Annual Scientific Meeting 2019

Innovative Medical Technologies

Date: 22 September 2019 (Sunday)  Time: 9:00 – 17:00
Venue: 3/F, Sheraton Hong Kong Hotel & Towers,
20 Nathan Road, Tsim Sha Tsui, Kowloon
Could it be time to consider adding BENLYSTA IV?

**Adding BENLYSTA IV to standard therapy:**
- **Superior reduction in SLE disease activity**
- **Reduction in corticosteroid dose in patients on > 7.5 mg/day at baseline**
- **39% relative risk reduction of first severe flare**
- **Significant improvement in fatigue as early as Week 8**
- **Rates of adverse events were similar between BENLYSTA IV and placebo**

**Physicians should exercise caution when considering the use of BENLYSTA IV in patients with severe or chronic infections or a history of malignancy and when considering continuing treatment in patients who develop malignancy.**

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**BENLYSTA (belimumab) powder for concentrate for solution for infusion 120mg, 400mg**

**Integrating Safety Information**

**Contraindications:**
- Hypersensitivity to the active substance (belimumab) or to any of the excipients of the captioned product

**Warnings and Precautions:**
- Use caution in patients with severe active central nervous system lupus, severe active skin lupus, PCT, history of concurrent Hepatitis B or C, hypergammaglobulinemia or renal dysfunction (e.g. GFR <400mg/dl) or IgA deficiency (<10mg/dl) and patients with a history of major organ transplant or hematopoietic stem cell transplant or renal transplant. Caution in patients receiving other B cell targeted therapy or cyclophosphamide.
- Administration of BENLYSTA may result in hypersensitivity reactions and infusion reactions which can be severe, and fatal. In the event of a severe reaction, BENLYSTA administration should be interrupted and appropriate medical therapy administered. Physicians should exercise caution when considering the use of BENLYSTA in patients with severe or chronic infections or a history of malignancy. Patients who develop an infection while undergoing treatment with BENLYSTA should be monitored closely and careful consideration given to interrupting immunosuppressive therapy including belimumab until the infection is resolved.

**Adverse Events**

**Contraindications:**
- Hypersensitivity to the active substance (belimumab) or to any excipients.

**Special Warnings & Precautions:**
- Use caution in patients with severe active or chronic lupus nephritis, severe active skin lupus, history of concurrent Hepatitis B or C, hypergammaglobulinemia or renal dysfunction (e.g. GFR <400mg/dl) or IgA deficiency (<10mg/dl) and patients with a history of major organ transplant or hematopoietic stem cell transplant or renal transplant. Caution in patients receiving other B cell targeted therapy or cyclophosphamide.

**Adverse Events**

[Further detailed information on adverse effects and precautions are provided in the full prescribing information.]

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** date of preparation: 04/03/2019

**HKRX/BEL/0005/18a (02/2021)**

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**GlaxoSmithKline**

23/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong Kong

Tel: (852) 3189 8989
Fax: (852) 3189 8931

hk.gsk.com
FIT FOR THE NEEDS OF ASIANS

Preferred P2Y12 inhibitor in 2018 Chinese Expert Consensus on Antiplatelet Therapy for Special Populations with ACS in the following populations:

For details of the recommendations and other recommendations stated in the consensus, please refer to the full publication in Chinese.

History of stroke/TIA

≥75 years of age

Low platelet counts

High Gl bleeding risk

Comorbidities
- Severe renal impairment
- Renal impairment with concomitant use of ARB
- Acute gastrointestinal bleeding

Thrombolytic therapy in STEMI

Clopidogrel in DAPT for Special Populations with ACS
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Welcome Message from the President

Ladies and gentlemen, on behalf of the Federation, may I extend the warmest welcome to you for attending our Annual Scientific Meeting 2019. This year, the theme of our ASM is "Innovative Medical Technologies".

The growing trend of digitalisation has resulted in technological breakthroughs in the patient care equation and transformational changes across the global health industry. Let me give you some examples of the new medical technologies in 2019:

Now, the 3-D printing could be used to create implants, prosthesis, and even joints to be used during surgery. The digital functionalities enable them to match an individual’s measurements down to the millimetre. This results in unprecedentedly levels of comfort and mobility.

Bio-printing of artificial organs is also an emerging medical technology. Now scientists are able to create blood vessels, synthetic ovaries, and even pancreas which grow within the patient’s body to replace the original faulty one. These organs are not rejected by the body’s immune system, saving millions of patients who depend on life-saving transplants every year.

People today use their phones and health wearables to track everything from their steps, physical fitness, and heartbeat, to their sleeping patterns. The advancement of these wearable technologies aims to combat chronic diseases by helping patients to monitor and improve their fitness.

By using virtual reality technology, medical students and surgeons are able to get close to real-life experience by rehearsing procedures and providing a visual understanding of how human anatomy is connected.

Telehealth allows patients to receive medical care through their digital devices, instead of waiting for face-to-face appointments with their doctors.

Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR) is the most advanced gene-editing technology. Through cutting DNA, some of the previously incurable disorders such as Spinal Muscular Atrophy become treatable. Also, some of the biggest threats to our health, like cancer and HIV, could potentially be overcome in a matter of years.

Robotic surgery is being used widely in orthopaedic, urological and neurosurgical procedures and helps to aid in precision, control, and flexibility. Therefore, surgeons can perform very complex procedures that are otherwise either highly difficult or impossible.

As medical technology advances it is becoming more and more personalised to individual patients. Precision medicine, for example, allows physicians to select medicines and therapies to treat diseases, such as cancer-based on an individual’s genetic make-up. This
personalised medicine is far more effective as it attacks tumour based on the patient’s specific genes and proteins, causing gene mutations and making it more easily destroyed by the cancer meds.

New smart technology has the potential to tackle deeply-rooted clinical, societal and industry challenges, like ageing populations and the rising cost of healthcare. Patients would be able to receive more accurate diagnoses and efficient delivery of highly personalised healthcare services – at reduced costs.

Regular evaluation is necessary in order to find ways to improve the quality of innovative drug and equipment from time to time. That requires a joint effort of scientist and clinical professionals of multiple centres with overseas collaboration, consistent working synchronously in the same direction and goals for many years.

The Federation would like to thank wholeheartedly all our officiating and distinguished guests for their presence and support. It is very much our honour and privilege to have various local experts and presidents of our member societies to share with us the latest developments in medical technology and innovative device during this Annual Scientific Meeting.

Federation as an umbrella organisation of 142 member societies of various specialties and subspecialties is an excellent platform to unite joint effort of our medical and health professionals to advocate new medical technology and follow the global international trend of development.

Next year, Federation will celebrate his 55th anniversary, and will continue to work hand in hand with our frontlines medical and health professionals as well as our member societies, through innovative medical technology to face our existing health challenge and to improve the medical and health care of our Hong Kong populations.

Finally, I would like to express our greatest appreciation to our organising committee and the secretariat in ensuring the meeting a success. The kind sponsorship from our industry partners is also duly acknowledged. May I wish everyone participating in today's meeting a most fruitful time and we look forward to furthering the collaboration with you for a better and healthier Hong Kong.

Dr. Mario Wai-kwong CHAK
President,
The Federation of Medical Societies of Hong Kong
Welcome Messages from Chairpersons

Welcome Messages from the Annual Scientific Meeting 2019.

On behalf of the Organizing Committee of the FMSHK Annual Scientific Meeting (ASM) 2019, it is my great pleasure as Co-chairman together with Dr. Victor Hip-wo YEUNG to welcome you all for attending the 2019 Annual Scientific Meeting. This year the theme is on “Innovative Medical Technologies”.

Medical advances and innovations are remarkable driving forces to enhance the quality of healthcare practice and from bench to bedside translating to clinical care and quality patients’ outcome. The scientific programme this year covers important topics on Health Service Management, Respiratory Health, Urology, Psychiatry, Dermatology, Care for Advanced Diseases, Advanced Cancer Pain, Cardiovascular Diseases, Child Health, Care for Dementia, Diabetes Mellitus, Renal Health, Neurosurgery, Rheumatology & Immunology.

This year, we are privileged to have the leading experts in their fields to share with us important medical innovative therapies and clinical advances for our practice.

The ultimate goal for medical advances is the improvement of community health in our society. All the health care practitioners and partners are key stakeholders in health service and I believe we can work together for the benefits of our patients and community. I take great pride in our federation tradition to promote the fraternity and partnership among different specialties and disciplines. So I hope while you are enjoying the comprehensive scientific programme, please don’t miss this opportunity to meet old friends and get new acquaintance to colleagues from other specialties.

I look forward to meeting all of you in person during the meeting and wish you have a fruitful day in this ASM.

Dr Samuel Ka-shun FUNG
Co-chairman,
Annual Scientific Meeting 2019
Welcome Messages from Chairpersons

On behalf of the Organising Committee of 2019 Annual Scientific Meeting (ASM) of the Federation of Medical Societies of Hong Kong (FMSHK), it is my honour to welcome you to this year's meeting with the theme of "Innovative Medical Technologies".

In the era of artificial intelligence, medical investigations and treatments have improved tremendously. With these advancements, doctors are able to better assess the burden of the disease and provide appropriate management to the patients. This year we have a wide range of topics presented by distinguished speakers in healthcare management, respiratory medicine, urology, psychiatry, dermatology, anesthesiology, clinical oncology, internal medicine, cardiology, pediatrics, geriatric medicine, nephrology, neurosurgery, ENT and rheumatology. In their exciting lectures, they will bring us the latest updates and future trends in the management of the important diseases in Hong Kong. In addition, we will be able to have a deeper insight into healthcare management in the Greater Bay Area.

The annual FMSHK ASM aims at bringing expertise in various medical fields together, and promotes partnerships among different specialties. I look forward to meeting you all at the conference, and wish you a fruitful day at the ASM this year.

Sincerely,

Co-chairman,
Annual Scientific Meeting 2019

Dr. Victor Hip-wo YEUNG
Congratulatory Messages

The Hon. Mrs. Carrie LAM CHENG Yuet-ngor, GBM, GBS
The Chief Executive

革新医术
造福民生
香港医学组织联合会二零一九年科研大会
行政长官林郑月娥

The Federation of Medical Societies of Hong Kong
香港医学组织联合会
李文慎
中聯辦協調部副部長

弘仁護惠
創新醫療

Congratulatory Messages
香港医学组织联会自成立以来，为满足香港对充足、优质医疗服务的需求，一直致力于推广有关医疗的教育及知识，集合各专业团体的力量在各方面做出了很多努力，发挥了重要作用。

本次周年科研大会将围绕创新医疗科技发展前瞻展开学术交流。周年科研大会为贵会的年度盛事，通过凝聚各医护界代表，就各项热门的创新医疗科技进行深入探讨，为政府的相关医疗政策提供建议，进而促进市民健康。中华医学会与香港医学组织联会一直保持着紧密的联系，去年周年科研大会邀请了我会计划生育学分会主任委员顾向应教授做大会报告。两会为促进两地医学交流和发展一直同心协力，我们期待在双方的共同努力和协作下，香港和内地的医学交流与合作更加活跃。

我谨代表中华医学会预祝本次周年科研大会圆满成功。
Congratulatory Messages

Prof. the Hon. Sophia CHAN Siu-chee, JP
Secretary for Food and Health
Congratulatory Messages

Dr. Constance CHAN Hon-yee, JP

Director of Health
It is a great pleasure for me to extend my heartiest congratulations to the Annual Scientific Meeting 2019 organized by the Federation of Medical Societies of Hong Kong.

With the theme of “Innovative Medical Technologies”, the Societies marks a momentous milestone in promoting the advancement of healthcare standard and development over the years. It is no doubt that its significant contributions on the provision of healthcare service and quality to the community are to be highly commended.

On this remarkable occasion, I would like to express my gratitude on the hard work and dedication of all the members of the Societies. May I also take this opportunity to wish the event an every success.

Prof Hon Joseph Lee Kok-long, PhD, RN, SBS, JP
Member, Legislative Council
It is with great pleasure that I congratulate The Federation of Medical Societies of Hong Kong on its Annual Scientific Meeting 2019 “Innovative Medical Technologies”.

I wish to extend my appreciation to the FMSHK for its valuable contribution to the health of local community. May it continue to craft new ideas and techniques in the way we provide care, and in the way we study illness, injury and quality of life.

Dr Pierre CHAN
Legislative Councillor (Medical), HKSAR
On behalf of the Hong Kong Academy of Medicine, it gives me great pleasure to offer my warmest congratulations to The Federation of Medical Societies of Hong Kong for organising the Annual Scientific Meeting 2019.

The changing demographic landscape is intensifying pressures on healthcare systems in countries worldwide. People are living longer now, with higher expectation on the quality of healthcare services. Therefore, it is important not only to ensure the quality of services provided, but also provide customised care to patients in a cost-effective way. Thanks to the many medical innovations and technologies, health outcomes can be improved but with healthcare costs reduced.

With the theme "Innovative Medical Technologies", this Meeting gathers experts to deliberate on the recent advancement in various specialty medicine as well as their application in improving the diagnosis and treatment of patients. I believe the participants would gain insights into the latest innovations driving excellence in medicine.

I would like to congratulate The Federation of Medical Societies of Hong Kong for putting together this structured programme. May I wish all participants a most fruitful Meeting.

Yours sincerely,

CS

Professor LAU Chak-sing, JP
President
Hong Kong Academy of Medicine
Prof. Gabriel M LEUNG, GBS, JP
Dean of Medicine, The University of Hong Kong

Congratulations!
It is my privilege and pleasure to be invited to contribute a congratulatory message for the 2019 Annual Scientific Meeting organized by the Federation of Medical Societies of Hong Kong.

Similar to all developed societies, Hong Kong is grappling with the healthcare burden of an ageing population. Advances in information technology, big data and machine learning, have made many inroads into our lives including health and healthcare delivery. It is imperative for medical and healthcare professionals to learn lessons from success stories of applications of innovative medical technologies, innovations that improve outcomes for patients, ease pressure on healthcare professionals to refocus on the art of medicine, and add value to healthcare systems and to society.

Please join me to thank members of the Organizing Committee for their vision and leadership for choosing this year’s theme “Innovative Medical Technologies”. I believe that participants will find the experiences and insights shared by the distinguished speakers eye-opening and stimulating.

Let all stakeholders work together to build a healthier tomorrow.

Professor Francis K L Chan
Dean, Faculty of Medicine
The Chinese University of Hong Kong
**Congratulatory Messages**

Prof. John LEONG Chi-yan, SBS, JP  
Chairman, Hospital Authority
I am delighted to extend my warmest congratulations to the Federation of Medical Societies of Hong Kong in holding this Annual Scientific Meeting 2019.

As we all know, innovation in science and technology advancement is a major driving force in the world of medicine. It enables us health services providers to continuously meet ever growing demand and complex challenges. The use of state-of-the-art cutting edge technology has opened up a new world in the prevention, diagnosis and treatment of diseases.

Nonetheless, humanity is never overlooked in caring of patients. Innovation is a tool which drives us along in the pursuit for the ultimate benefit of the sick and needy.

Effectiveness and efficiency of disease management can often be optimised through multi-disciplinary team approach. Your commitment to continuous learning and exchange of knowledge, insights and best practices with the common aim to deliver better care for patients is greatly admired. I am sure this meeting provides an unparalleled opportunity for experts from different professional disciplines to achieve this aim, enabling us to learn from one another and leading to improvement in treatment modality and finally better outcome and quality of care.

Challenges abound, yet I am confident that with your devotion to medicine, improvement of quality of patient services will never cease. I wish the Annual Scientific Meeting 2019 every success and all participants an inspiring and fruitful experience.

Dr Tony Ko Pat-sing
Chief Executive
Hospital Authority
I write to congratulate the Federation of Medical Society of Hong Kong on her Annual Scientific Meeting.

The Annual Scientific Meeting is one of the very much sought after scientific conference of the medical and health care professions.

The theme this year is “Innovative Medical Technologies” answering to myriads of many still unsolved questions of human pathologies.

Members of the Federation which encompass health care professionals from various disciplines will no doubt put their brains together to solve many of these problems and learn from one another.

It is through cooperation and understanding the needs that our patients will be better served and medical science will progress.

My sincere congratulations to the Federation for her sustained efforts.
Congratulatory Messages

Dr. LEE Tsz-leung
Chief Executive, Hong Kong Children’s Hospital

創優革新
賢醫薈萃

Annual Scientific Meeting 2019
Innovative Medical Technologies
After a CV event, GO BEYOND THE STATIN QUO WITH REPATHA®

**Risk reduction with Repatha® increased over time**

- **Placenta**: There are no or limited amount of data from the use of Repatha in pregnant women. Repatha should not be used during pregnancy unless the clinical condition of the woman requires treatment with evolocumab.
- **Breast-feeding**: It contains less than 1 mmol sodium (23 mg) per dose, i.e. it is essentially 'sodium-free'.
- **Clinical studies**: The safety and efficacy of Repatha were evaluated in patients with primary hypercholesterolaemia and mixed dyslipidaemia. The safety and efficacy of Repatha in children aged less than 18 years has not been established in the indication.

**INDICATIONS:**
- Primary hypercholesterolaemia and mixed dyslipidaemia in adults: The recommended dose of Repatha is either 140 mg every two weeks or 420 mg once monthly; both doses are clinically equivalent. No dose adjustment is necessary in patients with mild renal impairment (creatinine clearance of 30 to 60 mL/min). Repatha should be used with statins in patients with established atherosclerotic cardiovascular disease.
- Homozygous familial hypercholesterolaemia in adults and adolescents aged 12 years and over: The initial recommended dose of Repatha is 420 mg once monthly. A dose of 140 mg every two weeks may be administered to patients with severe renal impairment (creatinine clearance of less than 30 mL/min). Repatha should be used with a statin in patients with established atherosclerotic cardiovascular disease.

**CONTRAINDICATIONS:**
- Hypersensitivity to the active substance or to any of the excipients.

**INTERACTIONS:**
- An approximately 20% increase in the clearance of evolocumab was observed in patients co-administered statins. This may result in a reduced exposure to evolocumab and a reduced effect on LDL cholesterol levels.

**ADVERSE REACTIONS:**
- The most commonly reported adverse reactions during pivotal trials, at the recommended doses, were nasopharyngitis, diarrhea, upper respiratory tract infection, and upper respiratory tract congestion.

**SPECIAL WARNINGS AND PRECAUTIONS FOR USE:**
- Renal impairment: There is limited experience with Repatha in patients with severe renal impairment (creatinine clearance of less than 30 mL/min).
- Hepatic impairment: There is limited experience with Repatha in patients with severe hepatic impairment (Child-Pugh C).

**REFERENCES:**

**REFERENCES FOR DERMAL, CUTANEOUS, AND VISCERAL HYPERSENSITIVITY:**
- Dermal: rash, angioedema, urticaria, and pruritus. Cutsaneous: skin reactions such as itching, burning, redness, and swelling. Visceral: symptoms such as abdominal pain, dyspnea, and hypotension.

**IMMUNOGENICITY:**
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HMS
Abstracts

Prof. Geoffrey LIEU
DBA, MHA, LFACHE
Adjunct Professor, HKUSEA

Prof. Lieu is a veteran executive in hospital management and healthcare reform. He is also adviser to a number of health policy formulation, health system and hospital reform, and governance and leadership development initiatives.

Prof. Lieu has held top executive positions in community hospitals, academic medical centers and multihospital systems in the US and overseas. During his tenure as a director at the inception of the Hospital Authority, he led the reforms in advancing the management of Hong Kong’s public hospitals into a new era. He is also Founder and Chairman Emeritus of The Institute for Health Policy and Systems Research, established in 1997, the first independent not-for-profit healthcare think-tank in Hong Kong at the time. He was the architect and principal author of the Bauhinia Foundation Research Centre’s Development and Financing of Hong Kong’s Future Health Care published in 2007.

In recent years, he has joint-ventured to invest, develop and operate hospital and healthcare projects in China. In addition, he spends much of his time implementing initiatives to embrace longevity as social and economic powerhouses, in advocating effective financing and protection of the health of the elderly, and in promoting the professionalisation of hospital executives and healthcare leaders.

Opportunities and Challenges in the Greater Bay Area

Opportunities in advancing healthcare for the Greater Bay Area abound. But there are also challenges. Whatever initiatives that are contemplated to harness the opportunities, it is important to recognise that health is a community affair and strongly impacted by its social determinants. To ensure initiatives will be successful and are sustainable, apart from having adequate capital and competent leadership in management, they must also address and are aligned to at least three strategic issues: (1) common objectives – there ought to be clear articulation of shared goals and future developmental direction of the concept of a Greater Bay Area health ecosystem; (2) value creation – the structure and mode of care delivery, quality improvement and financing and payment must be re-designed such that they create added value (as health can be an engine for economic growth) and contribute to the further development of a strong health promoting system; and (3) rewards and incentives - the remuneration or payments of clinicians and other stakeholders are based on performance or outcome and are rewarded equitably and fairly.
Dr. LIU Shao-haei  
MBBS(HK), MRCP(UK), MHA(NSW)  
President of Hong Kong College of Health Service Executives,  
Advisor, Synergy Healthcare Hong Kong  

Dr. S. H. Liu has served for a long time at the Hong Kong public medical system. He was the first Medical Superintendent of Tuen Mun Hospital, the first HCE of Ruttonjee hospital, and ex-Chief Manager at Hospital Authority. Dr. Liu has been active in community service and served for various committees of Medical Council of Hong Kong, Hong Kong Red Cross, Advisory Council on AIDS, Auxiliary Medical Service, & etc. He has founded the Innovative Healthcare Hong Kong which is a professional society aiming to promote startup initiative in the healthcare sector. Dr. Liu was awarded CE’s Commendation for Community Service (2009) and the Medal of Honour (2019) by the HKSAR government.

101 of Innovative Healthcare - The Role of Medical Entrepreneurs

Being a specialist doctor seems impossible for one to turn into business as the stake is high. The gap in training for management and business is often quoted as the barrier to entrepreneurship for the medical profession. However, the society needs a vigorous and sustainable business model for the evolving disease epidemiology and a challenging era of ageing. Multi-segmental connectivity in biotech, big data analysis, health informatics, wellness apps, digital healthcare and precision medicine is generating a new opportunity for people who are interested in research, to explore, and to organise for better healthy living and effective healthcare provision. This session presents the essential elements of medical entrepreneur as well as the role of the new breed of physicians who can succeed in leading the changes.
Small Lung Nodule - What Should Be Done?

Solitary pulmonary nodule (SPN) is a common medical problem. The key concern is it being an early asymptomatic lung cancer. Small SPNs are increasingly detected by CT scan, often done for other purposes, or as screening for lung cancer. The burden of SPN is higher in Asia, and the probability of it being malignant is less predictable because tuberculosis is endemic in Asia, and a significant proportion of lung cancer patients in Asia are non-smoker. PET scan and risk calculator developed in Caucasian population are less helpful in the differential diagnosis of the above diagnosis in Asia.

Because of the size, some smaller SPN cannot be biopsied with conventional bronchoscopic biopsy. Transthoracic needle aspiration under CT guidance may not be suitable for deeply seated SPNs because of pneumothorax risk. Conventionally, SPNs which cannot be biopsied can be followed by serial CT scans or resected by surgical means. Neither method is ideal because there are false negatives (delayed diagnosis of lung cancer), or false positives (unnecessary surgery for benign pathologies). Both approaches are also resource intensive.

Electromagnetic navigation bronchoscopy (ENB) can improve transbronchial biopsy yield by 70 – 90%, obviating serial CT monitoring or unnecessary surgical resection in many cases. It extends the current capability of bronchoscopists and localisation techniques (fluoroscopy, endoscopic ultrasound) to reach and biopsy small SPNs. ENB consists of 2 components: (i) a software to construct a virtual bronchoscopy (VB) image that allows biopsy pathway planning using available CT thorax data; (ii) an electromagnetic field generator and sensors to guide the bronchoscope to reach the target(s). The American College of Chest Physicians (Grade 1C evidence) recommends that in patients with peripheral lung lesions difficult to reach with conventional bronchoscopy, electromagnetic navigation guidance is recommended if the equipment and the expertise are available.

In this presentation, the theoretical and technical aspects of ENB and related techniques will be discussed.

Reference

Abstracts

Dr. David Chi-Leung LAM
MBBS(HKU), BSc(BimedSc)(HKU), MD(HKU), PhD(HKU), FHKCP, FHKAM(Medicine), FRCP (Edin, Glasg, Lond)
Clinical Associate Professor, Department of Medicine, University of Hong Kong

Update in Airway Diseases Management: COPD and Asthma

Airway diseases are a major cause of morbidity and mortality in Hong Kong. Acute exacerbations of COPD (AECOPD) place considerable burden on the health care system. An important goal of management would be prevention of acute exacerbation, which is characterised by aggravation from baseline those respiratory symptoms of dyspnea, cough, increased sputum volume or purulence, that calls for acute management and changes in regular medication. Maintenance therapy for COPD in chronic phase with long-acting bronchodilators, including long-acting β2-agonists (LABA) or long-acting anti-muscarinic agents (LAMA), when they are used alone or in combination with inhaled glucocorticosteroid (ICS), have all been shown to be efficacious in reducing COPD exacerbations. Newer evidence supports that dual bronchodilatation is an effective strategy, in preventing both AECOPD frequency and severity. Escalation from dual- to triple-therapy should be considered if AECOPD is persistent despite dual therapy. De-escalation from triple- to dual- therapy with ICS withdrawal has been shown to be safe in stable COPD subjects with relatively low risk of exacerbations.

Other key management initiatives for COPD is smoking cessation and management of comorbidities, which have been shown to reduce the rate of decline of lung function and to improve survival of smokers who quit. Seasonal flu and pneumococcal vaccines should be used to prevent infective exacerbation of COPD. Appropriate exercise training and pulmonary rehabilitation will have a significant impact on patient quality of life as well as reducing chances of exacerbation. Bronchoscopic lung volume reduction could be considered for symptom relief in selected subjects with advanced COPD.

The new release of the Global Initiatives for Asthma (GINA) 2019 Strategy recommended major changes with the commencement of ICS-containing controller instead of short-acting β2-agonists alone for mild asthma. The purpose of such a change in recommendations is again to reduce the risk of asthma exacerbation and to achieve better symptom control. With increasing recognition of the role of peripheral eosinophilia, the introduction of new biologics targeting interleukin-5 (IL5) and IL5-receptor allowed the expansion of treatment options for more-difficult to control asthma, in addition to conventional ICS, anti-IgE antibodies as well as bronchial thermoplasty for selected cases of asthma.

There are many new therapeutic options available for management of COPD in both acute exacerbation and in the chronic phase, and for management of asthma with different clinical presentation and phenotypes. The overall goals of management for airway diseases like COPD and asthma would still be the reduction of risk and severity of exacerbations, preservation of lung function and exercise capacity and hence the quality of life for patients with airway diseases.

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- Functional and stereotactic neurosurgery
- Pediatric neurosurgery

Intra-op Confirmation
Intra-op PA Scout Scans
Intraoperative CT angiography
Low Dose Scout Scan
Abstracts

Dr. Andrew Wai-chun YIP
MBBS (HKU) 1981, FHKAM (Surgery)
Specialist in Urology
Private Practice

Dr. YIP Wai Chun, obtained the degrees of Bachelor of Medicine and Bachelor of Surgery from the University of Hong Kong in 1981. Dr. Yip began his career as a surgeon in Queen Mary Hospital. He was awarded the fellowships of the Royal Colleges of Surgeons of Edinburgh and Glasgow in 1986 and that of Australia in 1988. He took up the surgeon’s appointment in Kwong Wah Hospital in 1986 and was promoted to the post of consultant surgeon in 1991. Dr. Yip was made Chief of Service of Department of Surgery of Kwong Wah Hospital with the Hospital Authority in 1992. Dr. Yip is a specialist in Urology and has been in private practice since 2012.

Dr. Yip was an awardee of Hong Kong Ten Outstanding Young Persons in 1996. In 2006, he received the Outstanding Staff Award of Hospital Authority. Dr. Yip was Vice-President of the College of Surgeons of Hong Kong from 2004 till 2010. Presently, he is the honorary associate professor, Medicine, of University of Hong Kong and Chinese University of Hong Kong. Dr. Yip is also the honorary consultant and executive director of medical service of Tung Wah Group of Hospitals.

Erectile Dysfunction – The Quest for the Optimal PDE5-I

Erectile Dysfunction has a worldwide prevalence of 20% and arises due to vascular, hormonal, neurological and psychogenic causes. The mainstay of treatment is by phosphodiesterase type 5 inhibitor (PDE5-I). However, the rates of discontinuation are high which can be due to patient’s expectations of therapy with respect to response rates, rapidity of response, side effects and duration of action.

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Abstracts

Dr. Peter Ka-fung CHIU
MBChB, FRCSEd, FCSHK, FRCSEd(Urol), FHKAM(Surgery)
Clinical Assistant Professor (Honorary)
Associate Consultant, Division of Urology
Department of Surgery, Prince of Wales Hospital
The Chinese University of Hong Kong

Dr. Peter Chiu graduated from the Faculty of Medicine of the Chinese University of Hong Kong and obtained the fellowship in Urology from the College of Surgeons of Edinburgh. He received post-graduate training on Prostate Cancer research and Andrology in the Erasmus Medical Centre in Rotterdam, The Netherlands. He is currently working as an Associate Consultant and Honorary Clinical Assistant Professor in the Prince of Wales Hospital, The Chinese University of Hong Kong. His clinical practice and research focus on prostate cancer, from diagnosis with novel markers like Prostate Health Index (PHI) and MRI-guided targeted prostate biopsy, to the treatment of advanced prostate cancers. He also has special interest in novel treatment of BPH including Greenlaser prostatectomy and Prostate artery embolisation.

MRI USG Fusion Biopsy of Prostate

From the Hong Kong multicentre database for fusion targeted biopsy covering 70% of Urology units, highly variable cancer detection rates in PI-RADS 3 (5-30%) and PI-RADS 4 (15-50%) lesions were observed in different units. Better cancer detection rates were observed in units with pre-biopsy lesion marking by radiologists, and presence of regular multidisciplinary meeting with pathology correlation. Dedicated training programme and close collaboration between Urologists and Radiologists in the field of PCa diagnosis would be needed to support the expanding role of MRI guided diagnosis and therapy.

Systematic prostate biopsy and MRI Ultrasound Fusion biopsy has been more commonly done via transrectal route. With increasing post-biopsy sepsis and antimicrobial resistance, it is more appropriate to do prostate biopsies with transperineal(TP) approach. It has been shown that TP systematic AND fusion biopsy can be easily done with appropriate local anaesthesia(LA) in an out-patient setting.

There are multiple MRI USG fusion biopsy platforms with pros and cons of each system. However, an organ-based real-time tracking mechanism for both lesion-targeting and prostate mapping is considered more accurate and reproducible under LA setting. Precise targeting and mapping would be required if focal treatment is being contemplated in the future.
Dr. TSANG Fan-kwong  
MBBS(HK), MRCPsych(UK), FHKAM(Psychiatry), FHKCPsych(HK)  
Psychiatrist in private practice

Dr. Tsang worked in public mental health services for 25 years and set up his own private clinic in October 2010.

Dr. Tsang’s professional and research interests include psychotherapy and sex therapy, treatment of pathological gamblers, suicide and attempted suicide, newer generation of antipsychotic medications, media and psychiatry, the mental health and art, etc.

Dr. Tsang worked in the field of forensic psychiatry, as visiting psychiatrist to Lai Chi Kok Reception Centre and Siu Lam Psychiatric Centre from 1989 to 1991. During his services, he gained ample experience in conducting forensic psychiatric assessment, preparing court reports and to attend court hearings.

He established a medical psychotherapy service in Castle Peak Hospital and actively practising psychodynamic psychotherapy, treatment for psychosexual disorders and gender re-assignment assessment. He was a trainer in psychotherapy for 8 years.

He established consultation-liaison psychiatric services to Tuen Mun Hospital and Poi Oi Hospital and actively involved in seeing patients in a general hospital setting from 1992 to 2001.

Since 1996, he had been actively involved in clinical trials in newer generation antipsychotics and antidepressant medications. He was the principal investigator for more than 10 international multicentre clinical trials.

He began to take part in the Employee Compensation Assessment and was appointed as a member of Employee’s Compensation Assessment Boards since 2005. He also involved in the Employees’ Compensation Assessment for post-SARS patients.

He was Chairman of Institute of Mental Health, Castle Peak Hospital 2007-2010. Under his chairmanship, he managed to organise various public mental health education activities, enable the “Art-in-CPH” project to win the best team in the Hospital Authority.

He introduced a Transcranial Magnetic Stimulation Therapy System to Hong Kong in October 2014. The system was approved by the FDA in 2008 for treatment of depression with an unsatisfactory response to antidepressant medications.

Updates on Management of Depression

The lecture covers the various types of mood disorder & the diagnostic methods at the beginning. It will then describe the role of anti-psychotics in the treatment of MDD. Coupled with recent findings on antidepressant therapy, the lecture will discuss on the contemporary treatment option to further improve the cognitive functions as well as QOL for the patients.
Abstracts

Prof. Ellis Kam-lun HON
MBBS, MD(CUHK), FAAP, FCCM, FHKAM(Paed), FHKCPaed
Consultant, Department of Paediatrics and Adolescent Medicine,
The Hong Kong Children’s Hospital
Honorary Professor, Department of Paediatrics, & the Hong Kong Institute of Integrative Medicine, The Chinese University of Hong Kong

Dr. Hon is the consultant intensivist at the Hong Kong Children’s Hospital. He is a clinical professor (Honorary) at the Department of Paediatrics and the Hong Kong Institute of Integrative Medicine, The Chinese University of Hong Kong. He received undergraduate medical education at the University of Western Australia. He is a Fellow of the American Academy of Pediatrics (FAAP) and Fellow of Critical Care Medicine (FCCM). He received his Doctor of Medicine (MD) at the Chinese University of Hong Kong. He has published more than 300 peer-reviewed scientific papers, books and book chapters; and his research interests include many paediatric issues. He has performed extensive research on atopic diseases, topical emollients, antibiotic, corticosteroid, systemic immunotherapy, food avoidance and dietary supplementation, traditional Chinese medicine and bench research on eczema biomarkers, as well as many paediatric health issues (including SARS, respiratory infections, pneumococcus, asthma, poisoning and injuries). Dr. Hon is particularly keen to educate parents to dismiss a lot of myths and fallacies that hinder good child health.

1. Steroid Phobia in Atopic Dermatitis

Atopic eczema (AE) are common childhood diseases. AE is the prototype of these allergic diseases and is notoriously difficult to manage in the city of Hong Kong. More than 50% of patients with AE will go on to develop asthma or allergic rhinitis. Despite advances claimed in many aspects of AE management, there is still no definite life-long “cure” for the disease.

Treatment of AE is primarily topical and efficacious for the majority of patients. However, AE is often complicated and difficult to manage in society where fallacies (心魔) abound. Effective therapy is impeded by mind devils concerning: (1) skincare versus allergy treatment; (2) ambiguity about optimal bathing and moisturising, (3) hesitation about the use of adequate topical corticosteroid and immunomodulant therapies, (4) food avoidance and dietary supplementation, and (5) complementary and alternative therapies.

There is no substitute for a good rapport with the patients and their families for optimal effective management to be achieved. The first step in patient care is to accurately assess the patient and the family to evaluate possible concerns, anxiety and phobias that could impede therapeutic efficacy.

It is mandatory to perform a detail evaluation of important history and physical features critical for the diagnosis and to review trigger factors and past therapies. Education about the disease should be individualised. Conflicting recommendations of topical steroid use has a detrimental effect on patient outcomes. The many facets of steroid phobias are explored. It is believed that the only chance of success in overcoming the many mind devils is an Integrative Medicine approach with combined Western and Chinese medicine disciplines to this nuisance disease.

2. The Future of Atopic Dermatitis Treatment: Children in Focus

Many novel medications and herbal medicinals have claimed efficacy on Atopic Dermatitis (AD) but paediatric trials may be limited. This review covers evidence on efficacy of topical and oral forms of novel and investigational drugs. Topical agents include emollients, phosphodiesterase E4 (PDE4) inhibitors, and topical herbs. There is scanty evidence that ceramide or natural moisturising factors may provide relief to AD. PDE4 inhibitors have shown promise as an effective topical treatment for mild to moderate AD with minimal adverse events. In addition, dupilumab has shown promise as an effective subcutaneous agent for the treatment of moderate to severe AD in adult patients with little adverse effects. The drug, however, has not been studied in children with AD. Also, the long-term effects of dupilumab are not known. New systemic treatment includes a number of herbal concoctions. Randomised, double-blind placebo-controlled trials (RCTs) have demonstrated topical PDE4 inhibitors are effective and safe in the treatment of both children and adults with AD but further evaluations are needed. RCTs have also shown that subcutaneous dupilumab is an effective and safe agent for the treatment of AD in adults. Long-term effects of these topical and systemic investigational drugs are currently unavailable. Regarding herbal medications, scientific methods are often flawed and objective evidence is lacking.
Abstracts

Dr. YUEN Kwok-keung
MBChB (CUHK), FRCR, FHKCR, FHKAM (Radiology),
MSc in Palliative Medicine
Consultant, Department of Clinical Oncology,
Queen Mary Hospital

Dr. Yuen is the Consultant in Clinical Oncology of Queen Mary Hospital and the Honorary Associate Professor of the Department of Clinical Oncology of the University of Hong Kong.

He graduated from the Chinese University of Hong Kong in 1992 and started clinical oncology specialist training in Tuen Mun Hospital in 1994. He was admitted Fellow of the Royal College of Radiologists in 1997, Fellow of the Hong Kong College of Radiologists and Fellow of the Hong Kong Academy of Medicine in 2000. He was accredited First Fellow of the Palliative Medicine Subspecialty of the Hong Kong College of Radiologists in 2002, and he joined the Department of Clinical Oncology of Queen Mary Hospital in 2014.

He is the ex-chairman of the Hong Kong Society of Palliative Medicine and Chairman of the Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists. He is also an accredited General Mediator of the Hong Kong International Arbitration Center and the Hong Kong Mediation Accreditation Association Limited. He participated in more than 20 clinical studies and taught in professional, undergraduate and post-graduate palliative care programmes.

Drug Management for Difficult and Refractory Cancer Pain

Pain in cancer patients could be due to cancer, due to treatment or due to concurrent medical problems. Majority of cancer pain could be effectively managed by non-opioid, opioid and adjuvant analgesics as set out in the WHO analgesic ladder. For those who do not respond to ordinary analgesics, it is important to conduct a thorough assessment of the patient’s disease, compliance to treatment, pain mechanisms and psychosocial factors. The management of difficult and refractory cancer pain involves a multidisciplinary holistic approach addressing various factors contributing to the pain. Effective and safe prescription of analgesics take account of cancer status, pain diagnosis, patient characteristics and clinical setting. It is a good practice to arrange regular review so that appropriate referral could be made for those who have suboptimal pain control or unacceptable side effects.
Novel Treatment on Interventional Pain Relief

It is very common that cancer causes severe pain especially in the very end stage. This causes lots of suffering and pain, not only to patients but also the family members. The multimodal analgesic regime is usually adopted to handle cancer pain. Yet, pain is still a problem even with the aggressive multimodal analgesic regime. Therefore, interventional pain management is one of the essential components in cancer pain management. In this lecture, novel treatment on interventional pain treatment will be discussed.
Abstracts

Dr. Steve Wai-keung LAI

Dr. Lai underwent medical training in the Faculty of Medicine, University of Hong Kong and received MB.,BS degree in 1993. Subsequently, he was trained in the Dept. of Medicine, Tuen Mun Hospital. Dr. Lai's main interest is management of cardiac arrhythmia. He was awarded Hong Kong Heart Foundation Fellow Scholarship in 2001, and spent one year as electrophysiology fellow in the University of Michigan.

Dr. Lai is also interested in research methodology. He studied Epidemiology and Biostatistics in the Chinese University of Hong Kong. He received Postgraduate Diploma in Biostatistics and Epidemiology in 2010, and Master of Science in Biostatistics and Epidemiology in 2011. Dr. Lai was elected as Fellow of the American College of Cardiology in 2011, and Fellow of Royal College Physicians of Edinburg in 2012.

Dr. Lai moved out for private practice in 2012. He is currently working as Consultant Cardiologist, Union Hospital. He also worked as part-time consultant in Tuen Mun Hospital.

Achieving Optimal Management in Lipid

Cardiovascular remains a major burden of premature adult death globally. Despite the proven efficacy of cholesterol lowering with statin therapy in multiple trials, the residual risk of cerebrovascular disease remains very high. The use of various other drug classes including cholesterol absorption inhibitors and recently PCSK9 inhibitors, whether as add on or replacement therapy due to intolerable statin side effects, have proven to be of additional benefits.

Dr. Steve Wai-keung LAI has replaced Dr. Steven Siu-lung LI to be speaker under Session IV A. This is to replace Page 38.
Abstracts

Dr. Michael Pak-hei CHAN
MD (HK), MBBS (HK), MRCP (UK), FRCP (Lond), FRCP (Edin), FRCP (Glasg), FHKCP, FHKAM (Medicine), FACC
Specialist in Cardiology
Clinical Assistant Professor, Gleneagles Hong Kong Hospital,
The University of Hong Kong

Dr. Chan is the Clinical Assistant Professor in Cardiology of the University of Hong Kong and he is currently working in the Gleneagles Hong Kong Hospital. He obtained his doctoral degree in medicine from the University of Hong Kong with his thesis titled “Stroke Prevention in Atrial Fibrillation – From Atrial Fibrillation Screening to anticoagulation”. He is the fellow of the Hong Kong College of Cardiology, the Hong Kong College of Physicians, the Hong Kong Academy of Medicine, Royal College of Physicians of London, Royal College of Physicians of Edinburgh, Royal College of Physicians and Surgeons of Glasgow, and the American College of Cardiology. Prior to the commencement of private practice, he has worked for more than 14 years in the Cardiology Division of Queen Mary Hospital and as a Consultant in Cardiology in The University of Hong Kong-Shenzhen Hospital. His expertise includes percutaneous coronary intervention of complex coronary artery disease and minimally invasive trans-catheter valve therapies, including trans-catheter aortic valve implantation and left atrial appendage occlusion. Dr. Chan has published over 60 peer-reviewed articles in major cardiology journals, including JACC and Circulation. He is also the pioneer in Hong Kong for conducting community-based screening for atrial fibrillation and setting up the emergency 24-hour primary angioplasty service in the public sector.

Antiplatelet therapy after PCI

Dual antiplatelet therapy (DAPT) is an essential component of drug treatment in patients with coronary artery disease who received percutaneous coronary intervention (PCI). Recommendations for DAPT duration post-PCI should consider patient-specific risk factors, clinical presentation leading to PCI, stent type, and procedural factors. Studies demonstrated that prolonged DAPT resulted in a reduction of stent thrombosis (ST) and myocardial infarction (MI) at the cost of increased bleeding. On the other hand, studies of shorter-duration DAPT demonstrated similar mortality, MI, ST, and less bleeding events when compared with longer DAPT duration. Current evidence for strategies of prolonged and abbreviated DAPT following PCI will be reviewed in this lecture.
Abstracts

Dr. Mario Wai-kwong CHAK
MBBS(HKU), MRCP(UK), DCH(Ire), Dip Ger Med (RCPS Glass),
PDipID (HKU), FHKAM(Paediatrics), FHKCPaed
Associate Consultant, Department of Paediatrics and Adolescent Medicine, Tuen Mun Hospital
The Honorary Clinical Associate Professor of The University of Hong Kong and
The Chinese University of Hong Kong
President, The Federation of Medical Societies of Hong Kong

Dr. Chak is the Associate Consultant at the Department of Paediatrics and Adolescent Medicine in Tuen Mun Hospital. He is also the Honorary Clinical Associate Professor of The University of Hong Kong and The Chinese University of Hong Kong. Dr. Chak attained the fellowship of Hong Kong Academy of Medicine (Paediatrics) and Hong Kong College of Paediatricians in 2002. Dr. Chak has been accredited to be the first fellow of Subspecialty of Paediatric Neurology and Developmental behavioural Paediatrician in 2013. Dr Chak is currently the trainer in Paediatrics and Paediatric Neurology. Dr. Chak has special interest in Paediatric Epilepsy. He has received overseas training in EEG, Epilepsy and Pre-surgical Evaluation for Epilepsy Surgery in British Columbia Children’s Hospital in Vancouver, Royal Children’s Hospital in Melbourne and Department of Epileptology, The University Clinic in Bonne, Foundation Ophtalmologique Adolphe de Rothschild in Paris respectively. Dr Chak is also the team leader of Tuen Mun Hospital Paediatrics and Adolescent Epilepsy Surgery Team which has just attained the outstanding team award in NTWC in 2016. Dr. Chak is currently appointed to be the Chairman of Neurophysiology Subcommittee of Electro-Medical Diagnostic Unit of New Territories West Cluster.

Precision Medicine in Epilepsy

Precision Medicine is achievable by the recent advance of three items. Firstly, the availability of massive data; there is an unprecedented availability of data across and within individuals. Secondly, artificial intelligence through machine learning which is widely used in business and industry, recently increasingly be used in health. Thirdly, compute power increasing compute capacity, including parallel processing through cloud computing.

The recent ILAE classification of epilepsy highlights the importance to find the underlying aetiologies of epilepsy and manage accordingly.

There is a recent great discovery of gene mutation in epilepsy, especially those with medical refractory epilepsy in neonatal and infancy i.e. Early Infantile Epileptic Encephalopathy (EIEE) by using EIEE penal and Next Generation Sequencing.

The early diagnosis of the genetic mutation has transformed the clinical management of epilepsy from the previous empirical trial of anticonvulsant one by one to present specific anticonvulsant to the target of specific genetic channels defect. The loss or gain of function of receptors or channels is also an important factor to determine the choice of anticonvulsants used.

That refractory epilepsy with underlying structural causes or lesion could be potential candidates for epilepsy surgery after multidisciplinary and multimodality evaluation. For those who are not candidates for epilepsy surgery, for example, the underlying genetic or neuro-metabolic disease, we could consider Ketogenic Diet or Vagal Nerve Stimulator.

Moreover, the technological advancement in genetic diagnosis and epilepsy surgery could have revolutionary change of clinical management of epilepsy disorder from previous reactive management to clinical seizure to future more proactive management before the patient’ epilepsy becomes fully symptomatic and medical refractory, and hence alter the whole clinical course of the disease and potentially improve cognitive and developmental outcome.

Precision medicine in epilepsy could lead to more early intervention and more effective specific treatment and hence to improve patient seizure and better developmental outcome.
Dr. Venus Fung-ling TAM

MBChB (CUHK), FHKAM (Psychiatry), FHKCPsych, Dip Med (CUHK)
Private psychiatrist (Director of Cordial Medical Centre)

Dr. Tam Fung Ling is currently a private psychiatrist, who graduated from The Chinese University of Hong Kong and subsequently received psychiatric specialist training. Dr Tam is particularly interested in the mental health of children and adolescents. She has been Associate Consultant of Child and Adolescent Psychiatric Team, Castle Peak Hospital and Honorary Clinical Assistant Professor of Department of Psychiatry, University of Hong Kong. She has extensive clinical experience in treating children and adolescents with attention-deficit/ hyperactivity disorder (ADHD), autism spectrum disorder (ASD) and other emotional or mental problems.

Common Paediatric Behavioural and Psychiatric Disorders

This talk provides a brief introduction to the causes, symptoms, and treatment updates of attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD).
Abstracts

Dr. Jenny Shun-wah LEE

Dr. Jenny Lee graduated from The Chinese University of Hong Kong and is a Consultant Geriatrician and the head of Geriatrics in the Department of Medicine in Tai Po Hospital and Alice Ho Miu Ling Nethersole Hospital. She is currently also the Chief of Service of those departments. She is the President of the Hong Kong Geriatrics Society and the Chinese Dementia Research Association.

Dr Lee obtained her MD degree in CUHK and collaborates closely with the Institute of Ageing in the University. She is active in research and has numerous publications in old age epidemiology, health services research, dementia, end of life care and nutrition.

Screening, Diagnosis and Treatment of Early Dementia

Dementia is a common condition in old age and is a major cause of dependency. There is a good case to detect and diagnosis early. There is no evidence from randomised trials that earlier drug treatment impacts on long term cognitive outcome. However, there is evidence that cognitive stimulation can improve cognitive function in older people with early dementia. Secondly, this will allow more time for family caregivers to learn about dementia care and plan ahead. Thirdly, this will allow the people with dementia to have their say in care planning. Therefore we have developed an E cognitive test which can be administered by caregiver in five minutes. With a donation from Hong Kong Jockey Club, the ones who fail the test will be assessed by trained primary care doctors in the community, and those with dementia will be supported by a case manager for one year. In this way, dementia can be diagnosed early and be managed at the primary care level.

Reference


Dr. Jenny Shun-wah LEE has replaced Prof. Timothy CY KWOK to be speaker under Session IV C. This is to replace Page 42.
Supportive and Palliative Care for Dementia:
From the Beginning Not The End

Our rapidly ageing society is bearing the full brunt of the impact and burden of dementia and its complications. While there is no cure for dementia as yet, we should soldier on with relentless efforts towards the betterment of care for our unfortunate dementia patients and caregivers.

In facing the escalating demand on dementia care, innovative approach and paradigm shift is called for. Integrated medical and social care should be further enhanced, and technology in assisted care is much needed. Palliative care has an increasingly significant role, not just at the end of the life, but at the earlier phase of the disease trajectory, once there is a need. Suitable models of care need to be explored. Clinical approach with case scenarios will be discussed, to illustrate the use of drugs, nutritional supplementations, rehabilitation, technology and various interventions, in relieving the suffering and distress from dementia.

Hong Kong is proud to enjoy the achievement of the long life expectancy for our fellow citizens. Let’s concert our efforts to maximise not just the quantity of life, but also the quality of life of our older population.
Complications of phosphate control in cardiovascular morbidities - Challenges to chronic kidney patients and doctors

There is a well-established association between Chronic Kidney Disease (CKD) and Coronary Vascular Disease (CVD). Patients in the later stages of these conditions are more likely to suffer various other ailments, as the kidneys and heart fail. Hyperphosphataemia is an important consideration for reducing morbidity & mortality in CKD and CVD as it has wide-ranging detrimental effects in both. Thus, the maintenance of therapeutic phosphate levels in the body represents a key target area to slow disease progression.

However, as phosphate is essential to many fundamental processes in vitro, there must be a balance between its addition to and removal from the body, as well as being mindful of the patient’s existing regulatory ability. Alongside managing intake of phosphate-rich foods and additives, Sevelamer presents an important treatment option that avoids the risks of metal/calcium accumulation whilst also providing additional benefits.

Three key pivotal studies explore the efficacy of Sevelamer in comparison with calcium-based phosphate binders, confirming its clear viability within the range of phosphate-binding drugs. Primary health care and specialists together play a great role in the patients’ treatment journey.

Reference

Dr. CHENG Yuk-lun

MB, ChB(CUHK), MRCP(UK), FHKCP, FHKAM(Med), FACP, FRCP(Edin), FRCP(London)
Specialist in Nephrology
Chief of Nephrology, Department of Medicine & ICU,
Alice Ho Miu Ling Nethersole Hospital

Dr. Cheng is the Chief of Nephrology of the Department of Medicine and ICU at the Alice Ho Miu Ling Nethersole Hospital. He is the Chairman of the Hong Kong Society of Nephrology, the Chairman of the Home Haemodialysis Working Group, Hospital Authority, and the Clinical Associate Professor of Medicine at the Chinese University of Hong Kong. Dr. Cheng is also a member of the Specialty Board in the Advanced Internal Medicine of the Hong Kong College of Physicians. Internationally, Dr. Cheng is the Vice President of the Local Organizing Committee, Asian Pacific Congress of Nephrology 2020, Board Member of the International Society of Nephrology, North & East Asia Regional Board, and Executive Committee member of the International Association of Chinese Nephrologists.

Dr. Cheng’s research interest is in haemodialysis and he has more than 250 local & international presentations, publications and book chapters.

Diabetic Kidney Disease - A Growing Threat in Asia; Counter-Measures

Diabetic kidney disease (DKD) is the leading cause of renal failure in Hong Kong, contributing to more than half of the newly diagnosed end-stage renal disease requiring renal replacement therapy in 2018. DKD is associated with higher morbidity and mortality, and represents a heavy burden on the healthcare system. There is no dispute that DKD is also a growing threat in Asia. Reports from the United States Renal Data System in 2018 showed, out of the top 10 countries with highest incidence rate of treated end-stage renal disease due to diabetic nephropathy, 7 came from Asia. In the present talk, the factors contributing to the increasing trend in DKD are discussed, and measures to prevent progression of DKD are reviewed.
Dr. Yam Kwong Yui is a consultant and Chief of Service of Department of Neurosurgery Tuen Mun Hospital. He graduated from University of Hong Kong in 1986 and finished his Neurosurgical training in Queen Elizabeth Hospital. His subspecialty development includes neuro-oncology, stereotactic radiosurgery and management of spasticity in cerebral palsy patients. He was trained in the Charlottesville Gamma knife center, University of Virginia, USA and Charity Hospital, Berlin, Germany. TMH commenced the use of Linac base multi-micro-leaves single isocenter radiosurgery in 1998. The team also pioneered the use of frameless stereotactic radiosurgery in Hospital Authority Hospital. He served as President of Neurosurgical Society in year 2012-2016. Currently, he is an active participant of the radiosurgery Chapter of the Society.

This year we commemorate the 10th anniversary of the introduction of Image Guided Radiation Therapy (IGRT) and frameless stereotactic Radio-surgery (fSRS) to HA hospitals. Patients are treated in a completely non-invasive manner, and the use of skull fixation devices like pins and stereotactic frame turns obsolete. The accurate patient localisation and tracking system allows the precise delivery of a conformal radiation dose to the target. We have verified the efficacy and safety of the frameless approach. The technique can be applied to all pathologies like brain metastasis, meningioma, acoustic neuroma and arteriovenous malformation. Frameless approach also provides flexibility and advantages in treatment plan design. Lesions close to organ at risk like the brain stem, optic nerve, chasm and optic tract; big lesions previously not amenable to SRS can now be treated by hypofractionation or other techniques. The current single isocenter algorithm only allows treatment of one target at a time. However, with the introduction of new planning software, we are capable of treating many lesions simultaneously. This implies the patients with multiple metastases (>10) can be treated by frameless radio-surgery and avoids the risk of cognitive decline associated with conventional whole brain radiotherapy (WBRT).
Dr. WONG Sui-to is currently a Consultant Neurosurgeon at Tuen Mun Hospital. He completed his general neurosurgery training in Hong Kong in 2007, and was awarded the J. Douglas Miller Medal. To pursue subspecialty training in paediatric neurosurgery, he first trained under the guidance of Dr. Dawson Fong, and later completed fellowship training in paediatric neurosurgery at Kaiser Permanente Regional Center for Pediatric Neurosurgery in California in 2013. His main interests include developmental abnormalities of the nervous system, epilepsy surgery, neuro-oncology and intra-operative neurophysiological monitoring.

Epilepsy Surgery: Progress with Technological Advancement

Drug resistant epilepsy (DRE) affects one-third of epilepsy patients. Appropriately selected surgical treatment modalities can bring about good outcomes in a high percentage of patients with DRE. Technological advancement in various fields such as medical imaging, electrode manufacturing, intra-operative navigation, surgical robotics, and implantable devices has enabled us to pinpoint epileptogenic foci and abolish them precisely and safely. More importantly, established epilepsy surgery programmes equipped with multidisciplinary expertise have properly integrated new technologies into clinical practice, and achieved the current standard of seizure control in DRE.
Abstracts

Dr. LO Pui-yee
MBChB (HK), MRCSEd, FHKCORL, FRCSEd (ORL), DCH (Sydney)
ENT Specialist in ENT Department of Yan Chai Hospital

2001-2001 MBChB (HK)
2012 fellowship of the Hong Kong College of Otorhinolaryngologists

Trained in QEH ENT
Associate Consultant in QED ENT (2014-2018)
Pediatric ENT training in Great Ormond Street Hospital in London, UK
Private practice in ENT
Specialist in YCH ENT (7/2019)

Allergic Rhinitis

Allergic rhinitis (AR) is an inflammatory disorder that causes rhinitis symptoms such as rhinorrhea, nasal obstruction, sneezing and itchiness when exposed to environmental allergens. It affects 10-40% of the population. It was classified into seasonal, persistent or occupational AR based on the time and type of exposure and symptoms.

AR is also frequently associated with asthma, which is found in 15% to 38% of patients with AR. It affects patient’s quality of life and leads to the progression of asthma. Allergic rhinitis and its impact on Asthma (ARIA) guidelines have been developed to provide updated recommendations for the treatment of AR.

The treatment strategy for allergic rhinitis includes avoidance, normal saline douching, symptomatic pharmacotherapy and immunotherapy. Symptomatic pharmacotherapy includes oral or intranasal antihistamines, intranasal corticosteroids and leukotriene receptor antagonist. Immunotherapy is the only disease-modifying agent for inducing desensitisation. The treatment regime should be tailored to the individual patient based on the severity of symptoms, co-morbidities, type of relevant allergens and persistence of symptoms despite sufficient pharmacological treatment. Sublingual immunotherapy (SLIT) is the majority of immunotherapy prescription nowadays and is known to be safer than subcutaneous immunotherapy. The efficacy of SLIT in grass-pollen induced allergic rhinoconjunctivitis is well documented in adults and children. Some new controlled trials on house dust mite allergy provide evidence of the efficacy of SLIT in adults. SLIT has fewer systemic side effects and majority of adverse effects were related to local reaction such as itching and swelling of oral mucosa. Besides, good quality of efficacious allergen extract and patient compliance is also important.
Advances in the Management of Axial Spondyloarthritis

Axial spondyloarthritis (axSpA) is a chronic inflammatory condition characterized by inflammatory back pain and spinal stiffness. It has a broad phenotype which includes ankylosing spondylitis and non-radiographic axial spondyloarthritis. Syndesmophytes and ankylosis of the axial skeleton may develop, causing permanent structural damage and deformity.

In recent years, the treatment armamentarium for axSpA has expanded significantly. In addition to non-steroidal anti-inflammatory drugs, tumor necrosis factor inhibitors and interleukin 17 inhibitors have been widely used in our clinical practice for patients with an inadequate response to the first-line treatment.

Besides, inhibition of structural progression is now possible with biologic therapies and it remains a hot topic in axial spondyloarthritis. Current research strategies aim to test whether disease remission is more achievable with early and stratified use of biologic therapies in patients with axSpA.
Solution for injection or concentrate for solution for infusion.


Common (1% to < 10%): transient taste perversions (in particular metallic taste). Uncommon (0.1% to < 1%): headache, dizziness, hypotension and collapse, tachycardia and palpitations, bronchospasm, dyspnoea, nausea, vomiting, asthenia, malaise.

Overdosage can cause acute iron overload which may manifest itself as haemosiderosis. Overdosage should be treated with supportive measures and, if required, parenteral iron should only be administered after careful risk/benefit assessment. Venofer® must be used with care in patients with a history of chronic asthenia. Hypersensitive episodes may occur if the injection is administered too rapidly. Parenteral leakage must be avoided because leakage of Venofer® at the injection site may lead to pain, inflammation, tissue necrosis and brown discoloration of the skin. Interaction: Venofer® should not be administered concurrently with oral iron preparations since the absorption of oral iron is reduced. Prognosis and therapy: Data on a limited number of exposed pregnancies indicated no adverse effects of Iron Sucrose on pregnancy or on the health of the foetus/newborn. Nevertheless, risk/benefit evaluation is required. Venofer® should not be used during pregnancy unless clearly necessary. Treatment should be continued in the second or third trimester, provided the benefits of treatment clearly outweigh the potential serious risks to the foetus.noch Verfahren, die für eine periphere Nephrologie verwendet werden: Wassermangel (0,5% – 1,0%), leichte, stehende oder liegende Hypotonie, Hypokaliämie, Hypokalzämie, Hypomagnesiämie, Hypophosphatämie, hyperkaliämische, alkaliatische, leber- und renale Hypo- und Hyperkalzämien. Nebenwirkungen: Überdosierung kann eine akute Eisenüberladung verursachen, die durch supportive Maßnahmen und, wenn erforderlich, parenteral verabreicht werden sollte. Venofer® wird nur unter strenger Risiko-Benefiz-Evaluation verabreicht. Venofer® sollte während der Schwangerschaft nur eindeutig notwendig sein. Behandlungsfortsetzung während der Schwangerschaft ist möglich, wenn der Nutzen klar überwiegt über das potentielle Risiko für den Feten. Rennie E.J. et al. Br J Haematol. 2002; 117: 92-97. References:


References:


Abbrications:

CKD = Chronic Kidney Disease, HD = Haemodialysis, IV = Intravenous, ESA = Erythropoiesis Stimulating Agent, TDI = Total Dose Infusion, VMD = Venofer®

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Consultant, A&E Department, QMH
Deputy Service Director (Quality & Safety),
Hong Kong West Cluster, Hospital Authority
Honorary Clinical Associate Professor, Faculty of Medicine, Chinese University of Hong Kong

President, Hong Kong Society for Emergency Medicine & Surgery
President, Hong Kong Society for Healthcare Mediation
Member, Regulation Framework and Public Education & Publicity Subcommittees, Steering Committee on Mediation, DoJ

Mr. Benjamin Cheung-mei LEE
Honorary Treasurer of the Federation of the Medical Societies of Hong Kong
Honorary Secretary and Treasurer of the Institute for Health Policy & Systems Research.

Mr. Benjamin Lee joined the Hong Kong Government Service 33 years ago and has dedicated his career in healthcare management ever since. Mr. Lee obtained his first qualification in health administration from the University of New South Wales, Australia, under its Master Degree Program. He has gained vast experience in healthcare management through his various positions in regional acute hospitals and the Hospital Authority Head Office. Given his vast experience and his dedications to the professional advancement of healthcare executives through his contributions in various positions of the Hong Kong Society of Health Service Executives, he was awarded Fellow and Founding Fellow both by the Australian College of Health Service Executives and the Hong Kong College of Health Service Executives in 2003 and 2005 respectively. Mr. Lee is a member of the Institute of Health Services Management of the UK, and a Board Member of the Efficient Consumer Response Hong Kong. Mr. Lee is also the Honorary Treasurer of the Federation of the Medical Societies of Hong Kong, and the Honorary Secretary and Treasurer of the Institute for Health Policy & Systems Research. Mr. Lee is currently holding the position of Chief Manager (Business Support Services) of the Hospital Authority, Hong Kong. His main skill set and interests include strategy and policy setting in procurement and materials management, business support services, operational methods and technologies.
Dr. Jane Chun-kwong CHAN
MD (U of Chicago), FHKCP, FHKAM (Medicine), FRCPE, Diplomate, American Board of Internal Medicine (Pulmonary Disease & Critical Care Medicine)
Specialist in Respiratory Medicine

Dr. Jane Chan graduated from the University of Chicago in 1982, followed by training in Internal Medicine at Washington University, and training in Respiratory and Critical Care Medicine at Stanford University. She joined the Department of Medicine at University of Hong Kong as Clinical Lecturer in 1986. She became doubly accredited by the H. K. College of Physicians in Respiratory Medicine and Critical Care Medicine in 1992. In 1996 she became Consultant in Intensive Care and Director of the Adult Intensive Care Unit at Queen Mary Hospital. In 2003, after having fought the SARS battle, she took up the position of Consultant in Medical Development at the Hospital Authority Head Office focusing on post-SARS work. She has been in private practice since 2005, and is currently Editor-in-Chief of the e-Newsletter of the Hong Kong Institute of Allergy.

Dr. CK Ng is currently the Consultant Physician in the Department of Medicine, Queen Elizabeth Hospital. He is a Respiratory Physician and his sub-specialisations are in sleep medicine, non-invasive ventilation, home ventilation and auto-fluorescent bronchoscopy. He is the Course Director of the Hospital Authority Respiratory Failure Management Course since 2017 and Faculty of the Hong Kong Academy Jockey Club Innovative Learning Center for Medicine for the Advanced Simulation Training in Mechanical Ventilation since 2017. He is the Vice-Chairman of the Steering and Development Committee on Sleep Service in Kowloon Central Cluster (KCC) and Cluster Representative of the HAHO Working Group on Sleep Laboratory Service. He also serves as member of the KCC/KEC Research and Ethics Committee.

He now serves as the Second Vice President in the Federation of Medical Societies of Hong Kong, Immediate Past President of the CHEST Delegation Hong Kong and Macau, Board Member of the Hong Kong Lung Foundation and EXCO member of the Hong Kong Society of Sleep Medicine.
Mr. Victor Hip-wo YEUNG

MBBS (HK), FRCS (Urology), FCSHK, FHKAM (Surgery)

Honorary Clinical Assistant Professor, Department of Surgery (CUHK)

Specialist in Urology, Private Practice

Dr. Yeung obtained his bachelor degree in Biophysics at Johns Hopkins University (USA), and then pursued his medical degree at the University of Hong Kong (HKU). After graduation, he continued his career as a urological trainee, and eventually received his fellowship in 2013. He was then promoted to associate consultant, and appointed as honorary clinical assistant professor of both HKU and the Chinese University of Hong Kong (HKU). In 2017, he started his own private practice in Wanchai.

Apart from clinical work, Dr. Yeung is an active researcher with many articles published in various international journals. He has also presented in many conferences, and received the best poster presentation award at the 14th Urological Association of Asia Congress in 2016. In addition, he has designed a wall-attached urinal that can measure men’s urinary flow rate, and it is now patented in both Hong Kong and China. This new design minimises the patient’s embarrassment while urinating at the traditional funnel while performing the flow rate exam. In 2019, it has received the Gold Award in the FITMI Asian International Innovation Technology Exhibition.

Dr. Yeung plays an active role in many medical societies and alumni associations. He is currently the president emeritus of Johns Hopkins University Hong Kong Alumni Association (JHUHKAA). Also, he is the honorary secretary of Hong Kong Medical Association (HKMA), council member of Medical Council of Hong Kong (MCHK), Federation of Medical Societies of Hong Kong (FMSHK), Hong Kong Society of Endourology (HKSE) and Nocturia Academy.
Dr. Raymond See-kit LO

MBBS (Lond), MD (CUHK), MHA (UNSW), Dip Ger Med (RCPS), Dip Palliative Med (U Wales), MRCP (UK), FHKAM (Medicine), FRCP (Lond, Edin, Glas)
Immediate Past President,
Federation of the Medical Societies of Hong Kong
President, British Medical Association (Hong Kong)

Dr. Raymond Lo graduated from United Medical and Dental Schools of Guy’s and St Thomas’ Hospital in London, and received a fellowship from Royal College of Physicians and Hong Kong Academy of Medicine. He is Honorary Clinical Professor of Department of Medicine and Therapeutics, Chinese University of Hong Kong, and also held visiting professorship overseas. Dr. Lo is the Immediate Past President of the Federation of Medical Societies of Hong Kong, and is the Convenor of Care for Advanced Diseases Consortium, dedicated to promoting care for patients with serious illnesses. He is a dual specialist in Palliative Medicine and Geriatrics, and currently serving in HA as Consultant in charge and Cluster-Coordinator in Hospice and Palliative Care at New Territories East. Last but not least, Dr. Lo is the President of British Medical Association (Hong Kong Branch), facilitating with the popular annual BMA(HK) Therapeutics Course.

Dr. Mario Wai-kwong CHAK

MBBS(HKU), MRCP(UK), DCH(Ire), Dip Ger Med (RCPS Glass), PDipID (HKU), FHKAM(Paediatrics), FHKCPaed
Associate Consultant, Department of Paediatrics and Adolescent Medicine, Tuen Mun Hospital
The Honorary Clinical Associate Professor of The University of Hong Kong and The Chinese University of Hong Kong
President, The Federation of Medical Societies of Hong Kong

Dr. Chak is the Associate Consultant at the Department of Paediatrics and Adolescent Medicine in Tuen Mun Hospital. He is also the Honorary Clinical Associate Professor of The University of Hong Kong and The Chinese University of Hong Kong. Dr. Chak attained the fellowship of Hong Kong Academy of Medicine (Paediatrics) and Hong Kong College of Paediatricians in 2002. Dr. Chak has been accredited to be the first fellow of Subspecialty of Paediatric Neurology and Developmental behavioural Paediatrician in 2013. Dr. Chak is currently the trainer in Paediatrics and Paediatric Neurology. Dr. Chak has special interest in Paediatric Epilepsy. He has received overseas training in EEG, Epilepsy and Pre-surgical Evaluation for Epilepsy Surgery in British Columbia Children’s Hospital in Vancouver, Royal Children’s Hospital in Melbourne and Department of Epileptology, The University Clinic in Bonne, Foundation Ophtalmologique Adolphe de Rothschild in Paris respectively. Dr Chak is also the team leader of Tuen Mun Hospital Paediatrics and Adolescent Epilepsy Surgery Team which has just attained the outstanding team award in NTWC in 2016. Dr. Chak is currently appointed to be the Chairman of Neurophysiology Subcommittee of Electro-Medical Diagnostic Unit of New Territories West Cluster.
Dr. Kingsley Hau-ngai CHAN
FRCP (Edinburgh), FRCP (Glasgow), FHKAM (Medicine), FHKCP, Diploma in Dermatology (Glasgow), MRCP (UK), MBBS (HK)
Specialist in Dermatology & Venereology

Dr. Kingsley Chan is a dermatologist in private practice in Hong Kong. He received his medical training at the University of Hong Kong. He completed his basic physician training at the Queen Mary Hospital and his specialist training at the Department of Health. He has overseas training in St John's Institute of Dermatology. Dr. Chan’s practise encompasses both medical and cosmetic dermatology. He is also an active member in the Hong Kong medical professional and serves as a Council Member at the Hong Kong Medical Association (2008 – present) and Federation of Medical Societies (2008 – present). He is also an editor of Hong Kong Medical Diary (2008 – present) and the HKMA CME Bulletin (2009 – present). He works as honorary consultant dermatologist in Hospital authority and honorary assistant professor, department of medicine, CUHK and adviser of the consumer council.

Prof. Bernard Man-yong CHEUNG
MB BChir, PhD, FRCP, FRCPE, FHKCP, FHKAM (Medicine), FBPhS, FBHS
Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics at the University of Hong Kong
Honorary Consultant Physician, Queen Mary Hospital

Bernard Cheung is the First Vice-President of the Federation of Medical Societies of Hong Kong. He graduated from the University of Cambridge. In 2007-2009, he held the chair in Clinical Pharmacology and Therapeutics in Birmingham. He is now the Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics at the University of Hong Kong, and heads the Division of Clinical Pharmacology and Therapeutics. He is an Honorary Consultant Physician of Queen Mary Hospital and the Medical Director of the Phase 1 Clinical Trials Centre. He is an Honorary Professor at the Hong Kong University Shenzhen Hospital and a Visiting Professor of Shenzhen University. He is the Editor-in-Chief of Postgraduate Medical Journal. He has more than 300 publications, 7900 citations and an h-index of 45.

Dr. Sammel Ka-shun FUNG
MBBS (HKU) FRCPI, FRCPE, FHKCP, FHKAM (Int Med)
Chief of Nephrology & Consultant Physician, Jockey Club Nephrology & Urology Centre
Princess Margaret Hospital

Dr. Samuel Fung is the Chief of Nephrology, Hong Kong Jockey Club Nephrology & Urology Centre, Princess of Margaret Hospital, Hong Kong. Serving in the Hospital Authority Central Renal Committee as Vice Chairman and the Central Transplant Committee, he has contributed in the pair exchange living renal transplant program in Hong Kong. He is the chairman of the Kowloon West Cluster Transplant Coordinating Committee and Kowloon West Cluster Community Engagement & Volunteer Service Coordinating Committee. Dr. Fung serves as Hong Kong College of Physician Specialty Programme Director, Nephrology Training Board, Kowloon Region; Hon Associate Professor of Chinese University of Hong Kong; council member and past chairman of the Society Hong Kong Society of Nephrology and serves the community in the Board of the Hong Kong Kidney Foundation. He has publications in peer-reviewed journals in research on renal anemia, BK nephropathy and Nocturnal Home Haemodialysis. Currently, he is the Site Principal Investigator for the studies SONAR on Diabetic Nephropathy; ASCEND study on renal anemia, VALOR study on Chronic Kidney Disease; TESTING & PROTECT Studies on IgA Nephropathy. Recently, he led his unit in introducing the new Claria APD to treat patients in Asia.
**Chairpersons**

**Dr. Stephenie Ka-yee LIU**

First Fellow, Subspecialty of Developmental and Behavioral Paediatrics (Dec 2013)
Fellowship of Hong Kong College of Paediatrician (June 2004)
Fellowship of Hong Kong Academy of Medicine (Paediatrics) (June 2004)
Bachelor of Medicine and Bachelor of Surgery, The University of Hong Kong (July 1993)
Senior Medical Officer, Child Assessment Service, Department of Health.

Current Post/ work: Senior Medical Officer, CAS, DH since 2007. Head of the Disruptive behavioural team/ Acquired cognitive impairment team/ Knowledge Management team/ Public and Professional Education team.
Honorary appointment/ Post: Accredited College Trainer of the Hong Kong College of Paediatrician in both Basic and Higher training
Honorary Secretary of the Hong Kong Society of Child Neurology and Developmental Paediatrics (HKCNDP)
Member of Subspecialty Board of Developmental-Behavioral Paediatrics of HK College of Paediatrics

**Ms. Tina Woan-tyng YAP**

BSC Pharmacy (USA), Licenced Pharmacist (HK)
Executive Committee Member, The Federation of Medical Societies of Hong Kong

Ms. Tina Yap is the Executive Committee Member and House Committee Chairperson of The Federation of Medical Societies of Hong Kong.
Ms. Yap graduated from the School of Pharmacy at the University of Kansas, USA. While in the US, she had vast experience in hospital pharmacy. She was also a certified nursing home pharmacy consultant.
Currently, Ms. Yap works for a pharmaceutical company now as the company pharmacist. She oversees pharmaceutical product registration, marketing, management in distribution practice & code of practice.
Ms. Yap is also the founding & current chairman of The Pharmaceutical Distributors Association of Hong Kong.

**Dr YUNG Chun-yu**

MBBS MRCP (UK) FRCP (Edin & Lond) FHKCP FHKAM (Med)
Chief of Service, Department of Medicine & Geriatrics, Pok Oi Hospital & Tin Shui Wai Hospital
Chief of Nephrology, Department of Medicine & Geriatrics, Pok Oi Hospital & Tin Shui Wai Hospital

Dr. Yung possesses over 29 years’ experience in practising general medicine. He is currently Chief of Service of the Department of Medicine & Geriatrics, Pok Oi Hospital & Tin Shi Wai Hospital. He is a nephrologist by specialty and had been Chief of Nephrology in these hospitals since 2015.
Dr. Yung is currently the Cluster Program Director of Advanced Internal Medicine Board of the Hong Kong College of Physicians and was responsible for higher physician training in NTW cluster. He also actively participates in promoting the Self-learning tool program, an online program for trainees as an integral part of their training in AIM when he was appointed as Member of the SLT Committee under HKCP in 2015.
Dr. Yung’s contribution to the community and professional bodies was instrumental in 2012 when he was elected as Council Member of the Hong Kong Society of Nephrology. He then served as Hon Treasurer of HKSN since 2018.
He is now the Vice chairman of the Cluster Drugs & Therapeutics Committee of NTWC. His major service at corporate level includes Chairman of the Medication Orders & Decision Support Working Group of Hospital Authority (HA) since 2017, as well as Co-chairman of the eHR, IS Domain Group on Drug record, a combined working group from HA & Food & Hygiene Bureau.
Dr. Warren Wa-hou TAI

MD.,PhD
Consultant Neurosurgeon
President, Macau Neuromedical Society
Chief, Department of Neurosurgery, CHCSJ MACAU
Director, Macau Children Assessment & Early Intervention Center

Dr Tai is currently actively engaged in clinical work and research in neurosurgery in Macau. His main interests are cerebrovascular diseases, epilepsy and congenital disorders, and he has published more than 30 papers in various journals. He is also involved in healthcare administration and medical education, and is a board member of Macau Medical Academy, focusing on physician’s training.

Dr. YAM Kwong-yui

MBBS(HK), FRCS(EDIN)
Chief of Service, Department of Neurosurgery, Tuen Mun Hospital

Dr Yam Kwong Yui is consultant and Chief of Service of Department of Neurosurgery Tuen Mun Hospital. He graduated from University of Hong Kong in 1986 and finished his Neurosurgical training in Queen Elizabeth Hospital. His subspecialty development include neuro-oncology, stereotactic radiosurgery and management of spasticity in cerebral palsy patients. He was trained in the Charlottesville Gamma knife center, University of Virginia, USA and Charity Hospital, Berlin, Germany. TMH commenced the use of Linac base multi-micro-leaves single isocenter radiosurgery in 1998. The team also pioneered the use of frameless stereotactic radiosurgery In Hospital Authority Hospital. He served as President of Neurosurgical Society In year 2012-2016. Currently he is an active participant of the radiosurgery Chapter of the Society.

Dr. CHAN Kai-ming

MBBS(HK), MRCP(UK), DTM&H(UK), PDipID(HK), FHKAM(Medicine), FHKCP, M Sc(Epidemiology and Biostatistics)(CUHK)
Private Practice, Specialist in Infectious Disease

Dr. Chan Kai Ming is a Private Specialist in Infectious Disease since 2016. He previously worked in Tuen Mun Hospital, New Territories of West Cluster, Hospital Authority of Hong Kong since his graduation in 1993, Faculty of Medicine, The University of Hong Kong. Dr. Chan obtained his fellowships in Advance Internal Medicine & Infectious Disease in 2005. From 2006 to 2016, Dr. Chan was posted as Associate Consultant in Infectious Disease Management, New Territories West Cluster. Microbiology & Infectious Disease Team was set up, and Dr. Chan has extensive exposure in the field of both Microbiology and Infectious Disease. His team provided consultation services to all clinical departments on management of infection and infection control. During his stay in Hospital Authority, he was the QA/QC Chairman, Clinical Pathology, Tuen Mun Hospital, Trainer in Infectious Disease, Examination Board Member in Infectious Disease. Currently, Dr. Chan is a member of the Working Group on Influenza Vaccination (WGIV), Centre for Health Protection, Department of Health, Council Member of Hong Kong Society of Infectious Diseases, Executive Committee Member of The Federation of Medical Societies of Hong Kong. His special interest is the use of antibiotics and antibiotics stewardship programme. His team has seen over thirty thousand cases of complicated problems related to the use of antibiotics and infection.
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The equilibrium between Efficacy and Tolerability

60% in inflammatory acne at 12 weeks. (n=253)

52% in comedonal acne at 12 weeks. (n=253)

Proven Safety No patients discontinuation due to TEAE* in clinical trials.

Formulated for Acne Preservative-free, surfactant-free and alcohol-free

*TEAE: Treatment-Emergent Adverse Event
Terms and Conditions
1. To enter the Lucky Draw you must collect a chop after you visit to a booth.
2. You have to fill the ten boxes above with all the ten chops.
4. Only one entry per person. Entries on behalf of another person will not be accepted and joint submissions are not allowed.
5. One winner will be chosen from a random draw, the winner will receive an iPad mini.
6. If the winner does not show up at ballroom C at 4:45pm and respond to the announcement, then the prize will be forfeited.
Memo
CERTICAN®
Efficacy meets Protection

**SIGNIFICANT REDUCTION IN THE INCIDENCE OF VIRAL INFECTION**

**CMV**

- Incidence of CMV infections at 12 and 24 months (safety population)
  - CMV: 0.7, 1.5
  - CERTICAN®: 5.9, 6.2
  - **p = 0.004**

**BKV**

- Incidence of BK virus viraemia at 12 months as adverse event
  - Viruses: 0.7, 1.8
  - CERTICAN®: 3.3
  - **p = 0.004**

- Incidence of BKV infections at 24 months as adverse event
  - CERTICAN®: 4.8

SMALL PILL  BIG IMPACT

XELJANZ® in 1-2-3

1st and ONLY monotherapy superior to MTX in inhibiting radiographic progression1,2

2nd line positioning in ACR 20153 and EULAR 20164

3 hours half-life1

Available in Samaritan Fund

1 Other malignancies were observed in clinical studies and post-marketing setting including, but not limited to, lung cancers, breast cancer, melanoma, prostate cancer and pancreatic cancer. Gelatin-containing Permeabonds—the glue used in patients that may be at increased risk. Laboratory monitoring—Recommended as lymphopenia, neutropenia, anemia, liver enzyme elevations and lip elevations are possible. Hence patients—Live vaccines should be used with XELJANZ. (Please refer to the full Prescribing Information for details)

2 INHIBITION: Inhibits JAK-associated phosphorylation of CRP540 and CXCL9 MIP1α (e.g., rafternoid) dose at 5 mg once daily. One or more severe adverse reactions may result in both moderate inhibition of CRP540 and combined inhibition of CRP540 (e.g., ruxolitinib) dose at 5 mg once daily. Fatal CRP540 inhibition (e.g., rapamycin) may result in loss of or reduced clinical response. (Please refer to full Prescribing Information for details)

3 PREGNANCY AND LACTATION: There are no adequate and well-controlled studies in pregnant women. The estimated back-arterial transfer risk for major and fatal adverse reactions in the indicated populations and are unknown. It is unknown whether breast-feeding is accepted in human milk. lactation should be made whether to discontinue breastfeeding or to discontinue the drug

4 SIDE EFFECTS: The most frequently observed adverse reactions were serious infections. The most commonly reported infections with XELJANZ were upper respiratory tract infections, nasopharyngitis, urinary tract infections, dermatitis and aseptic meningitis. Please refer to the full Prescribing Information for details

References: 1. Xeljanz (tofacitinib) Full Prescribing Information. Pfizer Corporation Hong Kong Limited. 2018

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