www.hkma.org | March 2024
HK$ 100

CME BULLETIN

持續醫學進修專訊

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

Review of Recommendations of Fitness to Drive / Fly – 2024 Suggestions

Dr SO, Yui Chi

CME LIVE

HKMA CME Bulletin
持續醫學進修專訊

Contents

The Hong Kong Medical Association is dedicated to providing a coordinated CME programme for all members of the medical profession. Under the HKMA CME Programme, a CME registration process has been created to document the CME efforts of doctors and to provide special CME avenues. The Association strives to foster a vibrant environment of CME throughout the medical profession. Both members as well as non-members of the Association are welcome to join us. You may contact the HKMA Secretariat for details of the programme.

HKMA CME Bulletin –
MONTHLY SELF-STUDY SERIES to help you grow!

Please read the articles and answer the questions. Participants in the HKMA CME Programme will be awarded credit points under the Programme for returning the completed answer sheet via fax (2865 0943) or by mail to the HKMA Secretariat on or before submission deadline. Questions may also be answered online at www.hkma.org. Answers to questions will be provided in the next issue of the HKMA CME Bulletin.

HKMA CME Programme or CME Bulletin Advertising Enquiry

Tel: 2527 8452
Fax: 2865 0943
Email: cme@hkma.org
Address: 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong
Website: www.hkma.org

CME Bulletin & Online Editorial Board

The HKMA CME Bulletin Electronic Version

In response to the initiative to go green, HKMA CME Bulletin will be distributed electronically to subscribed members starting from January 2023. We understand that some doctors still use printed copies to complete their self-study quizzes; if you prefer to continue receiving printed copies, please kindly scan the QR code below and complete the e-form, or contact the Secretariat at 2527 8452 or cme@hkma.org to sign-up.

CME Bulletin Printed Copy Request Form:

EDITORIAL – March 2024 Issue

Dr HO, Hung Kwong Duncan
Chief Editor, The Hong Kong Medical Association CME Bulletin

As our city emerges from the shadows of the COVID era, embracing the newfound freedom of going maskless, many among us have likely felt the toll of the widespread respiratory infections that marked the last winter season. Concurrently, our aviation sector is actively on the lookout for new hires to manage the surge in travellers. In this context, Dr SO, Yui Chi's timely article sheds light on evaluating cardiac health for those aspiring to fly, whether as pilots or cabin crew members.

The approach to medical education in Hong Kong is comprehensive, emphasising not just the acquisition of medical knowledge and skills but also the importance of community, mentorship, and professional growth. Hence, participating in activities organised by the Hong Kong Medical Association is deemed just as crucial as the academic pursuit itself.

Here's to hoping for a year filled with both physical and mental vitality for everyone.

Review of Recommendations of Fitness to Drive/Fly – 2024 Suggestions

This year, I'll update the recommendations of driving including the non-obstructive coronary artery disease. Also, I would summarise the functional test criteria accepted for driving and pilot flight.

Dr SO, Yui Chi
MBBS(HK), FRCP, FACC
Specialist in Cardiology
Private practice, Hon Cardiologist , Matilda Hospital

Mechanics of high altitude:

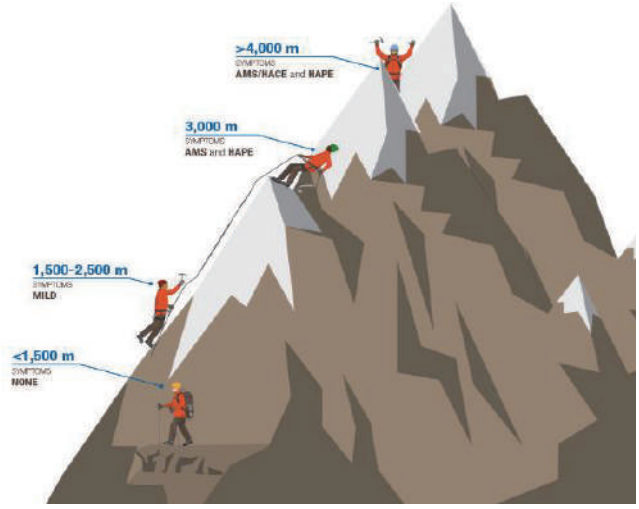
Before we start to go through the recommendations, we should understand the mechanics of air flight. Normally, aircraft fly between 6500m-13500m. However, the aircraft is usually pressurized to about 1500-2500m (5000-8000 feet) with Pa O2 9 kPa (O2 saturation drop about 3% to around 92-95%). Basically, if you fly above 3500m without pressurizing the plane, you should have below 88% Saturation of O2 with around 6 kPa.

The effects of hypoxia will cause local vasodilation of coronary and cerebral blood vessels. That will increase cardiac contractility, cardiac output and tachycardia as compensatory responses. The respiratory centre of the mid-brain will also stimulate hyperventilation too.

The barometric pressure of the cabin is about 565 mmHg (sea level is 760 mmHg). According to Bohr Effect, air cavity will expand 30% if in an enclosed cavity such as surgical wound.

The humidity inside the cabin is around 10-20%. The excess water evaporation (usually around 200 ml for 6-8 hours flight) are easily compensated by our body adaptive mechanism.

Recommendations for flight:



1. Heart failure – NYHA 1 and 2 – No restriction; Class 3 (Breathless on walking 100 meters)– May need O2; Class 4 (breathless at rest)– Not fit with travel unless medical assistance with O2

   For acute heart failure, fly after 6 weeks of stabilization.

2. Angina – CCS 1-2 – No restriction; Class 3 (chest pain on minimal exertion) – May need O2; Class 4 (chest pain at rest) defer travel.

3. Post MI

   Low risk- EF>45%, age <65, No complications; No further revascularisation need – fly after 3 days

   Medium risk EF>40%, No complications and no further interventions- fly after 10 days

   High risk EF<40% – defer travel until stabilization.

4. Elective PCI (angioplasty) – For uncomplicated PCI; Can fly after 2 days

5. Elective CABG- can fly after 10 days if no complications.

6. Following pacemaker implantation- 2 weeks after the procedure; can be as early as 2 days if documented no pneumothorax. Pacemaker must be checked before travel to assure stable parameters and enough battery power. A baseline ECG should be provided

7. ICD implanted – as pacemaker recommendations + rhythm stability should be attained before travel. ICD must be checked before travel to assure stable parameters and enough battery power. A baseline ECG should be provided

8. Arrhythmia – if stable; No hemodynamic disturbance with fainting or becomes more frequent – No restriction.

9. After EPS + ablation – delay 1 week better to avoid DVT and can fly 2 days after the procedure if avoidance steps of DVT taken with no recurrence of rhythm

10. Canadian Cardiac Society recommends a Hemoglobin level Hg >= 9 g/L before travel

Deep vein thrombosis: Prophylaxis

There should be no increase in DVT for normal people. But some high risk people such as recent DVT, pelvic malignancies, oral contraceptives, genetic variant (factor V Leiden) and surgery lasting >30 min within last 4 weeks maybe prone to recurrency of DVT.

General measures such as enough hydration, addition of compression stockings and avoid alcohol intake

Enoxiparine 40 mg injected before the flight and on the following day is recommended for high risk patients.

Fitness to drive (own private vehicle) due to Cardiovascular Incidents

Recommendations:

1. Heart Failure: NYHA Functional class 1 and 2 – No restriction. Class 3 with no signs of cerebral ischemia and dyspnea at rest – No restriction. Otherwise, class 3 and 4 with resting symptoms – defer and reassess every 6 months. Can only resume if symptoms control and Echo – EF>40%

2. Angina – Stable – No restriction; Unstable – Disqualified – Must not drive if resting chest pain or with emotion; chest pain on wheel already.

3. PCI (angioplasty) – can resume driving 2-7 days if uncomplicated procedure. For commercial heavy vehicle, patients can resume after 6 weeks if stress test is normal.

4. Myocardial Infarction – Uncomplicated cases can resume driving 2 weeks later; Complicated cases need revascularization and stabilize with no symptoms for at least 1 month.

5. CABG/Open heart surgery- at least 4 weeks and for heart transplant at least 8 weeks. For mid CAB or minimal invasive surgery) can consider shortening the waiting time for driving.

6. Arrhythmia

   Atrial:

   SVT – No restriction if no cerebral ischemic symptoms; If symptomatic, patient can resume driving after controlled by ablation or antiarrhythmic drugs for 4 weeks For commercial driving, it should be banned for 3 months. Resume if Echo showed LV EF>40%

   AF- With symptoms of cerebral ischemia such as dizziness or syncope should be banned from driving Otherwise if asymptomatic, driving is allowed.

   Sick sinus node – No restriction if no symptoms and banned for driving if symptomatic

   LBBB, RBBB, Bifascicular block; First degree block; Type IIa block; Intraventricular block --- No restrictions if asymptomatic.

   Type IIb, trifascicular block, acquired 3rd degree block – should be banned from driving. Patients should be implanted with a pacemaker and resume driving 4 weeks later if asymptomatic.

   Ventricular:

   Non- sustained VT – No restriction if asymptomatic.

   Sustained VT, VF, cardiac arrest – should be assessed by cardiologist general principle is to defer for at least 6 months without any arrhythmic events; there should have an adult by – seater

7. After ICD – should defer 6 months without any shock/ arrhythmic events. For commercial driving, patient should be banned permanently.

8. After pacemaker – Can resume driving after 1 week if asymptomatic and pacemaker function well. For commercial driving, patient should wait for 6 weeks before driving again

9. Hypertension – For private car driving, no restriction unless malignant hypertension especially with cerebral ischemia. For commercial drive, SBP > 180 mmHg or DBP > 100 mmHg should be banned driving.

10. Hypotension – No restriction if asymptomatic; Ban from driving if symptomatic with sitting causing cerebral hypoperfusion and especially during clusters of attacks

11. Cardiomyopathy (HCM; dilated CMP etc) No restriction if asymptomatic; if signs of cerebral ischemia such as dizziness and syncope should ban from driving. Follow other disease entities listed in above guidelines too. If 5 year sudden death rate is above >6% (using calculator formula in ESC), he should be banned.

12. Valve disease – No restriction if asymptomatic; If signs of cerebral ischemia banned for driving; For severe AS- it is defined as- either AV area <1 cm2; Mean Grad >40 mmHg/ Jet velocity >4 m/sec. Driving should be banned.

13. Valve replacement- Patient usually wait for 6 weeks post-op to resume driving. Stabilize the anticoagulants if prescribed.

14. Specific ECG:-

    Long QT –symptomatic (loss of consciousness/faint) should be banned; Must not drive if history of torsades de Points; QTc > 500 ms (milliseconds)

    Brugada – symptomatic (LOC/faint) or rescued cardiac arrest – banned

    LBBB- can drive if no underlying conditions

    WPW – can drive if no other underlying conditions. No previous episodes of LOC or cardiac arrest.

15. Congenital heart disease – can drive if asymptomatic

16. Aortic aneurysm- Must not drive if >6.5 cm in diameter for private car; >5.5 cm for commercial car

17. INOCA (Ischemia with non-obstructive arteries – Private car – No symptoms; Business car- must have no symptoms for 6 weeks and passed the necessary stress test.

18. ACS (include MINOCA Myocardial infarction with non – obstructive arteries) + Takotsubo cardiomyopathy- 1 week post PCI and LV function EF > 40% on discharge. For commercial drive, 6 weeks post event and pass the stress testing.

19. Coronary artery disease- Just found on incidental finding in Coronary angiogram or CT coronary angiogram. Functional stress testing criteria below for driving must be passed

20. Spontaneous Coronary artery dissection- Can resume private driving after 4 weeks. For commercial drive, driving should be banned

21. gf Marfan Sx- May not drive if aortic aneurysm > 5 cm.

    Functional testing for driving:-

    Treadmill:-

    Need not stop anti-anginal drugs.

    Must be a Bruce protocol with at least Stage 3 (9 minutes).

    For cycling (20 Watts rise per minute i.e. around 200 Watts totally) within 10 minutes

    No significant ischemia induced (2 mm ST changed). No angina. No syncope.No BP drop of 20 mm Hg or more. No significant arrhythmia induced.

    Stress Myocardial perfusion scan or stress echo:-

    No > 10% is affected by ischemia.

    No > 1 segment is affected by stress echo.

Other common medical conditions to restrict driving

1. Syncope – If cause can be found and treated, stop for 4 weeks. If cause is not found, stop for 6 months.

2. Epilepsy – should have no fit for 1 year

3. Serious head injury – 6- 12 months of ban driving – depends on residual disabilities

4. Narcolepsy must be controlled.

5. Dementia – Medical annual review of fitness

6. Habit drug use- 1.Ectasy, Cannabis, Amphetamine – stopped for 6 months and screening regularly. 2. Heroine, Morphine, Cocaine – stop for 1 year and screening regularly.

From the above discussion, you can perceive that the air traveler and private car driver, more or less experience the same restrictions. Fundamentally, the mechanism of tolerance is different for air travel. Patients have to deal with dryness of air and borderline hypoxia sometimes with long haul. For the driver, we should concentrate on the reaction time of the driver (cerebral hypoperfusion matters) even if he gets an underlying cardiac disease or recent operation. We safeguard the patient and the road users as well. It is not an easy task but hopefully, after reading this article, you can have some grasp of ideas behind the recommendations summarizing after several international protocols.

Conclusion:

Life is not easy. Doctors just try to prevent misshapens but never eradicate all the sudden death risk.

Final but not the least, kindly consult your specialist colleague in case of doubt in giving the advice of travel/drive. It means lives!

The above recommendations just summarized several international guidelines, it is by no means of legal binding obligations and individual decision of the patient's condition is recommended.

References:-

1. Fitness to fly for CVS disease- report of the British CVS society. Heart 2010;96: ii1-ii16
2. Assessing fitness to drive by DVLA UK 2024
3. Assessing fitness to drive 2016 NTC – Australia
4. Manual of civil aviation -ICAO 2012
5. Fit to fly; MPS 2014
6. Medical standards – UK Civil Aviation Authority

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.

Please indicate whether the following statements are true or false.

1. Aircraft cabin pressure is pressurized to 760 mmHg.
2. Treadmill functional testing (Bruce protocol) must be attained to at least Stage 3
3. Heart Failure Stage 2 patients can air travel freely without restrictions.
4. Post MI uncomplicated patients should be banned from travelling for 1 week.
5. For elective angioplasty, he can travel on day 3 post -operatively.
6. For patients with unstable angina should be banned for driving.
7. Post elective angioplasty patient should not drive for 3 days.
8. Atrial Fibrillation (AF) patients should be banned for driving if asymptomatic
9. Asymptomatic hypertension patients should not drive.
10. Asymptomatic lorry driver with SBP >180 mm Hg should not drive.

Answer to February 2024

Spotlight – Vitamin D and Bone Health in Older Adults

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

香港醫生網
The Hong Kong Doctors Homepage

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 content of the March 2024 Cardiology Series is provided by:
Dr WONG, Chi Yuen
MBBS (HK), FHKCP, FHKAM (Medicine), FRCP (Edin), Specialist in Cardiology
Dr CHUI, Shing Fung
MBChB (CUHK), FRCP (Glasg, Edin), FACC, FHKCP, FHKAM (Medicine), Specialist in Cardiology
三月臨床心臟科個案研究之內容承蒙**黃志遠醫生**及**徐城烽醫生**提供。

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

A 68-Year-Old Man with Palpitations, Chest Pain, and Abnormal ECG Findings

A 68-year-old man with unremarkable past medical history complained of on and off fast palpitation for 4 days with sudden onset of retrosternal chest pain for recent 1 hour. Upon arrival to Emergency Room, his BP was 130/70, pulse rate was 140 BPM, SpO2 98% in room air. ECG was performed in Emergency Room (Figure 1).

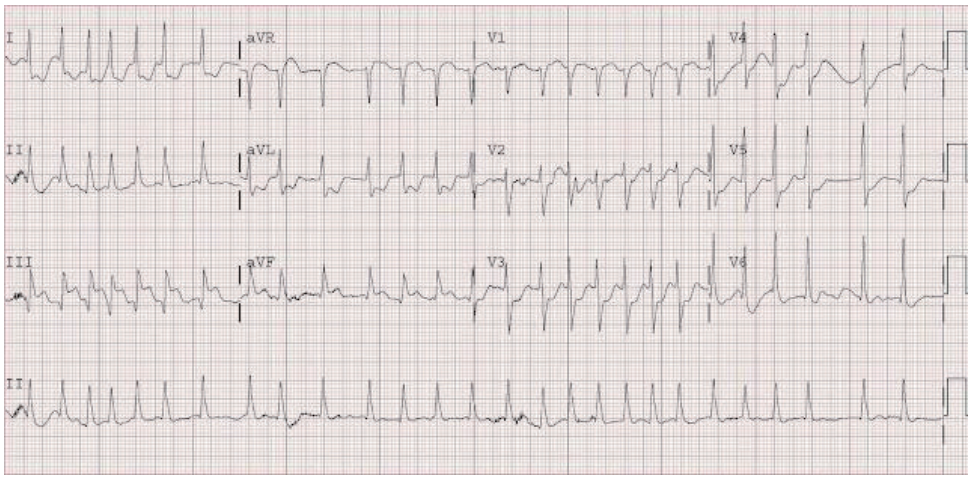


Figure 1

Q&A Please answer ALL questions

Answer these on page 10 or make an online submission at: www.hkma.org.

1. **What is the correct description of the ECG?**
   A. ST elevation in inferior leads
   B. Left bundle branch block
   C. Atrial fibrillation
   D. A and C
   E. A, B and C

2. **What would be the appropriate step(s) of action?**
   A. DC Cardioversion
   B. Emergent invasive coronary angiogram
   C. IV amiodarone
   D. IV diltiazem
   E. B and D

Emergency coronary angiogram showed filling defect at distal right coronary artery (RCA) occluding the blood flow. After catheter based thromectomy, the flow was restored final angiogram showed completely normal coronary artery.

3. **What would be the appropriate step(s) of action?**
   A. Coronary stenting of the previously occluded part of RCA
   B. Aspirin and P2Y12 inhibitor
   C. Warfarin
   D. Direct oral anticoagulants
   E. C or D

4. **Which of the following conditions can manifest as ST elevation myocardial infarction (STEMI) type of ECG in absence of atherosclerotic plaque?**
   A. Spontaneous coronary artery dissection
   B. Takotusbo cardiomyopathy (stress-induced cardiomyopathy)
   C. Coronary spasm
   D. Brugada syndrome
   E. All of the above

Cardiology February Answers

Explanation:

Answers: 1. C 2. C 3. C

Constrictive pericarditis, restrictive cardiomyopathy and severe tricuspid regurgitation can all present with features of right heart failure and similar haemodynamic findings. In patient with constrictive pericarditis, expansion of heart chamber is limited by the noncompliant pericardium, causing enhanced ventricular-interdependence and dissociation of intrathoracic and extrathoracic pressures.

Useful distinguishing echocardiographic features of constrictive pericarditis are shifting of LV septum during respiratory cycle, respiratory flow variation of mitral and tricuspid inflow, normal myocardial relaxation and higher septal e' than lateral e'. Discordant respiratory changes of LV and RV pressures is a specific hemodynamic finding, but its absence does not exclude constrictive pericarditis. Early elevation and equalization of LV and RV diastolic pressures is frequent but less specific findings.

Clinical history including prior viral infection and pericardial effusion, increased pericardial thickness on CT and CMR also points to constrictive percarditis.

Pericardiectomy is the definitive surgical treatment, if the patient is unresponsive to anti-inflammatory therapy and treatment of primary causes.

The content of the February 2024 Cardiology Series is provided by:
Dr WONG, Chi Wing
LMCHK, FHKCP, FHKAM(Med), Specialist in Cardiology
Dr FONG, Man Chi
MB ChB (CUHK), FHKCP, FHKAM(Med), Specialist in Critical Care Medicine
二月臨床心臟科個案研究之內容承蒙**黃子榮醫生**及**方敏枝醫生**提供

Dermatology February Answers

1. **C**
   Neonatal lupus erythematosus (NLE) is a variant of LE found in neonates and infants. About 50-78% of babies with NLE demonstrate cutaneous manifestations, with onset usually at one month old like our patient. However, up to 23% of affected babies present at birth, especially the cardiac manifestations and occasionally the cutaneous signs. The rash, often in the sun exposure area, e.g. facial erythema especially periorbitally being called as raccoon eyes and could be annular, discoid or atrophic lesions and also with telangiectasia mimicking petechia. In addition to the cutaneous eruption, mucosal ulcerations have been reported in several affected babies. Lesions have been described on the palms and soles also in 5% of affecting babies. Typically, new lesions do not occur after 3 months of age. **Acropustulosis of infancy** presents with small, itchy vesicles and pustules on the palms and soles of infants in the first 2-3 years of life and is preceded by scabies in some cases presenting an allergic reaction to the scabies mites. **Hand foot mouth disease**, caused by enteroviruses e.g. *coxsackie virus*, is a common viral infection affecting young children and presents with blisters on the hands, feet, and around or inside the mouth. The blisters evolve over time from flat pink macules to small, elongated, red-greyish blisters and peel off within a week without leaving a scar. **Erythema multiforme (EM)** is an immune-mediated mucocutaneous condition characterized by 'target' lesions (3 concentric rings) most commonly over acral area and occasionally with lip involvement in EM major. Infection precipitates majority of cases, with *herpes simplex virus* type 1 being the predominant cause. In case of failure to diagnose and treat **congenital syphilis** early, persistent inflammation may lead to scarring and gumma formation over skin and mucous membrane developed in the first few weeks of life.

2. **D**
   The diagnosis of NLE is most important as a marker for the mother, who may have autoimmune disease at time of delivery (~50%) or who are asymptomatic but at increased risk for developing systemic lupus erythematosus, Sjogren syndrome or overlap syndromes within 3 years from baby's diagnosis.

3. **B**
   NLE is associated with anti-Ro (SS-A) and anti-La (SS-B), and anti-U1 RNP (nRNP) antibodies.

4. **A**
   NLE is the most common cause of congenital atrioventricular heart block which is found in about 15-30% of affected babies, while 10% of patients with cardiac disease would have cardiomyopathy. In different to the transient nature of cutaneous eruptions, the congenital heart block is usually irreversible. Most patients would progress from first- or second-heart block to third-degree block rapidly, and two-thirds of them require pacemakers.

Dermatology Series for February 2024 is provided by:
Dr NG, Shun Chin, Dr TANG, Yuk Ming William, Dr CHAN, Hau Ngai Kingsley, Dr LEUNG, Wai Yiu, Dr KWAN, Chi Keung, Dr CHENG, Hok Fai and Dr KOH, Chiu Choi
Specialists in Dermatology & Venereology
二月皮膚科個案研究之內容承蒙**吳順展醫生**、**鄧旭明醫生**、**陳厚毅醫生**、**梁偉耀醫生**、**關志強醫生**、**鄭學輝醫生**及**許招財醫生**提供。

Dermatology Series for March 2024 is provided by:
Dr CHENG, Hok Fai, Dr TANG, Yuk Ming William, Dr CHAN, Hau Ngai Kingsley, Dr LEUNG, Wai Yiu, Dr KWAN, Chi Keung, Dr NG, Shun Chin and Dr KOH, Chiu Choi
Specialists in Dermatology & Venereology
三月皮膚科個案研究之內容承蒙**鄭學輝醫生、鄧旭明醫生、陳厚毅醫生、梁偉耀醫生、關志強醫生、吳順展醫生及許招財醫生**提供。

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

A 70-year-old Man Presented with Increasingly Painful Skin Rash for 5 Days

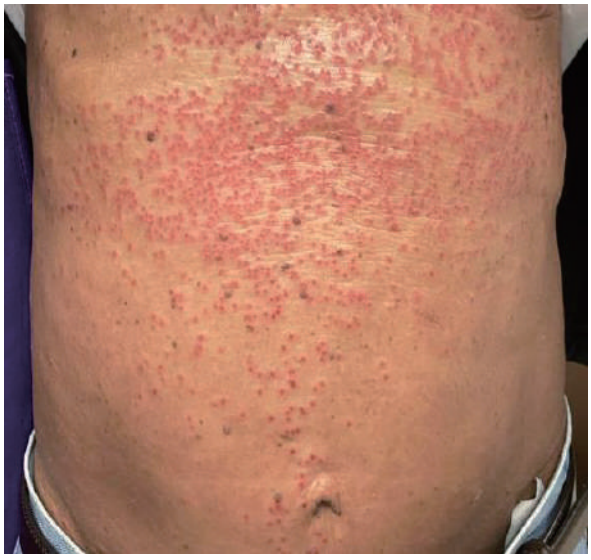


Figure 1

A 70-year-old man presented with an increasingly painful skin rash for five days. He has a history of chronic dermatological condition for which he has been put on topical steroid for disease control. His past medical health is otherwise unremarkable. There is no drug allergy. Clinically he is afebrile and vital signs are stable.

Q&A Please answer ALL questions

Answer these on page 10 or make an online submission at: www.hkma.org.

1. What is the clinical diagnosis?

A. Eruptive pruritic papular porokeratosis
B. Hypokeratosis
C. Pemphigus vulgaris
D. Eczema herpeticum
E. Dermatitis artefacta

2. What would be the investigation of choice?

A. Diagnostic skin biopsy
B. Skin swab for bacterial culture
C. Skin scraping for scabies
D. Ask the patient not to scratch and review in a week for progress
E. Skin swab for polymerase chain reaction for herpes virus DNA

3. What would be the immediate follow up action?

A. Frequent application of moisturizer to expedite recovery
B. Painkillers
C. Oral prednisolone
D. Empirical oral anti-viral therapy
E. Topical tacrolimus

4. What is the responsible mechanism that gives rise to this condition?

A. Genetic mutation causing defective epidermopoiesis
B. A breach of epidermal barrier as the portal of entry for microbes
C. Exogenous mechanical damage to the skin
D. Circulating pathogenic auto-antibody targeting on skin surface epitopes
E. Effects from prolonged ultra-violet light exposure

Name

HKMA Membership No.

HKID No. ☐☐ - ☐☐☐ xxx(x)

Signature:

Contact Tel No.:

Answer Sheet

March 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

Cardiology

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

1	2	3	4

Dermatology

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

1	2	3	4

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 or Fax: 2865 0943) on or before 15 April 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/).

Don't wait! Please register and create your own account through https://www.thkma.org/members/register.phpc (*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/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/ 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.

HK-EUT-00099 (Jan 2024)

Euthyrox® Based on MRP SPC from 11 March 2021 Please refer to the Summary of Product Characteristics for further information Presentation: Euthyrox® 25/50/100 microgram (µg) tablets containing 25/50/100 microgram of Levothyroxine sodium respectively. Other ingredients: Maize starch, Citric acid, anhydrous, Croscarmellose sodium, Gelatine, Magnesium stearate, Mannitol (E421) Indications: Euthyrox® 25-200 µg: Substitution therapy in hypothyroidism, Suppression therapy in thyroid cancer, Additional indication for Euthyrox® 25 -100 µg: Concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism, General dosage recommendations: The dosage recommendations given are only for guidance, The individual daily dose should be determined on the basis of laboratory tests and clinical examinations, As a number of patients show elevated concentrations of T4 and fT4, basal serum concentration of thyroid stimulating hormone provides a more reliable basis for following treatment course, Thyroid hormone therapy should be started at low dose and increased gradually every 2 to 4 weeks until the full replacement dose is reached, Paediatric Population: For neonates and infants with congenital hypothyroidism, where rapid replacement is important, the initial recommended dosage is 10 to 15 micrograms per kg BW per day for the first 3 months, Thereafter, the dose should be adjusted individually according to the clinical findings and thyroid hormone and TSH values, In older patients, in patients with coronary heart disease, and in patients with severe or long-existing hypothyroidism, special caution is required when initiating therapy with thyroid hormones, that is, a low initial dose (for example 12,5 microgram/day) should be given which should then be increased slowly and at lengthy intervals (e.g, a gradual increment of 12,5 microgram/day fortnightly) with frequent monitoring of thyroid hormones, A Dosage, lower than optimal dosage giving complete replacement therapy, consequentially not resulting in a complete correction of TSH level, might therefore need to be considered, Experience has shown that a lower dose is sufficient in low-weight patients and in patients with a large nodular goiter, Substitution therapy in hypothyroidism in adults: initial dose 25-50 µg/d, maintenance dose 100-200 µg/d, Substitution therapy in hypothyroidism in children: initial dose 12,5-50, maintenance dose 100 - 150 microgram/m² body surface, Concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism: 50-100µg/d, Suppression therapy in thyroid cancer: 150-300 µg/d, Method of Administration: The daily doses can be given in a single administration, Administration: Ingestion: as a single daily dose in the morning on an empty stomach, half an hour before breakfast, preferably with a little liquid, (for example, half a glass of water), Infants receive the entire dose at once at least 30 minutes before the first meal of the day, Tablets are to be disintegrated in some water and the resultant suspension, which must be prepared freshly as required, is to be administered with some more liquid, Duration of treatment is usually for life in the case of substitution in hypothyroidism, Concomitant therapy of hyperthyroidism after achieving euthyroid status is indicated for the period in which the anti-thyroid drug is given, Contraindications: Hypersensitivity to the active substance or to any of the excipients, Untreated adrenal insufficiency, untreated pituitary insufficiency, and untreated thyrotoxicosis, Treatment with Euthyrox® must not be initiated in acute myocardial infarction, acute myocarditis, and acute pancarditis, Combination therapy of levothyroxine and an antithyroid agent for hyperthyroidism is not indicated during pregnancy, Special warnings and precautions: Before starting therapy with thyroid hormones, the following diseases or medical conditions should be excluded or treated: coronary failure, angina pectoris, arteriosclerosis, hypertension, pituitary insufficiency, Thyroid autonomy should also be excluded or treated before starting the therapy with thyroid hormones, In case of adrenocortical dysfunction, this should be treated before starting the therapy with levothyroxine by adequate replacement treatment to prevent acute adrenal insufficiency, When initiating levothyroxine therapy in patients at risk of psychotic disorders, it is recommended to start at a low levothyroxine dose and to slowly increase the dosage at the beginning of the therapy, Monitoring of the patient is advised, If signs of psychotic disorders occur, adjustment of the dose of levothyroxine should be considered, Even slight drug-induced hyperthyroidism must be avoided in patients with coronary failure, cardiac insufficiency or tachycardiac arrhythmias, Hence frequent checks of thyroid hormone parameters must be made in these cases, In the case of secondary hypothyroidism the cause must be determined before replacement therapy is given and, if necessary, replacement treatment of a compensated adrenal insufficiency must be commenced, Where thyroid autonomy is suspected a TRH test should be carried out or a suppression scintigram obtained before treatment, Hemodynamic parameters should be monitored when levothyroxine therapy is initiated in very low birth weight preterm neonates as circulatory collapse may occur due to the immature adrenal function, In postmenopausal women with hypothyroidism and an increased risk of osteoporosis supra-physiological serum levels of levothyroxine should be avoided, and, therefore, thyroid function should be checked closely, Levothyroxine should not be given in hyperthyreotic states other than as concomitant supplementation during anti-thyroid drug treatment of hyperthyroidism, Thyroid hormones should not be given for weight reduction, In euthyroid patients, treatment with levothyroxine does not cause weight reduction, Substantial doses may cause serious or even life-threatening undesirable effects, Levothyroxine in high doses should not be combined with certain substances for weight reduction, i.e, sympathomimetics (see section Overdose), If a switch to another levothyroxine-containing product is required, there is a need to undertake a dose monitoring including a clinical and biological monitoring during the transition period due to a potential risk of thyroid imbalance, In some patients, a dose adjustment could be necessary, Hypothyroidism and / or reduced control of hypothyroidism may occur when orlistat and levothyroxine are co-administered, Patients taking levothyroxine should be advised to consult a doctor before starting or stopping or changing treatment with orlistat, as orlistat and levothyroxine may need to be taken at different times and the dose of levothyroxine may need to be adjusted, Further, it is recommended to monitor the patient by checking the hormone levels in the serum, For diabetic patients and patients under anticoagulant therapy, see section Interactions, This medicinal product contains less than 1 mmol sodium (23 mg) per tablet, i.e, essentially 'sodium-free', Interactions: Anti-diabetic agents: Levothyroxine may reduce the effect of antidiabetic agents, For this reason, blood glucose levels should be checked frequently at the start of thyroid hormone therapy and the dosage of the antidiabetic agent has to be adapted, if necessary, Coumarin derivates: The effect of anti-coagulant therapy can be intensified as levothyroxine displaces anti-coagulative drugs from plasma proteins, which may increase the risk of haemorrhage, e.g, CNS or gastrointestinal bleeding, especially in elderly patients, Therefore, it is necessary for coagulation parameters to be checked regularly at the start of and during concomitant therapy, If necessary, the dosage of the anti-coagulative drug has to be adapted, Drugs containing ritonavir (or other Protease inhibitors): Monitor thyroid-stimulating hormone (TSH) in patients treated with levothyroxine for at least the first month after starting and ending ritonavir (or other Protease inhibitors) treatment, Phenytoin: Phenytoin may influence the effect of levothyroxine by displacing levothyroxine from plasma proteins resulting in an elevated fT4 and fT3 fraction, On the other hand, phenytoin increases the hepatic metabolization of levothyroxine, Close monitoring of thyroid hormone parameters is recommended, Colestyramine, Colestipol Ingestion of ion exchange resins such as cholestyramine and colestipol inhibits the absorption of levothyroxine sodium, Levothyroxine sodium should therefore be taken 4-5 hours before administration of such products, Aluminium, iron, and calcium salts: Aluminium-containing drugs (antacids, sucralfate) have been reported in the pertinent literature as potentially decreasing the effect of levothyroxine, Drugs containing levothyroxine should therefore be administered at least 2 hours prior to the administration of aluminium-containing drugs, The same applies to medicinal products containing iron and calcium salts, Salicylates, dicumarol, furosemide, clofibrate: Salicylates, dicumarol, furosemide in high doses (250 mg), clofibrate and other substances can displace levothyroxine sodium from plasma proteins, resulting in an elevated fT4 fraction, Proton Pump Inhibitors (PPIs): Co-administration with PPIs may cause a possible decrease in absorption of the thyroid hormones due to the increase of the intragastric pH caused by PPIs, Regular monitoring of thyroid function and clinical monitoring is recommended with a possible increase in the dose of thyroid hormones, Orlistat: Hypothyroidism and / or reduced control of hypothyroidism may occur when orlistat and levothyroxine are taken at the same time, This could be due to a decreased absorption of iodine salts and / or levothyroxine, Sevelamer: Sevelamer may decrease levothyroxine absorption, Therefore, it is recommended that patients are monitored for changes in thyroid function at the start or end of concomitant treatment, If necessary, the levothyroxine dose has to be adjusted, Tyrosine kinase inhibitors: Tyrosine kinase inhibitors (e.g, imatinib, sunitinib) may decrease the efficacy of levothyroxine, Therefore, it is recommended that patients are monitored for changes in thyroid function at the start or end of concomitant treatment, If necessary, the levothyroxine dose has to be adjusted, Propylthiouracil, glucocorticoids, beta-sympatholytics, amiodarone and iodine containing contrast media: These substances inhibit the peripheral conversion of T4 to T3, Due to its high iodine content amiodarone can trigger hyperthyroidism as well as hypothyroidism, Particular caution is advised in the case of nodular goitre with possibly unrecognized autonomy, Sertraline, chloroquine/proguanil: These substances decrease the efficacy of levothyroxine and increase the serum TSH level, Enzyme inducing medicinal products: Enzyme inducing medicinal products such as barbiturates or carbamazepine can increase hepatic clearance of levothyroxine, Estrogens: Women using oestrogen-containing contraceptives or postmenopausal women under hormone-replacement therapy may have an increased need for levothyroxine, Soy-containing compounds: Soy-containing compounds can decrease the intestinal absorption of levothyroxine, Therefore, a dosage adjustment of Euthyrox may be necessary, in particular at the beginning or after termination of nutrition with soy supplements, Fertility, Pregnancy, Lactation, Treatment with levothyroxine should be given consistently during pregnancy and breast-feeding in particular, Dosage requirements may even increase during pregnancy, Since elevations in serum TSH may occur as early as 4 weeks of gestation, pregnant women taking levothyroxine should have their TSH measured during each trimester, in order to confirm that the maternal serum TSH values lie within the trimester-specific pregnancy reference range, An elevated serum TSH level should be corrected by an increase in the dose of levothyroxine, Since postpartum TSH levels are similar to preconception values, the levothyroxine dosage should return to the pre-pregnancy dose immediately after delivery, A serum TSH level should be obtained 6-8 weeks postpartum, Pregnancy: Experience has shown that there is no evidence of drug-induced teratogenicity and/or foeto-toxicity in humans at the recommended therapeutic dose level, Excessively high dose levels of levothyroxine during pregnancy may have a negative effect on fetal and postnatal development, Combination therapy of hyperthyroidism with levothyroxine and antithyroid agents is not indicated in pregnancy, Such combination would require higher doses of anti-thyroid agents, which are known to pass the placenta and to induce hypothyroidism in the infant, Thyroid suppression diagnostic tests should not be carried out during pregnancy, as the application of radioactive substances in pregnant women is contraindicated, Breast-feeding: Levothyroxine is secreted into breast milk during lactation, but the concentrations achieved at the recommended therapeutic dose level are not sufficient to cause development of hyperthyroidism or suppression of TSH secretion in the infant, Undesirable effects: Where the individual tolerance limit for levothyroxine sodium is exceeded or after overdose it is possible for the following clinical symptoms typical of hyperthyroidism to occur, especially if the dose is increased too quickly at the start of treatment: cardiac arrhythmias (e.g, atrial fibrillation and extrasystoles), tachycardia, palpitations, anginal conditions, cephalalgia, muscular weakness and cramps, flushing, fever, vomiting, disorders of menstruation, pseudotumor cerebri, tremor, restlessness, insomnia, hyperhidrosis, weight loss, diarrhea, In such cases the daily dose should be reduced, or the medication withdrawn for several days, Therapy may be carefully resumed once the adverse reactions have disappeared, In case of hypersensitivity to any ingredients of Euthyrox® allergic reactions particularly of the skin (rash, urticaria) and the respiratory tract may occur, Cases of angioedema have been reported, Overdose: An elevated T3 level is a reliable indicator of overdose, more than elevated T4 or fT4 levels, After overdose the symptoms of a sharp increase in the metabolic rate occur (see section Undesirable effects), Depending on the extent of the overdose it is recommended that treatment with the tablets is interrupted and that tests are carried out, Symptoms consisting of intense beta-sympathomimetic effects such as tachycardia, anxiety, agitation and hyperkinesia can be relieved by betablockers, After extreme doses plasmapheresis may be of help, In predisposed patients isolated cases of seizures have been reported when the individual dose tolerance limit was exceeded, Overdose of levothyroxine may result in symptoms of hyperthyroidism and could lead to acute psychosis, especially in patients at risk of psychotic disorders, Several cases of sudden cardiac death have been reported in patients with long years of levothyroxine abuse, Please refer to locally approved Summary of Product Characteristics as prescribing information may vary from country to country, Manufacturing site: Merck Healthcare KGaA Frankurter Str.250, 64293 Darmstadt, Germany Abbreviated prescribing information should be reviewed and approved for local use as per local regulatory and code requirements Last revision: May 2023

Merck Pharmaceutical (HK) Ltd. Address: 11/F, Elite Centre, 22 Hung To Road, Kwun Tong, Hong Kong Phone: +852 2170 7700 Fax: +852 2345 2040

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

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

zoom LIVE

Date	Topic	Speaker
Friday, 19 April 2024	COVID-19 Vaccine Performance: Interpreting Efficacy, Effectiveness, and Immunogenicity	Dr LAM, Wilson *Specialist in Infectious Disease*

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

Registration Deadline: Thursday, 18 April 2024

Registration: Please register through
https://https://forms.gle/YUPMFq9NbhSSN39u5
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 thee 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 thee lecture with at least 50% correct.

Enquiry: Please contact the HKMA CME Department at 2527 8452 or email to cme@hkma.org.

Sponsor: moderna

CME Live

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

The HKMA CME Live Lecture in April 2024

CME LIVE
zoom LIVE

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

	Date	Organiser and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	22 April 2024 (Monday)	**The Hong Kong Medical Association** ROSACEA - Diagnosis and Treatment *Sponsor: Galderma Hong Kong Limited*	**Dr CHAN, Chun Yin Johnny** *Specialist in Dermatology and Venereology*	1	Yes
2.	26 April 2024 (Friday)	**The Hong Kong Medical Association** Understandings of Colorectal Polyps and Polyposis Syndromes Advancement in Early Detection and Prevention of Recurrence *Sponsor: G-NiiB, Genie Biome Limited*	**Dr LO, Siu Hung** *Specialist in General Surgery*	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.**

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 (excluding references).
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-from 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.

We welcome submissions for consideration which are original and not under consideration for any other publication at the same time. Articles submitted will be checked using originality detection software. For details please contact CME Bulletin Editorial Office of the HKMA.

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

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

Physical

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.	Thursday, 18 April 2:00 – 3:00 pm	Topic: Guarding Against Hidden Threat – The Local Rising Disease Burden of HPV-Related OPC Speaker: Dr YAU, Kay Chung Julian *Specialist in Otorhinolaryngology* Venue: Star Room, 42/F, Cordis, Hong Kong, 555 Shanghai Street, Mongkok, Kowloon, Hong Kong *Sponsor: MSD Hong Kong*	Registration Deadline: Thursday, 11 April 2024 https://forms.gle/aWJtzdxiDzV1sVDB9

Capacity : 65

CME Accreditation : For Non-specialist Doctors: 1 CME point
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.

CME Hybrid

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/
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 : Tuesday, 26 March 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 2527 8452 or email to cme@hkma.org.

Date (Tuesday)	Topic	Speaker
2 April 2024	Corneal Transplantation – Past, Present & Future	Dr WONG, Lee Amy *Specialist in Ophthalmology*
7 May 2024	Management of Spinal Diseases: What Orthopaedic Surgeons Can Do Nowadays	Dr WONG, Yat Wa *Specialist in Orthopaedics and Traumatology*
4 June 2024 to 3 September 2024	The remaining lectures shall be announced in coming CME Bulletin issues.	

HKMA-CUHK Medical Centre CME Programme 2024

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, 3 April 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 lecture. Therefore, you are not advised to register the Programme repeatedly.]

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.

Date (Wednesday)	Theme	Topic	Speaker
10 April 2024	Common Health Problems	Open vs Endovenous Varicose Vein Surgery	Dr TONG, Wai Chung *Specialist in General Surgery*
8 May 2024	Men's Health	How Common Is Male Infertility? What Can We Do About Them?	Dr CHUNG, Pui Wah Jacqueline *Specialist in Obstetrics and Gynaecology*
12 June 2024		Novel Treatment for BPH and Prostate Cancer	Dr CHIU, Ka Fung Peter *Specialist in Urology*
10 July 2024		Update On Anal fistula	Dr NGO, Kwok Yu *Specialist in General Surgery*
14 August 2024	Putting Research Evidence Into Practice	Early Diagnosis And Treatment Of Neurodegenerative Cognitive Disorders	Dr LAU, Yuk Lun Alexander *Specialist in Neurology*
11 September 2024		Advances In Management Of Movement Disorder Or Parkinsonism	Dr AU, Wing Chi Lisa *Specialist in Neurology*
16 October 2024		Lung Cancer Screening And Recent Advances In Lung Cancer Surgery	Dr SIHOE, Dart Loon Alan *Specialist in Cardio-thoracic Surgery*
13 November 2024		Recent Advances in Thrombectomy: New Hope For Major Stroke Patients	Dr TSAI, Siu Chun *Specialist in Radiology*
11 December 2024		Can Good Diabetes Care Prevent Osteoporosis And Fracture	Dr CHEUNG, Yun Ning Elaine *Specialist in Endocrinology, Diabetes & Metabolism*

香港中文大學醫院
CUHK
Medical Centre

CUHK Medical Centre
Clinical Neuroscience Centre

The Clinical Neuroscience Centre is established to provide one-stop, comprehensive and dedicated neurology and neurosurgery care by consolidating patient-centric outpatient and inpatient service at CUHKMC. The Centre introduces state-of-the-art technologies in neurocognitive health programme aiming for early dementia detection, and advanced neurorehabilitation programme for complex neurological diseases.

Neurocognitive Health Service
- Early detection of neurocognitive disorders and dementia
- Advanced diagnostics including blood-based biomarkers

Advanced Neurorehabilitation Programme
- Targeted at various neurological diseases
- Multidisciplinary team and advanced robotics-assisted rehabilitation

Neurosurgery Service
- Advanced Endoscopic and Minimally Invasive Surgeries
- Peri-operative and intraoperative Neuromonitoring

Neurology Service
- Cognitive screening
- Botulinum toxin injection
- Electroencephalogram (EEG)
- Nerve conduction test (NCT)
- Electromyography (EMG)

Targeted Diseases

www.cuhkmc.hk
general@cuhkmc.hk
9 Chak Cheung Street, Shatin, New Territories, Hong Kong

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA-GHK CME Programme 2024

Gleneagles Hospital HONG KONG 港怡醫院

zoom LIVE

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 : Tuesday, 9 April 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/bgZapxb18LaZ9xCU9
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.

Date (Tuesday)	Topic	Speaker
16 April 2024	Topic on Cardio-thoracic Surgery	Dr HSIN, Michael Kuan Yew *Specialist in Cardio-thoracic Surgery*
21 May 2024 to 17 December 2024		The remaining lectures shall be announced in coming CME Bulletin issues.

The Hong Kong Medical Association

Dr TEOH, Yuen Bun Anthony giving a CME lecture on 6 February 2024

Dr HOU, See Ming Simon giving a CME lecture on 7 February 2024

Professor WONG, Chi Sang Martin giving a CME Live lecture on 21 February 2024

Professor KWONG, Lai Wan Dora giving a CME lecture on 29 February 2024

The HKMA District Health Network CME Programme

Moderator Dr TONG, Kai Sing (Right) presenting a souvenir to Speaker Dr YIP, Wai Man (Left) on 22 February 2024

Moderator Dr CHAN, Lam Fung Lambert (Right) presenting a souvenir to Speaker Dr KONG, Chun Cheong (Left) on 28 February 2024

March 2024

25 March (Mon)
2:00-3:00 p.m

The Hong Kong Medical Association

Personalised Patient Care and Long Term Management of Endometriosis

HKMA CME Live Lecture

HKMA CME Dept. – Tel: 2527 8452

---

26 March (Tue)
2:00-3:00 p.m.

The HKMA District Health Network

The HKMA DHN CME Programme

Influenza – The Latest Update

HKMA CME Physical Lecture

HKMA District Health Network Dept. – Tel: 2861 1979

---

27 March (Wed)
2:00-3:00 p.m.

The Hong Kong Medical Association

Breakthroughs from Gut and Skin Microbiome Analyses Drive Enhanced Eczema Management

HKMA CME Live Lecture

HKMA CME Dept. – Tel: 2527 8452

---

28 March (Thu)
2:00-3:00 p.m.

The Hong Kong Medical Association and

The Hong Kong Science and Technology Park

HKMA-HKSTP CME Programme 2023

The Latest Directions and Potential Impact of AI in Pathology on Patient Care

HKMA CME Hybrid Lecture

HKMA CME Dept. – Tel: 2527 8452

April 2024

2 April (Tue)
2:00-3:00 p.m.

The Hong Kong Medical Association and

The Hong Kong Sanatorium & Hospital

HKMA-HKSH CME Programme 2023-2024

Corneal transplantation – Past, Present & Future

HKMA CME Hybrid Lecture

HKMA CME Dept. – Tel: 2527 8452

---

10 April (Wed)
2:00-3:00 p.m.

The Hong Kong Medical Association and

The CUHK Medical Centre

HKMA-CUHK Medical Centre CME Programme 2024

Open vs Endovenous Varicose Vein Surgery

HKMA CME Hybrid Lecture

HKMA CME Dept. – Tel: 2527 8452

---

16 April (Tue)
2:00-3:00 p.m.

The Hong Kong Medical Association and

Gleneagles Hong Kong Hospital

HKMA-GHK CME Programme 2024

Topic on Cardio-thoracic Surgery

HKMA CME Hybrid Lecture

HKMA CME Dept. – Tel: 2527 8452

---

18 April (Thu)
2:00-3:00 p.m.

The HKMA District Health Network

The HKMA DHN CME Programme

Guarding Against Hidden Threat – The Local Rising Disease Burden of HPV-Related OPC

HKMA CME Physical Lecture

HKMA District Health Network Dept. – Tel: 2861 1979

---

19 April (Fri)
2:00-3:00 p.m.

The Hong Kong Medical Association and

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

COVID-19 Vaccine Performance: Interpreting Efficacy, Effectiveness, and Immunogenicity

HKMA CME Live Lecture

HKMA CME Dept. – Tel: 2527 8452

---

22 April (Mon)
2:00-3:00 p.m.

The Hong Kong Medical Association

ROSACEA – Diagnosis and Treatment

HKMA CME Live Lecture

HKMA CME Dept. – Tel: 2527 8452

---

26 April (Fri)
2:00-3:00 p.m.

The Hong Kong Medical Association

Understandings of Colorectal Polyps and Polyposis Syndromes Advancement in Early Detection and Prevention of Recurrence

HKMA CME Live Lecture

HKMA CME Dept. – Tel: 2527 8452

Notice

22-23 March
(Fri – Sat)

City University of Hong Kong

Department of Management Sciences, and The Chinese University of Hong Kong The Jockey Club School of Public Health and Primary Care

International Conference on "Primary Care Ecosystem: Integrated Care for Successful Aging"

Registration: *https://www.cb.cityu.edu.hk/ms/primarycareconference/*

asia medical specialists
亞 洲 專 科 醫 生

FS 550968

CME/CPD Seminar
for Doctors and Therapists

8/F China Building Central | 16 April | 6:00-9:30pm

Dr Kelvin TAM
Orthopaedic and Traumatology
(Shoulder)

"Advance in Rotator Cuff Repair"

Dr SW KONG
Orthopaedic and Traumatology
(Foot and Ankle)

"My approach to Hallux Rigidus"

Chairman Dr Jason BROCKWELL
Orthopaedic and Traumatology (Hip and Pelvic)

CME/CPD Accreditation Pending
MCHK CME Programme/ Hong Kong Physiotherapy Association/ Hong Kong Chiropractors Council
Hong Kong College of: Family Physicians, Physicians, Orthopaedic Surgeons, Surgeons, Anaesthesiologists, Community Medicine, Emergency Medicine, Pathologists, Radiologists

FREE REGISTRATION*
*Light refreshments will be served

https://asiamedicalspecialists.hk/ rsvp@asiamedical.hk 3420 6684 6995 6132