THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG
香港醫學組織聯會

Annual Scientific Meeting 2016

Holistic Care in the Era of Specialty Based Medicine

Date: 3 July 2016 (Sunday) **Time: 9:30am – 4:25pm**

Venue: Ballroom, 3/F, Sheraton Hong Kong Hotel & Towers, 20 Nathan Road, Tsim Sha Tui, Kowloon

NEW Brintellix® vortioxetine

Take care of *more than mood*

A new treatment for depression

BRINTELLIX TAKES CARE OF MORE THAN MOOD

- Brintellix is a new antidepressant with Multimodal Activity[1,4]
- Brintellix is efficacious in treating all the symptoms of depression (assessed by MADRS) across a range of patients[2-5]
- Brintellix also significantly improves cognitive performance in depressed patients and reduces the cognitive symptoms of depression[2,9] that affect most patients[6]
  - These include: concentration difficulties, poor attention, problems with memory and difficulty planning[6-8]
- Brintellix is well tolerated[4,5,10-12]
- Patients (18-65 yrs) can start, stay and stop on Brintellix 10 mg once daily[4]

References:

1. Bang-Andersen B et al. J Med Chem. 2011; 54(9): 3206-3221.
2. Katona C et al. Int Clin Psychopharmacol. 2012; 27(4): 215-223.
3. Montgomery SA et al. Hum Psychopharmacol. 2014; 29(5): 470-482
4. Brintellix. Summary of Product Characteristics. 2013.
5. Alvarez E et al. Int J Neuropsychopharmacol. 2012; 15(5): 589-600..
6. Conradi HJ et al. Psychol Med. 2011; 41: 1165-1174.
7. Hammar A, Ardal G. Front Hum Neurosci. 2009; 3: 26.
8. Marazziti D et al. Eur J Pharmacol. 2010; 626(1): 83-86.
9. McIntyre RS et al. Int J Neuropsychopharmacol. 2014; 17(10):1557-1567
10. Baldwin DS et al. Eur Neuropsychopharmacol. 2012; 22(7): 482-491.
11. Boulenger JP et al. J Psychopharmacol. 2012; 26(11): 1408-1416.
12. Henigsberg N et al. J Clin Psychiatry. 2012; 73(7): 953-959.

Full prescribing information is available upon request.

BRI - AD May 2016

Lundbeck

Lundbeck Hong Kong
Suite 4303, Central Plaza,
18 Harbour Road, Wanchai, Hong Kong
Tel: 2244 8888 Fax: 2827 2228
www.lundbeck.com

NEW Brintellix® vortioxetine

Take care of *more than mood*

Wyeth | Nutrition
SCIENCE CENTER

WNSC HK Online Resources Center for Healthcare Professionals

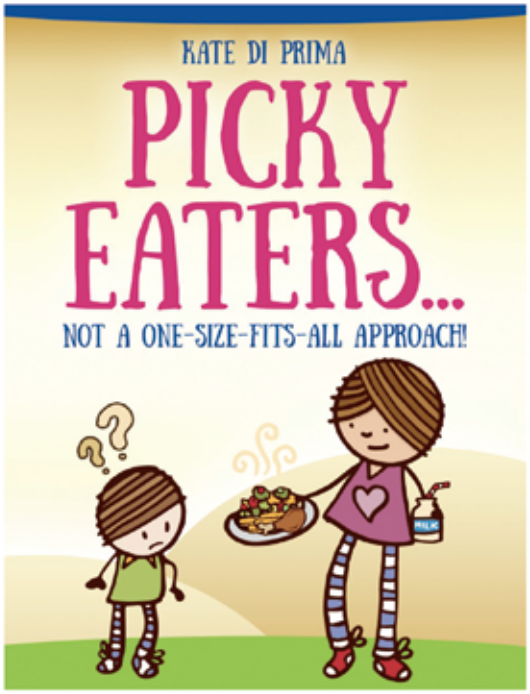
https://hongkong.wyethnutritionsc.org

Register for FREE now to enjoy the privilege of full access to the new eBook and other resources

Introducing the new eBook available on Wyeth Nutrition Science Center (WNSC) Hong Kong

Delivering practical tips to overcome child picky eating behaviours

Authored by Kate Di Prima, an Accredited Practising Dietitian specializing in Paediatrics and a spokesperson for the Dietitians Association of Australia.



CONTENT

1. How do I know what type of picky eater I have?
2. Managing strategies for picky eating
   - The small volume eater
   - Failure to progress from blended foods
   - The 'white food' eater
   - The milk-o-holic
   - The child who is fearful of food – Food neophobia
   - Food group refusal – Avoiding entire food groups
   - The environment eater
3. The importance of a healthy diet – Back to basics
4. Setting the mealtime rules

Other resources exclusive to WNSC HK members

Bulletins

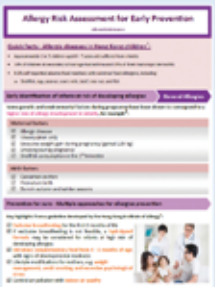
Update you with:

- Newly released expert guidelines on nutrition
- Clinical trials that were recently published
- Local data on diseases or nutrition

2016 Issue 2 - Gestational diabetes mellitus and nutrition

Info Cards

Provide you with nutrition tools to support your daily practice



2015 Issue 4 - Allergy risk assessment for early prevention

Expert Interviews

Worldwide and local experts to share with you a variety of evidence-based nutrition topics

Dr Sylvia Doo - Autism Spectrum Disorder

▶ Programme

09:30-10:00	**Opening Ceremony** Officiating Guests Dr Donald KT LI (President, Hong Kong Academy of Medicine) Dr the Hon LEONG Che-hung, GBM, GBS, OBE, JP (Chairman, Committee on Elder Academy Development Foundation) Dr the Hon LEUNG Ka-lau (Legislative Councillor, Medical) Prof the Hon Joseph KL LEE, PhD, RN, SBS, JP (Legislative Councillor, Health Services)	
Session I: Cardiovascular Disease and Metabolic Syndrome (Room C) Chairpersons: Dr Ludwig CH TSOI & Dr LI Shu-kin		
10:00-10:25	Prof Brian TOMLINSON	Cardiovascular Personalised Medicine
10:25-10:50	Dr YIP Wai-man	Gout and Its Comorbidities to the Elderly
10:50-11:00	Q&A	
11:00-11:20	Coffee Break	
Session II: Diabetes Mellitus (Room C) Sponsor : AstraZeneca Chairpersons: Prof Bernard MY CHEUNG & Ms Ellen WY KU		
11:20-11:45	Prof Alice PS KONG	Diabetes Complicated by Obesity : What Can We Do About "Diabesity" in Clinical Practice?
11:45-12:10	Dr TSANG Man-wo	Advance Treatment for T2DM – Role of SGLT2 & GLP1
12:10-12:20	Q&A	
Lunch Symposium : Allergy Prevention (Room AB) Chairperson: Dr Jane CK CHAN		
12:20-13:20	Prof LEUNG Ting-fan	Emerging Trends in Allergy Diagnosis, Treatment & Prevention
	Q&A	
Session III: Paediatric Epilepsy (Room C) Chairpersons: Dr LEE Tsz-leung & Mr Frankie PL SIU		
13:20-13:55	Dr Mario WK CHAK Ms Carmen KM YEUNG	Tertiary Level Surgical and Dietary Treatment of Paediatric Refractory Epilepsy : Challenges and Opportunities
13:55-14:05	Q&A	

Session IVa: Allergy and Autistic Spectrum Disorder (Room C) ***parallel symposium** Chairpersons: Dr LEE Tak-hong & Dr HUNG Se-fong		
14:05-14:30	Dr Alson WM CHAN	How to Face the Allergy Epidemics? - Highlights of the Guidelines for Allergy Prevention in Hong Kong
14:30-14:55	Dr LAM Siu-man	Holistic Care for Autism Spectrum Disorder : Building Castles in the Air?
14:55-15:05	Q&A	
Session IVb: Geriatrics (Room AB) ***parallel symposium** Chairpersons: Dr Raymond SK LO & Dr Andrew CC CHAN		
14:05-14:30	Prof Timothy KWOK	Diagnosis and Management of Dementia in Old Age
14:30-14:55	Dr Frankie HC SO	The Mouth and the Body – How Are They Connected in Older People ?
14:55-15:05	Q&A	
15:05-15:25	Coffee Break	
Session Va: HIV Infection and Mental Health (Room C) ***parallel symposium** Chairpersons: Dr NG Yin-kwok & Dr Desmond GH NGUYEN		
15:25-15:50	Dr Thomas MK SO	People Living with HIV Infection
15:50-16:15	Dr LEE Wing-king	Psychosis - Neurodevelopmental Disorder with Neuroprogression, Critical Period for Early Intervention, Relapse Prevention and Neuroprotection of Antipsychotic Treatment.
16:15-16:25	Q&A	
Session Vb: Oncology (Room AB) ***parallel symposium** Chairpersons: Dr MAN Chi-wai & Dr NG Chun-kong		
15:25-15:50	Dr David CL LAM	Personalized Management of Lung Cancer
15:50-16:15	Dr William CS MENG	Colorectal Cancer Screening
16:15-16:25	Q&A	

▶ *Welcome Message from the President*

On behalf of the Federation, may I extend the warmest welcome to you for attending our Scientific Meeting 2016. This year the theme of our ASM is "Holistic care in the era of specialty based medicine".

With advancement of medical technology and rapid expansion of medical knowledge, specialisation and even subspecialisation is an unavoidable global developmental trend in medicine. This division of labour among medical and health professionals allows us to keep abreast with the latest developments in a specific field and to concentrate experience and refine skill to maintain a high standard of care.

However, a specialist over-focusing in a certain aspect of a patient care runs the risk of treating the patient as organs or systems, rather than as a whole person.

In 2011, an article of "How should we define health?" was written by Machteld Huber and published in BMJ. The author defines health as the ability to adapt not only to physical, but also emotional and social challenges of life.

When confronted with physical or psychological stress, a healthy person is able to mount a protective response, and to restore an equilibrium.

For social health, it means one's capacity capability to fulfill their potential and obligation, the ability to manage their life with a certain degree of independence despite a medical condition, and the ability to participate in social activities.

In the other words, it means even if someone has suffered from a chronic disease, he/she can still able to fulfil his/her normal social role and function, for example: studying in school as student; having their own preferred career pathway; having normal social gatherings to make friends with others; getting married; having children and enjoying a family life.

As a medical professional, we often very put emphasis on our patient's physical well-being. However, from a patient's perspective, they may value their psychological well-being and social life as being even more important. We may spend a lot of time

asking our patients for any physical symptoms during daily consultation, but we may not actually know how the disease affecting our patient's emotion and their daily life. I wish through this conference, we not only offer a specialty care to our patient, but also provide a holistic care by listening to them and by walking hand with hand with them in their daily journey.

The Federation would like to thank wholeheartedly all our officiating and distinguished guests for their presence and support. It is very much our honour and privilege to have various experts and presidents of our member societies to share with us the latest knowledge and developments. Further, we express our greatest appreciation for our organising committee and secretariat, in ensuring the meeting a success. The kind sponsorship from our industry partners is also duly acknowledged.

As an umbrella organisation with 139 member societies of doctors, dentists, nurses, and allied health professionals, the Federation will continue to organise further educational activities for our members and fellow colleagues. May I wish everyone participating in today's meeting a most fruitful time, and we look forward to further collaboration with you for a better and healthier Hong Kong!

Dr Mario WK CHAK
President
The Federation of Medical Societies of Hong Kong

Welcome Messages from the Annual Scientific Meeting 2016 Chairman

On behalf of the FMSHK Annual Scientific Meeting (ASM) Organising Committee, I would like to extend my warmest welcome to all of you.

The theme of ASM this year is "Holistic Care in the Era of Specialty Based Medicine". Over the past decades, we witnessed rapid advancements in medical knowledge and healthcare technology in different clinical disciplines and specialties. While this organ based and specialty based healthcare model had undoubtedly improved patients' clinical outcomes, we should not neglect the importance of holistic care and its role to further enhance service quality and standard. With aging population, many patients now present with multiple and complex comorbidities. And with rising expectations, patients demand not only physical wellbeing but also psychological, social and spiritual good health. To cope with these demands, we need to set up cross-specialty and multi-disciplinary cooperation and collaborations. Consisting of 139 members societies, the FMSHK provides the best platform for specialists to share their knowledge, to develop collaborative partnerships and to setup holistic patient care model.

Building on past successes, our scientific progamme focuses on introducing important clinical advances of the recent years. You will learn personalised medicine in cardiology, endocrinology and clinical oncology; latest development in allergy management; recent disease management in paediatric and geriatric populations; and on how to improve mental health of patients. We are honoured to have renowned speakers from different clinical specialties to update us on diseases management, advancements in medical technologies and new healthcare and service models.

Last but not the least, don't miss the opportunity to meet your friends or get acquaintance to new colleagues from other specialties. Promoting partnership and fraternity is our longstanding tradition and pride. We hope you will enjoy the appealing talks and spend a happy and fruitful day at the Federation ASM.

Dr Chun-kong NG

Co-chairman, Annual Scientific Meeting 2016

Welcome Messages from the Annual Scientific Meeting 2016 Chairman

It is our great pleasure to welcome you to the Annual Scientific Meeting (ASM) 2016. The theme this year is "Holistic Care in the Era of Specialty Based Medicine". The theme highlights the importance of holistic care in modern medicine where advancement in science and technology has driven the practice of medicine to be increasingly technology-based and machine-dependent. We envisage a healthcare system where patients could receive multidisciplinary patient-centred care in an ecosystem where specialists and generalists collaborate seamlessly. The Federation of Medical Societies of Hong Kong, an organisation of more than 100 member societies, is in the best position to provide such a platform for our different disciplines and specialties to network and to develop new partnership.

The scientific programme this year is as comprehensive as usual, comprises of the latest development in a broad range of topics, including but not limited to Medicine, Surgery, Paediatrics, Psychiatry, Dentistry, and Oncology. We are honoured to have distinguished speakers from all over the territory to inform our delegates of the important developments in their respective expertise - the most efficient management of diseases, the finest revolutionary technology, and the latest service delivery models. Through this event, participants will be furnished with the latest knowledge, partnership can be fostered between different disciplines, and public's interest on holistic care could be aroused.

The Federation of Medical Societies of Hong Kong was founded more than 50 years ago by a group of visionary founders from different specialties. We hope the spirits of this fraternity and partnership will grow over time and be promoted through different activities and collaborations – the Annual Scientific Meeting is one such exemplary example. Lastly, we hope you enjoy this scientific meeting as much as we do.

Dr Ludwign CH TSOI
Co-chairman, Annual Scientific Meeting 2016

Congratulatory Messages

The Hon CY LEUNG, GBM, GBS, JP
The Chief Executive

Congratulatory Messages

Prof the Hon Arthur Kwok-cheung LI, GBS, JP
Chairman, Council of The University of Hong Kong

香港醫學組織聯會周年科研大會誌慶

砥礪專科醫術
共營整全健康

香港大學校務委員會主席李國章

Congratulatory Messages

Dr the Hon KO Wing-man, BBS, JP
Secretary for Food and Health

I warmly congratulate the Federation of Medical Societies in Hong Kong on its successful organization of the Annual Scientific Meeting 2016.

The Annual Scientific Meeting organized by the Federation is a well-respected annual event that attracts speakers and attendees from among the leading medical practitioners and healthcare specialists who share the common goal of improving people's health. This year's meeting, with the theme "Holistic Care in the Era of Specialty Care", provides an excellent platform for sharing the latest medical advancement in various specialties and promoting the holistic care for our patients.

I wish all members of the Federation of Medical Societies in Hong Kong every success in their future endeavours and express my heartfelt appreciation to the medical professionals and researchers for their unrelenting pursuit of betterment in medical field.

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Congratulatory Messages

Prof Sophia SC CHAN, JP
Under Secretary for Food and Health

香港醫學組織聯會二零一六年科研大會

同業萃集
醫學創新

食物及衞生局副局長陳肇始

陳肇始

Congratulatory Messages

Dr Constance HY CHAN, JP
Director of Health

It is my great pleasure and honour to extend my heartiest congratulations to the President and the members of the Federation of Medical Societies of Hong Kong on the occasion of its Annual Scientific Meeting 2016.

Since its inauguration in 1965, the Federation of Medical Societies of Hong Kong has been actively serving the community by coordinating among individual professional bodies to promote the advancement of medical knowledge and technology and continuing education of medical and health professionals.

With the theme of "Holistic Care in the Era of Specialty Based Medicine", the meeting features a panel of distinguished speakers and healthcare experts to share and illustrate the importance of holistic care in the management of chronic diseases, cancer, dementia, HIV/ AIDS, mental illnesses, etc. with a view to addressing the physical, psychosocial and emotional needs of the patients and their carers. The event also provides an excellent platform for professional exchange and development of insights on contemporary health issues.

I would like to take this opportunity to commend the Federation of Medical Societies of Hong Kong for its contributions to the advancement of the medical and health disciplines in Hong Kong, and its diligent efforts in organising this significant and meaningful event. I wish the meeting every success and all participants a very fruitful experience.

Dr Constance CHAN
Director of Health

Congratulatory Messages

Dr the Hon LEONG Che-hung, GBM, GBS, OBE, JP
Chairman, Committee on Elder Academy Development Foundation

香港醫學組織聯會

促進民康
群策群力

梁智鴻

Congratulatory Messages

Prof John CY LEONG, SBS, JP
Chairman, Hospital Authority

香港醫學組織聯會周年科研大會誌慶

匯聚四方醫護

研尋天下良方

醫院管理局主席梁智仁

Congratulatory Messages

Dr LEUNG Pak-yin, JP
Chief Executive, Hospital Authority

香港醫學組織聯會周年科研大會誌慶

全人護理弘醫學
跨界交流拓新知

醫院管理局行政總裁梁栢賢

Congratulatory Messages

Dr Donald KT LI
President, Hong Kong Academy of Medicine

On behalf of the Hong Kong Academy of Medicine, it gives me great pleasure to congratulate the Federation of Medical Societies of Hong Kong (FMSHK) for organising the Annual Scientific Meeting on 3 July 2016. I am indeed honoured to be invited to join you at this special occasion.

The theme for the Meeting, entitled "Holistic Care in the Era of Specialty Based Medicine", is a most suitable one to address the evolving importance of people-centred care. Holistic care often requires the expertise of various medical specialists working in collaboratively to provide their patients with the best and appropriate treatment. I applaud the enthusiasm and hard work of the organising committee in putting together an exceptional programme. This is a multi-disciplinary scientific meeting in medicine. By bringing together a diverse group of renowned speakers, it will provide essential updates in medicine, technology and innovative ways of improving healthcare quality.

May I wish the Federation of Medical Societies of Hong Kong a very successful Annual Scientific Meeting. I am sure the meeting will arouse plenty of attention about the adoption of a holistic and integrative health care approach. I look forward to fruitful discussions and constructive outcomes from this meeting.

Yours sincerely,

Dr. Donald Li
President
Hong Kong Academy of Medicine

Congratulatory Messages

Prof Gabriel M LEUNG, GBS, JP
Dean, Li Ka Shing Faculty of Medicine, The University of Hong Kong

祝賀香港醫學組織聯會周年科研大會誌慶

匯聚賢醫

關顧全人

香港大學李嘉誠醫學院院長梁卓偉

敬賀

Congratulatory Messages

Prof Francis KL CHAN, JP
Dean, Faculty of Medicine, The Chinese University of Hong Kong

Annual Scientific Meeting 2016 "Holistic Care in the Era of Specialty Based Medicine"

It is my privilege and pleasure to be invited to contribute a congratulatory message for the 2016 Annual Scientific Meeting organised by the Federation of Medical Societies of Hong Kong.

I would like to take this opportunity to thank the Organising Committee for its efforts to promote ideals of holistic care, which take into account the needs and experience of patients when organising and delivering healthcare services.

At this annual nexus of distinguished speakers and participants, new ideas and connections will be developed and old friendship will be refreshed and reinforced. I am sure that all attendees will benefit enormously from the collective talents found at this meeting.

Professor Francis KL CHAN, JP
Dean, Faculty of Medicine
The Chinese University of Hong Kong

Congratulatory Messages

Dr the Hon LEUNG Ka-lau
Legislative Councillor (Medical)

祝賀香港醫學組織聯會周年科研大會誌慶

杏林滙聚

立法會議員(醫學界)梁家騮醫生

二零一六年六月十日

Congratulatory Messages

Prof the Hon Joseph KL LEE, PhD, RN, SBS, JP
Legislative Councillor (Health Services)

It is a great pleasure for me to extend my heartiest congratulations to the Annual Scientific Meeting 2016 of the Federation of Medical Societies of Hong Kong.

Over the years, the Federation has been continuously devoted to promote the advancement of healthcare standard and development. With the theme of "Holistic Care in the Era of Specialty Based Medicine", the scientific meeting provides a platform to crystallize insights and wisdom on the future advancement in various specialty medicines. Indeed, its significant contributions to promote holistic care for patients are highly commended.

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

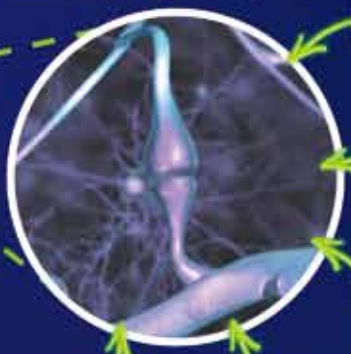
Prof Hon Joseph Lee Kok-long, PhD, RN, SBS, JP
Member, Legislative Council

A new nutritional approach in early Alzheimer's Cognitive Problems

Your brain communicates via a vast network of connections called synapses.

Losing these connections at a faster rate than normal can lead to memory loss.

The main constituents of synapses are formed through specific biochemical pathways[1].



OMEGA-3 FATTY ACIDS

URIDINE

CHOLINE

B-VITAMINS

VITAMIN C, E & SELENIUM

These pathways depend on the availability of key nutrients[1].

Research has shown that people with AD often have lower levels of these key nutrients[2,3].

- ✓ Omega-3 fatty acids
- ✓ Uridine
- ✓ Choline
- ✓ B-vitamins
- ✓ Vitamin C & E
- ✓ Selenium

Souvenaid is a once daily drink containing key nutrients to support synapse growth.

Higher levels than usual are needed in order to counter the effect of synapse loss. This is difficult to achieve from a normal diet.

Clinically proven to improve memory in patients with early AD[4,5].

It takes time for new synapses to form in the brain...

...so you need to take one bottle of Souvenaid every day for at least three months.

Month 3

Souvenaid is well tolerated[4-6].

It can be taken alongside medication including that prescribed for AD[6].

It is available from Watson's, Pharmacy Drug Stores and Cheers Gallery

Strawberry, Cappuccino and Vanilla flavours

Souvenaid is a food for special medical purposes intended for patients diagnosed with early Alzheimer's Cognitive Problems. Communication intended for healthcare professionals only. Souvenaid must be taken under medical supervision.

www.souvenaid.com
www.nutriciaclinical.com.hk

NUTRICIA Souvenaid

References: 1. Wurtman RJ, Cansev M, Sakamoto T, et al. Use of phosphatide precursors to promote synaptogenesis. Annu Rev Nutr. 2009;29:59-87. 2. Lopes da Silva S, Elemans S, Stijnen T, et al. Plasma nutrient status of Alzheimer's disease patients compared to cognitive intact elderly controls; a systematic review and meta-analysis. Alzheimers Dementia. 2013; 8(4): Supple 2 216. 3. Olde Rikkert MG, Verhey F, Sijben J, et al. Differences in nutritional status between very mild Alzheimer's patients and healthy controls. Journal of Alzheimer's disease.In press. 4. Scheltens P, Kamphuis PJ, Verhey FR, et al. Efficacy of a medical food in mild Alzheimer's: A randomized, controlled trial. Alzheimers Dement. 2010; 6(1):1-10.e1. 5. Scheltens P, Twisk JW, Blesa R, et al. Efficacy of Souvenaid in Mild Alzheimer's: Results from a Randomized, Controlled Trial. Journal of Alzheimer's disease. 2012; 31:225-236. 6. Shah R, Kamphuis P, Leurgans S, et al. The S-Connect study: results from a randomized, controlled trial of Souvenaid. Alzheimer's Research & Therapy. 2013; 5:59.

▶ Acknowledgement to Sponsors

AstraZeneca 阿斯利康

OLYMPUS

澳美製藥 香港 Bright Future

NUTRICIA Advanced Medical Nutrition

Otsuka

NOVARTIS

Prenetics™ NEXT GENERATION DNA TESTING

astellas Leading Light for Life

Nestlé Nutrition Institute Science for Better Nutrition

雀巢 Nestlé
超級能恩 NAN PRO

CLINICAL EFFICACY MATTERS!

Not all hydrolyzed formulas are the same for allergy prevention

The pHF* proven in GINI study[1,2]

1 The most recommended infant formula brand for ALLERGY PREVENTION by health care professionals #

* The proprietary state-of-the-art pHF-W hydrolysis technique in the GINI (German Infant Nutritional Intervention) study is the same as NESTLÉ® NAN® PRO

IMPORTANT NOTICE

The World Health Organization recommends exclusive breastfeeding for 6 months. Nestlé fully supports this and continued breastfeeding, along with the introduction of complementary foods as advised by your doctor or health authority. NESTLÉ® NAN® PRO 1 is not a breast milk substitute but an infant formula for babies from 0-6 months old.

According to the market research conducted by Nielsen (Hong Kong) in 2015 with 137 gynecology and pediatric healthcare professionals in Hong Kong. (Copyright © 2015 The Nielsen Company)

Reference : 1. von Berg, A., et al. (2013). J Allergy and Clin Immunol.; 131(6): 1565-1573. 2. Fleischer, D. M., et al. (2013). J Allergy Clin Immunol: In Practice; 1(1): 29-36.

INFORMATION FOR THE MEDICAL PROFESSION ONLY

Abstracts

Cardiovascular Personalised Medicine

Prof Brian TOMLINSON

MBBS (Lond), MRCP (UK), FHKCP, MD (Lond), FHKAM (Medicine), FRCP (Lond), FRCP (Edin), FRCP (Glasg)
Adjunct Professor, Department of Medicine and Therapeutics
Adjunct Professor, Phase I Clinical Trial Centre, The Chinese University of Hong Kong
Specialist in Internal Medicine & Clinical Pharmacology

Brian TOMLINSON was formerly Chair Professor in the Department of Medicine and Therapeutics and Head of the Division of Clinical Pharmacology at the Chinese University of Hong Kong and honorary Consultant Physician at the Prince of Wales Hospital, Hong Kong. He trained in internal medicine and Clinical Pharmacology at the Middlesex Hospital Medical School and University College Hospital, London and received his MD from the University of London.

His clinical and research interests include the clinical pharmacology, toxicology and pharmacogenetics of drugs, particularly in the cardiovascular field, and the pathogenesis and treatment of hyperlipidaemia, hypertension, the metabolic syndrome and diabetes. He has trained over 30 postgraduate students and is an author of over 350 publications and over 500 conference abstracts and has given numerous invited lectures. He is a reviewer for many journals and serves on several Editorial Boards and is President of the Asian-Pacific Society of Atherosclerosis and Vascular Diseases and Secretary General of the Pacific Rim Association for Clinical Pharmacogenetics.

All doctors practice personalised medicine to some extent but the adoption of evidence-based medicine tends to encourage the use of exactly the same treatment for all patients who fit in a certain category of illness, which may be construed as the one dose fits all approach. Truly personalised medicine involves choosing the most appropriate drug and dose for the individual patient based on certain genetic factors or other characteristics in addition to the general clinical phenotype. Currently, this mainly involves pharmacogenomics, although the other omics fields like proteomics, metabolomics, etc. are developing rapidly and are likely to influence the choice of drug treatment in the near future. It has been known for many years that the metabolism of drugs varies considerably between individuals and in the last two decades the contribution of genetic factors influencing the drug metabolising enzymes has been defined more clearly, particularly for the cytochrome P450 (CYP) enzymes. The drug transporters have also been recognised to play a major role in the disposition of many drugs and they are also subject to considerable variability in activity related to polymorphisms in their respective genes or in the genes of regulating proteins such as the nuclear factors. Genetic polymorphisms in the genes for the drug metabolising enzymes and drug transporters will influence both the pharmacokinetics and the pharmacodynamics of many drugs and polymorphisms also occur in the genes for the drug target proteins which may be receptors or enzymes and these can also influence the drug response. Regulatory authorities, such as the FDA in the United States, have recognised the important genetic influences and this information has been added to the drug label for over 130 drugs. In the cardiovascular field, there has been a tremendous amount of pharmacogenetic research resulting in numerous publications and these have been reviewed by expert bodies resulting in implementation guidelines for warfarin, clopidogrel and simvastatin.

Reference

1. *Tomlinson B, Hu M, Waye MMY, et al. Current status of personalised medicine based on pharmacogenetics in cardiovascular medicine. Expert Review of Precision Medicine and Drug Development. 2016;1:5-8.*

Abstracts

Gout and Its Comorbidities to the Elderly

Dr YIP Wai-man

MBBS, MRCP, FHKCP, FHKAM (medicine)
Specialist in Geriatric Medicine

Dr. Yip wai man is a specialist in Geriatric Medicine.
He graduated from HKU on 1991. He was trained at Princess Margaret Hospital and got his fellowship as a Geriatrician. He worked at Princess Margaret Hospital for the past 22 years. He has special interest in dementia studies, stroke rehabilitation, osteoporosis and pain management.

He also past experience in the following posts:
- Ex-chief editor of the Hong Kong Geriatric Society
- Medical director of the Dr. Yip Wai man Geriatric Specialist Service
- Honorary President of the Asia Handicap Golfer association

Gout is an inflammatory arthritic condition occurs when urate crystals accumulate in joints and other tissues. Gout was historically common among man and elderly, causing pain and disabilities. Today, gout is not a minor disease since it may induce disability, severe nephropathy and increases cardiovascular risk. Uric acid stimulates monocyte chemoattractant protein-1 production in vascular smooth muscle cells, via mitogen-activated protein kinase and cyclooxygenase-2.[1] Uric acid stimulates vascular smooth muscle cell proliferation and oxidative stress via vascular renin-angiotensin system.[2] Uric acid induces endothelial dysfunction by vascular insulin resistance associated with the impairment of nitric oxide synthesis.[3] The goal of treatment is to cure the patient by lowering sUA enough to dissolve urate crystals and prevent further crystal formation. Febuxostat achieves its therapeutic effect of decreasing serum uric acid (sUA) levels by selectively inhibiting xanthine oxidase. The incidence of Steven Johnson Syndrome is found to be significantly lower than the ancient old allopurinol in elderly. Urate-lowering therapy may have a role in the prevention of renal disease.[4] Action should be called for to educate health professional for better management of gout (inflammation) and associated hyperuricaemia in order to reduce future health burden and co-morbidities to the elderly.

Reference

1. *Kanellis J, et al. Hypertension 2003;41:1287-1293*
2. *Corry DB, et al. J Hypertension 2008;26:269-275*
3. *Choi YJ. et al. FASEB J. 2014;28;3197-3204*
4. *Feig DI. Curr Opin Nephrol Hypertens 2009;18:526–530*

Abstracts

Diabetes Complicated by Obesity : What Can We Do About "Diabesity" in Clinical Practice?

Prof Alice PS KONG

MBChB, MD, MRCP (UK), FHKCP, FHKAM(Medicine), FRCP(Glasg), FRCP(Edin)
Associate Professor, Department of Medicine and Therapeutics, Chinese University of Hong Kong

Dr Alice Pik Shan KONG is Associate Professor in the Department of Medicine and Therapeutics at the Chinese University of Hong Kong, and Honorary Associate Consultant at the Prince of Wales Hospital. Dr. KONG graduated from the Chinese University of Hong Kong and completed her training in General Medicine and Endocrinology at Queen Elizabeth Hospital. She had her overseas training as postdoctoral fellow at University of California, San Diego, United States between 1998 and 1999.

Dr. KONG is the Vice President of Hong Kong Association for the Study of Obesity. She is the Steering Committee Member of Joint Asia Diabetes Evaluation (JADE) program. Dr. KONG's research interests are obesity, insulin resistance and diabetes with particular focus on lifestyle factors including sleep and diet in adults and adolescents. She is an invited reviewer for many local and international journals, including Annals of Internal Medicine, Diabetes, Clinical Endocrinology, Diabetic Medicine, etc. She is an Associate Editor of Primary Care Diabetes and an editorial board member of Current Diabetes Reports and Clinical Diabetes and Endocrinology. She has presented at numerous local, regional and international meetings and has published over 170 articles in peer-reviewed journals.

Obesity is a known risk factor to develop diabetes whereas obese type 2 diabetic patients are particularly difficult to treat with extremely high risk for future events. Many traditionally used anti-diabetic agents, such as sulphonylurea and insulin, can cause weight gain, thus setting up a vicious cycle with increasing insulin resistance due to increasing levels of free fatty acids from adipose tissues[1]. During a 6-month study, type 2 diabetic patients treated with intensive insulin therapy dropped their HbA1c by 2.6%, but gained an average of 8.7kg[2]. Similarly, data from the UKPDS which recruited newly diagnosed type 2 diabetic patients, showed that patients had significant weight gain during a 10-year follow up period, particularly those on insulin therapy[3]. In a prospective analysis, insulin-treated type 2 diabetic patients with residual beta cell function as evidenced by high fasting serum C peptide levels, had the highest rate of cardiovascular events of over 10%[4]. Obese type 2 diabetic patients have many unmet needs which require intensive counselling, emotional support and individualized therapy with careful selection of anti-diabetic agents with weight reduction effects. The position statement of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) recommends patient-centered care with individualization of glucose-lowering therapy and glycemic target[5]. After metformin, there are limited data to guide the next glucose lowering agent to go. When it comes to the decision for choosing additional anti-diabetic agent to reach the glycemic goal, clinicians need to take serious considerations of the side-effects of drugs, in particular the risks of weight gain and hypoglycemia. Weight control is a major therapeutic challenge which often requires cognitive-psychological-behavioral therapy in addition to pharmacological which at times might call for surgical interventions.

Reference

1. *Kong AP, Chan NN, Chan JC. The Role of Adipocytokines and Neurohormonal Dysregulation in Metabolic Syndrome. Current Diabetes Reviews 2006;2:397-407.*
2. *Henry RR, Gumbiner B, Ditzler T, Wallace P, Lyon R, Glauber HS. Intensive conventional insulin therapy for type II diabetes. Metabolic effects during a 6-mo outpatient trial. Diabetes Care 1993;16(1):21-31.*
3. *Turner RC, Cull CA, Frighi V, Holman RR. Glycemic control with diet, sulfonylurea, metformin, or insulin in patients with type 2 diabetes mellitus: progressive requirement for multiple therapies (UKPDS 49). UK Prospective Diabetes Study (UKPDS) Group. JAMA 1999;281(21):2005-12.*
4. *Ko GT, So WY, Tong PC, Chan WB, Yang X, Ma RC, et al. Effect of interactions between C peptide levels and insulin treatment on clinical outcomes among patients with type 2 diabetes mellitus. CMAJ 2009;180(9):919-26.*
5. *Inzucchi SE, Bergenstal RM, Buse JB, Diamant M, Ferrannini E, Nauck M, et al. Management of hyperglycemia in type 2 diabetes, 2015: a patient-centered approach: update to a position statement of the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes Care 2015;38(1):140-9.*

Tablets 50mg

PLETAAL®
(cilostazol)

Vasoprotective Beyond Platelet Inhibition

Seven Rainbow Effects Against Atherosclerosis

- Antiplatelet and anti-thrombosis[1]
- Vasodilation[1]
- Inhibition of vascular smooth muscle cell proliferation[1]
- Improvement of lipid profiles[1,4]
- Endothelium Protection[2]
- Neuroprotection[3]
- Promoting angiogenesis[5]

Abbreviated Prescribing Information

INDICATIONS: 1) Treatment of ischemic symptoms, including ulceration, pain, and coldness of the extremities, in chronic arterial occlusion. 2) Prevention of recurrence of cerebral infarction (excluding cardiogenic cerebral embolism). **CONTRAINICATIONS:** 1. Patients with hemorrhage (e.g. hemophilia, increased capillary fragility, intracranial hemorrhage, hemorrhage in the digestive tract, hemorrhage in the urinary tract, hemoptysis, and hemorrhage in the vitreous body) (Bleeding tendency may be increased.) 2. Patients with congestive heart failure (Condition may be worsened.) 3. Patients with a history of hypersensitivity to any ingredient of the drug. 4. Women who are pregnant or may possibly become pregnant **DOSAGE AND ADMINISTRATION:** The usual adult dose of Pletaal tablets is 100 mg of cilostazol, twice daily, by the oral route. The dosage may be adjusted according to the age of the patient and the severity of symptoms.

References:

1. Weintraub WS. Can J Cardiol. 2006 Feb;22 Suppl B:56B-60B
2. Aoki M et al. Diabetologia 2001 Aug;44(8):1034-1042
3. Choi JM et al. J. Pharmacol Exp Ther. 2002 Mar;300(3):787-793
4. Wang T et al. Atherosclerosis 2003 Dec;171(2):337-342
5. Biscetti F et al. Int J Cardiol. 2013 Aug 10;167(3):910-6

For more information on Pletaal®, please see Full Prescribing Information.
Further information available upon request:

Otsuka

Otsuka Pharmaceutical (H.K.) Ltd.

10/F, Phase 1 China Taiping Tower, 8 Sunning Rd, Causeway Bay, Hong Kong.

Tel: (+852) 2881 6299 Fax: (+852) 2577 5206

PLE 201601a (approved in Feb 2016)

Abstracts

Advance Treatment for T2DM – Role of SGLT2 & GLP1

Dr TSANG Man-wo

MBBS(HK), MRCP(UK), FHKCP, FHKAM(Int.Med) FRCP(Glasg, Eding, Lond.)
Specialist in Endocrinology, Diabetes & Metabolism,
Consultant of Department of Medicine & Geriatrics, United Christian Hospital
Hon. Associate Prof. University of Hong Kong

Dr TSANG Man-wo is a specialist in Endocrinology, Diabetes & Metabolism. He graduated from the University of Hong Kong and completed his higher training in Endocrinology & Diabetes in the Department of Medicine, HKU and Joslin Clinic, Harvard University, Boston. He is a holder of M.R.C.P (UK), FRCP (Edinburgh, Glasgow and London), Fellow of Hong Kong College of Physicians and Fellow of Hong Kong Academic of Medicine. Dr TSANG is also the Hon. Associated Professor of Department of Medicine, Li Ka Shing Faculty of Medicine, University of Hong Kong and Adjuvant Associated Professor of Department of Medicine and Therapeutic of Chinese University of Hong Kong.

Dr TSANG had served in the public sector over 25 years and was consultant in the Department of Medicine & Geriatrics, United Christian Hospital since 1996 before his retirement in 2014. He was in charge of diabetes services development in East Kowloon over twenty years. He had supervised training over ten Endocrine and Diabetes fellows during his services in the United Christian Hospital. He also serviced as panel member in the Central Committee on Diabetes Services of Hospital Authority. He is one of the founding members of Diabetes Hong Kong. He served as the president of Diabetes Hong Kong in 2002-2004. He was the council member of Endocrine, Metabolism and Diabetes subspecialty board 2002-2009. He is well known for his effort in promoting patient education and diabetes prevention. He is a frequently invited speaker in workshops and symposia both locally and abroad.

The gradual decline in β-cell function is inevitable in T2DM and is the likely reason for progressive deterioration of glucose control over time. Consequently, a substantial proportion of diabetic patients require combination therapy. There remains a need for new therapies that are effective in lowering blood glucose, are well tolerated, and, in particular, do not cause weight gain or increase the risk of hypoglycemia. There are a lot of agents to choose from and the choice should be based on A. HbA1c of the individual target. B. Behavior / compliance C. Co-morbidity, D. duration of illness & E. life expectancy of patient.

DM is both a microvascular and a macro vascular disease. Although glycemic control is associated with impressive reductions in the risk of micro vascular complications, the macro vascular benefits of glycemic control are less certain in previous studies. (UKPDS, ACCORD, ADVANCE, VADT.). However, with advance in new classes of anti-diabetic agents; such as SGLT-2i and GLP-1 agonist, both have confirmed all cause mortality, especially CV mortality benefit beyond sugar control in EMPA-REG and LEADER trials.

In clinical practice, we envisage SGLT-2i being used as monotherapy when weight loss is intended and metformin is not tolerated or as add-on to other anti-diabetes agents when HbA1c is > 7%, particularly where weight loss would benefit co-morbidities such as sleep apnea or hypertension.

GLP-1 analogue will also be a good choice for obese patient who needs weight control or in patients with high postprandial surge in blood sugar or poor HbA1c despite high dose insulin.

Abstracts

Emerging Trends in Allergy Diagnosis, Treatment and Prevention

Prof LEUNG Ting-fan

MBChB (CUHK), MD (CUHK), MRCP (UK), FRCPCH, FAAAAI,
FHKCPaed, FHKAM (Paediatrics)
Professor and Chairman, Department of Paediatrics, Faculty of Medicine,
The Chinese University of Hong Kong

Professor LEUNG graduated from The Chinese University of Hong Kong in 1992, and received subspecialty training on Immunology and Allergy in the Hospital for Sick Children in Toronto, Canada in 1997-1998. He was awarded Doctor of Medicine degree in 2004 for his research works on immunogenetics of childhood asthma. Professor LEUNG was elected as an International Fellow of the American Academy of Allergy, Asthma and Immunology in 2011 and a First Fellow in Paediatric Immunology and Infectious Diseases subspecialty of the Hong Kong College of Paediatricians in 2012. Professor LEUNG is Secretary-General of the Asia Pacific Association of Pediatric Allergy, Respirology and Immunology, Vice President of the Hong Kong Society for Paediatric Immunology, Allergy and Infectious Diseases and fellows or members of over 10 other regional and international subspecialty organisations. He published more than 300 refereed journal articles, supervised 24 postgraduate students, and serves as editor, editorial board member or reviewer for over 60 international journals in the fields of allergy, immunology, infectious diseases, pulmonology, dermatology and genetics.

Asthma and allergic diseases have become one of the epidemics of the 21st century in developed countries. A meta-analysis has found that the incidence of self-reported adverse food reactions ranged between 3% and 35%, but the few studies that used diagnostic oral challenge procedures reported genuine food allergy (FA) in 1-4% of individuals. The elucidation of food allergens at the epitope levels (i.e. component-resolved diagnostics) allows for substantially improved accuracy for FA diagnosis.[1] Allergic reactions from accidental ingestion of sensitised foods remain a frequent problem in food-allergic patients. Extensive research suggests oral and subcutaneous immunotherapy to be a therapeutic option for some foods such as peanut, cow's milk and egg. Nonetheless, it remains unclear whether such therapies will result in long-term tolerance. Evidence from different types of studies has highlighted the key importance of genetic inheritance and environmental exposures such as allergens and cigarette smoke in allergy development. Allergen sensitisation occurs early in infancy, and prevention strategies should ideally commence during these early-life periods of immunologic vulnerability. Multifaceted interventions to reduce allergen exposure were shown to be effective preventive strategies[2], although such can be challenging to achieve. Breastfeeding for all and cows' milk hydrolysates for high-risk children for the first 4-6 months seem to be effective allergy preventive strategies. Studies of other dietary interventions (e.g. fatty acids, prebiotics and probiotics) yielded inconsistent findings. Allergy prevention by pharmacotherapy has been disappointing. Allergen-specific immunotherapy is effective for treating allergic patients with symptoms, but it is preliminary to define its value for primary and secondary prevention of allergy. Regarding FA prevention, there has been conventional belief that children at risk of having FA should avoid allergenic foods until they are three years of age. Recently, the LEAP study[3] challenged this concept by reporting less peanut allergy among high-risk infants who were assigned to consume peanut during infancy. The EAT study[4] strengthens this argument for a wider revision of infant feeding recommendations by confirming the efficacy, safety and nutritional adequacy of early introduction of allergenic foods in the general population. These large-scale intervention studies clearly shifted the paradigm from recommending avoidance of common food allergens in infancy to consideration of early consumption strategies to prevent allergy development.

Reference

1. *Carrard A, Rizzuti D, Sokollik C. Allergy 2015; 70: 1511-20.*
2. *Chan AW, Chan JK, Tam AY, Leung TF, Lee TH. Hong Kong Med J 2016; 22: 279-85.*
3. *Du Toit G, Roberts G, Sayre PH, et al. N Engl J Med 2015; 372: 803-13.*
4. *Perkin MR, Logan K, Tseng A, et al. N Engl J Med 2016; 374: 1733-43.*

Abstracts

Tertiary Level Surgical and Dietary Treatment of Paediatric Refractory Epilepsy: Challenges and Opportunities

Dr Mario WK CHAK

MBBS(HKU), MRCP(UK), DCH(Ire), Dip Ger Med (RCPS Glass),
PDipID (HKU), FHKAM(Paediatrics), FHKCPaed
President, The Federation of Medical Societies of Hong Kong

Dr CHAK is the Associate Consultant at Department of Paediatrics and Adolescent Medicine in Tuen Mun Hospital. He is also the Honorary Clinical Associate Professor of The University of Hong Kong and The Chinese University of Hong Kong. Dr CHAK attained the fellowship of Hong Kong Academy of Medicine (Paediatrics) and Hong Kong College of Paediatricians in 2002. Dr CHAK has been accredited to be the first fellow of Subspecialty of Paediatric Neurology and Developmental behavioural Paediatrician in 2013. Dr CHAK is currently the trainer in Paediatrics and Paediatric Neurology. Dr CHAK has special interest in Paediatric Epilepsy. He has received overseas training in EEG, Epilepsy and Pre-surgical Evaluation for Epilepsy Surgery in British Columbia Children's Hospital in Vancouver, Royal Children's Hospital in Melbourne and Department of Epileptology, The University of Bonne in German respectively. Dr CHAK is also the team leader of Tuen Mun Hospital Paediatrics and Adolescent Epilepsy Surgery Team which has just attained the out-standing team award in NTWC in 2016.

Despite the discovery of new antiepileptic drug, there are approximately 500-900 paediatric patient with epilepsy that remain resistant to pharmacotherapy in Hong Kong. Apart from having frequent unpredictable seizure attacks, and side effect of polypharmacy, these patients could also suffer with developmental and cognitive dysfunction, psychobehavioural comorbidities as well as social stigma. Managing this "medical refractory" epilepsy is challenging and requires an interdisciplinary team approach to provide a comprehensive assessment with aim to have an in-depth understanding of the patient's epilepsy etiology and to optimise their outcome.

With the recent advances in Neuroscience, Epileptolgy, Neuroimaging and Neuropsychology, as well as collaboration with Neurosurgeon, Radiologist and Dietitian, there is a breakthrough in surgical and dietary treatment of epilepsy.

In case where an epileptic focus could be identified, surgical excision of the focus could provide a chance of cure. Potential candidates need to go through a battery of pre-surgical evaluation include: Video EEG, structural and functional MRI, SPECT, PET scan etc. In order to confirm if there is an epileptogenic focus and if so, how it is related to eloquent functional cortex. The experience of one of the local regional referral center, the surgical outcome for seizure free in temporal lobe epilepsy (84%) and extra-temporal love epilepsy (50%) is encouraging.

While those refractory epilepsy patients who are not candidates for resective surgery could consider Ketogenic Diet or Vagal Nerve Stimulator Implantation. The seizure outcome of these two treatments is also encouraging.

Reference

1. *ChakWKM, KY Yam, TS Fong et al. Clinical audit of seizure outcome and change of number of anticonvulsants after paediatric epilepsy surgery in a regional center in Hong Kong from 2001 to Feb 2014. (poster presentation in AOEC 2014 Singapore) p.345.*
2. *ChakWKM, Carmen Yeung et al. The clinical audit of effectiveness of seizure control and side effects of using ketogenic diet in refractory paediatric epilepsy: experience of a regional hospital in Hong Kong from 1999 to March 2014. (poster presentation in AOEC 2014 Singapore) p.263*

Start with the Right Choice in Schizophrenia Treatment

ABILIFY® (aripiprazole)

Control Schizophrenia with ABILIFY® in first-episode, drug-naive patients:

- Efficacy is demonstrated after 1 week of treatment[1]
- Improves psychotic symptoms effectively with insignificant metabolic changes[2]

Your 1st line treatment in acute phase of schizophrenia[4]

*Abilify® (aripiprazole) is indicated for the treatment of Schizophrenia in adults and adolescents aged 13-17 years[3]

References

1. Lee HY, Ham BJ, Kang RH, et al. Trial of aripiprazole in the treatment of first-episode schizophrenia. Psychiatry Clin Neurosci 2010; 64: 38-43.
2. Takahashi H, Oshimo T, Ishigooka J. Efficacy and tolerability of aripiprazole in first-episode drug-naive patients with schizophrenia: an open-label trial. Clin Neuropharmacol 2009; 32: 149-150.
3. ABILIFY® package insert.
4. Khanna P, Suo T, Komossa K, et al. Aripiprazole versus other atypical antipsychotics for schizophrenia. Cochrane Database Syst Rev. 2014 Jan 2; 1: CD006569.

Otsuka Otsuka Pharmaceutical (H.K.) Ltd.
10/F, Phase 1, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.
Tel: 2881 6299 Fax: 2577 5206

Detailed information is available upon request

ABF 201506 (Sept 2015)

The FUNCTIONAL SOLUTION to Autistic Patients

Impact of ABILIFY® on Children with Autism[1]

- 59% patients showed improvement in quality of life
- Demonstrated significant improvement in functioning

A post-hoc analysis from two 8-week, double-blind, randomized, placebo-controlled studies compared the efficacy of ABILIFY® (fixed-dose study, 5, 10, and 15 mg/day; flexible-dose study, 2-15 mg/day) with placebo in the treatment of irritability associated with autistic disorder. HRQOL was assessed at baseline and week 8 using 3 PedsQL™ scales.

** 59% improvement; 34% stable; 7% deterioration

ABILIFY® (aripiprazole) is indicated for the treatment of irritability associated with autistic disorder in pediatric patients (aged 6 to 17).[2]

PedsQL™ = Pediatric Quality of Life Inventory™ HRQOL = Health-Related Quality of Life

References:

1. Varni JW, Handen BL, Corey-Lisle PK, et al. Clin Ther. 2012;34:980-992 **2.** ABILIFY® package insert.

Otsuka

Otsuka Pharmaceutical (H.K.) Ltd.
10/F, Phase 1, China Taiping Tower,
8 Sunning Road, Causeway Bay, Hong Kong.
Tel: 2881 6299 Fax: 2577 5206

ABILIFY® (aripiprazole)

Detailed information is available upon request

ABF 201602a (approved in Feb 2016)

Abstracts

Tertiary Level Surgical and Dietary Treatment of Paediatric Refractory Epilepsy: Challenges and Opportunities

Ms Carmen KM YEUNG

Accredited Practising Dietitian (Australia)
Dietitian, Hong Kong Children's Hospital

Carmen is an Accredited Practising Dietitian; she graduated from the University of Sydney for her Master degree of Nutrition and Dietetics in Year 2003. She started her clinical practice in Tuen Mun Hospital in 2004; she has special interest in Pediatric Nutrition. She received overseas training on metabolic disease and epilepsy dietary management from Great Ormond Street Hospital for Children in UK, and also completed a certificate program on pediatric nutrition from Royal Children Hospital Melbourne Australia. She is now transferred to Hong Kong Children's Hospital as dietitian, and currently engaged in commissioning work and undergo further training on pediatric nutrition.

The ketogenic diet (KD) is an established, effective non-pharmacologic treatment which is used worldwide for children with refractory epilepsy. Indications for the diet include those children whose seizures are uncontrolled by their current drug regimen (estimated at 20-30% of all individuals diagnosed with epilepsy) or those who suffer intolerable side effects from their medications, as well as who may not be benefited from surgical treatment.

The Classical ketogenic diet utilises a high fat (up to 90% fat), adequate protein (1 gram/kg) and with very low carbohydrate content. The diet is thought to mimic the biochemical response to starvation, when ketone bodies become the main fuel for the brain's energy demands. However the Classical KD is barely tolerated by children locally, because such high fat content is extremely hard to incorporate into Chinese diet. Alternatively, the Modified Atkins Diet (MAD) was created at Johns Hopkins Hospital as an attempt to create a more palatable and less restrictive dietary treatment, the fat content decrease to 70-80% of total energy intake; and it is more welcomed and better adapted by our local families.

The efficacy of MAD has been reported in more than 25 studies, including one randomised trial in children. Overall, 175 of 390 total reported patients (45 percent) have had at least a >50 percent reduction in seizure after six months; of these, 96(25 percent) had >90 percent seizure reduction. These results are similar to those reported for the ketogenic diet.

In view of that, patient is now offered to choose MAD as dietary control for refractory epilepsy apart from classical KD. MAD is less restrictive and allows more food variety at meals. At the same time, the diet have similar efficacy as compared to the classical KD. Last but not least, for those patients with specific conditions that appear to be particularly responsive to the ketogenic diet, then the treatment should be considered earlier.

Reference

1. *Kossoff EH, Henry BJ, Cervenka MC. (2013) Efficacy of dietary therapy for juvenile myoclonic epilepsy. Epilepsy Behav 26(2):162-4*
2. *Kang HC, Lee HS, You SJ et al (2007) Use of Modified Atkins diet in intractable childhood epilepsy. Epilepsia 48(1):182*
3. *Kossoff EH, McGrogen JR, Blumi RM et al (2006) Epilepsia 47(2):421*

Abstracts

How to Face the Allergy Epidemics? - Highlights of the Guidelines for Allergy Prevention in Hong Kong

Dr Alson WM CHAN

MBChB(CUHK), DCH(Ireland), Dip Ger Med RCPS(Glasg), PdipCommunityGeriatrics(HK), MRCPCH, FHKCPaed, FHKAM(Paed)
Specialist in Paediatric Immunology & Infectious Diseases
Honorary Clinical Assistant Professor, Department of Paediatric & Adolescent Medicine, University of Hong Kong
Honorary Clinical Assistant Professor, Department of Family Medicine, University of Hong Kong

Dr Alson CHAN is a specialist in Paediatric Immunology and Infectious Diseases. He is currently the advisor of Hong Kong Allergy Association, organising committee of Hong Kong Allergy Convention, council member of the Hong Kong Society for Paediatric Immunology, Allergy & Infectious Diseases and coopted council member of Hong Kong Institute of Allergy. Dr CHAN has received medical fellowship awards and completed his subspecialty training in Great Ormond Street Hospital of UCL Institute of Child Health and Children's Hospital Boston of Harvard Medical School. He is a Founding Fellow in Paediatric Immunology and Infectious Diseases of the Hong Kong College of Paediatricians. His main research interests are allergy prevention and treatment. He is the corresponding author of the Guidelines for Allergy Prevention in Hong Kong, and the co-author of the Guidelines for Prevention of Peanut Allergy.

Allergic disease epidemic is recognised as one of the most important worldwide challenge in this century. The rapid rise in the prevalence of allergic diseases, especially in affluent areas, leads to huge economic burden. The rate of increase in the disease prevalence signifies the important influence from environmental factors, therefore providing the opportunity for allergy prevention via environmental and lifestyle modifications. The major advance in allergy research in the last decade reveals the 'window of opportunity' in early infancy and caused a major paradigm shift from allergen avoidance to tolerance induction.

The Guidelines for allergy prevention in Hong Kong summarised these recent findings and recommended twelve practical measures starting from pregnancy period:

1. No unnecessary diet restriction during pregnancy and lactation
2. Breastfeeding in the first 6 months of life
3. Immunisation as recommended
4. For high risk infants, consider hydrolysed milk formula if exclusive breastfeeding is not feasible
5. Introduce complementary food from 4-6 months of age when developmentally ready
6. Avoid active or passive smoking
7. Control air pollution
8. Control indoor air quality
9. Maintain desirable body weight and avoid obesity
10. Avoid excessive psychological stress
11. Judicious use of antibiotics
12. Early treatment and control of allergic diseases

Abstracts

Holistic Care for Autism Spectrum Disorder : Building Castles in the Air?

Dr LAM Siu-man

MBBS(HK), MRCPsych(UK), FHKCPsych, FHKAM(Psychiatry)
Chief of Service, Department of Child & Adolescent Psychiatry, Castle Peak Hospital,
Specialist in Psychiatry

Working in the field of Child & Adolescent Psychiatry since 1996 and is now the Chief of Service of the Department of Child & Adolescent Psychiatry, Castle Peak Hospital, Tuen Mun. Child and adolescent mental health service have often been prey to strategic and resource neglect, notwithstanding the general underprovision in resource, the service managed to establish a comprehensive Child & Adolescent Mental Health Centre in Tuen Mun Hospital that provides specialist outpatient, day hospital and a 20-bed inpatient unit for the 1.1 million population of the New Territories West Cluster.

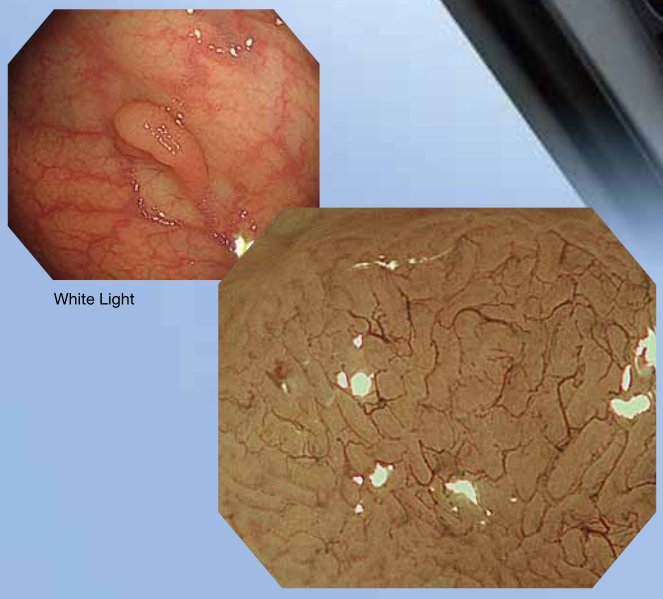
Autism Spectrum Disorder (ASD) is a common and highly heterogeneous neurodevelopmental disorder. Its childhood onset & developmental nature may make the non-paediatric service provider get unwary of its being a lifelong disability. Here, we will summarise the core clinical features of ASD and review, broadly, the adequacy of the key medical, educational and social care available in Hong Kong.

OLYMPUS®

Your Vision, Our Future

EVIS LUCERA ELITE

Optical 80x Magnification

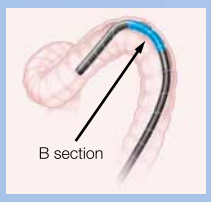


White Light

Optical 80x magnification with NBI

RIT (Responsive Insertion Technology)

Passive Bending



High Force Transmission

Variable stiffness

EVIS LUCERA ELITE COLONOVIDEOSCOPE

CF-HQ290ZL/I

HQ image quality emphasizes the performance of optical magnification

OLYMPUS HONG KONG AND CHINA LIMITED
L43, Office Tower, Langham Place, 8 Argyle Street, Mongkok, Kowloon, Hong Kong
Tel : 2170 5678 Fax : 2170 5679

www.olympusmedical.com.hk

Abstracts

Diagnosis and Management of Dementia in Old Age

Prof Timothy CY KWOK

MD, FHKCP, MB.CHB
Professor, Department of Medicine and Therapeutics, Prince of Wales Hospital
The Chinese University of Hong Kong

Professor Timothy KWOK had undergraduate medical education and postgraduate training in Geriatric Medicine in the United Kingdom. He joined the Department of Medicine & Therapeutics in the Chinese University of Hong Kong in 1994, and became professor in 2006. His main research interest has been on the prevention and care of dementia. Since 2004, he has been director of the Jockey Club Centre for Positive, a day and respite centre for people with dementia. He has conducted clinical trials of vitamin supplements, Taichi and cognitive training in the prevention of cognitive decline. His other research interests include osteoporosis, nutrition in old age, and health care services. He is also the deputy director of Jockey Club Institute of ageing and director of Jockey Club Centre for osteoporosis care and control.

Dementia is the commonest cause of dependency in old age. It is typically multifactorial with Alzheimer disease (AD) and cerebrovascular disease as primary causes. It is partly preventable by healthy active lifestyle and optimal control of vascular risk factors. Clinical diagnosis is based on history and neurocognitive test performance, though the latter is influenced by education and mood. Brain MRI can help to confirm clinical diagnosis by pattern of atrophy and under-cover concomitant small vessel disease. PET scan using glucose and amyloid tracers can give definitive diagnosis of AD, but it is limited by high cost. Cholinesterase inhibitors can slow cognitive decline at all stages of AD, but cholinergic side effects are not uncommon. Memantine is useful in moderate to late AD. It is generally well tolerated and may have some effect in controlling delusion and agitation. SSRI's are useful in controlling anxiety, insomnia and agitation. Antipsychotic drugs are sometimes required to control aggression and agitation. But they should be avoided as much as possible because they are associated with falls, dysphagia and increased mortality. Osteoporosis, under-nutrition, cataracts should be actively looked for and managed. Social stimulation and engagement is important to maintain remaining cognitive function and quality of life.

Abstracts

The Mouth and the Body - How Are They Connected in Older People?

Dr Frankie HC SO

BDS(HK), MDS(HK), FHKAM(Dental Surgery)
FCDSHK(Community Dentistry)
Specialist in Community Dentistry

Dr SO obtained the BDS(HK) degree in 1987 and had working experience in private practice, Prince Philip Dental Hospital and NGO dental clinics. With interest in dental public health being developed in these working experiences, he took the master course and obtained the MDS(HK) degree (with distinction) in 1993 in Hong Kong before joining the Department of Health in the same year. Dr SO is now a registered specialist in Community Dentistry in Hong Kong and is working as the senior dental officer-in-charge of the Outreach Dental Care Programme for the Elderly Management Unit.

It is a common misconception that dental diseases and tooth loss are normal components of ageing. On one hand the common occurrence of dental problems in older people is the result of life-long accumulation of irreversible destruction caused by dental diseases. More importantly, chronic health conditions and the treatment regimens may cause rapid deterioration in dental health among people who had relatively good oral condition before the onset of chronic diseases. The chronic health conditions and the treatment regimens may also render the usually simple dental treatment difficult and risky for the affected people. Dental diseases affect not only the mouth, but may also affect the course of chronic diseases. Poor oral hygiene itself may cause aspiration pneumonia in frail older people. The understanding of the connection between the mouth and the body, and the close collaboration of physicians and dentists are crucial in maintaining optimal health status and quality of life of the ageing population.

Abstracts

People Living with HIV Infection

Dr Thomas MK SO

MBBS(HK), DTM&H(LOND), FHKCP, FHKAM(MEDICINE),
FRCP(Edin), FRCP RCPS(Glasg), MRCP(UK),Dip Clin Derm(Lond)
Specialist in Infectious Disease, Private practice

Dr SO is a Specialist in Infectious Disease in private practice since 2012. His clinical services include hospital and clinic management of various infections particularly in the travel-associated, the immunocompromised and the HIV-infected, the critical care, the resistant pathogens and acute emergency in infection.

He is the immediate past President of The Hong Kong Society for Infectious Diseases, immediate past Chairman of Specialty Board in Infectious Disease, Hong Kong College of Physicians, Honorary Clinical Assistant Professor in the Department of Medicine and Therapeutics, The Chinese University of Hong Kong.

Currently, he worked for The Hong Kong Medical Association as member of Advisory Committee on Communicable Diseases and Public-Private Interface Vaccination Task Force from 2010 onwards. He has been the Executive Committee Member of The Federation of Medical Societies of Hong Kong since Dec 2013.

After completion of undergraduate medical education in the University of Hong Kong, he pursued postgraduate study and training in Internal Medicine, Infectious Disease and Tropical Medicine in London and Birmingham of the United Kingdom and in Harvard Medical School of the USA. He worked in the Department of Medicine & Geriatrics and Infectious Disease Centre of Princess Margaret Hospital as a general and infectious disease physician for over 25 years. He has been the Principal Investigator in Asian Network for Surveillance of Resistant Pathogens [ANSORP] in Hong Kong from 2000 to 2012 with research focus on antimicrobial resistance and therapeutics. His publications focused on community acquired pneumonia, hospital acquired pneumonia, invasive pneumococcal infection, pneumococcal resistance, pneumococcal vaccine, Severe Acute Respiratory Syndrome (SARS) and SARS-Corona Virus, immunomodulatory therapy of chronic hepatitis B and traveller's infection.

Over the past 20 years increases in life expectancy for PLWHIV have been demonstrated in developed and developing countries. In North America and Europe the life expectancy for PLWHIV who are diagnosed early enough and are undergoing highly active antiretroviral therapy (ART) is close to that of the uninfected general population.

The transformation of HIV into a chronic disease presents new challenges for treatment and care. Despite the improved safety and tolerability profile of modern ART and a persistent undetectable viral load, ART does not fully restore health. These challenges coalesce around the cumulative risk of co-morbidities associated with ageing with HIV, long-term effects of ART and lifestyle factors. HIV-associated non-AIDS (HANA) comorbidities include cardiovascular disease, metabolic diseases, malignancy, neuropsychiatric disorders, any of which may reduce health-related quality of life.

Treatment and care for PLWHIV now needs to move beyond the goal of only an undetectable viral load to a new paradigm focused on optimising health and well being into old age.

澳美製藥 香港
Bright Future

Brighter Life Better Future

Bright Future, a Hong Kong pharmaceutical manufacturer accredited with PIC/s GMP certification, has expanded her presence in global markets including China, America and Africa in addition to the local business.

As the largest medicine CEPA exporter in Hong Kong, Bright Future is committed to improve quality of life by offering excellent pharmaceutical products and services.

www.brightfuture.com.hk

38 Wang Lee Street, Yuen Long Industrial Estate, Bright Future Pharmaceutical Centre, Yuen Long, N.T., Hong Kong

Abstracts

Psychosis - Neurodevelopmental Disorder with Neuroprogression, Critical Period for Early Intervention, Relapse Prevention and Neuroprotection of Antipsychotic Treatment

Dr LEE Wing-king

MBChB (HK), FRCPsych (UK), FHKCPsych, FHKAM (Psychiatry)
Clinical Associate Professor (honorary), Department of Psychiatry, The Chinese University of Hong Kong

Dr Wing-king LEE is specialist in psychiatry with FRCPsych of United Kingdom, FHKCPsych and FHKAM (psychiatry). He is the Consultant Psychiatrist, Chairman of Hospital Authority (HA) Workplace Violence Working Group, and member of HA Occupational Safety & Health (OSH) Committee and appointed Coordinating Tutor of trainee psychiatrists of HA. He is the Clinical Associate Professor (honorary) and supervisor of Master of Science Program in Mental Health and Postgraduate Diploma in Mental Health, Faculty of Medicine; the Clinical Associate Professor (honorary), School of Public Health and Primary Care of Chinese University of Hong Kong. He is the Honorary Clinical Associate Professor and Thesis examiner, Master program in Psychological Medicine (Psychosis studies), Department of Psychiatry, LKS Faculty of Medicine, University of Hong Kong. He is the appointed examiner of Hong Kong College of Psychiatrists and the appointed examiner of CASC examination of Royal College of Psychiatrists of United Kingdom.

Dr LEE is the council member, Chairman of Board of Examiners, member of Education Committee and Public Awareness Committee of The Hong Kong College of Psychiatrists and is the Honorary Secretary of Hong Kong Schizophrenia Research Society and council member of Society for Advancement of Bipolar Affective Disorder and Asian Association of Neuro-Psychopharmacology.

Schizophrenia is one form of psychosis, a severe mental disorder. Recent advances showed that schizophrenia is a neurodevelopmental disorder with neuroprogression. There is a critical period of psychosis, when there is the largest decline of cerebral volume during the first year of illness and then it bottoms out afterwards. The functional decline is also most pronounced in first 5 years of illness. There is correlation of brain structural changes with functional decline during this period. This critical period is the golden time for early intervention to prevent neuroprogression in schizophrenia.

Every relapse of schizophrenia leads to increased chronicity, increased treatment resistance, poorer illness trajectory, longer time to remission, further decline in psychosocial functioning, neuroprogression. Modern Public Health principles emphasises on preventing disease progression. Relapse prevention is important in secondary prevention. Research evidence supports the usefulness of relapse prevention and neuroprotective effect of second generation antipsychotic (SGA) treatment.

In summary, we need to stop neuroprogression in early phase of schizophrenia or psychosis and prevent every single relapse. It definitely improves the prognosis of the illness.

Abstracts

Personalised Management of Lung Cancer

Dr David CL LAM

BSc (BiomedSc) (HK), MBBS (HK), PhD (HK), MD (HK), FHKCP, FHKAM (Medicine), FRCP (Edinburgh & Glasgow), FCCP, FACP, MRSB
Clinical Assistant Professor in the Department of Medicine, University of Hong Kong
President, CHEST Delegation Hong Kong and Macau Limited

Dr David CL LAM is currently Clinical Assistant Professor in the Department of Medicine, University of Hong Kong. He is a respiratory physician with interest in translational research and clinical trials in respiratory diseases including lung cancer, COPD, bronchiolitis obliterans after bone marrow transplantation, lung function and smoking cessation. His research laboratory focused on translational research of lung cancer and airway specimens as well as establishment of new lung cancer and immortalised normal bronchial epithelial cell lines for translational research, COPD and smoking cessation. He provides specialist care in respiratory medicine and lung cancer at the Queen Mary Hospital, Hong Kong. Dr LAM is the Deputy Editor of Respirology, the official journal of the Asian Pacific Society of Respirology (APSR). He is currently the Chairperson of the APSR Education Committee. He is also the President for the CHEST Delegation Hong Kong and Macau [formerly known as the American College of Chest Physicians (Hong Kong and Macau Chapter)].

Non-small cell lung cancer (NSCLC), mainly adenocarcinoma subtype, can carry different types of oncogenic mutations. *EGFR* mutations are present in up to 50% of lung adenocarcinomas from the Asian population. EGFR-tyrosine kinase inhibitor (EGFR-TKI) should be used as primary treatment of lung cancer bearing sensitising *EGFR* mutations, namely 15-base pair deletion at exon 19, or L858R or L861Q mutations at exon 21.

First- and second-generation EGFR-TKIs have greatly improved the treatment of *EGFR* mutant lung cancer. However, the majority of patients who respond initially will eventually experience treatment failure with disease progression. In patients who develop acquired resistance to EGFR-TKI, up to 50% showed a second *EGFR* T790M mutation at exon 20. Third-generation EGFR-TKI targeting *EGFR* T790M mutation has been recently approved for treatment of lung tumors bearing *EGFR* T790M mutation. Demonstration of *EGFR* T790M mutation through repeat tumor biopsy after treatment is, however, not always feasible at disease progression. Liquid biopsy may help in such situation.

ALK gene rearrangement is present in up to 7% of non-small cell lung cancer, but once detected, upfront use of first generation ALK-inhibitors is associated with good therapeutic efficacy. *ALK* mutations have been found to be involved with acquired resistance to ALK-inhibitors. Second-generation ALK-inhibitors have become available for treatment failure with first-generation ALK-inhibitors.

Immune checkpoint inhibitors, or one specific form known as anti-PD1 monoclonal antibodies, have gained recent approval from US FDA as second line therapy for NSCLC. Whether Programmed Death-1 (PD1) expression could be a potential biomarker for guiding therapy is not certain yet.

Molecular testing for lung cancer biomarkers is not limited to testing in tumor tissues. Liquid biopsy for detection of cell free tumor DNA in plasma, and hence detection of EGFR mutations in plasma using different molecular diagnostic techniques, is a rapidly developing field. The identification of biomarkers will support the practice of personalised medicine and this will be closely tied to the understanding of biology and molecular progression of lung neoplasms.

Reference

1. *Cooper WA, Lam DC, O'Toole SA, Minna JD. Molecular biology of lung cancer. J Thorac Dis. 2013;5 Suppl 5:S479-90.*
2. *Lam DC, Tam TC, Lau KM, Wong WM, Hui CK, Lam JC, Wang JK, Lui MM, Ho JC, Ip MS. Plasma EGFR Mutation Detection Associated With Survival Outcomes in Advanced-Stage Lung Cancer. Clin Lung Cancer. 2015;16(6):507-13.*
3. *Sundar R, Soong R, Cho BC, Brahmer JR, Soo RA. Immunotherapy in the treatment of non-small cell lung cancer. Lung Cancer. 2014;85(2):101-9.*

Abstracts

Colorectal Cancer Screening

Dr William CS MENG

MBChB (CUHK), FRCS(Edin), FCSHK, FCSHK(General), FRCS(Surgery) (Edin), FHKAM (Surgery)
Specialist in General Surgery

Dr MENG is the Immediate Past President of Hong Kong Society for Coloproctology and Honorary Treasurer of Hong Kong Society of Minimally Invasive Surgery.

He is one of the first surgeons to perform Laparoscopic Colorectal Surgery, and also the leading figure in Transanal Endoscopic Microsurgery (TEM). He pioneered Anorectal Physiology Laboratory with Transrectal Ultrasonography (TRUS) and applications of new techniques e.g. Natural Orifice Transluminal Endoscopic Surgery (NOTES) and Single Port Assess (SPA) Surgery and Endoscopic Submucosal Dissection (ESD).

Dr MENG was awarded Honorary Clinical Associate Professor of The Chinese University of Hong Kong and Honorary Clinical Associate Professor of the University of Hong Kong. Dr MENG is also council member of Eurasian Colorectal Technologies Association (ECTA) and Asia Pacific Federation of Coloproctology (APFCP).

Colorectal Cancer Screening Pilot Programme was recently launched. It is high time for us to review the philosophy behind the screening programme, the modalities of screening and also the pros and cons.

With respect to global view, we look into the incidence of colorectal cancer in the countries which have instituted the screening programme. We explored the rationale behind, the coverage of the screening programme and also the cost-effectiveness, the result of this pilot scheme may be applicable to a territory-wide progamme and may eventually benefit all citizens at a national level.

iGenes®
Pharmacogenomics Test

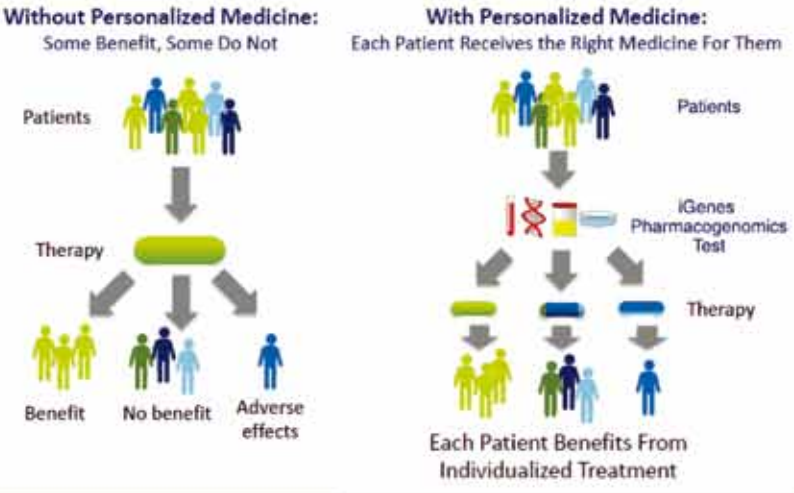
Right Drug | Right Dose | Right Treatment

What are the problems?

1. Genetics can account for **20-95%** of variability in an individual's response to drugs.[1]
2. **4.7 million** severe Adverse Drug Events (ADEs) occur every year in the U.S. and China.[2,3]
3. ADEs are the **5th** leading cause of death with over 100,000 deaths in the U.S. and 190,000 deaths in China annually.[3]

The Solution - A New Treatment Paradigm

The genetic makeup of an individual patient and their disease influences the effect of a medicine; iGenes pharmacogenomics test helps to target the right medicine to the right patient.



SPECIAL OFFER

COMPLIMENTARY PHYSICIAN TRIAL TEST
(VALUE UP TO HK$4,500)

Come to our BOOTH and redeem your offer now!

Your patient's DNA is unique, so too should be the way they are cared for

For further information, please visit www.prenetics.com

This offer is valid till 3rd July, 2016

References:
1. Relling MV and Singh H. Genetic Factors in Drug Metabolism. Am Fam Physician. 2008 Jun 1; 77(11):1553-1560.
2. Lazarou J, Pomeranz BH, Corey PN. Incidence of Adverse Drug Reactions in Hospitalized Patients: A Meta-analysis of Prospective Studies. JAMA. 1998 Apr; 279 (15):1200-1205.
3. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3788760/

Website: www.prenetics.com **Tel:** 2210-9568 **Fax:** 2210-9580 **E-mail:** care@prenetics.com

Prenetics
NEXT GENERATION DNA TESTING

▶ Chairpersons

Dr Ludwign CH TSOI

MBChB(CUHK), MRCP(UK), MPH(CUHK), FRCSEd, FHKCEM, FHKAM(Emergency Medicine), LLM

Dr Ludwig TSOI graduated from Chinese University of Hong Kong in 1992, obtained his MRCP in 1997, Master of Public Health (CUHK) in 1999, FRCSEd in 2001, and FHKAM (Emergency Medicine) in 2003. At present, he is the President of the Hong Kong Society for Emergency Medicine and Surgery, President of the Hong Kong Society for Healthcare Mediation, Honorary Secretary of the Hong Kong College of Emergency Medicine, Director of the Resuscitation Council of Hong Kong, Vice-chairman of the Education Committee of FMSHK. He sits at the editorial boards of the Hong Kong Journal of Emergency Medicine and the World Journal of Emergency Medicine. Dr. TSOI's interest in evidence-based medicine has led him to become a member of the CLARITY research group, McMaster University (Canada), a research group active in conducting EBM Systemic Review. Due to his passion for writing, he maintains a blog for story-based medical education and has published a collection of essays. Dr. TSOI holds a Master degree in Laws; he is also a qualified general mediator and family mediator accredited by HKMAAL. He also sits at the Public Education and Publicity Subcommittee of the Steering Committee of Mediation (Department of Justice) and is active in promoting clinical communication and healthcare mediation.

Dr LI Shu-kin

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine), FRCP (Edin), FRCP (Glasg), FRCP (London), FACC, Specialist in Cardiology
President, Hong Kong College of Cardiology

Dr LI Shu-kin graduated from the University of Hong Kong in 1982. He completed local training in cardiology in 1989 and further his study in the Royal Melbourne Hospital, Australia in 1990. He was appointed as Consultant Physician in 1993 and later Chief of Service in the Department of Medicine in Pamela Youde Nethersole Eastern Hospital (PYNEH) in 2005. He started private practice in 2012. He is still serving as Hon. Consultant Physician in PYNEH as well as Hon Clinical Associate Professor of Medicine in Li Ka Shing Faculty of Medicine, University of Hong Kong.

Prof Bernard MY CHEUNG

MBBChir, PhD (Cantab), FRCP (Lond), FRCP (Edin), FCP, FHKCP, FHKAM(Medicine)
Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics, Department of Medicine, The University of Hong Kong
Honorary Secretary, The Federation of Medical Societies of Hong Kong

Prof CHEUNG read Medicine at Cambridge. He was a British Heart Foundation Junior Research Fellow at Cambridge before taking up lectureships in Sheffield and Hong Kong. In 2007-2009, he held the chair in Clinical Pharmacology and Therapeutics in Birmingham. He is also an Honorary Consultant Physician of Queen Mary Hospital, Medical Director of the Phase 1 Clinical Trials Centre, Director of the Institute of Cardiovascular Science and Medicine, and President of the Hong Kong Pharmacology Society.

▶ Chairpersons

Ms Ellen WY KU

RN, BHSc (Nursing), MPh,
Clinical Associate, School of Nursing, The Hong Kong Polytechnic University
Honorary APN (Palliative Care) NTEC HA
Executive Member of Federations of Medical Societies

Ellen is the Clinical Associate School of Nursing, The Hong Kong Polytechnic University, and Honorary APN (Palliative Care) NTEC HA. She is the president of College of Nursing Hong Kong which is the regional member association of International Council of Nurses (ICN). She is a council member of Chinese Nurses Association. She was trained as Registered Nurses in the Government School of Nursing at Queen Mary Hospital and receiving her post registration education and training in Palliative Care and Management. Her practice interests are caring for death and dying of both adults and children, plus, supporting their families. She serves as professional volunteer to various Non-governmental organisations for service development and training.

Dr Jane CK CHAN

MD (U of Chicago), FHKCP, FHKAM (Medicine), Diplomate,
American Board of Internal Medicine (Pulmonary Disease & Critical Care Medicine)
Specialist in Respiratory Medicine

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

Dr LEE Tsz-leung

MBBS(HK), MRCP(UK), MRCPCH(UK), FHKAM (Paed)

Dr LEE started his clinical career as paediatrician in the Department of Paediatrics and Adolescent Medicine, Queen Mary Hospital. He later worked as Deputy Hospital Chief Executive of Queen Mary Hospital, Hong Kong. In 2014, Dr LEE worked as Chief Manager in the Department of Quality and Standards of the Quality and Safety Division, Hospital Authority Head Office. In 2016, he is appointed as Hospital Chief Executive, Hong Kong Children's Hospital.

▶ Chairpersons

Mr Frankie PL SIU

MSc (Australia), Accredited Practising Dietitian (Australia)
President, Hong Kong Nutrition Association

Mr. Siu graduated from the University of Wollongong and obtained Accredited Practising Dietitian in year 2005. His main interest is sport nutrition focusing on nutrition strategies for post-exercise recovery and the use of nutritional supplements and exercise performance. Mr. Siu was the Chairperson of the Hong Kong Practising Dietitians Union in year 2010 – 2011 and now he is the President of the Hong Kong Nutrition Association.

Dr LEE Tak-hong

CBE, MBBChir (Cantab), MD (Cantab), ScD (Cantab), FRCP(London), FRCPath, FHKCP

Dr LEE Tak-hong graduated from Cambridge University (first class honours) in 1972; awarded his Doctor of Science degree in 1996 and elected a Fellow of the UK Academy of Medical Sciences in 2000. Before he returned to Hong Kong from the UK in 2012 he was Director of the Medical Research Council Centre in Allergic Mechanisms of Asthma. He was also a Professor, Consultant Allergist and Respiratory Physician at Guy's and St. Thomas' Hospitals. He has published over 400 scientific papers and was appointed a CBE by the Queen in 2012 for his contributions to asthma and allergy research. He was a previous President of the British Society for Allergy and Clinical Immunology and chaired the Royal College of Physicians and Royal College of Pathologists Joint Committee for Immunology and Allergy. He became the first Director of the new Allergy Centre in the Hong Kong Sanatorium and Hospital in 2012.

Prof HUNG Se-fong

MBBS, Dip Psych (London), FRCPsych, FHKAM(Psych), FHKCPsych

Professor SF HUNG graduated from the University of Hong Kong and he had worked in Mental Health Serivce since. Before his retirement, he was Consultant Child and Adolescent Psychiatrist and Hospital Chier Executive of Kwai Chung Hospital. He had been awarded the Bronce Bauhinia Medal by the HKSAR for his contributions to Mental Health Services in Hong Kong. He is currently Hononary Clinical Professor, Department of Psychiatry Chinese University of Hong Kong as well as Honorary Consultant, Kwai Chung Hospital. He was the President of the Hong Kong College of Psychiatrist and currently chairman of the Hong Association of Child and Adolescent Psychiatry and Psychology. He is currently in private practice.

▶ Chairpersons

Dr Raymond SK LO

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

Dr Raymond LO graduated from United Medical and Dental Schools of Guy's and St Thomas' Hospital in London, and received fellowship from Royal College of Physicians and Hong Kong Academy of Medicine. He is Honorary Clinical Professor of Department of Medicine and Therapeutics, Chinese University of Hong Kong, and also holds visiting professorship overseas. Dr LO is currently serving as Consultant (Geriatrics and Palliative Medicine) and Chief of Service (Hospice) in New Territories East Cluster, Hospital Authority. Dr LO is the President of British Medical Association (HK), and Immediate Past President of the Federation of Medical Societies of Hong Kong.

Dr Andrew CC CHAN

BDS (HKU) 2003, MDS (Perio) (HKU) 2006
Clinical Lecturer, Discipline of Oral Diagnosis and Polyclinic, Faculty of Dentistry, The University of Hong Kong
Council Member, Hong Kong Dental Association

Dr CHAN graduated from the University of Hong Kong in 2003, obtained his postgraduate training of periodontology in Hong Kong and received IADR/Lion Dental Research Award from International Association for Dental Research in 2006. He joined the Department of Periodontology at University of Hong Kong as clinical lecturer from 2005 to 2006, and currently served as clinical lecturer in Discipline of Oral Diagnosis and Polyclinic of Faculty of Dentistry of HKU. Dr CHAN was president of HKU Dental Alumni Association in 2008-2009, and he is currently a council member of Hong Kong Dental Association, Chairman of Estate Dentist Group, Co-chairman of Young Dentists Group, Organising committee of the Hong Kong International Dental Expo And Symposium, Local Organising Committee of 38th Asia Pacific Dental Congress, and HKDA Representative in Young Coalition of Professional Group of the Hong Kong Coalition of Professional Services. He has been in private sector since 2006.

Dr NG Yin-kwok

MBBS (HK), FRCPsych, FHKCPsych ,FHKAM (Psych)
Member, Executive Committee, The Federation of Medical Societies of Hong Kong

Dr NG graduated from Hong Kong University and has been practicing psychiatry for over 30 years. He is Fellow of Hong Kong College of Psychiatrists, Hong Kong Academy of Medicine and Royal College of Psychiatrists. He is presently Consultant Psychiatrist in Kwai Chung Hospital and Chief of Service of Division One of Kwai Chung Hospital. He is also Chairman of Sponsorships Committee of Hong Kong College of Psychiatrists and a member of the Executive Committee of The Federation of Medical Societies of Hong Kong.

Betmiga®
mirabegron

Harnal OCAS®
tamsulosin

YOUR POWERFUL 1ST LINE PHARMACOLOGICAL OPTIONS FOR LUTS+ MANAGEMENT[1,2]

Urgency
Slow Stream
Frequency

+ LUTS: Lower Urinary Tract Symptoms

Reference: 1. Guidelines on the Management of Non-Neurogenic Male LUTS. European Association of Urology. 2015. **2.** DIAGNOSIS AND TREATMENT OF OVERACTIVE BLADDER (Non-Neurogenic) IN ADULTS: AUA/SUFU GUIDELINE. American Urological Association. 2014.

HARNAL OCAS® Abridged Prescribing Information **I:** Lower urinary tract symptoms (LUTS) associated w/ benign prostatic hyperplasia (BPH). **D:** 0.4mg once daily. **A:** Can be taken with or without food. Swallow whole, do not chew/divide/crush. **C:** Hypersensitivity. **AR:** Common: Dizziness (1.3%), ejaculation disorder. **Full prescribing information is available upon request.**

BETMIGA® Abridged Prescribing Information **I:** Symptmatic treatment of urgency, increased micturition frequency &/or urgency incontinence as may occur in adults w/ overactive bladder (OAB) syndrome. **D:** Adult including elderly 50 mg once daily. **A:** Swallow whole. Do not chew/divide/crush. **C:** Hypersensitivity. **AR:** Common: UTI; tachycardia; nausea. **Full prescribing information is available upon request.**

Astellas Pharma Hong Kong Co., Ltd. Unit 1103-08, 11/F, Tower 1, Grand Century Place, 193 Prince Edward Road West, Mongkok, Kowloon. Tel: (852) 2377 9801 Fax: (852) 2856 1440

astellas | UROLOGY

BET-MAD-0202116-0004

Feburic®
(febuxostat)

A new and simple way

to target sUA ≤ 6mg/dL[1]

6 mg/dL

Potent urate-lowering effect in achieving serum uric acid (sUA) levels of 6.0 mg/dL[1], which can reduce gout flares eventually to zero on long-term treatment.[2]

No dosage adjustment is necessary in patients with mild to moderate renal impairment.[3]

Renoprotective effect was shown in clinical studies.[4, 5]

Reference:
1. Becker MA et al. N Engl J Med 2005;353(23):2450-2461 2. Schumacher HR Jr. et al. Rheumatology 2009;48:188-194
3. **FEBURIC®** HK packaging Insert May 2014 4. Sezai A et al. Circ J 2013; 77 (6):2043-2049 5. Tanaka K et al. Clin Exp Nephrol. 2015 Dec; 19(6):1044-53

FEBURIC® 80mg Abridged Prescribing Information
Indication: Chronic hyperuricaemia in conditions where urate deposition has already occurred (including a history or presence of, tophus &/or gouty arthritis.) **FEBURIC®** is indicated in adults. **Dosage and Administration:** 80 mg once daily. May be taken w/o regard to food or antacid use. **Contraindications:** Hypersensitivity. Pregnancy & lactation. **Special Precautions:** Ischaemic heart disease, CHF, rare serious hypersensitivity reactions, gout flare, malignant disease, Lesch-Nyhan syndrome. Concomitant mercaptopurine, azathioprine, theophylline. Altered thyroid function. Organ transplantation. Galactose intolerance, glucose-galactose malabsorption, Lapp lactase deficiency. Severe renal impairment. Moderate to severe hepatic impairment. May impair ability to drive or operate machinery. Childn & adolescents. **Adverse Reactions:** Gout flares, headache, diarrhoea, nausea, rash, oedema, liver function test abnormalities. **Interactions:** Mercaptopurine, azathioprine, NSAIDs, probenecid, glucuronidation inducer.

(Full prescribing information is available upon request)
FEBURIC® is a registered trademark of Teijin Limited, Tokyo, Japan.

Astellas Pharma Hong Kong Co., Ltd.
Unit 1103-1108, 11/F, Tower 1, Grand Century Place,
193 Prince Edward Road West, Mongkok, Kowloon, Hong Kong
Tel (852)2377 9801 Fax (852)2856 1440

astellas
Leading Light for Life

FEB-MAD-150119-0001

▶ Chairpersons

Dr Desmond GH NGUYEN

MBBS(HK), MHA (New South Wales), MRCPsych, FHKCPsych, FHKAM(Psychiatry), Specialist in Psychiatry
Consultant (Psychiatry), Department of Psychiatry, Kowloon Hospital
Executive Committee Member, The Federation of Medical Societies of Hong Kong

Dr NGUYEN graduated from University of Hong Kong before he started his training in Psychiatry, specialising in Consultation Liaison Psychiatry where he provides his psychiatric expertise in general hospital setting. Clinical Sexology is also his area of interest. Apart from clinical area, he is also leading various risk management initiatives as well as staff emotional support programmes via his capacity in public health setting. He has been serving the Kowloon Central Cluster of the Hospital Authority as Consultant in Psychiatry since 2008.

Dr MAN Chi-wai

MBBS (HK), FRCS (Glas), FRCS (Edin), Dip in Urology (London), FCSHK, FHKAM (Surg), Dip in Child Health (London), LL.B. (Beijing), Specialist in Urology, HK Medical Council
Consultant Urologist & Chief of Service, Department of Surgery, Tuen Mun Hospital & Pok Oi Hospital
Executive Committee Member, The Federation of Medical Societies of Hong Kong

Dr MAN is Consultant Urologist and Chief of Service of Department of Surgery at Tuen Mun Hospital & Pok Oi Hospital, Chairman of the Coordinating Committee of Surgery within the Hospital Authority of Hong Kong. He is a member of the Board of Examiners for the joint Urology Examination of the Royal College of Surgeons of Edinburgh, UK, and the College of Surgeons of Hong Kong. He is a Past President of the Hong Kong Urological Association and currently serves as Honorary Secretary of the College of Surgeons of Hong Kong. He is Chairman of the Urology Board and Executive Committee Member of the Federation of Medical Societies of Hong Kong and Hong Kong Society of Endourology.

Dr NG Chun-kong

MBBS(HK), MRCP(UK), FHKCP, FHKAM(Medicine), MPH (HK), FRCP(Edin)
Deputy Secretary, The Federation of Medical Societies of Hong Kong

Graduated from the University of Hong Kong, Dr Chun-kong NG is a respiratory physician with special interest in sleep medicine and non-invasive ventilation. He currently served as consultant physician in the Department of Medicine, Queen Elizabeth Hospital and as Honorary Clinical Associate Professor of the University of Hong Kong. He is Fellow of the Hong Kong Academy of Medicine and Fellow of the American College of Chest Physicians. He acquired the degree on Master of Public Health of the University of Hong Kong in 2006. Dr NG is the deputy secretary and Chairman of the Education Committee of Federation of Medical Societies of Hong Kong. He is the honorary secretary/treasurer of CHEST Delegation Hong Kong and Macau Limited, executive committee member of the Hong Kong Society of Sleep Medicine, and Asia Pacific Society of Respirology Bulletin Hong Kong contact.

When considering a new direction on the treatment journey, look to the powerful performance of STRIBILD®.

STRIBILD® is indicated as a complete regimen for the treatment of HIV-1 infection in adult patients who have no antiretroviral treatment history or to replace the current antiretroviral regimen in those who are virologically-suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen for at least 6 months with no history of treatment failure and no known substitutions associated with resistance to the individual components of STRIBILD[1].

STRIBILD®Abbreviated Prescribing Information (Version: HK-FEB15-US-DEC14)

Presentation: Green, film-coated tablet containing 150 mg of elvitegravir, 150 mg of cobicistat, 200 mg of emtricitabine and 300 mg of tenofovir disoproxil fumarate (tenofovir DF). **Indications:** As a complete regimen for the treatment of HIV-1 infection in adults who have no antiretroviral treatment history or to replace the current antiretroviral regimen in those who are virologically-suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen for at least 6 months with no history of treatment failure and no known substitutions associated with resistance to the individual components of Stribild. **Dosage:** One tablet taken orally once daily with food. Renal impairment: Initiation in patients with estimated CrCl < 70 mL per min is not recommended. As a fixed-dose combination tablet, Stribild should be discontinued if estimated CrCl declines < 50 mL per min during treatment as dose interval adjustment required for emtricitabine and tenofovir DF cannot be achieved. Hepatic Impairment: No dose adjustment is required in patients with mild (Child-Pugh Class A) or moderate (Child-Pugh Class B) hepatic impairment. Not recommended for use in patients with severe hepatic impairment. Testing prior to initiation: Patients should be tested for hepatitis B infection prior to initiation. **Contraindications:** Coadministration with drugs that are highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening events. These drugs and other contraindicated drugs (which may lead to reduced efficacy of Stribild and possible resistance): Alpha 1-Adrenoreceptor antagonist (alfuzosin); Antimycobacterial (rifampin); Ergot derivatives (dihydroergotamine, ergotamine, methylergonovine); GI motility agent (cisapride); Herbal products (St. John's wort); HMG-CoA reductase inhibitors (lovastatin, simvastatin); Neuroleptic (pimozide); PDE5 inhibitor (sildenafil when dosed as REVATIO for treatment of PAH); Sedative/hypnotics (triazolam, orally administrated midazolam). **Warnings and Precautions:** Lactic acidosis/Severe hepatomegaly with steatosis (discontinue); HIV-1 and HBV coinfection (severe acute exacerbation of hepatitis B after discontinue); New onset or worsening renal impairment; Use with other antiretroviral products; Risk of adverse reactions or loss of virologic response due to drug interactions; Bone effects of tenofovir DF; Fat redistribution; Immune reconstitution syndrome. **Side effects:** In clinical trials in HIV-1-infected subjects with no antiretroviral treatment history: Treatment-emergent adverse drug reactions reported in ≥ 5% of subjects receiving Stribild: Diarrhea, nausea, headache, abnormal dreams. Additional adverse drug reaction observed with Stribild included suicidal ideation and suicide attempt, in subjects with a pre-existing history of depression or psychiatric illness. In clinical trials in virologically-suppressed HIV-1-infected subjects: Common adverse reactions that occurred in ≥ 2 % of subjects switching to Stribild: Nausea (4%), flatulence (2%), and headache (2%). Laboratory abnormalities reported in ≥ 2 % of subjects in clinical trials: All grades: proteinuria; Grades 3-4: AST >5.0 x ULN; ALT >3.0 x ULN; Amylase >2.0 x ULN; Creatinine kinase ≥ 10.0 x ULN; Urine RBC (hematuria) >75 RBC/HPF.

Before prescribing, please consult full prescribing information which is available upon request.

STRIBILD and TRUVADA are registered trademarks of Gilead Sciences, Inc., or its related companies.

Reference: 1. STRIBILD Hong Kong Prescribing Information, HK-FEB15-US-DEC14.

Adverse events should be reported. To report adverse events or safety information, please call (+852) 3129-2000 or email to DrugSafety.HK@gilead.com

HKSTB0048_v1.0 1/14/2016

STRIBILD®

elvitegravir 150mg/ cobicistat 150mg/ emtricitabine 200mg/ tenofovir disoproxil fumarate 300mg tablets

BUILT ON TRUVADA® 200mg/300mg emtricitabine/tenofovir disoproxil fumarate

GILEAD

Advancing Therapeutics. Improving Lives.

Gilead Sciences Hong Kong Limited
Room 2603, 26th Floor, Hysan Place,
500 Hennessy Road, Causeway Bay, Hong Kong
Phone: +852 3129 2000 Facsimile: +852 2856 2611