



HONG KONG CHINESE MEDICAL ASSOCIATION LTD.

香港中華醫學會 有限公司



2025 ANNUAL SCIENTIFIC MEETING

**Management of Chronic Diseases:
Bridging Primary and Specialist Care**

14 September 2025 (Sunday) 09:00-17:00

Cordis, Hong Kong (7/F Ballroom & 8/F Shanghai Room I & II)

Supporting Organisations 支持機構



深圳市医师协会
ShenZhen medical Doctor Association

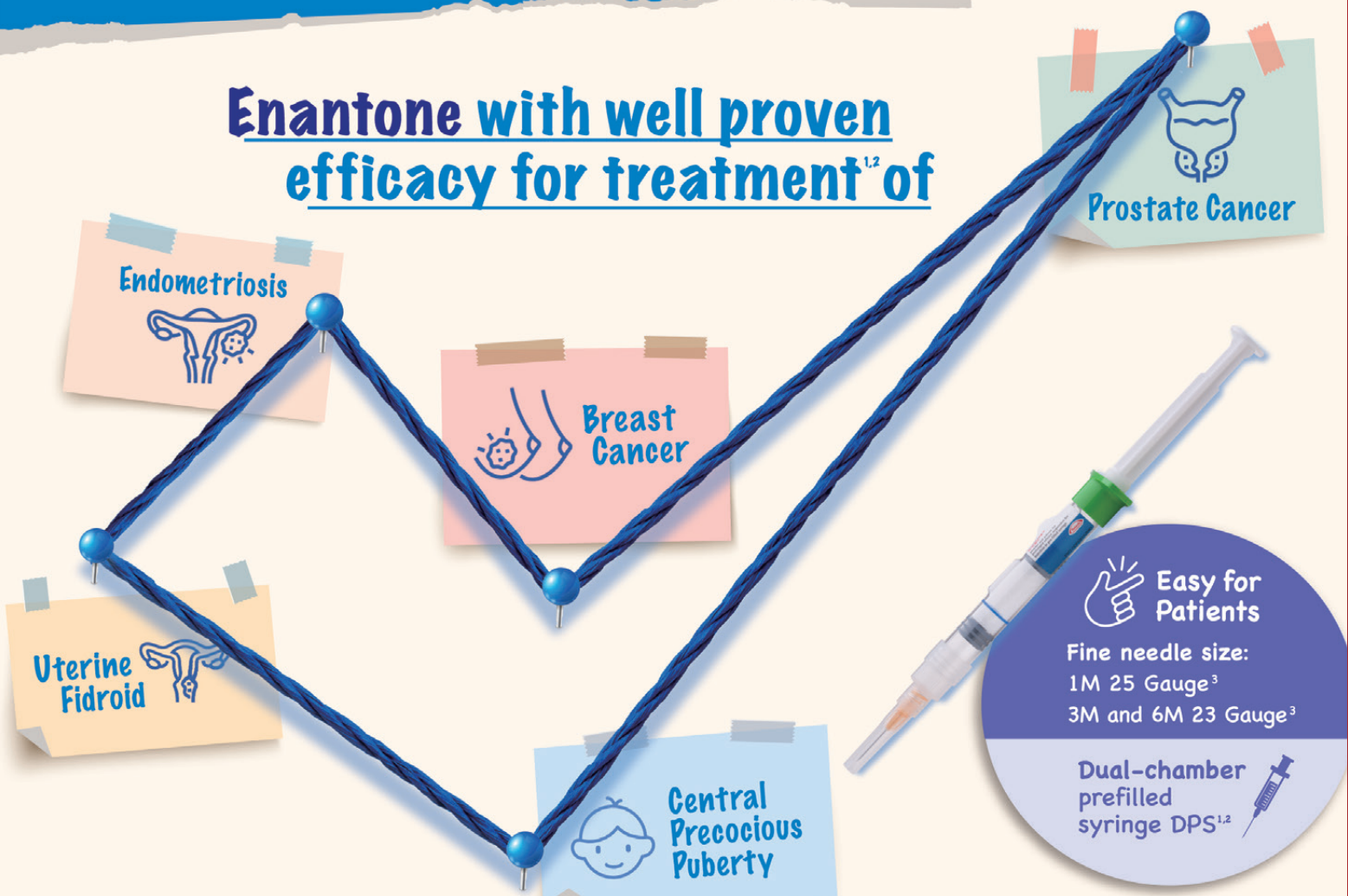


Co-organised by



The Federation of Medical Societies of Hong Kong
香港醫學組織聯合會

Designed for Patient Comfort and Convenience!



Indications:
Enantone 3.75mg: Endometriosis. Decrease of myoma volume and/or amelioration of symptoms in uterine myoma with hypermenorrhea, hypogastralgia, low back pain, anemia, etc. Premenopausal breast cancer. Prostate cancer. Central precocious puberty
Enantone 11.25mg: **In male:** Prostate cancer and its secundarisms
In female: Genital and extragenital endometriosis (Phase I-IV). Breast cancer in pre and peri-menopausal women, where a hormone treatment is indicated. Uterine fibroids.
In children: Treatment of central precocious puberty (before age 9 in girls and before 10 years in boy)

Abbreviated Prescribing Information
Enantone 1-Month DPS 3.75 mg (ENTDPS1M07SPHK2) Enantone 3-Month DPS 11.25 mg (ITALY-JUL 2022 - HK-SEP2022) Enantone 6-Month DPS 30 mg (GSR-JUL2022 - HK-DEC2022)
Active Ingredient: Leuporelin acetate
Indication: Enantone 1-Month DPS 3.75 mg Endometriosis: decrease of myoma volume and/or amelioration of symptoms in uterine myoma with hypermenorrhea, hypogastralgia, low back pain, anemia, etc. Premenopausal breast cancer (positive hormone receptor expression). Prostate cancer: Central precocious puberty. Enantone 3-Month DPS 11.25 mg In male: Prostate cancer and its secundarisms; In female: Genital and extragenital endometriosis (Phase I-IV). Breast cancer in pre and peri-menopausal women, where a hormone treatment is indicated. Uterine fibroids. In children: Treatment of precocious puberty (before age 9 in girls and before 10 years in boy). Enantone 6-Month DPS 30 mg Male adults for treatment of advanced hormone-dependent prostate carcinoma. For the treatment of locally advanced hormone dependent prostate cancer, during and following radiation therapy. For the treatment of localized hormone dependent prostate cancer in patients with intermediate- and high risk in combination with radiation therapy. **Dosage/Administration:** Enantone 1-Month DPS 3.75 mg Endometriosis: Usually, for adults, 3.75 mg SC once every 4 weeks. Patient's weight <50 kg 1.88 mg may be used. Initial administration on 1st-5th day after the start of the menstrual period. Uterine myoma: Usually, for adults, 1.88 mg SC once every 4 weeks. Patients with heavy weight or those with markedly enlarged uterus, 3.75mg is administered. Initial administration on 1st-5th day after the start of menstrual period. Prostate cancer & premenopausal breast cancer: Usually, for adults, 3.75 mg SC once every 4 weeks. Central precocious puberty: Usually a dose of 30 µg/kg SC once every 4 weeks. Depending upon the patient's condition, the dosage may be increased up to 180 µg/kg. Enantone 3-Month DPS 11.25 mg Both in male and female the needed dosage is 11.25 mg of active principle (whole content of pre-filled syringe) to be administered once every 3 months. Endometriosis & uterine fibroids up to 6 months treatment duration. Children with body weight 20kg: 1ml (11.25mg) or the whole content of the pre-filled syringe) once every 3 months as a single subcutaneous injection. Children with body weight <20kg: In these rare cases, the following dosage must be administered according to the clinical activity of the precocious puberty: 0.5ml (5.62mg or the half content of the pre-filled syringe) once every 3 months as a single injection. Enantone 6-Month DPS 30 mg SC once every 6 months with interval of 168 days to maximum 192 days. It can be used as neo-adjuvant or adjuvant therapy in combination with radiotherapy for locally advanced hormone dependent prostate cancer and for localized prostate cancer in patients with intermediate- and high risk. **Contraindication:** Enantone 1-Month DPS 3.75 mg Patients with a history of hypersensitivity to any of the ingredients of this drug or synthetic LH-RH or LH-RH derivatives. Anomalous genital bleeding of indeterminate nature. Pregnant women or women having possibilities of being pregnant, or nursing mothers. Enantone 3-Month DPS 11.25mg Hypersensitivity. Contraindicated in case of not diagnosed vaginal bleeding. Pregnancy & breast-feeding. Enantone 6-Month DPS 30 mg Hypersensitivity to leuporelin or other synthetic GnRH analogues, polyclonal acid or to any of the ingredients of the suspension medium. Pregnancy, lactation. Demonstrated non-hormone-dependent carcinoma. **Special Precaution:** Enantone 1-Month DPS 3.75 mg Patients with adrenergic myoma, renal dysfunction due to spinal cord compression or ureteral obstruction or those who may be at risk of developing such manifestations. Discontinue treatment in case of growing phyma or no improvement is seen. Transient aggravation of clinical condition, bone pain. Depressed state-like climacteric disturbance. Perform LH-RH test at regular intervals. Enantone 3-Month DPS 11.25 mg may be associated with increased risk of diabetes and certain cardiovascular diseases (including heart attack, sudden cardiac death or stroke) in men receiving these medications for the treatment of prostate cancer. There is an increased risk of incident depression (which can be severe) in patients receiving GnRH agonists, such as leuporelin. Patients should be informed accordingly and treated appropriately if symptoms occur. Patients should be warned of the signs and symptoms of idiopathic intracranial hypertension, including severe or recurrent headache, visual disturbances and tinnitus. In case of idiopathic intracranial hypertension, consideration should be given to discontinuing the administration of leuporelin. Male: Transitory worsening of clinical symptomatology e.g. urinary tract obstruction & haematuria, (as urinary symptoms) following a temporary increase in testosterone levels, compression of the spinal cord due to spinal cord metastases, bone pain, weakness of the lower extremities & transitory paresthesia (as neurological symptoms), check for testosteroneemia, PSA and acid phosphatase periodically. The patients treated with GnRH agonists must be checked for symptoms and signs which suggest development of a cardiovascular illness and must be managed in accordance with current clinical practice. In females with endometriosis and uterine fibroids, occurrence of severe metrorrhagia treatment is considered abnormal. Prior to administering leuporelin acetate, severe undiagnosed vaginal bleeding must be investigated, diagnosis must be confirmed and appropriate treatment given. In the event of severe vaginal bleeding during treatment, the patient should be closely monitored and appropriately treated if necessary. Women of childbearing potential must use non-hormonal contraceptive measures during treatment and until the menstrual cycle is resumed. Fertile women. Vaginally administered the values of bone density may be of prolonged treatment. Girls. In girls with precocious puberty the gonadal stimulation may be responsible for small amounts of genital bleeding after the first injection which requires the additional of an appropriate treatment only if these occur beyond the 1st month of treatment. Before starting treatment, girls of childbearing age must be tested to rule out pregnancy. Infancy. Inhibition of pituitary gonadotropic activity manifests. Check regularly that the estradiol/testosterone levels remain low, especially if their weight is approaching 20 kg. During treatment for central precocious puberty with GnRH agonists, bone mineral density (BMD) may decrease, but after treatment discontinuation, bone mass maturation is preserved and peak growth of bone mass in late adolescence is not affected. However, stoppage of the hormonal epiphysis may occur after stopping GnRH treatment due to low estrogen concentrations weakening the epiphyseal plate. This medicinal product is essentially sodium free. Enantone 6-Month DPS 30 mg Patients with hypertension should be monitored closely. Initial short-term increase in the serum level of testosterone, potentially resulting in a transient exacerbation of certain disease symptoms. Patients with potential neurological complications, spinal metastases, or urinary tract obstruction should be monitored closely during the first few weeks of treatment. May be associated with increased risk of diabetes and certain cardiovascular diseases for the treatment of prostate cancer. Patients should be informed of signs and symptoms of idiopathic intracranial hypertension, including severe or recurrent headache, visual disturbances and tinnitus. **Adverse Reaction:** Enantone 1-Month DPS 3.75 mg Hot flashes, headache, dizziness, shoulder stiffness, headache, dizziness or diplopia. Pains e.g. arthralgia & bone pain. Enantone 3-Month DPS 11.25mg all patient: depression, mood changes (long term use), all adult: hot flashes, arthralgia, oedema. Adult women: headache (occasionally severe), dizziness, paresthesia, breast tenderness, injection site reaction (hardening, erythema, pain, abscess, swelling, nodules and necrosis). Patient with breast cancer or a different frequency: weight gain, decreased appetite, nausea, hyperhidrosis, bone pain, muscle weakness, vaginal bleeding, decreased libido, vulvovaginal dryness, tiredness, insomnia, visual disturbance, palpitations, vomiting, diarrhoea, alopecia, vulvovaginitis. In patient with uterine endometriosis/fibroids or at a different frequency: insomnia, weight gain/weight changes, nausea, hyperhidrosis, muscle weakness, breast atrophy, vulvovaginal dryness. Adult men: bone pain, weakness in the lower extremities, paresthesia, weight gain, drowsiness, hyperhidrosis, muscle weakness, erectile dysfunction, testicular atrophy, decreased libido, injection site reaction, decreased appetite, insomnia, headache, nausea, constipation, abnormal liver function, gynaecomastia. Paediatric population: emotional lability, headache, abdominal pain, cramps, vomiting, acne, vaginal bleeding, discharge, injection site reaction. Enantone 6-Month DPS 30 mg Increase of appetite, depression, mood changes, sleep disturbances, headaches, hot flashes, nausea/vomiting, abnormal liver function test, usually temporary, hyperhidrosis, bone pain, muscular weakness, joint or back pain, erectile dysfunction, decrease in or loss of libido and potency, reduction in testicle size, gynaecomastia, nodules, dysuria, polyuria, reactions at the injection site, peripheral edema, paresthesia, weight gain, elevations of LDH, transaminases, gamma-GT and alkaline phosphatase which, however, can be a symptom of the underlying disease. **Drug Interaction:** Enantone 1-Month DPS 3.75 mg Reduced effect with sex hormone preparation e.g. estradiol derivatives, estron derivatives, conjugated estrogen preparations, combined preparation of estrogen & progesterone, mixed sex hormones, etc. Enantone 3-Month DPS 11.25 mg Since androgen deprivation treatment may prolong the QT interval, the concomitant use of Enantone 11.25mg with medicinal products known to prolong the QT interval or associated with Torsades de pointes such as Class IA antiarrhythmic (e.g. quinidine, disopyramide) or class III (e.g. amiodarone, sotalol, dofetilide, bupivacaine, metoprolol, moxifloxacin, antipsychotics, etc. Enantone 6-Month DPS 30 mg Since androgen deprivation treatment may prolong the QT interval, the concomitant use of ENANTONE 6 MONTH DPS with medicinal products known to prolong the QT interval or medicinal products able to induce Torsades de pointes such as class IA (e.g. quinidine, disopyramide) or class III (e.g. amiodarone, sotalol, dofetilide, bupivacaine, metoprolol, moxifloxacin, antipsychotics, etc. should be carefully evaluated. **Presentation/Packaging:** Enantone 1-Month DPS 3.75 mg pre-filled syringe. Enantone 3-Month DPS 11.25 mg pre-filled syringe. Enantone 6-Month DPS 30 mg pre-filled syringe.

Full prescribing information is available upon request.
To Report Suspected Side Effects for Takeda Products at AE.HongKong@takeda.com. Medical Information and other inquiries for Takeda Products at medinfohk@takeda.com
ji-03076 (05/2024)
References: 1.Enantone 1 month DPS 3.75mg HK Prescribing information, ENTDPS1M07SPHK2 2.Enantone 3-Month DPS 11.25 mg (ITALY-JUL 2022 - HK-SEP2022) 3.Data on file, Takeda HK
Disclaimer: Above product promotional material apply to HK and Macau only. Please refer the prescribing information from your home country / location as this may vary depending on local approvals in each country / location
Further information is available upon request. Before prescribing, please consult local prescribing information.

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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.



Back row from the left:

Dr. Ricky CHAN, Dr. Albert KONG, Dr. Chung-ping HO, Dr. Norman CHAN, Dr. Man-kay POON, Dr. James WONG, Dr. Chun-kong NG, Dr. Catherine CHEN, Dr. Kacey HAU, Dr. Paul SHEA

Front row from the left:

Dr. Loletta SO, Dr. Carol KWOK, Dr. Yim-kai LAW, Dr. Jane CHAN, Dr. Daniel CHU, Dr. Charas ONG, Dr. Adrian LEUNG

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Dr. Kacey Kwun-cheung HAU

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Dr. Jane Chun-kwong CHAN

陳真光醫生

Members

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Dr. Adrian Piers Yan-yue CHEONG
Dr. Daniel Wai-sing CHU
Prof. Patrick Pak-keung IP
Dr. Carol Chi-hei KWOK
Dr. Adrian Hon-bong LEUNG
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Dr. Henry Chiu-fat YEUNG

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葉柏強教授
郭子熹醫生
梁漢邦醫生
吳振江醫生
楊超發醫生

WELCOME MESSAGE

Dear Distinguished Colleagues, Esteemed Guests, and Fellow Members of the Hong Kong Chinese Medical Association,

It is my great honour, as Chairperson of the Organising Committee, to extend a warm welcome to you all at the HKCMA Annual Scientific Meeting—our flagship event that continues to serve as a beacon of excellence in medical discourse and innovation. This gathering brings together the brightest minds in healthcare to exchange knowledge, foster collaborations, and drive advancements that shape the future of medicine in our region and beyond.



This year, under the theme "Management of Chronic Diseases: Bridging Primary and Specialist Care," we delve into the critical imperative of integrated healthcare systems. Chronic diseases pose an escalating global challenge, demanding seamless coordination across primary care—the frontline of prevention and early intervention—secondary care for specialised diagnostics and treatments, tertiary care for complex multidisciplinary approaches, and even quaternary sub-specialist interventions for cutting-edge research and rare conditions. By bridging these levels seamlessly, we enhance patient outcomes, optimise resource allocation, and build resilient health ecosystems that prioritise holistic, patient-centred care in every environment.

Hong Kong stands at the forefront of this endeavour, leveraging its strategic position within the Greater Bay Area (GBA) to pioneer cross-border collaborations that amplify our impact. Aligned with the visionary Healthy China 2030 (健康中國 2030) initiative, which aims to elevate national health standards through innovation and equity, we are poised to extend this leadership globally.

As we propose and champion a Healthy World 2050 (健康世界 2050), Hong Kong will play a pivotal role in bridging the best of Eastern and Western medical traditions, fostering international partnerships, and leading the charge toward universal, global health resilience beyond our borders.

I invite you to engage fully in the enriching sessions, workshops, and networking opportunities ahead. Together, let us forge pathways that not only manage chronic diseases effectively but also inspire a healthier tomorrow for all.

With sincere anticipation,

Dr. Christopher K.M. Hui 許建名醫生
Chairperson, Organising Committee
Hong Kong Chinese Medical Association

WELCOME MESSAGE

Dear esteemed delegates, colleagues and friends,

Hong Kong Chinese Medical Association (HKCMA) aims to promote collaboration of medical professionals among the Mainland, Macau SAR and Hong Kong SAR. China.



On behalf of the HKCMA ASM organising committee, it is my great pleasure to welcome you to the 2025 Annual Scientific Meeting (ASM), themed "Management of Chronic Diseases: Bridging Primary and Specialist Care". The programme includes a diverse range of topics, including AI in healthcare, personalised strategies for chronic kidney disease, and innovative approaches to pneumococcal disease and RSV prevention. We are very honoured to have renowned speakers to deliver their talks in the ASM: Prof. HUANG Xiaojun from Mainland China, Academician of the Chinese Academy of Engineering will impart his expertise on Haematology and Oncology; Dr. Georges EL FAKHRI, PhD, Yale Elizabeth Mears and House Jameson Professor of Radiology & Biomedical Imaging and Bioinformatics & Data Science, will share his insights regarding PET Technology; and Prof. Philip Wai-yan CHIU, Dean, Faculty of Medicine, CUHK, will contribute his perspectives on AI in Surgery. I hope this ASM will be a successful event, not only updating the participants' medical knowledge, but also most importantly enhancing working partnership and building meaningful friendship among the medical practitioners in our community.

Last but not the least, I must also thank my Co-Chairmen Dr. Christopher Hui and Dr. Kacey Hau, and all members of the organizing committee for their dedication and hardwork in organising this ASM.

Thank you very much.

Dr. Mike Yat-wah KWAN 關日華醫生
Council Member, Hong Kong Chinese Medical Association
Co-Chairman, HKCMA ASM 2025 Organising committee

SCIENTIFIC PROGRAMME

Time	Level 7, Ballroom I &II	
0830-0855	Registration (onsite and online)	
0855-0900	Welcome Message Dr. Jane Chun-Kwong CHAN 陳真光醫生 President, Hong Kong Chinese Medical Association Ltd	
	Session 1	Chairperson(s)
0900-0930	Recent Development in PET Technology: Role in Guiding Therapy (online lecture) Prof. Georges EL FAKHRI, PhD, USA	Dr. Jane Chun-kwong CHAN 陳真光醫生
0930-1015	Chinese Academy of Engineering Academician Distinguished Lecture 中國工程院院士傑出講座 Advances in the Treatment of Hematological Malignancies: Contributions from China 血液腫瘤治療的進展：來自中國的貢獻 Prof. HUANG Xiaojun, Beijing 黃曉軍院士 中國工程院院士，北京大學血液病研究所所長、 國家血液系統疾病臨床醫學研究中心主任	Orator: Dr. Chun-kong NG 吳振江醫生
1015-1105	Opening Ceremony Opening Address by Guest of Honor Dr. Cecilia Yuen-man FAN, JP 范婉雯醫生 Under Secretary for Health, Health Bureau, HKSAR	Dr. Jane Chun-kwong CHAN 陳真光醫生
1105-1135	The IMACE and the Ethico-legal Status of Clinical Practice Guidelines Prof. Gilberto Ka-kit LEUNG, HKSAR 梁嘉傑教授	Dr. Jane Chun-kwong CHAN 陳真光醫生
1135-1155	Coffee Break	
1155-1225	AI in Surgery Prof. Philip Wai-yan CHIU, JP, HKSAR 趙偉仁教授	Prof. Patrick Pak-keung IP 葉柏強教授
1225-1255	How AI is Augmenting the Doctor-patient Relationship Dr. Alex NG, HKSAR 吳文達醫生	
	Session 2: Lunch Symposium	
1255-1405	Elevating the Treatment of Obesity and Its Complications with GIP/ GLP-1 RA (online lecture) Prof. Roger CHEN, Australia How to Fight Obesity: Sharing as a Patient Dr. Henry Chiu-fat YEUNG, HKSAR 楊超發醫生 Dr. Raymond Wai-chuen LEE, HKSAR 李衛全醫生 Dr. Daniel Wai-sing CHU, HKSAR 朱偉星醫生	Dr. Adrian Piers Yan-yue CHEONG 張仁宇醫生 & Dr. Daniel Wai-sing CHU 朱偉星醫生

	Session 3			
1405-1435	Personalized Strategies for Chronic Kidney Disease Management: A Holistic Cardio-Kidney-Metabolic Approach Dr. Annette Wai-kwan TSO, HKSAR 曹慧崑醫生		Dr. Catherine Xiao-rui CHEN 陳曉瑞醫生	
1435-1505	From Bench to Bedside: Translational Discoveries in Severe Asthma from CBIOPRED Prof. ZHANG Qingling, Guangzhou 張清玲教授		Dr. Christopher Kim-ming HUI 許建名醫生	
1505-1535	Multi-omics in COPD: Exploration and Challenges Prof. CHEN Rong-chang, Guangzhou 陳榮昌教授		Dr. Chun-kong NG 吳振江醫生	
1535-1555	Coffee Break			
	Session 4	Chairperson(s)	Concurrent Session 4 (Level 8, Shanghai Room I & II)	Chairperson(s)
1555-1625	Proactive Approach to Prevent Pneumococcal Disease by Enhancing Immunity of Adults with Underlying Medical Condition Prof. Ivan Fan-ngai HUNG, HKSAR 孔繁毅教授	Dr. Catherine Xiao-rui CHEN 陳曉瑞醫生 & Dr. Mike Yat-wah KWAN 關日華醫生	The Effectiveness of E-parenting on Parental Competence in Hong Kong Dr. Dorothy Fung-ying CHAN, HKSAR 陳鳳英醫生	Dr. Albert Yim-fai KONG, MH 江炎輝醫生
1625-1655	Shielding the Vulnerable – Emerging Strategies to Protect High-Risk Older Adults from RSV Prof. Christopher Koon-chi LAI, HKSAR 賴貫之教授		Real World Experience Using AI in Imaging (online lecture) Dr. Geraldine DEAN, UK	Dr. Carol Chi-hei KWOK 郭子熹醫生
1655-1700	Closing Remarks			

PRESIDENT'S MESSAGE



Dear HKCMA Community, Esteemed Guests, and Colleagues,

It is with great joy and pride that I welcome you to the 2025 Annual Scientific Meeting of the Hong Kong Chinese Medical Association (HKCMA). This gathering promises to be a remarkable convergence of knowledge, innovation, and collaboration, uniting experts from Greater China and the global medical community.

For the third consecutive year, we are honoured to host a distinguished Academician from Greater China, whose expertise will inspire and enrich our discussions. This milestone is made possible by two key partners. First, we extend deep gratitude to an anonymous charitable foundation, whose donation enabled us to invite an Academician from the Chinese Academy of Sciences or Chinese Academy of Engineering. Second, we are immensely grateful to the Chinese Medical Association in Beijing for their expert guidance in selecting and coordinating with our distinguished speaker, ensuring their commitment to this prestigious event. We eagerly anticipate this year's Distinguished Lecture by Academician Professor Huang Xiao-jun (黃曉軍院士). We are also privileged to have the invaluable contributions of Professor Chen Rong-chang (陳榮昌教授) and Professor Zhang Qing-ling (張清玲教授) both highly respected in their fields across Greater China.

The HKCMA Council, mindful of Hong Kong's unique role as a Special Administrative Region of China and a global city, remains committed to balancing our ties with Greater China and our role as a bridge to the international community. Guided by our ethos — 背靠祖國，聯通世界 (Backed by the Motherland, Connected to the World) — we are thrilled to welcome a distinguished international faculty. We extend gratitude to Professor Georges El Fakhri from Yale University, USA, Dr. Geraldine Dean from the UK, and Dr. Roger Chen from Australia for sharing their expertise.

Locally, we are fortunate to have the contributions of Dean Philip Chiu of CUHK, Professor Gilberto Leung of HKU, and Dr. Alex Ng from Tencent, among others, whose wisdom and innovation elevate this meeting.

We sincerely thank the Medical Protection Society for their efforts in coordinating with our UK speaker to ensure a seamless engagement and the selection of a "smart" speaker. This year, we are excited to present three cutting-edge "smart" lectures on artificial intelligence: AI in Healthcare (by Dr. Alex Ng), AI in Surgery (by Dean Philip Chiu), and AI in Radiology (by Dr. Geraldine Dean). These sessions will spark thought-provoking discussions and highlight technology's transformative potential in medicine.

I am confident that this year's Annual Scientific Meeting will be both educational and enlightening, offering a rich tapestry of ideas. Join us for an intellectually stimulating Sunday at the Cordis, where we will learn, connect, and inspire one another.

Warmest regards,

Dr. Jane C.K. Chan, President

Hong Kong Chinese Medical Association

FACULTY AT-A-GLANCE

SPEAKERS

Prof. Georges EL FAKHRI, PhD

Yale Elizabeth Mears and House Jameson Professor of Radiology & Biomedical Imaging and Bioinformatics & Data Science; Director, Yale Biomedical Imaging Institute & Yale PET Centre

Prof. Gilberto Ka-kit LEUNG 梁嘉傑教授

Convenor, Institute for Medical Advancement and Clinical Excellence (IMACE); Immediate-Past President, Hong Kong Academy of Medicine

Dr. Alex NG 吳文達醫生

President, Tencent Healthcare; Head, Tencent AI for Life Sciences Lab; Head, Tencent Inclusive Health Lab

Dr. Annette Wai-kwan TSO 曹慧崑醫生

Specialist in Endocrinology, Diabetes and Metabolism; Honorary Clinical Associate Professor, Department of Medicine, The University of Hong Kong

Prof. CHEN Rong-chang 陳榮昌教授

Past President, Chinese Thoracic Society; President, Chinese Association of Chest Physicians

Prof. Christopher Koon-chi LAI 賴貫之教授

Assistant Professor (Clinical), Department of Microbiology, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Geraldine DEAN

NHS Consultant Radiologist; AI lead, NHS SW London; AI lead, TMC (a Unilabs company)

PANELISTS

Dr. Henry Chiu-fat YEUNG 楊超發醫生

Specialist in Paediatrics

Dr. Daniel Wai-sing CHU 朱偉星醫生

Specialist in Family Medicine

CHAIRPERSONS

Dr. Jane Chun-kwong CHAN 陳真光醫生

Specialist in Respiratory Medicine; Honorary Clinical Associate Professor, The University of Hong Kong

Prof. Patrick Pak-keung IP 葉柏強教授

Tsao Yen-Chow Professor in Paediatrics and Adolescent Medicine, The University of Hong Kong

Dr. Daniel Wai-sing CHU 朱偉星醫生

Specialist in Family Medicine

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Dr. Dorothy Fung-ying CHAN 陳鳳英醫生

Clinical Associate Professor (honorary), Department of Paediatrics, The Chinese University of Hong Kong

Dr. Raymond Wai-chuen LEE 李衛全醫生

Specialist in Critical Care Medicine

Dr. Chun-kong NG 吳振江醫生

Specialist in Respiratory Medicine

Dr. Adrian Piers Yan-yue CHEONG 張仁宇醫生

Specialist in Cardiology

Dr. Catherine Xiao-rui CHEN 陳曉瑞醫生

Specialist in Family Medicine

Dr. Mike Yat-wah KWAN 關日華醫生

Specialist in Paediatric Immunology Allergy and Infectious Diseases

Dr. Carol Chi-hei KWOK 郭子熹醫生

Specialist in Clinical Oncology

CONGRATULATORY MESSAGE



醫務衛生局局長盧寵茂



廣納醫粹
惠澤羣倫

香港中華醫學會有限公司
二零二五年周年科研大會誌慶



醫院管理局行政總裁李夏茵



鴻才薈萃獻嘉猷
醫學革新復創優

香港中華醫學會有限公司
二零二五年周年科研大會誌慶

CONGRATULATORY MESSAGE

香港中華醫學會 2025 年周年科研大會 賀 詞

值此香港中華醫學會 2025 年周年科研大會召開之際，
我謹代表中華醫學會向大會致以熱烈地祝賀！

本次大會以“慢性病管理：聯結基層與專科醫療”為主題，切中香港醫療體系關鍵。面對人口老化、慢性疾病日益普遍所帶來的壓力，落實香港特區政府《基層醫療健康藍圖》中“一人一家庭醫生”以及慢性病共同治理計畫亟需加強基層與專科協同。相信本次大會通過醫護界專業交流及分享專科醫學的前沿進展，將為特區政府藍圖規劃提供慢性病管理智慧方案，為提升香港居民整體健康貢獻力量。

在本次大會院士榮譽講座專題，我會推薦了中國工程院院士黃曉軍教授出席並作學術報告。期待黃院士以及與會同道充分交流、凝聚共識，推動技術整合與臨床實踐應用，為香港醫療體系可持續發展做出新的貢獻。

最後，衷心祝願大會取得豐碩成果！願我們攜手並肩，為提升粵港澳大灣區居民健康福祉、打造國際一流醫療健康高地共同努力。預祝大會圓滿成功！



CONGRATULATORY MESSAGE

香港中华医学会 2025 年周年科研大会献辞

广东省医师协会 会长 吴一龙
2025 年 8 月 27 日



尊敬的各位嘉宾、各位医学同仁：

欣闻香港中华医学会 2025 年周年科研大会隆重召开，我谨代表广东省医师协会，向大会的顺利举办致以最热烈的祝贺！本次大会以“慢性病管理：联结基层与专科医疗”为主题，聚焦当前全球公共卫生领域的重要议题，彰显了香港中华医学会在推动医学进步与跨界合作方面的远见与担当。

慢性病已成为影响人类健康的主要挑战之一，其防控不仅需要专科医疗的高精尖技术，更离不开基层医疗的广泛复盖和持续管理。如何有效联结基层与专科医疗，实现资源的优化配置和服务的无缝衔接，是提升慢性病防治水准的关键。这一议题不仅具有重要的学术价值，更对深化粤港澳大湾区医疗卫生合作、推动全民健康复盖具有深刻的现实意义。

广东省医师协会一直致力于促进医学学术交流与人才培养，推动基层与专科医疗的协同发展。我们高度重视与香港中华医学会的长期友好合作，希望通过此次大会，进一步凝聚两地医学界的智慧与力量，共同探索慢性病管理的创新模式与实践路径。

期待各位与会专家围绕大会主题深入交流、分享经验，为慢性病防控提供新思路、新方案。也希望粤港两地在未来的合作中，继续加强基层与专科医疗的联动，共同为提升人民健康水准、推动医学事业高品质发展作出更大贡献。

最后，预祝本次周年科研大会圆满成功！祝愿各位与会同仁收获丰硕、友谊长存！谢谢大家！

CONGRATULATORY MESSAGE



联结多方力量，共筑慢性病管理新生态

深圳市医师协会会长钟山先生
于香港中华医学会周年科研大会献辞

尊敬的香港医学界同仁、朋友们：

欣逢本会周年科研大会隆重举行，我谨代表深圳市医师协会向大会的顺利召开表示热烈的祝贺，向莅临大会的各位专家学者表示崇高的敬意！本届大会以“慢性病管理：联结基层与专科医疗”为主题，切中当今医疗体系发展的核心挑战，意义尤为深远。

慢性疾病已成为全球公共卫生的重担，我国亦不例外。面对人口老龄化与疾病谱系转变，仅靠单一专科的“单兵作战”或基层服务的“孤军深入”已显不足。破题之道，在于“联结”——打破层级壁垒，贯通诊疗路径，让资源与智慧在基层与专科间高效流动。

基层医疗是慢性病防控的第一道防线，是健康守门人；专科医疗则提供复杂病况的精准支持。二者并非割裂，而是生命全周期管理中不可或缺的“双翼”。本次大会聚焦的协作模式，正是以患者为中心，编织一张“早筛、精管、长护”的无缝照护网路。这不仅是技术革新，更是从“疾病治疗”向“健康管理”的深刻转型。

深港两地一衣带水，医疗合作源远流长。在慢性病联防联控领域，两地更应发挥地缘与制度优势，通过资源互通、标准共建、人才共育，打造大湾区健康服务协同典范。相信通过本次大会的深度交流，我们定能凝聚智慧，将“联结”的理念转化为惠及万千患者的实践方案。让我们携手，为香港慢性病管理书写更高效、更温暖的新篇章！

预祝大会圆满成功！

深圳市医师协会会长 钟山

CONGRATULATORY MESSAGE



基層專科共同發展
慢病管理成果彰顯

澳門中華醫學會會長
立法會議員陳亦立
二零二五年八月

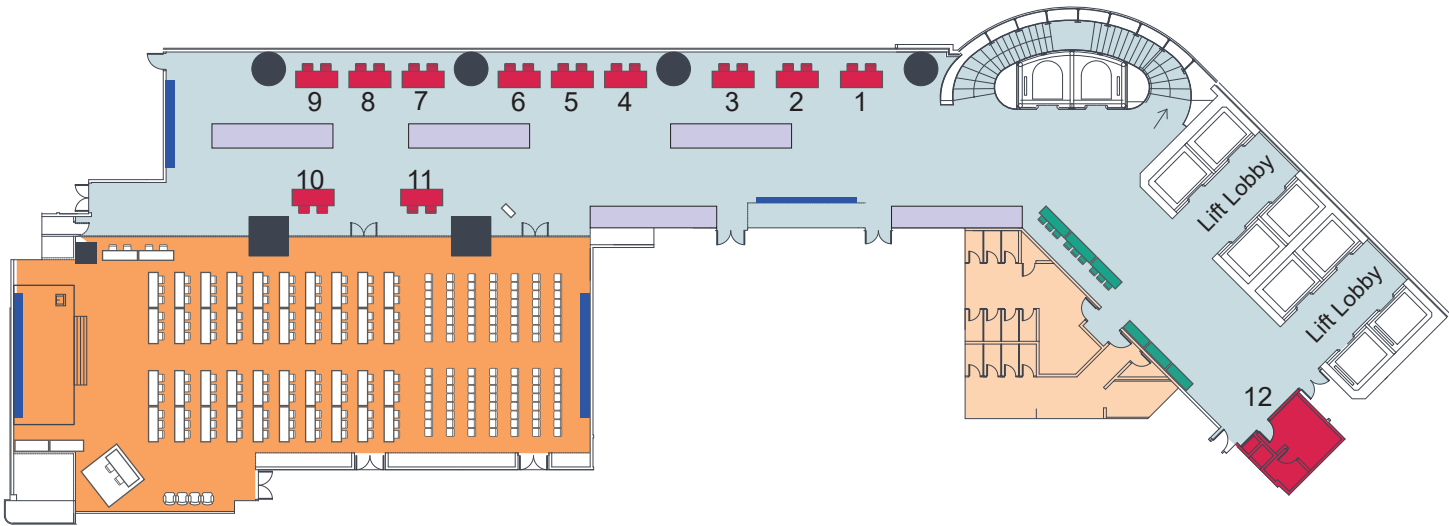
賀香港中華醫學會二零二五年周年科研大會
慢性病管理：聯結基層與專科醫療

ACADEMIC ACCREDITATION

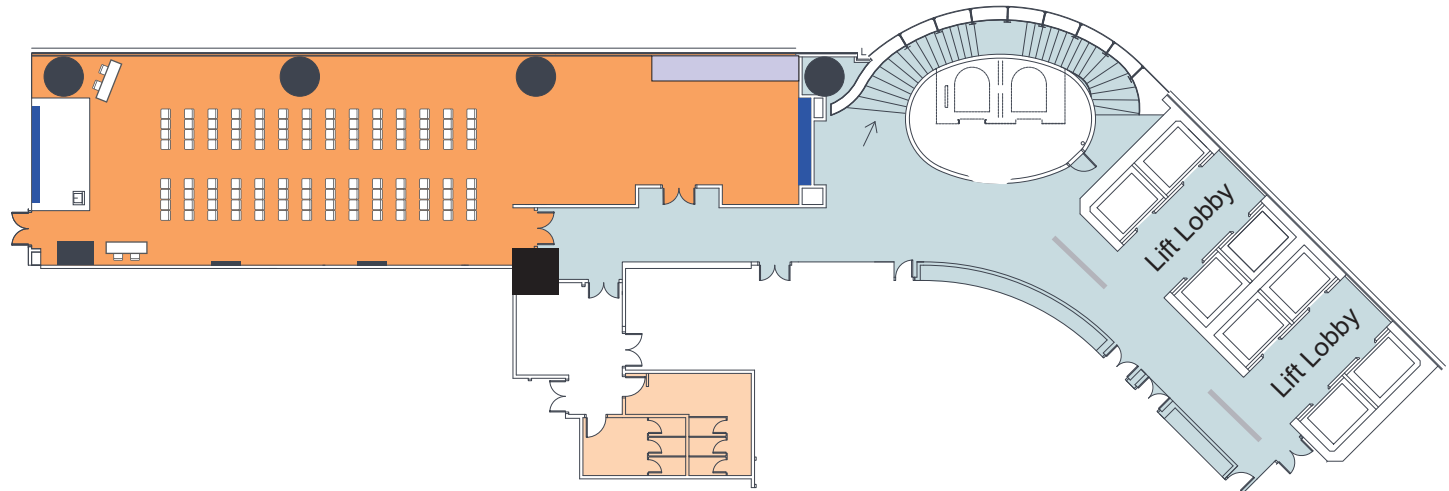
Colleges	CME Point(s)(Max)
The Hong Kong College of Anaesthesiologists	6.50
Hong Kong College of Community Medicine	6
The College of Dental Surgeons of Hong Kong	Pending
Hong Kong College of Emergency Medicine	6
The Hong Kong College of Family Physicians	Pending
The Hong Kong College of Obstetricians and Gynaecologists	5
The College of Ophthalmologists of Hong Kong	6.50
The Hong Kong College of Orthopaedic Surgeons	Pending
The Hong Kong College of Otorhinolaryngologists	3
Hong Kong College of Paediatricians	6
The Hong Kong College of Pathologists	6
Hong Kong College of Physicians	6
The Hong Kong College of Psychiatrists	6
Hong Kong College of Radiologists	6.50
The College of Surgeons of Hong Kong	6
Hong Kong Academy of Medicine (MCHK CME)	5

FLOOR PLAN

The Ballroom (Level 7)



Shanghai Room (Level 8)



- Reception/CME Table

Function Area

Sponsors Booth/Fibro Scan Room

Screen/Backdrop
- Foyer Area

Catering Station

Washrooms

- Booth 1: Eli Lilly Asia, Inc.

Booth 2: Sanofi Hong Kong Limited Ltd.

Booth 3: Sinovac Biotech Ltd.

Booth 4: Merck Pharmaceutical (HK) Ltd.

Booth 5: Pfizer Corporation Hong Kong Ltd.

Booth 6: Merck Sharp & Dohme (Asia) Limited
- Booth 7: AstraZeneca Hong Kong Limited

Booth 8: Novartis Pharmaceuticals (HK)

Booth 9: Hipp

Booth 10: GlaxoSmithKline plc

Booth 11: Boehringer Ingelheim (Hong Kong) Limited

Booth 12 (FibroScan Room): Chong Lap Hong Kong Limited

SPEAKERS

Session 1



Recent Development in PET Technology: Role in Guiding Therapy (online lecture)

Prof. Georges EL FAKHRI, PhD

Yale Elizabeth Mears and House Jameson Professor of Radiology & Biomedical Imaging and Bioinformatics & Data Science;
Director, Yale Biomedical Imaging Institute & Yale PET Centre

Dr. Georges El Fakhri, PhD, DABR is the Nathaniel & Diana Alpert Professor of Radiology at Harvard Medical School (HMS) and the founding Director of the Endowed Gordon Center for Medical Imaging at Massachusetts General Hospital and HMS. He is also co-Director of the Division of Nuclear Medicine and Molecular Imaging and a Faculty Member of the Harvard-MIT Health Sciences and Technology. Dr. El Fakhri is an internationally recognized expert in quantitative molecular imaging (SPECT, PET-CT, and PET-MR) for in vivo assessment of patho-physiology in brain, cardiac and oncologic diseases. Current areas of research include high resolution PET & MR imaging in a range of diseases including neurodegenerative disease and traumatic brain injury (amyloid and neurofibrillary tangles), cardiac arrhythmia and heart failure (mitochondrial membrane potential), as well as guiding radiotherapy planning (PET/MRS). He has authored or co-authored over 300 papers and more importantly mentored over 100 students, post-docs and faculty. He has received many awards and honors, including the Mark Tetalman Award from the Society of Nuclear Medicine, the Dana Foundation Brain and Immuno-Imaging Award, the Howard Hughes Medical Institutes Training Innovation Award, The Hoffman Award, as well as significant funding from many NIH Institutes (e.g., NCI, NHLBI, NIA, NIBIB, NINDS, OD). He was elected Fellow to the American Association of Physicists in Medicine (AAPM), the Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American Institute for Medical and Biomedical Engineering (AIMBE) and the IEEE for contributions to quantitative biological imaging.

Abstract: In this talk, recent developments in Positron Emission Tomography (PET) are explored in relation to Artificial Intelligence. The unique sensitivity of PET (picomolar) and its quantitative capabilities can be associated with the superb spatial and temporal resolution of MR as well as its excellent soft tissue contrast to provide an ideal imaging modality for many cancers as well as cardiac and brain explorations.

Improvements in image quality and diagnostic accuracy are illustrated in specific cases and synergies between PET and MR spectroscopy are discussed in the context of guiding radiotherapy using AI for tumor delineation. The role of PET and SPECT in achieving personalized medicine in theranostics will be illustrated in prostate cancer with PSMA imaging and in neuroendocrine tumors with Dotate. Beyond oncology, applications in brain imaging (neurodegenerative disease, traumatic brain injury) are presented especially in the context of prediction of disease evolution and progression and guidance of potential treatment.

SPEAKERS

Chinese Academy of Engineering Academician Distinguished Lecture 中國工程院院士傑出講座



Advances in the Treatment of Hematological Malignancies: Contributions from China

血液腫瘤治療的進展：來自中國的貢獻

Prof. Huang Xiaojun 黃曉軍院士

中國工程院院士
北京大學血液疾病研究所所長
國家血液系統疾病臨床醫學研究中心主任

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- Peking University Boya Chair Professor;
- Member of Chinese Academy of Engineering;
- Chairman of Peking University Institute of Hematology, PUPH;
- Director of National Clinical Research Center for Hematologic Diseases, P.R.China;
- Direction of Peking University People's Hospital Xiong'an Center for Medical Engineering & Translational Research;
- Fellow of the Chinese Academy of Medical Sciences;
- Foreign Corresponding Member of the French Academy of Medicine
- 北京大學博雅講席教授；
- 中國醫學科學院學術諮詢委員會學部委員；
- 法國國家醫學科學院外籍院士；
- 國家自然基金委員會創新群體、教育部、科技部創新團隊負責人

Abstract: In recent years, the treatment of hematologic malignancies has seen significant advances. The great progresses included allogeneic hematopoietic stem cell transplantation and targeted immunotherapies. The treatment of acute promyelocytic leukaemia (APL) has evolved dramatically with the efforts of Chinese scholars. The discoveries of all-trans retinoic acid (ATRA) and arsenic trioxide (ATO) were landmark events, leading to historic revolutions in the treatment of APL. The granulocyte colony-stimulating factor (G-CSF) / anti-thymocyte globulin (ATG) based haploidentical protocol, which was named "Beijing Protocol" by international counterparts, has terminated the worldwide problem of "Donor Shortage" and promoted the rapid growth of allogeneic hematopoietic stem cell transplantation around the world. More recently, China led globally in CAR - T cell clinical research. The innovation has focused on new targets, enhancing CAR - T functionality, and universal CAR - T cell development. The above contributions from China have changed the landscape of hematologic diseases worldwide.

SPEAKERS

Session 1



The IMACE and the Ethico-legal Status of Clinical Practice Guidelines

Prof. Gilberto Ka-kit LEUNG 梁嘉傑教授

Convenor, Institute for Medical Advancement and Clinical Excellence (IMACE);
Immediate-Past President, Hong Kong Academy of Medicine

Professor Gilberto Leung is a neurosurgeon, Clinical Professor, and Tsang Wing-Hing Professor in Clinical Neuroscience at the University of Hong Kong (HKU). He graduated from the University of London with M.B.B.S. in 1992 and joined HKU in 2005 where he obtained his MS, PhD, and MD degrees. He is currently Director of the School of Clinical Medicine at the LKS Faculty of Medicine of HKU, Immediate-Past President of the Hong Kong Academy of Medicine, and Convenor of the Institute for Medical Advancement and Clinical Excellence in Hong Kong. He also holds an LLB from the University of London and an LLM in Medical Law and Ethics with Distinction from the University of Edinburgh; and serves as Co-Director of the Centre for Medical Ethics and Law at HKU and Co-Chairperson of the Professionalism and Ethics Committee at the Hong Kong Academy of Medicine.

Abstract: The Institute for Medical Advancement and Clinical Excellence (IMACE) is an independent, professional platform newly established by the Health Bureau of the Government of the HKSAR with the mandate to provide guidance on medical practice and healthcare policy. One of its objectives is to develop and disseminate “IMACE Recommendations”, such as clinical practice guidelines (CPGs) on the use of medicines, medical devices, digital technologies, and interventional procedures. This paper will introduce the IMACE’s operation framework for CPG development and discuss the legal status of CPGs in the context of professional duties and responsibilities.

Reference:

1. Leung GKK, Lam RMK, Chiu PWY, et al. Establishment of the Institute for Medical Advancement and Clinical Excellence (IMACE). H K Med J 2025; 31:Epub 29 May 2025.

SPEAKERS

Session 1



AI in Surgery

Prof. Philip Wai-yan CHIU, JP 趙偉仁教授

MBChB(CUHK), MD(CUHK), FRCSEd(Gen), FCSHK, FHKAM (Surgery)
Dean, Faculty of Medicine, The Chinese University of Hong Kong;
Shun Hing Education and Charity Fund Professor of Robotic Surgery;
Director, Multi-Scale Medical Robotics Center, The Chinese University of Hong Kong

Professor Philip Chiu is the Dean of the Faculty of Medicine, Shun Hing Education and Charity Fund Professor of Robotic Surgery, Director of Multi-Scale Medical Robotics Center and Endoscopy Center at The Chinese University of Hong Kong. He is also a Steering Committee member of Health and Medical Innovation Development of the Health Bureau of the HKSAR Government.

Professor Chiu is a pioneer in minimally invasive procedures, having performed Hong Kong’s first endoscopic submucosal dissection (ESD) for the treatment of early gastrointestinal cancers (2004), and the world’s first robotic gastric ESD (2011) and colorectal ESD (2020). He has received numerous prestigious awards, including the State Scientific Technology and Progress Award from People’s Republic of China, Spirit of Hong Kong Award on Innovation, and two Gold Medals with Congratulations of Jury at the International Exhibitions of Inventions of Geneva. He is also members of the European Association of Endoscopic Surgery (2023) and Academia Europea (2025).

Abstract: The recent development of AI has major impact on clinical care from diagnostics to therapeutics. AI has been applied to endoscopy in enhancing the diagnostic capabilities through quality assurance, detection and characterization of lesions. In combination with robotic surgical systems, AI will be collaborating with surgeons in achieving the optimal surgical dissection through AI provision of guidance in precision and safety for the surgical procedures.

SPEAKERS

Session 1



How AI is Augmenting the Doctor-patient Relationship

Dr. Alex NG 吳文達醫生

President, Tencent Healthcare

Head, Tencent AI for Life Sciences Lab

Head, Tencent Inclusive Health Lab

Honorary Professor, School of Public Health, University of Hong Kong

WHO Digital Health Technical Advisory Group

Alex dedicates his career to harnessing technological innovations to promote global health equity and accessibility for underserved communities.

Currently, as the head of Tencent Healthcare, he drives AI-powered digital transformation initiatives within the healthcare sector, overseeing Tencent Healthcare Mini-Program that integrates online and offline medical services, deploys AI-driven self-service tools, and collaborates with healthcare institutions to enhance patient care across the entire journey—from prevention and diagnosis to treatment and chronic disease management. Concurrently, Alex leads Tencent's AI for Life Sciences Lab, where his team pioneers advanced AI models for drug discovery and multi-omics analysis; and leads Tencent's Inclusive Health Lab where his team develops AI-enabled software systems to support breast/cervical cancer and congenital heart disease screening in resource-limited settings.

Beyond his corporate roles, Alex contributes to global health as a member of the World Health Organization's Digital Health Technical Advisory Group, where he advises on ethical AI and digital health policies. He also shares his expertise as an honorary professor at the University of Hong Kong, teaching a master course on health innovation and strategies.

Prior to his tenure at Tencent, Alex served as Deputy Director for Health Innovation and Partnership at Bill & Melinda Gates Foundation, devising strategies to scale affordable health products and solutions in LMICs. Earlier, as an Associate Partner at McKinsey & Company in the U.S. and Hong Kong, he counseled Fortune 500 companies and governments on optimizing healthcare systems and adopting transformative strategies and technologies.

He read medicine (BHB/MBChB) at University of Auckland and practiced at Middlemore Hospital in Auckland, followed by Postgraduate Diploma in Health Informatics from the University of Otago, and Master of Public Health (MPH) from Harvard University's T.H. Chan School of Public Health.

Abstract: The doctor-patient relationship remains the bedrock of quality care, yet physicians face unprecedented pressures: information overload, administrative burdens, and limited time per patient. Recently, different Artificial Intelligence (AI) models have been passing different medical exams with flying colours, so can these AI also solve the plethora of problems we currently face in clinical medicine? This session will explore where AI might be able to help, where it might not, lessons from the field on how to make it work the way it was designed. In 5 years, how might AI change the doctor-patient relationship?

SPEAKERS

Session 2



Elevating the Treatment of Obesity and Its Complications with GIP/ GLP-1 RA (online lecture)

Prof. Roger CHEN

Conjoint Professor, Faculty of Medicine,

University of New South Wales, Australia

Professor Roger Chen is consultant endocrinologist and Senior Staff Specialist at St Vincent's Hospital. His clinical interests are in general endocrinology including diabetes, thyroid, adrenal, pituitary disorders and in andrology.

He completed his PhD on the Metabolic Effects of Growth Hormone Excess and Deficiency at the University of Sydney and conducted his laboratory work at the University of Tokyo. He is co-chair of the diabetes and mental health subcommittee of the Agency of Clinical Innovation.

His research interests are in diabetes and general endocrine disorders. He particularly enjoys teaching at undergraduate and postgraduate levels, and at the University of NSW. He coordinates the endocrinology unit of the Masters of Internal Medicine for the University of Sydney.

Abstract: Obesity has emerged as one of the most pressing global health challenges of the 21st century, affecting over 1 billion individuals worldwide. It is a multifactorial chronic disease associated with significant metabolic and cardiovascular complications. Despite growing awareness and widespread implementation of lifestyle interventions and conventional pharmacotherapies, long-term success in managing obesity remains elusive for many patients. This persistent gap highlights the urgent need for more effective, sustainable, and patient-friendly treatment strategies.

This lecture will provide a comprehensive evaluation of the treatment outcomes associated with the use of GIP (glucose-dependent insulintropic polypeptide) /GLP-1 (glucagon-like peptide-1 receptor agonists) receptor agonists in the management of obesity, with a particular focus on the efficacy of tirzepatide (Mounjaro) in addressing both weight reduction and obesity-related complications.

This lecture will begin by explaining the mechanism of action of Mounjaro (tirzepatide), the first and only approved dual GIP/GLP-1 receptor agonist, marking a significant advancement in the treatment of obesity and its complications. GIP (glucose-dependent insulintropic polypeptide) and GLP-1 (glucagon-like peptide-1) are incretin hormones that regulate body weight and appetite via the central nervous system, while also enhancing insulin secretion and modulating glucose metabolism.

Besides, the lecture will also explore the efficacy and safety profile of Mounjaro (tirzepatide). Mounjaro (tirzepatide) has demonstrated substantial reductions in body weight and waist circumference, along with improvements in glycemic control and cardiovascular parameters. In terms of safety, tirzepatide is generally well tolerated, with gastrointestinal side effects being the most commonly reported.

Finally, the lecture will conclude with a discussion of real-world clinical experience, where Prof. Roger Chen will share practical insights into patient selection, treatment response, adherence strategies, and long-term management. This session aims to equip healthcare professionals with a holistic understanding of tirzepatide's therapeutic potential and its role in transforming obesity care.

PANELISTS

Session 2 How to Fight Obesity: Sharing as a Patient



Dr. Henry Chiu-fat YEUNG 楊超發醫生

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

Dr. Henry Yeung, a Paediatrics specialist, has worked as a Senior Medical Officer at Princess Margaret Hospital before he left for private practice in 1984. He also pursued a Computer Science degree at Asia International Open University (Macau) while managing his Tsing Yi clinic.

As President of the Estate Doctors Association and Founder President of Hong Kong Doctors Union, he has pioneered small group CME activities since 1997. He utilized his computer skills to build early websites for medical associations to facilitate CME activities. As Vice President of the Hong Kong Medical Association, he initiated the Biannual Beijing & Hong Kong Medical Exchange (BHKME) in 1997 and participated in exchange programs on various medical topics.



Dr. Raymond Wai-chuen LEE 李衛全醫生

Specialist in Critical Care Medicine

Dr. Lee Wai Chuen Raymond is currently the director of the ICU of Hong Kong Sanatorium and Hospital. He is also a Visiting Professor of Shantou University Medical College and Honorary Professor of Peking University Shenzhen Hospital.

He was the foundation consultant of the ICU of the HKU Shenzhen Hospital. During his tenure, he established an outstanding ICU system for the hospital and organized different types of training courses and academic forums, including the RACEplus Echocardiogram Course and the Shenzhen-Hong Kong-Macao-Taiwan Cross-Strait Critical Care Summit Forum. In non-clinical aspects, he established a complete adverse event reporting mechanism for the hospital.



Dr. Daniel Wai-sing CHU 朱偉星醫生

Specialist in Family Medicine

Dr. Chu had worked in the Hospital Authority (HA) of Hong Kong for 20 years before he left for private practice in 2015. He was one of the pioneers who has helped establishing and leading the development of Family Medicine in Hong Kong. As the former Chief of Service of the Dept. of FM&PHC of Hong Kong East Cluster, he has led his team to actively participate in primary care research involving 20 local and international drug trials and other topics in primary care setting. He also contributed tremendously to the development of Integrated Mental Health Programs in HA.

Anyone who knows Dr. Chu will call him "a big fat man", medically known as having "obesity". Patients frequently asked him why he had not done anything to reduce his body weight. His standard answer was "If there had been a safe and effective treatment, I would have taken it and would not be as obese as such..."

In this symposium, Dr. Chu will share with the audience his own personal journey on weight management.

SPEAKERS

Session 3



Personalized Strategies for Chronic Kidney Disease Management: A Holistic Cardio-Kidney-Metabolic Approach

Dr. Annette Wai-kwan TSO 曹慧崑醫生

MB, Bchir (Cantab), FRCP (Lond), FRCP (Edin), FHKCP, FHKAM

Specialist in Endocrinology, Diabetes & Metabolism;

Honorary Clinical Associate Professor, Department of Medicine, The University of Hong Kong

Degrees, training and appointments

- Graduated from The University of Cambridge, U.K. With M.A., M.B., B.Chir.
- Endocrinology training at Queen Mary Hospital, H.K.
- Research Fellowship at Joslin Diabetes Centre, Harvard Medical School, Boston, U.S.A, with research on neuropeptide control of appetite and metabolism and adipocyte signalling.
- Appointment as Clinical Assistant Professor at the University of Hong Kong in 2008 - main research interest : the role of Adipokines in metabolic dysfunction and the genetics of obesity and insulin resistance
- In private practice since February 2011, currently Honorary Clinical Associate Professor at the University of Hong Kong

Publications

- Over 60 articles published in peer-reviewed journals

Current practice and appointments:

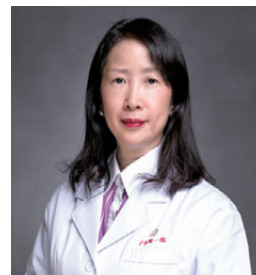
- Private practice at
 - 813 Medical Centre - 1607 Central Building, Pedder Street, HK
 - 813 Medical Centre (TST) - H Zentre, Middle Road, TST, Kowloon, HK
- Honorary Clinical Associate Professor at the University of Hong Kong
- Honorary Consultant, Queen Mary Hospital

Abstract: Cardiovascular-kidney-metabolic (CKM) syndrome highlights the interconnections among atherosclerotic cardiovascular disease (ASCVD), heart failure (HF), chronic kidney disease (CKD), and diabetes, requiring an integrated treatment approach. Kidney health is central to CKM syndrome due to the high prevalence of kidney failure in patients with diabetes or cardiovascular disease. SGLT2 inhibitors have demonstrated cardiovascular and renal benefits in type 2 diabetes and HF populations, with recent trials extending these benefits to CKD, showcasing effects beyond glycemic control.

This lecture will explore practical strategies for implementing SGLT2 inhibitors in clinical practice, focusing on patient selection, monitoring, and optimizing outcomes in CKM syndrome. It will also review the latest international guidelines, which increasingly prioritize SGLT2 inhibitors for early CKM syndrome management. By the session's end, healthcare professionals will gain insights into integrating SGLT2 inhibitors into practice, offering a holistic, evidence-based approach to managing complex cardio-renal-metabolic conditions.

SPEAKERS

Session 3



From Bench to Bedside: Translational Discoveries in Severe Asthma from CBIOPRED

從實驗到臨床：CBIOPRED 在重度氣喘領域的轉化醫學發現

Prof. ZHANG Qingling 張清玲教授

Deputy Director, Department of Respiratory and Critical Care Medicine,
The First Affiliated Hospital of Guangzhou Medical University
廣州醫科大學附設第一醫院呼吸與重症醫學科行政副主任
Chairman, Respiratory Committee of Guangdong Medical Doctor Association
廣東省醫師協會呼吸醫師分會主任委員

- Secretary of the Chairman's Office, Respiratory Disease Branch, Chinese Medical Association (10th Session), Member of the Asthma Group (10th and 11th Sessions)
中華醫學會呼吸病學分會主委工作秘書（第十屆）、氣喘學組委員（第十、十一屆）
- Vice Chairman, Chronic Airway Diseases Professional Committee, Chinese Medical Education Association
中國醫藥教育協會慢性氣道疾病專業委員會副主任委員
- Member, the 6th Committee and Deputy Secretary-General, Respiratory Physician Branch, Chinese Medical Doctor Association
中國醫師協會呼吸醫師分會第六屆委員會委員兼副總幹事
- Chairman, Respiratory Committee of Guangdong Medical Doctor Association
廣東省醫師協會呼吸科醫師分會主任委員
- Vice Leader, Vasculitis Group, Vasculitis Professional Committee, Cross-Strait Medicine Exchange Association
海峽兩岸醫藥衛生交流協會風濕免疫病專委會血管炎專委會血管炎學組副組長
- Leader, Multidisciplinary Treatment Collaboration Group for Eosinophilic Diseases, National Respiratory Medicine Center, China
國家呼吸醫學中心中國嗜酸性粒細胞增多相關性疾病多學科診療協作組組長

Abstract: C-BIOPRED is China's first multicenter study on severe asthma involving 33 hospitals nationwide, which systematically investigated the clinical characteristics, inflammatory phenotypes, and treatment responses in Chinese patients while identifying potential biomarkers through multi-omics approaches. The study demonstrated a significantly higher prevalence of eosinophilic phenotype (76.8%) compared to Western populations (U-BIOPRED cohort), particularly noting poorer disease control among male smokers. Multi-omics analyses revealed key biomarkers including the negative correlation between sputum eosinophil percentage and lung function, as well as the positive associations of Galectin 10 (CLC) and complement C5 activation with disease severity, while establishing a novel clinical feature-based asthma classification system. The research further evaluated the applicability of biological targeted therapies (anti-IgE and anti-IL-5/5R) to guide personalized treatment strategies. Future research directions will focus on integrating machine learning with multi-omics data to optimize precision medicine approaches for severe asthma management in China.

C-BIOPRED 是中國首個多中心重度氣喘研究項目，涵蓋全國 33 家醫院，旨在揭示中國人群重度氣喘的臨床特徵、發炎表型、治療反應差異及運用多組學方法挖掘潛在生物標記。研究發現，中國重症氣喘患者中嗜酸性粒細胞表型 (76.8%) 顯著高於西方人群 (U-BIOPRED 隊列)，且男性吸菸者疾病控制更差。透過多組學分析，計畫明確了痰嗜酸性粒細胞比例與肺功能負相關、Galectin 10 (CLC)、補體 C5 活化與疾病嚴重度正相關等關鍵生物標誌物，並提出了基於臨床特徵的氣喘分型。此外，研究也評估了生物標靶治療（如抗 IgE、抗 IL-5/5R）的適用性，為個人化治療提供基礎。未來計畫整合機器學習與多組學數據，進一步優化華人重症氣喘的精準診療策略。

SPEAKERS

Session 3



Multi-omics in COPD: Exploration and Challenges

慢阻肺病多組學的探索與挑戰

Prof. CHEN Rong-chang 陳榮昌教授

Former director, Guangzhou Institute of Respiratory Health,
First Affiliated Hospital of Guangzhou Medical University
廣醫附一院廣州呼吸健康研究院 前院長
Past President, Chinese Thoracic Society
中華醫學會呼吸病學分會 前任主席
President of Chinese Association of Chest Physicians
中華醫學會呼吸症學分會慢阻肺學組 組長

Dr. Rongchang CHEN is the professor of medicine, Specialist of Pulmonary and Critical Care Medicine.

Main research area: Airway disorders, Respiratory mechanics, Viral infection in pulmonary diseases. Publications over 100 papers.

中國醫師協會呼吸病學分會 會長

深圳市醫學會呼吸病學分會 主委

國務院特殊津貼專家

Abstract: The mechanisms underlying the onset and progression of Chronic Obstructive Pulmonary Disease (COPD) remain incompletely understood. Prospective long-term follow-up disease cohorts serve as crucial resources for investigating the progress of the disease. In recent years, the integration of genomics, transcriptomics, proteomics, microbiome, metabolomics, and radiomics technologies with longitudinal COPD cohorts has yielded new discoveries in exploring disease heterogeneity, mechanisms associated with disease progression, and potential therapeutic targets. These new findings point our research direction and a challenge for the future.

慢阻肺病疾病發生發展的機轉仍不完全清楚。前瞻性的長期追蹤疾病隊列是探索疾病動態變化的重要資源。近年來，基因組、轉錄組、蛋白質組、微生物群、代謝組和影像組學等技術與慢阻肺病縱向隊列的結合，在探索疾病異質性、疾病進展的相關機制和潛在幹預靶點方面的有了一些新的發現，是未來新的探索方向和挑戰。

SPEAKERS

Session 4



Proactive Approach to Prevent Pneumococcal Disease by Enhancing Immunity of Adults with Underlying Medical Condition

Prof. Ivan Fan-ngai HUNG 孔繁毅教授

Chair Professor of Infectious Diseases
Ru Chien and Helen Lieh Professor in Health Science Pedagogy
Head, Division of Infectious Diseases,
Department of Medicine, LKS Faculty of Medicine,
The University of Hong Kong, Hong Kong

Professor Ivan is Chair Professor of Infectious Diseases, Ru Chien and Helen Lieh Endowed Professor in Health Sciences Pedagogy, Associate Dean (Partnership & Engagement), Head of the Division of Infectious Diseases, Department of Medicine, LKS Faculty of Medicine, The University of Hong Kong. He is also Honorary Consultant in Queen Mary Hospital and Chair Professor and Chief-of-Service of the Department of Infectious Diseases and Clinical Microbiology at the HKU-Shenzhen Hospital, Hong Kong.

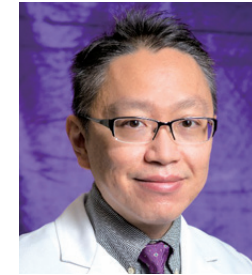
Prof Hung is a dual specialist in Infectious Disease and Gastroenterology & Hepatology. He was awarded the Richard Yu Lectureship and medal in 2016 by the Hong Kong College of Physicians, and the prestigious Outstanding Researcher Award from the University of Hong Kong in 2019. He is the Fellow of Royal Colleges of Physicians of London and Edinburgh, and fellow of the Infectious Disease Society of America and Advisory Board Member of the Universal Scientific Education & Research Network (USERN).

Prof Hung has published more than 370 international peer reviewed original articles, including research articles in the Lancet, Nature, the Lancet Infectious Diseases and the Clinical Infectious Diseases. His research interest includes influenza, SARS-CoV-2 and other respiratory virus antiviral treatment and vaccinology. He is ranked as HKU Scholars in the world top 1% in 2013, 2018-2023 (H-index 70) and most highly cited researcher in 2023 by the Clarivate.

Abstract: Adults with underlying medical conditions (UMC) face a significantly elevated risk of invasive pneumococcal disease (IPD), particularly as they age. This lecture explores the intersection of chronic medical conditions—such as diabetes, chronic heart, lung, or liver diseases—and the heightened susceptibility to IPD in older adults. We will examine the global and regional burden of IPD, with a focus on serotype distribution in older populations across various countries, including Hong Kong. Drawing on recent epidemiological studies and clinical trials, the session will highlight the persistent gaps in adult pneumococcal vaccination coverage and the need for targeted immunization strategies. Special attention will be given to real-world data on the 20-valent pneumococcal conjugate vaccine (PCV20), demonstrating its broad serotype coverage and effectiveness in reducing IPD incidence among high-risk adults. The lecture will conclude with current pneumococcal vaccination recommendations, emphasizing a proactive, immunity-enhancing approach to protect adults with UMC and reduce the public health burden of pneumococcal disease.

SPEAKERS

Session 4



Shielding the Vulnerable – Emerging Strategies to Protect High-Risk Older Adults from RSV

Prof. Christopher Koon-chi LAI 賴貫之教授

Assistant Professor (Clinical), Department of Microbiology, Faculty of Medicine,
The Chinese University of Hong Kong

Dr. Christopher Lai is currently a Clinical Assistant Professor of Department of Microbiology, The Chinese University of Hong Kong.

Dr Lai graduated from the Chinese University of Hong Kong in 1998. He started his career as a physician and obtained his MRCP in 2001 before moving on to Clinical Microbiology in 2003. He is a Fellow of Royal College of Pathologists and Hong Kong Academy of Medicine.

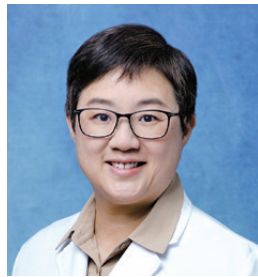
Dr Lai is currently the President of the Hong Kong Society for Microbiology and Infection. Vice President and Chairman of the Education Committee of the Hong Kong College of Pathologists and Honorary Consultant at the CUHK Medical Center. He has diverse research interests, which include the application of advanced technologies in the diagnosis of infectious diseases; Clinical, epidemiology, and laboratory diagnosis of respiratory viral pathogens; Antimicrobial resistance, infection control, and hospital epidemiology; and The human microbiota.

Abstract: Respiratory Syncytial Virus (RSV) presents a significant global health burden, a trend that is reflected in Hong Kong, where older adults and adults at increased risk due to comorbidities experience high morbidity. In Hong Kong, RSV is a major contributor to hospitalization among older adults together with severe complications observed in the increased risk populations. The local situation parallels global epidemiological patterns, highlighting the urgent need for effective prevention strategies.

This lecture will highlight the latest advancements in RSV vaccination, focusing on its growing role in protecting adults at heightened risk. Evidence from multiple clinical trials conducted across several RSV seasons shows that vaccines can effectively reduce the incidence of acute respiratory infections in adult populations aged 50 and above with diverse health profiles. Importantly, these vaccines provide effective and durable protection against both major RSV subtypes. Several international organizations, including the Global Initiative for Asthma, have endorsed RSV prevention based on this emerging evidence. This lecture will review the relevant clinical evidence and international guidelines to provide healthcare professionals with practical strategies to protect older adults in Hong Kong.

SPEAKERS

Concurrent Session 4



The Effectiveness of E-parenting on Parental Competence in Hong Kong

Dr. Dorothy Fung-ying CHAN 陳鳳英醫生
Clinical Associate Professor (honorary), Department of Paediatrics,
The Chinese University of Hong Kong

Dr. Dorothy Chan Fung-ying is an Honorary clinical Associate Professor at the Department of Paediatrics of the Chinese University of Hong Kong. She graduated from the CUHK in 1998. After graduation, she worked in the Prince of Wales Hospital and obtained her specialist qualification in Paediatrics. In 2013. She further obtained the Sub-specialization in Developmental and Behavioural Paediatrics qualification.

She works with children with special needs and their families. Despite her heavy workload, she insists on promoting child health, early childhood development, positive parenting and behavioural management in kindergartens, primary and secondary schools and the general public. She provides training to school, teachers, and parents to promote the understanding of their children and match their needs. Dr. Chan is also committed to the training of professionals, and she regularly provides professional training to medical students, social workers, paediatricians and general practitioners.

Abstract: Early Childhood Interventions (ECIs) have garnered significant attention from scholars and policymakers as a means to mitigate socio-economic disparities. Research shows that children from lower socio-economic status (SES) families score significantly lower than their higher-SES peers in cognition, language, social cognition, and visual perception, placing them at greater risk of developmental delays. These findings highlight the urgent need to address early-life inequalities to break the cycle of intergenerational poverty.

Most existing ECI programs originate in Western countries and adopt a face-to-face approach, primarily targeting cognitive development. In contrast, a new e-learning intervention—developed by a team of developmental psychologists, pediatricians, and family therapists—combines developmental facilitation skills with a parenting curriculum. This localized program, delivered through 80 one-hour e-learning sessions over 40 weeks, takes a comprehensive developmental approach, covering motor skills, socio-emotional management, social skills, and cognitive development.

The parenting component is structured into four key elements:

1. Core conceptual knowledge – Foundational understanding of child development.
2. Practical application – Translating knowledge into play-based skills.
3. Quizzes – Ensuring learning quality and retention.
4. Guided reflection – Helping parents internalize and apply insights.

A randomized waitlist control study was conducted with 194 parent-child dyads recruited from population-based kindergartens. Despite a 60% completion rate in the treatment group, results showed significant improvements in parenting sense of competence, perceived social support, and parental resilience.

SPEAKERS

Concurrent Session 4



Real World Experience Using AI in Imaging (online lecture)

Dr. Geraldine DEAN
NHS Consultant Radiologist;
AI lead, NHS SW London;
AI lead, TMC (a Unilabs company)

Dr. Geraldine Dean is a musculoskeletal radiology consultant in southwest London where she serves as the AI Clinical Lead. She holds the positions of AI Chair and Lead for the NHS South West AI Group encompassing five hospitals. Additionally, she is the Head of UK AI Implementation for Telemedicine Clinic (TMC), Europe's largest teleradiology firm and is a member of the advisory board at the AI Centre of Excellence at Unilabs. Dr Dean is an AI advisor to the Royal College of Radiologists.

Abstract: This talk explores the real-world journey of integrating AI tools into healthcare, drawing on firsthand experience from both public and private sectors across multiple regions. From assembling the right multidisciplinary team and identifying clinically meaningful use cases, to selecting appropriate vendors, managing implementation trials, and setting up ongoing monitoring frameworks, this session highlights the practical, often messy reality behind AI deployment. Attendees will gain insight into common pitfalls, unexpected challenges, and the strategic decisions that determine whether an AI project becomes a sustainable asset or a costly experiment

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, The Federation of Medical Societies of Hong Kong

Work experience

- 1983-1986 Basic training in Internal Medicine at Washington University
- 1986-1995 Clinical Lecturer, Department of Medicine, University of Hong Kong
- 1987-1989 Subspecialty training in Respiratory & Critical Care Medicine at Stanford University (on leave from HKU)
- 1995-2003 Consultant in Intensive Care and Director of the Adult Intensive Care Unit at Queen Mary Hospital
- 2003-2005 Consultant in Medical Development, Hospital Authority Head Office
- 2005-present Private medical practitioner



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 currently serves as 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 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 also Panel Chairman of the HAHO Central Institutional Review Board.

Dr Ng serves as Chairman of the Specialty Board in Respiratory Medicine and member of the Education and Accreditation Committee (E&AC) of the Hong Kong College of Physicians. He is the First Vice President of the Federation of Medical Societies of Hong Kong (FMSHK), Board Member of the Hong Kong Lung Foundation (HKLF), Executive Member of the CHEST Delegation Hong Kong and Macau and Board Member of the Hong Kong Chinese Medical Association (HKCMA). He was appointed as Council Member of the Hong Kong Council on Smoking and Health (COSH).

CHAIRPERSONS



Prof. Patrick Pak-keung IP 葉柏強教授

FRCPC(HK), FHKAM(Paed), FHKCPaed, MRCP(UK), MRCPCH(UK), MBBS(HK), MPH, DCH(IRE), DCH(GLAS), Dip Med(CUHK), MD (HK)
Clinical Professor
Tsao Yen-Chow Professor in Paediatrics and Adolescent Medicine
Department of Paediatrics & Adolescent Medicine
School of Clinical Medicine, LKS Faculty of Medicine
The University of Hong Kong
Honorary Consultant
Department of Paediatrics & Adolescent Medicine
Queen Mary Hospital, Duchess of Kent Children's Hospital at Sandy Bay and Hong Kong Children's Hospital

Prof. Patrick Ip is a renowned expert in Paediatrics and Adolescent Medicine and is internationally recognised for his leadership in developmental behavioural paediatrics, population studies, and community-based interventions. He co-chairs the Lancet Psychiatry Series on Attention-Deficit Hyperactivity Disorder (ADHD) and has pioneered Hong Kong's Comprehensive Child Development Service. His work has been honoured with multiple awards, including the Faculty Sir Patrick Manson Gold Medal (2025), HKU Outstanding Researcher Award (2024), Outstanding Asia-Pacific Paediatrician Award (2022), Knowledge Exchange Impact Award (2021), Humanity Award (2020), Faculty Outstanding Research Output Award (2019), and UNICEF Best Research Award (2015). Prof. Ip has published over 400 academic papers in world-renowned journals and his evidence has shaped both policy and clinical practice. Notably, he is the only paediatric scholar in UNICEF's East Asia-Pacific project standardising early development scales, and the sole Chinese paediatric scholar in the WHO Working Group for the Lancet Early Childhood Development Series.



Dr. Adrian Piers 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 Price 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.

CHAIRPERSONS



Dr. Daniel Wai-sing CHU 朱偉星醫生

Specialist in Family Medicine

Dr. Chu had worked in the Hospital Authority (HA) of Hong Kong for 20 years before he left for private practice in 2015. He was one of the pioneers who has helped establishing and leading the development of Family Medicine in Hong Kong. As the former Chief of Service of the Dept. of FM&PHC of Hong Kong East Cluster, he has led his team to actively participate in primary care research involving 20 local and international drug trials and other topics in primary care setting. He also contributed tremendously to the development of Integrated Mental Health Programs in HA.

His special interest is in psychological management and family therapy for patient or family with psychosomatic problems. He has rich teaching experience both locally and in Mainland China and is a strong promotor of collaboration. He has supported the development of Primary Care Nurses and worked closely with NGOs and other social sectors. He is currently the Vice-President of the Hong Kong Chinese Medical Association and Council Member of the Medical Conscience. He has been hosting radio program in the MetroRadio station to share medical knowledge on weekly basis since 2001.



Dr. Catherine Xiao-rui CHEN 陳曉瑞醫生

LMCHK, PhD (Medicine, HKU)

MRCP (UK), Diploma in Practical Dermatology (Cardiff, UK)

FRACGP, FHKCFP, FHKAM (Family Medicine, FM)

Specialist in Family Medicine

Dr Catherine CHEN works as Consultant in the Department of FM and Primary Healthcare of Kowloon Central Cluster of the Hospital Authority (HA). She is also the Honorary Clinical Associate Professor at the Jockey Club School of Public Health and Primary Care at The Chinese University of Hong Kong. She has been the ex-convener

of Chronic Disease Management Group and Chairlady of Drug Therapeutic Committee in Coordinating Committee in FM in HA and strives to enhance the quality of care for patients with chronic diseases managed in the public primary care setting. Dr Chen now serves as council member of the Hong Kong College of Family Physicians, Hong Kong Chinese Medical Association and the Association of Licentiate of Medical Council of Hong Kong.

CHAIRPERSONS



Dr. Christopher Kim-ming HUI 許建名醫生

Specialist in Respiratory Medicine

Dr. Christopher K.M. Hui, M.B.E., F.R.C.P. is a Specialist in Respiratory Medicine in private practice. He graduated with Distinction Honours from University College London (University of London) in 1999, and has undertaken over 25 years of postgraduate and specialist training at the Royal Free Hospital, Royal Brompton Hospital, the National Heart & Lung Institute of Imperial College London, and the University of Hong Kong.

He trained at the Royal Free Hospital in London, where he also served for many years as an Honorary Consultant. From 2012 until late 2020, Dr. Hui was Chief of Service and Lead Clinician for Respiratory & Critical Care Medicine at the University of Hong Kong-Shenzhen Hospital.

An accomplished interventional bronchoscopist, Dr. Hui is experienced in endobronchial ultrasound (EBUS-TBNA), narrow-band imaging (NBI), rigid bronchoscopy, and advanced procedures including endobronchial valves and coils for bronchoscopic lung volume reduction (bLVR). He has published extensively on airway diseases, particularly during his doctoral and postdoctoral research (2006–2010) within the Experimental Studies Section of the National Heart & Lung Institute at Imperial College London.

In January 2020, Dr. Hui was senior clinical author of the landmark Lancet bicentennial paper (Vol. 395, Issue 10223, P514–523, January 24, 2020), the first international report describing the genealogy, phylogenetics, and evidence for human-to-human transmission of the novel coronavirus SARS-CoV-2.

In October 2020, for his work on the Covid Task Force, Dr. Hui was appointed Member of the Most Excellent Order of the British Empire (M.B.E.) by the Sovereign of England, Queen Elizabeth II, in recognition of his “Commitments and outstanding contribution to Health Services”.

“For outstanding achievement and services to the community; for a long-term, significant impact, and to stand-out as an example to others.”



Dr. Mike Yat-wah KWAN 關日華醫生

Specialist in Paediatric Immunology Allergy and Infectious Diseases

Dr. Kwan is the Head and Consultant Paediatric Infectious Diseases Unit of the Hong Kong Hospital Authority Infectious Disease Center (HAIDC) at Princess Margaret Hospital (PMH). He is the Honorary Clinical Associate Professor of the Department of Paediatrics and Adolescent Medicine, The University of Hong Kong and the Honorary Clinical Associate Professor of the Department of Paediatrics and Adolescent Medicine, The Chinese University of Hong Kong.

Dr. Kwan is the Hong Kong Trustee of the Bill Marshall Memorial Fund, Institute of Child Health, United Kingdom. He is currently the President of the Asian Society for Pediatric Infectious Diseases (ASPID) and was the Chairman of the 11th Asian Congress of Pediatric Infectious Diseases (ACPID) 2024 Organising Committee. Dr. Kwan also serves as the Board member representing ASPID in the World Society for Pediatric Infectious Diseases (WSPID), he is also the Standing Committee Member (East Asia) of the Asia Pacific Pediatric Society (APPA). Dr. Kwan is the current Council Member, also was the Founding Council Member and the Past President of the Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases (HKSPIAID). Dr. Kwan is the Member and was the Past Chairman of the Paediatric Immunology Allergy and Infectious Diseases Subspecialty Board, Hong Kong College of Paediatricians. He was elected the Honorary Life Member of the Hong Kong Paediatric Society (2025). Currently, Dr. Kwan is Council member of the Hong Kong Chinese Medical Association (HKCMA).

Dr. Kwan has been 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 by the Centre for Health Protection, Department of Health, HKSAR, China.

Dr. Kwan has been awarded the Chief Executive Commendation for Community Service (2022) for his work during the COVID-19 pandemic. He is one of the Convention Ambassadors as nominated by the Hong Kong Tourism Board in 2023.

CHAIRPERSONS



Dr. Albert Yim-fai KONG, MH 江炎輝醫生

Specialist in Paediatrics

MBBS(HK), FRCPCH, FRCP(Edin & Glasg), MRCP(UK), FRACP, 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. He served as an Assessor in the Medical Council of Hong Kong. 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, 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.



Dr. Carol Chi-hei KWOK 郭子熹醫生

Consultant in Clinical Oncology, 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-specialised 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 (KWC), 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 symposiums, clinical research, training residents to set for fellowship examinations, cancer education as well as helping patient support groups in the community.

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FOR THE TREATMENT OF ADULTS WITH TYPE 2 DIABETES¹

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ABOVE**
the typical results¹



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The first and only approved GIP/GLP-1 receptor agonist^{1,2}

A single molecule that activates both GIP and GLP-1 receptors



Superior HbA1c reduction^{1,3†}

With all 3 doses studied vs semaglutide 1mg



Unmatched weight reduction^{1,3†,‡}

With all 3 doses studied vs semaglutide 1mg

Safety profile of Mounjaro[®] is similar to GLP-1 receptor agonist class^{1,3}

TYPE 2 DIABETES

[†]Hypothetical patient and prescriber scenario.

^{*}Superiority of Mounjaro[®] (5 mg, 10 mg, and 15 mg) was demonstrated across 5 phase 3 trials (N=6263 treated patients) ranging from 40 to 104 weeks in duration in patients with type 2 diabetes who had inadequate glycemic control. Mounjaro[®] was studied vs an active comparator or placebo and was added to diet and exercise or 1 to 3 background therapies, including metformin, SGLT2i, sulfonylureas, or basal insulin, depending on the study. Primary endpoint: HbA1c change from baseline to week 40 or 52 (study dependent; p<0.001).^{1,2†}

[‡]Mounjaro[®] vs semaglutide 1mg was a 40-week, active controlled, phase 3 study (N=1879). Treatment was added to background therapy with metformin. Primary endpoint: HbA1c change from baseline to 40 weeks.^{1,3}

[†]In SURPASS clinical trials, weight change was a secondary endpoint.^{1,3}

BMI=body mass index; GIP=glucose-dependent insulinotropic polypeptide; GLP-1=glucagon-like peptide-1; HbA1c=haemoglobin A1c; SGLT2i=sodium-glucose co-transporter 2 inhibitor.

INDICATION¹

Mounjaro[®] is indicated:

1. For the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
- in addition to other medicinal products for the treatment of diabetes.

2. For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of ≥ 30 kg/m² (obesity) or ≥ 27 kg/m² to < 30 kg/m² (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

SAFETY PROFILE^{1,3-9}

Type 2 diabetes mellitus:

In 7 completed phase 3 studies, 5119 patients were exposed to Mounjaro[®] alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhoea (very common), constipation (common), and vomiting (common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.

Weight management:

In 2 completed phase 3 studies, 2519 patients were exposed to Mounjaro[®] alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhoea (very common), constipation (very common), and vomiting (very common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.

References: 1. Mounjaro[®] Hong Kong Prescribing Information. 2. Willard FS, et al. JCI Insight. 2020; 5(17): e140532. 3. Frias JP, et al. Engl J Med. 2021;385:503-15. 4. Rosenstock J, et al. Lancet. 2021 Jul 10;398(10295):143-155. 5. Ludvik B, et al. Lancet. 2021 Aug 14;398(10300):583-598. 6. Del Prato S, et al. Lancet. 2021 Nov 13;398(10313):1811-1824. 7. Dahl D, et al. JAMA. 2022 Feb 8;327(6):534-545. 8. Jastreboff AM, et al. N Engl J Med. 2022;387(3):205-216. 9. Garvey WT, et al. Lancet. 2023;402(10402):613-626.

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in the broadest CKD population^{*3-5}**



**Metabolic control
as the only SGLT2i with CV death reduction^{†6-9}**



^{*} EMPA-KIDNEY study population included patients with CKD who had an eGFR of ≥ 20 to < 45 mL/min/1.73 m², or who had an eGFR of ≥ 45 to < 90 mL/min/1.73 m² with a UACR of ≥ 200 mg/g. The primary outcome was a composite of progression of kidney disease (end-stage kidney disease, a sustained eGFR decrease to < 10 mL/min/1.73 m², a sustained eGFR decrease of $\geq 40\%$ from baseline, or death from renal causes) or CV death: 13.1% (432/3,304) in JARDIANCE[®] group vs 16.9% (558/3,305) in placebo group (hazard ratio 0.72, 95% CI 0.64-0.82, P<0.001). Significant reduction of eGFR decline was observed across all categories of albuminuria.⁴ DAPA-CKD study population included CKD patients with an eGFR of 25 to 75 mL/min/1.73 m² and UACR of 200 to 5,000 mg/g.⁵

[†] The only SGLT2i with CV death reduction in T2DM with eCVD.

Abbreviations: CKD=Chronic kidney disease; CV=Cardiovascular; eCVD=Established cardiovascular disease; eGFR=Estimated glomerular filtration rate; HF=Heart failure; LVEF=Left ventricular ejection fraction; SGLT2i=Sodium-glucose cotransporter 2 inhibitor; UACR=Urine albumin-to-creatinine ratio.

References: 1. Packer M, et al. N Engl J Med 2020;383:1413-1424. 2. Anker SD, et al. N Engl J Med 2021;385:1451-1461. 3. Heerspink HJL, et al. Nephrol Dial Transplant 2020;35:274-282. 4. Herrington WG, et al. N Engl J Med 2023;388:117-127. 5. Heerspink HJL, et al. N Engl J Med 2020;383:1436-1446. 6. Zinman B, et al. N Engl J Med 2015;373:2117-2128. 7. Canagliflozin Hong Kong Prescribing Information. <https://www.mims.com/hongkong/drug/info/invokana?type=full>. Accessed on 09 May 2025. 8. Dapagliflozin Hong Kong Prescribing Information. <https://www.mims.com/hongkong/drug/info/forxiga?type=full>. Accessed on 09 May 2025. 9. JARDIANCE[®] Hong Kong Prescribing Information.

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* Medical conditions such as: chronic pulmonary disease, chronic cardiovascular disease, diabetes, chronic kidney or liver disease

[#] For patients aged ≥ 60 with at least 1 comorbidity of interest¹. Comorbidity of interest: COPD, asthma, any chronic respiratory/pulmonary disease and chronic heart failure (cardiorespiratory), and diabetes mellitus and advanced liver or renal disease

COPD=Chronic obstructive pulmonary disease; LRTD=Lower respiratory tract disease; RSV=Respiratory syncytial virus

References: 1. Hong Kong Arexvy Prescribing Information. 2. Drugs Database, Drug Office, Hong Kong. Accessed 25 Jan 25. Available at https://www.drugoffice.gov.hk/eps/do/tc/consumer/search_drug_database2.html. 3. Ison MG, et al. CHEST, Oct 6-9 2004;339:1. 4. Walsh EE, NEJM;2024;391:1459-1461



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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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References:

1. Pneumococcal polysaccharides conjugate, 20-valent adsorbed, Prescribing Information. Pfizer Corporation Hong Kong Limited: Version July 2024. 2. Prevenar 13 (Pneumococcal polysaccharide conjugate, 13-valent adsorbed) Prescribing Information. Pfizer Corporation Hong Kong Limited: Version January 2021. 3. CDC. Pneumococcal Vaccine Recommendations. Available at: <http://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html>. Accessed Jul 2025. 4. Australian Government. Pneumococcal disease. Available at: <http://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/pneumococcal-disease#recommendations>. Accessed Jul 2025. 5. Government of Canada. Pneumococcal vaccines: Canadian Immunization Guide. Available at: <http://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-16-pneumococcal-vaccine.html>. Accessed Jul 2025. 6. Haute Autorité de Santé. Immunization strategy against pneumococcal infections – Place of pneumococcal polysaccharide conjugate vaccine (20-valent, adsorbed) in adult. Available at: http://www.has-sante.fr/jcms/p_3457419/fr/strategie-de-vaccination-contre-les-infections-a-pneumocoque-place-du-vaccin-pneumococcique-polyosidique-conjugué-20-valent-adsorbé-chèz-l'adulte. Accessed Jul 2025. 7. Robert Koch Institut. CURRENT DATA AND INFORMATION ON INFECTIOUS DISEASES AND PUBLIC HEALTH – Epidemiologisches Bulletin. Available at: https://www.rki.de/EN/Topics/Infectious-diseases/Immunisation/STIKO/STIKO-recommendations/Downloads/04_25_english.pdf?__blob=publicationFile&v=2. 8. Cantarero D, et al. Vaccine 2023;41(36):5342-5349. 9. Marbaix S, et al. Expert Rev Vaccines 2023;22(1):1008-1021. 10. Global NITAG Network. Pneumococcal vaccination of the elderly in the Netherlands. Available at: <http://www.nitag-resource.org/resources/pneumococcal-vaccination-elderly-netherlands>. Accessed July 2025.

PREVENAR[®]20 Hong Kong Prescribing Information

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**FOR SUITABLE PATIENTS WITH
EPISODIC OR CHRONIC MIGRAINE¹**

AQUIPTA™ is indicated for the prophylaxis of migraine in adults who have at least 4 migraine days per month.¹



Not a real patient.

Reference: 1. AQUIPTA™ (atogepant) [prescribing information. Hong Kong: AbbVie Limited; April 2024]

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A 4-month clinical trial showed it:

- ▶ Reduces Eczematous area & severity by **23%¹** ↓
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- ▶ Improves Quality of Life by **37.5%¹** ↑

Microbiome Precision Formula
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IMPROVES



Gut Microbiome



Sensitive skin



Immunity



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6 years old or above

Reference:

1. A pilot study of efficacy and safety of a microbiome immunity formula in adults with atopic eczema. The Faculty of Medicine, The Chinese University of Hong Kong, 2024. (Data on file).

SKI-05-2025-01

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ELUNATE® has shown a consistent safety and efficacy profile in mCRC clinical studies – FRESCO, FRESCO-2, and maintain efficacy in patients with prior targeted treatment exposure.^{1,2}

International Clinical Practice Guidelines recommend ELUNATE® (Fruquintinib) as a regimen for mCRC patients previously treated with chemotherapy.^{^3-6}

[^] 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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Protect your patients with the updated JN.1 COVID-19 vaccine



COVID-19 remains a significant health burden in Hong Kong

- In Hong Kong, the COVID-19 infection waves reportedly occur **every 4 to 6 months**.¹
- The number of severe and fatal COVID-19 cases post-pandemic has **reached or surpassed** the past 3 influenza seasons from 2023–2024 in Hong Kong.²

Who should receive the updated COVID-19 vaccination?

The Hong Kong Centre for Health Protection recommends the updated vaccine for **high-risk groups if their last vaccination or infection was >6 months**; this includes pregnant women, healthcare workers and those aged³:



>50 years



18–49 years with underlying comorbidities⁴



≥6 months who are immunocompromised⁴

Why is the updated COVID-19 vaccination important for high-risk patients?

Comorbidities are associated with an increased risk of death from COVID-19 infection^{4,5}



CVD

OR, 3.06; 95% CI, 1.50–6.26; p<0.01



Diabetes

OR, 2.15; 95% CI, 1.17–3.93; p=0.01



Hypertension

OR, 2.27; 95% CI, 1.13–4.56; p=0.02



The updated COVID-19 vaccine confers⁶:
60% additional protection against COVID-19-related hospitalisation



A higher number of COVID-19 vaccine doses has been associated with a reduced risk of major CVD sequelae and mortality.⁵

Adapted from Kim W, et al. *Korean J Clin Pharm* 2020;30:169–176.



As part of the government vaccination programme, the updated COVID-19 vaccine is available for free to high-risk patients at designated private clinics, GOPCs, SOPCs at major hospitals and more. Scan the QR code for more details!

Encourage Your Patients To Vaccinate Today.

¹Data between weeks of 29 January 2023 to 27 July 2024.²Persons with chronic CVD, lung disease, metabolic or kidney diseases, obesity, chronic neurological conditions that compromise respiratory function, persons who are unable to care for themselves, and children and adolescents on long-term aspirin therapy.³Persons who are on active immunosuppressive treatment (past 12 months to present), organ or stem cell transplant recipients, severe primary immuno-deficiency, chronic dialysis, and advanced or untreated HIV disease.⁴Estimated odds ratio for mortality linked to various comorbidities from a meta-analysis of seven global studies with 26,542 participants.⁵Data from a retrospective population-based cohort study in Hong Kong on 1,175,277 patients with COVID-19 infection.⁶

Abbreviations: CI, confidence interval; COVID-19, coronavirus disease 2019; CVD, cardiovascular disease; GOPCs, general outpatient clinics; HIV, human immunodeficiency virus; OR, odds ratio; SOPCs, special outpatient clinics.

References: 1. The Government of Hong Kong press release. Latest COVID-19 vaccination arrangements announced (8 August 2024). Available at: <https://www.info.gov.hk/gia/general/202408/08/P2024080800571.htm?fontSize=1>. Accessed 23 January 2025; 2. Centre for Health Protection. Communicable Diseases Watch. Summary of the 2023/2024 influenza season in Hong Kong. Available at: https://www.chp.gov.hk/files/pdf/cdw_v20_8.pdf. Accessed 23 Jan 2025; 3. Centre for Health Protection. How many doses of COVID-19 vaccine are recommended for me? Available at: https://www.chp.gov.hk/files/pdf/poster_recommend_dose.pdf. Accessed 23 January 2025; 4. Kim W, et al. *Korean J Clin Pharm* 2020;30:169–176; 5. Lam ICH, et al. *Nature Communications* 2024;15:1716 (Supplementary data); 6. Kopel H, et al. *medRxiv* 2024.04.10.24305549. [Preprint]

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Expanded protection at no extra cost

From **1 April 2025**, Medical Protection is extending its membership benefits to Hong Kong members for work carried out in the **Greater Bay Area**.

Members will now be offered medicolegal protection and claims indemnity for work carried out in Hong Kong and Macao, and the nine municipalities of Guangzhou, Shenzhen, Zhuhai, Foshan, Huizhou, Dongguan, Zhongshan, Jiangmen and Zhaoqing in Guangdong Province.

- ✓ **Comprehensive medicolegal protection**
- ✓ **No additional fees for extended coverage**
- ✓ **Unlimited workdays within the Greater Bay Area**

“

This is an important development for members in Hong Kong and one which we know members, partners and industry leaders alike will welcome.

We can now extend our world-class medicolegal advice, support and claims handling services to healthcare professionals if they face problems while caring for patients in the Greater Bay area.

Medical Protection has a long-standing history of listening to members and adapting to their changing needs and I am proud of the commitments and progress we have made for members in Hong Kong.

— Dr Rob Hendry, Chief Member Officer

”

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NOW APPROVED FOR WEIGHT MANAGEMENT¹

Help your patients experience
a significant weight loss^{1*,†}



Novel mechanism of action^{1,2}:

The first-and-only treatment activating both GIP and GLP-1 receptors to target the pathophysiology of obesity.



Powerful weight loss^{1,3}:

People taking Mounjaro[®] significantly reduced their body weight by up to an average of 22.5% (23.6 kg).^{†,§}



Cardiometabolic improvements³:

As demonstrated across key parameters, including blood pressure, waist circumference, triglycerides, HDL cholesterol, and LDL cholesterol.^{||,¶}

WEIGHT MANAGEMENT

*Hypothetical patient image.

[†] In SURMOUNT-1 efficacy estimand, the weight loss of Mounjaro[®] was superior and clinically meaningful compared to placebo ($p < 0.001$). The mean change in weight at end of treatment (week 72) was -16.0% (a reduction of 16.1kg) with Mounjaro[®] 5-mg dose; -21.4% (a reduction of 22.2kg) with Mounjaro[®] 10-mg dose; -22.5% (a reduction of 23.6kg) with Mounjaro[®] 15-mg dose and the mean change with placebo was -2.4% (a reduction of 2.4kg), and included a reduced-calorie diet and increased physical activity.^{1,3}

[‡]Individual results may vary.

[§]Efficacy estimand, MMRM analysis, mITT population (efficacy analysis set).^{1,3}

[¶]The efficacy estimand for individual doses was not adjusted for multiplicity, with the exception of waist circumference 10 mg and 15 mg.³

^{||}Mounjaro[®] is not indicated to reduce cardiometabolic parameters. In SURMOUNT-1 trial, reductions in blood pressure, waist circumference, triglycerides, HDL cholesterol, and LDL cholesterol were secondary endpoints.^{1,3}

Mounjaro[®] was evaluated in a phase 3 trial for 72 weeks. SURMOUNT-1 included 2539 adults with a BMI of $\geq 30 \text{ kg/m}^2$ or a BMI of $\geq 27 \text{ kg/m}^2$ and at least 1 weight-related complication, excluding type 2 diabetes. Participants in all arms, including placebo, received instructions for a reduced-calorie diet and increased physical activity. Included were counseling by a dietitian or qualified healthcare professional, a deficit of 500 calories per day, and at least 150 minutes of physical activity per week. Coprimary endpoints (10 mg and/or 15 mg): percentage change in weight from baseline at week 72; percentage of population with weight reduction of $\geq 5\%$ at week 72. Key secondary endpoints: change from baseline to week 72 in systolic blood pressure, fasting insulin, and lipid levels (triglycerides, HDL cholesterol, non-HDL cholesterol) (all doses combined); percentage of population with weight reduction of $\geq 10\%$, $\geq 15\%$, and $\geq 20\%$ at week 72 (10 mg and/or 15 mg); change from baseline to week 72 in waist circumference (10 mg and/or 15 mg); physical function score on the 36-Item Short Form Health Survey (SF-36), version 2, acute form (10 mg and 15 mg); percentage change in body weight from baseline and percentage of population with weight reduction of $\geq 5\%$ at week 72 (5 mg). Mounjaro[®] and placebo were administered QW subcutaneously as an adjunct to a reduced-calorie diet and increased physical activity.^{1,3}

BMI=body mass index; GIP=glucose-dependent insulinotropic polypeptide; GLP-1=glucagon-like peptide-1; HDL=high-density lipoprotein; LDL=low-density lipoprotein; mITT=modified intent-to-treat; MMRM=mixed model for repeated measures; QW=once weekly.

INDICATION¹

Mounjaro[®] is indicated:

- For the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:
 - as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
 - in addition to other medicinal products for the treatment of diabetes.
- For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of $\geq 30 \text{ kg/m}^2$ (obesity) or $\geq 27 \text{ kg/m}^2$ to $< 30 \text{ kg/m}^2$ (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

SAFETY PROFILE^{1,3-9}

Type 2 diabetes mellitus:

In 7 completed phase 3 studies, 5119 patients were exposed to Mounjaro[®] alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhoea (very common), constipation (common), and vomiting (common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.

Weight management:

In 2 completed phase 3 studies, 2519 patients were exposed to Mounjaro[®] alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhoea (very common), constipation (very common), and vomiting (very common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.

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