



HONG KONG CHINESE MEDICAL ASSOCIATION LTD.

香港中華醫學會有限公司

ANNUAL SCIENTIFIC MEETING 2024

**FRONTIERS IN CLINICAL PRACTICE:
BRIDGING PRIMARY AND SPECIALIST CARE**

14 JULY 2024

Co-organized by



The Federation of Medical Societies of Hong Kong
香港醫學總學會

BRING PROTECTION TO LIFE IN CKD



Now Recommended as
First-Line Treatment in
KDIGO 2024 CKD Guideline^{1,11}



↓39%

Composite of CKD progression, ESKD, or renal or CV death vs placebo (NNT=19 patients)[§]

(HR 0.61; 95% CI, 0.51, 0.72; p<0.001)[§]



↓31%

All-cause mortality vs placebo

(HR 0.69; 95% CI, 0.53, 0.88; p=0.004)[§]



↓29%

Composite of CV death or hHF vs placebo

(HR 0.71; 95% CI, 0.55, 0.92; p=0.009)[§]



Slowed eGFR deterioration

(Between-group change/year in mean eGFR (chronic slope): 1.9 mL/min/1.73 m² (FORXIGA/placebo)[§]



Consistent efficacy[§]

Regardless of T2D status[§], baseline eGFR^{§,2}, CKD stage^{§,4} and aetiology^{§,14}



Simple and well tolerated

Consistent safety shown in patients with CKD, with or without T2D^{§,1}. Similar hypoglycaemia rates[§] and less frequent AKI-related SAEs vs placebo^{§,1}

INITIATE TREATMENT^{§1}

GFR

≥25



For broad range^{*} of CKD patients,
TREAT EARLY WITH FORXIGA NOW**

[§] FORXIGA is indicated for the treatment of chronic kidney disease in adult patients with or without T2D¹

¹ Primary composite endpoint of a 50% sustained decline in eGFR, reaching ESKD, or renal or CV death. ESKD is defined as maintenance dialysis for ≥28 days, kidney transplantation, or an estimated GFR of <15 mL per minute per 1.73 m² confirmed by a second measurement after ≥28 days.

[§] Baseline eGFR categories: <45 mL/min/1.73m² and ≥45 mL/min/1.73m²

² Observed only in T2D patients

⁴ CKD stage groups: Stage 4 and Stage 2/3

^{§,14} Diabetic nephropathy, glomerulonephritis, ischaemic or hypertensive CKD, or CKD of other or unknown cause

[§] In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. If well tolerated, the dose may be increased to 10 mg.

[§] In DAPA-CKD, patients may continue on FORXIGA 10 mg once daily if eGFR falls below 25 mL/min/1.73m².

[§] Due to limited experience, it is not recommended to initiate treatment with dapagliflozin in patients with GFR <25 mL/min.

^{***} Consistent efficacy regardless of T2D status and eGFR baseline.

AKI, acute kidney injury; CV, cardiovascular; CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate; ESKD, end-stage kidney disease; GFR, glomerular filtration rate; HF, heart failure; hHF, hospitalisation for heart failure; HR, hazard ratio; KDIGO, Kidney Disease Improving Global Outcomes; NNT, number needed to treat; SAE, serious adverse event; SGLT2i, sodium-glucose cotransporter 2 inhibitor; T2D, type 2 diabetes; UACR, urine albumin-to-creatinine ratio.

References: 1. KDIGO. Kidney Int. 2023 Apr;123(4S):S117-S174. 2. Heerspink HJL, et al. N Engl J Med. 2020;382:1436-1446. 3. Wheeler DC, et al. Lancet Diabetes Endocrinol. 2021;9:222-31. 4. Cherrier GM, et al. J Am Soc Nephrol. 2021;32:2352-2361. 5. Hengstenberg M, et al. Kidney Int. 2021;50085-51082/100865-6. 6. FORXIGA 10 mg film-coated tablets. Hong Kong Prescribing Information, December 2023.



For FORXIGA Abbreviated Prescribing Information
Please Scan the QR Code

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Intended for healthcare professionals only.

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TABLE OF CONTENTS

2	Welcome Messages
5	Cabinet of HKCMA & Organizing Committee
6	HKCMA Mission and Vision
7	Scientific Programme
9	Faculty At-a-Glance
10	Academic Accreditation
11	Congratulatory Messages
30	Lectures Synopsis
68	Sponsorship Acknowledgment

WELCOME MESSAGE

Dear Friends and Colleagues,

It gives me great pleasure to welcome you to the 2024 Annual Scientific Meeting (ASM) of the Hong Kong Chinese Medical Association Ltd (HKCMA) to be held via hybrid format.

Our ASM has proudly gone from strength to strength. This year marks our establishment of the Chinese Academy of Sciences Academician (中國科學院院士) Distinguished Lecture, and we are very fortunate and much honoured to have Academician Prof. Ma Jun (馬駿院士) from Sun Yat-sen University (中山大學) to launch this tradition for our ASM.



The establishment of this Distinguished Lecture arises from the wish of the HKCMA in honouring great clinical scientists in the Mainland, and this wish was realized when a generous donor (who chose to remain anonymous) decided to donate for this cause within an hour of receiving our invitation. The story tells of a good heart to support the promotion of cross-border academic exchange, and of humble generosity, to whom the HKCMA is tremendously grateful.

To meet the expectations of our theme for the 2024 ASM, the Organizing Committee (OC) has worked tirelessly to identify topics and relevant speakers for the various primary care issues as seen in the eyes of specialists. The programme would not have been so rich in content and variety without the meticulous fine-tuning by the OC and their 360 degree surveying of medical topics which will interest our conference participants, be they specialists, generalists, doctors, nurses, or allied health colleagues.

Lastly, an important vote of thanks to our Guest of Honour Dr. Ko Wing-man, as well as to all our speakers and chairs, all our industry partners, and all our attendees. The ASM would not make a scene in town without your kind presence and support.

Yours respectfully,



Dr. Jane Chun-kwong CHAN

President

Hong Kong Chinese Medical Association Ltd.

WELCOME MESSAGE

Dear colleagues, guests, and all participants,

Hello everyone! As the Chairman of the Education Committee, it is a great honour for me to represent the Hong Kong Chinese Medical Association Ltd and welcome you all to attend the 2024 Annual Scientific Meeting. This year's meeting will be held at the Cordis Hotel in Hong Kong on July 14, 2024. It will last from morning to afternoon. It will be a professional event full of enlightenment and harvest.



The scientific meeting will focus on several important medical topics, from obesity to vaccination and infectious diseases, to asthma, lung cancer and public-private healthcare collaboration in major community diseases such as hypertension, diabetes and kidney disease, all topics being important focus of the medical community. We look forward to promoting the dissemination and innovation of knowledge through these discussions and contributing more to social health in the community.

We are especially grateful to an anonymous donor who has enabled Professor Ma Jun (馬駿院士) from the Chinese Academy of Sciences (中國科學院) to deliver a distinguished lecture entitled "Fostering young talents and forging competitive teams through clinical problem-oriented research" at this meeting. Professor Ma's outstanding research and profound insights will bring us valuable enlightenment and inspire us to continue to improve in our professional fields.

In this ever-changing medical environment, collaboration and mutual assistance not only help to improve the efficiency of diagnosis and treatment but also promote cross-field innovation and development. The theme of this year's scientific meeting, "Frontiers of Clinical Practice: Bridging Primary and Specialist Care," emphasises the crucial collaboration and linkage between primary care doctors and specialists, which facilitates quality medical services and ultimately better health results for our community.

Finally, I would like to express my deepest gratitude to all the speakers, presenters, delegates and our industrial partners. Without your support and participation, we would not have been able to present such a high-level meeting. I hope that everyone will gain something from the discussions and learning, and jointly move towards a new peak in medical practice.

Thank you again for your participation and I wish the ASM a complete success! Thanks! Thanks!

Yours sincerely,

A stylized, cursive handwritten signature in black ink, appearing to read 'Henry Chiu-fat YEUNG'.

Dr. Henry Chiu-fat YEUNG

*Chairman, Education Committee,
Hong Kong Chinese Medical Association Ltd.*

WELCOME MESSAGE

Dear Friends and Colleagues,

On behalf of the Organizing Committee for the Annual Scientific Meeting (ASM) 2024 of the Hong Kong Chinese Medical Association, we would like to extend our warm welcome to you for joining our ASM 2024. This year's theme, "Frontiers in Clinical Practice: Bridging Primary and Specialist Care," promises to be an enriching experience for all participants.



In recent years, we witnessed enormous developments in professional knowledge and rapid advances in medical technology. It's truly remarkable how the field of medicine continues to evolve, bringing together experts from various backgrounds to advance our understanding and improve patient care. We are privileged and honored to have invited a distinguished panel consisting of international, mainland and local academia and experts to share with us the contemporaneous developments and updates in medical knowledge and technology. Our comprehensive scientific programme covers a wide range of critical topics, from infectious diseases to oncology, from chronic medical disorders to dermatology, and medico-legal to the ethical implications of AI in clinical practice, etc. We are much delighted to have Professor Ma Jun, Academician of the Chinese Academy of Sciences, to come to Hong Kong and deliver a talk on "Fostering Young Talents and Forging Competitive Teams through Clinical Problem-Oriented Research." 「以臨床問題為導向開展科技創新，在項目中培養青年人才，鍛造有國際競爭力團隊」。 Our guest of honor Dr. Ko Wing Man, Standing Member of the National Committee of the Chinese People's Political Consultative Conference, will also deliver an opening address.

Our ASM 2024 not only serves as a hub for professional collaboration but also provides a golden opportunity to expand social networks. The diverse scientific program promises an exciting and fruitful experience for attendees. Wishing everyone a successful and enriching meeting!

Yours sincerely,



Dr. Carol Chi-hei KWOK

Co-chairperson

Organizing Committee of ASM 2024

Hong Kong Chinese Medical Association Ltd.



Dr. Chun-kong NG

Co-chairperson

Organizing Committee of ASM 2024

Hong Kong Chinese Medical Association Ltd.



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Chairman of HKCMA Education Committee:	Dr. Henry Chiu-fat YEUNG	楊超發醫生
Scientific Co-chairs:	Dr. Daniel Wai-sing CHU Dr. Mike Yat-wah KWAN	朱偉星醫生 關日華醫生
Ex officio member:	Dr. Jane Chun-kwong CHAN	陳真光醫生
Members:	Dr. Adrian Yan-yue CHEONG Dr. Albert Yim-fai KONG Dr. Adrian Hon-bong LEUNG Dr. Siu-kwan NG Dr. Charas Yeu-theng ONG	張仁宇醫生 江炎輝醫生 梁漢邦醫生 吳少君醫生 王予婷醫生

ACADEMIC ACCREDITATIONS

Colleges	CME point(s)
The Hong Kong College of Anaesthesiologists	6.00
Hong Kong College of Community Medicine	6.00
The College of Dental Surgeons of Hong Kong	Pending
Hong Kong College of Emergency Medicine	5.50
The Hong Kong College of Family Physicians	Pending
The Hong Kong College of Obstetricians and Gynaecologists	5.00
The College of Ophthalmologists of Hong Kong	Pending
The Hong Kong College of Orthopaedic Surgeons	Pending
The Hong Kong College of Otorhinolaryngologists	3.00
Hong Kong College of Paediatricians	6.00
The Hong Kong College of Pathologists	6.00
Hong Kong College of Physicians	5.00
The Hong Kong College of Psychiatrists	5.50
Hong Kong College of Radiologists	6.00
The College of Surgeons of Hong Kong	6.00
Hong Kong Academy of Medicine (MCHK CME)	5.00

FACULTY AT-A-GLANCE

SPEAKERS

Prof. Yunlong Richard CAO 曹雲龍博士

Assistant Professor, Biomedical Pioneering Innovation Center,
Peking-Tsinghua Center for Life Science, Peking University
Principal Investigator at Beijing Changping Laboratory

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Specialist in Cardiology

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Assistant Commissioner for Primary Healthcare 2
Primary Healthcare Officer, Health Bureau

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Specialist in Dermatology and Venereology
Program director of Asian Medical Experts Academy

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Senior Endocrinologist, Royal Prince Alfred Hospital

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Paediatric Immunology Allergy and Infectious Diseases Specialist
Executive Committee Member (Hong Kong) and President-Elect of the
Asian Society for Pediatric Infectious Diseases (ASPID)

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BSc Hons (Computer Science)

SCIENTIFIC PROGRAMME

	Ballroom I & II (Level 7)	Shanghai Room I & II (Level 8)
0900-0925	Registration (onsite and online)	
0925-0930	Welcome Message Dr. Jane Chun-kwong CHAN 陳真光醫生 <i>President, Hong Kong Chinese Medical Association Ltd.</i>	
0930-1100	Session 1 - Hot Topics in Infectious Diseases (1) Chaired by Dr. Thomas Ho-fai TSANG 曾浩輝醫生 Dr. Chun-kong NG 吳振江醫生	Concurrent Session 1 Chaired by Prof. Bernard Man-yung CHEUNG 張文勇醫生 Dr. Carol Chi-hei KWOK 郭子熹醫生
0930-1000	Why the Need for Expansion in pneumococcal Prevention Coverage as Invasive Pneumococcal Disease Evolves Dr. LO Ho-yin 盧浩然醫生	
1000-1030	RSV Prevention in the Elderly with the Latest Adjuvanted Vaccine Prof. Grant WATERER	Advancing the Frontiers of Targeted Therapy in Managing Adenocarcinoma of the Lung Prof. Victor Ho-fun LEE 李浩勳醫生
1030-1100	HPV Vaccination: Broaden Protection Against HPV-related Cancers with Gender Equity Dr. Daniel Cheung-shing CHIU 趙長成醫生	Management of Difficult-to-treat and Severe Asthma Dr. Fanny Wai-san KO 古惠珊醫生
1100-1120	Break	
1120-1210	Opening Ceremony Opening Address by Guest of Honour Dr. KO Wing-man 主禮嘉賓全國政協常務委員高永文醫生致辭	
1210-1255	Chinese Academy of Sciences Academician Distinguished Lecture 中國科學院院士榮譽演講 Chaired by Dr. Jane Chun-kwong CHAN 陳真光醫生 Fostering Young Talents and Forging Competitive Team through Clinical Problem-Oriented Research 以臨床問題為導向開展科技創新：在項目中培養青年人才、鍛造有國際競爭力團隊 Prof. MA Jun 馬駿院士 <i>Academician, the Chinese Academy of Sciences 中國科學院院士</i>	
1255-1405	Session 2 - Plenary Lunch Symposium on Obesity Chaired by Dr. Adrian Yan-yue CHEONG 張仁宇醫生, Dr. Siu-kwan NG 吳少君醫生	
1305-1330	Redefining Obesity Using a Chronic Disease Management Approach for Patient Care A/Prof. Samantha HOCKING	
1330-1345	Surgical Approach to Obesity and Type 2 Diabetes Dr. Simon Kin-hung WONG 黃健鴻醫生	
1345-1405	The Great Debate: Medical vs Surgical Approach to Obesity A/Prof. Samantha HOCKING Dr. Simon Kin-hung WONG 黃健鴻醫生 Dr. Michele YUEN 袁美欣醫生	

1405-1535	Session 3 – Advances in the Management of Chronic Diseases Chaired by Dr. Chung-ping HO 何仲平醫生 Dr. Daniel Wai-sing CHU 朱偉星醫生	Concurrent Session 3 – Hot Topics in Infectious Diseases (2) Chaired by Dr. Mike Yat-wah KWAN 關日華醫生 Dr. Jane Chun-kwong CHAN 陳真光醫生
1405-1435	Sustainable Primary Healthcare System for Chronic Disease Prevention and Management – CDCC Pilot Scheme Dr. Tony King-hang HA 夏敬恒醫生 CDCC - A Single Plank Bridge or a 4-lane Highway Dr. Daniel Wai-sing CHU 朱偉星醫生	The Design of Broad-spectrum Anti-SARS CoV2 Prophylaxis Based on Viral Evolution Prediction Prof. Yunlong Richard CAO 曹雲龍博士
1435-1505	Improving T2D and CKD Patient Outcomes with SGLT2i - an Update on Latest Guideline Recommendation Dr. Enoch WU 胡依諾醫生	An Update on Influenza Prof. David Shu-cheong HUI 許樹昌教授
1505-1535	The Cardio-renal-metabolic Axis: Inseparable from Birth Dr. Adrian Yan-yue CHEONG 張仁宇醫生	Seasonal Influenza in Children and Adolescents Dr. Mike Yat-wah KWAN 關日華醫生
1535-1555	Break	
1555-1655	Session 4 Chaired by Dr. Henry Chiu-fat YEUNG 楊超發醫生 Dr. Charas Yeu-theng ONG 王予婷醫生	Concurrent Session 4 Chaired by Dr. Albert Yim-fai KONG 江炎輝醫生 Dr. Adrian Hon-bong LEUNG 梁漢邦醫生
1555-1625	Multiplicity in Medico-legal Proceedings: Claims, Inquests and Medical Council Complaints Ms. Maureen LIU 廖慕賢律師	Point-of-care Testing: Coming of Age Prof. Sidney TAM 譚志輝教授
1625-1655	Current Trends in Aesthetic and Minimal Invasive Procedures, Evidence-based Perspectives Dr. HAU Kwun-cheung 侯鈞翔醫生	The Ethics of AI in Clinical Practice Dr. Robert Kar-ngai YUEN 阮嘉毅醫生
1655-1700	Closing Remarks Dr. Henry Chiu-fat YEUNG 楊超發醫生 Chairman of HKCMA Education Committee	

HKCMA MISSION & VISION

The Hong Kong Chinese Medical Association Ltd. (HKCMA)

A new beginning launched by old guards

In 1995, the HKCMA Ltd. was formally registered as a limited company by guarantee. The first President of the registered company was late Dr. William Chao Sai-chik; the Vice- President was Professor Sydney Chung Sheung-chee; and the Honorary Secretary was Professor Joseph Sung Jao-yiu. The Memorandum of Association stated that the top four objectives of the HKCMA Ltd. are as follows :



To promote the welfare and protect the lawful interests of the medical profession.



To promote and spread knowledge of medical science among the public.



To promote the study of and work for the advancement of medical science.



To promote and encourage unity and friendly relationship among members of the medical profession.

CONGRATULATORY MESSAGE



香港中華醫學會
二零二四年周年科研大會

精研醫粹
廣惠民康

香港特別行政區行政長官李家超



CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

實證醫學
創新科研

香港中華醫學會有限公司 榮譽贊助人

高永文醫生

CONGRATULATORY MESSAGE



香港中華醫學會有限公司
二零二四年周年科研大會誌慶

仁醫博匯
睿見紛陳

醫務衛生局局長盧寵茂



CONGRATULATORY MESSAGE



香港中華醫學會有限公司
二零二四年周年科研大會誌慶

實證醫學
創新科研

醫務衛生局副局長李夏茵



CONGRATULATORY MESSAGE



卓翹
術才
廣萃
揚聚

衛生署署長林文健



香港中華醫學會有限公司二零二四年周年科研大會誌慶

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

香江聚賢
杏林功深

立法會議員 林哲玄醫生



敬賀

CONGRATULATORY MESSAGE



融會實証
集思創新

香港中華醫學會有限公司二零二四年周年科研大會誌慶

香港醫院管理局主席范鴻齡

CONGRATULATORY MESSAGE



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香港中華醫學會有限公司二零二四年周年科研大會誌慶

香港醫院管理局行政總裁高拔陞

CONGRATULATORY MESSAGE



香港大學李嘉誠醫學院院長劉澤星



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香港中華醫學會有限公司二零二四年周年科研大會誌慶

CONGRATULATORY MESSAGE



高 端 醫 學
創 新 科 研

香港中華醫學會有限公司二零二四年周年科研大會誌慶

香港中文大學醫學院院長趙偉仁

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

揆古察今
集思廣益

香港醫學專科學院主席梁嘉傑教授



CONGRATULATORY MESSAGE



廣東省醫師協會會長吳一龍

融會
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香港中華醫學會有限公司二零二四年周年科研大會誌慶

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

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香港醫學組織聯會會長張文勇教授

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

醫學擴領域
科研展專才

香港中華醫學會有限公司 榮譽贊助人
楊紫芝教授

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

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香港中華醫學會有限公司 榮譽顧問

梁智鴻醫生

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

醫學擴領域
科研展專才

香港中華醫學會有限公司 榮譽顧問

李國棟醫生

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

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香港中華醫學會有限公司 榮譽顧問

蘇碧嫻醫生

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

中華醫學翹楚 港區科研論壇

香港中華醫學會有限公司 榮譽顧問

曹吳美齡醫生

CONGRATULATORY MESSAGE



香港中華醫學會有限公司二零二四年周年科研大會誌慶

精研醫術濟蒼生
智能創新譜新篇

香港中華醫學會有限公司 榮譽顧問

黃譚智媛教授

Session 1



Why the Need of Expansion in Pneumococcal Prevention Coverage as invasive Pneumococcal Disease Evolves

Dr. LO Ho-yin 盧浩然醫生

Specialist in Respiratory Medicine

M.B.,B.S.(H.K.), M.R.C.P.(U.K.), D.P.D. (Cardiff), F.H.K.C.P., F.H.K.A.M., F.R.C.P.(Edin.)

Honorary Consultant,

HKEC Training Center for Healthcare Management and Clinical Technology

Treasurer (2015-17), Council member of Hong Kong Thoracic Society (2012 - present)

Honorary Clinical Assistant Professor of the University Of Hong Kong (2012 - present)

Advisor of Hong Kong Asthma Society

ACLS Trainer

Abstract: In this presentation, we will explore the importance of the pneumococcal vaccine PCV20 in comparison to conventional pneumococcal vaccines, such as PCV13 and PPSV23. Pneumococcal infections, caused by the *Streptococcus pneumoniae* bacterium, remain a significant global health concern, leading to severe illnesses like pneumonia, meningitis, and bloodstream infections. PCV20 represents a breakthrough in pneumococcal vaccination due to its expanded coverage against a wider range of pneumococcal strains. While PCV13 and PPSV23 provide protection against 13 and 23 serotypes, respectively, PCV20 offers coverage against an impressive 20 serotypes. This extended protection is vital, as pneumococcal strains not included in the older vaccines have emerged and become more prevalent. PCV20's enhanced coverage is particularly crucial for vulnerable populations, including young children, older adults, and individuals with compromised immune systems. By preventing infections caused by a greater number of serotypes, PCV20 has the potential to significantly reduce the burden of pneumococcal diseases and associated hospitalizations. Furthermore, PCV20 has demonstrated excellent safety and efficacy profiles in clinical trials, making it a highly promising option for widespread immunization programs. As we delve into the data and discuss real-world impact, it becomes evident that PCV20 represents a significant advancement in pneumococcal vaccination, offering improved protection against a broader spectrum of pneumococcal strains and ultimately contributing to better public health outcomes.

Session 1



RSV Prevention on Elderly with the Latest Adjuvanted Vaccine

Prof. Grant WATERER

Clinical Professor of Medicine, University of Western Australia

Adjunct Professor of Medicine, Northwestern University, Chicago

Professor Waterer is a Clinical Professor of Medicine at the University of Western Australia and Adjunct Professor of Medicine at Northwestern, Chicago and Curtin University, Perth. His research has focused on pulmonary infections with over 250 peer reviewed papers and more than 80 invited international presentations. He is currently the Executive Director for Medical Services at East Metropolitan Health Service, Perth and is an Associate Editor for the American Journal of Respiratory and Critical Care Medicine as well as being on the editorial board of 7 other respiratory journals.

Abstract: Respiratory Syncytial Virus (RSV) has traditionally been associated as mostly a disease affecting young children. Improved diagnostic testing and recent research has shown that RSV has a major impact on adults and especially older adults. This impact is not just in “direct” effects of infection such as pneumonia, asthma and exacerbations of COPD, but an even larger “indirect” burden especially in cardiovascular disease. The functional and cognitive impact of RSV in the elderly can be life changing. Clinical trials of vaccines have shown we now have effective tools to prevent RSV and provide critical data in understanding the benefit, especially in key at risk groups.

Session 1



HPV Vaccination: Broaden Protection on HPV-related Cancers with Gender Equity

Dr. Daniel Cheung Shing CHIU 趙長成醫生

Specialist in Paediatrics

MBBS(HK); MRCP(UK); DCH(London); FRCP(Ireland); FRCP(Glasgow); FRCPCH(UK); FHKAM(Paediatrics)

*Honorary Clinical Associate Professor, Department of Paediatrics,
The Chinese University of Hong Kong*

Dr. Chiu graduated from the University of Hong Kong in 1974. He received his post-graduate training in Queen Elizabeth Hospital. He was awarded HK Government scholarship in 1979 and pursued research in the Prince Philip Research Unit in Guy's Hospital, University of London.

Dr. Chiu is a Specialist in Paediatrics (HK) and is currently Honorary Clinical Associate Professor in the Department of Paediatrics, Chinese University of Hong Kong. Dr. Chiu is a Past President of HK Paediatric Society. His main interests include primary care paediatrics and child health, first aid, vaccination, adolescent and preventive paediatrics. Currently he is a member of the Scientific Committee on Vaccine Preventable Diseases, Centre for Health Protection, Department of Health, HKSAR. He was awarded the Chief Executive's Commendation for Community Service in 2013.

Abstract: Human papillomavirus infection (HPV) is the most common sexually transmitted disease. High-risk HPV types can cause several types of cancer, including cervical, vulvar, vaginal, penile, oropharyngeal, anal, and rectal cancers. Cervical cancer is the most notable one. Over 500 new cases were diagnosed in Hong Kong in 2020, unfortunately showing a younger trend. Besides cervical cancer, incidence of oropharyngeal cancer (OPC) has also continued to increase globally, especially in high-income countries. According to a recent study in Hong Kong, the proportion of HPV positive OPC has reached to over 40% which is higher than average level in global.

9-valent HPV vaccination can prevent more than 90% HPV attributed diseases and cancers. Hong Kong has started Childhood Immunization Programme (CIP) of 9-valent HPV vaccine since 2019/20 school year for girls. In November 2022, to protect broader population, Hong Kong Scientific Committee on Vaccine Preventable Diseases recommended the government to provide catch-up HPV vaccination to girls up to 18 years old.

Moreover, the importance of gender neutral vaccination is gaining more recognition worldwide; it improves coverage and protects also males against HPV attributed anal, penile, oropharyngeal, and oral cavity cancers. Recent data from Hong Kong showed gender-neutral vaccination, compared to current girls only programme, would benefit many citizens at both personal and population level. A new HPV vaccination strategy in the future warrants further discussion.

Concurrent Session 1



Management of Difficult-to-Treat and Severe Asthma

Dr. Fanny Wai-san KO 古惠珊醫生

*Honorary Clinical Associate Professor, Department of Medicine and Therapeutics,
The Chinese University of Hong Kong*

Dr. Ko is a specialist respiratory consultant physician and the Division Head of Respiratory Medicine (Clinical Service) in the Department of Medicine and Therapeutics at Prince of Wales Hospital in Hong Kong. She is also the Honorary Clinical Associate Professor of the Faculty of Medicine at the Chinese University of Hong Kong.

Dr. Ko graduated from the Chinese University of Hong Kong. After graduation, she completed full training in internal and respiratory medicine at the Prince of Wales Hospital in Hong Kong. With the support of the Croucher Foundation Scholarship and the Hong Kong Lung Foundation Fellowship, she also completed a year of research training at the Woolcock Institute of Medical Research at the University of Sydney in Australia. Dr. Ko's main research interest is in asthma and COPD. She has published more than 190 papers in peer-reviewed journals (H index: Web of Science 49, Scopus 53, Google Scholar 55) and obtained her MD degree in 2007 based on her research on chronic obstructive pulmonary disease. She was elected as Fellow of the European Respiratory Society in 2022.

Dr. Ko is currently a member of the Scientific Committee of the Global Initiative for Asthma (GINA), Chairman of Hong Kong Lung Foundation and Medical Advisor of the Hong Kong Asthma Society. In addition, she is the Past President of the Hong Kong Thoracic Society and past Vice President of the Hong Kong Institute of Allergy.

Abstract: Asthma is a heterogeneous disease usually characterised by chronic airway inflammation. It is defined by a history of respiratory symptoms, such as wheeze, shortness of breath, chest tightness and cough, that vary over time and in intensity, together with variable expiratory airflow limitation.

Severe asthma is a subset of difficult-to-treat asthma. It means asthma that is uncontrolled despite adherence with maximal optimised high-dose inhaled corticosteroid (ICS) and long-acting beta-agonist (LABA) treatment and management of contributory factors, or that worsens when high-dose treatment is decreased. It is estimated that between 3 and 10% of all individuals with asthma have severe disease. These patients have a reduced quality of life and an increased risk of fixed airflow limitation, exacerbations, healthcare resource use, hospitalisation and deaths. They are also at risk of side effects of systemic corticosteroids.

Biologics can be considered as an add-on therapy for treating severe asthma when patients have persistent symptoms and/or exacerbations despite optimised treatment with high-dose controller medications (including combination ICS-LABA, long-acting muscarinic agent [LAMA]) and treatment of modifiable risk factors. The phenotype, endotypes and comorbidities should be considered when choosing appropriate biologic therapy for patients.

Concurrent Session 1



Advancing the Frontiers of Targeted Therapy in Managing Adenocarcinoma of the Lung

Prof. Victor Ho-fun LEE 李浩勳醫生

Department Chairperson and Clinical Associate Professor, Department of Clinical Oncology, School of Clinical Medicine, LKS Faculty of Medicine, The University of Hong Kong

Prof. Victor Lee is currently Chairperson and Clinical Associate Professor of Department of Clinical Oncology, School of Clinical Medicine, The University of Hong Kong. He was also Assistant Dean (Assessment) of LKS Faculty of Medicine, The University of Hong Kong between 2018 and 2024. He graduated in the University of Hong Kong in 2002. After post-graduate residency training in clinical oncology, he joined the Department of Clinical Oncology, Queen Mary Hospital, The University of Hong Kong as Clinical Assistant Professor in 2008. He obtained his fellowship in Royal College of Radiologists in Clinical Oncology in 2010. Afterwards, he received further specialist training in interstitial brachytherapy for head and neck cancers and sarcoma in Institut Gustave Roussy in Paris, France and novel radiation techniques like stereotactic radiosurgery and stereotactic ablative radiotherapy in Stanford University USA. In 2013, he received further training on stereotactic body radiation therapy for liver tumors at Princess Margaret Hospital, Toronto, Canada. More recently in 2015 he was awarded HKCR 15A Traveling Fellowship and pursued subspecialty training in image-guided brachytherapy for cervical cancer and pediatric oncology.

Abstract: Management of advanced or metastatic pulmonary adenocarcinoma has been recently becoming personalized based on its genomic landscape which can vary substantially among different histological types, ethnic groups and even patients. Targeted therapies against these genomic mutations have evolved and proven themselves comprehensively more efficacious and favourable when compared to systemic chemotherapy. While we have been fairly familiar with common genomic mutations or rearrangement like EGFR, ALK and ROS1, we are still unravelling uncommon and rare mutations as well as drug resistance mechanisms after failure to prior treatment with targeted therapies. Comprehensive genomic profiling in the form of next-generation sequencing can facilitate us to identify these rarer mutations and drug resistance patterns, which shall allow us to formulate the most appropriate personalized treatment to our patients even after the prior lines of customized treatment.

This lecture shall provide an overview of common and uncommon genomic mutations and rearrangement of pulmonary adenocarcinoma, and discuss the growing roles and acceptance of comprehensive genomic profiling to decipher the rarer mutations and drug resistance patterns leading to precision oncology and personalized management.

Distinguished Lecture



Fostering Young Talents and Forging Competitive Team through Clinical Problem-Oriented Research

以臨床問題為導向開展科技創新：在項目中培養青年人才、鍛造有國際競爭力團隊

Prof. MA Jun 馬駿院士

Academician of the Chinese Academy of Sciences 中國科學院院士

Chief Physician of Sun Yat-sen University Cancer Center 中山大學腫瘤防治中心主任醫師

Prof. MA Jun is Academician of the Chinese Academy of Sciences, the Executive Vice-president of Sun Yat-sen University Cancer Center. His research focuses on the precise diagnosis and treatment of nasopharyngeal carcinoma (NPC). He has proposed international standards for the clinical staging diagnosis of NPC, pioneered novel radiochemotherapy schemes to enhance efficacy in advanced NPC, and introduced a "de-intensification" treatment strategy for low-risk NPC. As the corresponding author, he has published numerous high-level papers in prestigious journals like NEJM, Lancet, JAMA, BMJ and Nat Medicine. His achievements have garnered prestigious accolades including the "State Scientific and Technological Progress Award", etc.

馬駿，中科院院士，中山大學腫瘤防治中心常務副主任／副院長。研究方向為鼻咽癌精準診治，提出了鼻咽癌臨床分期診斷國際新標準，創立了晚期鼻咽癌化療聯合放療「增效」新方案及低風險鼻咽癌「減毒」治療新策略。以通訊作者在 NEJM、Lancet、JAMA、BMJ、Nat Medicine 發表眾多高水平論文，多次榮獲國家科技進步二等獎等國家級獎項。

Abstract: Academician Ma Jun focuses on the precise diagnosis and treatment of nasopharyngeal carcinoma (NPC), leading the clinical diagnosis and treatment of NPC and guiding global clinical practice with Chinese wisdom. He has led his team to introduce artificial intelligence into the era of NPC radiotherapy; innovate clinical staging standards to guide rational treatment decisions; pioneered novel radiochemotherapy schemes to enhance efficacy in advanced NPC; and introduced a de-intensification treatment strategy for low-risk NPC. Fostering Young Talents and Forging Competitive Team through Clinical Problem-Oriented Research.

馬駿院士聚焦鼻咽癌精準診治，引領鼻咽癌臨床診治，用中國智慧指導全球臨床實踐。帶領團隊，將鼻咽癌放射治療引入人工智能時代；創新臨床分期標準，指導合理治療決策；聚焦增效治療，研製放化治療新方案；致力減毒治療，豁免同期化療及縮小放療範圍。始終以臨床問題為導向，開展科技創新，在項目中培養青年人才，鍛造有國際競爭力的團隊。

Session 2



Redefining Obesity Using a Chronic Disease Management Approach for Patient Care

A/Prof. Samantha HOCKING

Associate Professor Diabetes NSW & ACT, The University of Sydney and Senior Endocrinologist, Royal Prince Alfred Hospital

Associate Professor Samantha Hocking is an Endocrinologist at Royal Prince Alfred Hospital and a Clinical Academic at the University of Sydney. She is the current president of the National Association of Clinical Obesity Services.

A/Prof. Hocking completed her PhD studies at the Garvan Institute of Medical Research which investigated the metabolic differences between visceral and subcutaneous adipose tissue depots, and how accumulation of the former is related to insulin resistance.

A/Prof. Hocking's research interests are focused on the metabolic complications of obesity. In addition, she treats patients with obesity in one of the largest public obesity clinics in NSW.

Abstract: The worldwide prevalence of obesity has nearly tripled since 1975, attributed to the adoption of a progressively more sedentary lifestyle and the consumption of less healthy diets. However, obesity is in fact a highly complex, chronic, progressive, relapsing, and treatable multi-factorial, neurobehavioural disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass accumulation. This results in adverse metabolic, mechanical and psychosocial health consequences. With new emerging, highly efficacious obesity management pharmacotherapies, treatment goals should now be focused on individualized weight loss targets aiming to improve health outcomes.

Session 2



Surgical Approach to Obesity and Type 2 Diabetes

Dr. Simon Kin Hung WONG 黃健鴻醫生

*Clinical Associate Professor (Honorary), The Chinese University of Hong Kong
Consultant Surgeon, Weight Management and Metabolic Surgery Clinic, CUHK Medical Centre*

Dr. Simon Wong is the Consultant Surgeon of the Chinese University of Hong Kong Medical Centre (CUHKMC). He is appointed as the Honorary Clinical Associate Professor in the Department of Surgery at the Chinese University of Hong Kong (CUHK) since 2008 and the honorary consultant of Prince of Wales Hospital. Dr. Simon Wong is the Chairman of the Hong Kong Society of Metabolic & Bariatric Surgery (HKSMBS) and the Immediate Past President of Asia-Pacific Metabolic & Bariatric Surgical Society (APMBSS). He also represents Hong Kong at the International Federation of Surgery of Obesity (IFSO) and its Asia-Pacific Chapter.

Dr. Simon Wong graduated from the Chinese University of Hong Kong in 1991 and received his post-graduate surgical training in Hong Kong and Australia. In 1995, he received his fellowships at the College of Surgeon of Hong Kong (FCSHK) and Royal College of Surgeons in Edinburgh (FRCSEd). He became a member of the Hong Kong Academy of Medicine in 1999. In the year 2000, he was the visiting scholar at the Royal Brisbane Hospital & Princess Alexandra Hospital in Queensland, Australia.

Dr. Wong's main clinical and research interests are in the field of bariatric surgery, minimal invasive upper gastrointestinal surgery, and advanced therapeutic endoscopy. He has published more than 100 articles in local and international journals and has delivered lectures in various conferences around the world. In 2002 Dr. Wong established the first Multidisciplinary Combine Obesity Clinic in Hong Kong and currently in charge of the Metabolic & Bariatric Surgery Service at the Prince of Wales Hospital, CUHK. In 2021, he establishes the Weight Management & Metabolic Surgery Clinic in CUHKMC and continues to provide care for severely obese patients in both public and private sectors in Hong Kong.

Abstract: Obesity and type 2 diabetes mellitus (T2DM) are an ongoing health-care problem worldwide. Both diseases are closely related and very difficult to be controlled by current medical treatment, including diet, drug therapy and behavioral modification. In Asia, T2DM is a more important epidemic health problems than obesity. Gastrointestinal surgery, such as bariatric surgery, is the most powerful ammunition for obesity treatment. There are also strong evidences that bariatric surgeries (e.g. laparoscopic sleeve gastrectomy, gastric bypass) can improve and even attain DM remission in some T2DM morbidly obese patients.

Around the world, more than 500,000 surgeries are performed for severely obesity and diabetes each year and more than 30,000 of them are performed in China in 2023. Although Sleeve gastrectomy and Gastric bypass are being the most common bariatric procedures, new techniques have been evolving in the last few years. Moreover, T2DM resolution after bariatric surgery is an existing topic recently especially in Asia where sustained weight reduction plays the key mechanism on improve insulin sensitivity which improves the glucose control. However, change of physiology of gastrointestinal tract also plays an important role in postprandial glycemic control. Recent studies suggested that the mechanism of such alteration of glucose homeostasis included change of gut hormone release, such as ghrelin, GLP-1, GIP and PYY. Due to the overwhelming evidences on superiority of metabolic surgery than medical therapy glycemic control among obese T2DM patients, new international guidelines had been issued on including surgery as part of the treatment of T2DM.

However, the majority of T2DM patients still cannot accept surgery due to its invasiveness and morbidities. There is a potential gap of effective therapy that we can provide as this moment. However, with the development of technology & advance endoscopic technique, new therapeutic procedures will soon be evolved as a less invasive modality in management obesity & diabetes. We believe that by performing an effective and safe surgery, metabolic & bariatric surgery will gain more acceptances by patients, physicians and health administrators in the future.

The Great Debate



Medical vs Surgical Approach to Obesity

Dr. Michele YUEN 袁美欣醫生

Specialist in Endocrinology, Diabetes and Metabolism

Founding President, Hong Kong Obesity Society

*Honorary Clinical Assistant Professor, Department of Medicine,
The University of Hong Kong*

Dr. Michele Yuen is a specialist in Endocrinology, Diabetes and Metabolism. She is currently in private practice and is honorary consultant at Gleneagles Hong Kong Hospital and Hong Kong Adventist Hospital. She is also an honorary associate consultant at Queen Mary Hospital and clinical assistant professor at the University of Hong Kong.

Prior to studying medicine, Dr. Yuen obtained a degree in Bachelors of Science in Dietetics from the University of British Columbia, Canada. She then received her medical degree from the University of Hong Kong and specialized as an endocrinologist at Queen Mary Hospital. She further sub-specialized in Obesity Medicine at the Obesity, Metabolism and Nutrition Institute of the Massachusetts General Hospital / Harvard Medical School. She is a member of the Royal College of Physician (United Kingdom) and a fellow of the Hong Kong College of Physician, Hong Kong. Academy of Medicine and the Royal College of Physician (Edinburgh).

Dr. Yuen is one of the pioneers of obesity medicine in Hong Kong. She developed the first obesity clinic and joint metabolic and bariatric surgery clinic in Hong Kong in 2016 and founded the Hong Kong Obesity Society to support the development of Obesity Medicine in Hong Kong.

Abstract: Obesity is a disease of excess body fat with serious implications on human health. The prevalence of obesity is rising globally, and it is anticipated that obesity and its associated comorbidities will be a substantial burden on healthcare systems around the world. The treatment of obesity involves the reduction of body weight to prevent complications. This usually involves dietary and exercise interventions, with the addition of pharmacotherapy or surgery, or both in a sequential manner. Up to this point, there is still no consensus on how to select amongst different modalities of management for individual patients. Some weight centres around the world run an integrated service, where both physicians and surgeons, along with dietitians and psychologists, are available, and patients are triage to the appropriate healthcare professionals according to their needs. In Hong Kong, the choice of treatment is often dependent upon patients' preference. In this session, we will be exploring the medical vs surgical treatment in obesity from the point of view of endocrinologists and surgeon.

Session 3



Sustainable Primary Healthcare System for Chronic Disease Prevention and Management – CDCC Pilot Scheme

Dr. Tony King-hang HA 夏敬恒醫生

MBChB, MRCS Ed, FHKAM(Community Medicine), FHKCCM, FRACMA

Assistant Commissioner, Primary Healthcare 2, Primary Healthcare Office, Health Bureau

Dr. Ha is the current Assistant Commissioner for Primary Healthcare of the Government of the Hong Kong Special Administrative Region Health Bureau. He leads and coordinates the planning and development of primary healthcare services, including the Chronic Disease Co-Care Pilot Scheme service model and Reference Frameworks for primary healthcare professionals, and oversees the development of primary healthcare IT systems, as well as liaison with the Hospital Authority for primary healthcare service enhancement. Prior to this position, Dr. Ha was the Chief Manager of the Primary & Community Services Department of the Hospital Authority in Hong Kong. He looked after the development of primary care services, integrated elderly services, palliative care services, and rehabilitation services, and steered the improvement of medical social collaboration and patient empowerment across Clusters in the Hospital Authority.

Abstract: With a rapidly ageing population and increasing prevalence of chronic diseases, healthcare reform is urgently called for to improve people's long-term health and ensure the sustainability of our healthcare system.

The Government is committed to strengthening primary healthcare in HK. The directions have been set out in the Primary Healthcare Blueprint ("Blueprint"), and chronic disease prevention is one of its cornerstones.

This talk aims at discussing key strategies mentioned in the Blueprint which promote chronic disease prevention, including (1) enhancing the District Health Centre service model; (2) "Family Doctor for All"; and (3) the Chronic Disease Co-care Pilot Scheme.

A life-course approach, which emphasizes developing healthy lifestyle early on and managing risk factors across different life stages, is key to chronic disease prevention. This can be put into practice most effectively with the assistance from family doctors.

The Government has launched the three-year Chronic Disease Co-care Pilot Scheme since 13 November 2023. The CDCC Pilot Scheme has received a positive response. More than 39,000 members of the public have participated in the scheme. The Government has been enhancing CDCC Pilot Scheme in a timely manner, under the ongoing review of service model and operational details, to ensure its effectiveness.

We hope that various stakeholders can join hands with us in reforming the primary healthcare system and preventing chronic disease in HK.

Session 3



CDCC - A Single Plank Bridge or a 4 Lanes Highway

Dr. Daniel Wai-sing CHU 朱偉星醫生

Specialist in Family Medicine

Dr. Chu worked in the Hong Kong Hospital Authority for 20 years and was COS of the Dept. of FM&PHC of the HKEC before he left for private market. He established and led the development of Family Medicine in the Hong Kong Hospital Authority. He taught extensively in Hong Kong and Mainland China on various topics of Family Medicine and Health Care Management.

His special interest is on psychological management and family therapy for patient or family with psychosomatic problems. He worked closely with HA IT team to establish the Family Medicine Module in HA CMS. He led his department actively participate in primary care research and involving in 20 local and international drug trial on various topic in the primary care setting. He is a strong believer of collaboration, supported the development of Primary Care Nurses, worked closely with NGOs and Social sector in Patient Empowerment, Psychosocial Care and led the development of IMHP. He serves in the HKCFP and teaches medical students. He is currently Vice-President of the HKCMA and Council Member of the Medical Conscience. He has been hosting radio program to share medical knowledge and answer on-air enquiry on weekly basis since 2001 in the MetroRadio station.

Abstract: It has been over half year since the launch of the CDCC Program, it is time to review the program with the active participation of a number of dedicated primary care doctors and citizens of Hong Kong.

- | | |
|-------------|---|
| Strength | – the long-term vision is well accepted and shared by many primary care doctors working in the community. We all looking forward to a better health care for patient in private sectors. |
| Weakness | – <ol style="list-style-type: none">1. The program design both clinically and IT-wise did not involve front-end user, namely the primary care doctors actually looking after the patients.2. The communication channel and the cooperation platform with between DHC and Primary Care Doctors has not been consolidated.3. The purchasing unit may aim for different targets4. The program only offers a very limited screening for HT & DM. |
| Opportunity | – <ol style="list-style-type: none">1. DHC is up for review and may modify the term to fit into the long term plan of PHC in a more reasonable manner2. CDCC is still in early phase and with not too many doctors involved, there are still plenty of room for improvement and minimized the fall-out effect.3. With the downturn of Hong Kong economy, more HK citizens are inclined to take the subsidy offered from HKG. |
| Threat | – <ol style="list-style-type: none">1. With the reduction in HKGov't revenue in the coming years, whether such program can maintain or grow in the coming year is year to be tested.2. Change in personnel always affect the determination and implementation of the program.3. HKGov't is pushing HK citizens to GBA as a way of reducing burden in healthcare. |

Session 3



Improving T2D and CKD Patient Outcomes with SGLT2i - an Update on Latest Guideline Recommendation

Dr. Enoch WU 胡依諾醫生

Specialist in Endocrinology, Diabetes and Metabolism

Dr. Enoch Wu graduated in the United Kingdom in 2003 and completed his Specialist training in Endocrinology, Diabetes and Metabolism at the Prince of Wales Hospital, and subsequently pursued overseas training in Obesity Management at the University of Sydney. He has been engaged in Medical Education and Research as an Honorary Clinical Assistant Professor at the Chinese University of Hong Kong. His areas of expertise includes Diabetes and Obesity, and he has extensive experience in the establishment of the Multidisciplinary Management Team for Obese Patients with Metabolic Syndrome, which won the Hospital Authority Outstanding Team Award in 2016. He has been in private practice since 2017.

Abstract: Chronic kidney disease (CKD) is a major public health concern globally. It is more prevalent in high-risk patients, with an incidence of 36% among patients with diabetes and over a quarter among patients with hypertension. According to ADA/EASD guidelines, SGLT2is is now recommended as a first-line treatment in combination with other glucose-lowering therapies (or alone) where the treatment goal is to achieve and maintain glycaemic and weight management targets. In 2024, the KDIGO Clinical Practice Guideline for the Evaluation and Management of CKD regardless of t2d status has also been updated with SGLT2i as first-line treatment alongside traditional RAASi therapy. However, diagnosis and low awareness of DKD remains to be a challenge. Early diagnosis is crucial in preventing complications that may arise from the underdiagnosis of DKD and from the subsequent presentation of late-stage CKD. Recent data have shown that progression to kidney failure can be prevented/ delayed by appropriate access to basic diagnostics and early treatment. A multidisciplinary approach to screening the high-risk groups offers the advantage of distributing the burden of CKD care amongst various specialists with expertise in different aspects of t2d and kidney disease care.

Session 3



The Cardio-renal-metabolic Axis: Inseparable from Birth

Dr. Adrian Yan-yue CHEONG 張仁宇醫生

Specialist in Cardiology

Dr. Adrian Cheong is a cardiologist with a special interest in personalised, integrated cardiometabolic management, heart failure and interventional cardiology. He graduated from the Universities of Oxford and underwent cardiology training in the Royal Brompton and Harefield Hospitals in the United Kingdom and the Prince of Wales Hospital in Hong Kong. His fellowship training was in complex coronary and structural heart interventions at Hopital Bichat Claude-Bernard in Paris. He is currently adjunct associate professor at the Macau University of Science and Technology, senior managing partner for Virtus Medical Group, Medical advisory board chairman for Bioworld ventures, and is a Council Member for the Hong Kong Chinese Medical Association.

Abstract: During the 20th century, the study of cardiology, nephrology and diabetes (CRM) have been largely separate, though intersecting endeavors within the medical community. Epidemiological studies have demonstrated that cardiovascular disease is the top cause for mortality in diabetes and renal failure. New mechanistic insights have teased out the interdependence of these three physiological systems, and emerging pleuripotent pharmacological strategies are increasingly playing a prominent role in the management of patients who often suffer from simultaneous disease of all three CRM systems.

This lecture aims to explore the relationships between the CRM systems and to identify key points where early intervention at a primary care or outpatient level can lead to improved long-term outcomes for patients.

Concurrent Session 3



The Design of Broad-spectrum Anti-SARS CoV2 Prophylaxis Based on Viral Evolution Prediction

Prof. CAO Yun Long 曹雲龍博士

Assistant Professor, Biomedical Pioneering Innovation Center (BIOPIC)

Peking-Tsinghua Center for Life Science (CLS), Peking University (PKU)

Principal Investigator at Beijing Changping Laboratory President,
the Chinese Endocrine Society

北京大學生物醫學前沿創新中心

北大 - 清華生命科學聯合中心研究員、助理教授北京昌平實驗室領銜科學家

Prof. Yunlong Richard Cao is an immunologist and Assistant Professor at the Biomedical Pioneering Innovation Center (BIOPIC), Peking University. He obtained a B.S. in Physics from Zhejiang University and a Ph.D. in Chemistry from Harvard University. Cao's research focuses on B-cell adaptive immune response, antibody drugs, and vaccine designs. During the COVID-19 pandemic, he made key contributions to the understanding of SARS-CoV-2 neutralizing antibodies, humoral immunity of SARS-CoV-2 vaccination and infection, and antibody immune escape of SARS-CoV-2 variants. Cao's research has been published in Nature, Cell, and The Lancet Infectious Diseases. Cao also serves as a member of the WHO Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC) and the scientific advisory committee of CEPI. Based on Cao's contribution to the understanding of SARS-CoV-2 evolution, he was awarded "35 Innovators Under 35" (China) in 2021 by MIT Technology Review and listed in "Ten people who helped shape science in 2022" by Nature (Nature's 10).

Abstract: The continuous emergence of highly immune evasive SARS-CoV-2 variants highlights the need to update COVID-19 vaccine compositions and therapeutic monoclonal antibodies (mAbs). However, SARS-CoV-2 evolves at a much faster pace compared to the clinical development of vaccines and mAbs. To solve this problem, our group established an RBD evolution predicting model based on the accurate characterization of humoral immune pressure landscapes by combining high-throughput single-cell VDJ sequencing and deep mutational scanning (DMS). Our results could confidently infer RBD evolution hotspots and match well with real-world observations. We also found that the evolution trend of SARS-CoV-2 RBD is highly correlated with the dynamics of humoral immunity shaped by Omicron infections, which are heavily subjected to immune imprinting induced by ancestral strain vaccination. Together, our findings grant critical instructions to COVID-19 vaccines and mAb-drugs updates, as well as to the fundamental understanding of viral evolution and humoral immune response.

Session 3



An Update on Influenza

Prof. David Shu-cheong HUI 許樹昌教授

MBBS, MD, FRACP, FRCP (Lond, Edin, Glasg), FHKCP, FHKAM

Chairman, Department of Medicine & Therapeutics,

Stanley Ho Professor of Respiratory Medicine,

The Chinese University of Hong Kong

Prof. David Hui is the Chairman of Department of Medicine & Therapeutics and the Stanley Ho Professor of Respiratory Medicine, The Chinese University of Hong Kong (CUHK). He has joined the CUHK as an academic clinician since 1998 and is based at the Prince of Wales Hospital, HK where a major outbreak of SARS occurred in 2003. Since 2004, he has frequently served as an advisor to the WHO on the clinical management of emerging severe acute respiratory infections (SARI) including avian influenza, pandemic influenza, MERS and recently COVID-19. He also joined urgent WHO missions for the investigation of MERS outbreaks in Riyadh and South Korea in 2013 and 2015 respectively. He was rated as the top 1% highly cited researcher from 2021 to 2023 by Clarivate.

Abstract: There was hardly any influenza activity during the COVID-19 pandemic from 2020 to 2023 when there was good compliance with infection control measures including masking and hand hygiene in the community. Since the masking mandate was removed in March 2023, seasonal influenza outbreaks have occurred in different patterns (small H1N1 and H3N2 outbreaks in Apr and Aug 2023 respectively followed by prolonged small waves from Jan 2024 with transition from H3N2 to H1N1 since end of Feb 2024) in contrast to pre- pandemic period where a large Winter surge occurred in Jan to Mar and sometimes a Summer wave from July to Sept. The influenza vaccination rates have improved in 2023/24 season vs previous years but unvaccinated risk groups are still prone to severe complications and fatal outcome (CHP data). Patients co-infected with COVID and seasonal influenza have higher risks for invasive ventilatory support (OR 4.1) and fatal outcome in hospital (OR 2.3) than those with COVID alone (Swets MC. Lancet 2022). An epidemiology study found a significant association between respiratory infections, especially influenza, and acute myocardial infarction (Kwong KC. NEJM 2018). Oseltamivir treatment should be initiated asap for the elderly and those at risk of progression. Double dose oseltamivir or triple therapy (Oseltamivir, amantadine and ribavirin) or oseltamivir plus baloxavir are not useful in improving clinical outcome despite more rapid decline in viral loads and likely due to cytokine dysregulation (Uyeki T, Hui DS. Lancet 2022). Influenza vaccination early after an AMI or in high-risk coronary heart disease resulted in a lower risk of a composite of all-cause death, MI, or stent thrombosis, and a lower risk of all-cause death and cardiovascular death, as well, at 12 months compared with placebo (Froberg O. Circulation 2021). Influenza and coronavirus remain hot candidates for the next pandemic (Looi MK. BMJ 2023).

Concurrent Session 3



Seasonal Influenza in Children and Adolescents

Dr. Mike Yat-wah KWAN 關日華醫生

Paediatric Immunology Allergy and Infectious Diseases Specialist

Executive Committee Member (Hong Kong) and President-Elect of the

Asian Society for Pediatric Infectious Diseases (ASPID)

Board Member (ASPID) of the World Society for Pediatric Infectious Diseases (WSPID)

Dr. Kwan is the Honorary Clinical Associate Professor of the Department of Paediatrics and Adolescent Medicine, The University of Hong Kong. Dr. Kwan is the Hong Kong Trustee of the Bill Marshall Memorial Fund, Institute of Child Health, United Kingdom.

Dr. Kwan is appointed as a member of the National Verification committee for Measles and Rubella Elimination in Hong Kong, a member of the Expert Panel for the National Committee for the Certification of the Wild Poliovirus Eradication in Hong Kong, a member of the Working Group on Pneumococcal Vaccination (WGPV), a member of the Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection (CHP), Department of Health. He is the Founding Council Member and the Past President of the Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases (HKSPIAID). He is Council member of the Hong Kong Paediatric Society. He is Council member of the Hong Kong Chinese Medical Association (HKCMA). He is the Standing Committee member representing Hong Kong SAR and the President-Elect in the Asian Society for Pediatric Infectious Diseases (ASPID). He is the Chairman of the organising committee in the coming Asian Congress of Pediatric Infectious Diseases (ACPID) 2024. He is the Board member representing ASPID in the World Society for Pediatric Infectious Diseases (WSPID). He is the Chairman of the Paediatric Immunology Allergy and Infectious Diseases Subspecialty Board. Dr. Kwan also being nominated as one of the Convention Ambassadors representing Hong Kong SAR by the Hong Kong Tourism Board.

Abstract: The Hong Kong Special Administrative Region and the Macau Special Administrative Region are facing the threat of various respiratory viruses' infections, especially infections as a result of the seasonal influenza viruses leading to significant morbidities and mortalities in the community. What is worse is that new variants (including KP.2, etc.) of the COVID-19 are continuing to infect Hong Kong and Macau residents. High-risk individuals are the first to be affected. It is necessary for the public to enhance their awareness of prevention against seasonal influenza and COVID-19.

High-risk groups (including infants, young children, pregnant women, the elderly, and people with chronic diseases) are prone to severe illness, hospitalization, and even intensive care unit admission, and some unfortunately died after being infected with the influenza virus. Children have frequent social contacts and group activities in school, which can easily disseminate respiratory viruses (including influenza viruses), in schools and in the community, and it is well recognized that they can also bring the virus back home to infect high-risk individuals.

Acute Necrotizing Encephalitis (ANE) is a serious neurological condition because of the viral invasion into the central nervous system and the subsequent inflammatory response it triggered. The symptoms include seizures, disturbance of consciousness with rapid deterioration and patients may rapidly progress to a coma status and death. Even patients may fortunately be recovered, there will be extensive multiple organ damage and life-long neurological deficits, which requires prolonged treatment and rehabilitation therapy.

It is absolutely necessary for high-risk individuals to receive seasonal influenza vaccination to prevent severe illness and hospitalization after influenza virus infection. Vaccination can also greatly reduce mortality or the sequelae even after recovery.

Session 4



Multiplicity in medico-legal proceedings: Claims, inquests and Medical Council complaints

Ms. Maureen LIU 廖慕賢女士

Solicitor (Partner), Howse Williams

Maureen is a practising solicitor and a partner at Howse Williams, specialising in dispute resolution and medico-legal matters. She has extensive experience in assisting healthcare professionals, clinics and hospitals on medical and dental negligence complaints and claims, Coroner's inquests, Department of Health investigations and disciplinary proceedings (Medical Council, Dental Council and other professional boards). She also advises on non-contentious matters such as general compliance with the rules of different professional bodies and personal data legislation.

Maureen routinely defends doctors, dentists and hospitals in civil claims at different Court levels and engages in alternative dispute resolutions. She has represented clients in multiple high value claims involving complicated medical evidence.

Experience

2012 Howse Williams
2011 Reed Smith Richards Butler
2008 Richards Butler in Association with Reed Smith LLP

Education

2008 Bachelor of Civil Law (BCL),
The University of Oxford
2007 Postgraduate Certificate in Laws (PCLL),
The University of Hong Kong
2006 Bachelor of Laws (LLB), The University of Hong Kong

Professional Admissions / Qualifications

2010 Hong Kong

Professional Affiliations

Member, Law Society of Hong Kong

Abstract: This presentation will explain the concept of multiplicity in medico-legal proceedings, as well as the legal tests applied and procedures involved in claims, inquests and Medical Council complaint

Session 4



Current Trends in Aesthetic and Minimal Invasive Procedures, Evidence-based Perspectives

Dr. Kacey Kwun-cheung HAU 侯鈞翔醫生

Specialist in Dermatology and Venereology

Program director of Asian Medical Experts Academy

- *Founder, Perfect Skin Surgery Centre, Hong Kong*
- *Program Director, Asian Medical Experts Academy*
- *President, Hong Kong Association for Integrated Aesthetic Medicine*
- *International Scientific Committee, DERMAWEB (Europe-based Dermatology educational platform)*
- *APAC Scientific and Steering Committee, Cyber Conference of Aesthetic Dermatology and Skin Surgery (CyASIA)*
- *International Advisory Committee, Aesthetic Guide & Dermatology Times*

Abstract: The global trend of aesthetic practice are continuously in blooming. More science and evidence as well as standardization in practice will reshape the aesthetic treatment in dermatology. This lecture will summarize the current standard of care for aesthetic clients in three major SKUs in the arena: botulinum toxin, fillers and thread surgery; and how these treatments can benefit the quality of life like emotions apart from skin.

Concurrent Session 4



Point-of-Care Testing: Coming of Age

Prof. Sidney Tam 譚志輝教授

*Honorary Clinical Professor in Medicine and Pathology, School of Clinical Medicine,
The University of HK*

Prof. Sidney Tam graduated from the HKU Faculty of Medicine in 1981 and was elected Fellow of the HKAM in 1993 (Medicine) and 1996 (Pathology). He is honorary clinical professor in Pathology and Medicine of the HKU Clinical School of Medicine, and a technical assessor of the HK Laboratory Accreditation Scheme and the College of American Pathologists Laboratory Accreditation Program. He currently works as a part-time consultant chemical pathologist at the Queen Mary Hospital.

Abstract: Point-of-care testing (POCT) is revolutionizing the landscape of diagnostic medicine, marking its coming of age. This approach enables rapid, on-site diagnostic result, thereby transforming patient care by enhancing efficiency, convenience, and accessibility. POCT reduces the need for centralized laboratory services, allowing healthcare providers to diagnose and treat patients virtually real-time, leading to improved outcomes and streamlined workflows.

Technological advancement underpins the maturation of POCT. Innovations in biosensors, lateral flow immunoassays, microfluidics, and molecular diagnostics, etc. have resulted in compact, user-friendly devices that aim to deliver accurate, reliable and timely results – the key of laboratory tests. These tools are now widely used in various settings, including hospitals, emergency rooms, operating theatres, clinics, physician's offices, and even homes, underscoring their wide applicability and versatility.

The recent COVID-19 pandemic indeed has further accelerated the adoption of POCT. The need for rapid diagnostic testing to control virus spread highlighted the importance of decentralized diagnostics in such critical situation, bringing POCT to the forefront of public health strategies.

However, challenges and caveats remain. They include the lack of readily applicable means for ensuring consistent quality control, inadequate training and proficiency of personnel, lack of proper result integration with electronic health records to avoid data fragmentation that would jeopardize the efficacy of serial monitoring of disease progression, inadequate calibration and lack of proper standardization to ensure result comparability and traceability, and unmet regulatory oversight.

Erroneous POCT results with medical ramifications arising from failure to meet the aforesaid requirement have resulted in lawsuits, notable cases include that of Theranos, and certain models of glucometer employing assay methodologies that are vulnerable to interferences leading to falsely low and high results leading to patient mismanagement and harm.

Despite these obstacles, the continued evolution of POCT technologies, increasing awareness of the importance of user training and proficiency, the limitations and potential pitfalls of POCT would promise to reshape the future of diagnostics, making healthcare more responsive and patient-centered. This coming of age signifies a pivotal shift towards more immediate, personalized, and readily accessible medical testing with eventual improvement in clinical outcomes.

Concurrent Session 4



Ethics of AI in Clinical Practice

Dr. Robert Kar-ngai YUEN 阮嘉毅醫生

FRCP FHKCPaed

Honorary Consultant,

Holy Spirit Seminary College Bioethics Resource Centre

Graduated from University of Hong Kong in 1978, I have worked in Regional Health Office Department of Health and received my paediatric training in Princess Margaret Hospital. I was awarded British Council Scholarship in 1983/84 to further my studies in general paediatrics and neonatology in John Ratcliffe Hospital Oxford UK. I was Consultant Paediatrician and Training Supervisor of Kwong Wah Hospital from 1990 to 2005. My research interests include neonatology, inborn errors of metabolism, community paediatrics, clinical ethics and AI. I have served in various professional societies and am the Founding President of Hong Kong Early Childhood Development Research Foundation. I am formerly Chairman of Hong Kong Bioethics Association and Honorary Associate Professor of Department of Paediatrics HKU/CUHK. I am currently Honorary Consultant of Holy Spirit Seminary College Bioethics Resource Centre. I have contributed several articles to journals and have edited seven books on neonatology SARS covid ethics and clinical bioethics in children.

Abstract: The era of AI has arrived and it is expected that there would be much change in clinical practice eg telemedicine in the coming decade. Studies have shown that the clinical diagnosis of AI is comparable to a junior doctor and research on the use of AI in reading Chest X Ray has been done in Hong Kong. Robots have also been produced to improve eye hand coordination and motor skills in autism spectrum disorders. However there are ethical concerns on the use of AI in clinical practice. Cybersecurity is a primary concern. Leakage of personal and medical data especially celebrities can lead to ransom and litigation. Governance of AI is of worldwide interest. AI is used in military, financial and health service by Government and private sectors Governance mechanisms have to be developed to ensure that AI is human centered and human controlled. Regulation and legal laws are essential and a G7 summit together with Pope Francis was held in June in Italy this year. Thirdly no machine can replace the human touch and clinical wisdom. A senior clinician is essential to diagnose rare diseases that AI has missed. Personal warmth and empathy of the healthcare team cannot be replaced as well. In conclusion AI holds great promise in the near future but more research studies related to ethics of AI have to be done soon.

CHAIRPERSONS



Dr. Jane Chun-kwong CHAN 陳真光醫生

Specialist in Respiratory Medicine

MD (U of Chicago)

FHKCP

FHKAM (Medicine)

Diplomate, American Board of Internal Medicine

Honorary Clinical Associate Professor, Dept of Medicine, Univ. of Hong Kong

President, Hong Kong Chinese Medical Association Ltd

Executive Committee member, Federation of Medical Societies of Hong Kong

Global governor, Chest Delegation HK & Macau Chapter



Prof. Bernard Man-yung CHEUNG 張文勇醫生

PhD (Cantab), FRCP, FRCPE, FHKCP, FHKAM(Medicine), FBPhS, FBHS

Prof. Bernard Cheung went to Sevenoaks School and studied Medicine at the University of Cambridge. He was Professor of Clinical Pharmacology and Therapeutics at the University of Birmingham before returning to Hong Kong and being appointed the Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics. He was a Consultant Physician of Queen Mary Hospital and the Director of the Phase 1 Clinical Trials Units in Queen Mary Hospital and the University of Hong Kong-Shenzhen Hospital. Currently, he is the Biotechnology Director in

the Innovation and Technology Commission. He is also the President of the Federation of Medical Societies of Hong Kong and the Editor-in-Chief of Postgraduate Medical Journal. Prof. Cheung's main research interest is in cardiovascular diseases and risk factors, including hypertension and the metabolic syndrome.

CHAIRPERSONS

**Dr. Chung-ping HO 何仲平醫生**

Dr. Ho Chung Ping graduated from the Medical Faculty, University of Hong Kong in 1974. He received nephrology training in the Princess Margaret Hospital, Glasgow Royal Infirmary and Toronto Western Hospital. He is the founding director of the Integrated Dialysis Facilities (HK) Ltd 香港綜合透析中心. His main interests are Chronic kidney disease, diabetic nephropathy and haemodialysis.

He is currently the chairman of the Hong Kong Nephrology Group 香港腎科團隊 and was the past president of the HKMA.

**Dr. Albert Yim-fai KONG 江炎輝醫生**

Specialist in Paediatrics

MBBS(HK), FRCPCH, FRCP(Edin & Glasg), MRCP(UK), FRACGP, DPD(Cardiff), DCH(Lond), DCH(Irel), DFM(CUHK), FHKAM(Paed)

Dr. Albert Y.F. Kong graduated from the University of Hong Kong in 1973, and obtained the MRCP(UK) while receiving training in general paediatrics at St. Thomas's Hospital, London in 1978. After serving at Princess Margaret Hospital, Hong Kong for 5 years, he joined the Hong Kong Polytechnic University as the Head of the Student Health Service from 1981 to 1984. As a private practitioner since 1981, he has continued to contribute to the profession in various capacities. Currently he is honorary clinical associate professor in the Chinese University of Hong Kong and honorary clinical assistant professor in the University of Hong Kong, assessor in the Medical Council of Hong Kong, founding council member of the Hong Kong Paediatric and Adolescent Dermatology Society, and council member of the Hong Kong Chinese Medical Association Ltd (HKCMA). He has been active in community services and had served as the Chairman of Kowloon Lok Sin Tong Benevolent Society. He was awarded the HKSAR Medal of Honour in 2013.

CHAIRPERSONS



Dr. Carol Chi-hei KWOK 郭子熹醫生

Consultant in clinical oncologist, MBChB, FHKCR, FHKAM (Radiology)

Dr. Carol Kwok is currently a Consultant Clinical Oncologist at the Department of Oncology, Princess Margaret Hospital, Hong Kong. She is also the Honorary Clinical Associate Professor in the Department of Clinical Oncology, Faculty of Medicine, the University of Hong Kong and the Honorary Clinical Associate Professor in the Department of Medicine and Therapeutics, the Chinese University of Hong Kong.

Dr. Kwok graduated from the Faculty of Medicine, the Chinese University of Hong Kong in 1989. After graduation she pursued training in Clinical Oncology in the Department of Clinical Oncology, Queen Mary Hospital and obtained her FRCR in 1994, FHKCR and FHKAM in 1997.

Dr. Kwok is sub-specialized in breast cancer treatment and has been a core member of the combined clinic for breast cancer since she became a specialist. After working at Queen Mary Hospital for 15 years, she was transferred to the new oncology center in Princess Margaret Hospital, Kowloon West Cluster, and contributed a lot in the multidisciplinary management of breast cancer patients in KWC. She has implemented a number of new practices in the management of breast cancer patients. She also actively participated in local scientific symposium, clinical research, training residents to set for fellowship examination, cancer education as well as helping patient support group in the community.



Dr. Adrian Hon-bong LEUNG 梁漢邦醫生

Specialist in Orthopaedics and Traumatology

Dr. Leung Hon Bong is a specialist in orthopaedics and traumatology. He graduated from the Chinese University of Hong Kong in 1997. He joined the Department of Orthopaedics and Traumatology in Queen Mary Hospital after obtaining his specialist qualification. He then pursued his interest in spine surgery and electrophysiology. He received post-fellowship training in Hospital for Sick Children in Toronto.

He worked in public sector for over 15 years before working as a private practitioner.

He served in Rehabilitation Board of Hong Kong College of Orthopaedics Surgeons. He is now Honorary Secretary of Medical Conscience, Honorary Treasurer of Hong Kong Chinese Medical Association Limited and board member of Association of Private Medical Specialists of Hong Kong and Association of Private Orthopaedics Surgeons.

CHAIRPERSONS



Dr. Chun-kong NG 吳振江醫生

*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
1st Vice-President, The Federation of Medical Societies 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, noninvasive and home ventilation and auto-fluorescent bronchoscopy. 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 is the Secretary of Specialty Board in Respiratory Medicine of the Hong Kong College of Physicians and Panel Chairman of the HAHO Central Institutional Review Board. He serves as the First Vice President in the Federation of Medical Societies of Hong Kong, Board Member of the Hong Kong Lung Foundation and Board Member of the Hong Kong Chinese Medical Association.



Dr. Siu-kwan NG 吳少君醫生

Specialist in Otorhinolaryngology

Dr. Ng is an ENT surgeon in private practice. He is also the Clinical Associate Professor (honorary) of The Chinese University of Hong Kong. Apart from general ENT practice, he is active in the field of thyroid and salivary gland surgery. He serves as an executive committee member of the Asia Pacific Society of Thyroid Surgery and the executive board member of the international Multidisciplinary Salivary Gland Society. He is enthusiastic about teaching. He has been a regular invited faculty in various academic meetings and workshops, both local and overseas.

He also serves as the Honorary Treasurer of the Hong Kong College of Otorhinolaryngologists.

He is the vice-chairman of Medical Conscience and a council member of the Hong Kong Chinese Medical Association Ltd.

CHAIRPERSONS



Dr. Charas Yeu-theng ONG 王予婷醫生

Honorary Clinical Associate Professor, OG Dept, HKU

Honorary Consultant, OG Dept, QMH

Dr. Ong is a Specialist in Obstetrics and Gynecology in private practice. She is a RCOG board certified Subspecialist in Maternal and Fetal Medicine since 2012. She is currently a member of the HKCOG Council and a member of The Council on Human Reproductive Technology. She enjoys teaching and training as Honorary Clinical Associate Professor at the OG Department of HKU and Honorary Consultant at Queen Mary and Tsan Yuk Hospitals. She is the Chairperson of Medical Conscience, a

Council member of HKCMA and APMSHK.

She was previously an OG Consultant at Queen Mary Hospital where she led a High-risk Obstetrics team and worked in the Prenatal Diagnosis and Consulting Unit. As an academic, she has published in peer review journals. She is a strong advocate for Health, Education and Community Services.



Dr. Thomas Ho-fai TSANG 曾浩輝醫生

MBBS(HK), MPH(US), FHKCCM

Dr. Tsang graduated with an MBBS degree from the Faculty of Medicine, the University of Hong Kong in 1990. He acquired a Masters of Public Health degree from the Johns Hopkins University, Baltimore, USA in 1992. He became Fellow of the Hong Kong College of Community Medicine in 1999.

Dr. Tsang joined the Department of Health (DH), Hong Kong Special Administrative Region Government (HKSARG) in 1992 where he worked until 2012. He became Controller / Head of the Centre for Health Protection between 2007 and 2012.

Dr. Tsang's main fields of expertise include the epidemiology and public health pre-vention and control of communicable and non-communicable diseases, health promotion, health administration and planning etc. He was an active player during major epidemics in Hong Kong such as influenza A/H5N1 (1997), SARS (2003) and pandemic influenza A/H1N1 (2009), where he was one of Government's chief spokespersons.

Dr. Tsang continues to serve in a number of expert and advisory committees in the Government and other health related organizations. He was President of the Hong Kong College of Community Medicine during 2017-21. Some of his present positions include: Board member of the Hospital Authority, Chairman of Occupational Deafness Compensation Board, Chairman of the Cancer Expert Working Group on Cancer Prevention and Screening under DH, and Council member of the Hong Kong Red Cross. He is an honorary consultant with the DH and served as expert advisor in COVID-19 / COVID-19 vaccines during the COVID-19 pandemic.



CHAIRPERSONS



Dr. Henry Chiu-fat YEUNG 楊超發醫生

Specialist in Paediatrics

MBBS(HK), DCH (London), DCH (Glasgow), MRCP(UK), FRCP (EDIN), FRCP (GLASG), FRCP (IRELAND), FHKCPaed, FHKAM (Paediatrics), BSc Hons (Computer Science).

Dr. Henry Yeung is a specialist in Paediatrics. He worked since graduation in the Paediatrics Unit of Princess Margaret Hospital. He left for private practice in 1984 at the time when he was Senior Medical Officer in Princess Margaret Hospital. After leaving public sector, Dr. Yeung pursued for his second degree in Computer Science in the Asia International Open University (Macau).

Dr. Yeung is the pioneer in starting small group CME activities since 1997 when he was then President of the Estate Doctors Association and then Founding President of Hong Kong Doctors Union. He worked with other colleagues in building up very early on the internet Homepages of the Hong Kong Medical Association, Hong Kong Doctors Union and recently that of Hong Kong Chinese Medical Association Ltd. to facilitate members' activities especially in CME.

As Vice President of the Hong Kong Medical Association, Dr. Yeung initiated the dialect with Chinese Medical Association in Beijing in 1997, on the return of sovereignty of Hong Kong to our motherland China, to start the Biannual Beijing Hong Kong Medical Exchange since 1998.

With his unfailing effort, Dr. Yeung would continue to contribute in organising CME activities in the medical fraternity and to promote the health of Hong Kong.

To make life better for people with diabetes



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The **FIRST** and **ONLY** adjuvanted RSV vaccine¹
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Aged 60 Years and Older²**

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82.6% PRIMARY ENDPOINT
(96.95% CI, 57.89, 94.08)

AREXVY (7 cases out of 12,466), placebo (40 cases out of 12,494)

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FOR PATIENTS WITH AT LEAST 1 COMORBIDITY
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94.6% SECONDARY ENDPOINT
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[†] Comorbidities of interest²: chronic obstructive pulmonary disease (COPD), asthma, any chronic respiratory/pulmonary disease, chronic heart failure, diabetes mellitus type 1 or type 2, and advanced liver or renal disease (endocrinometabolic).
LRTD=lower respiratory tract disease; RSV=respiratory syncytial virus

Reference: 1. Drugs Database, Drug Office, Hong Kong. Accessed 25 Sep 23. <https://www.drugoffice.gov.hk/eps/drug/productSearchOneFieldAction>. 2. Arexvy Hong Kong Prescription Information

Safety Information: Contraindications: Hypersensitivity to the active substances or to any of the excipients. **Special warnings and precautions for use:** Do not administer the vaccine intravascularly or intradermally. As with other intramuscular injections, Arexvy should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following intramuscular administration to these individuals. Patients receiving immunosuppressive treatment or patients with immunodeficiency may have a reduced immune response to Arexvy. **Undesirable effects:** The most commonly reported adverse reactions were injection site pain, fatigue, myalgia, headache, and arthralgia.



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根據2021年醫管局癌症資料顯示，男性頭頸癌（唇、舌、口腔、扁桃體、口腔、下咽、其他口腔未列明部位、鼻腔、中耳及副鼻竇、喉）新症患者佔整體約2/3，約70%口腔癌與HPV感染有關。

Reference: 1. CDC, Head and Neck Cancers. Available at: <https://www.cdc.gov/cancer/headneck/index.htm>. Accessed on: 9 Apr 2024.
2. Hong Kong Cancer Registry, Hospital Authority, Hong Kong Cancer Statistics. Available at: <https://www3.ha.org.hk/cancerreg/default.asp>. Accessed on: 9 Apr 2024.
3. National Cancer Institute, HPV and Cancer. Available at: <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hpv-fact-sheet>. Accessed on: 9 Apr 2024.

本內容由美國默沙東藥廠有限公司提供以作教育用途。以上資料只供參考用途，詳情必須向醫生查詢。

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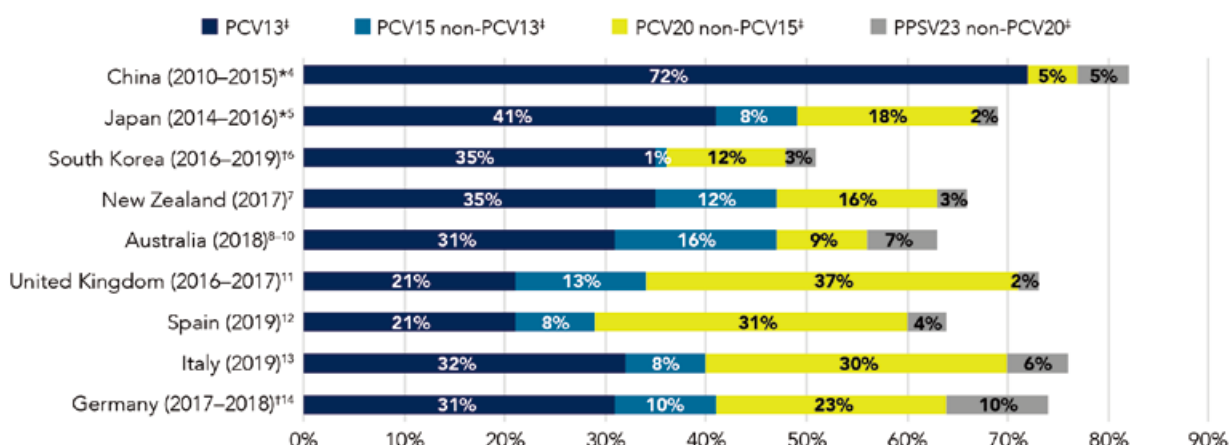


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[†]PCV13 serotypes include 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F. PCV15 non-PCV13 serotypes include 22F and 33F. PCV20 non-PCV15 serotypes include 8, 10A, 11A, 12F and 15B. PPSV23 non-PCV20 serotypes include 2, 9N, 17F and 20.^{3,15}

[‡]Broadest serotype coverage among existing pneumococcal conjugate vaccines. Prevenar 20 is approved for the active immunization for the prevention of pneumococcal disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F in adults 18 years of age and older.

^{*}Among all adults.

[†]Adults aged ≥60 years.

IPD, invasive pneumococcal disease; PCV13, 13-valent pneumococcal conjugate vaccine; PCV15, 15-valent pneumococcal conjugate vaccine; PCV20, 20-valent pneumococcal conjugate vaccine; PPSV23, 23-valent pneumococcal polysaccharide vaccine.

References: 1. Prevenar 20 (Pneumococcal polysaccharide conjugate, 20-valent adsorbed) Prescribing Information. Pfizer Corporation Hong Kong Limited: Version December 2022. Available at: <https://www.pfizer.com/hk>. Accessed 15 May 2023. 2. Prevenar 13 (Pneumococcal polysaccharide conjugate vaccine, 13-valent adsorbed) Prescribing information. Pfizer Corporation Hong Kong Limited: Version January 2021. Available at: <https://www.pfizer.com/hk>. Accessed 8 Jan 2024. 3. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/about-vaccine.html>. Accessed 16 January 2024. 4. Li MC, et al. *Hum Vaccin Immunother* 2021;17:146-156. 5. Ubukata K, et al. *Emerg Infect Dis* 2018;24:2010-2020. 6. Korea Institute of Science and Technology. Investigation of serotype change and antimicrobial resistance mechanism of *Streptococcus pneumoniae*. Available at: <https://scienceon.kisti.re.kr/srch/selectPORSrchReport.do?cn=TRKO20200001715>. Accessed 27 July 2023. 7. Institute of Environmental Science and Research Ltd (ESR). Invasive pneumococcal disease in New Zealand, 2017-2019. Porirua: ESR; 2021. 8. Pennington K. *Commun Dis Intell* 2019;43. doi: 10.33321/cdi.2019.43.50. 9. Pennington K. *Commun Dis Intell* 2019;43. doi: 10.33321/cdi.2019.43.51. 10. Pennington K. *Commun Dis Intell* 2019;43. doi: 10.33321/cdi.2019.43.57. 11. Ladhani SN, et al. *Lancet Infect Dis* 2018;18:441-451. 12. de Miguel S, et al. *Clin Infect Dis* 2021;73:e3778-e3787. 13. Dipartimento Malattie Infettive, Istituto Superiore di Sanità. Sorveglianza delle malattie batteriche invasive in Italia. Available at: <https://www.iss.it/documents/2012/0/Rapporto+consolidato+MIB+2019.pdf/1faeb457-9859-f800-b9aa-bf8aea405093?t=1612517562338>. Accessed 27 July 2023. 14. van der Linden M, et al. *PLOS One* 2019;14:e0220453. 15. US Food & Drug Administration. Available at: <https://www.fda.gov/vaccines-blood-biologics/vaccines/pneumovax-23-pneumococcal-vaccine-polyvalent>. Accessed 12 January 2024.



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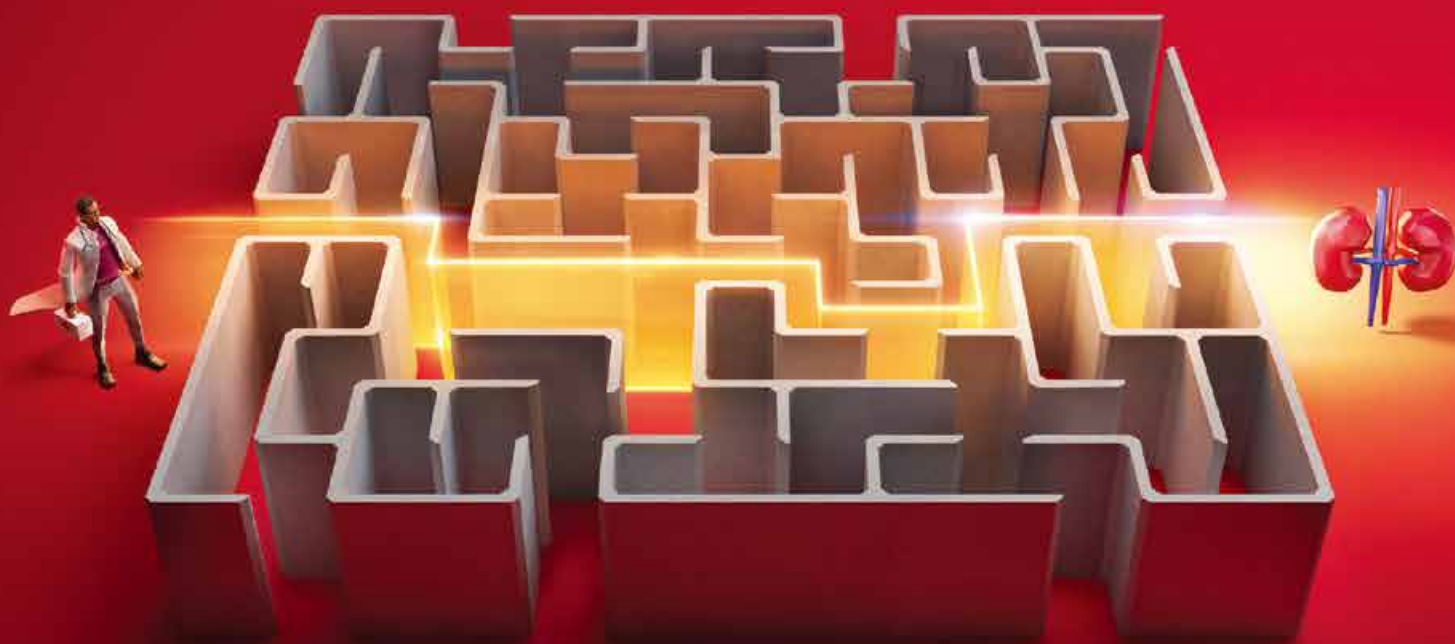
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- Manageable impact on serum potassium^{1,4}
- Included in 2022 ADA and KDIGO Guidelines with level A evidence^{2,5}



* As of 9 Jan 2023

ADA=American Diabetes Association; CKD=chronic kidney disease; CV=cardiovascular; KDIGO=Kidney Disease Improving Global Outcomes; MRA=mineralocorticoid receptor antagonist; T2D=type 2 diabetes.

References: 1. Kerendia 10 / 20 mg film-coated tablets Hong Kong prescribing information (July 2022). 2. Kidney Disease: Improving Global Outcomes (KDIGO) Diabetes Work Group. Kidney Int. 2022;102(5S):S1-S127. 3. Drug Office, HKSAR. Available at: https://www.drugoffice.gov.hk/eps/drug/productDetail/en/pharmaceutical_trade/140639. Accessed 9 Jan 2023. 4. Bakris GL, et al. N Engl J Med. 2020;383:2219-2229. 5. American Diabetes Association Professional Practice Committee. Diabetes Care. 2022;45(Suppl_1):S175-S184.

Kerendia 10 / 20 mg tablets Abbreviated Prescribing Information
(Please refer to the full prescribing information before prescribing)

Composition: Active ingredient: finerenone. Excipients: croscarmellose sodium, hypromellose 5 cP, lactose monohydrate, magnesium stearate, cellulose microcrystalline, sodium laurylsulfate, talc, titanium dioxide, ferric oxide yellow (for 20 mg tablet), ferric oxide red (for 10mg tablet). **Indication:** Delay progressive decline of kidney function in adults with chronic kidney disease associated with Type 2 diabetes (with albuminuria), in addition to standard of care. **Dose and method of administration:** Recommended target dose: 20 mg once daily. **Initiation:** Recommended when serum potassium is ≤ 4.8 mmol/L; may be considered with additional serum monitoring within the first 4 weeks based on patient characteristics and serum potassium levels if serum potassium >4.8 to 5.0 mmol/L; not recommended if serum potassium >5.0 mmol/L or in patients with eGFR <25 mL/min/1.73m². The starting dose is: • 20 mg once daily if eGFR ≥ 60 mL/min/1.73m² • 10 mg once daily if eGFR ≥ 25 to <60 mL/min/1.73m². **Continuation:** Four weeks after initiation or re-start or up-titration, remeasure serum potassium and eGFR. Thereafter, remeasure serum potassium periodically and as needed based on patient characteristics and serum potassium levels. **Contraindications:** Taking concomitant medications that are strong CYP3A4 inhibitors • With adrenal insufficiency. **Warnings and precautions:** • Hyperkalaemia. • Avoid concomitant use with potassium-sparing diuretics and other mineralocorticoid receptor antagonists. Used with caution and monitor serum potassium when taken concomitantly with potassium supplements, trimethoprim, or trimethoprim-sulfamethoxazole. • Avoid in patients with severe hepatic impairment (Child Pugh C). Consider additional serum potassium monitoring in patients with moderate hepatic impairment (Child Pugh B). • Initiation of Kerendia treatment is not recommended in patients with eGFR <25 mL/min/1.73m². Continue Kerendia with caution regarding serum potassium levels in patients with end-stage renal disease (eGFR <15 mL/min/1.73m²). • No dose adjustment is required in the elderly. • Kerendia is not recommended in paediatric patients. • Kerendia should not be used during pregnancy unless there has been careful consideration of the benefit for the mother and the risk to the foetus. If the patient becomes pregnant while taking Kerendia, the patient should be informed of potential risks to the foetus. Advise women of childbearing potential to use effective contraception and not to breastfeed during treatment of Kerendia. • Monitor serum potassium especially during initiation of or changes to dosing of Kerendia or a moderate or weak CYP3A4 inhibitor. Avoid concomitant use with strong CYP3A4 inducers, moderate CYP3A4 inducers, or concomitant intake of grapefruit or grapefruit juice. **Undesirable effects:** Very common ($\geq 10\%$): hyperkalaemia. Common ($\geq 1\%$ to $<10\%$): hyponatremia, hypotension, glomerular filtration rate decreased. For further details, please refer to the full prescribing information (July 2022) (MA M_HN-HK-0074-1 Dec 2022).

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5.6 vs 3.7 months
(HR= 0.62; 95% CI: 0.51, 0.75; p<0.00001)

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References:
1. Powles T, et al. N Engl J Med. 2021;384(12):1125-1135. 2. Powles T, et al. N Engl J Med. 2021;384(12):1125-1135 (Protocol). 3. PADCEV Hong Kong Prescribing Information. 4. Lacouture ME, et al. Oncology. 2022;27(3):223-232. 5. Powles T, et al. Ann Oncol. 2022;33(3):244-258. 6. EMA. Assessment Report: Padcev. Feb 2023.

Scan QR code for the abbreviated prescribing information.

Email us at PV@hk.astellas.com when there is any Adverse Event

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A Promising Safety Profile of LIXIANA[®] for the Elderly¹

Study design: ENGAGE AF-TIMI 48 was a double-blind, double-dummy, randomised controlled trial of patients (≥75 years old) with AF and CHADS₂ score ≥2. Patients (n = 21,102) were randomised (1:1:1) to receive either high-dose LIXIANA[®] (60 mg), low-dose LIXIANA[®] (30 mg) or warfarin (dose-adjusted to INR of 2.0 – 3.0) for a median follow-up period of 2.8 years. Dose was halved in patients in both LIXIANA[®] arms if any of the following was present: (1) CrCL ≤30 mL/min; (2) body weight ≤60 kg; or (3) concomitant use of potent P-glycoprotein inhibitors. The primary efficacy end point was a composite of all stroke or systemic embolic event. The principal safety end point was International Society on Thrombosis and Haemostasis major bleeding.

AF = atrial fibrillation; CrCL = creatinine clearance; INR = international normalised ratio.

Reference: 1. Kato ET, Gugliano RP, Ruff CT, et al. *J Am Heart Assoc.* 2018;5(9):e003432.

Abbreviated Prescribing Information

LIXIANA[®] (edoxaban) 60mg/30mg/15mg film-coated tablets. **Indications:** Prevention of stroke & systemic embolism in adult patients w/ nonvalvular atrial fibrillation (NVAF) w/ ≥1 risk factors eg, CHF, HTN, ≥75 yr of age, DM, prior stroke or transient ischaemic attack. Treatment of DVT & pulmonary embolism (PE), & prevention of recurrent DVT & PE in adults. **Dosage:** Prevention of stroke & systemic embolism 60 mg once daily. Treatment of DVT & PE & prevention of recurrent DVT & PE (VTE) 60 mg once daily following initial use of parenteral anticoagulant for at least 5 days. Moderate or severe renal impairment (CrCL 15-50 mL/min), ≤60 kg body wt, concomitant use of the following P-gp inhibitors: clopidogrel, diltiazem, erythromycin, or ketoconazole 30 mg once daily. **Contraindications:** Hypersensitivity. Clinically significant active bleeding. Hepatic disease associated w/ coagulopathy & clinically relevant bleeding risk; lesion or condition, if considered to be a significant risk for major bleeding, including current or recent GI ulceration, presence of malignant neoplasms at high risk of bleeding, recent brain or spinal injury, recent stroke, spinal or ortho surgery, recent intracranial haemorrhage, known or suspected pheochromocytoma, arteriovenous malformations, vascular aneurysms or major intracranial or intracerebral vascular abnormalities; uncontrolled severe HTN; concomitant treatment w/ any other anticoagulants eg, unfractionated heparin (UFH), LMWH (enoxaparin, dalteparin, etc), heparin derivatives (fondaparinux, etc), oral anticoagulants (warfarin, dabigatran etexilate, rivaroxaban, apixaban, etc) except under specific circumstances of switching oral anticoagulant therapy or when UFH is given at doses necessary to maintain an open central venous or arterial catheter. **Pregnancy & lactation:** **Precaution:** Lixiana 15 mg is not indicated as monotherapy. **Interactions:** Reduced dissolution & absorption of medicines or disease conditions that increase gastric emptying & gut motility. Increased plasma conc w/ P-gp inhibitors (clopidogrel, diltiazem, erythromycin, ketoconazole, quinidine, verapamil, amiodarone). Reduced plasma conc w/ P-gp inducers (rifampicin, phenytoin, carbamazepine, phenobarbital or St. John's wort). Increased risk of bleeding w/ other anticoagulants, SSRIs or SNRIs. Increased bleeding time w/ ASA (>100 mg). Increased clinically relevant bleeding w/ thienopyridines (eg, clopidogrel), NSAIDs. **Undesirable effects:** Epistaxis, anaemia, dizziness, headache, abdominal pain, lower-lip GI haemorrhage, oral/pharyngeal haemorrhage, nausea, increased blood bilirubin, increased γ-glutamyltransferase, cutaneous soft tissue haemorrhage, rash, pruritus, macroscopic haematuria/urinary haemorrhage. **Version:** Jun 2021. Please refer to the Prescribing Information before prescribing. Daiichi Sankyo Hong Kong Limited.

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References:

1. Wong MCS, Zhang L, Ching JYL, et al. Effects of Gut Microbiome Modulation on Reducing Adverse Health Outcomes among Elderly and Diabetes Patients during the COVID-19 Pandemic: A Randomised, Double-Blind, Placebo-Controlled Trial (IMPACT Study). *Nutrients*. 2023;15(8):1982. Published 2023 Apr 20. doi:10.3390/nu15081982.
2. Lau RI, Ching J, Wong, M. et al "Modulation of Gut Microbiome Alleviates Post-acute COVID-19 Syndrome: A Randomised, Triple-blind, Placebo-controlled Trial (RECOVERY study)" *DDW 2023; Abstract 913a*. 3. Zhang, L., Xu, Z., Mak, J. W. Y., Chow, K. M., Lui, G., Li, T. C. M., Wong, C. K., Chan, P. K. S., Ching, J. Y. L., Fujiwara, Y., Chan, F. K. L., & Ng, S. C. (2022). Gut microbiota-derived synbiotic formula (SIM01) as a novel adjuvant therapy for COVID-19: An open-label pilot study. *Journal of gastroenterology and hepatology*, 37(5), 823–831. <https://doi.org/10.1111/jgh.15796>

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[^] In patients who previously treated with oxaliplatin and irinotecan

References: 1. Li et al. Effect of fruquintinib vs placebo on overall survival in patients with previously treated metastatic colorectal cancer: the FRESCO randomized clinical trial. JAMA. 2018;319(24):2486-96. 2. Dasari et al. Fruquintinib versus placebo in patients with refractory metastatic colorectal cancer (FRESCO-2): an international, multicentre, randomised, double-blind, phase 3 study. Lancet. 2022. 3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Colon Cancer V.1.2024. Accessed 2 February 2024. 4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Rectal Cancer V.1.2024. Accessed 2 February 2024. 5. Chinese Society of Clinical Oncology (CSCO) Guideline for Colorectal Cancer 2023. Accessed 17 January 2024. 6. Yoshino et al. Pan-Asian adapted ESMO Clinical Practice Guidelines for the diagnosis, treatment and follow-up of patients with metastatic colorectal cancer. ESMO Open. 2023 Vol 8 issue 3.



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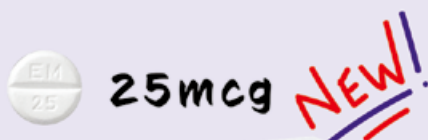
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