THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG
香 港 醫 學 組 織 聯 會

Annual Scientific Meeting 2017

Innovations in Medical Care

Date: 10 Sept 2017 (Sunday) Time: 9:30am-4:45pm
Venue: Ballroom, 3/F, Sheraton Hong Kong Hotel & Towers, 20 Nathan Road, Tsim Sha Tsui, Kowloon

Programme

09:30-10:00	**Opening Ceremony** Officiating Guest Prof the Hon Sophia CHAN Siu-chee, JP *Secretary, Food & Health Bureau* Honorable Guests Prof Gilberto LEUNG *Vice-President (Education & Examination), The Hong Kong Academy of Medicine* Dr the Hon Edward LEONG Che-hung, GBM, GBS, OBE, JP Prof the Hon Joseph LEE Kok-long, PhD, RN, SBS, JP *Legislative Councillor - Health Services*	
Session I: Recent Advances in Diagnostic Imaging, Epilepsy and Hospital Infra-structure Chairpersons: Dr Jane CK CHAN & Dr WONG Sui-to		
10:00-10:20	Dr Gladys LO	Imaging Update CT, MRI and PET/MR
10:20-10:45	林久銮医师	儿童脑痫外科手术进展
10:45-11:05	Dr LEE Tsz-leung	Hong Kong Children's Hospital: From Infrastructure to Clinical Service
11:05-11:20	Q&A	
11:20-11:40	Coffee Break	
Session II: Update on Gastrointestinal Disease and Diabetes Mellitus Chairpersons: Dr MAN Chi-wai & Dr TSUI Kin-lam		
11:40-12:00	Prof Anthony YB TEOH	Endoscopic Diagnosis and Treatment of Gastrointestinal Tumours
12:00-12:20	Dr YU Cheuk-man	From Clinical to Real World: Updates of CV Data in Novel Diabetes Mellitus Drugs
12:20-12:30	Q&A	
Lunch Symposium: Osteoporosis Chairperson: Dr Ludwig CH TSOI		
12:30-13:40	Dr LEE Ka-kui	Update on Long Term Management of Postmenopausal Osteoporosis
	Q&A	

Session III: Advances and Developments in Metabolic Disease and Paediatric Disorders Chairpersons: Dr Mario WK CHAK & Dr Raymond SK LO		
13:40-14:00	Dr Michael PH CHAN	Emerging Data on Cardiovascular Risk Reduction in Dyslipidemia: How Low Should We Go?
14:00-14:20	Prof Godfrey CF CHAN	Cellular Therapy in 2017
14:20-14:35	Ms Carmen KM YEUNG	Dietary Treatment in Paediatric Disorders
14:35-14:45	Q&A	
14:45-15:05	Coffee Break	
Session IV: Recent Advances in Psychiatry Chairpersons: Dr NG Yin-kwok & Dr Desmond GH NGUYEN		
15:05-15:25	Dr CHANG Wing-chung	Early Intervention for Psychosis in Hong Kong: Evidence and Challenges
15:25-15:45	Dr Sandra CHAN	Towards a Network-based Neuronavigated Repetitive Transcranial Magnetic Stimulation to left DLPFC in Drug-resistant Major Depressive Disorder
15:45-15:55	Q&A	
Session V: Innovative Management in Orthopaedics and Infection Chairpersons: Dr MAN Chi-wai & Dr HUNG Wai-man		
15:55-16:15	Dr SIU Kwai-ming	Minimally Invasive Orthopaedic Foot & Ankle Surgery
16:15-16:35	Dr Thomas MK SO	Innovations in Medical Care: Fever of Undefined Cause Revisited
16:35-16:45	Q&A	

Welcome Message from the President

On behalf of the Federation, may I extend the warmest welcome to you for attending our Annual Scientific Meeting 2017. This year the theme of our ASM is "Innovations in Medical Care". According to Wikipedia, innovation can be defined simply as a "new idea, device or method". On the other hand, innovation is often also viewed as the application of a better solution that meets new requirements, unarticulated needs and is crucial to continuing success of any organisation including our medical and health care system.

Medical innovations usually start with a challenging clinical problem which could not be tackled by existing ways of treatment. The respective individual medical and health professionals may group together using existing resources to find solutions to these clinical challenges, resulting in the creation of new sources of knowledge and talent. Adopting many of these innovations requires capabilities that fall beyond the traditional purview of healthcare systems. Very often, we need to identify local or overseas partners who can complement their capabilities or fill gaps, include data capture or patient engagement and technology development. The latter usually requires sending our local medical and healthcare professionals to have overseas training and implement new advanced technology into our local settings. Before entering into full scale contracts with new technologies, a small-scale pilot study is usually required. If it is successful, then expand it to scale. If not, then quietly pivot to adjust the strategy. Many times an organisation knows it needs to change and wants to do so but simply doesn't have the ability. This is evident in the low success rates of many transformational initiatives. The determining factor of success in medical innovation is dedicated and persistent focus and effort.

In the early 21st century, we witnessed spectacular advances in health care. We have seen innovations such as diagnostic imaging, molecular biology, genomic sequencing and highly effective drugs for the treatment of depression and HIV diseases, as well as target therapy in cancer treatment. The advances in using laparoscopy and endoscopy, robotics and 3D printing greatly improved the outcomes of complex surgeries with less complications. In the present day 21st century, technological progress in medicine is continuing and may even be accelerating. It is a source of hope for the prevention, effective treatment and cure of diseases.

We face a world of medical challenges and opportunities. In the coming decade, dilemmas posed by the health care system will test our values, our institutions and our ability to apply rationality and compassion to intractable problems- we may not be able to solve them, but at least we have to do better than we now do.

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. Furthermore, we would like to express our greatest appreciation to our organising committee and the secretariat in ensuring the meeting a success. The kind sponsorship from our industry partners is also duly acknowledged.

As an umbrella organisation with 141 member societies of doctors, dentists, nurses and allied health professionals, the Federation will continue to act as a platform to gather the momentum of medical innovations through organising educational activities such as certificate courses, as well as to publish recent advances in each monthly issue of The Hong Kong Medical Diary 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 Message from Chairperson

It is my pleasure to welcome you to the 2017 Annual Scientific Meeting. The theme of this year is "Innovations in Medical Care". It highlights the importance of innovations in modern healthcare delivery and the practice of medicine. New advances and innovative ideas in science have driven the practice of medicine to be increasingly technology-based. Nonetheless, it does not mean we should care less for our patients. On the contrary, with more tools that we can use, the present era opens a wide array of opportunities for medical and healthcare practitioners to care for our patients in every possible way.

The scientific program this year covers a wide spectrum of disciplines, including but not limited to, gastroenterology, endocrinology, radiology, neurology, pediatrics, psychiatry, orthopedics and infectious diseases. We are also honored to have distinguished speakers in their respective territories to enlighten us on the latest innovations in these areas.

While you enjoy the day's scientific program, please do not forget to squeeze out some time to meet old friends and to make new ones. It is the tradition of federation to promote partnership and collaboration amongst different disciplines and specialties. And we take great pride in it. I am looking forward to meeting you in person in the meeting. Lastly, I wish you a fruitful day in the ASM.

Dr Ludwig CH TSOI
Co-chairman, Annual Scientific Meeting 2017

Welcome Message from Chairperson

On behalf of the Organising Committee of the FMSHK Annual Scientific Meeting (ASM), I take great honour to welcome all of you to this year's sharing with the expertize of our presenters in the theme of Innovations of Medical Care.

Innovations in science have been the driving force of various industries and services to meet the ever growing demand and complexity of human livelihood. Advances of our medical and health service are no exceptions as they also rely on the incessant pursuit of the latest technology when we design the related products, logistics and service models in health industry. However, there are also differences from traditional industries when it comes to "Innovations of Medical Care", our 2017 ASM theme, as the latter innovations have to be uniquely applicable to individual patients who are discrete clinical entities, each having their specific need although they may present with similar signs, symptoms or problems. Another perspective delineating innovations of medical care from other sectors is that the former is focusing on relieving people from suffering, curing them from illnesses or even to prevent them from having a compromised state of health, a very noble mission that health care workers take pride to be engaged in.

This year, we have the privilege to witness how the presenters will materialize their ideology and innovations into practical commitment of advancing our medical care through innovations.

I wish you a very fruitful and enjoyable day in the ASM, paving the way forward for further innovations in the foreseeable future to come.

Dr Desmond GH NGUYEN
Co-chairman, Annual Scientific Meeting 2017

Congratulatory Messages

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

The Chief Executive

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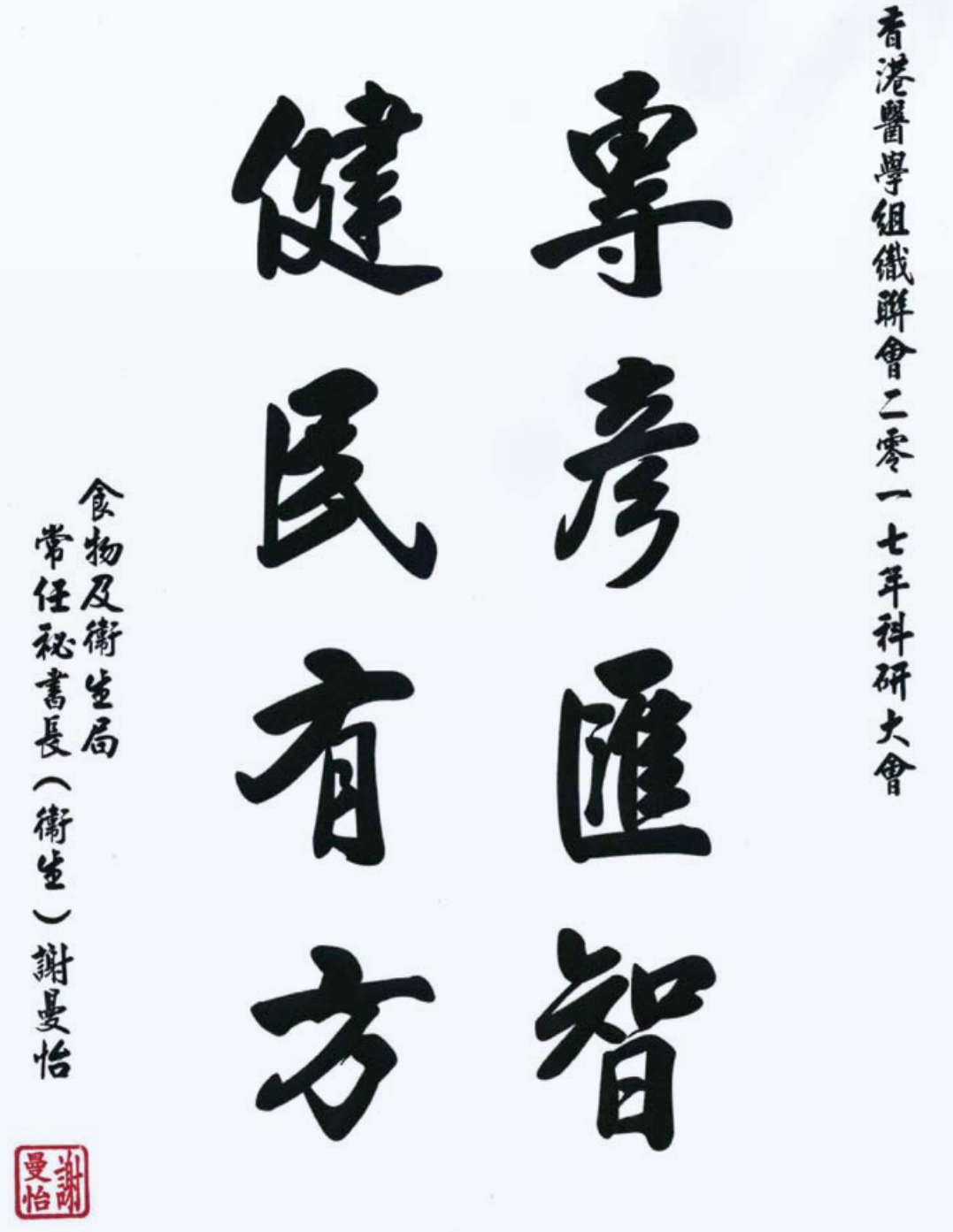

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Dr Constance CHAN Hon-yee, JP
Director of Health

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Congratulatory Messages

Dr the Hon Pierre CHAN

Legislative Councillor (Medical)

I would like to congratulate the Federation of Medical Societies of Hong Kong on its Annual Scientific Meeting 2017. More than many other professions, medicine relies on collaboration and exchange. In 1965, the FMSHK was established to promote the advancement of knowledge and coordinate individual professional bodies to work together. Building bridges was the vision of a few for the benefit of all.

Your newest initiative— "Innovations in Medical Care"— refers to novel medical care solutions developed to address health problems and improve quality of life. Thanks to visionary leaders of the FMSHK for providing opportunities to benefit both patients and doctors.

I wish to express my appreciation to the FMSHK for its valuable contributions to our profession and local community.

P Chan

Congratulatory Messages

Prof Hon Joseph LEE Kok-long, 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 2017 of the Federation of Medical Societies of Hong Kong.

Over the years, the Federation of Medical Societies of Hong Kong has contributed to promote the advancement of healthcare standard by advocating continuing education and organizing a wide range of educational activities for the medical and health professionals. Indeed, its significant contributions to promote quality 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.

Congratulatory Messages

Prof LAU Chak-sing

President, Hong Kong Academy of Medicine

Dear Dr. Chak, Dr. Tsoi and Dr. Nguyen,

On behalf of the Hong Kong Academy of Medicine, it gives me great pleasure to offer my warmest congratulations to The Federation of Medical Societies of Hong Kong for organising the Annual Scientific Meeting 2017.

The aging demographic landscape is intensifying pressures on healthcare systems in countries worldwide. As people live longer with higher expectations for quality healthcare services, models of healthcare delivery are changing rapidly to meet the increasing needs. Thanks to the many breakthroughs in medical technology, doctors are now able to provide customised care to patients in more cost-effective ways.

Medical technologies play a strategic role in transforming medicine and the healthcare system. The last few years saw an increase in the adoption of medical innovations, some of which will continue to have a great impact on the transformation of healthcare. For instance, using 3D printing in surgical procedures, the increased use of 3D visualisation and augmented reality for surgery, and the artificial intelligence applications in pathology, to name but a few. In addition, the use of big data and smart hospitals can help build better health profiles and better models to predict epidemics, cure diseases and avoid preventable deaths. Facing the challenge of medical manpower shortage in the city, innovations without doubt can foster more accurate and efficient healthcare services.

With the theme "Innovations in Medical Care", this Meeting will serve as an excellent platform gathering experts to deliberate on the technological development and applications in various specialties. I believe the participants would gain insights into the latest innovations driving excellence in medicine.

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

Yours sincerely,

Professor LAU Chak-sing
President
Hong Kong Academy of Medicine

Congratulatory Messages

Prof Gabriel M LEUNG, GBS, JP
Dean, Li Ka Shing Faculty of Medicine, HKU

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敬賀

Congratulatory Messages

Prof Francis KL CHAN, JP
Dean, Faculty of Medicine, CUHK

It is my privilege and pleasure to be invited to contribute a congratulatory message for the 2017 Annual Scientific Meeting organized by the Federation of Medical Societies of Hong Kong.

Technological advancements have brought transformative changes not only to how we conduct our life in the 21st century but also to the landscape of medical and health care. Increasingly, medical practitioners are applying cutting-edge technology to improve practice and patient outcomes. In the process, the society together with the medical professionals has to address issues such as ethical dilemmas and cost-quality paradoxes.

Please join me in commending members of the Organizing Committee for the vision and efforts in putting together a rich programme and assembling distinguished speakers. The speakers will provide context and insights into a spectrum of innovations ranging from application of state-of-the-art technology and advances in drug therapy to innovative hospital design of the Hong Kong Children's Hospital.

I trust that all participants will find interactions and engagements with speakers and other attendees most fruitful. I hope to see the collective wisdom of the medical profession and experts in other disciplines continue to drive more innovations in medical care to improve our healthcare system.

Professor Francis K L Chan

Congratulatory Messages

Prof John LEONG Chi-yan, SBS, JP

Chairman, Hospital Authority

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Dr LEUNG Pak Yin, JP
Chief Executive, Hospital Authority

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Congratulatory Messages

Dr the Hon Edward LEONG Che-hung, GBM, GBS, OBE, JP

I write to congratulate the Federation of Medical Societies of Hong Kong on your Annual Scientific Meeting 2017.

The theme of the meeting "Innovations in Medical care" is most timely and appropriate. For as people live longer, disease conditions becomes more complex, and patients are more demanding, we need new innovations to provide a better service and more efficient treatment to our patients to ensuring that they get the best of care that both the patients and the health care providers both yearn for.

I look forward to learning for the Meeting

C.H. Leong

自1896起，不斷改善人類生活。

發展高端醫學技術及藥物的傳統，由從前至現在，以至將來將繼續承傳發展高端醫學技術及藥物的傳統。

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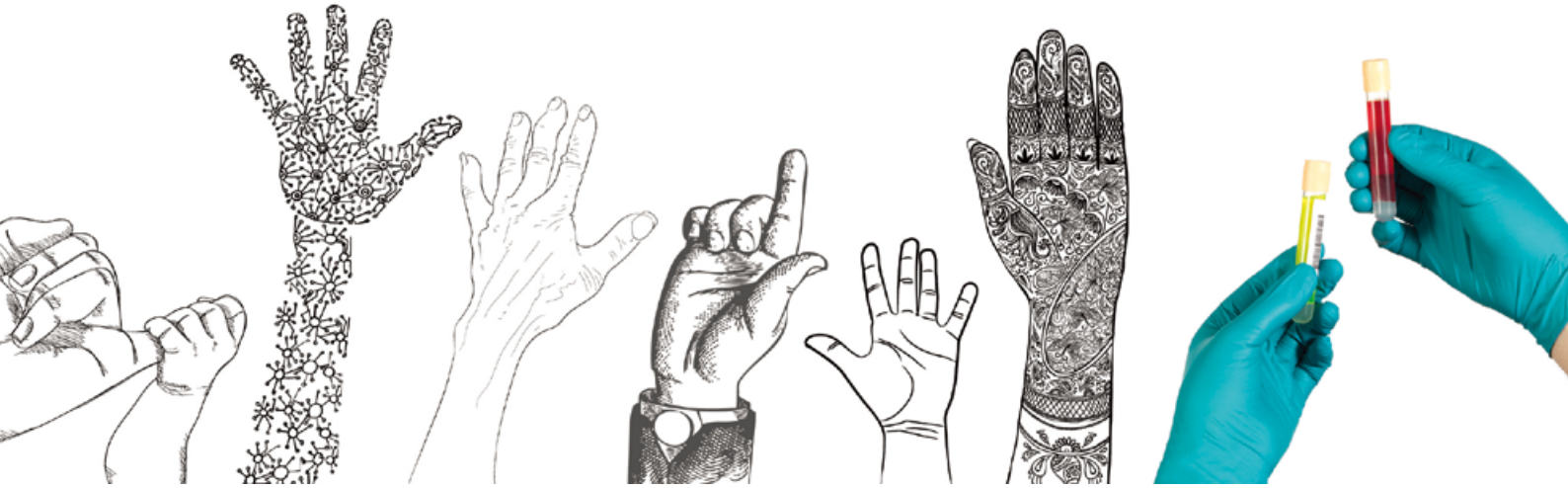

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Abstracts

Dr Gladys LO

MD, DABRad(DR), FHKCR, FHKAM (Radiolody)
Head, Department of Diagnostic and Interventional Radiology
Honorary Clinical Associate Professor, Faculty of Medicine (HKU)
Specialist in Radiology, Hong Kong Sanatorium & Hospital

Dr. Lo is currently Head, Department of Diagnostic & Interventional Radiology, Hong Kong Sanatorium & Hospital.
She is also Honorary Clinical Associate Professor of the Department of Diagnostic Radiology, Li Ka Shing Faculty of Medicine.
She majored in Biochemistry at UC Berkeley and received her medical degree from UCLA School of Medicine. She did her Diagnostic Radiology Residency at Harbor-UCLA Medical Center and Mt. Zion Hospital, San Francisco. This was followed by a Fellowship in CT Body Scanning at Stanford University Medical Center.
Her specialty is CT and MRI Body scanning Current interests are Breast, Cardiac and Whole Body Imaging.
She has given innumerable talks locally, in Southeast Asia and at RSNA. She has also published articles in peer-reviewed radiology journals.

Imaging Update CT, MRI and PET/MR

1. Low Dose and Functional Imaging in CT
2. Multiparametric MR Imaging and Whole Body MR Imaging
3. Initial Experience with PET/MR in HKSH Examples of each of the above modalities will be given.

Abstracts

林久銮医师

清华大学玉泉医院癫痫中心外科医生

林久銮，男，副主任医师，神经外科医学博士，清华大学玉泉医院癫痫中心外科医生。硕士导师北京天坛医院张俊廷教授；博士导师左焕琮教授。曾在日本静冈国立癫痫中心学习研修。从事癫痫外科工作十余年，主攻迷走神经刺激和脑深部刺激治疗难治性癫痫；擅长应用立体定向和导航技术以及多模态三维影像重建融合技术进行癫痫灶定位和手术；提出应用术中沟回辨识方法进行功能区定位和保护。在国内外专业杂志发表十余篇学术论文。

儿童癫痫外科手术进展

主要内容包括我们科今年来开展的癫痫外科手术的变化：比如说解剖大脑半球到半球离断术；标准的前颞叶切除到选择性的颞叶沟回的切除；局灶性剪裁式切除替代既往较大面积的脑区的切除；硬膜下电极植入到立体定向电极植入的转变 SEEG，以及热凝毁损替代部分切除性手术等，并分享相关病例。

Abstracts

Dr LEE Tsz-leung
MBBS(HK), MRCP(UK), MRCPCH(UK), FHKAM (Paed)
The Hospital Chief Executive of the Hong Kong Children's Hospital

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. He is the international surveyor of ACHS (Australian Council on Healthcare Standards). In 2016, he is appointed as Hospital Chief Executive, Hong Kong Children's Hospital.

The Hong Kong Children's Hospital : from Infrastructure to Clinical Service

The Hong Kong Children's Hospital (HKCH) is going to be the territory-wide tertiary referral centre for paediatric cases in Hong Kong's public healthcare system. Construction has been started at the Kai Tak Development Area in August 2013, with an aim for completion by 2017. The HKCH is targeted to commence operation by phases in late 2018.

Operating through a hub-and-spoke model, the HKCH will mainly focus on diagnosis and treatment of complex, serious and rare paediatric cases that require multi-disciplinary management, while other paediatric departments will provide emergency, secondary, step-down and community paediatric care.

Being a tertiary referral centre, HKCH takes the advantage of concentrating caseloads, research and expertise. With a vision to achieve excellence in clinical services, research and training in paediatrics, the HKCH is currently actively working on service re-organisation, staff training, manpower planning, donation management and engagement with key stakeholders of the hospital. The HKCH aims at turning the well-developed and well-functioning infrastructure into quality, affordable and sustainable paediatric services, so as to safeguard the well-being of children in the community.

Abstracts

Prof Anthony YB TEOH

FRCSEd (Gen), MBChB
Deputy Director of Endoscopy
Associate Professor
Honorary Associate Consultant
Department of Surgery, The Prince of Wales Hospital
The Chinese University of Hong Kong

Professor Anthony Yuen-bun, TEOH is currently the Deputy Director of Endoscopy and Associate Professor in The Chinese University of Hong Kong. He graduated from the Chinese University of Hong Kong in 2001. Since then, he has completed his surgical training in the Prince of Wales Hospital, Hong Kong and he was awarded with the GB Ong and Li Shield's Medal for the best candidate in the fellowship examinations both locally and internationally. He then completed his overseas training in the Kitasato University East Hospital and the Cancer Institute Hospital (Ariake) focusing on advanced interventional endoscopy and minimally invasive surgery for upper gastrointestinal cancers. His research interests are multifold and these include advanced interventional endoscopic ultrasonography (EUS) and endoscopic retrograde cholangiography (ERCP), minimally invasive surgery, single site access surgery and robotics surgery. He currently serves as a Visiting Professor to the Fujian University Medical Hospital, Consultant for Hepatopancreatobiliary Minimally Invasive Surgery Institute of Central South University, steering committee member for the Asian EUS group, member of upper GI committee of the World Endoscopy Organization, Secretary to the Hong Kong EUS society, council member of Hong Kong Hernia society, Hong Kong society of Robotic surgery and Hong Kong Society of Digestive Endsocopy. He is also on the editorial board for several internationally renowned journals including Clinical gastroenterology and hepatology, VideoGIE, Endoscopic ultrasound, World journal of Gastrointestinal endoscopy and World Journal of Gastroenterology. He has published 100 journal papers and written 7 book chapters.

Endoscopic diagnosis and treatment of gastrointestinal tumour

Gastrointestinal stromal tumour (GIST) is a common neoplasm of the gastrointestinal tract. The tumour originates from the cells of Cajal and carries a variable behaviour, ranging from low or high malignant potential. The neoplasm could develop along the gastrointestinal tract and endoscopy remains an important modality for early detection and diagnosis. However, due to the submucosal nature of the lesion, mucosal biopsy is often unrewarding and endoscopic ultrasonography with fine needle biopsy is often needed to make a diagnosis. Conventional treatment involves surgical enbloc resection without breaching the capsule of the tumour. Recently, advances in endoscopic technology has allowed endoscopic resection to be performed safely and the modality is gaining popularity.

Abstracts

Dr YU Cheuk-man

MBChB, MRCP(UK), FHKCP, FHKAM(Medicine),
FRCP(London, Edin), FRACP, MD(CUHK)
Director of Heart Centre, Hong Kong Baptist Hospital
Honorary Clinical Professor, The Chinese University of Hong Kong

Dr Yu is currently the Director of Heart Centre of Hong Kong Baptist Hospital. He is also the Honorary Clinical Professor of the Chinese University of Hong Kong (CUHK), and Past President of the World Heart Failure Society. Before joining the HK Baptist Hospital, Dr Yu was the Chair Professor of CUHK and Consultant Cardiologist at Prince of Wales Hospital (PWH). He had served CUHK and PWH in many capacities including the Chairman of Department of Medicine and Therapeutics, Head of Division of Cardiology, Assistant Dean of Faculty of Medicine, Director (Clinical Sciences) of the Institute of Vascular Medicine, and Director of the HEART Centre.

Dr Yu has been serving as Associate Editor or editorial board member/advisor for many known cardiology journals in the past ten years, such as European Heart Journal, Nature Cardiology Review, International Journal of Cardiology, Heart, Circulation Journal, Cardiovascular Drugs and Therapy, and Echo Research and Practice. He is also reviewer for over 30 international journals. Dr Yu has published extensively with over 400 full scientific articles and reviews in refereed journals including New England Journal of Medicine, Annals of Internal Medicine, Circulation, EHJ, JACC, IJC etc. His work is frequently referred by peer groups with a total citation of over 12,500, and with H-Index of 54. He has edited 12 books and authored over 30 book chapters. Dr Yu has a board range of clinical and research specialization including interventional cardiology, heart failure, device therapy, echocardiography and cardiovascular imaging, and had participated in a large number of multicenter clinical trials. He has been frequently invited as a faculty speaker in prestigious cardiology conferences around the world. To date, he has delivered over 500 invited lectures worldwide.

Dr Yu also founded the first and the only Master degree for Cardiology program in Hong Kong with more than 550 graduates to date. He had organized over 20 international Cardiology conferences and workshops as Program Director or Chairman.

From Clinical to Real World: Update of CV data in Novel Diabetes Mellitus Drugs

Diabetes mellitus (DM) is a medical endemic with increasing prevalence worldwide including Asia. It is a chronic disease with significantly high morbidity and mortality. In fact, at least one third of diabetic patients will die of cardiovascular complications. Common macrovascular complications include coronary artery disease, stroke and peripheral vascular disease. Understandably, improvement in glycaemic control has been shown to improve outcome of DM. This lecture will only focus on the medical therapy of type 2 diabetes (T2DM). Since the usage of sulphonylureas, a few other classes of oral hypoglycaemic agents have been incorporated into the therapy of T2DM. A newer class of agent, the sodium-glucose cotransporter (SGLT2) inhibitors, deserve additional attention. Previous development of pharmacotherapy for T2DM by novel classes of drugs had experienced long-term side effect of increased cardiovascular complications, which raised concern by FDA and other regulatory bodies. In contrast, the SGLT2 inhibitors, were found to be cardiovascular protective. Currently available ones include Dapagliflozin (Forxiga) and Empagliflozin (Jardiance). Published data suggests that these drugs decrease all-cause mortality, heart failure hospitalization as well as major adverse cardiovascular events. The blood pressure was also lowered by SGLT2 inhibitors. The use of novel class of oral hypoglycaemic agents provides new hope for T2DM patients in improvement of long-term prognosis.

Abstracts

Dr LEE Ka-kui
MBBS (HK), MRCPI, FHKCP, FHKAM (Medicine)
Specialist in Endocrinology, Diabetes and Metabolism

Dr Lee is a private practicing endocrinologist and he is currently an honorary clinical associate professor of Department of Medicine, The University of Hong Kong and honorary consultant endocrinologist of St Pauls' Hospital. He graduated from the medical school of The University of Hong Kong in 1993. He underwent training in internal medicine and endocrinology at Queen Mary Hospital, and then worked as a visiting fellow for 1 year at Harbor-UCLA Medical Centre in 2001, with focus on reproductive endocrinology. He moved to the private sector in 2007 and his main interest is in osteoporosis, diabetes management, androgen replacement therapy, and other endocrine disorders. He is the immediate past president of the Osteoporosis Society of Hong Kong and the honorary treasurer of Asian Foundation of Osteoporosis Societies.

Update on Long-Term Management of Postmenopausal Osteoporosis

Osteoporosis is the most common metabolic bone disease worldwide and it has become a global public health problem. Osteoporosis is a chronic disease and logically it requires long-term medical management. However, there are a number of problems regarding long-term pharmacological treatment. The long-term use of potent anti-resorptive drugs has been linked to certain serious though rare adverse effects such as osteonecrosis of the jaw and atypical femur fractures. All these negative factors have contributed to the high rate of non-adherence to therapy.

Significant differences exist among the different classes of anti-osteoporosis drugs. They have different mechanisms of action, different anti-fracture efficacies at different skeletal sites, different modes of administration, different adverse effect profiles, different adherence rates and different costs of therapy. Due to their pharmacokinetic and pharmacodynamic properties, the duration of use of different anti-osteoporosis drugs will also vary. The latest literature data on the long-term use of different anti-osteoporosis drugs will be discussed and some recommendations will be offered to guide clinicians for long-term management of postmenopausal osteoporosis.

Abstracts

Dr Michael CHAN Pak-hei

MBBS (HK), MRCP (UK), FRCP (Edin), FRCP (Glasg), FHKCP, FHKAM (Medicine), FACC
Specialist in Cardiology, Gleneagles Hong Kong Hospital
Clinical Assistant Professor, Department of Medicine,
The University of Hong Kong

Dr. Chan is the Clinical Assistant Professor in Cardiology of the University of Hong Kong and he is currently working in the Gleneagles Hong Kong Hospital. Prior to commencement of private practice, he has worked more than 14 years in the Cardiology Division of Queen Mary Hospital. His expertise includes interventional management of complex coronary artery disease and minimally invasive trans-catheter valve therapies. Dr. Chan has published over 60 peer-reviewed articles in major cardiology journals including JACC and Circulation. His main research interests are atrial fibrillation screening and antithrombotic therapies for stroke prevention in atrial fibrillation.

Emerging Data on Cardiovascular Risk Reduction in Dyslipidemia: How Low Should We Go?

Cardiovascular disease (CVD) remains a major cause of death in Hong Kong and worldwide. Hypercholesterolaemia is one of the major risk factors for atherosclerotic cardiovascular diseases. Low-density lipoprotein (LDL) cholesterol has been identified as the main culprit for coronary artery disease by formation of lipid-rich plaque in the coronary arteries. Lowering the LDL-cholesterol is the cornerstone of CVD preventions, both primary and secondary. Statin therapy has been used in daily clinical practice for more than 30 years and recent clinical guidelines recommended further lowering of LDL in high-risk patients. PCSK9 inhibitor has emerged as a add-on or alternative to statin intolerance patients, aiming at further lowering the LDL level. In this lecture, the data on CVD risk reduction in dyslipidaemia will be discussed.

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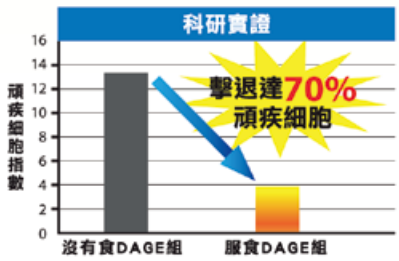

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Abstracts

Prof Godfrey CHAN Chi-fung

DMD, MD, LMCHK, Dip Palliative Med, MSc, MRCP, FHKAM, FHKCPaed, FRCP, FRCPCH, FAAP
Department of Paediatrics & Adolescent Medicine,
Queen Mary Hospital, The University of Hong Kong &
Stem Cells & Regenerative Medicine Consortium, The University of Hong Kong

Professor Godfrey Chi-Fung Chan is the Head and Chief of Service of the Department of Paediatrics & Adolescent Medicine. He is also the President of the Hong Kong Paediatric Society. He joined the Department in 1989 and then he pursued further training at the St. Jude Children's Research Hospital, USA as a Pediatric Hematology/Oncology fellow from 1993 to 1996. He is an internationally renowned clinical expert in the fields of pediatric neurogenic cancers and stem cell transplantation. In laboratory research, his main focus is on the biology of mesenchymal stem cell in particular its immunological role and interaction with other extrinsic factors. Professor Chan engages actively in teaching and training related to pediatrics. He has trained more than 20 post-graduate (PhD & MPhil) students and has been actively promoting the collaboration between pediatric colleagues in Mainland and Hong Kong by organizing the Guangdong-HK-Shenzhen tri-cities pediatric oncology meeting since 2006. This regular academic exchange involves more than 15 hospitals in mainland and Hong Kong. He was awarded the International Fellowship by Advance in Neuroblastoma Research (ANR, 2006); Endeavor Executive Award by Australian Government (2008); Best Clinical Research Award of International Society of Pediatric Oncology (SIOP, 2009); King's College (UK)-HKU Fellowship (2010); Asian Society of Pediatric Research Award of Pediatric Academic Societies (ASPR-PAS 2011) respectively for his achievement in pediatric clinical and laboratory researches.

Cellular Therapy in 2017

Ever since the discovery of blood transfusion in 18th century, use of human cells to treat patients with cytopenia became a routine practice. In the 70's to 80's, the use of blood products extended to the more complicated hematopoietic stem cells transplantation (HSCT). For HSCT, the choice of donor cells ranges from mobilized peripheral blood, bone marrow blood and cord blood. They have all been adopted for clinical use with proven efficacy but different pros and cons. The clinical indications of HSCT also expand dramatically to cover a wide spectrum of illnesses, not confining to benign or malignant hematological diseases alone. One can treat selected metabolic diseases, immunodeficiency, malignant solid tumors, etc. with HSCT. The choice of donors is less restrictive and allowing the use of not only HLA-fully matched donors but also mismatched, even half matched haploidentical donors (ie. parents). However, another group of cell therapy, especially immune cells therapy has caught public attention recently. It is mainly due to the commercial use of unproven experimental immune cells for "health promotion", leading to severe morbidity and mortality of recipients. The use of autologous cytokine induced killer cells (CIK), lymphokine induced killer cells (LIK), dendritic cells (DCs) and cytotoxic T lymphocytes (CTL) have been used extensively in China for a while but it was finally banned for commercial use last year. It was due to lack of clinical evidence to support their application so it is unethical to charge the patients. On the other hand, second generation of more refined and sophisticated cellular therapy including KIR mismatched natural killer cells from allogeneic donors, chimeric antigen receptor modified T cells (CAR-T), etc. are emerging and have been showing early encouraging results. However, unknown side effect profile and testimonial type of clinical efficacy evidence remains to be confirmed by well-designed clinical study. On the other hand, somatic stem cells therapy is also rapidly developing and among them, mesenchymal stem cell (MSC) is one of the most promising modalities for either immunosuppressive therapy of autoimmune diseases or bone, muscle and cartilage regeneration or repair. It has already been used in phase II/III trials for various diseases and the safety profile is very good. But its long term engraftment and efficacy remains unanswered. Use of cells differentiated from either embryonic stem cells (ES) or induced pluripotent stem cells (iPS) for tissue repair may be the next one that can be applied clinically. The genetic and tumorigenic risks plus the ethical issues are hurdles to be overcome. Finally, using somatic stem cells as vehicle such as hematopoietic stem cells for gene therapy is another attractive approach and some clinical trials have already exploring this strategy in recent years. In conclusion, we foresee the applications of cellular therapy will be exponentially increased in the near future and keeping an evidence based scientific approach will be mandatory for clinicians and scientists involving in the evolution of this new therapeutic armamentarium.

Abstracts

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.

Early Intervention for Psychosis in Hong Kong: Evidence and Challenges

Nutrition for children is based on the same principles as nutrition for adults. Everyone needs the same types of nutrients, such as carbohydrates, protein, fat, vitamins and minerals. Children with inborn errors of metabolism, however, need different amounts of specific nutrients for different disease.

Inborn errors of metabolism often require diet changes, with the type and extent of the changes dependent on the specific metabolic disorder. The particular enzyme absence or inactivity for each inborn error of metabolism dictates which components are restricted and which are supplemented. Dietitians can help an individual assess the diet changes needed for each disease. The goals of nutrition therapy are to correct the metabolic imbalance and promote growth and development by providing adequate nutrition, while also restricting (or supplementing) one or more nutrients or dietary components. Additional goals in some disorders include reducing the risk of brain damage, other organ damage, episodes of metabolic crisis and coma, and even death. These restrictions and supplementations are specific for each disorder, and they may include the restriction of total fats, simple sugars, or total carbohydrates.

Reference

1. *Vernon, Hilary (June 2015). Inborn Errors of Metabolism: Advances in Diagnosis and Therapy. JAMA Pediatrics.*
2. *Saudubray, J.M., van den Berghe, G., & Walter, J.H. (Eds.). 2012. Inborn Metabolic Diseases, 5th Ed., Heidelberg, Germany: Springer*
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Abstracts

Prof CHANG Wing-chung

MBChB(HK), MRCP(UK), FHKCP, FHKAM(Psych)
Clinical Assistant Professor, Department of Psychiatry,
The University of Hong Kong
Honorary Associate Consultant, Department of Psychiatry,
Queen Mary Hospital

Dr. WC Chang is a clinical assistant professor at the Department of Psychiatry, the University of Hong Kong and an honorary associate consultant at the Department of Psychiatry, Queen Mary Hospital. He is the Member of Membership of Royal College of Psychiatrists (UK) and a Fellow of Hong Kong College of Psychiatrists. His clinical work and research mainly focus on early psychosis and early intervention service evaluation. He is the member of the EASY (specialized early intervention programme) Workgroup and an Executive Board Member of Asian Network of Early Psychosis. He has over 80 publications (with 30 being first-authored and/or corresponding-authored articles) in international peer-reviewed journals. He has received several awards over the past few years including Distinguished Young Fellow by the Hong Kong Academy of Medicine and Clinical Research Fellowship by Hong Kong Research Grants Council in 2014, IEPA (International Early Psychosis Association) Young Investigator Award, and NARSAD (National Alliance for Research on Schizophrenia and Depression) Young Investigator Award by Brain and Behavior Research Foundation of United States in 2016.

Early Intervention for Psychosis in Hong Kong: Evidence and Challenges

Psychotic disorders including schizophrenia represent a group of severe mental disorders which affects approximately 2.5% of the population and constitutes as one of the leading causes of disability worldwide. The disorders, which typically emerge in late adolescence or early adulthood, are associated with functional impairment, markedly elevated rates of suicide, physical morbidity and premature mortality. In the past two decades, early intervention for psychosis has become the major mental health service development locally and internationally. This is based on the premise that shortening of treatment delay and provision of phase-specific intervention in the initial 2-3 years of illness can improve long-term outcome. Territory-wide, government-funded specialized early intervention programme for first-episode psychosis, namely EASY (Early Assessment Service for Young people with psychosis) has been implemented in Hong Kong since 2001. The service emphasizes on continuity of clinical care and case-management approach. Consistent with literature, our evaluation study demonstrated superiority of EASY over standard psychiatric care in improving clinical and functional outcomes, and reducing suicide and admission rates. To further address an unmet treatment need, the programme has been expanded since 2011 with service coverage extending from 15-25 years to 15-64 years of age. Preliminary results regarding evaluation of extended EASY indicate its efficacy in enhancing functional outcome in adult patients. Despite the encouraging findings and therapeutic benefits achieved by early intervention service, questions remain with respect to the sustainability of positive effects of EASY as well as efficacy in early detection and intervention for individuals with high clinical risk in developing full-blown psychotic disorder. Future research and service development should take these important issues into account to facilitate promotion of early recovery and ultimately psychosis prevention.

Abstracts

Dr Sandra CHAN

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

Dr Sandra Chan, Specialist in Psychiatry, Fellow of the Royal College of Psychiatrists (UK), is currently appointed as Associate Professor of Department of Psychiatry, and Assistant Dean (Student Support) of Faculty of Medicine, The Chinese University of Hong Kong. She is educator of undergraduate and post-graduate psychiatry training for CUHK and the Hospital Authority of Hong Kong respectively, as well as researcher in suicide prevention and mood disorder specializing in neuroimage guided neuromodulation treatment for treatment refractory depression. She also held appointment as chairman of research committee at the Hong Kong College of Psychiatrists.

Towards a network-based neuronavigated repetitive TMS to left DLPFC in drug-resistant major depressive disorder

Major Depressive Disorder is a common mental disorder that contributes significantly to loss of disability-adjusted life years worldwide. A substantial proportion of patients with major depressive disorder are medication-resistant. High-frequency repetitive transcranial magnetic stimulation (rTMS) to left dorsolateral prefrontal cortex (DLPFC) is an approved safe, non-invasive non-convulsive neuromodulatoin therapy for depressive disorders not responding to at least one course of prior antidepressant therapy. The promising role of rTMS is challenged by a substantial proportion of non-response despite the money cost and time incurred in the treatment. Preliminary functional imaging studies suggested application of rTMS on left DLPFC sites being anti-correlated with subgenual cingulate may produce better treatment outcome in a very small clinical cohort with major depressive disorder. This presentation will cover the key issues and prognostic potentials of characterizing functional connectivity pattern in patients with drug-resistant major depressive disorder planning to undergo rTMS antidepressant protocol. This is the first step to a long-term program of studies that explore and validate clinically useful pre-treatment biomarkers that may predict clinical response to rTMS. The long-term impact may translate to refined personalised care along the lifelong trajectory of major depressive disorder.

Abstracts

Dr SIU Kwai-ming

MBChB (CUHK), FRCS (Ed), FHKCOS, FRCS Ed (Ortho), FHKAM (Ortho)
Specialist in Orthopaedics & Traumatology
Consultant, Department of Orthopaedics & Traumatology,
Princess Margaret Hospital/North Lantau Hospital

Dr Siu graduated from the Chinese University of Hong Kong in 1989. He completed the orthopaedic training in 1997. He is the Fellow of the Royal College of Surgeons of Edinburgh (Ortho.), Fellow of the Hong Kong College of Orthopaedic Surgeons and Fellow of the Hong Kong Academy of Medicine (Orthopaedic Surgery).
Currently, Dr Siu is the consultant orthopaedic surgeon in Princess Margaret Hospital and North Lantau Hospital. Moreover, he is the President-Elect of the Hong Kong Orthopaedic Association, Past President of Foot & Ankle Chapter of the Hong Kong Orthopaedic Association and Vice Secretary General of the Asia-Pacific Society for Foot and Ankle Surgery.
He has been the invited speakers for various overseas and local conferences eg. The International Congress of Chinese Orthopaedic Association in 2006, 2007, 2010, 2012, 2013, 2014, the 3rd International Symposium of Foot and Ankle Surgery & The Advanced Course of New Techniques in Foot and Ankle Surgery (Chongqing, China) in 2010, the 1st Hua-Xia Foot & Ankle Meeting (Shanghai, China) in 2011, the 34th SICOT Orthopaedic World Conference in 2013 (Hyderabad, India), the Scientific Meeting of the Asia-Pacific Society for Foot and Ankle Surgery in 2011, 2012 and 2015, the Foot and Ankle Expert's Forum and Trauma Course incorporating the 2nd Chinese Foot and Ankle Meeting (Singapore) in 2012, the Gwangju International Foot & Ankle Symposium (South Korea) 2014 and 2016, the First CAFAS Scientific Meeting & the Fourth International Forum on Foot and Ankle Surgery (Chongqing, China) in 2014, the Global Foot and Ankle Congress 2017 (Chongqing, China) and the Annual Congress of the Hong Kong Orthopaedic Association for 7 occasions.

Minimally InvasiveOrthopaedic Foot & Ankle Surgery

Minimally invasive surgery (MIS) has significant new development in the field of Foot & Ankle in recent years. The advantages of minimally invasive surgery include shorter recovery and rehabilitation time, decrease in some of the complications eg. infection rate, soft tissue and scar problem, blood loss, decrease in post-op pain, shorter hospital stay, better cosmetic scar and increase in patients' satisfaction.

Most of the advanced or common minimally invasive procedures in Foot & Ankle regions performed nowadays will be highlighted.

- Fracture fixation
- Ankle arthroscopy
  - Osteochondral lesion of talus
  - Bony impingement syndrome of ankle
  - Ankle fusion
  - Assisted fracture fixation & related procedure
- Subtalar joint and other small joint arthroscopy
  - Assisted calcaneus fracture fixation
  - Subtalar joint fusion
- Endoscopic excision of Haglund deformity
- Endoscopic gastrocnemius recession
- Repair of Achilles tendon
- Percutaneous osteotomy for correction of foot deformity

The applications of MIS in the foot and ankle are increasing in popularity due to development of new innovative surgical techniques, more dedicated instruments, better training and increase in recognition of its benefit to patients. In the future, MIS will play a more and more important role in the foot and ankle conditions.

Abstracts

Dr Thomas SO Man-kit

MBBS, FHKCP, FHKAM, MRCP, FRCP, FRCP RCPS, DTM&H
Specialist in Infectious Disease, Private Practice

Dr. So is a Specialist in Infectious Disease in private practice in Hong Kong since 2012. His clinical service includes hospital and clinic management of various infections, particularly in the travel-associated, the immunocompromised, the HIV-infected, the critical care, the acute emergency and the resistant pathogens.
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.
He has been working for The Hong Kong Medical Association as member of Advisory Committee on Communicable Diseases and Public-Private Interface Vaccination Task Force from 2010 onward. 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 in 1987, he pursued postgraduate study and training in internal medicine, infectious diseases and tropical medicine in London and Birmingham of the United Kingdom and in the Harvard Medical School of the United States. He worked in the Department of Medicine & Geriatrics and Infectious Disease Centre of Princess Margaret Hospital as a general physician 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 include foci on community acquired pneumonia, hospital acquired pneumonia, invasive pneumococcal infection, bacterial resistance, pneumococcal vaccine, Severe Acute Respiratory Syndrome (SARS) and SARS-Corona Virus, traveller's infection, immunomodulatory therapy of chronic hepatitis.

Fever of unknown origin (FUO) is defined as fever higher than 38.3°C on several occasions lasting for at least three (some use two) weeks without an established etiology despite intensive evaluation and diagnostic testing. Three general categories of illness account for the majority of "classic" FUO cases and have been consistent through the decades. These categories are infections, malignancies, and connective tissue diseases. The incidence of specific etiologic agents of FUO varies by age of the population, by potential exposure to infectious agents, by host susceptibility to infection, and over time with advances in diagnostics in identifying the etiologic agent. The most important aspects of the evaluation of a patient with FUO are to take a careful history, perform a detailed physical examination, and to reassess the patient frequently.

The following minimum diagnostic evaluation is recommend: peripheral blood film, blood cultures, erythrocyte sedimentation rate, C-reactive protein, serum lactate dehydrogenase, HIV antibody test, rheumatoid factor, ferritin, creatine phosphokinase, antinuclear antibodies, interferon-gamma release assay, serum protein electrophoresis, and computed tomography scan of abdomen and chest. The primary evaluation and diagnostic workup may suggest an appropriate site for biopsy that could establish the diagnosis. Medical causes are more common in general than non-medical causes, especially there is workup with state-of-art medical technology.

While medical innovations like molecular diagnostics and imaging modalities like PET-CT scan have been very helpful, clinical cases will be presented illustrating the key approach to the diagnostic workup of patients with PUO lies on history and clinical presentation, with inference on diagnostic value of the investigation tool.

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Pregnancy: Genvoya should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. in humans. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients; Co- administration with the following medicinal products due to the potential for serious or life-threatening adverse reactions or loss of virologic response and possible resistance to Genvoya: alpha 1-adrenoreceptor antagonists: alfuzosin; antiarrhythmics: amiodarone, quinidine; anticonvulsants: carbamazepine, phenobarbital, phenytoin; antimycobacterials: rifampicin; ergot derivatives: dihydroergotamine, ergometrine, ergotamine; gastrointestinal motility agents: cisapride; herbal products: St. John's wort (Hypericum perforatum); HMG Co-A reductase inhibitors: lovastatin, simvastatin; neuroleptics: pimozide; PDE-5 inhibitors: sildenafil for the treatment of pulmonary arterial hypertension; sedatives/hypnotics: orally administered midazolam, triazolam. **Warnings and Precautions:** While effective viral suppression with antiretroviral therapy has been proven to substantially reduce risk of sexual transmission, a residual risk cannot be excluded. Precautions to prevent transmission should be taken in accordance with national guidelines. Patients co-infected with HIV and hepatitis B or C virus: Discontinuation of Genvoya therapy in patients' co-infected with HIV and HBV may be associated with severe acute exacerbationsconducted. Liver disease: Safety and efficacy of Genvoya in patients with significant underlying liver disorders have not been established. Patients with pre-existing liver dysfunction, have an increased frequency of liver function abnormalities during combination antiretroviral therapy (CART) and should be monitored according to standard practice. Blood lipids and glucose:demonstrated in vitro and in vivo to cause a variable degree of mitochondrial damage. Any child exposed in utero to nucleoside and nucleotide analogues, even HIV negative children, should have clinical and laboratory follow up and should be fully investigated for possible mitochondrial dysfunction in case of relevant signs or symptoms. Immune Reactivation Syndrome: In HIV infected patients treated with CART, immune reactivation syndrome has been reported. Any inflammatory symptoms should be evaluated and treatment instituted when necessary. Autoimmune disorders (such as Graves' disease) have also been reported to occur in the setting of immune reactivation. complications of HIV infection, and therefore should remain under close clinical observation by physicians experienced in the treatment of patients with HIV associated diseases. advanced HIV disease and/or long-term exposure to CART. Patients should be advised to seek medical advice if they experience joint aches and pain, joint stiffness or difficulty in movement. exposure to low levels of tenofovir due to dosing with tenofovir alafenamide cannot be excluded. Co-administration of other medicinal products:with other antiretroviral medicinal products; Female patients of childbearing potential should use either a hormonal contraceptive containing at least 30 Qg ethinylestradiol and containing norgestimate as the progestagen or should use an alternative reliable method of contraception. The effect of co-administration with oral contraceptives containing progestagens other than norgestimate is not known and, therefore, should be avoided; Genvoya contains lactose monohydrate, patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption should not take Genvoya. **Adverse reactions:** Diarrhea and headache. 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Chairpersons

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 WONG Sui-to

MBBS (HK), MMedSc, FRCSEd (Surgical Neurology), FCSHK, FHKAM
Consultant Neurosurgeon, Department of Neurosurgery, Tuen Mun Hospital

Sui-To Wong is currently a Consultant Neurosurgeon at Tuen Mun Hospital. He graduated from the Faculty of Medicine of the University of Hong Kong in 1997, and subsequently obtained a master's degree in medical sciences, with distinction, in 2005. He completed his general neurosurgery training in Hong Kong in 2007, and was awarded the J. Douglas Miller Medal. To pursue subspecialty training in paediatric neurosurgery, he first trained under the guidance of Dr. Dawson Fong, and later completed a one-year fellowship programme in paediatric neurosurgery at Kaiser Permanente Regional Center for Pediatric Neurosurgery in California in 2013. His publications include topics on paediatric neurosurgery as well as general neurosurgery. His main interests include developmental abnormalities of the nervous system, neuro-oncology, paediatric epilepsy surgery and intra-operative neurophysiological monitoring.

Chairpersons

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, Department of Surgery, Tuen Mun Hospital & Pok Oi Hospital,
Hong Kong, People's Republic of China

Dr Chi-Wai MAN is consultant urologist at Tuen Mun & Pok Oi Hospitals. He is a general urologist with special interest in prostate cancer. He won the Schering Prize in the London Diploma of Urology Examination in 1991. He is currently President of the Urological Association of Asia, Honorary Secretary to the College of Surgeons of Hong Kong and Vice President of the Federation of Medical Societies of Hong Kong. He holds advisory positions within the China Doctor's Assocation Urology Chapter, the Hong Kong College of Urology Nurses and the Macao Surgical Association. He had served as Chairman of the Coordinating Committee of Surgery and Chairman of the Specialty Group in Urology in Hospital Authority, Chairman of the Urology Board of the College of Surgeons, and President of the Hong Kong Urological Association.

Dr TSUI Kin-lam

MBBS (HK), FHKCP, FHKAM (Medicine)
MRCP (UK), FRCP (Edin, Glasg), FACC
Specialist in Cardiology
Consultant Cardiologist, Pamela Youde Nethersole Eastern Hospital

Dr TSUI is a Consultant Cardiologist and Director of Cardiac Catheterization Laboratory at Pamela Youde Nethersole Eastern Hospital. He is the Chairman of Hong Kong Public Hospital Cardiologists Association (HKPHCA), Honorary Secretary of Hong Kong Society of Transcatheter Endocardiovascular Therapeutics (HKSTENT), and a Council Member of Hong Kong College of Cardiology (HKCC). He is the Course Director of HKSTENT Cardiovascular Intervention Complication Forum, and Organizing Committee or Faculty member of a number of international and local conferences.

Chairpersons

Dr Ludwig 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 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.

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.

Chairpersons

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 a member of the Executive Committee of The Federation of Medical Societies of Hong Kong.

Dr Desmond GH NGUYEN

MBBS(HK), MHA (New South Wales), MRCPsych, FHKCPsych, FHKAM(Psychiatry),
Specialist in Psychiatry
Deputy Hospital Chief Executive, Consultant (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, specializing in Consultation Liaison Psychiatry where he provides his psychiatric expertize 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 HUNG Wai-man

MBBS, FRCS(Edin), FCSHK, FHKAM
Specialist in Neurosurgery

Dr HUNG is the Honorary Consultant of Department of Neurosurgery in Tuen Mun Hospital and Department of Neurosurgery, Princess of Margaret Hospital.
At present, Dr HUNG is the EXCO member of the Federation of Medical Societies of Hong Kong, Director of Hong Kong Neurosurgery Centre, Honorary Treasure of Hong Kong Spasticity Management Society and Member of director board of Hong Kong Media Evangelism Ltd.

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Patients with osteoporosis face the danger of its consequences. With Prolia®, the risk of fracture at the hip and other key sites was reduced significantly vs. placebo at 3 years (P<0.05).[1] And because the 6-monthly subcutaneous injection[2] is well tolerated,[1] you can help protect them.

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Prolia® (Denosumab) Abbreviated Prescribing Information

Prolia® (Denosumab) Solution for Injection in Pre-filled Syringe 60 mg/mL. **INDICATIONS** Prolia is indicated for: i) treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; ii) treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; iii) treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer, and; iv) treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. **DOSAGE AND ADMINISTRATION** The recommended dose of Prolia is 60 mg administered as a single subcutaneous injection once every 6 months. Administer Prolia via subcutaneous injection in the upper arm, the upper thigh, or the abdomen. All patients should receive calcium 1000 mg daily and at least 400 IU vitamin D daily. **CONTRAINDICATIONS** Hypocalcemia and pregnancy, as well as hypersensitivity to any component of the product. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE** *Hypersensitivity:* Clinically significant hypersensitivity including anaphylaxis has been reported with Prolia. Symptoms have included hypotension, dyspnea, throat tightness, facial and upper airway edema, pruritis, and urticaria. *Hypocalcemia and Mineral Metabolism:* Hypocalcemia may be exacerbated by the use of Prolia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with Prolia. Hypocalcemia following Prolia administration is a significant risk in patients with severe renal impairment [creatinine clearance < 30 mL/min] or receiving dialysis. Adequately supplement all patients with calcium and vitamin D. *Serious Infections:* Serious infections leading to hospitalization were reported in clinical trial. Advise patients to seek prompt medical attention if they develop signs or symptoms of severe infection, including cellulitis. *Dermatologic Adverse Reactions:* Dermatitis, eczema, and rashes. Most of these events were not specific to the injection site. Consider discontinuing Prolia if severe symptoms develop. *Osteonecrosis of the Jaw (ONJ):* ONJ, which can occur spontaneously, is generally associated with tooth extraction and/or local infection with delayed healing. A dental examination with appropriate preventive dentistry is recommended prior to treatment with Prolia in patients with risk factors. Patients who are suspected of having or who develop ONJ while on Prolia should receive care by a dentist or an oral surgeon. *Atypical Subtrochanteric and Diaphyseal Femoral Fractures:* Atypical low-energy or low trauma fractures of the shaft have been reported in patients receiving Prolia. Patients should be advised to report new or unusual thigh, hip, or groin pain. *Suppression of Bone Turnover:* In clinical trials treatment with Prolia resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. *Musculoskeletal Pain:* Severe and occasionally incapacitating bone, joint, and/or muscle pain. Consider discontinuing use if severe symptoms develop. **INTERACTIONS** In subjects with postmenopausal osteoporosis, Prolia (60 mg subcutaneous injection) did not affect the pharmacokinetics of midazolam, which is metabolized by cytochrome P450 3A4 (CYP3A4), indicating that it should not affect the pharmacokinetics of drugs metabolized by this enzyme in this population. **PREGNANCY AND LACTATION** *Pregnancy:* Category X. *Breast-feeding:* It is not known whether Prolia is excreted into human milk. **PEDIATRIC, GERIATRIC AND RENAL IMPAIRMENT** *Pediatric:* Prolia is not recommended in pediatric patients. *Geriatric:* No overall differences in safety or efficacy were observed in clinical studies between elderly patients and younger patients and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. *Renal Impairment:* No dose adjustment is necessary in patients with renal impairment. **UNDESIRABLE EFFECTS** The most common adverse reactions reported with Prolia in patients with postmenopausal osteoporosis are back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, and cystitis. The most common adverse reactions reported with Prolia in men with osteoporosis are back pain, arthralgia, and nasopharyngitis. The most common (per patient incidence ≥ 10%) adverse reactions reported with Prolia in patients with bone loss receiving androgen deprivation therapy for prostate cancer or adjuvant aromatase inhibitor therapy for breast cancer are arthralgia and back pain. Pain in extremity and musculoskeletal pain have also been reported in clinical trials. The most common adverse reactions leading to discontinuation of Prolia in patients with postmenopausal osteoporosis are back pain and constipation. **OVERDOSE** There is no experience with overdosage with Prolia. Abbreviated Prescribing Information Version: US02/2015CDS13/IPI04

**Post-hoc* analysis. ARR, Absolute risk reduction.

References:
1. Boonen S *et al. J Clin Endocrinol Metab* 2011;**96**: 1727–1736.
2. Prolia® (denosumab), Summary of Product Characteristics, 2014.
3. Cummings SR *et al. N Engl J Med* 2009; **361**:756–765.

Please read the full prescribing information prior to administration and full prescribing information is available upon request.
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