The HKMA DHN (Yau Tsim Mong)



Moderator Dr CHIN, Chu Wah (Left) presenting a souvenir to Speaker Dr HO, Cham On (Right) on 24 November 2023

### CME lecture for the HKMA DHN (Hong Kong East)



Moderator Dr YOUNG, Ying Nam Dominic (Right) presenting a souvenir to Speaker Dr CHEUNG, Chi Yeung (Left) on 30 November 2023

## December 2023

- 18 December (Mon) **The Hong Kong Medical Association**  
2:00-3:00 p.m. Antiplatelet Therapy in 2023:  
From Guidelines to Clinical Practice  
*HKMA CME Live Lecture*  
HKMA CME Dept. – Tel: 2527 8452 
- 19 December (Tue) **The Hong Kong Medical Association and the Gleneagles Hong Kong Hospital**  
2:00-3:00 p.m. HKMA-GHK CME Programme 2023  
Topic on Ophthalmology  
*HKMA CME Hybrid Lecture*  
HKMA CME Dept. – Tel: 2527 8452   

- 20 December (Wed) **The HKMA District Health Network (Central, Western & Southern)**  
2:00-3:00 p.m. Lipid Management in High-risk Patients – What Else From LDL Reduction?  
*HKMA CME Physical Lecture*  
HKMA District Health Network Dept. – Tel: 2861 1979   

- 21 December (Thu) **The Hong Kong Medical Association**  
2:00-3:00 p.m. Updates in Management of Lipid Disorders  
*HKMA CME Live Lecture*  
HKMA CME Dept. – Tel: 2527 8452 

## January 2024

- 2 January (Tue) **The Hong Kong Medical Association and the Hong Kong Sanatorium & Hospital**  
2:00-3:00 p.m. HKMA-HKSH CME Programme 2023-24  
Novel Diagnostics & Therapeutics in Allergy Practice  
*HKMA CME Hybrid Lecture*  
HKMA CME Dept. – Tel: 2527 8452   

- 11 January (Thu) **The Hong Kong Medical Association**  
2:00-3:00 p.m. Patient Counselling on Women's Health Disease: The Use of Hormonal Treatment  
*HKMA CME Live Lecture*  
HKMA CME Dept. – Tel: 2527 8452 
- 18 January (Thu) **The Hong Kong Medical Association and Hong Kong Business Ethics Development Centre**  
2:00-3:00 p.m. Integrity and Professional Ethics for Doctors  
*HKMA CME Live Lecture*  
HKMA CME Dept. – Tel: 2527 8452 

- 19 January (Fri) **The Hong Kong Medical Association**  
2:00-3:00 p.m. Benign Prostatic Hyperplasia and Male Lower Urinary Tract Symptoms: Update on Therapeutic Strategy  
*HKMA CME Live Lecture*  
HKMA CME Dept. – Tel: 2527 8452 
- 22 January (Mon) **The Hong Kong Medical Association and The Chinese University of Hong Kong Centre for Health Education and Health Promotion**  
2:00-3:00 p.m. Respiratory Syncytial Virus (RSV) Infection: Disease Overview, Burden and Update on Management  
*HKMA CME Live Lecture*  
HKMA CME Dept. – Tel: 2527 8452   

- 23 January (Tue) **The HKMA District Health Network**  
2:00-3:00 p.m. The HKMA DHN CME Programme  
Treating Obesity as A Disease in Primary Care Setting  
*HKMA CME Physical Lecture*  
HKMA District Health Network Dept. – Tel: 2861 1979   

- 24 January (Wed) **The Hong Kong Medical Association**  
2:00-3:00 p.m. The Modern Era Precision Medicine on Lung and Breast Cancer Treatment  
*HKMA CME Live Lecture*  
HKMA CME Dept. – Tel: 2527 8452   

- 26 January (Fri) **The HKMA District Health Network**  
2:00-3:00 p.m. The HKMA DHN CME Programme  
Lipid Management in Patients with Mixed-Dyslipidemia - How Can We Do Better?  
*HKMA CME Physical Lecture*  
HKMA District Health Network Dept. – Tel: 2861 1979   

- 29 January (Mon) **The Hong Kong Medical Association**  
2:00-3:00 p.m. Acute Gastroenteritis Management in Pediatric Patients  
*HKMA CME Live Lecture*  
HKMA CME Dept. – Tel: 2527 8452   

- 30 January (Tue) **The HKMA District Health Network**  
2:00-3:00 p.m. The HKMA DHN CME Programme  
Diabetic Neuropathy: Insights to Early Diagnosis and Treatments  
*HKMA CME Physical Lecture*  
HKMA District Health Network Dept. – Tel: 2861 1979   




MERRY

# Christmas

& HAPPY NEW YEAR



香港醫學會  
THE HONG KONG  
MEDICAL ASSOCIATION