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THE HONG KONG  
MEDICAL ASSOCIATION

# CME

B U L L E T I N

持續醫學進修專訊



## Type 2 Inflammatory Airway Disease

Dr. TSO, Raymond

CME  
LIVE



# HKSH MEDICAL GROUP LI SHU PUI SYMPOSIUM 2023 CONTEMPORARY TUMOUR MANAGEMENT



**Date:** Sunday, 3 September 2023  
**Venue:** Ballroom, JW Marriott Hotel Hong Kong & via Webinar  
**Language:** English with Simultaneous Interpretation in Putonghua via Webinar

08:50 – 09:00	Welcome	Dr. Walton LI
09:00 – 09:30	<b>Keynote Lecture: PET: FDG, Acetate and What More</b>	<b>Dr. Garrett HO</b>
<b>Symposium 1 Advances in Oncology</b>		<b>Chairperson</b> Dr. James CHIM   Dr. Catherine WONG
09:30 – 09:45	MRI Image Guided Radiation Therapy in Prostate Cancer	Dr. Darren POON
09:45 – 10:00	Targeted Therapy in Breast Cancer	Dr. KWAN Wing Hong
10:00 – 10:15	Cellular Therapy for Cancer	Dr. Edmond MA
10:15 – 10:30	Immunotherapy in Urological Cancer: Where Are We?	Dr. YAU Chun Chung
10:30 – 10:45	Discussion	
10:45 – 11:00	Break	
<b>Symposium 2 Proton Radiotherapy</b>		<b>Chairperson</b> Dr. Thomas LEUNG   Dr. Sam WU
11:00 – 11:15	Basic Concept of Proton Radiotherapy	Dr. Rico LIU
11:15 – 11:30	Proton vs Photon Radiotherapy	Dr. Daniel CHUA
11:30 – 11:45	HKSH Preliminary Experience of Proton Radiotherapy	Dr. Stephen LAW
11:45 – 12:00	Proton Radiotherapy in Paediatrics	Dr. Amy CHANG
12:00 – 12:10	Discussion	
12:10 – 13:00	<b>Li Shu Pui Lecture</b> <b>MR-Guided Radiotherapy: A New Standard of Care?</b>	<b>Chairperson</b> Dr. Darren POON <b>Dr. Percy LEE</b>
13:00 – 14:00	Lunch	
<b>Symposium 3 Advances in Surgical Oncology</b>		<b>Chairperson</b> Dr. Steve CHAN   Dr. Ambrose HO
14:00 – 14:15	Breast Cancer – Is It in the Genes?	Prof. Ava KWONG (HKU)
14:15 – 14:30	Ovarian Cancer: Surgery and Perioperative Treatment	Dr. Hextan NGAN
14:30 – 14:45	Neurosurgeon's View on Precision Radiation	Dr. YU Chung Ping
14:45 – 15:00	Role of Robotic Surgery in Prostate Cancer	Dr. WONG Wai Sang
15:00 – 15:10	Discussion	
15:10 – 15:40	<b>Royal College of Surgeons of Edinburgh Presidential Lecture</b> <b>Communication with Cancer Patients</b>	<b>Prof. Michael GRIFFIN</b> (Introduction by Prof. Rowan PARKS, President RCSEd)
15:40 – 16:00	Break	
<b>Symposium 4 GP Forum</b>		<b>Chairperson</b> Dr. WONG Kar Yin   Dr. Michael KAM
16:00 – 16:15	Cancer in Children	Dr. Godfrey CHAN
16:15 – 16:30	Psychological Support for Cancer Patient	Dr. Peter LEE, Ph.D.
16:30 – 16:45	Telemedicine in Primary Care: Pros and Cons	Dr. Judy CHENG
16:45 – 17:00	Dental Prosthetics Reconstruction After Cancer Surgery	Dr. Adrian SETO

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# EDITORIAL – August 2023 Issue

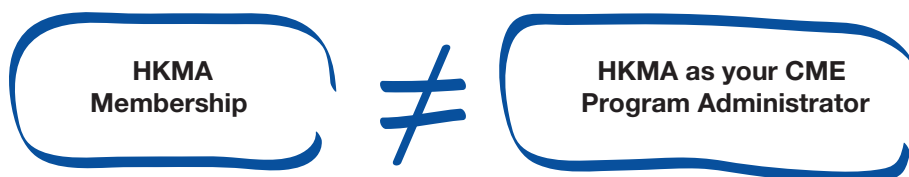


**Dr. HO Hung Kwong, Duncan**  
*Co-editor, Hong Kong Medical Association CME Bulletin*

There may not be a single “most complicated” thing, but there are certainly things that are more complicated than others! Just think about the immunological pathways of inflammatory airway disease, which I never even considered during my time in medical school 36 years ago. Thankfully, Dr. Raymond TSO has taken the time to explain the process in simple terms and summarize the management in an accessible article. This serves as a perfect example of how important and easy it is to continue our medical education!

Of course, there are many challenges that lie ahead. For instance, how do we effectively collaborate with colleagues from different countries, who come from different medical systems and may even speak different languages? These colleagues may have different cultures, norms, and values as well. Our boat has been rocked by the turbulent waves of political changes, but as the crew, we must stay focused and composed to ensure the safety and well-being of our passengers – our patients.

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# Type 2 Inflammatory Airway Disease

## Introduction:

Type 2 inflammatory airway disease is a group of respiratory conditions affecting the upper and lower respiratory tracts. It is characterized by chronic airway inflammation and type 2 immune response activation. This disease encompasses several conditions, including asthma, chronic rhinosinusitis with nasal polyps, and eosinophilic bronchitis. If the disease is not treated or only partially treated, it may cause severe symptoms like breathing difficulties, obstructive asthma symptoms, blocked nose with loss of smell, and persistent nasal discharge.

In T2IAD, the immune system produces an excessive response to allergens, irritants, or other triggers, leading to inflammation in the airways. Ongoing inflammation damages the airway epithelium, worsens cytokine response, and exacerbates clinical symptoms.

In clinical practice, different specialists often approach various symptoms related to T2IAD as separate conditions. However, these symptoms are interconnected and share a common underlying cause. Allergic asthmatic patients typically experience rhinosinusitis, and those with rhinosinusitis and nasal polyps commonly have asthma as a coexisting condition. A better understanding of the T2 inflammatory characteristics will benefit patients with targeted treatment for this group of patients.

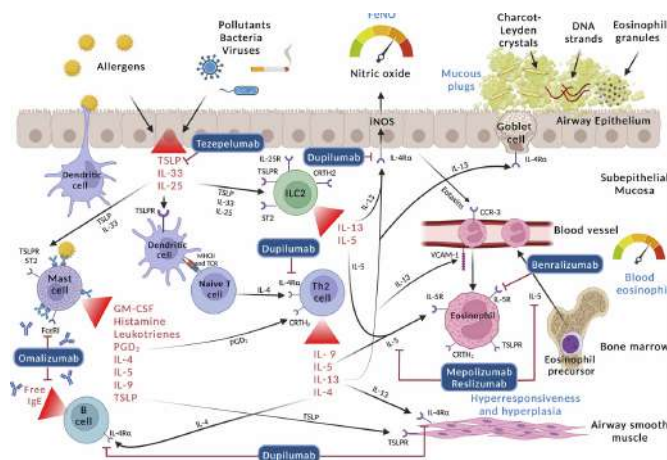
## Epidemiology:

It is becoming more common for people to suffer from atopic diseases, which include allergic asthma, atopic dermatitis, and allergic rhinitis. This trio of conditions, known as the triad of atopy, is a significant global health concern and considerably burdens patients and the healthcare system. Asthma is one of the most common chronic diseases, affecting 262 million people worldwide and over 3.3 million<sup>i</sup> in Hong Kong alone. The prevalence of CRSwNP, another atopic disease, also increases with age and affects up to 4% of the population<sup>ii</sup>. Meanwhile, allergic rhinitis varies widely from 10% to 30% worldwide<sup>iv</sup>.



**Dr. TSO, Raymond**

LMCHK, DABIM, DABIM (Pulmonary D),  
DABIM (Critical Care Med)  
Specialist in Respiratory Medicine



T2 Inflammation in asthma and targets for monoclonal antibody treatment.<sup>v</sup>

## T2 pathway of airway inflammation:

Asthma is typically associated with an adaptive immune response. However, recent research has highlighted the importance of the innate immune system in understanding the wide range of asthma symptoms, triggers, and responses to treatment<sup>vi</sup>. The Type 2 pathway of airway inflammation, driven by Th2 cells and group 2 innate lymphoid cells (ILC2), is particularly useful in understanding different asthma phenotypes<sup>vii</sup>. When exposed to allergens, viral infections, or pollutants, these cells release cytokines like IL-25, IL-33, and thymic stromal lymphopoietin (TSLP)<sup>viii</sup>. Subsequently leads to the release of T2 cytokines like IL-5 and IL-13, which attract eosinophils, basophils, and mast cells, and promote the production of IgE antibodies. IL-4, another cytokine, contributes to subepithelial fibrosis and airway remodelling<sup>ix</sup>. All three cytokines are involved in eosinophil trafficking, which can cause physical symptoms like nasal polyps, anosmia, nasal blockage in CRSwNP, wheezing, shortness of breath, chest tightness, and coughing in asthma. These symptoms are the result of common pathophysiological effects.

## T2 inflammation diagnosis and biomarkers:

Diagnosing T2IAD involves a combination of clinical evaluation, lung function tests, and imaging studies. These tests help determine the severity of the condition, identify potential triggers, and rule out other respiratory issues. Asthma is a complex disease with various comorbidities, and personalized treatment is necessary for those who do not respond well to standard Inhaled corticosteroid (ICS) and Long-Acting Beta Agonist (LABA) medications. Inflammatory cytokines like IL-4, IL-5, and IL-13, as well as other biomarkers like fractional exhaled of nitric oxide (FeNO), periostin, total IgE, and blood eosinophil counts, have been identified as practical biomarkers for treating type 2 asthma and other inflammatory airway diseases<sup>x</sup>. These biomarkers offer opportunities for better disease targeting, improving patients' quality of life, and reducing the long-term costs associated with ineffective asthma management. GINA guidelines recommend using type 2 biomarkers (blood eosinophil  $\geq 150$  cells/ $\mu$ L-1 and/or FeNO  $\geq 20$ ppb) to determine the best course of treatment. However, at the moment, there are no recommendations for testing in CRSwNP.

## Treatment:

To manage T2IAD, a combination of medications and lifestyle changes is usually recommended. Treatment aims to control symptoms, maintain normal activity levels, and minimize the risk of disease exacerbation, impaired lung function, and medication side effects. Global Initiative of Asthma (GINA) guidelines<sup>xi</sup> provide a stepwise approach and a framework for managing asthmatic patients. Inhaled corticosteroids (ICS) and bronchodilators remain the mainstay of the treatment, and they can reduce inflammation and improve lung function. Managing moderate and severe asthma remains difficult despite comprehensive guidelines. Due to asthma's diverse phenotypes, a personalized approach to diagnosis and management is necessary. Type 2 inflammation is responsible for type 2 asthma and its associated comorbidities. Understanding allergic, eosinophilic, and combined phenotypes is crucial to improving asthma management. Nonetheless, the main treatment objective for all asthma patients is complete control of the disease with minimum side effects.

According to GINA, for patients with severe asthma who experience exacerbations or poor symptom control while on high-dose ICS+LABA and require maintenance oral corticosteroid (OCS), type-2-targeted biological treatments are recommended if they have allergic or eosinophilic biomarkers. Anti-IL-4 receptor, anti-IgE, or anti-IL-5 can be added to the standard of care for those who do not respond adequately. Anti-IL-4R $\alpha$  agents block the signalling of both IL-4 and IL-13.

The European position paper on rhinosinusitis and nasal polyps (EPOS) guideline<sup>xii</sup> also highlights the importance of considering comorbid diseases and type 2 inflammation in CRSwNP treatment, as the European Forum for Research and Education (EUFOREA) guidelines recommended<sup>xiii</sup>. A multidisciplinary integrated care pathway for all patients with chronic rhinosinusitis, including asthma and allergic rhinitis assessments, is essential. Lifestyle modifications, such as trigger avoidance and cigarette cessation, can also help improve lung function and reduce symptoms.

	Omalizumab <sup>xiv</sup>	Omalizumab <sup>xv</sup>	Mepolizumab <sup>xvi</sup>	Dupilumab <sup>xvii</sup>
Mode of action	Anti-IgE Inhibits IgE signalling	Anti IL-5R $\alpha$ Interferes with IL-5 signalling and recruits NK cells to eosinophils	Anti-IL-5 Inhibits IL-5 signalling	Anti-IL-4R $\alpha$ Inhibits IL-4 and IL-13 signalling
Criteria	Serum IgE (30-1500 IU/mL)	Peripheral blood EOS $\geq 150$ cells/ $\mu$ L	Peripheral blood EOS $\geq 150$ cells/ $\mu$ L	Peripheral blood EOS $\geq 150$ cells/ $\mu$ L
Dose Frequency	2-4 weeks depending on IgE level and body weight	Every 4 weeks for first 3 doses, then every 8 weeks	Every 4 weeks	Every 2 weeks
Adverse Reactions	12% vs. 9% placebo	2.2% vs. 1.9% placebo	8% vs. 3% placebo	18% vs. 6% placebo

Four targeted biologic agents have been approved for treating T2 asthma patients in Hong Kong. These therapies are highly effective and offer specific T2-targeted treatments. Some T2IAD patients may benefit from one or more biologic agents, such as anti-IgE, anti-IL5, anti-IL5R anti-IL4R therapy, as listed in the table. Every biologic agent has its own set of indications, side effects, and dosing regimen. Patients can choose the best option based on their specific needs. Patients will need regular follow up to assess their conditions. Once the control of T2IAD symptoms is achieved and able to taper off the oral corticosteroid, biologic agents can be safely weaned stepwise.

## Conclusion:

T2IAD represents a heterogeneous respiratory condition affecting the upper and lower respiratory tract, characterized by chronic airway inflammation and type 2 immune response activation. Early diagnosis and proper management are essential for improving quality of life and preventing complications. A better understanding of phenotypes in T2IAD can lead to improved treatment of this group of patients. Few identifying biomarkers for asthma phenotypes showed great promise in improving the selection of therapies most likely to work for individual patients. New treatments targeting different cytokines can fulfil the unmet needs of T2IAD patients. Physicians must continue practicing precision medicine.



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Answer to July 2023

Spotlight – Recognizing Rickettsial Diseases in Hong Kong

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

## Q&A Assessment Questions

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

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

- 1) T2 Inflammation is not mediated by eosinophils, mast cells, and basophils.
- 2) Phenotyping of asthma will aid the selection of specific therapies.
- 3) Blood eosinophils are a good surrogate for bronchial wall eosinophil levels.
- 4) GINA guidelines suggest that the treatment of severe asthma be guided by clinical criteria and biomarkers rather than clinical criteria alone.
- 5) Measurement of FeNO has been used as a biomarker for Type-2 inflammation.
- 6) The production of T2 cytokines, like IL-5 and IL-13, attracts eosinophils, basophils, and mast cells. It also triggers the creation of IgE antibodies.
- 7) The atopy triad is allergic asthma, atopic dermatitis, and allergic rhinitis.
- 8) GINA guidelines suggest adding biologics for poorly controlled patients with T2 biomarkers in severe asthma.
- 9) FeNO values can be affected by age, sex, atopy, and cigarette smoking, making it a perfect biomarker for guiding therapeutic decisions.
- 10) The development of asthma is linked to an adaptive immune response.

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|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| 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.<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.                                                                  |
| Key Lessons       | : Recommended to include, if possible, a key message in point-form at the end of the article.                                                                 |
| Others            | : List of full name(s) of author(s), with qualifications and current appointment quoted, plus a digital photograph of each author.                            |
| Deadline          | : All manuscripts for publication of the month should reach the Editor before the 1st of the previous month.                                                  |

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**SIGNIFICANT EXACERBATION REDUCTION**

in annualized severe exacerbations at Week 24 with  
DUPIXENT 200 mg Q2W + SOC vs placebo + SOC ( $P=0.0003$ )<sup>1</sup>

**200 mL IMPROVEMENT**  
**RAPID AND SUSTAINED IMPROVEMENT**  
**IN LUNG FUNCTION**

at Week 52 with DUPIXENT 200 mg Q2W + SOC vs placebo + SOC  
( $P<0.001$ )<sup>3</sup>

**86% OF PATIENTS**

**REDUCED OR NO INCREASE IN THEIR OCS DOSE**

by Week 24 with DUPIXENT 300 mg Q2W + SOC vs 68% with  
placebo + SOC ( $P<0.001$ )<sup>2</sup>

**UP TO 75% OF PATIENTS**  
**HIGH RESPONDER RATE**

in Asthma Control Questionnaire measures of **sleep, activity**  
**limitations, and breathing**<sup>1</sup>



**SELF-INJECTABLE**

Convenient subcutaneous  
injection<sup>1</sup>

LIBERTY ASTHMA VENTURE Study Design<sup>1</sup>: 210 patients were randomly assigned with oral glucocorticoid-treated asthma to receive add-on DUPIXENT (at a dose of 300 mg) or placebo every 2 weeks for 24 weeks. After a glucocorticoid dose-adjustment period before randomization, glucocorticoid doses were adjusted in a downward trend from week 4 to week 20 and then maintained at a stable dose for 4 weeks. The primary end point was the percentage reduction in the glucocorticoid dose at week 24. Key secondary end points were the proportion of patients at week 24 with a reduction of at least 50% in the glucocorticoid dose and the proportion of patients with a reduction to a glucocorticoid dose of less than 5 mg per day. Severe exacerbation rates and the forced expiratory volume in 1 second (FEV<sub>1</sub>) before bronchodilator use were also assessed.

LIBERTY ASTHMA QUEST Study Design<sup>2</sup>: 1902 patients who were 12 years of age or older with uncontrolled asthma were randomly assigned in a 2:2:1:1 ratio to receive add-on subcutaneous DUPIXENT at a dose of 200 or 300 mg every 2 weeks or matched-volume placebos for 52 weeks. The primary end points were the annualized rate of severe asthma exacerbations and the absolute change from baseline to week 12 in the forced expiratory volume in 1 second (FEV<sub>1</sub>) before bronchodilator use in the overall trial population. Secondary end points included the exacerbation rate and FEV<sub>1</sub> in patients with a blood eosinophil count of 300 or more per cubic millimetre. Asthma control and DUPIXENT safety were also assessed.

EOS, eosinophils; FeNO, fractional exhaled nitric oxide; ICS, inhaled corticosteroid; OCS, oral corticosteroid; Q2W, once every 2 weeks; SOC, standard of care.

**References:** 1. DUPIXENT Summary of Product Characteristics. May 2020. 2. Rabe KF, Nair P, Brusselle G, et al. Efficacy and safety of dupilumab in glucocorticoid-dependent severe asthma. *N Engl J Med*. 2018;378(26):2475-2485. 3. Castro M, Corren J, Pavord ID, et al. Dupilumab Efficacy and Safety in Moderate-to-Severe Uncontrolled Asthma. *N Engl J Med*. 2018;378(26):2486-2496.

**Presentation:** Dupilumab solution for injection in a pre-filled syringe with needle shield. **Indications:** Atopic Dermatitis (AD): Moderate-to-severe AD in adults and adolescents  $\geq 12$  years who are candidates for systemic therapy; severe atopic dermatitis in children 6 to 11 years old who are candidates for systemic therapy. Asthma: In adults and adolescents  $\geq 12$  years as add-on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised FeNO, who are inadequately controlled with high dose ICS plus another medicinal product for maintenance treatment. Chronic rhinosinusitis with nasal polyps (CRSwNP): As an add-on therapy with intranasal corticosteroids for the treatment of adults with severe CRSwNP for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control (for 300mg). **Dosage & Administration:** Subcutaneous injection. AD adults: Initial dose of 600 mg (two 300 mg injections), followed by 300 mg every other week. AD adolescents (12-17y/o): Body weight  $< 60$  kg: initial dose of 400 mg (two 200mg injections), followed by 200 mg every other week. Body weight  $\geq 60$  kg: same dosage as adults. Dupilumab can be used with or without topical corticosteroids. Topical calcineurin inhibitors may be used, but should be reserved for problem areas only, e.g. face, neck, intertriginous and genital areas. Consider discontinuing treatment in patients who have shown no response after 16 weeks. AD Children (6-11y/o): Body weight 15kg- $< 60$  kg: Initial dose of 300mg on Day 1 followed by 300mg on Day 15, then 300mg every 4 weeks. Body weight  $\geq 60$  kg: same dosage as adults. \* The dose may be increased to 200 mg Q2W in patients with body weight of 15 kg -  $< 60$  kg based on physician's assessment. Asthma: Initial dose of 400 mg, followed by 200 mg every other week. For patients with severe asthma and on oral corticosteroids or with severe asthma and co-morbid moderate-to-severe AD or adults with co-morbid severe CRSwNP: Initial dose of 600 mg, followed by 300 mg every other week. Patients receiving concomitant oral corticosteroids may reduce steroid dose gradually once clinical improvement with dupilumab has occurred. The need for continued dupilumab therapy should be considered at least annually as determined by a physician. CRSwNP: For adult patients initial dose of 300 mg followed by 300 mg given every other week. Consideration should be given to discontinuing treatment in patients who have shown no response after 24 weeks of treatment for CRSwNP. Some patients with initial partial response may subsequently improve with continued treatment beyond 24 weeks. If a dose is missed, administer it asap and thereafter, resume dosing at the regular scheduled time. **Contraindications:** Hypersensitivity to dupilumab or any of the excipients. **Precautions:** Safety and efficacy in children  $< 6$  years or  $< 15$  kg not been established. Not be used to treat acute asthma symptoms, acute exacerbations, acute bronchospasm or status asthmaticus. Do not discontinue corticosteroids abruptly upon start of dupilumab. Reduction should be gradual and performed under supervision of a physician; it may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy. Biomarkers of type 2 inflammation may be suppressed by systemic corticosteroid use. If systemic hypersensitivity reaction occurs, discontinue dupilumab and initiate appropriate therapy. Be alert to vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in patients with eosinophilia. Treat pre-existing helminth infections before initiating dupilumab. If patients become infected while receiving dupilumab and do not respond to anti-helminth treatment, discontinue dupilumab until infection resolves. Patients who develop conjunctivitis and keratitis that does not resolve following standard treatment should undergo ophthalmological examination. AD patients with comorbid asthma should not adjust or stop asthma treatments without consultation with physicians. Carefully monitor patients after discontinuation of dupilumab. Do not give live and live attenuated vaccines concurrently with dupilumab. Patients should be brought up to date with immunisations before starting dupilumab. **Drug Interactions:** Immune responses to Tdap vaccine and meningococcal polysaccharide vaccine were assessed. Patients receiving dupilumab may receive concurrent inactivated or non-live vaccinations. **Pregnancy and lactation:** Should be used during pregnancy only if potential benefit justifies potential risk to foetus. Unknown whether dupilumab is excreted in human milk or absorbed systemically after ingestion. Decision must be made whether to discontinue breast-feeding or dupilumab taking into account benefit of breast-feeding for the child and benefit of therapy for the woman. **Undesirable effects:** Most common adverse reactions reported: injection site reactions, conjunctivitis, oral herpes and eosinophilia. Safety profile observed in adolescents consistent with that seen in adults. For other undesirable effects, please refer to the full prescribing information. **Preparation:** 2 x 300mg/2mL in pre-filled syringe with needle shield, 2 x 200mg/1.14mL in pre-filled syringe with needle shield. **Legal Classification:** Part 1, First & Third Schedules Poisons **Full prescribing information is available upon request.** APH-K-DUP-22.06

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**DUPIXENT**   
(dupilumab) Injection  
200mg · 300mg



# 香港醫生網

## The Hong Kong Doctors Homepage

[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。



**Subscription  
Available**

HKMA members are entitled to a FREE copy of CME Bulletin. Subscription is open to sponsors and interested individuals.



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

## A 62-Year-Old Gentleman with Anaemic Symptoms and History of Valvular Surgery

A 62-year-old gentleman with history of severe rheumatic mitral stenosis and aortic stenosis underwent mechanical dual valve replacement in 2001, for which he received long term oral anticoagulation with Warfarin. During medical outpatient clinic follow-up, patient complained of increasing shortness of breath and reduced exercise tolerance. The patient denied any orthopnea or paroxysmal nocturnal dyspnoea. There was no lower limb swelling. Complete blood picture showed significant haemoglobin drop from baseline ~15 g/dl down to ~9 g/dl in half a year, with MCV elevated to 109 (ref 83 – 98). White cell count and platelet were within normal range. Renal function test was normal and liver function test showed elevated bilirubin 35  $\mu\text{mol/L}$  (ref 3-21  $\mu\text{mol/L}$ ) with normal ALP and ALT. INR was within therapeutic range (2.5-3.5 in his case).

Upon further history taking, patient complained of on and off painless macroscopic haematuria. There was no lower urinary symptoms, loin pain or passage of stone. Initial mid-stream urine analysis showed RBC 300/ul +++, routine culture was negative and urine cytology was negative. There was no dysmorphic red blood cell or cast identified in the urine microscopy. There were no gastrointestinal bleeding symptoms.

Patient was referred to urologist for further evaluation. CT urogram showed no apparent cause to explain the haematuria. Flexible cystoscopy showed benign prostatic hypertrophy without any abnormal bladder mass. Urologist suggested haematuria might be related to bleeding benign prostatic hypertrophy and warfarin use.

Further blood tests showed elevated indirect bilirubin and elevated plasma lactate dehydrogenase 2737 U/L (ref 123-200 U/L). Anaemic workup showed normal folate and B12 level. Iron profile showed chronic illness pattern. Stool for faecal occult blood immunoassay was negative.

Transthoracic echocardiography demonstrated satisfactory left ventricular systolic function with normal transmitral and transaortic gradient. Colour Doppler showed mild MV transvalvular regurgitation and mild paravalvular leak across the mechanical mitral valve, while there was mild transvalvular regurgitation across mechanical aortic valve. Patient was subsequently referred for transoesophageal echocardiography for further assessment.

Echo Image:

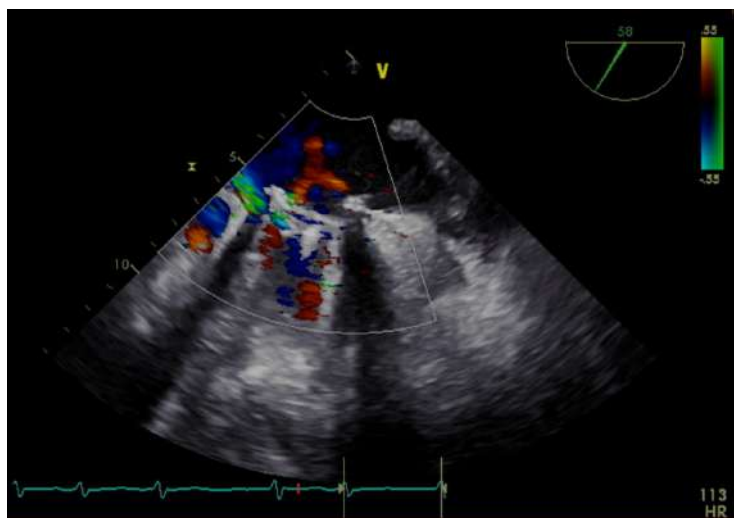


Figure 1: Commisural view of TEE with colour Doppler at systolic phase, showing the mechanical MV

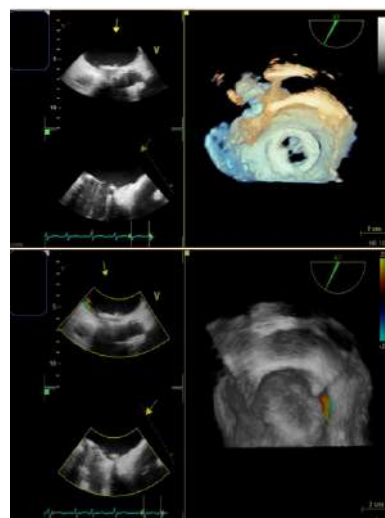


Figure 2: 3D image of TEE showing MV from surgeon's view (viewing from LA side)

## Q&A

Please answer ALL questions

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

1. What is the most likely cause of the patient symptoms of shortness of breath and reduced exercise tolerance?
  - A. Valvular dysfunction of either the mechanical AV or MV
  - B. Poor cardiac function presented with heart failure symptoms
  - C. Anaemic symptoms with significant Hb drop during short period of time
  - D. Other non-cardiac cause such as chronic airway disease warrant further work-up
2. What further testing will you do to further narrow down your differential diagnosis?
  - A. Book a full lung function test for any restrictive or obstructive lung disease
  - B. Further blood taking to confirm the presence of haemolytic anaemia such as blood for reticulocytes count, haptoglobin level and peripheral blood smear
  - C. Cardiac stress test such as cardiac SPECT
  - D. Bone marrow examination to work-up of macrocytic anaemia
3. What is the abnormality seen in the transoesophageal echocardiography?
  - A. Significant mitral transvalvular regurgitation
  - B. Significant mitral paravalvular leak (PVL)
  - C. Thrombus formation over mechanical mitral valve
  - D. Significant pericardial effusion
4. What is your next step of management?
  - A. Given his age, refer gastroenterologist for upper and lower endoscopy to rule out occult gastrointestinal bleeding although stool occult blood was negative
  - B. Refer urology for transurethral resection of prostate in view of the urological finding and gross haematuria
  - C. Work up for possible underlying haemolytic anaemia such as autoimmune haemolytic anaemia or other autoimmune causes such as systemic lupus erythematosus
  - D. Refer interventional cardiologist for consideration of percutaneous closure of PVL

## Cardiology July Answers

### Discussion

Flecainide is an oral class Ic anti-arrhythmic drug commonly used to suppress supraventricular tachyarrhythmias. It acts directly on the sodium channels of cardiac myocytes slowing down phase 0 of the sodium channel leading to reduced conduction velocity and electrical propagation in the myocytes. Through its mechanism of action, it leads to prolonged ventricular refractoriness and of the ventricular action potentials. The case discussed was an example of flecainide toxicity that resulted in an extremely wide QRS (seen after the paced QRS complexes) and intermittent non-capture due to a prolonged ventricular refractory period. The ECG hallmarks of flecainide toxicity include a widened QRS complex, prolongation of the PR interval, QTc interval and atrioventricular block. Severe sinus bradycardia, sinus pause, and sinoatrial arrest also arise during toxicity due to its negative inotropic effects. Malignant ventricular tachyarrhythmias such as Torsades de Pointes may result.

Flecainide toxicity can be precipitated by acute renal failure due to the prolongation of the half-life. Congestive heart failure and ischaemia also promotes Flecainide induced sodium channel blockade. Use of Flecainide in such scenarios

thus are either contraindicated or used with extreme caution. Diagnosis of this drug toxicity requires careful history taking and recognition of its characteristic ECG features. Testing for serum drug level may not be helpful as the turnaround time can take days. The need for prompt recognition is amplified in cases when the patient has an implanted pacemaker, where failure to capture may be mis-attributed to problems originating from the pacemaker itself. The treatment for Flecainide toxicity includes intravenous sodium bicarbonate infusion, intravenous fat emulsion, electrolyte monitoring and correction, and activated charcoal. The drug is poorly dialyzable. Mechanical circulatory support and ventilation may also be required as supportive therapy while waiting for the toxic effects on the cardiac conduction system to wear off. For patients with pacemakers, the ventricular output may have to be temporarily increased as Flecainide can increase capture threshold.

Answers: 1) D 2) D 3) C

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

**Dr. CHEUNG Ling Ling**

MBBS(HK), MRCP(UK), FHKCP, FHKAM(Med), Specialist in Cardiology

**Dr. Karl CHAN**

MBBS (HK), MRCP (UK)

七月臨床心臟科個案研究之內容承蒙張玲玲醫生及陳斯畧醫生提供。

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

Dermatology Series for August 2023 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*  
八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

## A Middle Age Gentlemen with an Enlarging Pigmented Plaque Over Chest Wall

A 67-year-old gentleman presented for a slowly growing pigmented lesion over his left lateral chest wall for 5 years. (See Figure 1)



Figure 1

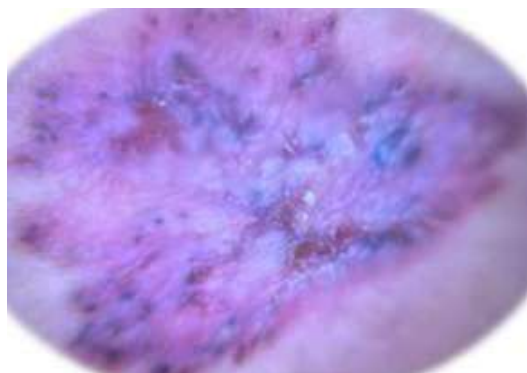


Figure 2

**Q&A**

Please answer ALL questions

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

- What is the most likely clinical diagnosis for this pigmented skin lesion?
  - Squamous cell carcinoma
  - Bowen's disease
  - Basal cell carcinoma
  - Discoid lupus erythematosus
  - Malignant melanoma
- What is the best device to help your diagnosis in the clinic?
  - Wood's light
  - Magnifying glass
  - Dermoscope
  - Ultrasound
- What could you see with the above device as in Figure 2?
  - Ulceration
  - Blue-grey globules
  - Blue-grey ovoid nest
  - Linear and arborizing vessels
  - All of the above
- What is the preferred treatment for this lesion?
  - Wide local excision
  - Radiotherapy
  - Expectant management
  - CO2 laser

## Dermatology July Answer

- E**  
All these are common differential diagnoses for keratotic papules. Viral wart is secondary to HPV infection. Actinic keratosis is more likely happened in sun exposure areas such as head and upper chest. Seborrheic keratosis is also called senile mole which is a common sign of skin aging. Stucco keratosis is grey-white in colour and commonly found at lower limbs especially around ankles and dorsum of feet.
- E**  
The diagnoses of viral wart, actinic keratosis, seborrheic keratosis and stucco keratosis can be made clinically without any investigation at most of the time. If the diagnosis is uncertain or suspected of any malignancy, skin biopsy should be performed.
- False**  
The clinical diagnosis is stucco keratosis which is a non-infectious, benign cutaneous keratotic papules. It is commonly found at lower limbs especially around the ankles and dorsum of feet. It is around 1-4 mm diameter with stuck-on appearance. The surface is rough and scaly, and usually grey or white in colour.
- False**  
Stucco keratosis is a benign skin condition without any malignant potential.
- E**  
Stucco keratosis has no malignant potential and is non-infectious, not associated with systemic disease and usually asymptomatic so treatment is generally not necessary. The remaining treatment strategies such as topical keratolytic agent, cryotherapy or curettage and cauterization are treatment options if patient prefers to remove the lesions. However, recurrence is common.

Dermatology Series for July 2023 is provided by:  
Dr. KWAN Chi Keung, Dr. TANG Yuk Ming, William,  
Dr. CHAN Hau Ngai, Kingsley, Dr. LEUNG Wai Yiu,  
Dr. NG Shun Chin, Dr. CHENG Hok Fai and Dr. KOH Chiu Choi  
*Specialists in Dermatology & Venereology*  
七月皮膚科個案研究之內容承蒙關志強醫生、鄧旭明醫生、陳厚毅醫生、  
梁偉耀醫生、吳順展醫生、鄭學輝醫生及許招財醫生提供



Name

Signature:

HKMA Membership No.

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# Answer Sheet

August 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	4
<input type="text"/>	<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 September 2023 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.

## Special weather arrangement

When Tropical Storm Warning Signal No. 8 (or above) or a Black Rainstorm Warning Signal is in force 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 Typhoon No. 8 Signal or a Black Rainstorm signal is in force after CME commencement, an 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).



# 成人免疫接種公眾教育計劃

## Adult Immunisation Public Education Campaign



### 健康保本 快打疫苗

### Invest in Your Health, Get Vaccinated!



15歲的 Miu Miu  
15 year-old Miu Miu

- ✓ 2019冠狀病毒病  
COVID-19
- ✓ 季節性流感  
Influenza
- ✓ 人類乳頭瘤病毒  
HPV



剛踏入50歲的苗太  
50 year-old Mrs. Miu

- ✓ 2019冠狀病毒病  
COVID-19
- ✓ 季節性流感  
Influenza
- ✓ 帶狀疱疹  
Herpes Zoster
- ✓ 百日咳  
Pertussis

可考慮接種：  
Can consider vaccination:  
**肺炎球菌**  
Pneumococcal



年過50歲的苗生  
50+ year-old Mr. Miu

- ✓ 2019冠狀病毒病  
COVID-19
- ✓ 季節性流感  
Influenza
- ✓ 帶狀疱疹  
Herpes Zoster
- ✓ 百日咳  
Pertussis

可考慮接種：  
Can consider vaccination:  
**肺炎球菌**  
Pneumococcal



75歲的苗老太  
75 year-old Granny Miu

- ✓ 2019冠狀病毒病  
COVID-19
- ✓ 季節性流感  
Influenza
- ✓ 帶狀疱疹  
Herpes Zoster
- ✓ 百日咳  
Pertussis
- ✓ 肺炎球菌  
Pneumococcal

### 2019冠狀病毒病 COVID-19

政府資助(適用於合資格人士)  
Subsidised by Government Vaccination Programme (for eligible persons)

年滿6個月或以上人士  
Aged 6 months or above

- 接種三劑疫苗\* 3 doses\*
- 50歲或以上及高風險人士，不論過往已接種多少劑疫苗，建議在2023年接種加強劑  
Aged 50 or above & high-risk groups are recommended to receive booster dose in 2023, regardless of the number of vaccination doses in the past

\* 兒童及青少年接種詳情可瀏覽 For children & adolescents, please refer to: <https://www.covidvaccine.gov.hk/zh-HK/recommendedDoses>  
詳情可瀏覽 More details on: <https://www.covidvaccine.gov.hk/zh-HK>

### 季節性流感 Influenza

政府資助(適用於合資格人士)  
Subsidised by Government Vaccination Programme (for eligible persons)

年滿6個月或以上人士  
(尤其是兒童、長者及高風險人士)  
Aged 6 months or above  
(especially children, elderly & high-risk groups)

每年接種 1 dose annually

詳情可瀏覽 More details on: <https://www.chp.gov.hk/tc/features/46199.html>

### 帶狀疱疹 Herpes Zoster

50歲或以上人士及18歲或以上高風險人士  
(包括曾生水痘或生蛇之人士)  
Aged 50 or above & aged 18 or above with increased risk  
to herpes zoster (regardless of previous varicella  
or herpes zoster episodes)

接種兩劑(新一代)重組疫苗(RZV)  
2 doses recombinant zoster vaccine (RZV)

已接種傳統疫苗者

People who previously received zoster vaccine live (ZVL)

由於保護效果隨時間降低，建議相隔最少八週後補打兩劑(新一代)重組疫苗(RZV)  
Recommended to receive 2 doses recombinant zoster vaccine (RZV) with a minimum of  
8-week interval between ZVL and RZV, as ZVL effectiveness wanes substantially over time

### 人類乳頭瘤病毒 HPV

政府資助(適用於合資格人士)  
Subsidised by Government Vaccination Programme (for eligible persons)

9-14歲的男性及女性  
Aged 9-14 male and female

接種兩劑人類乳頭瘤病毒九價疫苗 2 doses HPV 9-valent vaccine

15歲或以上的男性及女性  
Aged 15 or above men and women

接種三劑人類乳頭瘤病毒九價疫苗 3 doses HPV 9-valent vaccine

### 百日咳 Pertussis

孕婦 Pregnant women

在每次懷孕的妊娠第二或三期期間，接種一劑成人百日咳混合疫苗(dTap)  
1 dose dTap during each pregnancy, preferably in second or third trimester

18歲或以上人士 Aged 18 or above

接種一劑成人百日咳混合疫苗(dTap)  
隨後每10年，接種一劑(Td)混合疫苗或成人百日咳混合疫苗(dTap)  
1 dose dTap, then; Td or dTap booster every 10 years

### 肺炎球菌 Pneumococcal

政府資助(適用於合資格人士)  
Subsidised by Government Vaccination Programme (for eligible persons)

65歲或以上健康人士及免疫力弱人士  
Aged 65 or above & persons with immunocompromising  
conditions

視乎疫苗接種一劑或二劑 1 or 2 doses according to vaccine type

詳情可瀏覽 More details on: <https://www.chp.gov.hk/tc/features/103165.html>

\*以上資料的最後更新日期 Last Update: 1/6/2023

### 聯絡我們 Contact Us:

Tel: 2527 8941

Email: [vaccine@hkma.org](mailto:vaccine@hkma.org)

Facebook / YouTube: 香港醫學會 The Hong Kong Medical Association

### 免責聲明 Disclaimer:

本計劃所提供的疫苗資料僅供公眾參考。如有任何疑慮，請先向你的家庭醫生查詢。  
The vaccine information provided in this poster is for reference only.  
If you are in any doubt, please consult your family doctor.

網頁 Website:





## COVID-19 is evolving...

While COVID-19 vaccines continue to protect against severe disease, the viral landscape is changing, defining the need for broader protection against the ancestral strain.<sup>1,2</sup>



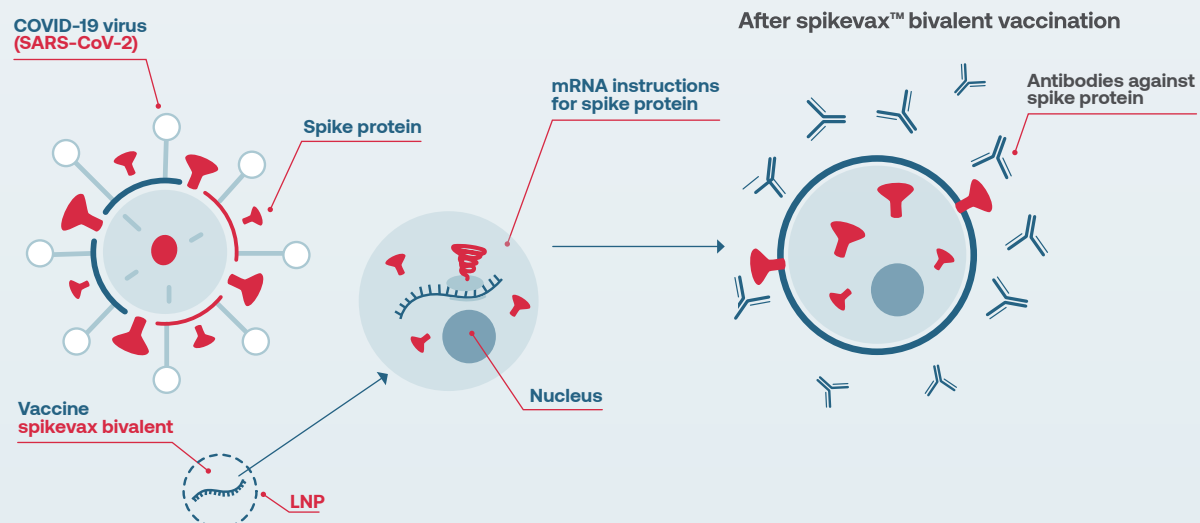
...and so are we

Using our agile mRNA platform, we developed spikevax™ bivalent Original/Omicron BA.4-5 for COVID-19.<sup>5</sup>

## spikevax™ bivalent BA.4-5 targets two strains for a broad immune response

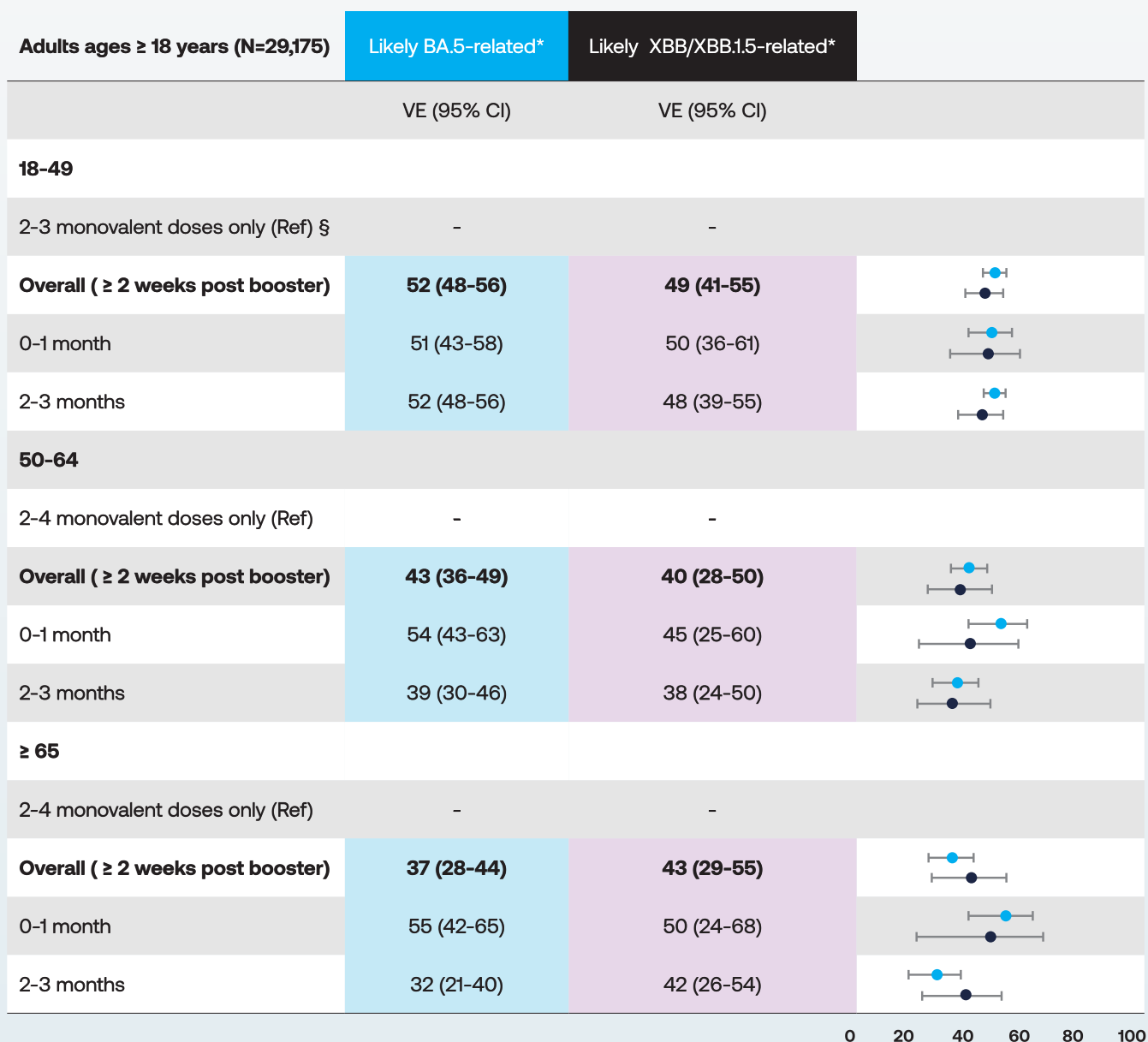
Moderna used innovative mRNA technology to create spikevax™ bivalent vaccines for COVID-19<sup>5-7</sup>

Below is a simplified version of the vaccine mechanism of action.





# Real-World effectiveness of bivalent (BA.4/BA.5) boosters against symptomatic infection with BA.5 & XBB1.5 sublineages<sup>8</sup>



Similar added benefit of a bivalent booster (BA.4-5) against BA.5 and XBB/XBB.1.5 sublineage-related infections

\*Based on SARS-CoV-2 positive test results by-gene target status.

Relative vaccine effectiveness (VE)=additional protection from a bivalent booster dose compared with residual protection from previous monovalent vaccination.

**Abbreviated Product Information: spikevax™ bivalent Original/Omicron BA.4-5 Dispersion for injection in Pre-filled Syringe COVID-19 mRNA Vaccine (nucleoside modified) 25 micrograms/25 micrograms**  
**Indication:** for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals 12 years of age and older who have previously received at least a primary vaccination course against COVID-19. **Dosage:** One dose (0.5 mL) contains 25 micrograms of elasomeran and 25 micrograms of davesomeran, a COVID-19 mRNA Vaccine (embedded in lipid indication). **Posology:** an interval of at least 3 months between administration of spikevax™ bivalent Original/Omicron BA.4-5 and the last prior dose of a COVID-19 vaccine. **Administration:** Intramuscularly into the deltoid muscle of the upper arm. Comes ready to use once thawed. Do not shake or dilute. Pre-filled syringe: One dose of 0.5 mL can be administered from each pre-filled syringe. See full PI for administration and storage instructions. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Precautions:** Clearly record the name and batch number; anaphylaxis has been reported; increased risk for myocarditis and pericarditis; the immune response may be diminished if administered to immunocompromised persons; anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related reactions may occur; vaccination should be postponed in cases of acute severe febrile illness or acute infection (but not minor infection and/or low-grade fever); administer with caution in individuals receiving anticoagulants or with thrombocytopenia or any coagulation disorder (e.g. haemophilia) as bleeding or bruising may occur; a few cases of capillary leak syndrome (CLS) flare-ups have been reported in the first days after vaccination. **Interactions:** No interaction studies have been performed. Concomitant administration with other vaccines has not been studied. **Use in Pregnancy:** No data available yet, large amount observational data from pregnant women vaccinated with spikevax (original) during 2nd and 3rd trimester has not shown increase in adverse pregnancy outcomes. **Use in Lactation:** No data. **Adverse Effects:** Very common: Lymphadenopathy, headache, nausea/vomiting, myalgia, arthralgia, injection site pain, fatigue, chills, axillary swelling/tenderness, pyrexia, injection site swelling, injection site erythema. Common: Rash, diarrhea, injection site urticaria, injection site rash, delayed injection site reaction.

## Reference:

1. UK Health Security Agency. COVID-19 Chapter 14a. In: The Green Book Immunisation against infectious disease; 2023. 2. Tracking SARS-CoV-2 variants. World Health Organization. Available at: Accessed April 2023. 3. Chemaitelly H and Abu-Raddad LJ. Waning effectiveness of COVID-19 vaccines. Lancet. 2022;399(10327):771-773. 4. WHO. Update 54 Clinical long-term effects of COVID-19. Available at: <https://www.who.int/publications/m/item/update-54-clinical-longterm-effects-of-covid-19>. Accessed April 2023. 5. spikevax™ bivalent Original/Omicron BA.4-5 Hong Kong Product Information, April, 2023. 6. Chalkias S, Harper C, Vrbicky K, et al. A bivalent Omicron-containing booster vaccine against COVID-19. N Engl J Med. 7. Chalkias S, Whatley J, Eder F, et al. Safety and Immunogenicity of Omicron BA.4/BA.5 Bivalent Vaccine Against doi:Accessed April 2023. 8. Link-Gelles R, et al. MMWR Morb Mortal Wkly Rep 2023;72:119-24



Company Address  
 11th Floor, One Pacific Place, 88 Queensway, Hong Kong  
 For more information on spikevax, please contact Medical Enquires via [apacmedinfo@modernatx.com](mailto:apacmedinfo@modernatx.com)

HK-COV-2300018  
 prepared in July 2023



## New spikevax™ bivalent Original/Omicron BA.4-5 is the only mRNA COVID-19 vaccine available in a Pre-filled syringe<sup>1</sup>

- ✓ Single-use and ready-to-use in fewer steps than the multi-dose vial<sup>2</sup>
- ✓ At least 1 billion doses of spikevax™ were administered.<sup>3</sup>
- ✓ 26.4-fold increase in antibody titres against Omicron BA.4/BA.5<sup>4</sup>
- ✓ Real-world effectiveness against symptomatic infection with BA.5 & XBB/XBB1.5 sublineages<sup>5</sup>

**Abbreviated Product Information: spikevax™ bivalent Original/Omicron BA.4-5 Dispersion for injection in Pre-filled Syringe COVID-19 mRNA Vaccine (nucleoside modified) 25 micrograms/25 micrograms**

**Indication:** for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals 12 years of age and older who have previously received at least a primary vaccination course against COVID-19. **Dosage:** One dose (0.5 mL) contains 25 micrograms of elasomeran and 25 micrograms of davesomeran, a COVID-19 mRNA Vaccine (embedded in lipid nanoparticles). **Posology:** an interval of at least 3 months between administration of spikevax™ bivalent Original/Omicron BA.4-5 and the last prior dose of a COVID-19 vaccine. **Administration:** Intramuscularly into the deltoid muscle of the upper arm. Comes ready to use once thawed. Do not shake or dilute. Pre-filled syringe: One dose of 0.5 mL can be administered from each pre-filled syringe. See full PI for administration and storage instructions. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Precautions:** Clearly record the name and batch number; anaphylaxis has been reported; increased risk for myocarditis and pericarditis; the immune response may be diminished if administered to immunocompromised persons; anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related reactions may occur; vaccination should be postponed in cases of acute severe febrile illness or acute infection (but not minor infection and/or low-grade fever); administer with caution in individuals receiving anticoagulants or with thrombocytopenia or any coagulation disorder (e.g. haemophilia) as bleeding or bruising may occur; a few cases of capillary leak syndrome (CLS) flare-ups have been reported in the first days after vaccination. **Interactions:** No interaction studies have been performed. Concomitant administration with other vaccines has not been studied. **Use in Pregnancy:** No data available yet, large amount observational data from pregnant women vaccinated with spikevax (original) during 2nd and 3rd trimester has not shown increase in adverse pregnancy outcomes. **Use in Lactation:** No data. **Adverse Effects:** Very common: Lymphadenopathy, headache, nausea/vomiting, myalgia, arthralgia, injection site pain, fatigue, chills, axillary swelling/tenderness, pyrexia, injection site swelling, injection site erythema. Common: Rash, diarrhea, injection site urticaria, injection site rash, delayed injection site reaction.

Reference: 1. [https://www.chp.gov.hk/files/pdf/cap138a\\_covid19\\_requirement.pdf](https://www.chp.gov.hk/files/pdf/cap138a_covid19_requirement.pdf) 2. spikevax™ bivalent Original/Omicron BA.4-5 Hong Kong Product Information, April, 2023 3. Data on file. 4. Chalkias S, Whatley J, Eder F, et al. Safety and Immunogenicity of Omicron BA.4/BA.5 Bivalent Vaccine Against COVID-19. doi: <https://doi.org/10.1101/2022.12.11.22283166> Accessed April 2023. 5. Link-Gelles R, et al. MMWR Morb Mortal Wkly Rep 2023;72:119–24





# Adult Immunisation Campaign 2023

## Pneumococcal Disease

### Local Epidemiology & New PCV Development

18 September 2023, Monday



Pneumococcal infection is caused by *Streptococcus pneumoniae* and can lead to ear infections, pneumonia, meningitis, and bloodstream infections. In Hong Kong, pneumonia is the second leading cause of death. A CME lecture will be held to update on pneumococcal disease and new pneumococcal conjugate vaccine development for medical practitioners. Interested members please refer to the details below for registration.

Time	:	2:00-2:45pm Lecture
	:	2:45-3:00pm Q&A
Speaker	:	<b>Dr. LAM, Wilson</b> <i>Specialist in Infectious Disease</i>
Fee	:	Free-of-charge
Registration Deadline	:	<b>Friday, 15 September 2023</b>
CME Accreditation	:	<b>For Non-specialist Doctors: 1 CME point #</b> <b>Accreditation for Specialist Doctors: Yes #</b>



# 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.

Sponsor: MSD

## Respiratory Syncytial Virus (RSV) in Older Adults

27 September 2023, Wednesday

Respiratory Syncytial Virus (RSV) is a highly contagious virus that can cause a range of respiratory infections, such as severe pneumonia and bronchiolitis. Local study found high risk in elderly aged 60 or above. Over 70% hospitalized had severe complications and 10% required intensive care. A CME lecture will be held to update on the RSV in older adults. Interested members please refer to the details below for registration.

Time	:	2:00-2:45pm Lecture
	:	2:45-3:00pm Q&A
Speaker	:	<b>Dr. TSO, Raymond</b> <i>Specialist in Respiratory Medicine</i>
Fee	:	Free-of-charge
Registration Deadline	:	<b>Friday, 22 September 2023</b>
CME Accreditation	:	<b>For Non-specialist Doctors: 1 CME point #</b> <b>Accreditation for Specialist Doctors: Yes #</b>



# 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.

Sponsor: GSK

If you are interested to attend above CME Live lectures, please register through <https://forms.gle/4Mf5zThFBLatpYsf8> or scan the QR code. Please contact the HKMA Secretariat at 2527-8452 or email to [cme@hkma.org](mailto:cme@hkma.org).





## The HKMA CME Live Lecture in August 2023

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



	Date	Organiser and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	29 August (Tue)	<b>The Hong Kong Medical Association</b> Lipid Management in All-Round Way for Mixed-Dyslipidemia Patients, What is the Right Approach? <i>Sponsor: Abbott Laboratories Limited</i>	<b>Dr. CHEUNG Chi Yeung</b> <i>Specialist in Cardiology</i>	1	Yes
2.	31 August (Thu)	<b>The Hong Kong Medical Association</b> Atrial Fibrillation Management: What's More Beyond Anticoagulation? <i>Sponsor: Sanofi Hong Kong Limited</i>	<b>Dr. LAU Chak Kwan</b> <i>Specialist in Cardiology</i>	1	Yes

### Physical Participation

3.	30 August (Wed) 2:00-3:00 p.m.	<b>The HKMA District Health Network (Central, Western &amp; Southern)</b> Gout Management <i>Sponsor: Sandoz Hong Kong Limited</i>	<b>Dr. CHUNG Ho Yin</b> <i>Specialist in Rheumatology</i>	1	Yes
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## The HKMA CME Live Lecture in September 2023

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



	Date	Organiser and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	1 September (Fri)	<b>The Hong Kong Medical Association</b> Recent Advances in Deep Brain Stimulation for Parkinson's Diseases in Hong Kong <i>Sponsor: Medtronic Hong Kong Limited</i>	<b>Dr. TAW Beng Teck, Benedict</b> <i>Specialist in Neurosurgery</i>	1	Yes
2.	4 September (Mon)	<b>The Hong Kong Medical Association</b> Personalized Management of Non-Neurogenic Male LUTS <i>Sponsor: Synmosa Biopharma (HK) Co. Ltd</i>	<b>Dr. TSU Hok Leung, James</b> <i>Specialist in Urology</i>	1	Yes
3.	6 September (Wed)	<b>The Hong Kong Medical Association</b> Latest Hypertension Management and Local Consensus Update <i>Sponsor: Sanofi Hong Kong Limited</i>	<b>Dr. AU Shek Yin</b> <i>Specialist in Cardiology</i>	1	Yes
4.	11 September (Mon)	<b>The Hong Kong Medical Association</b> Influenza Management in High Risk Patient <i>Sponsor: Abbott Laboratories Limited</i>	<b>Dr. CHAN Tak Yan</b> <i>Specialist in Paediatrics</i>	1	Yes
5.	15 September (Fri)	<b>The Hong Kong Medical Association</b> The Sweet Spot for Heart Failure Management - What's the Role of SGLT2 Inhibitor? <i>Sponsor: Boehringer Ingelheim (Hong Kong) Limited</i>	<b>Dr. TSANG Chun Fung, Sunny</b> <i>Specialist in Cardiology</i>	1	Yes



## The HKMA CME Live Lecture in September 2023 (continued)

	Date	Organiser and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
6.	20 September (Wed)	<b>The HKMA District Health Network (Central, Western &amp; Southern)</b> Doctor, My Neck Hurts, Is It Related to My Smart Phone? <i>No Sponsor</i>	<b>Dr. KWOK Hau Yan</b> <i>Specialist in Orthopaedics &amp; Traumatology</i>	1	Yes
7.	22 September (Fri)	<b>The Hong Kong Medical Association</b> World Contraception Day: Patient Counselling on Family Planning <i>Sponsor: Bayer HealthCare Ltd</i>	<b>Dr. CHAN Sum Yee</b> <i>Specialist in Obstetrics &amp; Gynaecology</i>	1	Yes
8.	25 September (Mon)	<b>The Hong Kong Medical Association</b> Acute Diarrhea Management in Pediatric Patients <i>Sponsor: Abbott Laboratories Limited</i>	<b>Dr. LAM Jenks Albinus</b> <i>Specialist in Paediatrics</i>	1	Yes
9.	26 September (Tue)	<b>The Hong Kong Medical Association</b> Management of Male LUTS: More Than Treating Symptoms? <i>Sponsor: Synmosa Biopharma (HK) Co. Ltd</i>	<b>Dr. HOU See Ming, Simon</b> <i>Specialist in Urology</i>	1	Yes

### Physical Participation

Points to note for CME Lecture with Physical Participation:

- Enrolment for CME lecture with physical attendance will be given to HKMA Members or Medical Practitioners in Hong Kong ONLY.
- On behalf of the policy for lecture with physical participation, please refer to P. 13 for more details.

	Date	Organiser and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	7 September (Thu) 2:00-3:00 p.m.	<b>The HKMA District Health Network (New Territories West)</b> Mental Health Challenges for Caregivers – What Should Be Done as A Health Professional?  Venue: Atrium Function Room, Hong Kong Gold Coast Hotel, 1 Castle Peak Road, Hong Kong <i>No Sponsor</i>	<b>Dr. CHENG Pak Wing</b> <i>Specialist in Psychiatry</i>	1	Yes
2.	21 September (Thu) 2:00-3:00 p.m.	<b>The HKMA District Health Network (Hong Kong East)</b> Advancing Asthma Treatment with Triple Therapy: Right Therapy for Right Patients at Right Timing  Venue: HKMA Wanchai Premises, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai <i>Sponsor: GlaxoSmithKline Limited</i>	<b>Dr. KWOK Yuk Lung</b> <i>Specialist in Respiratory Medicine</i>	1	Yes
3.	29 September (Fri) 2:00-3:00 p.m.	<b>The HKMA District Health Network (Kowloon West)</b> COVID-19 Oral Antiviral Treatment Real World Evidence Update & Clinical Experience Sharing  Venue: Rich Garden Restaurant, C2/F, 114 Broadway Street, Mei Foo Sun Chuen Stage 8, Mei Foo <i>Sponsor: Pfizer Corporation Hong Kong Limited</i>	<b>Dr. WONG King Ying</b> <i>Specialist in Respiratory Medicine</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.

# 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 HKMA Medico-legal Conference 2023

23 September 2023, Saturday



- Format & Venue** : Physical Attendance Mode  
Sung Room, 4/F, Sheraton Hong Kong Hotel & Towers, 20 Nathan Road, Kowloon, Hong Kong
- Fee** : Free-of-charge
- Capacity** : The capacity is 60. Registration is strictly required on a first-come, first-served basis.
- CME Accreditation** : For Non-specialist Doctors: 3 CME points  
Accreditation for Specialist Doctors: Yes #  
# Accreditation from various colleges are pending.
- Registration Deadline** : Friday, 15 September 2023
- Co-Chairmen** : Dr. SO Yui Chi and Dr. LAI Wing Him, Elvis  
Co-Chairmen, Medico-legal Support Group, The Hong Kong Medical Association

TIME	PROGRAMME
12:30 – 1:30 p.m.	Registration & Lunch
1:30 – 1:35 p.m.	Opening Ceremony Dr. CHENG Chi Man <i>President, The Hong Kong Medical Association</i>
1:35 – 2:05 p.m.	Keynote Lecture: Gross Negligence Manslaughter in The Medical Context Mr. Martin HUI, SC <i>Plowman Chambers</i> <i>Former Deputy Director of Public Prosecutions at the Department of Justice</i> <i>Honorary Lecturer &amp; Adjunct Professor, Department of Professional Legal Education, Faculty of Law, The University of Hong Kong</i> <i>Recorder of the High Court</i> <i>Chairman, Committee on Criminal Law and Procedure, The Hong Kong Bar Association</i>  Mr. Ching Him HO <i>Plowman Chambers</i> <i>Part-time lecturer, Department of Law, The University of Hong Kong</i> <i>Member, Committee on Arbitration, The Hong Kong Bar Association</i>
2:05 – 2:30 p.m.	Lecture 1: Ethical Guidelines on Practice of Telemedicine Dr. YEUNG Hip Wo, Victor <i>Vice President, The Hong Kong Medical Association</i> <i>Chairman, Ethics Committee, Medical Council of Hong Kong</i>
2:30 – 2:55 p.m.	Lecture 2: Patient and Family Complaints Mr. Woody CHANG <i>Honorary Legal Advisor, The Hong Kong Medical Association</i> <i>Partner, Mayer Brown</i>
2:55 – 3:10 p.m.	Lecture 3: A Vaccine for All: Integrity and Professional Ethics Ms. Mary LAU <i>Executive Director, Hong Kong Business Ethics Development Centre, ICAC</i>
3:10 – 3:20 p.m.	Coffee Break
3:20 – 3:45 p.m.	Lecture 4: New Provisions of Medical Council Code of Professional Conduct: An Overview Mr. David KAN <i>Honorary Legal Advisor, The Hong Kong Medical Association</i>
3:45 – 4:10 p.m.	Lecture 5: Capacity and Informed Consent Ms. Christine TSANG <i>Honorary Legal Advisor, The Hong Kong Medical Association</i> <i>Partner, Kennedys</i>
4:10 – 4:35 p.m.	Lecture 6: Avoiding Risky Doctor-Patient Interactions in the Digital Era Dr. LEE Wai Hung, Danny <i>Senior Medical Adviser, Medical Protection Society</i>
4:35 – 5:00 p.m.	Panel Discussion
5:00 p.m.	End of Conference

- Registration:** Please register through <https://forms.gle/qajHTYcVYeyvd5VU7> or scan the QR code if you are interested to attend.
- Enquiry:** Please contact the HKMA Secretariat at 2527-8452 or email to [cme@hkma.org](mailto:cme@hkma.org).







# HKMA-HKSH CME Programme 2022-2023

## Update in Medical Practice



- Time** : 1:00 – 2:00pm Lunch  
2:00 – 2:45pm Lecture  
2:45 – 3:00pm Q&A
- Format** : Hybrid; ZOOM/The Hong Kong Medical Association Central Premises, Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong
- Fee** : Free-of-charge
- Capacity** : The capacity for physical attendance is 30. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.
- Registration Deadline** : Friday, 1 September 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/E7eN5cCLFmuTQcyT6>  
 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, 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 Secretariat at 2527-8452  
or email to [cme@hkma.org](mailto:cme@hkma.org).



Date (Tuesday)	Topic	Speaker
5 September	Cancer of Lung	Dr. YAU Chun Chung Specialist in Clinical Oncology



## HKMA-CUHK Medical Centre CME Programme 2023



- Time** : 1:00 – 2:00pm Lunch  
2:00 – 2:45pm Lecture  
2:45 – 3:00pm Q&A
- Format** : Hybrid; ZOOM/The Hong Kong Medical Association Central Premises, Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong
- Fee** : Free-of-charge
- Capacity** : The capacity for physical attendance is 30. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.
- Registration Deadline** : Friday, 1 September 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/5azipM5jaxmfdqjg6> 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 Secretariat at 2527-8452 or email to [cme@hkma.org](mailto:cme@hkma.org).



Date (Wednesday)	Themes	Topics	Speakers
13 September	Common Health Problems For The Elderly	Managing Age-related Macular Degeneration	Dr. MAK Shiu Ting, Theresa <i>Specialist in Ophthalmology</i>
11 October		How To Fight Common Elderly Health Problems – Dementia and Sarcopenia	Dr. HO Wan Sze, Wency <i>Specialist in Geriatric Medicine</i>
8 November	Women's Health	Common Breast Pathology	Dr. IP Yiu Tung <i>Specialist in Pathology</i>
13 December		Breast Health and Breast Surgery	Dr. CHAN Ho Yan, Yolanda <i>Specialist in General Surgery</i>



# HKMA-GHK CME Programme 2023



- Time** : 1:00 – 2:00pm Lunch  
2:00 – 2:45pm Lecture  
2:45 – 3:00pm Q&A
- Format** : Hybrid; ZOOM/The Hong Kong Medical Association Central Premises, Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong
- Fee** : Free-of-charge
- Capacity** : The capacity for physical attendance is 30. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.
- Registration Deadline** : Friday, 8 September 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/sutCWaBkf4Ky8w9HA>  
 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 Secretariat at 2527-8452  
 or email to [cme@hkma.org](mailto:cme@hkma.org).

Date (Tuesday)	Topic	Speaker
19 September	Update in Dementia: Alzheimer's Disease	Dr. YEUNG Sze Wai Specialist in Neurology
17 October to 21 November 2023		The remaining lectures shall be announced in coming CME Bulletin issues.





# HKMA-HKSTP CME Programme 2023



## Series 2: Neuro & Degenerative Disease Diagnosis + Treatment / Rehabilitation Solution

- Time** : 1:00 – 2:00pm Lunch  
2:00 – 2:45pm Lecture  
2:45 – 3:00pm Q&A
- Format** : Hybrid; ZOOM / The Hong Kong Medical Association Central Premises, Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong
- Fee** : Free-of-charge
- Capacity** : The capacity for physical attendance is 30. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.
- Registration Deadline** : Friday, 15 September 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/AMe1QGz6ymVzg3ft7>  
 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, 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 Secretariat at 2527-8452  
or email to [cme@hkma.org](mailto:cme@hkma.org).

Date (Thursday)	Topic	Speaker
28 September	The Future of Non-Invasive Treatments for Ocular Diseases and Beyond: Ultrasound Drug Delivery Platform	Dr. SUEN Wai Leung, Langston Founder & CEO, Opharmic Technology (HK) Limited
26 October 2023 to 29 February 2024		The remaining lectures shall be announced in coming CME Bulletin issues.

# 100% OG Doctors interviewed Recommend Aptamil 白金版 for Cesarean Born Babies\*



## Aptamil 白金版

Formula Ingredients Clinically Proven to  
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OG = Obstetricians & Gynecologists.  
\*According to 2021 survey by Kantar HK. Respondents are doctors (Specialist in Obstetrics & Gynaecology). Sample size N=51.  
References: 1. Chin Chua M, et al. JPN 2017;65:102-6. 2. Phavichitr et al. Scientific Reports, 2021; 11:3534. 3. Martin R et al. Appl Environ Microbiol 2009;75:965-969. 4. Wong C, B et al. Nutrients 2019, 5, Coulter L et al. 2009; 1. Agric. Food Chem., 57, 8488- 8495. 6. Boehm G, et al. (2003) Acta Paediatr Suppl. 91(441):64-7. 7. Stahl B et al. Anal Biochem 1994; 223:218-226.  
Important Notice: Breast-feeding is the best form of nutrition for babies and provides many benefits to babies and mothers. It is important that, in preparation for and during breast-feeding pregnant and lactating women eat a healthy, balanced diet. Combined breast and bottle-feeding in the first weeks of life may reduce the supply of their own breast-milk, and reversing the decision not to breast-feed is difficult. Always consult healthcare professional for advice about feeding baby. If infant formula is used, mothers / care givers should follow manufacturer's instructions for use carefully. Failure to follow the instructions may make baby ill. The social and financial implications of using infant formula should be considered. Improper use of an infant formula or inappropriate foods or feeding methods may present a health hazard.

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For more information:  
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# 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.



## Meeting Highlights

### The Hong Kong Medical Association



Dr. TSOI Tak Hong giving a CME lecture on 4 July 2023



Dr. Pierre CHAN giving a CME Live lecture on 10 July 2023



Dr. Janet LEE giving a CME lecture on 12 July 2023



Dr. Carman LAM giving a CME lecture on 18 July 2023



Dr. Gordon WONG giving a CME Live lecture on 24 July 2023



From left: Dr. SO Yui Chi (moderator), Dr. Pierre CHAN (speaker), Mr. David KAN (speaker) and Dr. Bobby NICHOLAS (speaker) giving the CME lecture of The HKMA Medicolegal Support Workshops 2023 on 29 July 2023

### The HKMA District Health Network – Central Coordination Committee

#### CME lecture of the HKMA District Health Network (Central, Western & Southern)



Dr. WONG HingWing presenting a CME Live lecture on 5 July 2023

#### CME lecture of the HKMA District Health Network (Kowloon East)



Speaker Dr. Ivy WONG (middle) receiving a souvenir from HKMA DHN Central Coordinator Dr. Tony LING (left) and Moderator Dr. Gary AU (right) on 6 July 2023

#### CME lecture of the HKMA District Health Network (Kowloon City)



Speaker Dr. LEE Tze Yuen (right) receiving a souvenir from Moderator Dr. CHIN Chu Wah (left) on 14 July 2023

#### CME lecture of the HKMA District Health Network (Yau Tsim Mong)



Speaker Dr. TSUI Ping Tim (right) receiving a souvenir from Moderator Dr. LEE Wai Lun (left) on 28 July 2023

## August 2023

29 August (Tue) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Lipid Management in All-Round Way for Mixed-Dyslipidemia Patients, what is the Right Approach? <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
30 August (Wed) 2:00-3:00 p.m.	<b>The HKMA District Health Network (Central, Western &amp; Southern)</b> Gout Management <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	1 Physical
31 August (Thu) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Atrial Fibrillation Management: What's More Beyond Anticoagulation? <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1

## September 2023

1 September (Fri) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Recent Advances in Deep Brain Stimulation for Parkinson's Diseases in Hong Kong <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
4 September (Mon) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Personalized Management of Non-Neurogenic Male LUTS <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
5 September (Tue) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association and the Hong Kong Sanatorium &amp; Hospital</b> Cancer of Lung <i>HKMA CME Hybrid Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1 Hybrid
6 September (Wed) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Latest Hypertension Management and Local Consensus Update <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
7 September (Thu) 2:00-3:00 p.m.	<b>The HKMA District Health Network (New Territories West)</b> Mental Health Challenges for Caregivers – What Should Be Done as A Health Professional? <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	1 Physical
11 September (Mon) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Influenza Management in High Risk Patient <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
13 September (Wed) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association and the CUHK Medical Centre</b> Managing Age-related Macular Degeneration <i>HKMA CME Hybrid Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1 Hybrid
15 September (Fri) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> The Sweet Spot for Heart Failure Management – What's The Role of SGLT2 Inhibitor? <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1

18 September (Mon) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> HKMA Adult Immunisation Campaign 2023 Pneumococcal Disease Local Epidemiology & New PCV Development <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
19 September (Tue) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association and the Gleneagles Hong Kong Hospital</b> Update in Dementia: Alzheimer's Disease <i>HKMA CME Hybrid Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1 Hybrid
20 September (Wed) 2:00-3:00 p.m.	<b>The HKMA District Health Network (Central, Western &amp; Southern)</b> Doctor, My Neck Hurts, Is It Related to My Smart Phone? <i>HKMA CME Live Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	1
21 September (Thu) 2:00-3:00 p.m.	<b>The HKMA District Health Network (Hong Kong East)</b> Advancing Asthma Treatment with Triple Therapy: Right Therapy for Right Patients at Right Timing <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	1 Physical
22 September (Fri) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> World Contraception Day: Patient Counselling on Family Planning <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
23 September (Sat) 1:30-5:00 p.m.	<b>The Hong Kong Medical Association</b> The HKMA Medico-legal Conference 2023 <i>HKMA CME Physical Lecture</i> HKMA CME Dept. – Tel: 2527 8452	3 Physical
25 September (Mon) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Acute Diarrhea Management in Pediatric Patients <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
26 September (Tue) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> Management of Male LUTS: More Than Treating Symptoms? <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
27 September (Fri) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association</b> HKMA Adult Immunisation Campaign 2023 Respiratory Syncytial Virus (RSV) in Older Adults <i>HKMA CME Live Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1
28 September (Thu) 2:00-3:00 p.m.	<b>The Hong Kong Medical Association and the Hong Kong Science Park</b> The Future of Non-Invasive Treatments for Ocular Diseases and Beyond: Ultrasound Drug Delivery Platform <i>HKMA CME Hybrid Lecture</i> HKMA CME Dept. – Tel: 2527 8452	1 Hybrid
29 September (Fri) 2:00-3:00 p.m.	<b>The HKMA District Health Network (Kowloon West)</b> Antiviral Treatment Real World Evidence Update & Clinical Experience Sharing <i>HKMA CME Physical Lecture</i> HKMA District Health Network Dept. – Tel: 2861 1979	1 Physical





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# CME/CPD Seminar for Doctors and Therapists

中環華人行八樓 | 九月二十六日 | 下午六時至九時半  
8/F China Building, Central | 26 September | 6:00-9:30pm

## “Common Upper Limb Nerve Problems 常見的上肢神經損傷”

DR ATHENA AU Hand, Wrist and Elbow  
區卓嬌醫生 手部、手腕及手肘



## “Robotic-Arm Assisted Surgery 機械臂輔助手術”

DR HT CHOW Spine  
周鴻燦醫生 脊骨



Chairman Dr Jason Brockwell 白展成醫生  
Hip & Pelvic 髋部及盆骨

CME/CPD Accreditation Pending

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

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\*Light refreshments will be served 有小食提供



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