Annual Scientific Meeting 2021

Personalised Medicine for Hong Kong

3 Jul 2021 (Sat)
12:00-18:00pm

4 Jul 2021 (Sun)
12:30-18:00pm

Venue: FMSHK
Format: Webinar
CRYSVITA® is a new fully human monoclonal antibody for X-linked hypophosphataemia (XLH) that binds to and inhibits the excess activity of FGF23

Excess FGF23 results in phosphate wasting

Low levels of serum phosphorus can cause rickets and osteomalacia

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Staquis™
crisaborole ointment 2% w/w
FIRST STEROID-FREE TOPICAL PDE4 INHIBITOR
in Hong Kong for the treatment of mild to moderate atopic dermatitis

2 times daily to affected areas², no limit to sensitive areas*³
4 days to reduce pruritus⁴,⁵
8 days to achieve ISGA success²,⁶
29 days >30% patients achieved an ISGA success of clear (0) or almost clear (1)²,⁶,⁹
48 weeks treatment period 77.8% patients did not require the use of a TCS/TCI¹⁰

For trial, please contact us at clara.ng@pfizer.com

STAQUIS™ Summary of Product Information
1. TRADE NAME: STAQUIS™. 2. PRESENTATION: Ointment 20g of crisaborole per gram (CN) of white to off-white, viscous gel. 3. INDICATIONS: STAQUIS is indicated for topical treatment of mild to moderate atopic dermatitis in patients 2 years of age and older. 4. DOSAGE: Apply a thin layer of STAQUIS twice daily to affected areas. STAQUIS is for topical use only and not for ophthalmic, oral, or intranasal use. 5. CONTRAINDICATIONS: Patients with known hypersensitivity to crisaborole or any component of this formulation. 6. WARNINGS & PRECAUTIONS: Hypersensitivity reactions, including contact urticaria, have occurred in patients treated with STAQUIS. Hypersensitivity should be suspected in the event of severe pruritus, swelling, and erythema at the application site or in a distant site if signs and symptoms of hypersensitivity occur; discontinue STAQUIS immediately and initiate appropriate therapy. 7. INTERACTIONS: Metabolite 2 (E-4-[(4-chlorophenyl)oxy] butanoic acid) showed moderate inhibition of UGT1A1 and may result in a moderate increase of the concentrations of sensitive UGT1A1 substrates. Metabolite 2 is expected to inhibit breast cancer resistance protein (BCRP) at therapeutic concentrations. 8. PREGNANCY AND LACTATION: There is no available data with STAQUIS in pregnant women to inform the drug-associated risk for major birth defects and miscarriage. There is no information available on the presence of STAQUIS in human milk, the effects of the drug on the breastfed infant or the effects of the drug on milk production after topical application of STAQUIS. Women who are breastfeeding are recommended not to breastfeed. 9. SIDE EFFECTS/ADVERSE EFFECTS: side effects include application site pain and contact dermatitis. Reference: Hong Kong P (version dated 07/03 data) May 2020. Date of preparation: FEB 2021. Identifier number: STAQUIS21. FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.

*STAQUIS™ (crisaborole) is for topical use only and not for ophthalmic, oral, or intranasal use. *Success is defined as an ISGA score of Clear (0) or Almost Clear (1) with a 2-grade or greater improvement from baseline. PDE4 (Phosphodiesterase 4), GSK Investigator’s Study Global Assessment; TCS (Topical Corticosteroid); TCI (Topical Corticotesteroid).


Pfizer Corporation Hong Kong Limited
18/F, Kerry Centre, 683 King’s Road, Quarry Bay, Hong Kong
Tel: (852) 2811 9711
Fax: (852) 2579 0599
www.pfizer.com
### Programme of 3 Jul 2021 (Sat)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>12:00-12:30</td>
<td>Online reception</td>
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<tr>
<td><strong>Opening Ceremony</strong></td>
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<tr>
<td>12:30-12:55</td>
<td>Distinguished Guest</td>
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<td></td>
<td>Prof. the Hon. Sophia CHAN Siu-chee, JP,</td>
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<td>Secretary for Food and Health, Office of Secretary for Food and Health, Food and Health</td>
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<td>Bureau</td>
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<td></td>
<td>Prof. Gilberto LEUNG Ka-kit, President, Hong Kong Academy of Medicine</td>
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<td>Prof. Yu-lung LAU, Chairman, Scientific Committee on Vaccine Preventable Diseases</td>
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<tr>
<td>12:55-13:10</td>
<td>Opening Address on COVID-19 Vaccination</td>
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<td>Prof. Yu-lung LAU</td>
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**Session I - The Future of Atopic Dermatitis Treatment**

Chairpersons: Dr. Raymond See-kit LO & Dr. Kingsley Hau-ngai CHAN

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>13:10-13:50</td>
<td>How Does the Novel Treatment Satisfy the Unmet Needs of Atopic Dermatitis Patients?</td>
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<tr>
<td></td>
<td>Dr. HAU Kwan-cheung</td>
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<td></td>
<td>Allergy Desensitisation in Atopic Dermatitis: A Long-term Treatment Relief Option?</td>
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<td>Dr. Alson Wai-ming CHAN</td>
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**Session II - New Paradigm in Asthma and Diabetes Management**

Chairpersons: Dr. Jane Chun-kwong CHAN & Ms. Tina Woan-tyng YIP

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<th>Time</th>
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<tr>
<td></td>
<td>Dr. Julie WANG</td>
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<td></td>
<td>Diabetes Management on Renal Complications Beyond A1C</td>
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<td>Dr. Gensy Mei-wah TONG</td>
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**GSK Session**

Session III - Combination Therapy for Asthma and Benign Prostate Hypertrophy

Chairpersons: Dr. Chun-kong NG & Dr. Victor Hip-wo YEUNG

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<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>14:30-15:10</td>
<td>Role of Novel ICS/LABA to Improve Patients Asthma Control</td>
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<tr>
<td></td>
<td>Dr. Matthew King-yun WONG</td>
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<td></td>
<td>Improving BPH Patient Outcomes with Early Combination Therapy</td>
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<td></td>
<td>Dr. Samuel Chi-hang YEE</td>
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**Session IV - Skin and Men’s Health**

Chairpersons: Dr. Alson Wai-ming CHAN & Dr. Peggy Sau-kwan CHU

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<th>Time</th>
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<tbody>
<tr>
<td>15:10-15:50</td>
<td>The Role of Antioxidant on the Management of Atopic Dermatitis</td>
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<td>Dr. CHAN Yung</td>
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<td>Update on the Management of Erectile Dysfunction</td>
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<td>Dr. Victor Hip-wo YEUNG</td>
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**Boehringer Ingelheim Session**

Session V - New Developments in Pulmonary Fibrosis Management

Chairpersons: Prof. Bernard Man-yung CHEUNG & Dr. Jane Chun-kwong CHAN

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<th>Time</th>
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<tbody>
<tr>
<td>15:50-16:30</td>
<td>Optimal Clinical Management in IPF Patients</td>
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<td>Dr. Angus Ho-yin LO</td>
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<td>Clinical Management of SSc-ILD: to Treat or Not to Treat</td>
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<td>Dr. SO Ho</td>
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**Session VI - Advances in Cancer Immunotherapy**

Chairpersons: Dr. Chun-kong NG & Dr. Samuel Ka-shun FUNG

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<th>Time</th>
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<tr>
<td>16:30-17:10</td>
<td>Immunotherapy - the Backbone in First-line Treatment of Metastatic Non-small Cell Lung Cancer</td>
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<td>Dr. Jack Yu-chung LI</td>
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<td>How Immunotherapy Changes the First-line Treatment of Advanced Renal Cell Carcinoma?</td>
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<td>Dr. SO Tsz-him</td>
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**Lundbeck Session**

Session VII - Challenging Depression Management in Elderly

Chairpersons: Dr. Raymond See-kit LO & Dr. Desmond Gia-hung NGUYEN

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<tr>
<th>Time</th>
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<tr>
<td>17:10-17:50</td>
<td>Treatment Challenges in Elderly Patients with Depression</td>
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<td>Dr. Paul Tat-ming SHEA</td>
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<tr>
<td>12:30-13:00</td>
<td>Online reception</td>
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<tr>
<td>13:05-13:45</td>
<td>Session VIII - Recent Advances in Chronic Renal Diseases Management</td>
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<td>Chairpersons: Dr. Peggy Sau-kwan CHU &amp; Dr. Samuel Ka-shun FUNG</td>
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<tr>
<td>13:05-13:45</td>
<td>Recent Advances in Management of Autosomal Dominant Polycystic Kidney Disease</td>
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<td></td>
<td>Prof. LO Wai-kei</td>
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<td>13:05-13:45</td>
<td>Nutrition Management in Chronic Renal Disease</td>
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<td>Dr. Achilles Hoi-kan LEE</td>
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<td>13:45-14:25</td>
<td>Session IX - Suppressing the Contagious Virus: New Concept and Paradigm</td>
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<td>Chairpersons: Dr. Kai-ming CHAN &amp; Dr. Haston Wai-ming LIU</td>
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<tr>
<td>13:45-14:25</td>
<td>Undetectable = Untransmittable: A Milestone in the Fight against HIV</td>
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<td>Dr. KWONG Tsz-shan</td>
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<td>13:45-14:25</td>
<td>Updates on Current HBV Treatment Paradigm</td>
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<td>Dr. Vincent WS WONG</td>
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<td>14:25-15:05</td>
<td>Session X - Personalised Management for Cardiovascular Diseases</td>
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<td>Chairpersons: Prof. Bernard Man-yung CHEUNG &amp; Dr. Tony Ngan-fat TO</td>
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<tr>
<td>14:25-15:05</td>
<td>Hypertension Management and Update on Diuretics and Device Therapy</td>
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<td>Dr. Anthony Yiu-tung WONG</td>
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<tr>
<td>14:25-15:05</td>
<td>Personalised Angina Management – What We Have Learnt in 2021?</td>
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<td>Dr. Edmond Man-lok WONG</td>
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<td>15:05-16:05</td>
<td>GSK Session</td>
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<td>Session XI - Personalised Paediatric Epilepsy Management</td>
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<td>Chairpersons: Dr. Edwin Chau-leung YU &amp; Ms. Ellen Wai-yin KU</td>
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<tr>
<td>15:05-16:05</td>
<td>Personalised Paediatric Epilepsy Management – How Far Have We Gone?</td>
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<td>Dr. Mario Wai-kwong CHAK</td>
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<td>15:25-16:05</td>
<td>Session XII - Headache and Failing Heart: What’s New in Our Armamentarium?</td>
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<td>Chairpersons: Dr. Ludwig Chun-hing TSOI &amp; Dr. Mario Wai-kwong CHAK</td>
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<tr>
<td>15:25-16:05</td>
<td>Improving Migraine Management: Early Recognition and Better Prevention</td>
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<td>Dr. Raymond Chun-kong CHAN</td>
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<td>15:25-16:05</td>
<td>2021 Update in Heart Failure Treatment</td>
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<td>Dr. Jacky Kit CHAN</td>
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<tr>
<td>16:05-16:10</td>
<td>Closing Remarks</td>
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# Panel Discussion - 4 Jul 2021 (Sun)

## Working Together to Combat Substance and Drug Abuse in Hong Kong (FMSHK and ACAN)

**Co-chairmen:**  
Dr. Donald Kwok-tung LI & Dr. Mario Wai-kwong CHAK  
Facilitator:  
Dr. Peggy Sau-kwan CHU, Dr. Samuel Ka-shun FUNG,  
Dr. Desmond Gia-hung NGUYEN & Dr. Ludwig Chun-hing TSOI

### 16:15 - 17:55

<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>16:15</td>
<td>Opening by Co-chairmen</td>
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<tr>
<td>16:15</td>
<td>Introduction of Panelists</td>
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<tr>
<td>16:30</td>
<td>Presentation of Panelists</td>
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</table>
| 16:30 | Cannabis Abuse in Hong Kong  
Prof. TANG Wai-kwong, Department of Psychiatry, Faculty of Medicine, the Chinese University of Hong Kong |
| 16:45 | A Psychiatrist’s Perspective in the Challenges and Opportunities in Substance Abuse Service  
Dr. Desmond Gia-hung NGUYEN, EXCO Member, Federation of Medical Societies of Hong Kong |
| 17:00 | Application of Clinical Psychology in Working with People with Substance Abuse  
Mr. Paul Ka-wai KONG, Member, Hong Kong Clinical Psychologists Association |
| 17:15 | Possible Contributions of Occupational Therapy in Fighting Against Substance Abuse in Hong Kong  
Ms. Stella WC CHENG, Chairlady, Hong Kong Occupational Therapy Association |
| 17:30 | Use and Misuse of Drugs with Addictive Potential in General Practice  
Dr. Cecilia Yuen-man FAN, Vice President (Education and Examinations), The Hong Kong College of Family Physicians |
| 17:45 | POCT Urine Toxicology - Pearl and Pitfalls  
Dr. CHAN Yiu-cheung, Vice President, Hong Kong College of Emergency Medicine |
| 17:50 | Acute Management of Common Substance Abuse Poisoning  
Dr. Odin Ming-yin CHAN, Council Member, Hong Kong Society of Emergency Medicine and Surgery |
| 18:05 | Role of Critical Care Medicine in Substance Abuse  
Dr. SHUM Hoi-ping, President, Hong Kong Society of Critical Care Medicine |
| 18:20 | The Urological Damage due to Ketamine Abuse  
Dr. Peggy Sau-kwan CHU, Past President, Hong Kong Urological Association (2010 - 2012) |
| 18:35 | Ketamine Abuse and Renal Failure  
Dr. Samuel Ka-shun FUNG, Council Member, Hong Kong Society of Nephrology |
| 18:50 | Ketamine-associated End-stage Nephropathy Necessitating Renal Transplantation  
Dr. MA Wai-kit, Council Member, Hong Kong Urological Association |
| 19:05 | Traumatic Brain Injury and Substance Abuse  
Dr. Michael Wing-yen LEE, President, The Hong Kong Neurosurgical Society |
| 19:20 | Impact of Maternal Substance Abuse on Children  
Dr. Patrick Pak-keung IP, President, The Hong Kong Paediatric Society |
| 19:35 | Nutrition Issues In Chronic Drug Users  
Ms. Sally Shi-po POON, Chairlady, Hong Kong Practising Dietitians Union |
| 19:50 | Sports as the Therapeutic Tool to Prevent Drugs Abuse  
Dr. Lobo LOUIE, Immediate Past President, Hong Kong Association of Sports Medicine & Sports |
| 20:05 | Drug Abuse in Pregnancy  
Dr. LEUNG Kwok-yin, Council Member, The Obstetrical and Gynaecological Society of Hong Kong |
| 20:20 | Panel Discussion |
| 20:35 | Wrap-up of Discussion |
Welcome Message

Ladies and gentlemen, on behalf of the Federation, may I extend the warmest welcome to you for attending our Annual Scientific Meeting 2021. This year, the theme of our ASM is "Personalised Medicine in Hong Kong."

As medical technology advances, it is becoming more and more Personalised to individual patients. Personalised 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 than other types of treatment 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. Precision medicine can also be used to treat other disorders such as epilepsy. Many epilepsy patients are now found to have the mutation of underlying channelopathy, which could be treated more effectively by choosing a specific anti-epileptic drug to target specific channels to optimise seizure control.

The pandemic of COVID-19 brings us both challenges and opportunities. During the epidemic, most of our regular events and meetings have been suspended. Through tremendous efforts, we have transformed our events, courses and seminars into web-based successfully.

COVID-19 has been a major disruption to the world. Not only is COVID-19 a major threat to lives, it also has serious impacts on the economy as well as our social life culture. Vaccination remains the best countermeasure to reduce the burden of COVID-19.

The Federation, in partnership with the Department of Health has submitted guidance notes on COVID-19 vaccination for various patient groups by input from her member societies, including the Hong Kong Association for the Study of Liver Diseases, the Hong Kong Cancer Therapy Society, the Hong Kong Society for Infectious Diseases, the Hong Kong Society for HIV Medicine, the Hong Kong Society of Haematology and the Hong Kong Society of Rheumatology. The Hong Kong Institute of Allergy and the Hong Kong Society of Transplantation have further contributed to the pool of guidance notes by their direct submission to the Department of Health. These seven sets of guidance notes, together with the regularly updated Interim Guidance Notes issued by the Department
of Health, provide useful references for clinicians to advise their patients for COVID-19 vaccination.

Proper guidance is important, and Clinicians who now have a better understanding of the situation should, in turn, educate their patients and the public for a successful vaccination campaign and make Hong Kong return to normalcy.

To tie in with the themes of the Hong Kong Medical Diary, the Federation had collaborated with RTHK Radio One to run a regular series on medical and healthcare information in "精靈一點". The programme commenced on 29th June 2021. The majority of the time will be assigned for phone-in to clarify the misconception of the public in vaccination with the latest update from different specialties and member societies, for example, paediatricians will talk about vaccination from ages 12-15.

I have to take this opportunity to thank Dr. Andrew Wong and Mrs. Wong for designing the Chinese and English Slogan, as well as working with our exco to participate in the vaccination promotion video for COVID-19 Vaccination, Hong Kong perspective. The Federation has also invited member societies to explain their guidance notes to the public.

In addition, the Federation has been invited by Dr. Donald Li, chairman of ACAN(Action Committee Against Narcotics), as a collaboration partner to organise an open forum inviting experts from our member societies to have an overview of the problems of Substance and drug abuse in Hong Kong and explore the way to tackle in multidisciplinary approaches with different medical specialties and allied health professionals.

The Federation would like to thank all our officiating and distinguished guests for their presence and support wholeheartedly. It is very much our honour and privilege to have various local experts and presidents of our member societies share with us the latest developments in personalised medicine in Hong Kong.

Finally, I would like to express our greatest appreciation to our organising committee and the secretariat for 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.
GIOTRIF®: the ONLY EGFR TKI with robust data in uncommon mutations

The Uncommon EGFR pooled analysis is compiled from published clinical outcomes of ~700 patients

Uncommon EGFR mutations are not that uncommon. Around 10-15% of all EGFR mutation patients harbor uncommon mutations.

Shown broader spectrum of activity against uncommon EGFR mutations.

Proven clinical activity in NSCLC against major uncommon and compound EGFR mutations.

EGFR = epidermal growth factor receptor; TKI = tyrosine kinase inhibitor; NSCLC = non-small cell lung cancer


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Full product information is available upon request.

Boehringer Ingelheim (HK) Ltd.
Suites 1504-9, Great Eagle Centre, 23 Harbour Road, Wan Chai, Hong Kong
Tel: 2596 0033 Fax: 2827 0162 www.boehringer-ingleheim.com
On behalf of the Organising Committee of the FMSHK Annual Scientific Meeting (ASM) 2021, it is my greatest honour as co-chairman together with Dr. Haston Wai-ming Liu and Dr. Tony Ngan-fat To to welcome you all for attending the 2021 virtual Annual Scientific Meeting. Due to the impact of COVID-19 and social distancing, this year’s meeting will be organised virtually between 3rd - 4th Jul 2021. The theme of this year’s meeting will be "Personalised Medicine for Hong Kong".

"COVID-19" frequently appears in our daily life conversation, so our committee has designated a lecture on COVID-19 vaccination to raise our awareness. In addition, the Federation launched a diversified and full scientific program with lectures delivered by experts across different specialties: dermatology, endocrinology, urology, respiratory medicine, immunotherapy, psychiatry, nephrology, cardiology, infectious disease and paediatric disease.

One of the recent statistic reports from the Narcotics Division of the Security Bureau, pointed out an increasing trend of drug abusing among young people. Therefore, the Federation dedicated a panel discussion on drug abusing co-chaired with Dr. Donald Li. Dr. Li is the chairman of the Action Committee Against Narcotics. Their panellists involve experts in managing drug abusing patient. This hour brings along different initiatives and brainstorming ideas to helping problem teenagers.

Most of us may miss the social part of the precious ASM. But with our vigilance, strict adherence to the social distancing rule and increasing vaccination rate, the day without a virtual meeting will come very soon.

The Federation is looking forward to seeing you online on 3rd and 4th July 2021.
**KEEP THEM REASSURED**

**EPCLUSA®** provides confidence with consistent efficacy for treatment of CHC

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- Fixed Duration
- PanPan (Pan-fibrotic, Pan-genotypic) single-tablet regimen**

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**European Association for the Study of the Liver**

**GSI**

**GAVI**

**European Association for the Study of the Liver**

**GSI**

**GAVI**

**European Association for the Study of the Liver**

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**References:**
EPCLUSA. Hong Kong: Department of Health, Hong Kong. 2021. Available at: [link to reference](http://example.com).

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**EPCLUSA**

**Gavage**

**GSI**

**GAVI**

**European Association for the Study of the Liver**

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**Taiwan: Gilead Sciences, Inc.**

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The information is subject to change. For the latest information, please refer to the product information in the accompanying packaging.
On behalf of the Organising Committee of 2021 Annual Scientific Meeting (ASM) of the Federation of Medical Society of Hong Kong (FMSHK), I would like to extend my sincere welcome to all of you to this meeting.

The theme of this year is “Personalised Medicine for Hong Kong”. The “one-size-fits-all” approach to medicine is based on broad population averages. This traditional practice often misses its mark because each person is unique with genetic makeup, environmental influence and social cultural difference. Tailor-made approach for each individual patient is the state-of-the-art care today.

We are excited to have renowned speakers to cover topics on Dermatitis, Asthma, Pulmonary Fibrosis, Diabetes, Prostate Hypertrophy, Cancer, Renal Diseases, HIV, Cardiovascular Diseases, Depression, Epilepsy and Migraine.

I hope all of you will enjoy the sessions in this new pandemic mode and get insights with colleagues from other specialties.
NOW APPROVED FOR THE TREATMENT OF PROGRESSIVE FIBROSING ILDs, SSC-cILD and IPF

Face progressive fibrosing ILDs

HEAD ON and modify ILD progression by slowing lung function decline

As many as 18% to 32% of patients with non-IPF ILDs are estimated to be at risk for developing a progressive fibrosing phenotype

OFEV® was shown to modify ILD progression across a broad range of patients with a progressive fibrosing phenotype by slowing decline in FVC by 57% over 52 weeks

In INBUILD®, patients taking OFEV® had a 33% reduction in risk of acute exacerbations or death over the full study duration.1\*\*

The most common AEs observed with OFEV® in INBUILD® were GI-related, mild-to-moderate, and could be effectively managed in most patients with progressive fibrosing ILDs

OFEV® lets you face pulmonary fibrosis HEAD ON because it is proven to provide consistent efficacy and safety across SSC-cILD, IPF, and other progressive fibrosing ILDs

Dosing simplicity: Just 1 capsule taken twice daily

\* OFEV API [API_OFEV_16-17_V1]
Presentation: Nintedanib-3 tablet, Capsule, 150 or 100mg
Indications: For the treatment of Idiopathic Pulmonary Fibrosis in adults. To slow the rate of decline in pulmonary function in patients with systemic sclerosis associated interstitial lung disease; for the treatment of other chronic fibrosing interstitial lung diseases with a progressive phenotype (also known as progressive fibrosing ILD)
Dosage and administration: The recommended dose is 150 mg twice daily administered approximately 12 hours apart. The management of adverse reactions to OFEV® could include dose reduction (to 100 mg twice daily) and temporary interruption. Treatment may be resumed at the full recommended dose (150 mg twice daily) or a reduced dose (100 mg twice daily) in patients with mild hepatic impairment (Child Pugh A); the recommended dose is 100 mg twice daily approximately 12 hours apart. Treatment of patients with moderate (Child Pugh B) or severe (Child Pugh C) hepatic impairment is not recommended. The capsules should be taken with food, swallowed whole with water, and should not be chewed or crushed.
Contraindication: hypersensitivity to nintedanib, peanut or soy, or to any of the excipients; Pregnancy; Special warnings and precautions: Diarrhea was the most frequent gastrointestinal event reported. Diarrhea should be treated at first signs with adequate hydration and anti-diarrheal medication and may require dose reduction or treatment interruption. Nausea and vomiting were frequently reported gastrointestinal adverse reactions. Arterial thromboembolic events have been reported. Use caution when treating patients at higher cardiovascular risk including known coronary artery disease. Treatment interruption should be considered in patients who develop signs or symptoms of acute myocardial ischemia. In clinical trials, no increased risk of venous thromboembolism was observed in nintedanib treated patients. Treatment with OFEV® may increase blood pressure. Systemic blood pressure should be measured periodically and as clinically indicated. Use OFEV® in patients with clinically significant pulmonary hypertension only if the anticipated benefit outweighs the potential risk. Weight loss has been reported. Physicians should monitor patients’ weight, and when appropriate, encourage increased caloric intake if weight loss is considered to be of clinical significance. Only use OFEV® in patients with a known risk of gastrointestinal perforation if the anticipated benefit outweighs the potential risk. Therapy with OFEV® should be permanently discontinued in patients who develop gastrointestinal perforation. Based on mechanism of action, OFEV® increases risk of bleeding. Use OFEV® in patients with known risk of bleeding only if anticipated benefit outweighs the potential risk. Cases of drug-induced liver injury have been observed with nintedanib treatment in both clinical trials and post-marketing surveillance database. Administration of OFEV® was associated with elevations of liver enzymes and bilirubin. Hepatic transaminase and bilirubin levels should be investigated just before initiation of treatment, then at regular intervals (monthly) during the first three months and periodically thereafter or as clinically indicated. The safety, efficacy and pharmacokinetics of nintedanib have not been studied in patients with severe renal impairment (CrCl < 30 mL/min/1.73 m²). An increased frequency of impaired wound healing was observed in the clinical trials. It is not known if nintedanib or its metabolites are excreted in human milk. A decision must be made whether to discontinue breast-feeding or to discontinue treatment with OFEV®, taking into account the benefits of breast-feeding for the child and of OFEV® treatment for the mother. Interactions: Nintedanib is a substrate of P-gp and a minor extent CYP3A4. Co-administration with the potent P-gp and CYP3A4 inhibitor ketoconazole increased exposure to nintedanib, P-gp and CYP3A4 inducers decreased exposure to nintedanib. Adverse reactions: Common (5% in nintedanib group and >15% more frequently than placebo): Diarrhea, Nausea, Vomiting, Constipation, Abdominal pain, Gastroesophageal reflux disease, Rhinitis, Weight decreased, Liver enzyme elevation, Decreased appetite, Headache, Hypertension, Oedema, Musculoskeletal pain, Fatigue, Dizziness, Urticarial rash, Infection, Loss of Common (≤5%) Hyperpigmentation, Alopecia Storage conditions: Please refer to outer packaging for storage condition. Note: Before prescribing, please consult full prescribing information (OFEV_16-17_V1). AE, adverse event; FVC, forced vital capacity; GI, gastrointestinal; ILD, interstitial lung disease; IPF, idiopathic pulmonary fibrosis; SSC-cILD, systemic sclerosis-associated interstitial lung disease.


OFEV® is indicated for the treatment of idiopathic pulmonary fibrosis (IPF), other chronic fibrosing interstitial lung diseases (ILDs) with a progressive phenotype, and systemic sclerosis associated interstitial lung disease (SSC-cILD).
On behalf of the Organising Committee of the Federation of Medical Societies of Hong Kong, it is my great honour and privilege to welcome you all to join the Annual Scientific Meeting (ASM) 2021. This year’s theme is “Personalised Medicine (PM) for Hong Kong”. The concept of PM has been advancing rapidly over the past decades; its progress has been substantially facilitated by the “Human Genome Project”, which successfully completed the sequencing of the human genome in 2003. The new development in genomics has enabled tailor-made prevention and treatment strategies for improved outcome. It is possible to allow clinicians to treat various diseases based on an individual’s specific genome. PM shifts the paradigm from one-size-fits-all treatment strategy to individualised approach.

The ASM programme covers the key issues on a wide range of interesting disease topics of Hong Kong. We are privileged to have renowned experts in various medical specialties and subspecialties to share with us the most advanced concepts and treatment philosophies of PM. The ASM aims to provide a platform that brings together experts, researchers, clinicians, students, and allied healthcare providers from various disciplines of medicine to enhance collaboration and improve our health care system.

I wish you all an enjoyable and successful meeting.
Congratulatory Messages

The Hon. Mrs. Carrie LAM CHENG Yuet-ngor, G.B.M., G.B.S.
The Chief Executive
朱文部长
中央人民政府驻香港特别行政区联络办公室协调部

杏林汇贤
香港医学组织联会二零二一年科研大会

惠泽香江
尊敬的翟偉光會長：

值此香港醫學組織聯會 2021 年周年科研大會召開之際，我謹代表中華醫學會對會議的召開表示衷心的祝賀。

香港醫學組織聯會自成立以來，一直致力於滿足香港優質醫療服務需求，推廣醫療知識、創新醫療技術、促進市民健康及團結各專業團體。歷經五十六年的發展與創新，做出了重要貢獻。本次周年科研大會將圍繞香港個體化醫療展開學術交流。通過凝聚醫護界代表加強專業交流，以更多的研究成果造福社群。

中華醫學會與香港醫學組織聯會長期保持著緊密的聯繫，貴會代表團曾出席我會主辦的中華醫學會百年紀念大會、學術年會等各項活動。近年來，兩會間學術交流日漸活躍，在 2018 年周年科研大會之社區醫療發展有過密切合作。2020 年新冠肺炎疫情發生以來，香港和內地的醫學專家通過多種形式分享經驗、加強交流，共同抗擊疫情。今後，大家集思廣益、凝聚共識，期待在雙方的共同努力和協作下，香港和內地的醫學交流與合作更加活躍。

預祝本次周年科研大會圓滿成功。

王健
中華醫學會副會長兼秘書長
2021 年 6 月 3 日
Prof. the Hon. Sophia Siu-chee CHAN, J.P.
Secretary for Food and Health
Dr. Constance Hon-yee CHAN, J.P.
Director of Health

Congratulatory Messages
Dr. the Hon. Pierre CHAN  
Legislative Councillor (Medical)

I am delighted to extend my warmest congratulations to The Federation of Medical Societies of Hong Kong on its Annual Scientific Meeting 2021 “Personalised Medicine for Hong Kong”.

I would like to extend my appreciation to the FMSHK for its valuable & endless contribution to safeguarding the health of the citizens of Hong Kong.
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△ 適用於眼皮等脆弱部位

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Prof. Gilberto Ka-kit LEUNG
President, Hong Kong Academy of Medicine

Congratulatory Messages
Prof. Gabriel M LEUNG, G.B.S., J.P.
Dean of Medicine, The University of Hong Kong
It gives me great pleasure to be invited to contribute a congratulatory message for the 2021 Annual Scientific Meeting organized by the Federation of Medical Societies of Hong Kong.

The theme of this year’s scientific meeting, “Personalised Medicine for Hong Kong” is most fitting as Hong Kong Genome Institute is about to pilot a large-scale genome sequencing project “The Hong Kong Genome Project” in mid 2021. Through developing a database of Hong Kong’s population that supports further research to address the prevalence of ethnic-specific diseases, this project will ultimately benefit patients with more precise diagnosis and more effective treatment. Taking a holistic approach, this project involves a wide spectrum of stakeholders and offers many learning opportunities for healthcare professionals in Hong Kong as well as in other countries. Moreover, the level of public engagement will further enhance understanding of genomics and health.

I would like to thank members of the Organizing Committee for selecting this important theme that is poised to transform healthcare and empower patients in the 21st century. Participants will benefit greatly from experiences and insights of the distinguished speakers.

Let us work together to build a healthy and hopeful future for the present and future generations.

Professor Francis K L Chan
Dean, Faculty of Medicine
The Chinese University of Hong Kong
Mr. Henry Hung-ling FAN, S.B.S., J.P.
Chairman, Hospital Authority
Dr. Tony Pat-sing KO
Chief Executive, Hospital Authority

Congratulatory Messages
I write to congratulate the Federation of Medical Societies of Hong Kong in organizing an Annual Scientific Meeting despite the onslaught of the COVID 19 pandemic.

The theme of the meeting “Personalised Medicine” is most appropriate. With the rapid increase in our understanding of medical sciences and the fact that patients are now more knowledgeable towards their own disease problems, treatment cannot be generalized. Every proposed treatment will have to be tailored to the patients age, sex, general conditions, possible comorbidities and the disease of itself and the extent.

Personalised Medicine will be the order of the day. Yet there should never be any compromise. The bottom line must be to do the best to get rid of the disease and to reestablish better health for the patients.

Detailed discussion and explanation to the patient and the family will be most essential to developing the way forward.

I wish the Federation every success in the Annual Scientific Meeting.
香港醫學組織聯會二零二一年科研大會
香港兒童醫院行政總監李子良醫生

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技术奇入

祝科研發展節節高升！
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Embrace a new life with PASI 100

Recommended by 2019 AAD guideline

Durable response

Rapid Onset

Effective Skin Clearance

The first IL-17 RA antagonist


LUMICEF® Abbreviated Prescribing Information

Composition: Brodalumab. Indications: Psoriasis vulgaris that respond inadequately to existing therapies. Precautions related to indications: Administer to any of the following patients: i) patients who responded inadequately to phototherapies or other existing systemic therapies (except biologics) and who have skin eruptions over 10% or more of the body surface area; ii) patients who have intractable skin eruptions.

Dosage and Administration: Adults: administer subcutaneously 210 mg as brodalumab (genetical recombination) in the first dose, followed by doses at 1 week later, 2 weeks later, and once every 2 weeks thereafter.

Contraindications: Serious infection, active tuberculosis, history of hypersensitivity to any of the ingredients of Lumicef.

Precautions: Infections or suspected infections, history of tuberculosis, depression or with such a history, history of suicidal ideation or suicidal attempt, active Crohn’s disease, pregnancy & lactation, children, elderly, malignant tumors, avoid live vaccines, avoid other biologics. Clinically significant adverse reactions: Serious infection, neutrophil count decreased, serious hypersensitivity. Instructions: Inj (pre-filled syringe): 210 mg /1.5 mL Approved version of package insert: Oct 2018.

Please refer to the full prescribing information before prescribing. Further information is available upon request.

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PASI: Psoriasis area and severity index.
Patients who Initiate Dialysis

**Fast improvement in Hb level**

In a clinical trial of ESRD patients undergoing dialysis,
- Improvement in Hb levels was observed as early as **week 4** after initiating NESP® treatment (0.30 g/dL, 95% CI –0.01 to 0.61, p = 0.0566)

**Durable control in Hb level**

In an observational study on patients with CKD not on dialysis, 1795 (29.7%) subjects initiated dialysis during the study,
- After the first 3-month interval following dialysis initiation, the mean Hb concentration started to increase and then **stabilized at ~11.5 g/dL**
- Mean weekly **NESP® dose was also relatively stable** from Month 6 post-dialysis onwards

---

**References:**

**Abbreviated Package Insert of NESP injection plastic syringe 20 mcg/0.5mL, 40 mcg/0.5mL, 120 mcg/0.5mL or 180 mcg/0.5mL**

**Composition:** Darbepoetin α.

**Indication:** Renal anemia.

**Dosage and Administration:**
- **<HD patients>:** initial dose: 20 µg single IV inj q1w. (when switching from erythropoietin prep, initial dose: 15-60 µg single IV inj q1w.); maintenance dose: 15-60 µg single IV inj q1w.
- **Initial dose:** 30 µg single SC or IV inj q2w. (when switching from erythropoietin prep, initial dose: 30-120 µg single SC or IV inj q2w.); maintenance dose: 30-120 µg single SC or IV inj q2w.

**Contraindication:**
- Hypersensitivity.

**Precautions:**
- Patients w/ MI, pulmonary infarction, cerebral infarction or those w/ history of these conditions who may experience thromboembolism; HTN; history of hypersensitivity; allergic predisposition; Start therapy when Hb conc is <10-11 g/Dl; Con/f irm the diagnosis of renal anemia; Assess risk of shock; Monitor Hb conc, Hct lv, BP, fluid & electrolyte balance and renal function for patient with CKD not on dialysis at regular intervals; hypertensive encephalopathy; pure red cell aplasia; hyperkalaemia; Fe should be administered w/ Fe deficiency; Shunt occlusion or residual blood in hemodialyzers; Bleeding & skin exfoliation reactions; Concomitant use w/ erythropoiesis-stimulating agents. Pregnancy & lactation; Children; Elderly.

**Clinically significant adverse reactions:** cerebral infarction; cerebral hemorrhage; hepatic function disorder &/or jaundice; hypertensive encephalopathy; shock; anaphylactoid reactions; pure red cell aplasia; myositis &/or pulmonary infarction.

**P/P:** Inj (pre-filled syringe): 20 µg/0.5 mL, 40 µg/0.5 mL, 120 µg/0.5 mL or 180 µg/0.5 mL. Approved version of package insert: Nov 2019.

Please refer to the full prescribing information before prescribing. Further information is available upon request.
Overcome Anemia with NESP®

Patients who Initiate Dialysis

**FAST AND DURABLE**

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</tr>
</tbody>
</table>

**In an observational study on patients with CKD not on dialysis,** 1795 (29.7%) subjects initiated dialysis during the study,

- After the first 3-month interval following dialysis initiation, the mean Hb concentration started to increase and then stabilized at ~11.5 g/dL.
- Mean weekly NESP® dose was also relatively stable from Month 6 post-dialysis onwards.

**Fast improvement in Hb level**

**In a clinical trial of ESRD patients undergoing dialysis,**

- Improvement in Hb levels was observed as early as week 4 after initiating NESP® treatment (0.30 g/dL, 95% CI −0.01 to 0.61, p = 0.0566).

**References:**


**Abbreviated Package Insert of NESP injection plastic syringe 20 μg/0.5mL, 40 μg/0.5mL, 120 μg/0.5mL or 180 μg/0.5mL**

**Composition:** Darbepoetin α.

**Indication:** Renal anemia.

**Dosage and Administration:**

- **<HD patients>:** initial dose: 20 μg single IV inj q1w. (when switching from erythropoietin prep, initial dose: 15-60 μg single IV inj q1w.); maintenance dose: 15-60 μg single IV inj q1w. If alleviation of anaemia is maintained by q1w inj, dose can be changed to 2-fold of the initial dose and administered as IV inj q2w. Max: 180 mcg single inj.
- **<PD patients & patients w/ CKD not on dialysis>:** initial dose: 30 μg single SC or IV inj q2w. (when switching from erythropoietin prep, initial dose: 30-120 mcg ... IV inj q2w.); maintenance dose: 30-120 μg single SC or IV inj q2w. If alleviation of anaemia is maintained by q2w inj, dose can be changed to 2-fold of the initial dose q4w. Max: 180 mcg single inj.

**Contraindication:** Hypersensitivity.

**Precautions:**

- Patients w/ MI, pulmonary infarction, cerebral infarction or those w/ history of these conditions who may experience thromboembolism;
- HTN;
- History of hypersensitivity;
- Allergic predisposition;
- Start therapy when Hb conc is <10-11 g/Dl;
- Confirm the diagnosis of renal anemia;
- Assess risk of shock;
- Monitor Hb conc, Hct lv, BP, fluid & electrolyte balance and renal function for patient with CKD not on dialysis) at regular intervals;
- Hypertensive encephalopathy;
- Pure red cell aplasia;
- Hyperkalaemia;
- Fe should be administered w/ Fe deficiency;
- Shunt occlusion or residual blood in hemodialyzers;
- Blistering & skin exfoliation reactions;
- Concomitant use w/ erythropoiesis-stimulating agents.

**Pregnancy & lactation; Children; Elderly.**

**Clinically signiﬁcant adverse reactions:** cerebral infarction; cerebral hemorrhage; hepatic function disorder &/or jaundice; hypertensive encephalopathy; shock & anaphylactoid reactions; pure red cell aplasia; myocardial &/or pulmonary infarction.

**P/P:**

- Inj (pre-/ﬁlled syringe): 20 μg /0.5 mL, 40 μg /0.5 mL, 120 μg /0.5 mL or 180 μg /0.5 mL.

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Different flavours

~50% of RDA* of Vitamin D in one 200ml bottle

Vanilla  Vanilla  Apricot-Peach  Mushroom  Vanilla

* Nordic Nutrition, Recommendations, 5th ed, Copenhagen 2014, (For ages less than 70 yrs old)

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Delay Progression
Give HOPE in

ADPKD patients with CKD stages 1-4

Reduced kidney growth and renal function decline vs. placebo

Reduced incidence of haematuria and UTIs

Reduced risk of clinically significant kidney pain

Study design: TEMPO 3rd Trial was a phase 3, multi-center, double-blind, placebo-controlled, 3-year trial in which 1,465 patients, 18 to 50 years of age, who had ADPKD with a total kidney volume of 750 ml or more and an estimated creatinine clearance of 60 ml per minute or more, were assigned in a 2:1 ratio to receive telapadron, a V2-agonist antagonist, at the highest of three fixed-dose daily dose regimens that the patient found tolerable, or placebo. The primary outcome was the annual rate of change in the total kidney volume. Secondary secondary and endpoints included a composite of time to clinical progression (defined as worsening kidney function, kidney pain, hypertension, and albuminuria) and rate of kidney function decline.

References:

Abbreviated Prescribing Information:
JINARC® (telapadron) 1 mg, 5 mg, 10 mg, 25 mg, 50 mg, 100 mg tablets

INDICATION: Indicated to slow the progression of cyst development and renal insufficiency of autosomal-dominant polycystic kidney disease (ADPKD) in adults with CKD stage 1 to 4 at initiation of treatment with evidence of rapidly progressing disease.

DOSAGE: twice daily in split dose regimen: Initially 60 mg/day or 45 mg as 15 mg (45 mg taken upon waking); prior to the morning meal and 15 mg taken 8 hours later, Titrate upward to 90 mg/day 90 mg to 30 mg and then to a target dose of 120 mg/day (30 mg to 60 mg). It is administered, at least weekly intervals between titrations. Based on tolerability, discontinuate and maintain the highest tolerated dose. Take morning dose at least 30 minutes before breakfast. Take 2nd dose with or without food. Sip water with a glass of water. Do not chew or crush. Avoid grapefruit juice. CONTRAINDICATIONS: Hypersensitivity to this product, or lisinopril or its derivatives. Avoid use in patients with: Biliary obstruction, acute or chronic hepatitis, or liver involvement.

PRECAUTIONS: Biochemical And/or Abnormal Laboratory Values: Transaminase increase, alkaline phosphatase increase, increase in creatinine, increase in total bilirubin, cholestasis, increased albumin, decreased cholesterol. Monitor for: Hypercalcemia before initiation of treatment. Rare hereditary problems of galactose intolerance, the lactase deficiency or galactosemia patients. Gastric ulcer: risk of perforation, hyperlipidemia: increase in triglycerides, hypercholesterolemia: increase in cholesterol, hyperuricemia: increased risk of gout, hyperglycemia: increase risk of diabetes, decreased appetite, headache, abdominal pain, constipation, dyspepsia, Gastrointestinal disturbances: nausea, diarrhea, bloating, indigestion, flatulence, abdominal distension, vomiting, dysphagia, dyspepsia, GERD, decreased appetite function, rash, pruritis, musculoskeletal pain, asthenia, increased ALT & AST, decreased weight. DRUG INTERACTIONS: Increased exposure with insulin or metformin, phe, CYP3A4 inhibitors. Decreased exposure: efficacy with certain antihypertensive medications. Potentially drug interactions: reduce the effectiveness of this product. Other antihypertensive drugs: the effectiveness of this product. Other antihypertensive drugs: the effectiveness of this product.
Dr. HAU Kwan-cheung
MBChB(CUHK), MRCP (UK), FHKAM (Medicine), FHKCP, DCH (Sydney)
Specialist in Dermatology & Venereology

With 26 years of clinical practice experiences, Dr. KC Hau is the dermatologist in private practice in Perfect Skin Surgery Centre.

Dr. Hau has professional interests and competency in the areas of general dermatology, pediatric dermatology, cosmetic dermatology and procedures, scar management, hair and scalp diseases, general dermatology and venereology.

After graduating from CUHK MBChB programme, Dr. Hau completed his internship in Department of Surgery and Urology in Prince of Wales Hospital and University Paediatric Unit as well as Government Medical Unit in Queen Mary Hospital.

In 1993 he joined AED in Princess Margaret Hospital (PMH) for one year then received internal Medicine training in the Department of Medicine of PMH. He then pursued further training in the Department of Health, rotating in the administrative post before joining Social Hygiene Service (SHS) for higher training in Dermatology. He also rotated in the Special Preventive Program during his stay in SHS. In SHS he received training on dermatology, dermatological surgery, venereology and leprosy disease management.

In 2002 he joined Mount Sinai Hospital New York City for fellowship training in the University Department of Dermatology after no-pay leave granted for training in dermatological surgery, lasers and aesthetic procedures as well as hair transplant surgery.

How Does the Novel Treatment Satisfy the Unmet Needs of Atopic Dermatitis Patients?

The main objective of the webinar is to identify how the recent pathogenic advances in Atopic Dermatitis (AD) treatment has and going to satisfy the unmet needs of patients. The webinar also aims to facilitate the clinical experience exchange by sharing the latest knowledge and overseas experience on the management of AD with PDE4-inhibitor.
Abstracts

Dr. Alson Wai-ming CHAN
FRCPCH, FHKAM(Paed), FHKCPaed, MBChB, DCH(Ireland), Dip Ger Med RCPS(Glasg), PDip Community Geriatrics(HK)
Specialist in Paediatric Immunology, Allergy & Infectious Diseases

Dr. Alson Chan is a specialist in Paediatric Immunology, Allergy & Infectious Diseases. He received medical education awards and completed his overseas subspecialty training in Great Ormond Street Hospital of UCL Institute of Child Health in London and Boston Children’s Hospital of Harvard Medical School. He is a Founding Fellow in the sub-speciality of Paediatric Immunology, Allergy & Infectious Diseases.

His current professional roles are as follow:
• Vice President, Allergy Prevention and Control Committee, Guangdong Preventive Medicine Association
• Deputy Head, Paediatric Allergy Subcommittee of Chinese Research Hospital Association
• Editorial Board, Allergy Specialist Training Curriculum, the Ministry of Education of the People’s Republic of China
• Chairman, Education Training & Fellowship Committee of Hong Kong Institute of Allergy
• Council Member, Hong Kong Society for Paediatric Immunology Allergy & Infectious Diseases
• Council Member, International Societies Council of European Academy of Allergy & Clinical Immunology (EAACI)
• Advisor, Hong Kong Allergy Association

His main research interests are allergy prevention and precision management in allergy. He is the corresponding & first author of the Guidelines for Allergy Prevention in Hong Kong, the co-author of the Guidelines for Prevention of Peanut Allergy in Hong Kong, and the co-author of the China Consensus Document on Allergy Diagnostics.

Allergy Desensitisation in Atopic Dermatitis: A Long-term Treatment Relief Option?

Allergen immunotherapy (desensitisation) is an emerging etiological management approach for many allergic diseases such as allergic rhinitis, asthma and food allergy. The rationale, mechanism and practical approach of this management strategy and its potential application in patient with atopic dermatitis refractory to conventional treatment will be discussed.
Largest CVOT of SGLT2i with the broadest population from multiple risk factors to established ASCVD

Reduction in cardioen event observed in T2DM patients

- 17% CV death or hospitalisation for HF
- 24% Cardiorenal composite endpoint
- 47% Renal-specific composite endpoint

Reassured safety profile of Forxiga®

NEW LABEL AVAILABLE


Abnormal Prescribing Information (API)

FORXIGA® (dapagliflozin)

Composition: Dapagliflozin 5 mg or 10 mg. Therapeutic Indications: For the treatment of inadequately controlled type 2 diabetes mellitus in adults as an add-on to diet and exercise, either as monotherapy when metformin is contraindicated/unsuitable due to intolerance, or in addition to or other medicinal products for the treatment of type 2 diabetes. Dose and Administration: Recommended dose is 10 mg to be taken orally once daily at any time of day with or without food. Tablets are to be swallowed whole. In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. Contraindications: Hypersensitivity to the active substance or to any of its excipients. Warnings and Precautions: Renal function, risk of volume depletion and/or hypotension should be taken into account in patients. Coadministration with sulfonylureas may need to be adjusted due to the risk of hypoglycaemia. May add to the diuretic effect of thiazide diuretics and may increase the risk of dehydration and hypotension. Use with caution in patients with increased risk of diabetic lactic acidosis or enantiodiabetic therapy with a history of hypoglycaemia. (9.14 years). Treatment should be temporarily interrupted when volume depletion, when treating prerenal or uncontrolled in patients who are hospitalized. For major surgical procedures or acute serious medical illness, until plasma levels are normal. Should not be initiated in patients with a GFR ≤ 45 ml/min, type 1 diabetes, with hereditary problems of galactose intolerance, the total absence deficiency, or hereditary fructose intolerance. Concomitant FGR is recommended below 45 ml/min. Acute or chronic severe volume depletion, if Forxiga’s volume is contraindicated, when pregnancy is involved. Use in children below 18 years of age and pregnant patients. ADVERSE REACTIONS: Vomiting, constipation, gastrointestinal symptoms, dyspepsia, diarrhea, dyspepsia, dyspepsia, nausea, increased urinary frequency during relapse, increased blood osmolality, and decreased weight: New-onset diabetic ketoacidosis. May increase monitoring for the patient’s condition (daily): nausea, vomiting, diarrhea, dehydration. Not known: anorexia, nausea, anxiety, difficulty breathing. Drug Interactions: One study utilizing dapagliflozin in combination with metformin in diabetic patients, renal disease, and non-diabetic patients with impaired renal function demonstrated a risk reduction of 44% in hospitalisation for congestive heart failure in patients with T2DM and acute coronary syndrome and may increase dapagliflozin systemic exposure. Monitoring glomerular filtration with a CVOT study is not recommended in patients taking SGLT2 inhibitors. Storage: Store below 25°C. Local prescribing information is available upon request. APL/HE/PDR/0722

AstraZeneca

AstraZeneca Hong Kong Limited
Unit 1-3, 11/F, 18 King Wah Road, North Point, Hong Kong
Tel: (852) 2420 7388 Fax: (852) 2422 6788

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AS-NEEDED RELIEVER
WITH MAINTENANCE
CHANGES LIVES

SYMBOCORT™ NOW A PREFERRED RELIEVER
in moderate-to-severe patients, uses
their natural relief-seeking behaviour to
reduce exacerbations

References:

Presentation: Budesonide/ Formoterol Turbohaler. Indications: Regular treatment of asthma where combination therapy w/ inhaled corticosteroid & long-acting β-agonist is appropriate. 160/4.5 mcg & 320/9 mcg/ dose Turbohaler Symptomatic treatment of COPD. Dosage: Asthma 1) Symbicort maintenance therapy 80/4.5 mcg & 160/4.5 mcg Turbohaler. Adult: ≥18yr: 1 inhalation bid. Max: 4 inhalations bid. Adolescent ≥12yr: 1/2 inhalation bid. Child: ≥6yr: 4/8.5 mcg Turbohaler 2 inhalations bid. 2) Symbicort maintenance and reliever therapy. Taken as regular maintenance treatment and as needed in response to symptoms if appropriate. 80/4.5 mcg & 160/4.5 mcg Turbohaler. Adult: 2 inhalations bid. Adolescent: ≥12yr: 1/2 inhalation bid. Or 2 inhalations bid. Or 1 inhalation bid. Patient should take 1 additional inhalation as needed in response to symptoms. If symptoms persist after a few minutes, an additional inhalation may be taken. No more than 8 inhalations per day should be taken, however, total daily dose up to 12 inhalations could be used for a limited period. Symbicort maintenance and reliever therapy is not recommended for children. COPD: 160/4.5 mcg Turbohaler. Adult: 1 inhalation bid. Max: 4 inhalations bid. Adolescent: ≥12yr: 1/2 inhalation bid.child: ≥6yr: 4/8.5 mcg Turbohaler 1 inhalation bid. Contraindications: Hypersensitivity to the active substances or any of the excipients (lactose, which contains small amounts of milk protein). Precautions: Used for the shortest duration of time required to achieve control of asthma symptoms and discontinue once asthma control is achieved. Only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications. Taper dose when discontinuing treatment. Thyrotoxicosis: Phaeochromocytoma: Diabetes mellitus: Untrated hyperkalemia: Hyperlipidaemia: obstructive cardiomyopathy: lipoprotein subnormal: aortic stenosis: Severe hypertension: Anorexia: or other severe cardiovascular disorders: Uncontrolled pulmonary TB: Fungal & viral infections in the airways: Patients should take Symbicort maintenance doses as prescribed even when asymptomatic. Symbicort is not intended for regular prophylactic use, e.g. before exercise. If oropharyngitis & throat occurs, patients should rinse their mouth with water after inhalations. Pregnancy & lactation. Interactions: CYP3A4 potent inhibitors (e.g. ketoconazole, rifampicin, voriconazole, posaconazole, clarithromycin, telithromycin, nefazodone and HIV protease inhibitors), benzodiazepines, quinolines, digoxin, metronidazole, phenothiazines, phenolphthalein, dextrofolinic acid, lithium, ciclosporin, diuretics, alcohol, warfarin, other beta-adrenergic drugs or antihistaminic drugs, digitalis glycosides, antithyreoidals, corticosteroids and diuretics. Undesirable effects: (Common) Palpitations, Cardiac infections in the oropharynx, pneuomonia in COPD patients, headache, tremor, mild irritation in the throat, coughing, hoarseness. Full local prescribing information is available upon request. APS-HK-SYR-2018

Further information is available on request:
AstraZeneca Hong Kong Limited
Unit 1-3, 11/F, 18 King Wah Road,
North Point, Hong Kong,
Tel: (852) 2420 7388 Fax: (852) 2422 8788
HK-0253 12/1/2020

AstraZeneca

The Difference is
Symbicort
budesonide/formoterol
Dr. Julie WANG
MBBS, MRCP (UK), FRCP(Edin), FHKCP, FHKAM (Med)
Specialist in Respiratory Medicine

Dr. Wang graduated from the medical school of the University of Hong Kong and underwent training in Respiratory Medicine and Internal Medicine at Queen Mary Hospital after graduation.

Currently, Dr. Wang is an Associate Consultant of the Department of Medicine, Queen Mary Hospital. She further specialises in severe asthma management, including the use of asthma biologics and bronchial thermoplasty, delivering various targeted therapies for severe asthma patients. She also provides expert services in interventional pulmonology.

Dr. Wang is an Honorary Clinical Assistant Professor of the Department of Medicine, the University of Hong Kong. Her research area includes asthma epidemiology on severe asthma and asthma phenotypes, community projects on improving drug adherence in Asthma and COPD groups, and collaborative projects on asthma knowledge, social and psychological support of asthma patients.

Management of Asthma: “What’s New in GINA 2021?”

Asthma is a syndrome characterised by airway inflammation, reversible airway obstruction, and airway hyper-responsiveness. Patients present clinically with recurrent wheezing, shortness of breath, cough, and chest tightness.

Asthma is a syndrome characterised by airway inflammation, reversible airway obstruction, and airway hyper-responsiveness. Patients present clinically with recurrent wheezing, shortness of breath, cough, and chest tightness.

Asthma is a leading cause of morbidity, with a global prevalence of approximately 300 million.

Patients with uncontrolled asthma require significant use of healthcare resource, greater disease management costs and have a much more impaired QoL.

With growing evidence of newer asthma management strategies, GLOBAL INITIATIVE FOR ASTHMA (GINA) has published new guidelines of treatment for both mild and severe asthma patients. Use of as-needed low dose ICS-formoterol or low dose ICS taken whenever a SABA is taken has been incorporated into Step 1-2 GINA medication guidelines; While the management of severe asthma patients on Step 5 GINA medication who require high dose ICS-LABA are recommended to be referred for phenotypic assessment, with the consideration of add-on biologic therapy including the use anti-IgE, anti-IL5/5R, anti-IL4R etc.

The focus of our discussion will be on the evidence supporting the most updated GINA management, with sharing of some local cases. Treatment indication, selection process, side effects profile and clinical response of newer asthma therapeutics in our local asthma patients will be illustrated.
Diabetic Kidney Disease (DKD) has been the most common cause of end-stage renal failure (ESRF) in Hong Kong. It has now become clear that the earlier the appropriate treatment of DKD, the more benefit the patient will obtain to prevent renal complications and progression into ESRF. In this lecture, we shall review with the audience recent development on the treatment of high risk patients with DKD and the 2021 guidelines on the pharmacological treatment.
Switch to Vemlidy®
Switch for a better life

For the treatment of chronic hepatitis B virus (HBV) infection in adults with compensated liver disease:

- Higher rates of ALT normalization vs TDF at 144 weeks
- Efficacy you can trust comparable viral suppression vs TDF at 144 weeks
- Less impact on renal and bone safety vs TDF at 144 weeks
- 0% resistance detected at 144 weeks

The image is drawn for illustrative purposes only, it does not represent the actual size of the tablets.


VEMILY® Abbreviated Prescribing Information (Vemlidy HK/FEOR/US-FEBR) Presentation: tablets - 25 mg of tenofovir alafenamide = yellow, round, film-coated tablets, embossed with "GSF" on one side of the tablet and "25" on the other side.

Indications: Vemlidy® is indicated for the treatment of chronic hepatitis B virus (HBV) infection in adults with compensated liver disease.

Dosage: Prior to initiation of Vemlidy, patients should be tested for HBeAg infection. Vemlidy alone should not be used in patients with HBeAg infection.

Warnings and Precautions: Severe acute exacerbation of hepatitis B, after discontinuation of treatment: Discontinuation of Vemlidy may result in severe acute exacerbations of hepatitis B. Patients who discontinue Vemlidy should be monitored with both clinical and laboratory follow-up for at least several weeks after stopping treatment. If asymptomatic, reactivation of HBV infection may occur. A rapid rise in serum transaminases may occur in patients with HBV infection. In patients with clinical signs of HBV reactivation, starting therapy with Vemlidy should be considered to reduce the risk of disease exacerbation.

Central nervous system: Central nervous system adverse reactions of headache, dizziness, and asthenia were reported in a 5% of subjects in clinical studies.

Drug Interactions: Tenofovir alafenamide and tenofovir disoproxil fumarate are metabolized by the liver and may cause increases in serum levels of other drugs that are also metabolized by the liver.
HELP SHORTEN TIME TO RECOVERY BY 29%

IN PATIENTS HOSPITALIZED WITH COVID-19, VS PLACEBO**

Indication: SARS-CoV-2 Infection**

- VEKLYRX® (n=541) significantly reduced time to recovery* by a median of 5 days compared with placebo (n=521) in the overall study population**
- Speeded up recovery† by a median of 1 week vs placebo in patients who received oxygen support at baseline (11 days vs 18 days; RR: 1.31; 95% CI: 1.12–1.52)**
- Shortened the period to receive oxygen by a median of 8 days (13 days vs 21 days) in patients who received oxygen support at baseline†

* The median time to recovery was 10 days for VEKLYRX® and 15 days for placebo. RR for recovery was 1.29; 95% CI 1.13–1.49, (p < 0.001).
† AECF/TV was a double-blinded, multicenter randomized, placebo-controlled trial that compared the efficacy and safety of VEKLYRX® and placebo in adult patients hospitalized with COVID-19 and lower respiratory tract infection. Of total 1062 patients, they were randomly assigned in a 1:1 ratio to VEKLYRX® or placebo. All received supportive care according to the standard of care for the trial site hospital. The primary outcome was the time to recovery. The key secondary outcome was clinical status at Day 15, as assessed on the ordinal scale. Other outcomes included period with supplemental oxygen up to day 29 if it was being used at baseline.
‡ Since available information on the efficiency and safety of this drug in connection with the SARS-CoV-2 infection is extremely limited, careful determination should be made as to need for administration considering the latest information.
§ In line with the majority of use in clinical trials to date, in principle VEKLYRX® should be used for SARS-CoV-2 infections in severe patients whose oxygen saturation of ≤94% from any, requiring supplemental oxygen, under ECMO intratracheal, or under invasive mechanical ventilation.

REFERENCES:

VEKLYRX® Abbreviated Prescribing Information (Version: ROV-MAY20 v4.0)
Presentation: VEKLYRX® concentrate for solution for infusion 100 mg/20 mL. Each vial contains 100 mg of remdesivir. Colorless to yellow solution. VEKLYRX® powder for concentrate for solution for infusion 100 mg. Each vial contains 100 mg of remdesivir. White to off-white to yellow solid. Indications: SARS-CoV-2 Infection. In principle, remdesivir should be used for SARS-CoV-2 infections in severe patients whose oxygen saturation of ≤94% from any, requiring supplemental oxygen, under ECMO intratracheal, or under invasive mechanical ventilation. Dosage: Adults and pediatrics with body weight ≥40 kg. Single dose of remdesivir 200 mg injection on Day 1 followed by once-daily doses of remdesivir 100 mg IV injection from Day 2. Pediatrics with body weight between 3.5 kg and <40 kg. One dose of remdesivir 5 mg/kg IV injection on Day 1 followed by remdesivir 2.5 mg/kg IV injection from Day 2. Solution for concentrate for infusion is not recommended for pediatrics between 3.5 kg and <40 kg. Treatment duration: While the optimal duration of treatment has not been established, as a guide, for patients who are on ECMO or invasive mechanical ventilation, the duration of treatment is up to 10 days. For patients who are not on ECMO or invasive mechanical ventilation, duration of treatment is up to 5 days or until Day 10 if no symptomatic improvement is observed. Renal impairment: Not recommended for adults, infants, and children and adolescents with eGFR <30 mL/min/1.73m² and term newborns (7 to 28 days) with serum creatinine levels of ≤0.5 mg/dL; hepatic impairment: Not recommended for patients with ALT levels ≥5 times the Upper Limit of Normal Range. Should be administered only if the therapeutic benefits outweigh the risks for patients with ALT levels ≥5 times the Upper Limit of Normal Range. Contraindications: Hypersensitivity to the active substances or to any of the excipients. Warnings and Precautions: Patients should be closely monitored by appropriate clinical and laboratory monitoring during treatment with remdesivir. Laboratory values should be monitored on a daily basis. If any adverse drug reactions are observed, administration should be continued only if it is determined that the therapeutic benefits outweigh the risks. Kidney and liver function tests should be performed daily before and during administration and the patient’s condition should be carefully monitored. The patient’s condition should be carefully monitored for infusion reactions and administration should be immediately discontinued and appropriate measures should be taken if any abnormalities are observed. Adverse reactions: Information on the safety of remdesivir is extremely limited, and such information is still being collected. Clinically significant adverse reactions include acute renal impairment, hepatic impairment, and infusion reactions (hypotension, nausea, vomiting, swelling, and tremor). Drug interactions: In vitro studies have shown that remdesivir is a substrate for CYP2C8, CYP2D6 and CYP3A4, as well as OATP1B1 and P-gp, and, in addition, it is an inhibitor of CYP3A, OATP1B3, OATP1B1, BSEP, MRP4 and NTCP. No clinical drug-drug interaction studies have been conducted.

Before prescribing, please consult full prescribing information which is available upon request. VEKLYRX®, VEKLYRX®-logo, and Gilead logo are registered trademarks of Gilead Sciences, Inc., or its related companies.

For medical inquiries, please send your request to astamedinfo@gilead.com or call 800 908 348 (toll-free number).

In Hong Kong, the product is conditionally approved with very limited safety, efficacy, and quality data for public health emergency to satisfy local urgent medical need and the registration status is subjected to be reviewed by the Pharmacy and Poisons (Registration of Pharmaceutical Products and Substances: Certification of Clinical ThalMedicinal Test Committee. The product can only be supplied to designated institutions.
Dr. Matthew King-yan WONG

MBBS (HK), MRCP (UK), FHKCP, FHKAM, FCCP, FRCP (Edin), FRCP RCPS (Glasg)
Specialist in Respiratory Medicine
Honorary Clinical Assistant Professor, The University of Hong Kong

After graduating from the University Hong Kong, Dr. Matthew Wong had been working in the Department of Medicine as an Associate Consultant of Queen Mary Hospital. After leaving his private practice in 2013, Dr. Wong is now an Honorary Clinical Assistant Professor at The University of Hong Kong.

Dr. Wong received a young investigator’s award in Hong Kong Thoracic Society 2003. His main research interest had been in the interventional pulmonology, lung cancer, pleural effusion, sleep medicine, respiratory infection and airway diseases. He has received overseas training in Japan, France, Australia, Germany and the US since 2005 for introducing new technologies to Hong Kong.

Dr. Wong was a Hon secretary of Hong Kong Endoscopic Ultrasonography Society till 2018 and a council member of the Association of Private Medical Specialists of Hong Kong till 2020. Currently, Dr. Wong is the Chief Editor for the Journal of the Society of Physicians of Hong Kong.

Role of Novel ICS/LABA to Improve Patients Asthma Control

1. Rationale to improve asthma control - how could uncontrolled by treatment, adherence & compliance issues be the pain points for suboptimal control?

2. Safety, efficacy & adherence profiles of commonly prescribed ICS in asthma

3. Practical cases sharing of additional patient benefits bought by novel once-daily long acting combination drug
Dr. Samuel Chi-Hang YEE graduated from The University of Hong Kong, and has been with Prince of Wales Hospital, the Chinese University of Hong Kong since 2006. Dr. Yee completed the Advanced Clinical Fellowship in Laparoscopy and Robotic Urology at the Institut Mutualiste Montsouris in Paris. He furthered his training in robotic surgery at Yonsei University in Seoul. Being awarded the Hong Kong Kidney Foundation Fellowship, Dr. Yee has advanced his surgical experience in transplant and urological surgery at University of Illinois in Chicago, and Fundació Puigvert in Barcelona. Dr. Yee pioneered the first series of cases of HIFU focal therapy for prostate cancer in Hong Kong. As a surgeon with deep academic interest, Dr. Yee has published more than 60 peer-reviewed manuscripts in the areas of voiding dysfunction, prostate cancer, bladder cancer and renal transplantation.

Dr. Yee currently holds the positions of consultant urologist at the Prince of Wales Hospital, honorary clinical associate professor of the Chinese University of Hong Kong, board member of uCare committee in Société Internationale D’Urologie (SIU), board member of East Asian Society of Endourology, council member of Hong Kong Urological Association and honorary treasurer of the Hong Kong Society of Endourology.

Improving BPH Patient Outcomes with Early Combination Therapy

Lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH) is a common condition affecting men. Studies have shown that the prevalence of LUTS/BPH increases with age, which will cause a considerable economic burden to the healthcare system and society.

The main pharmacological agents for the management of LUTS are alpha-blockers and 5-alpha-reductase inhibitors (5ARIs). Currently, international guidelines recommend the use of alpha-blockers for symptomatic relief in LUTS patients who do not have a markedly enlarged prostate, while highlighting that these agents do not alter the natural progression of the disease. On the other hand, 5ARIs, which can be administered as monotherapy or in combination with alpha-blockers, are recommended for symptomatic men with an enlarged prostate and are associated with decreased risk of urinary retention and related surgery. Furthermore, overactive bladder syndrome (OAB) is also a commonly found condition in patients with BPH. Combining treatment modalities for BPH and OAB can often address the multifaceted condition of LUTS.

Reference

**Abbreviated Package Insert of ROMIPLATE Power for Solution for Injection 250mcg**

**Composition:** Romiplostim. **Indications:** Adult chronic immune (idiopathic) thrombocytopenic purpura (ITP) in splenectomised patients who are refractory to other treatments (e.g., corticosteroids & immunoglobulins); 2nd-line treatment for adult non-splenectomised patients where surgery is contraindicated.

**Dosage and Administration:**
- **SC inj** Ideally 1 mcg/kg (ABW) q1w, may be increased by increments of 1 mcg/kg until achieving a Platelet Count (PLC) ≥ 50 x 10^9/L. Max: 10 mcg/kg q1w.

**Contraindications:**
- Hypersensitivity to romiplostim or any of the excipients or E. coli - derived proteins.

**Precautions:**
- Recurrence of thrombocytopenia & bleeding after discontinuation.
- Increased bone marrow reticulin.
- Thrombotic/thromboembolic complications.
- Progression of existing myelodysplastic syndrome (MDS).
- Immunogenicity.
- Alterations in RBC & WBC.
- Renal & hepatic impairment.
- May impair ability to drive or operate machinery.

**Pregnancy & lactation.** Child <18 yr.

**Common adverse reactions:**
- Hypersensitivity reactions, Headache.

**Serious adverse reactions:**
- Reoccurrence of thrombocytopenia and bleeding after cessation of treatment, increased bone marrow reticulin, thrombotic/thromboembolic complications, progression of existing MDS to AML.

**P/P:**
- Powd for soln for inj (vial) 250 mcg x 1’s. Approved version of package insert: Sep 2019.

Please refer to the full prescribing information before prescribing. Further information is available upon request.

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**Platelet response** was defined as a platelet count ≥ 50 x 10^9/L

**Reference:**

**THIS MATERIAL IS MEANT FOR HEALTHCARE PROFESSIONALS ONLY**
SANCUSO® is recommended in the National Comprehensive Cancer Network (NCCN) antiemetic treatment guidelines for the prevention of CINV.4

The use of SANCUSO® complies with the NCCN recommendation that choice of antiemetic is based on the emetogenicity of the chemotherapy regimen and individual patient factors (eg, partial or complete bowel obstruction, concomitant drug treatments, including opiates).4
Abstracts

Dr. CHAN Yung
Dermatologist

Qualifications:
Registered Specialist in Dermatology and Venereology 2014
Fellow of the Hong Kong Academy of Medicine (Medicine) 2014
Fellow, Hong Kong College of Physicians 2013
Member, Royal Colleges of Physicians (UK) 2008
Diploma in Advances in Medicine (CUHK) 2008
Diploma in Dermatology (Glasgow) 2006
Graduate Diploma in Family Medicine (Monash) 2005
Bachelor of Medicine and Bachelor of Surgery (HK) 2001

Working experience:
Honorary Consultant 2017 -present
■ Matilda International Hospital
Medical Director July 16 -present
■ Apex Dermatology Institute
Dermatologist Mar 14 –June 16
■ Cutis Medical Group
Medical and Health Officer: Sep 09 –Feb 14
■ Department of Health – Social Hygiene Service
■ Department of Health – Social Hygiene Service
Consultation services for dermatological/venereological patients Feb 03 – Jun 06
Minor operations/Research studies
■ TuenMun Hospital – Medicine & Geriatrics July 06 – Aug 09

The Role of Antioxidant on the Management of Atopic Dermatitis

Dermatitis is a high prevalence disease with an expanding patient pool currently, especially in children stage. The webinar will first give an overview of updated dermatitis management, based on allergists’ perspective. Moreover, the lecture includes a special sub-topic: dermatitis management targeting oxidative stress which will be one of the directions on managing Atopic Dermatitis.
Update on the Management of Erectile Dysfunction

Erectile dysfunction is a common disease in Hong Kong, and it has a significant impact on the patient’s social and personal life. The pathophysiology of erectile dysfunction can be multi-factorial and complex, and the underlying diseases can be classified as: vasculogenic, neurogenic, anatomical and structural, hormonal, drug-induced, psychogenic, traumatic or others. The techniques in approaching patients with erectile dysfunction and the appropriate assessments will be discussed. The latest updates regarding the treatment options and the side effects profile of various medications will be gone through.
Restore Patients’ Functioning from Depression

Hi, John
Nice to see you again. How are your feeling?

I am feeling Fine!
By the way Doctor, I seem to have reclaimed my functional abilities!

Thanks to

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Vortioxetine

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Lexapro®
the power to tackle
depression / anxiety
at its core

Lexapro® is approved for use in:

- Major Depressive Disorder (MDD)
- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder (SAD)
- Panic Disorder (PD)
- Obsessive-Compulsive Disorder (OCD)

Dr. Angus Ho-yin LO  
MBBS (HK), MRCP (UK), FHKCP, FHKAM (Med.), FRCP (Edin)  
Specialist in Respiratory Medicine

Dr. Angus Lo is a specialist in Respiratory and Critical Care Medicine. He graduated from the University of Hong Kong in 1997. After obtaining his fellowship in Respiratory Medicine in 2005, he went on to receive further training in Critical Care Medicine in Royal North Shore Hospital in Sydney and completed his training in Critical Care Medicine in Pamela Youde Nethersiole Eastern Hospital (PYNEH) in 2008.

Dr. Lo is experienced in dealing with various respiratory diseases ranging from post-viral cough, airway diseases including asthma and COPD, lung fibrosis, pneumonia, sleep disorders to lung cancers. While serving in PYNEH, he has led his team to support assisted ventilation at home for patients with neuromuscular disease and chronic lung diseases. He was also involved in the development of various advanced diagnostic endoscopies and interventional pulmonology in PYNEH.

Apart from clinical care, Dr. Lo has been active in teaching and in serving the community. He has been a Honorary Clinical Assistant Professor of the University of Hong Kong since 2012 and a part-time lecturer of the Chinese University of Hong Kong since 2014. He has also directed the teaching of health care workers in Crew Resource Management in the Hong Kong East Cluster in 2015. He is currently the Honorary Consultant in Hong Kong East Cluster Training Center for Healthcare Management and Clinical Technology and also as the Advisor for the Hong Kong Asthma Society for the public.

Optimal Clinical Management in IPF Patients

Idiopathic pulmonary fibrosis (IPF) accounts for a large proportion of cases of interstitial lung disease. It is characterised by chronic, progressive and irreversible interstitial lung fibrosis of unknown cause.

The clinical course of the disease can vary considerably, from slow progression over many years to acute exacerbation, rapid loss of lung function, hospitalisation and early death. It is essential to promptly identify and prevent disease progression due to the increase in mortality rate. It is shown that a 5 - 10% absolute decline in FVC over 24 weeks is associated with a two-fold increased risk for death at 1-year. Besides, acute exacerbations are also associated with substantial morbidity and mortality. In-hospital mortality after an acute exacerbation has been estimated at ≥ 50%, and median survival time following an acute exacerbation at 2.2 months.

In this webinar, Dr. Lo will discuss the importance and management of different progression events, including FVC decline, acute exacerbation, IPF-related hospitalisations and death. The efficacy of anti-fibrotics on these indicators of IPF progression will be presented.
Abstracts

Dr. SO Ho
FRCP (London), MSc (Biostatistics & Epidemiology), FHKAM, FHKCP, MHKCP, MRCP, MBBS
Assistant Professor, Department of Medicine and Therapeutics, The Chinese University of Hong Kong
Honorary Associate Consultant, Prince of Wales Hospital
Honorary Treasurer, Hong Kong Society of Rheumatology
Associate Editor, Journal of Clinical Rheumatology and Immunology
Observer, Specialty Board in Rheumatology/Immunology and Allergy, Hong Kong College of Physicians

Dr. SO Ho is currently the assistant professor of the Rheumatology Unit, The Chinese University of Hong Kong. He is the honorary treasurer of the Hong Kong Society of Rheumatology.

Dr. SO studied at the University of Hong Kong and attained his Medical Degree in 2004. He became a fellow in Rheumatology in 2011 and Advanced Internal Medicine in 2012. He received his Master of Science in Biostatistics and Epidemiology from the Chinese University of Hong Kong in 2014.

Dr. SO has first-authored more than thirty articles in peer-reviewed journals. He is the associate editor of the Journal of Clinical Rheumatology and Immunology. He is the co-convener of the Hong Kong Society of Rheumatology Myositis Special Interest Group. He is the Hong Kong lead of the Myositis Special Interest Group of the Asia Pacific League Against Rheumatology (APLAR). He is the member of the International Myositis Assessment and Clinical Studies Group (IMACS) and Euro Myositis. His main research interests are inflammatory arthropathies and myopathies.

Clinical Management of SSc-ILD: to Treat or Not to Treat

Systemic sclerosis (SSc) is an autoimmune connective tissue disease, characterised by immune dysregulation and progressive fibrosis that typically affects the skin, with variable internal organ involvement.

Interstitial lung disease (ILD) is a common manifestation of SSc, occurring in about half of the patients. SSc-ILD has a variable clinical course. Some patients will experience a slow decline in lung function, but some progress rapidly after disease onset. Currently, SSc-ILD is the most frequent cause of SSc-related deaths. Hence, prompt identification and management of ILD are of paramount importance.

The identification of SSc-ILD requires a high level of suspicion as not all patients will have respiratory symptoms. All patients diagnosed should receive a comprehensive clinical assessment, including assessment of respiratory symptoms, chest imaging with a high resolution computed tomography (HRCT) scan, and pulmonary function tests (PFTs), to ensure early identification of ILD and provide baseline measurements to compare with future assessments. Regular symptom and lung function assessment is also recommended.

The standard therapy has traditionally been immunosuppressant. With the evolvement of treatment, anti-fibrotic drug is now indicated for SSc-ILD and can target the underlying mechanism of pulmonary fibrosis.

In this lecture, Dr. So will update how to identify and diagnose ILD in SSc patients. Clinical course of SSc-ILD and treatment objectives will be reviewed. Dr. So will share the latest evidence regarding monitoring and treatment of SSc-ILD.
HELPING TO REDEFINE SURVIVAL EXPECTATIONS FOR MORE PATIENTS WITH mNSCLC

FIRST-LINE TREATMENT FOR NONQUAMOUS AND SQUAMOUS mNSCLC

FIRST-LINE NONQUAMOUS COMBINATION THERAPY:
KEYTRUDA® (pembrolizumab), in combination with pembrolizumab and platinum chemotherapy, is indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC), with no EGFR or ALK genomic tumor aberrations.

FIRST-LINE SQUAMOUS COMBINATION THERAPY:
KEYTRUDA®, in combination with carboplatin and either paclitaxel or paclitaxel protein-bound, is indicated for the first-line treatment of patients with metastatic squamous NSCLC.

FIRST-LINE MONOTHERAPY:
KEYTRUDA®, as a single agent, is indicated for the first-line treatment of patients with NSCLC expressing PD-L1 [Tumor Proportion Score (TPS) ≥ 1%] as determined by a validated test, with no EGFR or ALK genomic tumor aberrations, and is: stage III where patients are not candidates for surgical resection or definitive chemoradiation, or metastatic NSCLC whose tumors express PD-L1 (TPS ≥ 1%) as determined by a validated test with disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on approved therapy for these aberrations prior to receiving KEYTRUDA. - Unresectable Carcinomas KEYTRUDA is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who are not eligible for or have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy - Patients with urothelial carcinoma of the kidney who have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy - Patients with non-small cell lung cancer whose tumors express PD-L1 (TPS ≥ 1%) as determined by a validated test with disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on approved therapy for these aberrations prior to receiving KEYTRUDA. - Other Carcinomas KEYTRUDA is indicated for the treatment of patients with cutaneous squamous cell carcinoma of the head and neck, and basal cell carcinoma of the skin, for patients who have failed prior systemic therapy. KEYTRUDA is indicated for the treatment of patients with advanced renal cell carcinoma (RCC), for patients who have failed prior systemic therapy. Patients with renal cell carcinoma should be administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression or unacceptable toxicity, or up to 24 months in patients without disease progression. - Melanoma: The recommended dose of KEYTRUDA in patients with unresectable or metastatic melanoma is 200 mg administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression or unacceptable toxicity. The recommended dose of KEYTRUDA for the adjuvant treatment of adult patients with melanoma is 200 mg administered as an intravenous infusion over 30 minutes every 3 weeks until disease recurrence, unacceptable toxicity, or for up to 12 months in patients without disease recurrence. - Merkel Cell Carcinoma: KEYTRUDA should be administered as a subcutaneous injection once every 2 weeks until disease progression or unacceptable toxicity. Patients with Merkel Cell Carcinoma should be administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression or unacceptable toxicity. - Head and Neck Carcinomas: KEYTRUDA should be administered as a subcutaneous injection once every 2 weeks until disease progression or unacceptable toxicity. Patients with head and neck carcinomas who have squamous cell carcinoma of the skin, or who have failed prior systemic therapy, should be administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression or unacceptable toxicity, or up to 24 months in patients without disease progression. - Other Carcinomas: KEYTRUDA should be administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression or unacceptable toxicity, or up to 24 months in patients without disease progression. Patients with squamous cell carcinoma, rhabdomyosarcoma, or neuroendocrine tumor who have failed prior systemic therapy, should be administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression or unacceptable toxicity, or up to 24 months in patients without disease progression. - Hematologic: KEYTRUDA should be administered as an intravenous infusion over 30 minutes every 3 weeks until disease progression or unacceptable toxicity, or up to 24 months in patients without disease progression.
KEYTRUDA® (PEMBROLIZUMAB) + AXTINIB: HELPING TO REDEFINE SURVIVAL EXPECTATIONS FOR YOUR PATIENTS WITH aRCC

KEYTRUDA + axitinib achieved superiority across OS, PFS and ORR vs sunitinib

For KEYTRUDA + axitinib:

✓ MEDIAN OS NOT REACHED vs 36.7 months for sunitinib (99% CI, 33.3-NR)
✓ 32% REDUCED RISK OF DEATH (99% CI, 0.55–0.86) vs sunitinib; *P* < 0.0003
✓ SUPERIOR MEDIAN PFS 15.4 months vs 11.1 months for sunitinib; HR = 0.71 (99% CI, 0.60–0.84); P = 0.0001
✓ 60% ORR (99% CI, 55.4–64.8) vs 40% with sunitinib (99% CI, 35.2–44.7); P < 0.0001
• 9% CR vs 3% with sunitinib

*Based on a stratified log-rank test. *Bazearnosmurae of pembrolizumab plus axitinib was observed at the first interim analysis (HR 0.53; 95% CI: 0.38–0.74; *P* = 0.0091). No alpha was allocated to OS; only a normal P-value was recorded. *Best objective response as confirmed by CR or PR. *HR is based on the stratified Cox proportional hazards model.

Study design (KEYNOTE-426 trial, exploratory analysis with extended follow-up): This was a phase 3 trial to determine whether pembrolizumab plus axitinib would result in better outcomes than sunitinib in patients with previously untreated aRCC. 961 patients with previously untreated advanced renal cell carcinoma were randomly assigned to receive pembrolizumab 200 mg intravenously once every 3 weeks plus axitinib 15 mg orally twice daily (432 patients) or sunitinib 50 mg orally once daily for the first 4 weeks of each 6-week cycle (429 patients). The median follow-up time was 39.8 months. The primary end points were OS and PFS in the ITT population. The key secondary end point was the ORR.

Safety Data: In KEYNOTE-426, when KEYTRUDA was administered in combination with axitinib, serious adverse reactions occurred in 40% of patients. The most frequent (≥15%) were hypertension (51%), diabetes (41%), acute kidney injury (21%), dyspnea (19%), and pneumonia (15%). Adverse events of grade 3 or higher that occurred in 15% or more of patients were hypertension and increased alanine aminotransferase levels.

Abbreviations: aRCC = advanced renal cell carcinoma; CI = confidence interval; CR = complete response; HR = hazard ratio; ITT = intention-to-treat; NR = not reached; PFS = progression-free survival; PR = partial response; ORR = objective response rate; OS = overall survival; PFS = progression-free survival.


Selected Safety Information for KEYTRUDA (pembrolizumab):

- **Nausea:** Rash, pyrexia, arthralgia, joint pain, hypophosphatemia, dysgeusia, weight loss, lichenoid dermatitis, and paresthesia.
- **Diabetes:** Hypertension, elevated cholesterol, increased creatinine, and elevated blood glucose.
- **Infections:** Pneumonia, urinary tract infection, sepsis, meningitis, and cellulitis.

Before prescribing KEYTRUDA®, please consult the full prescribing information.
Immunotherapy - the Backbone in First-line Treatment of Metastatic Non-small Cell Lung Cancer

Immunotherapy has recently emerged as the backbone treatment of newly-diagnosed metastatic non-small cell lung cancer (mNSCLC) lacking a driver mutation.

Several phase III studies have tested different immune checkpoint inhibitors in mNSCLC, the medication targeting programmed death receptor 1 (PD-1) and programmed death-ligand 1 (PD-L1), with or without chemotherapy, have become the standard of care in the first-line setting, delivering survival advantages over chemotherapy with a favourable toxicity profile. The most important feature of immunotherapy is the potential for durable response and long-term survival, something rarely achieved in years past.

The inclusion criteria of the clinical trials differ between the various studies, including the cut-off levels of PD-L1 expression on tumour cells, and the tumour histology (i.e. squamous or non-squamous). In general, patients with tumour expression levels of PD-L1 ≥ 50% are candidates for treatment with monotherapy. Patients with PD-L1 < 50% can consider immunotherapy combined with chemotherapy.

As immunotherapy and other molecular targets drugs act on different targets and cells, combining these drugs may achieve greater therapeutic effects; thus, combination therapy will be the future direction to further improve the outcomes for mNSCLC.
Dr. SO Tsz-him
BChinMed (HKU), MBBS (HKU), FRCR, FHKCR
Clinical Assistant Professor

Dr. So graduated with both Bachelor of Chinese Medicine (BChinMed) and Bachelor of Medicine and Bachelor of Surgery (MBBS) from The University of Hong Kong. He was awarded Pong Ding Yuen Prize in Chinese Medicine and John Anderson Gold Medal on graduation for achieving the highest aggregate of marks in BChinMed and MBBS degree respectively. He was awarded the Frank Doyle Medal, the Gold Award and Early Career Investigator Award in Clinical Oncology for his outstanding performance in the fellowship examinations and research output by the Royal College of Radiologists in the UK. He is currently a Clinical Assistant Professor in Clinical Oncology at HKU.

He is a council member of the Hong Kong Association for Integration of Chinese-Western Medicine. He was appointed to multiple public services in Hong Kong, including the Registration Committee of Chinese Medicine Council, Chinese Medicine Development Committee, User Group (radiology) of Chinese Medicine Hospital Planning Committee, and Advisory Council on Food and Environmental Hygiene.

How Immunotherapy Changes the First-line Treatment of Advanced Renal Cell Carcinoma?

Renal cell carcinoma is the most prevalent type of kidney malignancy, accounting for 90% of all cases. Since 2005, Tyrosine kinase inhibitors (TKIs) have become the mainstay of medical treatment of advanced renal cell carcinoma (aRCC). In the recent years, the treatment of aRCC drastically changed with the introduction of immunotherapy. Characterised by the susceptibility to both immunotherapeutic and anti-angiogenic approaches, aRCC can be treated with a combination of TKI and immune checkpoint inhibitors in the first-line setting and has gradually become a new standard of care. Among recent clinical trials, the Phase III KEYNOTE-426 study demonstrated that the combination of pembrolizumab and axitinib has significantly improved the overall survival (OS), progression-free survival (PFS) and overall response rate (ORR) of aRCC patients, as compared to sunitinib alone. In this lecture, the clinical management of aRCC will be discussed with an emphasis on the association between combination therapy and prolonged responses and survival.
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with no loading dose

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Important note: Before prescribing, consult full prescribing information. Presentation: Solution for injection, subcutaneous use. 1 mL prefilled pen contains 70 mg of erenumab. Indications: Aimovig is indicated for prophylaxis of migraine in adults who have at least 4 migraine days per month. Dosage and administration: Adults: The recommended dose of Aimovig is 70 mg administered subcutaneously every 4 weeks. Some patients may benefit from a dosage of 140 mg every 4 weeks. Aimovig is intended for patients self-administration in the home. App. etc. Someone else is giving the injection into the outer area of the upper arm. Administration should be performed by an individual who has been trained to administer the product. The needle cover of Aimovig prefilled pen contains dry natural rubber, which may cause allergic reactions in individuals sensitive to latex. Consideration should be given to discontinuing treatment in patients who have shown no response after 3 months of treatment. Evaluation of the need to continue treatment is recommended regularly. The contents of the Aimovig prefilled pen should be inspected. Special populations: Pediatr: Aimovig has not been studied in pediatric patients. Geriatric: No dose adjustment is necessary as the pharmacokinetics of erenumab are not affected by age. Renal impairment/liver impairment: No dose adjustment is necessary in patients with mild to moderate renal impairment. Caution: Hypersensitivity to the active substance or to any of the excipients. Warnings and precautions: Patients with certain major cardiovascular diseases were excluded from clinical studies. No safety data are available in these patients. Pregnancy, lactation, females and males of reproductive potential: Pregnancy: Safety has not been established as a precautionary measure. It is preferable to avoid the use of Aimovig during pregnancy. Lactation: It is not known whether erenumab is present in human milk. Women who are breast-feeding are known to be exposed to erenumab by breast milk during the first few days after birth, which is decreasing to low concentrations soon afterwards; consequently, a risk to the breast-fed infant cannot be excluded during this short period. After delivery, use of Aimovig could be considered during breastfeeding only if clinically necessary. Females and males of reproductive potential: Animal studies showed no impact on female and male fertility. Adverse drug reactions: Common (1/100) to <1/100: injection site reactions, constipation, nausea, vomiting. Description of selected adverse reactions: Injection site reactions include injection site pain, injection site erythema and injection site pruritus. A majority of injection site reactions were mild and transient. Immunogenicity: In pivotal studies the incidence of anti-erenumab antibodies was 0.3% for the 30 mg dose (in vitro neutralizing activity in 3 patients) and 3.4% for the 140 mg dose (no patients with in vitro neutralizing activity). There was no impact of anti-erenumab antibody development on efficacy or safety of erenumab. Interactions: No effect on exposure of concomitant therapeutic medicinal products is expected based on the metabolic pathways of erenumab and antibodies. No interaction with oral contraceptives (oral estroadiol/gest-epimate) or sumatriptan was observed in studies with healthy volunteers. Paege: 1 mL prefilled pen contains 70 mg of erenumab. Legal classification: P12513 Ref. EMA Aug 2018

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NOVARTIS
Dr. Paul Tat-ming SHEA
MBChB, MRCP (UK), FHKCP, FHKAM (Medicine), FRCP (Edin)
Specialist in Geriatric Medicine
Geriatrician

Dr. Shea graduated with Bachelor of Medicine and Surgery from the Chinese University of Hong Kong in 1989. He obtained his Medical Training in Queen Elizabeth Hospital, Hong Kong SAR, and was the visiting senior registrar in St Georges’ Hospital, London and Royal Victoria Infirmary, Newcastle in 1996. He obtained his Specialist Qualification in Internal Medicine and Geriatrics in 1997 and 1998. He was awarded the Fellowship of Royal College of Physicians of Edinburgh in 2004.

Dr. Shea had worked in Public Hospital in Hong Kong SAR for almost 19 years and had been the Head of Geriatric Division in Queen Elizabeth Hospital from 2000 - 2008. He taught in Postgraduate Diploma Course related to Elderly Medicine at Chinese University of Hong Kong and Hong Kong University in the past. His major interests are mainly in the management of Dementia, Parkinson's Disease, Depression, Chronic Dizziness and Syncope. In 2007 October, he presented the first report on Dementia of Lewy Bodies in Chinese population at the International Psychogeriatric Conference in Osaka, Japan.

Dr. Shea was appointed Guardianship Board Members by the Hong Kong SAR Government 2001-2007. He was elected the President of Hong Kong Public Doctors’ Association from 2005 - 2007. He was also the Honorary Treasurer of the Hong Kong Geriatrics Society 2006 - 2008. He was the Chairman, the Health Committee of the Medical Council of Hong Kong in 2014 and 2018 - 2020. Dr. Shea has been the council member of Hong Kong Medical Association since 2008 and was the Chairman of the Complaints and Mediation Committee of the Hong Kong Medical Association in 2016. He was also the council member of the Hong Kong Alzheimer's disease Association from 2008 - 2016.

Dr. Shea started his private practice in March 2008.

Treatment Challenges in Elderly Patients with Depression

This lecture would address current challenges in managing elderly with MDD despite a wide range of antidepressants are available. We will discuss the concomitant physical problems in elderly and concerns on tolerability, drug-drug interactions & drug compliance. Identifying treatment need & realistic recovery goal is important to the decision on treatment modalities and obtain patient commitment. Difference in treatment outcome from switching to the new class of antidepressants will be discussed & illustrated with case sharing.
Abstracts

Prof. LO Wai-kei

MBBS (HK), MD (HK), MScSEM (Bath), MRCP (UK), FRCP (Edin), FRCP (Lond), FHKCP, FHKAM (Medicine)
Specialist in Nephrology,
Honorary Clinical Professor, The University of Hong Kong

Dr. Lo graduated from HKU in 1980, and joined the University Department of Medicine at Queen Mary Hospital and Tung Wah Hospitals in 1990. He became the consultant physician of Tung Wah Hospital in 1994 and the Director of Renal Service in Tung Wah Hospital in 1996, and the Chief of Service of the Department of Medicine of Tung Wah Hospital in 2013 - 16. He retired from the Hospital Authority in 5/2017, and started private practice in 6/2017.

He is currently the Honorary Clinical Professor, Department of Medicine, The University of Hong Kong; Honorary Consultant, Department of Medicine, Tung Wah Hospital, Hong Kong, Director of Dialysis Centre and Honorary Consultant, Gleneagles Hong Kong Hospital.

He was the Chairman of Hong Kong Society of Nephrology in 1999 - 2001, President of the International Society for Peritoneal Dialysis (ISPD) in 2006-8, and founder of the ISPD Asian-Pacific Chapter in 2002.

He has over 150 articles published in peer reviewed journals, and is the author of 5 book chapters.

Recent Advances in Management of Autosomal Dominant Polycystic Kidney Disease

Autosomal dominant polycystic kidney disease (ADPKD) is the most prevalent hereditary kidney disease, accounting for 5 - 10% of patients on dialysis or kidney transplant, caused by mutations in either PKD1 and PKD2 genes. The progressive increase in the number and size of cysts formed from renal tubules ultimately leads to end-stage renal failure in around 70% of patients.

Increased cellular cAMP plays an important role in the proliferation of cyst-lining cells and fluid secretion into cysts. In the kidney, cAMP is largely produced in response to vasopressin. Therapeutic suppression of vasopressin can be achieved by vasopressin receptor antagonist tolvaptan. The TEMPO 3:4 study and the subsequent REPRISE study showed that tolvaptan can reduce both kidney cysts growth rate and renal function decline rate in patients with eGFR > 60 ml/min/1.73m2 and 25 - 65 ml/min/1.73m2 respectively. A small proportion of patients required drug cessation due to the elevation of transaminases. Tolvaptan is currently indicated in patients with rapid growth in total kidney volume (TKV) (> 5% per year) or deterioration of renal function > 5 ml/min/1.73m2. The Mayo Clinic ADPKD classification based on age matched height adjusted TKV is also a useful tool to guide starting treatment without waiting for one year to assess the rate of progression.

Reference

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ATP level by 33%¹

// REDUCES
frequency of angina attacks²,³

// IMPROVES
exercise capacity²,³

²³ For complete information, please refer to the complete Summary of Product Characteristics.
Dr. Achilles Hoi-kan LEE
MBchB(CUHK), MRCP(UK), FHKCP, FHKAM (Medicine), PDP Epidemiology and Biostatistics(CUHK)
Specialist in Nephrology, Consultant Physician, Team Head of Renal team, Department of Medicine & Geriatrics, Tuen Mun Hospital, NTWC

Dr. Lee Hoi-kan is currently the team head of Renal Medicine Team and Consultant Physician at the Department of Medicine & Geriatrics in Tuen Mun Hospital. Dr. Lee underwent his training in Nephrology and Internal Medicine; he gained the fellowship in Hong Kong College of Physicians and Hong Kong Academy of Medicine in 2003.

Dr. Lee is also interested in Epidemiology and Biostatistics; he completed the Postgraduate Diploma in both subjects at Chinese University of Hong Kong in 2010. Being an experienced specialist in nephrology, he has been invited in the CME Bulletin Editorial Board Member in Hong Kong Medical Association since 2018.

Nutrition Management in Chronic Renal Diseases

Chronic Kidney Disease (CKD) is a major health issue in Hong Kong, but the practice of dietary protein restriction in CKD patients has been disregarded. It is indisputable that a low protein diet can reduce proteinuria, BP and relieve metabolic imbalance of CKD patients.

The effect of protein restriction in deferring the decline in GFR of CKD patients may not be impressive, but the uraemic symptoms are definitely ameliorated; enhance delaying initiation of dialysis to preserve residual renal function. It is indicated in the palliative therapy for those CKD patients refused dialysis. Ketoanalogue-supplemented dietary protein restriction can guarantee preserved nutritional status provided with an adequate calorie intake. In the clinical practice, protein intake target range should be individualised through regular follow up by doctors and dietitians to avoid protein energy wasting in CKD patients.

Abstracts

Dr. Achilles Hoi-kan LEE
MBchB(CUHK), MRCP(UK), FHKCP, FHKAM (Medicine), PDP Epidemiology and Biostatistics(CUHK)
Specialist in Nephrology, Consultant Physician, Team Head of Renal team, Department of Medicine & Geriatrics, Tuen Mun Hospital, NTWC

Dr. Lee Hoi-kan is currently the team head of Renal Medicine Team and Consultant Physician at the Department of Medicine & Geriatrics in Tuen Mun Hospital. Dr. Lee underwent his training in Nephrology and Internal Medicine; he gained the fellowship in Hong Kong College of Physicians and Hong Kong Academy of Medicine in 2003.

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Reference

Dr. KWONG Tsz-shan
MBBS (HKU), MRCP, FHKCP, FHKAM, MSc (Epi & Biostat) (CUHK)
Associate Consultant, HIV Clinical Service, Queen Elizabeth Hospital

Dr. Kwong is a Specialist in Infectious Diseases, with an academic interest in HIV medicine and the health needs of women living with HIV.

Undetectable = Untransmittable: A Milestone in the Fight against HIV

With twenty years of evidence demonstrating the effectiveness of antiretroviral treatment in reducing the transmission of HIV, in the year 2018, UNAIDS made a landmark statement of “Undetectable = Untransmittable (U=U)” in the history of HIV/AIDS epidemic. People living with HIV who are adherent on antiretroviral therapy and have a sustained undetectable level of virus in their blood carry a negligible risk of transmitting the virus sexually. The undeniable message of U=U brings us closer to the end of the HIV epidemic, and is crucial in dismantling the stigma towards people living in HIV.
鼻敏感噴 鼻眼適
舒緩症狀話咁易

成人細路都啱用*

有效舒緩鼻敏感症狀，包括鼻塞、打噴嚏、流鼻水、鼻痕、眼痕、眼紅及流眼水

✔ 無藥味、無倒流’
✔ 藥霧可直達鼻腔，針對敏感根源部位’
✔ 每日一次，藥效持續24小時
✔ 舒適易用’，獨特設計榮獲醫學金獎’

*2歲或以上適用

有效舒緩鼻敏感症狀，包括鼻塞、打噴嚏、流鼻水、鼻痕、眼痕、眼紅及流眼水

✔ 無藥味、無倒流’
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✔ 舒適易用’，獨特設計榮獲醫學金獎’

*2歲或以上適用
Relvar: Controlling asthma and its underlying inflammation

Adverse effects observed with Relvar in clinical studies and post-marketing frequency categories:

- Very common: ≥1/10
  - Headache, nasopharyngitis

- Common: ≥1/100 to <1/10
  - Pharyngitis, rhinitis, candidiasis of mouth and throat, pneumonia, arthralgia, pyrexia

- Uncommon: ≥1/1,000 to <1/100
  - Extrasystoles

- Rare: ≥1/10,000 to <1/1,000
  - Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria

- Very rare: <1/10,000
  - Palpitations

If your asthma patients need an ICS/LABA, consider once-daily Relvar for proactive asthma control that lasts.

Long-lasting molecules with sustained efficacy over 24 hours.

Improves all aspects of the ACT.

With Relvar, 25% more patients improve and achieve well-controlled asthma vs Bud/For and other ICS/LABAs in everyday practice.

Relvar ELIPTA ABBREVIATED PRESCRIBING INFORMATION

NAME OF THE PRODUCT: RELVAR ELIPTA Qualitative and Quantitative Composition

The product contains 106 mcg/50 mcg (REVAREL ELIPTA 106/50) or 213 mcg/75 mcg (RELVAR ELIPTA 213/75) of salmeterol xinafoate and 5 mg/5 mg (REVAREL ELIPTA 5/5) or 10 mg/5 mg (RELVAR ELIPTA 10/5) of fluticasone propionate. RELVAR ELIPTA 106/50 and RELVAR ELIPTA 213/75 are identical in the proportion of salmeterol xinafoate to fluticasone propionate.

RELVAR ELIPTA SAFETY INFORMATION

Safety Profile of RELVAR ELIPTA Inhalation Powder Pre-dispensed 106 mcg/50 mcg and 213 mcg/75 mcg (RELVAR ELIPTA 106/50 and RELVAR ELIPTA 213/75):

- Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria
- Palpitations
- Extra-systoles
- Nausea

Hypersensitivity: Patients should not be exposed to the product if they have experienced or are likely to experience an adverse reaction to salmeterol xinafoate or fluticasone propionate.

HLA-B27 test: Before starting treatment with RELVAR ELIPTA, all patients should be tested for HLA-B27. Treatment should only be started in patients who are negative for HLA-B27.

Long-acting molecules with sustained efficacy over 24 hours.

Adverse effects observed with RELVAR ELIPTA in clinical studies and post-marketing.

Frequency Category Number of Subjects

- Very common: ≥1/10
  - Headache, nasopharyngitis

- Common: ≥1/100 to <1/10
  - Pharyngitis, rhinitis, candidiasis of mouth and throat, pneumonia, arthralgia, pyrexia

- Uncommon: ≥1/1,000 to <1/100
  - Extrasystoles

- Rare: ≥1/10,000 to <1/1,000
  - Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria

- Very rare: <1/10,000
  - Palpitations

Hypothetical patient used for illustrative purposes only.

The primary endpoint was the proportion of patients who achieved an improvement in ACT score from baseline of 23 or a total ACT score of 22 in patients in the PCA population initiated on Relvar vs continuing on usual care at 24 weeks. The primary endpoint was met (p=0.001). Data presented are from a subset of patients prescribed ICS/LABA at baseline who were initiated on Relvar or continued on their ICS/LABA. Data showed a relative difference of 25% and an absolute difference of 14.1.

Relvar ELIPTA 106/50 or 213/75 mg (exact doses)

RELVAR ELIPTA Ingredient Information

- Salmeterol xinafoate (0.106% or 0.213%)
- Fluticasone propionate (0.05% or 0.075%)
- Lactose monohydrate

RELVAR ELIPTA 5/5 or 10/5 mg (exact doses)

RELVAR ELIPTA Ingredient Information

- Salmeterol xinafoate (0.05% or 0.10%)
- Fluticasone propionate (0.05% or 0.075%)
- Lactose monohydrate

RELVAR ELIPTA SAFETY INFORMATION

SALICYLATE: Excessive salicylate ingestion or overdose may produce serious toxicity characterized by symptoms such as nausea, vomiting, tinnitus, dizziness, headache, drowsiness, respiratory depression, coma, and death. Salicylates are rapidly absorbed and distributed throughout the body; the toxicity is primarily due to interference with gluconeogenesis and an increase in the excretion of uric acid. The renal clearance of salicylates is rapid, so elimination can be accelerated by alkalization of the urine. The management of salicylate intoxication should be individualized and may include supportive measures such as fluid and electrolyte therapy, sodium bicarbonate for severe acidosis, and dialysis.
Dr. Vincent WS Wong

MBChB(Hon), MD(CUHK), FHKCP, FHKAM(Medicine), FRCP(Edin), FRCP(Lond)
Specialist in Gastroenterology and Hepatology

Dr. Vincent Wong is a professor at the Division of Gastroenterology and Hepatology, The Chinese University of Hong Kong. He graduated from the same university and received his specialist training under Professor Joseph Sung and Professor Henry Chan at the Prince of Wales Hospital. His research focuses on viral hepatitis and non-alcoholic fatty liver disease (NAFLD), in particular the use of non-invasive tests for screening and diagnosis. He has over 400 publications in international medical journals, and his latest h index is 82. Together with the Asia-Pacific Working Party, he wrote the Asia-Pacific Guidelines on the Management of NAFLD in 2018. He is an associate editor of Clinical Gastroenterology and Hepatology and an editorial board member of the Journal of Hepatology, Hepatology, and Alimentary Pharmacology & Therapeutics. He served as the president of the Hong Kong Association for the Study of Liver Diseases from 2015 to 2017. He has received research awards from the Asian Pacific Association for the Study of the Liver, Asian Pacific Digestive Week Federation, British Society of Gastroenterology, Hong Kong College of Physicians and the Food and Health Bureau.

Despite universal infant vaccination for more than 30 years, chronic hepatitis B remains a leading cause of cirrhosis and hepatocellular carcinoma in the Asia-Pacific region. Currently, all regional guidelines have endorsed the use of tenofovir alafenamide, tenofovir disoproxil fumarate or entecavir as first-line oral antiviral drugs for patients with chronic hepatitis B. These agents potently suppress the serum hepatitis B virus DNA, which in turn leads to the normalisation of serum alanine aminotransferase levels, improvement in liver histology and a marked reduction in the risk of hepatocellular carcinoma and cirrhotic complications. These drugs are well tolerated. Although tenofovir disoproxil fumarate is associated with a small risk of nephrotoxicity and bone loss, these adverse effects are largely mitigated with the new formula of tenofovir alafenamide.

While clinicians can safely maintain the patients on long-term antiviral treatment, only a minority of patients can achieve sustained response after treatment cessation. To this end, there are three main areas of development. First, the use of peginterferon alfa-2a in patients on oral antiviral drugs may lead to hepatitis B surface antigen (HBsAg) seroclearance in around 10% of cases. Second, some experts from Europe and Taiwan advocate the induction of hepatitis flares to clear HBsAg through treatment cessation, though the efficacy of this approach is lower in Asians. Third, a number of direct-acting antivirals and immunomodulatory agents have entered various phases of development and may one day transform the treatment paradigm.

Reference
3. Yip TC, ... Wong VW. HBsAg seroclearance further reduces hepatocellular carcinoma risk after complete viral suppression with nucleos(t)ide analogues. J Hepatol 2019;70:361-370.
Dr. Anthony Yiu-tung WONG
MBBS (HK), MRCP (UK), FRCP (Glasg), FHKCP, FHKAM (Medicine)
Specialist in Cardiology,
Honorary Clinical Assistant Professor, Department of Medicine (HKU)

Dr. Anthony Yiu-tung Wong, was graduated from the medical school of the University of Hong Kong in 2006. He received his training in medicine and cardiology at the Queen Mary Hospital. He further completed a one-year training program in coronary and structural heart intervention at the Asan Medical Center, Seoul, South Korea. He is now an experienced specialist in cardiologist practising in the Hong Kong Sanatorium & Hospital. He is specialised in percutaneous coronary intervention, structural heart intervention (TAVR, LAAO, MitraClip), renal denervation and cardiac device implantation. He is also the program co-director of the annually held HK-ROVUS Conference, HK Valve Conference and OCT COE Course. Currently, he is a Cardiology Board Member of Hong Kong College of Physician.

Hypertension Management and Update on Diuretics and Device Therapy

Hypertension remains to be a huge burden in public health. Control of hypertension is far from satisfaction in many parts of the world, mainly due to patient’s non-adherence to long-term medical therapy. Different latest international guidelines advised the use of fixed-dose combination anti-hypertensives as the first line of medical treatment. The main reason behind is to improve patients’ compliance and adherence to long-term medications. Fixed dose combination therapy also shows better efficacy and side effect profile when compared to uptitration of a single anti-hypertensive. A fixed dose combination pill often comprises two different anti-hypertensive drugs: an angiotensin converting enzyme inhibitor (ACEI) or angiotensin II receptor blocker (ARB) plus a calcium channel blocker (CCB) or thiazide/thiazide-like diuretic. Physicians generally have a lower tendency to use thiazide or thiazide-like diuretics because of the perceived risks of electrolyte disturbances, despite its well-proven efficacy and safety in clinical trials. Although there are multiple anti-hypertensive medications available, some patients still present with resistant hypertension. Device therapy, mainly renal denervation, is a useful tool to manage these patients.
With Furfuryl Palmitate, it is clinically proven effective to reduce severity of dermatitis, erythema and pruritus, improving patients’ quality of life*.

Take care of your patient’s skin with Relizema™ cream, the new generation targeted topical treatment. It tackles oxidative stress damage while calming itch and redness, and repairing the skin barrier. Relizema™ cream is clinically proven effective to rapidly reduce itch, even from the first day of treatment, and the IGA score reported was statistically significant on the first control visit and improved at the end of the study (~1.21; 95% CI -1.41/-0.99)*. Results speak for themselves with Relizema™ cream.

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*Clinical study performed on 40 subjects affected by mild to moderate eczematous dermatitis including atopic or contact dermatitis. The study protocol included three observational levels: T1, T2 (14 days of treatment), T3 (28 days of treatment).
ON in 15\textsuperscript{1,2,3*}

*Within 15 minutes vs. placebo\textsuperscript{2,3}

Within 15 minutes of taking SPEDRA\textsuperscript{®} up to 83% of men can achieve successful intercourse.\textsuperscript{2,3}
Abstracts

Dr. Edmond Man-lok WONG
MBBS(Sydney), MRCP(UK), FRCP(Edin), FHKCP, FHKAM(Medicine), FRACP, FACC
Specialist in Cardiology
Clinical Associate Professor (Honorary),
Department of Medicine and Therapeutics, The Chinese University of Hong Kong

Dr. Wong graduated from the University of Sydney with first class honours and is currently a fellow of the HK College of Physicians, the Royal Australian College of Physicians and the American College of Cardiology. He is a Consultant Cardiologist of the Baptist Hospital and an Honorary Associate Professor of the Department of Medicine and Therapeutics, Chinese University of Hong Kong.

Personalised Angina Management – What We Have Learnt in 2021?

During recent years, the management of ischemic heart disease (IHD) has continued to evolve. Obstructive coronary artery disease (CAD) as the major cause of myocardial ischemia is now considered as one of its potential causes, while other vascular mechanisms, e.g. microvascular dysfunction, vasospasm or even non-vascular factors, including abnormalities in cardiac energy metabolism, may also lead to myocardial ischemia, alone or in combination.

This new and revised concept had called for the need to embrace a more holistic understanding of myocardial ischemia instead of the traditional, “stenosis-centric” approach. Based on this new understanding, the current hierarchical and stepwise management for myocardial ischemia/angina has been re-challenged based on the fact that there is an absence of any effort to match the anti-anginal agent with the underlying mechanism as well as the limited consideration for co-morbidities that may interfere or even contraindicate the use of some anti-anginal drugs. Moreover, there is also a lack of evidence to support the use or demonstrated superiority of conventional first line therapies over those second line therapies.

It comes the time to define the optimal medical therapy for our angina patients through a different, more individualised approach in order to derive the maximum expected benefits and tolerability.
Dr. Mario Wai-kwong CHAK
MBBS(HKU), MRCP(UK), DCH(Ire), Dip Ger Med (RCPS Glass),
PDipID (HKU), FHKAM(Paediaics), FHKCPaed
Associate Consultant, Department of Paediatrics and
Adolescent Medicine, Tuen Mun Hospital
The Honorary Clinical Assistant Professor, The University of Hong Kong
Clinical Associate Professor(Honorary), 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 Assistant Professor of The University of Hong Kong and the Clinical Associate Professor(Honorary) of 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 a 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.

Personalised Paediatric Epilepsy Management – How Far Have We Gone?

Epilepsy is a heterogeneous disorder and also a disease benefited by personalised medicine. With the new ILAE classification of underlying aetiologies of epilepsy and advancement in the genetic test, including genetic panel and whole exome sequencing, it’s the clinical application in Paediatric Epilepsy become rapidly growing. The result of genetic mutation could guide the selection of appropriate antiepileptic drug treatment and offer a more precise diagnosis. The advancement of structural and functional neuroimaging and stereotactic EEG and coregistration technique could provide an accurate method to delineate the epileptogenic focus to guide surgical resection and to have better seizure outcome.
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Superior reduction in the combination of CV death, MI and stroke.

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Reassuring safety profile with no significant increase in the most serious types of bleeding.

Xarelto® 2.5 mg Film-coated tablet
Abbreviated Prescribing Information

(For a full prescribing information before prescribing)

Composition: Active ingredient: 2.5 mg rivaroxaban. Excipients: Microcrystalline cellulose, croscarmellose sodium, lactose monohydrate, hypromellose 2910, sodium lauryl sulfate, magnesium stearate, macrogol 3350, titanium dioxide (E171), iron oxide red (E172). Indication and Posology: Prevention of arterial thrombotic events in adult patients with coronary artery disease (CAD) or symptomatic peripheral artery disease (PAD) at high risk of ischemic events, co-administered with aspirin and acetylsalicylic acid (ASA). The recommended dose is 2.5 mg twice daily, with a daily dose of 7, 10-15 mg ASA. Duration of treatment should be determined for each individual patient based on regular evaluations and should consider the risk for thrombotic events versus the bleeding risk. Contraindications: Hypersensitivity to the active substance or any of the excipients, active clinically significant bleeding, lesion or condition considered a significant risk for major bleeding; concomitant treatment with any other anticoagulant except under specific circumstances of switching anticoagulant therapy or when unfractionated heparin is given at doses necessary to maintain an even central venous or arterial catheter; concurrent treatment of CLOPIDG with ASA in patients with previous haemorrhagic or lethal stroke, at any stroke within a month, hepatic disease associated with coagulopathy and clinically relevant bleeding risk including comorbid patients with Child Pugh B and C or pregnancy and breast feeding.

Warnings and Precautions: Clinical surveillance in line with anticoagulation practice is recommended throughout treatment. Xarelto® should be discontinued if severe haemorrhage occurs. Increasing age may increase haemorrhagic risk. Xarelto® should be discontinued at the first appearance of a severe tenon's or any other sign of hypercoagulability in conjunction with mucosal lesions. Not recommended in patients with severe renal impairment (creatinine clearance ≤ 30 ml/min). In patients receiving concurrent systemic treatment with strong concurrent CYP3A4/P-gp inhibitors, such as ketoconazole or in patients with increased bleeding risk, in patients receiving concurrent treatment with strong CYP3A4 inhibitors unless the patient is clinically observed for signs and symptoms of thrombosis, not recommended due to lack of data in treatment in combination with anticoagulant agents other than ASA. In patients below 18 years of age, in patients concurrently treated with warfarin, in patients with prosthetic heart valves, use with caution in conditions with increased risk of haemorrhage, in patients with severe renal impairment (creatinine clearance ≤ 15 - 29 ml/min) or with moderate renal impairment (creatinine clearance 30 - 49 ml/min) concurrently receiving medicinal products which increase haemorrhagic risk, in patients treated concomitantly with medicinal products affecting haemostasis; if ASA ≤ 75 years of age or with lower body weight, when percutaneous coronary or spinal epidural stent is employed. Patients on treatment with Xarelto and ASA should only receive concomitant treatment with NSAIADS if the benefit outweighs the bleeding risk. In patients at risk of ulcerative gastrointestinal disease prophylactic treatment may be considered. Although treatment with rivaroxaban does not require routine monitoring of anti-Xa activity, rivaroxaban levels measured with a calibrated anti-factor Xa assay may be useful in exceptional situations. Xarelto® reduces the risk of coronary, carotid, aortic, peripheral, cerebral, splanchnic, and gastrointestinal bleeding. Uncontrolled studies have shown a reduction in the risk of myocardial infarction, coronary, carotid, and peripheral artery disease (PAD), stroke, transient ischaemic attack (TIA), myocardial infarction, aortic dissection, surgical or accidental trauma, gastrointestinal bleeding, cerebral haemorrhage, spontaneous intracerebral haemorrhage, and the risk of fatal haemorrhage (including intracranial haemorrhage, gastro-intestinal, rectal, and cutaneous haemorrhage).

Aspirin
low dose OD

Xarelto
vascular dose 2.5 mg OD

EULAR: European Society of Cardiology
BB: twice daily
CAD: Coronary Artery Disease
CV: Cardiovascular
MI: Myocardial Infarction
OD: Once daily
RRR: Relative Risk Reduction

Xarelto® is available in 2.5 mg film-coated tabs. Bayer HealthCare Limited. Hong Kong. PRESCRIBING INFORMATION 2.5 mg (February 2016).
Abstracts

Dr. Raymond Chun-kong CHAN
FHKCP, FHKAM, FRCP(Edin)
Associate Consultant

I am currently the Neurology specialist for adults and the Physician-in-charge of headache services in the United Christian Hospital. After having overseas training in Headache Medicine in United Kingdom, a Headache and Facial Pain Clinic was set up in 2012 which is now the unique clinic run by headache specialist in Hospital Authority.

I have been an invited speaker for
- Hong Kong Neurological Society
- Hong Kong Pain Society
- Hong Kong College of Anaesthesiologists (Pain Medicine)
- Hong Kong Medical Association
- Hong Kong Occupational Therapy Association
- Hong Kong Sanatorium Hospital
- Macao Neuromedical Society

Improving Migraine Management: Early Recognition and Better Prevention

Migraine is a common brain disorder and is one of the most disabling conditions in the world. However, it is often underdiagnosed and suboptimally managed. Some patients presented to the specialist clinic are already chronic migraineurs. Among them, only a minority is receiving appropriate medical treatment. In order to improve the treatment outcome, early diagnosis and prevention of debilitating migraine are warranted. This talk will focus on the clinical pearls in diagnosing migraine and discuss how to optimise the management in an outpatient clinic with the help of new medication targeting at the calcitonin gene-related peptide (CGRP).
Dr. Chan Kit is a private cardiologist and cardiac electrophysiologist in Pro-Care Heart, Hong Kong. He was formerly the Honorary Clinical Assistant Professor of Li Ka Shing Faculty of Medicine, the University of Hong Kong and the consultant cardiologist of the University of Hong Kong Shenzhen Hospital. Dr. Chan graduated from the Faculty of Medicine, the University of Hong Kong. He underwent post-graduate training in cardiac electrophysiology in Westmead Hospital, the University of Sydney, Australia. He is an International Board of Heart Rhythm Examiners (IBHRE) certified cardiac device (CCDS) and cardiac electrophysiology specialist (CEPS). His main clinical interests include cardiac arrhythmia management, sudden cardiac arrest, sports-related sudden death, cardiac electronic device therapy for advanced heart failure, cardiac electrophysiology and radiofrequency ablation.

2021 Updates in Heart Failure Treatment

Over the past decade, new knowledge in heart failure has led to the development of novel heart failure therapies, providing better treatment options for patients versus conventional treatment. This lecture provides a selected update in the latest clinical data in heart failure treatment and an update in 2021 American College of Cardiology recommendations.
A LOT CAN HAPPEN IN EXTRA TIME

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For more information, please refer to country-specific product information for more details.

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**Requirements**

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**References:**

5. BIKTARY Hong Kong Prescribing Information (HK-JUN19-EU-MAY19).

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**Prescription:**

Each film-coated tablet contains:

- bictegravir sodium equivalent to 50 mg of bictegravir (1 tablet)
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Chairpersons

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 Assistant Professor, The University of Hong Kong
Clinical Associate Professor(Honorary), 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 Assistant Professor of The University of Hong Kong and the Clinical Associate Professor(Honorary) of 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 a 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. Alson Wai-ming CHAN
FRCPCH, FHKAM(Paed), FHKCPaed, MBChB, DCH(Ireland), Dip Ger Med RCPS(Glasg), PDipCommunityGeriatrics(HK)
Specialist in Paediatric Immunology, Allergy & Infectious Diseases

Dr. Alson Chan is a specialist in Paediatric Immunology, Allergy & Infectious Diseases. He received medical education awards and completed his overseas subspecialty training in Great Ormond Street Hospital of UCL Institute of Child Health in London and Boston Children's Hospital of Harvard Medical School. He is a Founding Fellow in the sub-speciality of Paediatric Immunology, Allergy & Infectious Diseases.

His current professional roles are as follow:

• Vice President, Allergy Prevention and Control Committee, Guangdong Preventive Medicine Association
• Deputy Head, Paediatric Allergy Subcommittee of Chinese Research Hospital Association
• Editorial Board, Allergy Specialist Training Curriculum, the Ministry of Education of the People’s Republic of China
• Chairman, Education Training & Fellowship Committee of Hong Kong Institute of Allergy
• Council Member, Hong Kong Society for Paediatric Immunology Allergy & Infectious Diseases
• Council Member, International Societies Council of European Academy of Allergy & Clinical Immunology (EAACI)
• Advisor, Hong Kong Allergy Association

His main research interests are allergy prevention and precision management in allergy. He is the corresponding & first author of the Guidelines for Allergy Prevention in Hong Kong, the co-author of the Guidelines for Prevention of Peanut Allergy in Hong Kong, and the co-author of the China Consensus Document on Allergy Diagnostics.
Chairpersons

Dr. Jane Chun-kwong CHAN

Specialist in Respiratory Medicine
MD (U of Chicago), FHKCP, FHKAM (Medicine), Diplomate, American Board of Internal Medicine (Pulmonary Disease & Critical Care 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 the 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 1995 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. During this period, she organised and cleaned up the clinical data of all Hong Kong SARS patients, and worked as co-editor partnering with Dr Vivian Wong on compilation of a 300-page scientific monograph on SARS authored by over 70 local SARS frontline workers.

For the past decade and a half as a private practitioner, she has continued to contribute to medical education and the promotion of community health. She is currently Honorary Clinical Associate Professor of HKU, Global Governor of Chest Delegation, Hong Kong & Macau Ltd, and the Chief Editor for the monthly Newsletter of the Hong Kong Federation of Medical Societies. She is the newly elected President of the Hong Kong Chinese Medical Association, an organisation which aspires to provide the platform for the Hong Kong medical community in promoting collegial fellowship, continuing medical education and professional links with the Mainland.

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. Dr. Chan’s practice encompasses both medical and cosmetic dermatology. He is also an active member of the Hong Kong medical professional and serves as a Council Member at the Hong Kong Medical Association (2008 - present) and Federation of Medical Societies of Hong Kong (2008 - present). He is also an editor of Hong Kong Medical Diary (2008 - present). He works as an honourary consultant dermatologist in Hospital Authority.
Dr. CHAN Kai-ming

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

Dr. Chan Kai-ming is a Specialist in Infectious Disease. 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 the 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. Currently, Dr. Chan is serving the Social Hygiene Services in the Department of Health.

Prof. Bernard Man-yung CHEUNG

MBBChir, PhD(Cantab), FRCP, FRCPE
Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics
Department of Medicine University of Hong Kong Queen Mary Hospital
Pokfulam Hong Kong

Prof. Bernard Cheung is the First Vice-President of the Federation of Medical Societies of Hong Kong. He is 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.
Dr. Peggy Sau-kwan CHU

MBBS (HK) FRCS (Edin) FCS(HK) FHKAM (Surg) Dip Urol (London)
Consultant, Division of Urology, Department of Surgery, Tuen Mun Hospital, New Territories West Cluster

Dr. Chu received her medical degree from the University of Hong Kong. She then received her urology training from Queen Elizabeth Hospital. Her overseas training took place at the Institute of Urology, University College London. After coming back from London, she continued to work in Queen Elizabeth Hospital until 2006; since then, she continued her career in Tuen Mun Hospital.

Dr. Peggy Chu led the team, including urologists from Princess Margaret Hospital and toxicologists from United Christian Hospital, which reported the first 10 cases in Hong Kong with contracted bladder and upper urinary tract damage associated with ketamine abuse. This discovery has raised the Hong Kong Government's and the community's awareness of the social problems associated with Ketamine abuse. She also provided an affidavit to the Hong Kong High Court, thus leading to more stringent guidelines on sentencing of ketamine abuse since June 2008. Dr. Chu received the Outstanding Staff Award from Hong Kong Hospital Authority in 2009.

Dr. Chu is the trustee of the British Journal of Urology International since June 2019. Dr. Chu is also currently serving as the international adviser of the guideline committee of the European Association of Urology. Dr. Chu had delivered the UAA lecture in the AUA 2019 in Chicago.

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 to the pair exchange living renal transplant programme 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 the 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 anaemia, BK nephropathy and Nocturnal Home Haemodialysis. Currently, he is the Site Principal Investigator for the studies SONAR on Diabetic Nephropathy, ASCEND study on renal anaemia, 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

Ms. Ellen Wai-yin KU
RN, BHSc (Nursing), MPh
Clinical Associate, School of Nursing, The Hong Kong Polytechnic University
Honorary APN (Palliative Care) NTEC HA
Executive Member of Federations of Medical Societies

Ms. Ku is the Clinical Associate School of Nursing, The Hong Kong Polytechnic University, and Honorary APN (Palliative Care) NTEC HA. She is the president of the College of Nursing Hong Kong, which is the regional member association of the International Council of Nurses (ICN).

She is a council member of the Chinese Nurses Association. She was trained as Registered Nurses in the Government School of Nursing at Queen Mary Hospital and receiving her post registration education and training in Palliative Care and Management. Her practice interests are caring for death and dying of both adults and children, plus, supporting their families. She serves as a professional volunteer to various Non-governmental organisations for service development and training.

Dr. Haston Wai-ming LIU
BDS (HK), DGDP (UK), PDipDS (HK), MGDS RCSEd, FHKAM (Dental Surgery), FCDSHK (Fam Dent)
Specialist in Family Dentistry

Dr. Liu is currently the Immediate Past President and Chairman of Task Force on Private Healthcare Facilities Ordinance (PHFO) of Hong Kong Dental Association (HKDA) and Member of Committee on Complaints against Private Healthcare Facilities (also a member of Preliminary Processing Panel) under the PHFO. He has been a part-time lecturer of Faculty of Dentistry of HKU, the Examiner of HK Licensing Examination, MGD/MRACDS Conjoint Examination and MGDS RCS (Edin) Examination, Past Chairman of Committee of General Dentistry of College of Dental Surgeons of Hong Kong and has been a member of Preliminary Investigation Committee, Review Committee and Board of Examiners Committee of the Dental Council of Hong Kong.

Dr. Liu has interests in legislation, ethics, competencies and standards related to the dental profession and the Public-Private Partnership in dental services.
Chairpersons

**Dr. Raymond See-kit LO**

MBBS (Lond), MD (CUHK), MHA (UNSW), Dip Geri 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 fellowships 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.

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**Dr. NG Chun-kong**

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine), MPH (HK), FRCP (Edin, Lond)

Consultant Respiratory Physician, Department of Medicine, Queen Elizabeth Hospital Honorary Clinical Associate Professor, The University of Hong Kong Honorary Clinical Associate Professor, The Chinese University of Hong Kong

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 and home ventilation and auto-fluorescent bronchoscopy.

He is the Hong Kong College of Physicians speciality programme director in respiratory medicine of the Kowloon Central/ Kowloon East cluster.

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 panel chairman of the KCC/KEC Research and Ethics Committee, and deputy panel chairman of the HAHO Central Institutional Review Board. He now serves as the Second Vice President in the Federation of Medical Societies of Hong Kong, and a board member of the Hong Kong Lung Foundation.
Dr. Desmond Gia-hung NGUYEN
MBBS(HK), MHA(NSW)
FRCPsych(UK), FHKCPsych, FHKAM(Psychiatry)
Hospital Chief Executive, Kwai Chung Hospital

Dr. Desmond Nguyen is the Hospital Chief Executive and Consultant Psychiatrist of a public psychiatric hospital providing a wide spectrum of cross discipline psychiatric service in Hong Kong, including substance abuse.

In addition to his role as Consultant of Psychiatry, a position he was held since 2008, Dr. Nguyen is an experienced senior clinician with rich experience in Consultation Liaison Psychiatry and Early Intervention Service for Psychosis. He is actively involved in psychiatric service planning and improvement, such as introducing psychiatric services in accident and emergency department, implementing measures for the prevention of inpatient suicide as well as organising psychological support services for staff.

Dr. Tony Ngan-fat TO
BDS (HKU); PDipGDS (HKU); MOrth (HKU); MOrth RCS (Edinburgh);
FCDSHK (Orthodontics); FHKAM (Dental Surgery); FDS RCS (Edinburgh)
Honorary Clinical Assistant Professor

Dr. To received his Bachelor of Dental Surgery degree with distinction, Postgraduate Diploma, and Master of Orthodontics degree from HKU. Then he was awarded the Membership in Orthodontics from the Royal College of Surgeons of Edinburgh, the Fellowship of the College of Dental Surgeons of Hong Kong (Orthodontics), the Fellowship of the Hong Kong Academy of Medicine (Dental Surgery), and the Fellowship in Dental Surgery from the Royal College of Surgeons of Edinburgh.

Dr. To is a specialist in orthodontics and his main research interests are dental laser, impacted teeth and cone-beam CT. He has publications in both local and international dental journals. He was invited to give lectures locally and internationally. He has special interest in forensic dentistry. Dr. To serves as Honorary Clinical Assistant Professor and Consultant (Dental), he is the dental advisor of the Government Doctors’ Association (GDA) and the Hong Kong Senior Government Officers Association (HKSGOA). He was the past Chairman of GDA and past Senior Vice Chairman of HKSGOA.
Dr. Ludwig Chun-hing TSOI

MBChB, MRCP, MPH, FRCSEd, FHKCEM, FHKAM (Emergency Medicine)
Consultant, A&E Department, QMH
Honorary Clinical Associate Professor, Faculty of Medicine, The Chinese University of Hong Kong and The University of Hong Kong
President, Hong Kong Society for Healthcare Mediation
Member, Regulation Framework and Accreditation Subcommittee, Steering Committee on Mediation, Department of Justice

Dr. Ludwig Tsoi graduated from the Faculty of Medicine CUHK in 1992. He is now the Consultant of the A&E Department of Queen Mary Hospital. He also holds a master degree in law, with a strong interest in alternate dispute resolution, and he sits in the RFA subcommittee of DOJ’s Steering Committee on Mediation. He is currently the President of the Hong Kong Society for Healthcare Mediation. He is also Honorary Clinical Associate Professor of both CUHK and HKU.

Dr. Victor Hip-wo YEUNG

MBBS (HK), FRCSEd (Urology), FCSHK, FHKAM (Surgery)
Honorary Clinical Assistant Professor, Department of Surgery (CUHK)
Specialist in Urology

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 the Chinese University of Hong Kong (CUHK). 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 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 treasurer of the Hong Kong Medical Association (HKMA). In addition, he is the chairman of the Ethics Committee and council member of the Medical Council of Hong Kong (MCHK), executive committee member of Federation of Medical Societies of Hong Kong (FMSHK), Hong Kong Society of Endourology (HKSE) and Hong Kong University Medical Alumni Association (HKUMAA).
Ms. Tina Woan-tyng YIP

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

Ms. Yip 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. Yip works for a pharmaceutical company now as the company pharmacist. She oversees pharmaceutical product registration, marketing, management in distribution practice & code of practice. Ms. Yip is also the founding & current chairman of The Pharmaceutical Distributors Association of Hong Kong.

Dr. Edwin Chau-leung YU

FRCP(Glas), FHKAM, FHKCPaed
Director, InteMed Hong Kong

Dr. Yu practices in both Western and Chinese medicine. He graduated with a Mun Gold Medal in Psychiatry. He was awarded Croucher Fellow in 1987. When he was Founding President of Paediatric Nephrology Society in 1989, he was Honorary Consultant in Queen Mary Hospital. He has been given honorary academic positions in the three universities, as Honorary Professor, HK Baptist University, and as Adjunct Professor in The Chinese University of Hong Kong. Dr. Yu is a founding director and currently Honorary President of the Hong Kong Association for Integration of Chinese-Western Medicine (HKAIM), and also Founding President for the Association for Integration of Aesthetic Medicine (AIAM). He served in the Chinese Medicine Development Committee of HKSAR and a member of the Expert Panel under the Central Research Working Group for Hospital Authority Chinese Medicine Department. Dr. Yu is elected for ten years as Mentor for the Innovation & Technology Scholarship Award Scheme of Innovation & Technology Commission (ITC). Once the Board Chairman of the Hong Kong Museum of Medical Sciences Society, Dr. Yu continues to be the Chairman of the Hong Kong Medical Museum Foundation. He is the Chief Coordinator of Integrative Joint Organizational Platform (IJOP) since 2015 funded by ITC and 3D Acu-Man in 2020.
Let’s Be Clear
Elevating the Standard of Endoscopy
Dr. Donald Li is a specialist in Family Medicine and private practice in Hong Kong. He is the President of the World Organisation of Family Doctors (WONCA) and Chairman of Action Committee Against Narcotics of Narcotics Division of Security Bureau. He is the Censor of the Hong Kong College of Family Physicians. He is the Chairman of the Governing Board of Hong Kong Jockey Club Disaster Preparedness and Response Institute of the Hong Kong Academy of Medicine.

Dr. Li is an active member of many Hong Kong governmental, non-government organisation and public health bodies. He is the member of the Chief Executive's Council of Advisers on Innovation and Strategic Development, member of the Steering Committee on Primary Healthcare Development of Food & Health Bureau, Chairman of the Hong Kong Sheng Kung Hui Welfare Council, Director of the Hong Kong St. John Ambulance Association, Honorary Steward of Hong Kong Jockey Club, Chairman of Professional Committee on Medical Health of Belt and Road General Chamber of Commerce.
Panel Discussion
Co-chairman

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 Assistant Professor, The University of Hong Kong
Clinical Associate Professor(Honorary), 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 Assistant Professor of The University of Hong Kong and the Clinical Associate Professor(Honorary) of 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 a 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.
Panel Discussion

Panelist

Prof. TANG Wai-kwong

MBChB (CUHK), MD (CUHK), MRCPsy, FRCPsy, FHKSPsych, FHKAM (Psychiatry)
Professor, Department of Psychiatry, Faculty of Medicine, the Chinese University of Hong Kong

Topic of The Presentation: Cannabis Abuse in Hong Kong

Professor Wai Kwong Tang was appointed to professor in the Department of Psychiatry, the Chinese University of Hong Kong in 2011. His main research areas are Addictions and Neuropsychiatry in Stroke. Professor Tang has published over 100 papers in renowned journals, and has also contributed to the peer review of 40 journals. He has secured over 20 major competitive research grants. He has served the editorial boards of more than 100 scientific journals. He was also a recipient of the Young Researcher Award in 2007, awarded by the Chinese University of Hong Kong.

Dr. Desmond Gia-hung NGUYEN

MBBS(HK), MHA(NSW), FRCPsych(UK), FHKCPsych, FHKAM(Psychiatry)
Hospital Chief Executive, Kwai Chung Hospital

Topic of The Presentation: A Psychiatrist’s Perspective in the Challenges and Opportunities in Substance Abuse Service

Dr. Desmond Nguyen is the Hospital Chief Executive and Consultant Psychiatrist of a public psychiatric hospital providing a wide spectrum of cross discipline psychiatric service in Hong Kong, including substance abuse.

In addition to his role as Consultant of Psychiatry, a position he was held since 2008, Dr. Nguyen is an experienced senior clinician with rich experience in Consultation Liaison Psychiatry and Early Intervention Service for Psychosis. He is actively involved in psychiatric service planning and improvement, such as introducing psychiatric services in accident and emergency department, implementing measures for prevention of inpatient suicide as well as organizing psychological support services for staff.
Panel Discussion

Panelist

Mr. Paul Ka-wai KONG
Clinical Psychologist

Topic of The Presentation:
Application of Clinical Psychology in Working with People with Substance Abuse

Mr. Paul Kong is a Clinical Psychologist in Hong Kong and a Member of the Hong Kong Clinical Psychologists Association. He is currently working and providing clinical psychology service in a local public hospital and has accumulated rich experience in the addiction field as well as in the mental health services. He dedicates his time in applying and developing Motivational Interviewing (MI) in Chinese societies and is a certified MI trainer in the international MI Network of Trainers (MINT). He is the founding chairman of the Chinese Association of Motivational Interviewing (CAMI).

Ms. Stella CHENG
PDOT(HKPU), MPH(UoL), ROT(HK)
Professor of Practice

Topic of The Presentation:
Possible Contributions of Occupational Therapy in Fighting Against Substance Abuse in Hong Kong

Ms. Stella Cheng is the chairperson of the Hong Kong Occupational Therapy Association and the Hong Kong Delegate to the World Federation of Occupational Therapists. She is currently the Professor of Practice in Occupational Therapy of the Rehabilitation Sciences Department in the Hong Kong Polytechnic University. She had been the co-chairman of the Coordinating Committee of Occupational Therapy Service in the Hospital Authority for over ten years. Before her retirement, she was the Clinical Stream Coordinator for Allied Health Service in Kowloon West Cluster. Ms. Cheng had worked in the public hospitals, including both mental health and physical service, for over 35 years after her graduation from the Hong Kong Polytechnic University and had been an Occupational Therapy Department Manager for over 25 years. She had involved in various community projects, including Occupational Lifestyle Redesign Programme for students at risk in secondary schools and Active Living Programme for the elderly in Residential Care Homes for the Elderly in Kwai Tsing area. With post-graduation training in public health, she is actively involved in the development of District Health Center in Hong Kong.
Panel Discussion

Panelist

Dr. Cecilia Yuen-man FAN
MBBS (HKU), FHKCFP, FRACGP, FHKAM (Fam Med)
Consultant (Family Medicine)

Topic of The Presentation:
Use and Misuse of Drugs with Addictive Potential in General Practice

Dr. Cecilia Fan, graduated from the Faculty of Medicine, University of Hong Kong. Since then, she joins the Department of Health, HKSAR, and is currently Consultant (Family Medicine), Head of Professional Development and Quality Assurance Service of the Department of Health, and Head of Correctional Medical Service, the medical doctor team providing care to Persons in Custody in Correctional Services Department.

She is the vice-president of the Hong Kong College of Family Physicians. She oversees a Family Medicine Training Centre and is active in teaching medical students and post-graduate training of doctors. She is the Honorary Clinical Assistant Professor of the Department of Community and Family Medicine, Chinese University of Hong Kong and Examiners of the Hong Kong College of Family Physicians.

At times of infectious disease endemics, e.g. SARS, Avian Flu, H5N1 and COVID-19 pandemics, Dr Fan is the medical officer in charge of the Medical Post in Quarantine Centres.

Dr. CHAN Yiu-cheung
MBBS (HKU), FRCS(Edin), FHKCEM, FHKAM (Emergency Medicine)
Chief of Service (Accident & Emergency), United Christian Hospital

Topic of The Presentation:
POCT Urine Toxicology - Pearls and Pitfalls

Dr. Chan was graduated from the University of Hong Kong in 1994, and became a specialist in emergency medicine since 2004. He underwent overseas training in clinical toxicology and obtained a preceptorship in medical toxicology from New York City Poison Control Centre. He also obtained fellowship in clinical toxicology of the Hong Kong College of Emergency Medicine (HKCEM) in 2016.

He worked in the Accident & Emergency of United Christian Hospital from 1995 and Hong Kong Poison Information Centre since its establishment in 2005. He is currently the Chief of Service & Consultant in the Accident & Emergency Department of United Christian Hospital.

Dr. Chan is the vice president of the HKCEM and the secretary of Board of Clinical Toxicology. He was the chairman of the Scientific Affair Committee and the vice-chair of the Education Committee of the HKCEM from 2015-2020. He is also the president of the Hong Kong Society of Clinical Toxicology.

He actively participates in training activities for emergency medicine and clinical toxicology. He had over 50 publications in books and peer review journals.
Panel Discussion

Panelist

Dr. Odin Ming-yin CHAN
MBChB, FHKAM(EM), FHKCEM, Dip Clin Tox (HKPIC & HKCEM)
Associate Consultant, Accident and Emergency Department,
Pamela Youde Nethersole Eastern Hospital

Topic of The Presentation:
Acute Management of Common Substance Abuse Poisoning

Dr. Chan is an emergency medicine specialist since 2012. He is currently an Associate Consultant of the Accident and Emergency Department of Pamela Youde Nethersole Eastern Hospital. He acquired toxicology experience in Hong Kong Poison Information Center for one and a half year and Royal Infirmary of Edinburgh Hospital for two months. He attained clinical toxicology fellow in 2018 and became the toxicology team head of the PYNEH A&E department.

He became the Chairman of Clinical Simulation Subcommittee of Hong Kong College of Emergency Medicine and Deputy Director of Nethersole Clinical Simulation Training Center in Hong Kong East Cluster of Hospital Authority since 2018. He organised and taught hundreds of simulation training courses for different specialities. He is also the Honorary Clinical Assistant Professor of Li Ka Shing Faculty of Medicine in The Hong Kong University since 2013.

Dr. SHUM Hoi-ping
MBBS (HK), MD (HK), FHKCP, FHKAM (Med), FRCP (Edin., Lond., Glasgow)
Chief of Service and Consultant

Topic of The Presentation:
Role of Critical Care Medicine in Substance Abuse

Dr. Shum Hoi-ping, Chief of Service of the Department of Intensive Care, Pamela Youde Nethersole Eastern Hospital. After graduated from the Medical School of the University of Hong Kong in 1998, Dr. Shum started his Internal Medicine training and obtained his fellowship in Nephrology, Advanced Internal Medicine and Critical Care Medicine. Dr. Shum’s research interests are the use of extracorporeal blood purification techniques, septic acute kidney injury, and management of infectious disease. He has authored or co-authored > 100 publications on critical care, nephrology and infectious disease related topics. He is currently the chairman of the Hong Kong Society of Critical Care Medicine and the director of Critical Care Nephrology Course in Hong Ko
Panel Discussion

Panelist

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

Topic of The Presentation: Ketamine Abuse and Renal Failure

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 to the pair exchange living renal transplant programme 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 the 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 anaemia, BK nephropathy and Nocturnal Home Haemodialysis. Currently, he is the Site Principal Investigator for the studies SONAR on Diabetic Nephropathy, ASCEND study on renal anaemia, 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.

Dr. Peggy Sau-kwan CHU
MBBS (HK) FRCS (Edin) FCS(HK) FHKAM (Surg) Dip Urol (London)
Consultant, Division of Urology, Department of Surgery,
Tuen Mun Hospital, New Territories West Cluster

Topic of The Presentation: The Urological Damage due to Ketamine Abuse

Dr. Chu received her medical degree from the University of Hong Kong. She then received her urology training from Queen Elizabeth Hospital. Her overseas training took place at the Institute of Urology, University College London. After coming back from London, she continued to work in Queen Elizabeth Hospital until 2006; since then, she continued her career in Tuen Mun Hospital.

Dr. Peggy Chu led the team, including urologists from Princess Margaret Hospital and toxicologists from United Christian Hospital, which reported the first 10 cases in Hong Kong with contracted bladder and upper urinary tract damage associated with ketamine abuse. This discovery has raised the Hong Kong Government's and the community's awareness of the social problems associated with Ketamine abuse. She also provided an affidavit to the Hong Kong High Court, thus leading to more stringent guidelines on sentencing of ketamine abuse since June 2008. Dr. Chu received the Outstanding Staff Award from Hong Kong Hospital Authority in 2009.

Dr. Chu is the trustee of the British Journal of Urology International since June 2019. Dr. Chu is also currently serving as the international adviser of the guideline committee of the European Association of Urology. Dr. Chu had delivered the UAA lecture in the AUA 2019 in Chicago.
Panel Discussion
Panelist

Dr. MA Wai-kit
MBChB (CUHK), FRCSEd(Urology), FCSHK(Urology), FHKAM (Surgery)
Consultant Urologist

Topic of The Presentation:
Ketamine-associated End-stage Nephropathy Necessitating Renal Transplantation

Dr. Ma is an active clinician, administrator as well as academic researcher. He has been trained as the da Vinci Robot Console Surgeon since 2009. He is the author of three book chapters, two review articles, 31 original articles, and 81 abstracts in peer-reviewed journals. He has delivered > 60 lectures and talks in scientific conferences, meetings and courses. His special interests include prostate cancer, robotic and minimally invasive urological surgery. He was one of the pioneers in investigating the devastating effects of ketamine abuse on the bladder and urinary tract function in 2008. He was the first urologist to perform the magnetic resonance imaging-ultrasound fusion targeted prostate biopsy in Hong Kong, both in transrectal and transperineal approaches.

Dr. Michael Wing-yan LEE
MBBS(HKU), FRCSEd, FCSHK, FRCSEd(SN), FHKAM(Surgery)
Consultant Neurosurgeon, Pamela Youde Nethersole Eastern Hospital
President, The Hong Kong Neurosurgical Society

Topic of The Presentation:
Role of Critical Care Medicine in Substance Abuse

Dr. Michael Lee is the Consultant Neurosurgeon at Pamela Youde Nethersole Eastern Hospital and the Honorary Clinical Associate Professor of the Chinese University of Hong Kong. He graduated from the University of Hong Kong in 1994 and pursued his surgical and neurosurgical training at Pamela Youde Nethersole Eastern Hospital and Prince of Wales Hospital. He received overseas training in North America in the field of stereotactic and functional neurosurgery in 2002. His interests include brain mapping and intraoperative neuro-monitoring, awake craniotomy, neuro-oncology (including microneurosurgery, endoscopic skull base surgery and radiosurgery), functional disorders, including movement disorders and pain disorders using radiofrequency lesioning and deep brain stimulation. Moreover, he is devoted to education. Besides teaching medical students, to name a few, he is a trainer of Intern Orientation, Basic Surgical Trainees, Higher Surgical Trainees, and Crew Resource Management (CRM) simulation for medical and nursing staff. He is a trainer as well as the Hong Kong Training Centre Coordinator of the Advanced Stroke Life Support (ASLS) course. He is also the Coordinator of the Hong Kong Brain Bee Competition for secondary school students. He is currently the President of the Hong Kong Neurosurgical Society.
Panel Discussion

Panelist

Dr. Patrick IP
FRCPCH(UK), FHKAM(Paed), FHKCPaed, MRCP(UK), MRCPCH(UK), MBBS(HK), MPH, DCH(IRE), DCH(GLAS), Dip Med(CUHK)
Clinical Associate Professor, Department of Paediatrics & Adolescent Medicine, The University of Hong Kong
President, Hong Kong Paediatric Society

Topic of The Presentation:
Impact of Maternal Substance abuse on Children

Dr. Patrick Ip is a Clinical Associate Professor of Department of Paediatrics & Adolescent Medicine, The University of Hong Kong and an Honorary Consultant in Paediatrics, Queen Mary Hospital. He also appointed by HKSAR as Non-official member in Hong Kong Commission on Children, Advisory Committee on Mental Health, Steering Committee on Prevention and Management of Non-Communicable Diseases. He is also the President of Hong Kong Paediatric Society.

Dr. Ip is a specialist paediatrician with special interest in Child Health, Neurology and Developmental Behavioural Paediatrics. He is an expert in early childhood development and has been working for UNICEF and China Development Research Foundation (CDRF) on various child health projects in East Asia Pacific Region as well as in Greater China. Dr. Ip has much experience and publications on early childhood development, neurodevelopmental disorders, and global health issues. He has been one of the key coordinators of integrated child health service between hospital and the community and coordinated the Comprehensive Child Development Service (CCDS) of Hospital Authority since its implementation in 2006 until he joined the University of Hong Kong in 2009. He is an appointed tutor of the Association for Research in Infant and Child Development, United Kingdom and the official trainer of Griffith’s Mental Developmental Scale. His research focus on different dimensions of Community Child Health including early brain development, early intervention, underprivileged children, safeguarding children, child abuse, child mental health, disability and rehabilitation, public health & health promotion.

Ms. Sally Shi-po POON
Master of Nutrition and Dietetics (University of Sydney)
BSc Nutrition (King’s College, London), Dietitian (HCPC, UK)
Accredited Practising Dietitian (Dietitians Australia)
Dietitian
Part-time Dietitian at Maggie’s Cancer Caring Centre

Topic of The Presentation:
Nutrition Issues in Chronic Drug Users

Sally has over 13 years’ experience in dietetics. She is a private dietitian, and has a part-time role at Maggie’s Cancer Caring Centre. She is currently the Chairman of Hong Kong Practising Dietitians Union, committee member of Child Nutrition Advisory Group, board of advisor of Love 21 Foundation (a charity that supports the Down syndrome and autistic community in Hong Kong), and honorary advisor of Cancerinformation.com.hk Charity Foundation. Sally is the winner of "Best Food and Travel Book" of the Hong Kong Golden Book Awards 2018.
Panel Discussion

Panelist

Dr. Lobo Hung-tak LOUIE

DPE, Springfield College, USA
Associate Professor in the Department of Sport and Physical Education,
Hong Kong Baptist University

Topic of The Presentation:
Sports as the Therapeutic Tool to Prevent Drugs Abuse

Dr. Lobo Hung-tak Louie obtained his doctorate degree in physical education from Springfield College, U.S.A. and is the Associate Professor in the Department of Sport and Physical Education, Hong Kong Baptist University since 1993. He also serves as the Associate Director of the Dr. Stephen Hui Research Centre for Physical Recreation and Wellness, Hong Kong Baptist University. Dr. Louie is a Fellow and the Immediate Past President of the Hong Kong Association of Sports Medicine and Sports Science. He has published extensively in the international journals and is currently conducting research on school children physical activity. He received the Quality Teaching Award from the Hong Kong Coaching Committee and the Metzler-Freedman Outstanding Paper Award, Journal of Teaching in Physical Education. For community service, he serves in the Elite Sports Committee, Sports Commission, Working Group on Sports Facilities, Football Task Force, Home Affairs Bureau, HKSAR and Steering Committee on Prevention and Control of Non-Communicate Disease, Diet and Physical Activity, Food and Environmental Hygiene Bureau, HKSAR; Health Care and Promotion Fund Reviewer, Food and Health Bureau, HKSAR. Textbook Reviewer, Education Bureau, HKSAR; Technical Advisor, Employees Retraining Board, HKSAR.

Dr. LEUNG Kwok-yin

MBBS, M.D., FRCOG, FHKAM(O&G), Dip Epidem & Appl Statistics,
Cert HKCOG (MFM)
Specialist in O&G
Honorary Consultant in O&G, Gleneagles Hong Kong
Honorary Associate Professor, Dept of O&G, The University of Hong Kong

Topic of The Presentation:
Drug Abuse in Pregnancy

Dr. Leung is currently a private specialist in O&G, Honorary Consultant in O&G, Gleneagles Hong Kong, and Honorary Associate Professor, Dept of O&G, HKU.

Locally, he is the founding President of Hong Kong Society for Ultrasound in Medicine, a Council member of both HKCOG and OGHSK, and a Senior Editor of the Hong Kong Medical Journal.

Internationally, he is the Chairman of Education Committee of Asia Federation for Societies of Ultrasound in Medicine and Biology, the Director of Hong Kong branch, Ian Donald School of Medical Ultrasound, guest Associate Editor of Frontiers in Genetics, and a reviewer of several international journals.

Serving the community, he is a Member of Council on Human Reproductive Technology, Hong Kong Convention Ambassador, Member of committee on promotion of breastfeeding under Food & Health Bureau, and Member of assessment board, Health and Medical Research Fund.


He received several awards, including Asia Pacific Grant Award (1998/1999), Best Original Article Award, Hong Kong Medical Journal (2016), and Best Short oral presentation, ISUOG Congress (2018).
# Certificate Course on Complaint Management 2021

**Objective:**
- Understand current regulatory system for healthcare professionals
- Recognise key elements in a fair complaint management process and system
- Familiarise with current developments in complaint management
- Gain confidence in management of adverse incident with media involvement
- Establish the patients’ needs through questions and listening
- Appreciate key skills and qualities needed to handle patient complaints effectively

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<thead>
<tr>
<th>Date</th>
<th>Topics</th>
<th>Speakers</th>
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<tr>
<td>17 Aug 2021</td>
<td><strong>Complaint system</strong>&lt;br&gt;The rights-, interest-, and power-based complaint system&lt;br&gt;Complaint system design - with resolution and preventive focus</td>
<td>Dr. Ludwig TSOI</td>
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<tr>
<td>24 Aug 2021</td>
<td><strong>Complaint – is somebody at fault?</strong>&lt;br&gt;Complaint system of Medical Council and other regulatory bodies</td>
<td>Dr. Robert LAW</td>
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<td>31 Aug 2021</td>
<td><strong>Media in complaint</strong>&lt;br&gt;Handling media in adverse events</td>
<td>Dr. Carl LEUNG</td>
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<td>7 Sept 2021</td>
<td><strong>Complaint management</strong>&lt;br&gt;Practical tips on handling complaints and how to survive a legal action</td>
<td>Ms. Suk-chong LEUNG&lt;br&gt;Ms. Asha SHARMA</td>
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<tr>
<td>14 Sept 2021</td>
<td><strong>Complaint – what’s new</strong>&lt;br&gt;Just culture, open disclosure and apology handing</td>
<td>Dr. Kai-ming CHOW</td>
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<td>21 Sept 2021</td>
<td><strong>Patients’ complaint</strong>&lt;br&gt;Patients’ complaint avenue in HK&lt;br&gt;What motivate patients to complain&lt;br&gt;What they want and deserve</td>
<td>Dr. Kim-lien ONG</td>
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**Date:** 17, 24, 31 August & 7, 14, 21 September 2021 (Every Tuesday)

**Duration of session:** 1.5 hours (6 sessions)

**Time:** 7:00 pm – 8:30 pm

**Course Feature:** Video lectures (with Q&A platform for participants to post the questions)

**Quiz for doctors:** To tie in with the CME requirements for video lectures, DOCTORS are required to complete a quiz after the completion of each lecture.

**Language Media:** Cantonese (Supplemented with English)

**Course Fee:** HK$1,000

**Certificate:** Awarded to participants with a minimum attendance of 70%

**Deadline:** 14 August 2021

**Enquiry:** The Secretariat of The Federation of Medical Societies of Hong Kong
Tel.: 2527 8898  Fax: 2865 0345  Email: vienna.lam@fmshk.org

**CME / CNE / CPD Accreditation in application**

Online Application from website: [http://www.fmshk.org](http://www.fmshk.org)
Panel Discussion
Facilitators

Dr. Peggy Sau-kwan CHU
MBBS (HK) FRCS (Edin) FCS(HK) FHKAM (Surg) Dip Urol (London)
Consultant, Division of Urology, Department of Surgery,
Tuen Mun Hospital, New Territories West Cluster

Dr. CHU received her medical degree from the University of Hong Kong. She then received her urology training from Queen Elizabeth Hospital. Her overseas training took place at the Institute of Urology, University College London. After coming back from London, she continued to work in Queen Elizabeth Hospital until 2006; since then, she continued her career in Tuen Mun Hospital.

Dr. Peggy CHU led the team, including urologists from Princess Margaret Hospital and toxicologists from United Christian Hospital, which reported the first 10 cases in Hong Kong with contracted bladder and upper urinary tract damage associated with ketamine abuse. This discovery has raised the Hong Kong Government’s and the community’s awareness of the social problems associated with Ketamine abuse. She also provided an affidavit to the Hong Kong High Court, thus leading to more stringent guidelines on sentencing of ketamine abuse since June 2008. Dr. CHU received the Outstanding Staff Award from Hong Kong Hospital Authority in 2009.

Dr. CHU is the trustee of the British Journal of Urology International since June 2019. Dr. CHU is also currently serving as the international adviser of the guideline committee of the European Association of Urology. Dr. CHU had delivered the UAA lecture in the AUA 2019 in Chicago.

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 to the pair exchange living renal transplant programme 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 the 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 anaemia, BK nephropathy and Nocturnal Home Haemodialysis. Currently, he is the Site Principal Investigator for the studies SONAR on Diabetic Nephropathy, ASCEND study on renal anaemia, 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.
Panel Discussion
Facilitators

Dr. Desmond Gia-hung NGUYEN
MBBS(HK), MHA(NSW)
FRCPsych(UK), FHKCPsych, FHKAM(Psychiatry)
Hospital Chief Executive, Kwai Chung Hospital

Dr. Desmond Nguyen is the Hospital Chief Executive and Consultant Psychiatrist of a public psychiatric hospital providing a wide spectrum of cross discipline psychiatric service in Hong Kong, including substance abuse.

In addition to his role as Consultant of Psychiatry, a position he was held since 2008, Dr. Nguyen is an experienced senior clinician with rich experience in Consultation Liaison Psychiatry and Early Intervention Service for Psychosis. He is actively involved in psychiatric service planning and improvement, such as introducing psychiatric services in accident and emergency department, implementing measures for the prevention of inpatient suicide as well as organising psychological support services for staff.

Dr. Ludwig Chun-hing TSOI
MBChB, MRCP, MPH, FRCSEd, FHKCEM, FHKAM (Emergency Medicine)
Consultant, A&E Department, QMH
Honorary Clinical Associate Professor, Faculty of Medicine,
The Chinese University of Hong Kong and The University of Hong Kong
President, Hong Kong Society for Healthcare Mediation
Member, Regulation Framework and Accreditation Subcommittee,
Steering Committee on Mediation, Department of Justice

Dr. Ludwig Tsoi graduated from the Faculty of Medicine CUHK in 1992. He is now the Consultant of the A&E Department of Queen Mary Hospital. He also holds a master degree in law, with a strong interest in alternate dispute resolution, and he sits in the RFA subcommittee of DOJ’s Steering Committee on Mediation. He is currently the President of the Hong Kong Society for Healthcare Mediation. He is also Honorary Clinical Associate Professor of both CUHK and HKU.
# Certificate Course on Respiratory Medicine 2021

**Video Lectures**

*Jointly organised by*

## Objectives:
To enhance understanding and provide recent updates in various aspects of Respiratory medicine.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
<th>Speakers</th>
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</thead>
<tbody>
<tr>
<td>1 Sept 2021</td>
<td>Airway diseases</td>
<td>Dr. Maureen Wong C(SG)ICU, CMC</td>
</tr>
<tr>
<td>8 Sept 2021</td>
<td>Radiological investigation for Pulmonary disease</td>
<td>Dr. CM Wong AC (Med) NDH</td>
</tr>
<tr>
<td>15 Sept 2021</td>
<td>Lung cancer - Pulmonologist’s prospective</td>
<td>Dr. HC Fan Consultant (M&amp;G) RTHKH</td>
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<tr>
<td></td>
<td>Lung cancer - Oncologist’s prospective</td>
<td>Dr. YK Lam Consultant (M&amp;G) / UCH</td>
</tr>
<tr>
<td>29 Sept 2021</td>
<td>Management of Pleural Diseases</td>
<td>Dr. CF Choy AC (Med) TKOH</td>
</tr>
<tr>
<td>6 Oct 2021</td>
<td>Indication, monitoring and troubleshooting for CPAP therapy</td>
<td>Ms. Maggie Lui KGC NC(Respiratory) / QE H NC(Respiratory)</td>
</tr>
</tbody>
</table>

**Date:** 1, 8, 15, 29 September & 6 October 2021 (Wednesday, skip 22 September, public holiday)

**Time:** 7:00 p.m. – 9:00 p.m. (2 hours per session)

**Course Feature:** Video lectures (with Q&A platform for participants to post the questions)

**Quiz for doctors:** To tie in with the CME requirements for video lectures, DOCTORS are required to complete a quiz after the completion of each lecture

**Language Media:** Cantonese (Supplemented with English)

**Course Fee:** HK$1,200 (5 sessions)

**Certificate:** Awarded to participants with a minimum attendance of 70%

**Deadline:** 24 August 2021

**Enquiry:** The Secretariat of The Federation of Medical Societies of Hong Kong
Tel.: 2527 8898  Fax: 2865 0345  Email: vienna.lam@fmshk.org

CME / CNE / CPD Accreditation in application

Online Application from website: [http://www.fmshk.org](http://www.fmshk.org)
Certified Course on

Renal Medicine 2021

(Video Lectures)

Jointly organised by

The Federation of Medical Societies of Hong Kong

Hong Kong Society of Nephrology

Objectives:

To update the participants on new advances in renal medicine and clinical practice of common renal problems, and to help the participants to interpret results of common renal investigations.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
<th>Speakers</th>
</tr>
</thead>
</table>
| 2 Sept 2021| Common Investigation Tests for Renal Disease Including Approach to Proteinuria and Haematuria | Dr. Sze-kit YUEN  
Associate Consultant  
Department of Medicine & Geriatrics  
Caritas Medical Centre |
|            | Update and Management of Acute Kidney Injury                           | Dr. Chun-hay TAM  
Clinical Associate Professor (Honorary)  
Department of Medicine & Therapeutics  
The Chinese University of Hong Kong  
Honorary Clinical Assistant Professor  
Department of Medicine, University of Hong Kong |
| 9 Sept 2021| ABC of Hemodialysis Therapy                                            | Dr. Gensy Mei-wa TONG  
Director  
Renal Care  
Hong Kong Baptist Hospital  
Nephrologist-in-charge  
Kai Tak Hemodialysis Centre |
|            | Update and Management of Glomerular Disease                            | Dr. Elaine Tsz-ling HO  
Associate Consultant  
Department of Medicine  
Tsuen Wan Q C Hospital |
| 16 Sept 2021| Nutritional Management in Kidney Diseases                              | Ms. Cherry Pui-kwan LAW  
Dietitian  
Paterson Royal ν Northcote Eastern Hospital |
|            | Kidney Involvement in Multi-System Disorders                           | Dr. Desmond Yet-Hin YAP  
Clinical Associate Professor  
Department of Medicine  
University of Hong Kong |
| 23 Sept 2021| Drug Prescribing in Renal Failure                                      | Dr. Anthony Kai-ching HAU  
Associate Consultant  
Department of Medicine & Geriatrics  
Tuen Mun Hospital |
|            | ABC of Peritoneal Dialysis Therapy                                     | Dr. Joseph Ho-sing WONG  
Associate Consultant  
Department of Medicine  
Queen Elizabeth Hospital |
| 30 Sept 2021| Update on Diabetic Nephropathy                                         | Dr. Maggie Kam-man MA  
Associate Consultant  
Department of Medicine  
Queen Mary Hospital |
|            | Update and Management of Chronic Kidney Disease                        | Dr. Wing-fai PANG  
Associate Consultant  
Department of Medicine & Therapeutics  
Prince of Wales Hospital |
| 7 Oct 2021 | Update and Management of Hypertension                                  | Dr. Wai-yuan LAU  
Associate Consultant  
Department of Medicine  
Alice Ho Mu Ling Nethersole Hospital |
|            | ABC of Renal Transplantation                                           | Dr. Ka-fai YIM  
Associate Consultant  
Department of Medicine & Geriatrics  
Princess Margaret Hospital |

Date: 2, 9, 16, 23, 30 September & 7 October, 2021 (Every Thursday)

Duration of session: 1.5 hours (6 sessions)

Time: 7:00 pm – 8:30 pm

Course Feature: Video lectures (with Q&A platform for participants to post the questions)

Quiz for doctors: To be in with the CME requirements for video lectures, DOCTORS are required to complete a quiz after the completion of each lecture

Language Media: Cantonese (Supplemented with English)

Course Fee: HK$1,000

Certificate: Awarded to participants with a minimum attendance of 70% (4 out of 6 sessions)

Deadline: 25 August 2021

Enquiry: The Secretariat of The Federation of Medical Societies of Hong Kong

Tel.: 2527 8598  
Fax: 2868 0345  
Email: vienna.lam@fmshk.org

CME / CNE Accreditation in application

Online Application from website: http://www.fmshk.org