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持續醫學進修專訊

Overview in Role of Magnetic Resonance Imaging in Rectal Cancer Primary Staging

Dr. CHONG Wing Ho

CME LIVE

HKMA CME Bulletin
持續醫學進修專訊

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EDITORIAL – June Issue 2023

Dr. SO Yui Chi
Co-editor, Hong Kong Medical Association CME Bulletin

After we passed the long holidays at the beginning of May, our local influenza/covid infection rates increase (encounter another epidemic). For this episode, we have around 6000 Accident and Emergency visits with around 27-30 patients who need highly intensive care each day. We can see a long queue of visits to family physician outside the clinic- mostly are patients who get URTI. Therefore, our public-private interface (PPP) in reality can help to relieve the public system pressure. Knowledge is important so as to make doctors can differentiate those life threating signs of complications of infection. Various lectures and our CME bulletin can help to enrich our knowledge.

This issue, we are going to talk about staging of colonic cancer using new modalities. Maybe, in future, we can use different non-invasive methods to screen out before we can refer to specific specialty and cut down the long queue in public section. Private utilities and personnel should be fully utilized so as to streamline the public facilities for the emergency access by the **needy** patients.

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Overview in Role of Magnetic Resonance Imaging in Rectal Cancer Primary Staging

Dr. CHONG Wing Ho
Specialist in Radiology

Introduction

Magnetic Resonance Imaging (MRI) is an important tool in the management of rectal cancer.

MRI is a noninvasive imaging modality which can provide detailed images of the rectal tumor and surrounding tissues, provide accurate locoregional tumor staging, guide treatment planning, and monitor the disease. It also allows early detection of tumor recurrence after operation. In this article, role of MRI in primary staging of rectal cancer will be discussed.

General MRI protocol

MRI is generally safe unless the patient has contraindications such as presence of MRI non compatible implant or claustrophobia. MRI rectum can be performed in either MRI machine with 1.5 Tesla or 3 Tesla, with recommended slice thickness <=3mm [1]. If there is no contraindication, anti-spasmodic agent can be used to decrease motion artefacts caused by bowel peristalsis, particularly when cancer in upper rectum or rectosigmoid junction is assessed.

Imaging planes are the key to the MRI rectal tumor assessment. The axial plane should be perpendicular to the long axis of tumor, which is crucial in tumor staging assessment [Figure 1]. Coronal plane should be parallel to the long axis of tumor [Figure 2]. In case there is long extent of tumor or change in angulation, additional axial planes are necessary for accurate diagnosis.

Common MRI protocol for rectal cancer primary staging is listed as follow [3]:

1. T2W Turbo spin echo (Axial*, Coronal^, Sagittal)
2. Diffusion weighted sequence with b-value 1000 s/mm2 (Axial*) [Figure 3]
3. Apparent Diffusion Coefficient maps (Axial*) [Figure 3]

* Axial plane perpendicular to the long axis of tumor

^ Coronal plane parallel to long axis of tumor

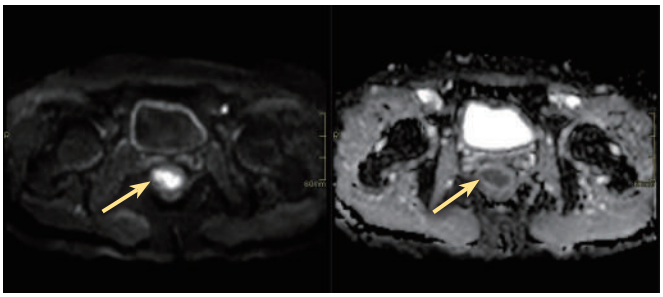

Figure 3 – Diffusion weighted sequence (Left) and Apparent Diffusion Coefficient maps (Right) in axial plane perpendicular to the tumor

Among all imaging sequences, high resolution T2W sequence in correct axial plane is the most important sequence to provide accurate assessment to muscularis propria, which determines the T-stage of the tumor. Non contrast fat suppression sequence is not recommended as the mesorectal fat assessment can be jeopardized.

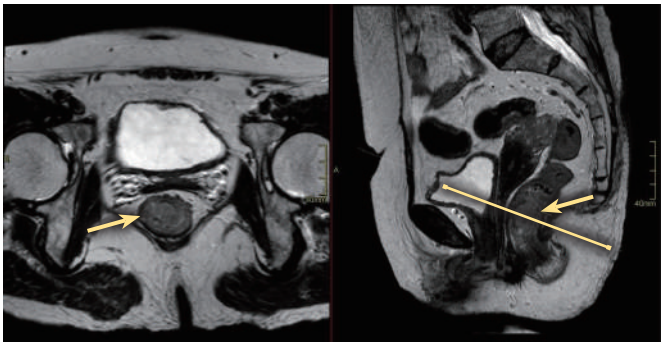

Figure 1 – T2W axial plane, perpendicular to the long axis of tumor

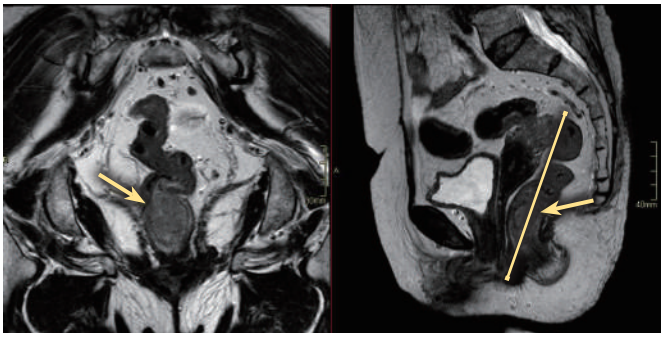

Figure 2 – T2W coronal plane, parallel to the long axis of tumor

Use of gadolinium for contrast enhanced T1W sequences generally does not improve diagnostic accuracy for primary tumor local staging. It is considered more useful in post-treatment MRI or detecting local tumor recurrence. Use of gel for endorectal filling is also not recommended routinely. This avoids over-distension of rectum which may result in suboptimal assessment of circumferential resection margin (CRM) [2].

MRI rectum anatomy

The rectum is approximately 15 centimeters long and can be divided into three parts, upper, mid and lower rectum in equal portions. In MRI scan, the tumor location is defined as the distance from anal verge to the most inferior edge of tumor. The craniocaudal dimension of the tumor will be reported.

If the upper rectal tumor extends beyond “sigmoid take-off”, it is considered as a rectosigmoid tumor. This “sigmoid take off” can be recognized on sagittal MRI, where sigmoid turns horizontally away from the sacrum. [Figure 4, 5]

For a low rectal tumor, additional comment of any anal canal sphincteric involvement is necessary, i.e., any tumor extends below anorectal junction. Anorectal junction is the transition of anal canal into rectum, which is approximately at the level between lower pubic symphysis and coccyx in majority of patients [Figure 4, 6]. This is a key information to surgeons for the choice of operation.

Tumor morphology and involvement

Rectal wall consists of three main layers namely inner lumen mucosal layer, middle submucosal layer and outer muscularis propia. The outermost layer with T2 weighted hypointense signals are the most important in MRI rectum assessment.

Most of the rectal tumor grows from inner lumen towards outside. Most of the rectal tumors are intermediate signals in T2 weighted sequence. Mucinous tumor (commonly adenocarcinoma) with high mucin content is an exception, which commonly shows T2 weighted hyperintense signals representing mucin [Figure 14].

Rectal cancer follows TMN stage, American Joint Committee on Cancer (AJCC) staging system 8th edition [Table 1] [5]. For T1 and T2 stage tumors, they involve mucosa and submucosa respectively, and without involvement across muscularis propia. MRI can determinate the tumor as T1/2 disease [Figure 8] but it is difficult to differentiate between T1 and T2 stage tumors. Endoscopic ultrasound is an alternative assessment modality for differentiation [5].

However, MRI scan plays an important role for tumors of T3 stage or above, with reported 85% accuracy, 87% sensitivity and 75% specificity in T-stage in a meta-analysis [6]. T3 stage indicates that the rectal tumor grows beyond muscularis propia and invades into mesorectal fat. This is equivalent to the disruption of the T2 weight hypointense line (muscularis propia) in MRI scan axial plane.

The maximum extramural depth (EMD) of tumor involvement should be reported. It is the maximum tumor extension distance from the site of invasion edge at muscularis propria. There are also subclassification of T3 according to the EMD as follows: T3a: <1mm; T3b: 1-5mm; T3c: >5-15mm; T3d: >15mm [Figure 9-12]. T3c and T3d diseases are shown to have worse prognosis compared with T3a and T3b diseases and they are considered as high risk T3 diseases [7].

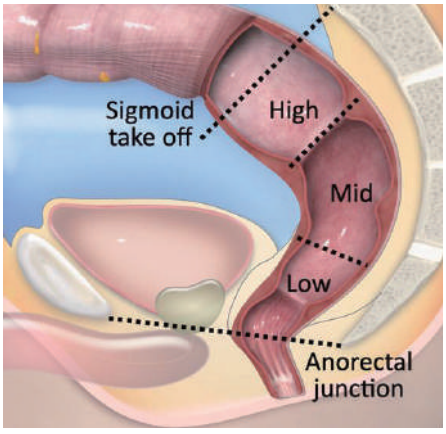

Figure 4 – Illustrated diagram for rectal anatomy (sagittal view) [4]

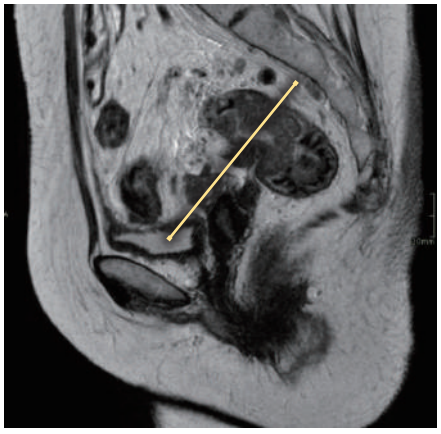

Figure 5 – MRI image for rectosigmoid in T2W sequence (sagittal view), as upper rectal tumor across the sigmoid take-off

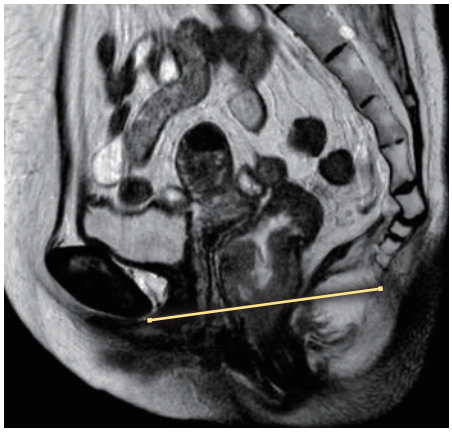

Figure 6 – MRI image for low rectal tumor in T2W sequence (sagittal view), abutting anorectal junction.

T4 stage is subclassified into 2 subgroups. For T4a disease, tumor involves visceral peritoneum [Figure 13]. For T4b disease, tumor shows invasion to adjacent organs or structures [Figure 14]. In particular to lower rectal tumor, involvement of the external sphincter and levator ani muscle(s) should also be reported as it can influence treatment planning [Figure 18].

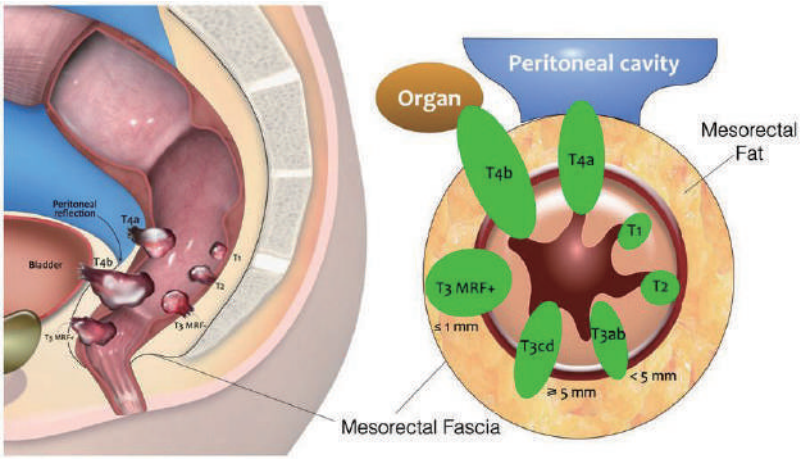

Figure 7 – Illustrated diagram for TMN staging (sagittal and axial view) [4]

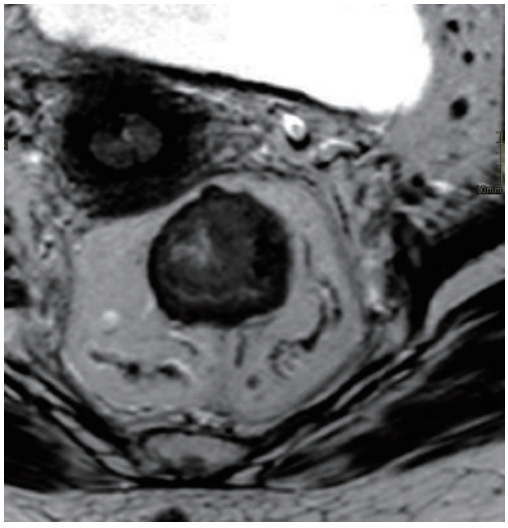

Figure 8 – T1/2 disease: intermediate signals in in T2W axial sequence does not invade across the muscularis propia, indicating a T1 or T2 stage tumor

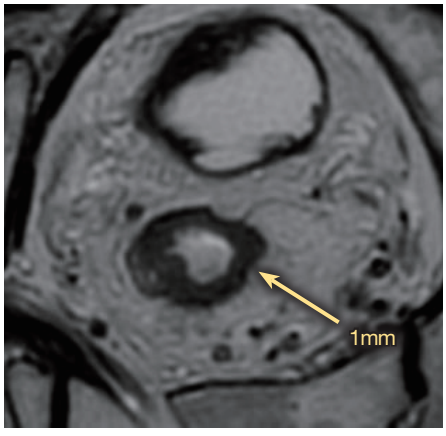

Figure 9 – T3a disease: circumferential tumor with trace tumoral signals (1mm) across muscularis propia (3-4 o'clock) in T2W axial sequence

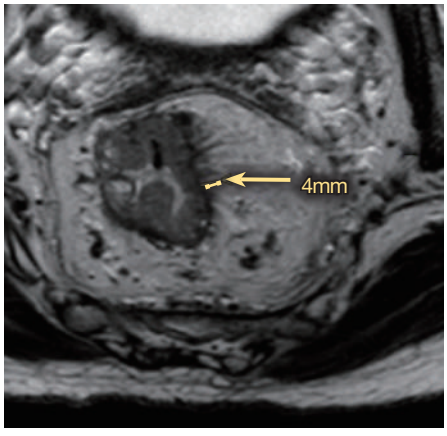

Figure 10 – T3b disease: tumor signals (4mm) across muscularis propia (1-5 o'clock) in T2W axial sequence

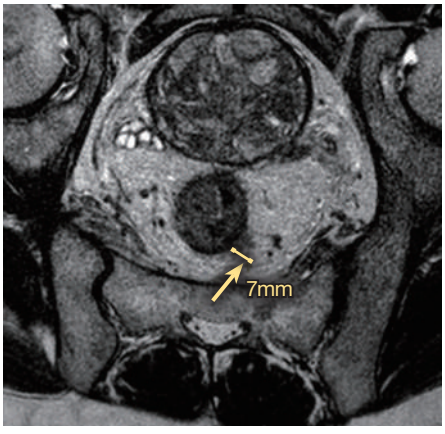

Figure 11 – T3c disease: tumor signals (7mm) across muscularis propia (4-5 o'clock) in T2W axial sequence

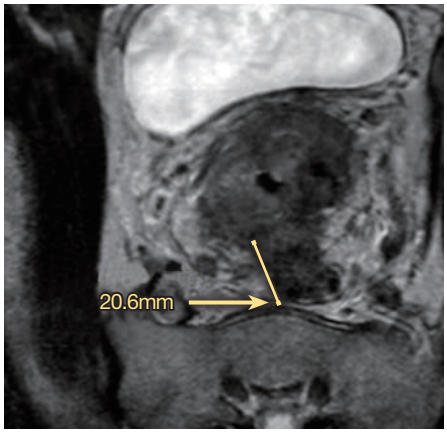

Figure 12 – T3d disease: tumor signals (20.6mm) across muscularis propia (5-7 o'clock) in T2W axial sequence

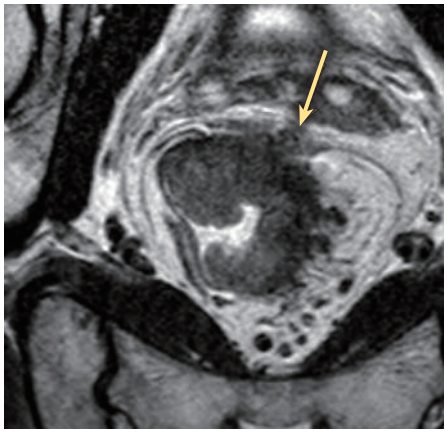

Figure 13 – T4a disease: mid rectal tumor shows involvement across peritoneal reflection (1-2 o'clock) in T2W axial sequence

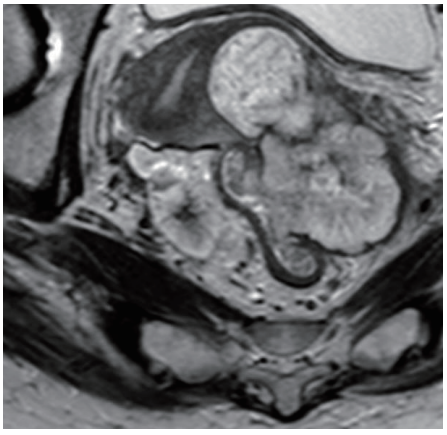

Figure 14 – T4b disease: This tumor shows involvement into uterus anteriorly in T2W axial sequence. This is a histology proven mucinous adenocarcinoma (rich in mucin) commonly shows high T2W hyperintense signals.

TMN	Description
T-stage	
Tx	Primary tumor cannot be assessed
T0	No evidence of a primary tumor
Tis	Carcinoma in situ: intraepithelial or invasion of the lamina propria
T1	Tumor invades submucosa
T2	Tumor invades mucosa
T3	Tumor invades subserosa and perirectal tissue
	T3a <1mm
	T3b 1-5mm
	T3c >5-15mm
	T3d >15mm
T4a	Tumor penetrates to the surface of the visceral peritoneum
T3b	Tumor invades or is adherent to other organs or structures
N-stage	
Nx	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis to 1-3 regional lymph nodes
N2	Metastasis to 4 or more regional lymph nodes
M stage	
MX	Presence of distal metastasis cannot be assessed
M0	No distant metastasis
M1	Distant metastasis presence

Table 1. AJCC TMN Staging for rectal cancer [5]

Mesorectal fascia and circumferential resection margin (CRM)

Mesorectal fascia is a fascia bounding mesorectal fat. This fascia is an important anatomical structure for total mesorectal excision in rectal cancer.

Lower rectum is circumferentially bounded by mesorectal fascia. For mid rectum, part of anterior fascia is bounded by peritoneal reflection. The lower point of peritoneal reflection is around prostatoseminal angle in men and pouch of Douglas in women. For upper rectum, majority of anterior fascia are bounded by peritoneum [Figure 15]. This is important to differentiate in these different anatomical structures, as T-stage will be affected. Tumor involvement of mesorectal fascia is only T3 disease while tumor involvement of visceral peritoneum is T4a disease due to risk of peritoneal deposit [Figure 15-17].

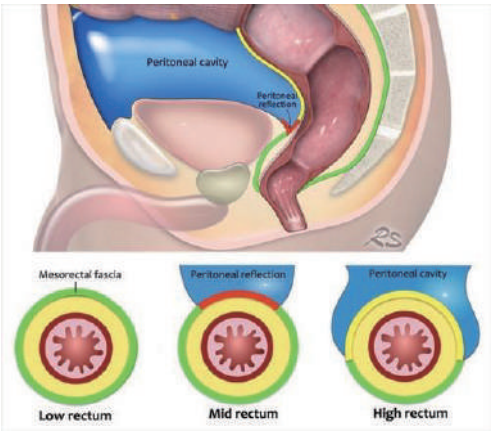

Figure 15 – Illustrated diagram for mesorectal fascia and peritoneal reflection (axial view) [4] Green line – mesorectum; Red line – peritoneal reflection; Yellow line – peritoneum

Figure 16 – Peritoneal reflection in female patient in T2W sagittal sequence. In this case the pouch of Douglus is distended by ascites for good delineation.

Figure 17 – Tumor anteriorly abuts peritoneal reflection in male patient in T2W sagittal sequence.

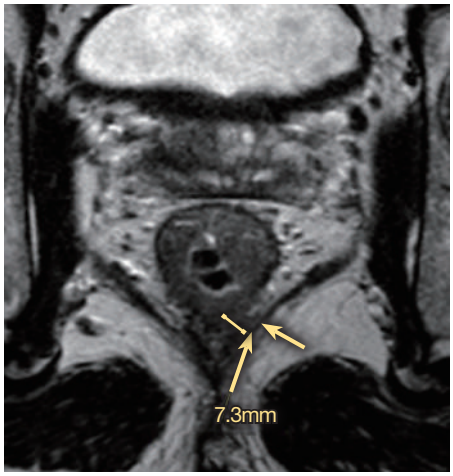

Figure 18 – tumor across muscularis propia (4-6 o'clock). This low rectal tumor also involves circumferential resection margin and abuts left levator ani muscle.

Pathological CRM is the shortest distance between the outermost tumor and the surgical resected margin, which is equivalent to the shortest distance between mesorectal fascia and outermost tumor/tumor deposits in MRI scan [Figure 18]. MRI has a high accuracy (88%) in predicting CRM involvement [8,9]. It is in general to consider CRM to be positively involved if <=1mm, which is not advised to perform mesorectal excision directly due to high local recurrence rate. Patient would commonly undergo neoadjuvant chemoradiotherapy followed by restaging MRI scan for assessment [3].

Extramural vascular invasion (EMVI)

Extramural vascular invasion (EMVI) is also a risk factor for recurrent disease, metastases, and impaired overall survival. It indicates that tumor has involvement beyond rectal wall and extents into blood vessels. EMVI is suggested if there is direct tumor signals extension into adjacent vessel(s). EMVI should also be considered if there is presence of tumor signals in vessels adjacent to the tumor, even if it does not directly contact with the tumor [Figure 19]. MRI is specific for EMVI with specificity 96% for EMVI >3mm. However, its sensitivity is only suboptimal (~54%) [10].

Nodal assessment

The nodal assessment is mainly based on signals and contour. However, MRI assessment for N-stage is suboptimal according to meta-analysis with pooled sensitivity 62-81% and specificity 64-91% only [11]. There is no international consensus for nodal status prediction cut-off size. Nevertheless, MRI suspicious lymph nodes should still be reported to surgeons and oncologists for treatment planning, based on combination of nodal size (>=9mm), heterogenous signals and irregular/indistinct contour.

Mesorectal lymph nodes are considered as regional lymph nodes, which will be included in total mesorectal excision. If the tumor is in high rectum or rectosigmoid junction, inferior mesenteric nodes should also be included. [Figure 20-22]

The N-stage depends on the number of abnormal lymph nodes, irrespective of location of lymph nodes. N-stage is subclassified based on number of suspicious regional lymph nodes as follow: N0: no regional nodal metastasis; N1: 1-3 regional nodal metastasis; N2: >=4 regional nodal metastasis [5].

Obturator and internal iliac lymph nodes are still considered as regional lymph nodes. However, they are anatomically in extra-mesorectal location [Figure 23]. The MRI report should alert surgeons for consideration of pelvic lymph node dissection. If suspicious lymph nodes are seen at external and common iliac, or inguinal lymph nodes, they are considered as non-regional lymph nodes and raise the suspicion of metastatic disease. [4]

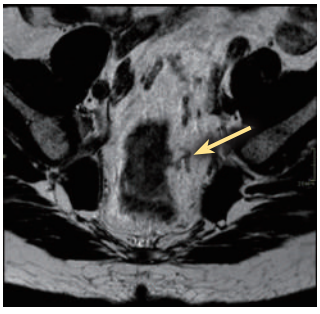

Figure 19 – Illustrated MRI images for EMVI in T2W sequence (coronal view) [4]
Arrow shows tubular tumoral signals at left side indicating EMVI

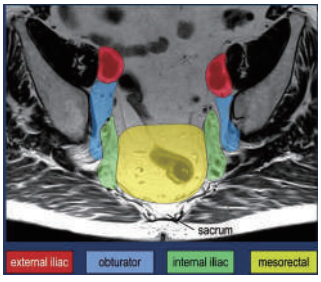

Figure 20 – Illustrated MRI image for nodal station in T2W sequence (axial) [4]

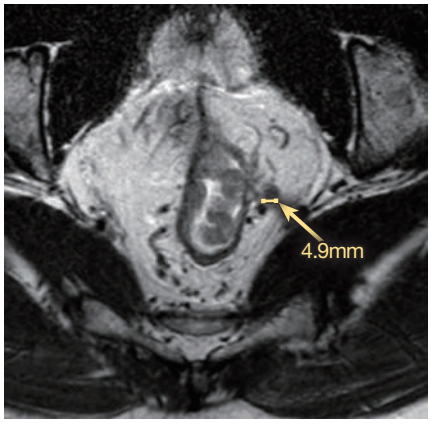

Figure 21 – Mesorectal lymph nodes in T2W axial sequence

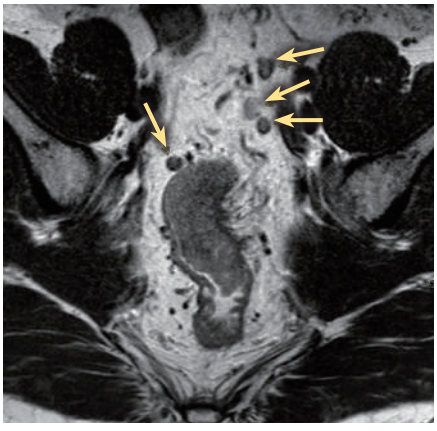

Figure 22 – Several inferior mesenteric lymph nodes in T2W coronal sequence

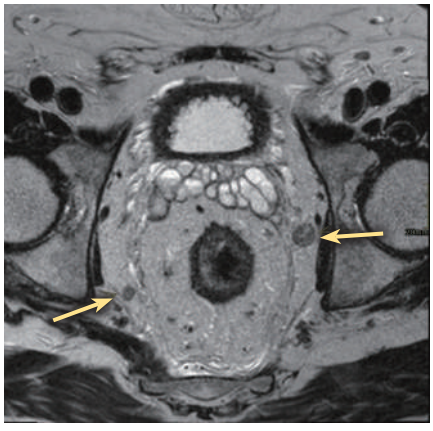

Figure 23 – Bilateral internal iliac nodes (extra-mesorectal)

Use of structure reporting in MRI rectum

There are increasing use of structured reporting for rectal cancer [Table 2]. This provides a checklist to convey essential information to surgeons and oncologists. This also allows easier data analysis for conducting clinical audits and scientific research.

Rectal Cancer Primary Staging MRI Report Template
Clinical Information:
Technique:
Comparison:
Tumor location and morphology: Location from the anal verge· ☐ Low (0-5 cm) - Distance of inferior border of the tumor to anal verge: [ ] cm ☐ Mid (5.1-10 cm) ☐ High (10.1 -15 cm) Distance of inferior border of the turner to anorectal junction: [ ] cm Relationship to anterior peritoneal reflection: ☐ Above ☐ Straddles ☐ Below Craniocaudal length: [ ] cm Circumferential location (o'clock position): Morphology: ☐ Polypoid ☐ Ulcerating ☐ (Semi-)circumferential Mucinous: ☐ No ☐ Yes
T-category: ☐ Tx ☐ T1-2 ☐ T3a ☐ T3b ☐ T3c ☐ T3d ☐ T4a ☐ T4b If T 4b, describe structures with possible invasion: Genitourinary: ☐ Bladder ☐ (Left/Right) Ureter ☐ Cervix ☐ Uterus ☐ Vagina ☐ Prostate ☐ Seminal vesicle ☐ Urethra Vessels : ☐ (Left/Right) Internal iliac vessels ☐ (Left/Right) External iliac vessels Nerves: ☐ Lumbosacral nerve roots Pelvic muscles: ☐ Obturator internus ☐ Piriformis ☐ Ischiococcygeus Pelvic floor (levator ani): ☐ Pubococcygeus ☐ Iliococcygeus ☐ Puborectalis Bones: ☐ Sacrum ☐ Coccyx ☐ Ilium ☐ Ischium ☐ Pubis * **Low rectal tumors:** Invasion of sphincter complex: ☐ No ☐ Yes If yes: ☐ Internal sphincter only ☐ + Intersphincteric plane ☐ + External sphincter Length of anal canal: [ ] cm
EMVI: ☐ No ☐ Yes
CRM (for T3 only): Shortest distance of tumor to MRF (or anticipated CRM): [ ] cm- location (o'clock position) ☐ Not applicable (peritonealized portion of the rectum) Separate tumor deposit, suspicious lymph node, or EMVI threatening (≤ 2 mm) or invading (≤ 1 mm) the MRF: ☐ No ☐ Yes (If yes, note location and distance}
Suspicious mesorectal lymph nodes and/or tumor deposits: ☐ No ☐ Yes Number of suspicious lymph nodes: [ ] Distance from tumor deposit to mesorectal fascia: [ ] cm
Extramesorectal lymph nodes: ☐ No ☐ Yes [If yes. note location.]
Other findings/Additional comments: **Impression:** - Stage: T[ ] N [ ] - CRM: ☐ Clear ☐ Threatened ☐ Involved - Suspicious node and/or EMVI near CRM: ☐ Yes ☐ No - Sphincter involvement: ☐ Absent ☐ Present - Suspicious extra mesorectal nodes: ☐ Yes ☐ No

Table 2 – Example of report template from a journal in Radiological Society of North America [5]

Conclusion

In summary, MRI is a safe and essential tool in primary staging of rectal cancer. It provides detailed information about the tumor anatomical location, T-stage of disease and can be helpful in tumor N-stage of the disease. Information on any circumferential resection margin involvement is crucial for surgeons and oncologists to guide patients' treatment plan.

Acknowledgment

Special thanks to Radiology Assistant (https://radiologyassistant.nl/) editor-in-chief, Dr. Robin Smithuis, for the permission of use of illustrated diagram.

Reference

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4. https://radiologyassistant.nl/abdomen/rectum/rectal-cancer-mr-staging-1 [use with permission]

5. MRI of Rectal Cancer: Tumor Staging, Imaging Techniques, and Management Natally Horvat, Camila Carlos Tavares Rocha, Brunna Clemente Oliveira, Iva Petkovska, and Marc J. Gollub RadioGraphics 2019 39:2, 367-387

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Q&A Assessment Questions

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

Answer these on page 14 or make an online submission at: www.hkma.org. Please indicate whether the following statements are true or false.

1. If there is no contraindication, anti-spasmodic agent can be used to decrease motion artefacts caused by bowel peristalsis
2. The axial plane should be perpendicular to the long axis of tumor, which is crucial in tumor staging assessment
3. Use of gadolinium for contrast enhanced T1W sequences generally can improve diagnostic accuracy for primary tumor local staging.
4. MRI can differentiate between T1 and T2 stage tumors easily.
5. MRI plays an important role for tumors of T3 stage or above, for assessment of extramural depth and involvement of adjacent structures
6. MRI has a high accuracy in predicting pathological circumferential resection margin (CRM) involvement
7. Patient would commonly undergo neoadjuvant chemoradiotherapy with CRM involvement
8. Extramural vascular invasion (EMVI) is not a risk factor for recurrent disease, metastases, and impaired overall survival.
9. There is no international consensus for nodal status prediction cut-off size.
10. Structure reporting in MRI rectum has no advantage.

Answer to April 2023

Spotlight – Twenty Years Ago, A Doctor Was Convicted of Manslaughter After Giving an Overdose of Opioid And Benzodiazepine For Sedation.

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

Answer to May 2023

Spotlight – Acquired Eyelid Lesions: Overview and Common Clinical Considerations

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

The content of the June 2023 Cardiology Series is provided by:
Dr. CHUI Shing Fung
MBChB (CUHK), FRCP (Glasg, Edin), FACC, FHKCP, FHKAM (Medicine), Specialist in Cardiology
Dr. WONG Chi Yuen
MBBS (HK), FHKCP, FHKAM (Medicine), FRCP (Edin), Specialist in Cardiology
六月臨床心臟科個案研究之內容承蒙**徐城烽醫生**及**黃志遠醫生**提供。

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

An Elderly Patient with Mitral Valve Prolapse

A 73-year-old lady, with no known drug allergy, she had a past medical history of diabetes mellitus, hypertension, atrial fibrillation on novel oral anticoagulants and mitral valve prolapse (MVP). Her latest echocardiogram was unremarkable except mild to moderate mitral regurgitation related to MVP. She complained of toothache and planned for dental extraction. She came for your opinion about antibiotics prophylaxis before her dental procedure.

Q&A Please answer ALL questions

Answer these on page 14 or make an online submission at: www.hkma.org.

1. Which of the following advice would you give this patient?

A. No antibiotics prophylaxis is required
B. Amoxicillin 500mg orally 30 to 60 minutes before dental procedure
C. Amoxicillin 2gm orally 30 to 60 minutes before dental procedure
D. Clindamycin 600mg orally 30 to 60 minutes before dental procedure
E. Vancomycin 1gm intravenously 30 to 60 minutes before dental procedure

2. Antibiotics prophylaxis should be advised to which of the following patient(s) before invasive dental procedures that involve manipulation of gingival tissue or the periapical region of the teeth or perforation of the oral mucosa?

a) Patient with uncomplicated mitral valve prolapse
b) Patient with mechanical heart valve
c) Patient with recovered infective endocarditis
d) Patient with repaired congenital heart disease with residual defect adjacent to the site of prosthetic device
e) Patient with uncomplicated atrial septal defect without repair

A. b only　　B. c only　　C. a and b
D. b, c and d　　E. all of the them

3. For patients with cardiac conditions predisposing them to the highest risks of infective endocarditis, antibiotics prophylaxis should be advised before which of the following procedure?

A. Application of dental braces without manipulation of gingival tissue
B. Extracorporeal shock wave lithotripsy for renal stone
C. Oesophago-gastro-duodenoscopy (OGD) for epigastric pain
D. Colonoscopy for cancer screening
E. None of the above

Cardiology May Answers

Answers: 1. C 2. D 3. B 4. C

Atrial septal defect (ASD) is the congenital heart defect between left atrium and right atrium. Secundum ASD is the most common type of all ASD. It is recommended to close ASD if there's dilated right heart chamber even the patient did not have any symptoms. Closure of an ASD is reasonable in the presence of paradoxical embolism. Sinus venous ASD should be repaired by open heart surgery not percutaneous closure (1).

Ventricular septal defect (VSD) is the most common congenital heart defect at birth and presents in approximately 3.0 to 3.5 infants per 1000 live births. Because there is a high incidence of spontaneous closure of small VSDs, the incidence is much less in older infants and particularly in adults. Perimembranous VSD is the most common type of all VSD. Adult with a VSD and clinical evidence of left ventricle volume overload and hemodynamically significant shunts (i.e. Qp/Qs pulmonary–to–systemic blood flow ratio > 1.5) should undergo VSD closure (1).

The left atrial appendage (LAA) has long been recognized as the site of clot formation in a majority of patients with non-valvular atiral fibrillation (AF). In the review of 23 studies in which LAA was examined, 17% of patients with non-valvular AF had LAA thrombus, and up to 91% of these were localized to the LAA (2). Every patients with AF should receive appropriate risk stratification for thromboprophylaxis, and also balance the benefit of stroke prevention and the risk of bleeding with anticoagulant therapies. The most widely used tool in clinical practice is the CHA2DS2-VASc score. If the patient is 'low risk' using the CHA2DS2-VASc score (that is, 0 in males or 1 in females), no oral anticoagulant therapy is recommended according to the latest guideline (3). Oral anticoagulants (either warfarin or noval oral anticoagulants) are proved to be effective to prevent ischaemic stroke in the patients with AF. Oral anticoagulants have their own side effects, especially the risks of bleeding complications. LAA occlusion is an acceptable alternative option for stroke prevention in AF patients, irregardless the ages, whom considered not suitable for long-term oral anticoagulants.

Rheumatic fever is the predominant aetiology of mitral stenosis (MS). Rheumatic MS is more common in the developing countries than in developed countries. Contraindications to percutaneous transvenous mitral commissurotomy (PTMC) includes the presence of left atrial thrombus, more than mild mitral regurgitation, absence of commissural fusion, and severe or bicommissural calcification. According to guideline, PTMC should be considered as an initial treatment for selected patients of MS with favourable anatomy. Open heart mitral valve operation is preferable in patients who are unsuitable for PTMC (4).

Reference:

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4. ESC Guidelines on the management of valvular heart disease (version 2012). Eur Heart J. 2012 Oct;33(19): 2451-96.

The content of the May 2023 Cardiology Series is provided by:
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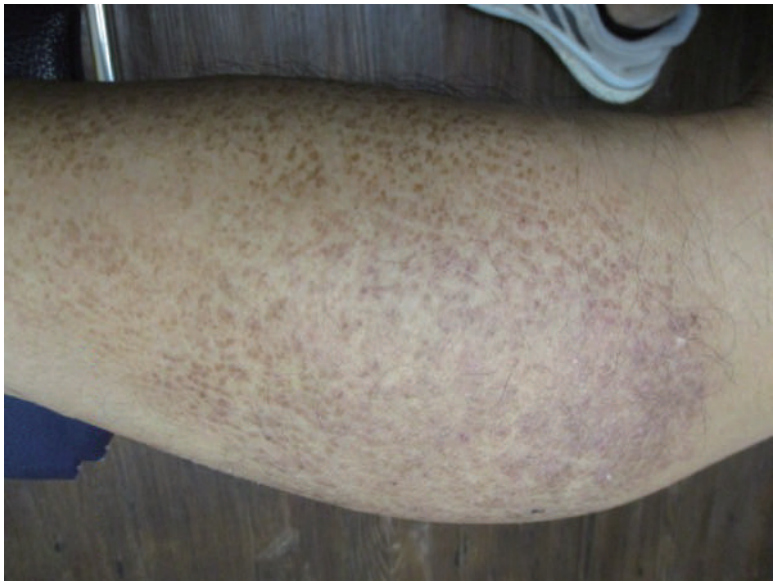
MBBS, MRCP, FHKCP, FHKAM (Medicine), Specialist in Cardiology
五月臨床心臟科個案研究之內容承蒙**張誠謙醫生**提供。

Dermatology Series for June 2023 is provided by:
Dr. LEUNG Wai Yiu, Dr. TANG Yuk Ming, William, Dr. CHAN Hau Ngai, Kingsley, Dr. KWAN Chi Keung, Dr. NG Shun Chin, Dr. CHENG Hok Fai and Dr. KOH Chiu Choi
Specialists in Dermatology & Venereology
六月皮膚科個案研究之內容承蒙**梁偉耀醫生、鄧旭明醫生、陳厚毅醫生、關志強醫生、吳順展醫生、鄭學輝醫生**及**許招財醫生**提供。

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

A Middle-Aged Gentleman with Thicken Skin

A middle-aged gentleman had a 4-year history of thicken skin on both shins and calves, and conditions worsened and become itchy in the past few months. There is no family history of endocrine neoplasia.



Q&A **Please answer ALL questions**

Answer these on page 14 or make an online submission at: www.hkma.org.

1. **What is the clinical diagnosis?**
   A. Prurigo pigmentosa
   B. Hypertrophic lichen planus
   C. Lichen amyloidosis
   D. Psoriasis
   E. Pretibial myoedema

2. **Who is more commonly affected by this skin condition?**
   A. Caucasian
   B. Asian and Middle Easterners
   C. Children

3. **Which part of skin is most commonly affected?**
   A. Extensor surfaces of lower limbs
   B. Forearm
   C. Upper back
   D. Nape of neck and trunk

4. **This skin condition is strongly associated with hematological malignancy. (T/F)**

5. **What are the treatment options for this skin disease?**
   A. Symptomatic pruritus control
   B. Topical or intralesional steroid
   C. Phototherapy
   D. Surgical treatment such as laser and dermabrasion
   E. All of the above

Dermatology May Answers

1. **B**

   Progressive, slow-growing painful nodules with erosions over the upper limbs and a preceding history of contact with contaminated water suggest a typical case of Fish tank granuloma.

   The distribution of the lesions along the cutaneous lymphatic drainage over the upper limb is called “sporotrichoid spread”.

2. **D**

   It is a slow-growing mycobacteria which is non-motile, gram-positive, and acid-fast.

   The fish tank granuloma usually started with a history of injury or abrasion over the skin and exposure to a contaminated aqueous environment. It usually presents as localized or sporotrichoid lymphocutaneous infection in immunocompetent patients. However, disseminated infection may occur in immunocompromised patients such as those with AIDS or on chemotherapy.

3. **D**

   It was first isolated from skin lesions of swimmers who had history of contacted with contaminated pool in 1957. Other potential exposure may include work in wet markets (handling raw fish in this case), participation in aquatic sports or cleaning a fish aquarium. In a study by Jernigan et al, around 50% of the infections were aquarium related, 27% were related to fish or shellfish injury and 9% were related to saltwater injury.

4. **C**

   Tissue biopsy for culture has been the gold standard for diagnosis of this condition. The laboratory should be informed in advance to prepare for Lownstein-Jensen agar culture with special temperature of 28 to 32 degrees Celsius. The incubation period is up to 6 weeks. Polymerase chain reaction amplification technique is also useful for detecting M. Marinum which can provide quick diagnosis. Ziehl-Neelsen stain is seldom positive as the bacterial load is usually low.

5. **C**

   Rifampicin has been reported to be the most active drug against M. Marinum. Other commonly employed regimes include Etambutol, Minocycline, Clarithromycin and Moxifloxacin. Effective antibiotic therapy is associated with healing of the skin lesions within 1 month of initiation of treatment. Afterwards, another two months duration of therapy should be continued in immunocompetent patients.

Reference:

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Dermatology Series for May 2023 is provided by:
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Specialists in Dermatology & Venereology
五月皮膚科個案研究之內容承蒙**陳厚毅醫生、鄧旭明醫生、梁偉耀醫生、關志強醫生、吳順展醫生、鄭學輝醫生**及**許招財醫生**提供。

Name

HKMA Membership No.

HKID No. ( ) - ( ) xxx(x)

Signature:

Contact Tel No.:

Answer Sheet

June 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

Cardiology

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

1	2	3

Dermatology

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

1	2	3	4	5

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 July 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/).

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.

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.

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** 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** 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: 16th of each month to 15th 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.

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

The HKMA CME Live Lecture in June 2023

CME LIVE
zoom LIVE

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

	Date	Organizer and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	26 June (Mon)	**The Hong Kong Medical Association** Long Term Use of Antiplatelet Drug in Primary Care *Sponsor: Sanofi Hong Kong Limited*	**Dr. NG Lok Hang, Canice** *Specialist in Cardiology*	1	Yes
2	27 June (Tue)	**The Hong Kong Medical Association** Treating to Higher Targets in Psoriasis *Sponsor: AbbVie Ltd.*	**Dr. LOO King Fan, Steven** *Specialist in Dermatology and Venereology*	1	Yes
3	28 June (Wed)	**The Hong Kong Medical Association** SGLT2 Inhibitors: Delivering More Evidences in Cardiorenal Protection *Sponsor: Boehringer Ingelheim (Hong Kong) Limited*	**Dr. WU, Enoch** *Specialist in Endocrinology, Diabetes & Metabolism*	1	Yes
4	29 June (Thu)	**The HKMA District Health Network (Kowloon East)** New Generation Basal Insulin: Importance of Early Insulinization for Glycaemic Control *No Sponsor*	**Dr. CHUNG Chi Tung, Steve** *Specialist in Endocrinology, Diabetes & Metabolism*	1	Yes

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

The HKMA CME Live Lecture in July 2023

CME LIVE
zoom LIVE

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

	Date	Organizer and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	3 July (Mon)	**The Hong Kong Medical Association** Microbiome and Childhood Eczema: From Biomarkers to Novel Therapeutics (abstract attached) *Sponsor: G-NiiB, Genie Biome Limited*	**Dr. LEUNG Ting Fan** *Specialist in Paediatrics*	1	Yes
2.	5 July (Wed)	**The HKMA District Health Network (Central, Western & Southern)** Common Sexually Transmitted Diseases and Their Management *No Sponsor*	**Dr. WONG Hing Wing** *Specialist in Dermatology & Venereology*	1	Yes
3.	7 July (Fri)	**The Hong Kong Medical Association** Is It Necessary to Have Lung Cancer Screening in Hong Kong? *Sponsor: AstraZeneca Hong Kong Limited*	**Dr. LOONG Ho Fung, Herbert** *Specialist in Medical Oncology*	1	Yes
4.	13 July (Thu)	**The Hong Kong Medical Association** Updates on Management of Respiratory Tract Infections *Sponsor: Abbott Laboratories Limited*	**Dr. LAM Jenks Albinus** *Specialist in Paediatrics*	1	Yes
5.	17 July (Mon)	**The Hong Kong Medical Association** Personalized Management of Non-Neurogenic Male LUTS *Sponsor: Synmosa Biopharma (HK) Co. Ltd*	**Dr. TSU Hok Leung, James** *Specialist in Urology*	1	Yes
6.	20 July (Thu)	**The Hong Kong Medical Association** Overcoming Challenges in Heart Failure Management: What's The Latest Treatment Approach for SGLT2 Inhibitors? *Sponsor: Boehringer Ingelheim (Hong Kong) Limited*	**Dr. LO Ka Yip, David** *Specialist in Cardiology*	1	Yes
7.	21 July (Fri)	**The Hong Kong Medical Association** HKMA CME Certificate Course on Management of Insomnia in Primary Care Treatment for Insomnia Part 2 *Sponsor: Eisai (HK) Co. Ltd* ***[Enrolled doctors who attended all 2 lectures of this CME Certificate Course would be awarded a Certificate of Attendance!]***	**Dr. CHEUNG Kin Leung, Ben** *Specialist in Psychiatry*	1	Yes
8.	24 July (Mon)	**The Hong Kong Medical Association** Rapid Onset with Long-term Maintenance: A New Paradigm in Treatment of Major Depressive Disorder (MDD) *Sponsor: Janssen, a division of Johnson & Johnson (HK) Ltd*	**Dr. WONG Chun Bun, Gordon** *Specialist in Psychiatry*	1	Yes
9.	31 July (Mon)	**The Hong Kong Medical Association** Embracing a New Era in LDL Management: Latest Guidelines, Target Levels, and Treatment Options *Sponsor: Sanofi Hong Kong Limited*	**Dr. CHAN Ki Wan, Kelvin** *Specialist in Cardiology*	1	Yes

The HKMA CME Lecture with Physical Participation in July 2023

Physical Participation

Points to note for CME Lecture with Physical Participation:

1. **Enrolment for CME lecture with physical attendance will be given to HKMA Members or Medical Practitioners in Hong Kong ONLY.**
2. **On behalf of the policy for lecture with physical participation, please refer to P.15 for more details.**

	Date	Organizer and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	6 July (Thu) 2:00-3:00 p.m.	**The HKMA District Health Network (Kowloon East)** Patient Counselling on Women's Health Disease: The Use of Hormonal Treatment Venue: Crowne Plaza Hong Kong Kowloon East, 3 Tong Tak Street, Tseung Kwan O, Hong Kong *Sponsor: Bayer HealthCare Ltd*	**Dr. WONG Yin Yan, Ivy** *Specialist in Obstetrics & Gynaecology*	1	Yes
2.	14 July (Fri) 2:00-3:00 p.m.	**The HKMA District Health Network (Kowloon City)** Dr., Are My Rashes Really Eczema? Venue: President's Room, Spotlight Recreation Club (博藝會), 4/F, Screen World, Site 8, Whampoa Garden, Hunghom, Kowloon *Sponsor: A. Menarini Hong Kong Ltd*	**Dr. LEE Tze Yuen** *Specialist in Dermatology & Venereology*	1	Yes
3.	28 July (Fri) 2:00-3:00 p.m.	**The HKMA District Health Network (Yau Tsim Mong)** Update on Heart Failure management in HK Venue: Eaton HK, 380 Nathan Road, Kowloon, HK *Sponsor: Novartis Pharmaceuticals (HK) Ltd*	**Dr. TSUI Ping Tim** *Specialist in Cardiology*	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 Editorial Board.

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

CME LIVE
zoom LIVE

Presenting the Revamped Clinic Computer System: HKMA CMS 5.0

10th July 2023, Monday

The HKMA Clinic Management System 3.0 (CMS 3.0) was developed in 2009. CME Lectures and training workshops had been organized from time to time to inform members on the merits and usage of the HKMA CMS. This year, we are pleased to present the HKMA CMS 5.0. A CME lecture will be held to update the new features and provide a demonstration. Interested members please refer to the details below for registration.

PROGRAMME

2:00 – 2:05 p.m.	**Introduction**
2:05 – 2:40 p.m.	**Presenting the Revamped Clinic Computer System: HKMA CMS 5.0** **Dr. CHAN Pierre** *Vice President, The Hong Kong Medical Association* *Specialist in Gastroenterology and Hepatology*
2:40 – 2:50 p.m.	**Demonstration Session for HKMA CMS 5.0** by System Aid Medical Services Ltd. (SAM)
2:50 – 3:00 p.m.	**Q&A Session**
Fee:	Free-of-charge
Registration Deadline:	**Friday, 7 July 2023**
Registration:	Please register through **https://forms.gle/ePBGXPmTtz9VWvWo6** 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 both specialist and Non-Specialists doctors who attend via online, please completed the quiz online within two hours after the event with at least 50% correct for CME/CPD points.*
Enquiry:	Please contact the HKMA Secretariat at 2527-8452 or email to cme@hkma.org.

CME Hybrid

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HKMA-HKSH CME Programme 2022-2023

Update in Medical Practice

養和 HKSH

zoom LIVE

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, 30 June 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 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.

Date (Tuesday)	Topic	Speaker
4 July	Applications Of Transcranial Magnetic Stimulation In Neurological Disorders	Dr. TSOI Tak Hong *Specialist in Neurology*
1 August	Bleeding Tendency	Dr. LIANG Hin Suen, Raymond *Specialist in Haematology & Haematological Oncology*
5 September	Cancer of Lung	Dr. YAU Chun Chung *Specialist in Clinical Oncology*

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA-CUHK Medical Centre CME Programme 2023

香港中文大學醫院 CUHK Medical Centre
Pioneering Solutions in Healthcare 開拓醫護新領域

zoom LIVE

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, 30 June 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.

Date (Wednesday)	Theme	Topic	Speaker
12 July	Common Health Problems For The Elderly	Rectal Cancer Management – The Surgical Perspectives	Dr. LEE Fung Yee, Janet *Specialist in General Surgery*
9 August		Osteoarthritis Of The knee – Current Conservative Therapy & Surgical Options	Dr. HO Ki Wai, Kevin *Specialist in Orthopaedics & Traumatology*
13 September		Managing Age-related Macular Degeneration	Dr. MAK Shiu Ting, Theresa *Specialist in Ophthalmology*
11 October		How To Fight Common Elderly Health Problems – Dementia and Sarcopenia	Dr. HO Wan Sze, Wency *Specialist in Geriatric Medicine*
8 November	Women's Health	Common Breast Pathology	Dr. IP Yiu Tung *Specialist in Pathology*
13 December		Breast Health And Breast Surgery	Dr. CHAN Ho Yan, Yolanda *Specialist in General Surgery*

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA-GHK CME Programme 2023

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 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, 7 July 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.

Date (Tuesday)	Topic	Speaker
18 July	Mental Health Care	Dr. LAM Carmen *Specialist in Psychiatry*
15 August to 21 November 2023		The remaining lectures shall be announced in coming CME Bulletin issues.

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA-HKSTP CME Programme 2023

HKSTP

zoom LIVE

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, 14 July 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 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.

Date (All Thursday)	Topic	Speaker
27 July	Topic in Neuro & Degenerative Disease Management	Representative from the Hong Kong Science and Technology Parks
24 August 2023 to 29 February 2024		The remaining lectures shall be announced in coming CME Bulletin issues.

The Hong Kong Medical Association

(From left) Dr. Jacky CHAN (Speaker), Dr. TSANG Kay Yan (Moderator) and Dr. LAM Wilson (Speaker) giving the CME Hybrid Symposium on 06 May 2023

(From left) Dr. Elvis LAI (Speaker), Dr. Victor YEUNG (Moderator) and Ms. Christine TSANG (Speaker) giving the CME Physical lecture of The HKMA Medicolegal Support Workshops 2023 on 27 May 2023

Dr. CHEUNG Ho Yuen giving a CME Live lecture on 16 May 2023

Dr. Edmond MA giving a CME Live lecture on 18 May 2023

Dr. HO King Man giving a CME Live lecture on 23 May 2023

Prof. Vincent MOK giving a CME Live lecture on 25 May 2023

Dr. Simon WONG giving a CME live lecture on 10 May 2023

Prof. Martin WONG giving a CME Live lecture on 31 May 2023

The HKMA District Health Network – Central Coordination Committee

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

Speaker Prof. Francis CHAN (left) receiving a souvenir from President Dr. CHENG Chi Man (right) on 30 May 2023

CME lecture of the HKMA District Health Network (Hong Kong East)

Dr. TANG King Fun presenting a CME Live lecture on 4 May 2023

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

Dr. Bernard WONG presenting a CME Live lecture on 19 May 2023

CME lecture of the HKMA District Health Network (Kowloon West)

Dr. Davis CHAN presenting a CME Live lecture on 12 May 2023

CME lecture of the HKMA District Health Network (New Territories West)

Speaker Dr. Julian CHAN (left) receiving a souvenir from Moderator Dr. Alvin CHEUNG on 18 May 2023

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

Dr. LEE Chi Nam giving a CME Live lecture on 5 May 2023

CME lecture of the HKMA District Health Network (Tai Po)

Speaker Dr. PANG Hing Yan (left) and Dr. John CHOW (right) receiving souvenirs from Moderator Dr. TSANG Yi Po (middle) on 16 May 2023

CME lecture of the HKMA District Health Network (Shatin)

Speaker Dr. Raymond KAN (right) receiving a souvenir from Moderator Dr. MAK Siu King (left) on 31 May 2023

CME Calendar

June 2023

26 June (Mon)
2:00-3:00 p.m.
The Hong Kong Medical Association
Long Term Use of Antiplatelet Drug in Primary Care
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

27 June (Tue)
2:00-3:00 p.m.
The Hong Kong Medical Association
Treating to Higher Targets in Psoriasis
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

28 June (Wed)
2:00-3:00 p.m.
The Hong Kong Medical Association
SGLT2 Inhibitors: Delivering More Evidences in Cardiorenal Protection
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

29 June (Thu)
2:00-3:00 p.m.
The HKMA District Health Network (Kowloon East)
New Generation Basal Insulin: Importance of Early Insulinization for Glycaemic Control
HKMA CME Live Lecture
HKMA District Health Network Dept. – Tel: 2861 1979

July 2023

3 July (Mon)
2:00-3:00 p.m.
The Hong Kong Medical Association
Microbiome and Childhood Eczema: From Biomarkers to Novel Therapeutics
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

4 July (Tue)
2:00-3:00 p.m.
The Hong Kong Medical Association and the Hong Kong Sanatorium & Hospital
Applications of Transcranial Magnetic Stimulation in Neurological Disorders
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452

5 July (Wed)
2:00-3:00 p.m.
The HKMA District Health Network (Central, Western & Southern)
Common Sexually Transmitted Diseases and Their Management
HKMA CME Live Lecture
HKMA District Health Network Dept. – Tel: 2861 1979

6 July (Thu)
2:00-3:00 p.m.
The HKMA District Health Network (Kowloon East)
Patient Counselling on Women's Health Disease: The Use of Hormonal Treatment
HKMA CME Physical Lecture
HKMA District Health Network Dept. – Tel: 2861 1979

7 July (Fri)
2:00-3:00 p.m.
The Hong Kong Medical Association
Is It Necessary to Have Lung Cancer Screening in Hong Kong?
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

10 July (Mon)
2:00-3:00 p.m.
The Hong Kong Medical Association
Presenting the Revamped Clinic Computer System: HKMA CMS 5.0
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

12 July (Wed)
2:00-3:00 p.m.
The Hong Kong Medical Association and the CUHK Medical Centre
Rectal Cancer Management – The Surgical Perspectives
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452

13 July (Thu)
2:00-3:00 p.m.
The Hong Kong Medical Association
Updates on Management of Respiratory Tract Infections
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

14 July (Fri)
2:00-3:00 p.m.
The HKMA District Health Network (Kowloon City)
Dr., Are My Rashes Really Eczema?
HKMA CME Physical Lecture
HKMA District Health Network Dept. – Tel: 2861 1979

17 July (Mon)
2:00-3:00 p.m.
The Hong Kong Medical Association
Personalized Management of Non-Neurogenic Male LUTS
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

18 July (Tue)
2:00-3:00 p.m.
The Hong Kong Medical Association and the Gleneagles Hong Kong Hospital
Mental Health Care
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452

20 July (Thu)
2:00-3:00 p.m.
The Hong Kong Medical Association
Overcoming Challenges in Heart Failure Management: What's The Latest Treatment Approach For SGLT2 Inhibitors?
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

21 July (Fri)
2:00-3:00 p.m.
The Hong Kong Medical Association
HKMA CME Certificate Course on Management of Insomnia in Primary Care
Treatment for Insomnia Part 2
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

24 July (Mon)
2:00-3:00 p.m.
The Hong Kong Medical Association
Rapid Onset with Long-term Maintenance: A New Paradigm in Treatment of Major Depressive Disorder (MDD)
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452

27 July (Thu)
2:00-3:00 p.m.
The Hong Kong Medical Association and the Hong Kong Science Park
Topic on Neuro & Degenerative Disease Management
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452

28 July (Fri)
2:00-3:00 p.m.
The HKMA District Health Network (Yau Tsim Mong)
Update on Heart Failure Management in HK
HKMA CME Physical Lecture
HKMA District Health Network Dept. – Tel: 2861 1979

29 July (Sat)
2:30-4:30 p.m.
The Hong Kong Medical Association
The HKMA Medicolegal Support Workshops 2023
Lecture 6: Basic Rules of Medical Negligence
HKMA CME Physical Lecture
HKMA CME Dept. – Tel: 2527 8452

31 July (Mon)
2:00-3:00 p.m.
The Hong Kong Medical Association
Embracing a New Era in LDL Management: Latest Guidelines, Target Levels, and Treatment Options
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452