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

Annual Scientific Meeting 2018

Medical Advances in Community Health

Date: 7 Oct 2018 (Sunday) Time: 9:30am - 5:00pm
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 for Food and Health* **Honorable Guests** **宋玮女士** *中联办协调部副部长* **顾向应教授** *中华医学会* Dr. Constance CHAN Hon-yee, JP *Director of Health* Prof. the Hon. Joseph LEE Kok-long, SBS, JP *Legislative Councillor (Health Services)* Dr. the Hon. Pierre CHAN *Legislative Councillor (Medical)* Prof. LAU Chor-chiu *Vice-president (General Affairs), Hong Kong Academy of Medicine* Dr. the Hon. Edward LEONG Che-hung, GBM, GBS, OBE, JP	
Session I: Community Health Chairpersons: Dr. Jane Chun-kwong CHAN & Dr. Ludwig Chun-hing TSOI		
10:00-10:25	顾向应教授	二孩政策对医疗系统带来的转变
10:25-10:50	Dr. Derrick Kit-sing AU	Ethical Issues in Community Healthcare
10:50-11:00	Q&A	
11:00-11:20	Coffee Break	
Session II: Hepatology & Cardiology Chairpersons: Dr. Mario Wai-kwong CHAK & Prof. Bernard Man-yung CHEUNG		
11:20-11:45	Prof. LAI Ching-lung	Hepatitis C in 2018
11:45-12:10	Prof. David Chung-wah SIU	Fighting Cardiovascular Disease from Framingham Heart Study to PCSK9 Inhibitors
12:10-12:20	Q&A	
Lunch Symposium: Brain Health Chairperson: Dr. Samuel Ka-shun FUNG		
12:20-13:20	Dr. Mario Wai-kwong CHAK	Etiology Based Management of Epilepsy: How Genetics & Surgical Treatment Make a Difference?
	Q&A	
Session III: Mental Health & Oncology Chairpersons: Dr. NG Yin-kwok & Dr. Desmond Gia-hung NGUYEN		
13:20-13:45	Prof. TANG Siu-wa	Depression: Recent Advances
13:45-14:10	Dr. William Chia-shing MENG	Colorectal Screening – Where Are We Heading?
14:10-14:20	Q&A	

Session IVa: Respiratory Health Chairpersons:Dr. Alson Wai-ming CHAN & Dr. Tony Ngan-fat TO		
14:20-14:45	Dr. Henry P. H. PAU	One Airway Diseases Management: Allergic Rhinitis & Asthma
14:45-15:10	Dr. LAM Tai-hing	Electronic Cigarette and New Tobacco Products To Ban or To Let Free?
15:10-15:20	Q&A	
Session IVb: Metabolic Disease Chairpersons: Dr. CHAN Kai-ming & Dr. Victor Hip-wo YEUNG		
14:20-14:45	Dr. Michele Mae-ann YUEN	Current Landscape of Obesity in Hong Kong
14:45-15:10	Dr. Samuel Ka-shun FUNG	Advances in Diabetic Nephropathy
15:10-15:20	Q&A	
15:20-15:40	Coffee Break	
Session Va: Dermatology & Allergy Chairpersons: Dr. Edwin Chau-leung YU & Ms. Tina Woan-tyng YAP		
15:40-16:05	Dr. Kingsley Hau-ngai CHAN	Eczema Management - Anything New?
16:05-16:30	Dr. Alson Wai-ming CHAN	Diagnosis and Management of Allergic Diseases: A Practical Update
16:30-16:40	Q&A	
Session Vb: Infection & Urology Chairperson: Dr. Thomas Man-kit SO & Dr. SIU Kwai-ming		
15:40-16:05	Dr. Victor Hip-wo YEUNG	Management of Benign Prostatic Hyperplasia (BPH) in the Modern Era
16:05-16:30	Dr. CHAN Kai-ming	Update in the Use of Antibiotics
16:30-16:40	Q&A	

Welcome Message from the President

Ladies and gentlemen,

On behalf of the Federation, may I extend the warmest welcome to you for attending our Annual Scientific Meeting 2018. This year, the theme of our ASM is "Medical Advances in Community Health". Community health is a major field of study which identifies the needs and health issues of the community, manages the well-being of its members, as well as improves the health status of the group with the medical and clinical sciences.

Non-communicable diseases have become an international health challenge as they are the leading cause of death globally. Allow me to illustrate this statement with some figures. In 2012, non-communicable diseases constitute 68% of all deaths (which is about 38 million people) and we can predict an increasing trend as the percentage has increased for 8% when compared to that in 2000. Among the 38 million people, about half are under the age of 70 and half are women. In addition, every year, at least 5 million people die because of tobacco and about 2.8 million people die from being overweight. Furthermore, high cholesterol accounts for roughly 2.6 million deaths and 7.5 million die because of high blood pressure.

Deaths arising from these non-communicable diseases are known to be related to many risk factors, such as a person's background, lifestyle and environment. To be more specific, a person's likelihood to have these diseases may be linked to his or her age, gender, genetic, exposure to air-pollution, and behaviours, such as smoking and physical inactivity. For example, a person who has unhealthy diet may have hypertension and obesity, which in turn leads to increased risk of many non-communicable diseases. In fact, most non-communicable disease are considered preventable if they are caused by modifiable risk factors.

According to WHO's World Health Report in 2002, five important risk factors are identified in a top ten leading risks to health. These factors include blood pressure, raised cholesterol, tobacco use, alcohol consumption and overweight.

It has been established that if the primary risk factors are eliminated, 80% of the heart disease cases, strokes and type 2 diabetes, and 40% of cancer could be prevented. Therefore, it is crystal clear that Interventions targeting the main risk factors could have a significant impact on reducing the burden of diseases worldwide. For instance,

efforts focused on better diet and increased physical activity have been shown to control the prevalence of non-communicable diseases.

Modern medicine is overwhelmingly reactive rather than proactive. We have been used to the model that people seek medical assistance after they get sick. In this way, apart from the tremendous health costs involved, it is also highly difficult to maintain the health and quality of life of patients in many chronic diseases. Therefore, it is our firm belief that it is better to prevent diseases rather than to try find cures for diseases after they occur for the patients, for the economy, for the whole medical profession, as well as for our medical system.

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 medical knowledge and developments in community health during this Annual Scientific Meeting. Facing the global challenge of the rapid rising non-communicable diseases, the Federation is an excellent platform to unite the joint effort of our medical and health professionals to work along with government to find an effective way to maintain the good health of our community.

In the coming year, through our medical dairy and our certificate courses, the Federation will continue to work hand in hand with government, as well as our member societies, to ameliorate the harmful risk factors and to promote healthy lifestyle among the public and our professionals. Finally, I 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. 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 Wai-kwong CHAK

President,
The Federation of Medical Societies of Hong Kong

Welcome Messages from Chairpersons

On behalf of the Organizing Committee of the FMSHK Annual Scientific Meeting (ASM) 2018, it is my great pleasure to welcome you for attending this meeting with the theme of 'Medical Advances in Community Health'.

Medical advances and innovations are the major driving force to improve the quality of healthcare practice. The scientific programme this year covers a wide spectrum of important topics including community health, hepatology, cardiology, neurology, mental health, oncology, pulmonology, endocrinology, dermatology, allergy, as well as infection & urology. This year we are privileged to have the leading expert from Chinese Medical Association to be our guest speaker, together with distinguished international and local speakers to share with us important medical advances according to their respective expertise.

The ultimate goal for medical advances is the improvement of community health in our society. All of us are important stakeholders in community health and I belief we can advance our community health in Hong Kong and nearby regions by seamlessly working together. I take great pride in our federation tradition to promote the fraternity and partnership among different specialties and disciplines. So I hope while you are enjoying the comprehensive scientific programme, please don't miss this opportunity to meet old friends and get new acquaintance to colleagues from other specialties.

I look forward to meeting all of you in person during the meeting and wish you have a fruitful day in this ASM.

Dr. Alson Wai-ming CHAN

Co-chairman,
Annual Scientific Meeting 2018

Welcome Messages from Chairpersons

It is my honour to welcome you all to the 2018 Annual Scientific Meeting. This year the theme is "Medical Advances in Community Health" 社區醫療發展前瞻. It highlights the major medical advances in modern healthcare delivery and the practice of medicine in community healthcare. Under the national policy of One Belt One Road Initiative, new advances and innovative ideas in science have continued driven the practice of medicine to be increasingly technology-based, the widening living circle around Hong Kong produces opportunities for us further our role as a leading medical professional role in the whole country.

The scientific program this year covers a wide spectrum of disciplines, including but not limited to, Hepatology, Cardiology, Psychiatry, Oncology, Respiratory medicine, Endocrinology, Dermatology, Immunology and allergy, Infectious disease and Urology. We are also honoured to have very distinguished speakers in their respective territories to enlighten us on the latest medical advances in the corresponding aspects.

It is the tradition of The Federation of Medical Societies of Hong Kong to promote partnership and collaboration among different disciplines and specialties. While enjoying the ASM's scientific programme, please also find some opportunities to make new friends and connections. Looking forward to meeting you in person in this meeting. Lastly, I wish you a wonderful day in the Annual Scientific Meeting 2018.

Dr. CHAN Kai-ming

Co-chairman,
Annual Scientific Meeting 2018

Congratulatory Messages

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

The Chief Executive

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探新取長

香港醫學組織聯會二零一八年科研大會

行政長官林鄭月娥

Congratulatory Messages

沈冲
中聯辦協調部部長

香港医学组织联会

汇聚贤医
济世惠民

中联办协调部部长　沈冲

Congratulatory Messages

馬曉偉
中華醫學會會長

香港医学组织联会自成立以来，为满足香港对充足、优质医疗服务的需求，一直致力于推广有关医疗的教育及知识，集合各专业团体的力量在各方面做出了很多努力，发挥了重要作用。

周年科研大会为贵会的年度盛事，今年将围绕社区医疗发展前瞻展开学术交流，通过凝聚各医护界代表的智慧，为政府提供社区医疗相关政策的意见，进一步提高市民健康。中华医学会与香港医学组织联会一直保持着紧密的联系，为促进两地医学交流和发展同心协力。我们期待在双方的共同努力和协作下，香港和内地的医学交流与合作更加活跃。

我谨代表中华医学会预祝本次周年科研大会圆满成功。

马晓伟

中华医学会会长

2018 年 7 月 31 日

Congratulatory Messages

Prof. the Hon. Sophia CHAN Siu-chee, JP

Secretary for Food and Health

香港醫學組織聯會二零一八年科研大會

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Dr. Constance CHAN Hon-yee, JP

Director of Health

碩賢懋集
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香港醫學組織聯會二零一八年科研大會

衞生署署長陳漢儀

Congratulatory Messages

Prof. the Hon. Joseph LEE Kok-long, SBS, JP
Legislative Councillor (Health Services)

香港醫學組織聯會

專業匯聚
造福社群

香港特別行政區立法會議員
李國麟教授，SBS，太平紳士　敬賀

Congratulatory Messages

Dr. the Hon. Pierre CHAN

Legislative Councillor (Medical)

Over the years, the Federation of Medical Societies of Hong Kong has demonstrated a sustained commitment to developing excellence in all areas, and in doing so it has kept pace with the changing needs of the patients.

It is my pleasure to recognize and congratulate the FMSHK on this remarkable occasion - Annual Scientific Meeting 2018 "Medical Advances for Community Health". May its dedication to the community inspire many to serve the best interests of the patients.

Dr Pierre Chan

Legislative Councillor (Medical)

Congratulatory Messages

Prof. LAU Chak-sing

President, Hong Kong Academy of Medicine

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 2018.

The global health context has changed remarkably over the decades. Like many places in the world, Hong Kong is facing various health challenges, such as ageing population and increasing prevalence of noncommunicable diseases. To promote community health, multi-disciplinary collaboration is essential for meeting the community's needs and enhancing the community's understandings of and priorities for health. Thanks to the many medical advances which help improve the diagnosis and treatment of patients, we are moving forward to a healthier community.

With the theme "Medical Advances for Community Health", this Meeting will serve as an excellent platform gathering experts to deliberate on the recent advancement 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,

C S.

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

祝賀香港醫學組織聯會周年科研大會誌慶

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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 2018 Annual Scientific Meeting organized by the Federation of Medical Societies of Hong Kong.

Rapid advances in medical science and technology have not only opened up new opportunities for improving community health but also raised public expectations of access and delivery of healthcare. To tackle healthcare challenges of the 21st century, medical and healthcare professionals have many important roles to play in the deliberations on how best to harness the power of medical advances to reduce prevalence of risk factors, decrease acute and chronic diseases, and promote health.

I would like to take this opportunity to commend members of the Organizing Committee for having developed a rich programme and assembled many distinguished speakers. I trust that all will benefit tremendously from experiences and insights of speakers as well as from the active and stimulating interactions.

I hope to see participants lead programmes to optimize the health and quality of life in our community in the years to come.

Professor Francis K L Chan
Dean, Faculty of Medicine
The Chinese University of Hong Kong

Congratulatory Messages

Prof. John LEONG Chi-yan, SBS, JP
Chairman, Hospital Authority

香港醫學組織聯會周年科研大會誌慶

仁醫匯聚滿杏林
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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

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Congratulatory Messages

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

香港醫學組織聯會

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Congratulatory Messages

Dr. LEE Tsz-leung
Chief Executive, Hong Kong Children's Hospital

香港醫學組織聯會

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Take back your life *with Keppra*

Control seizures with a better quality of life with Keppra[1]

- Let your patients reach the **therapeutic dose in just 2 weeks**[2]
- Keppra has **less influence on cognitive function** to your patients for both children and adults[3,4]
- **Less drug-drug interaction** for your patients[5]
- Improve patients' QoL with a **lower incidence of side effects***[1,6]

Available data in children did not suggest impact on growth and puberty. However, long term effects on learning, intelligence, growth, endocrine function, puberty and childbearing potential in children remain unknown. The administration of KEPPRA to patients with renal impairment (especially elderly ≥65 years) may require dose adjustment.[2]

Available in different formulations

* The incidence of adverse effects of LEV was the lowest among CBZ, VPA, TPM, OXC, LTG and LEV and it was significantly lower than TPM, VPA and CBZ

Abbreviation list: CBZ=carbamazepine; VPA=Sodium valproate; TPM=Topiramate; OXC=Oxabazepine; LTG=Lamotrigine; LEV=Levetiracetam; QoL=Quality of life

References: 1. Hagemann A, et al. Epilepsy Res 2013;104:140–150. **2.** Keppra Prescribing Information ver.NCDS 06 **3.** Aldenkamp A, et al. Epileptic Disord. 2016;18(Suppl.1): S55-S67 **4.** López-Góngora Epileptic Disord 2008; 10 (4): 297-305 **5.** Schmidt D. BMJ 2014;348:g254 **6.** Zhu F, et al. Chin Med J 2015;128:3015–3022

Name of medicinal product: Keppra **Qualitative and quantitative composition:** *Tablets* 250 mg / 500 mg / 1000 mg; *Oral Solution* 100 mg/ml; *Concentrate for solution for infusion* 100 mg/ml **Indication:** As monotherapy in the treatment of partial onset seizures with or without secondary generalisation in adults and adolescents from 16 years of age with newly diagnosed epilepsy OR as adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in adults, adolescents and children from 4 years of age with epilepsy, myoclonic seizures in adults and adolescents from 12 years of age with Juvenile Myoclonic Epilepsy, primary generalised tonic-clonic seizures in adults and adolescents from 12 years of age with Idiopathic Generalised Epilepsy. **Dosage and Route of Administration:** Levetiracetam therapy can be initiated with either intravenous or oral administration. Conversion to or from oral to intravenous administration can be done directly without titration. The total daily dose and frequency of administration should be maintained. *Film-coated tablets* and *Oral solution* may be taken with or without food and the daily dose is administered in two equally divided doses. *Concentrate for solution for infusion* is for intravenous use only and the recommended dose must be diluted in at least 100 ml of a compatible diluent and administered intravenously as a 15-minute intravenous infusion. There is no experience with administration of intravenous levetiracetam for longer period than 4 days. Levetiracetam concentrate is an alternative for patients (adults and children from 4 years of age) when oral administration is temporarily not feasible**Adults** *Monotherapy* Adults and adolescents from 16 years of age Initial dose 250 mg twice daily, then increase to an initial therapeutic dose of 500 mg twice daily after 2 weeks. May increase by 250 mg twice daily every 2 weeks depending upon the clinical response. Max. dose 1500 mg twice daily. *Add-on therapy* Adults (≥18 years) and adolescents (12 to 17 years) weighing ≥50 kg Initial therapeutic dose 500 mg twice daily (can be started on the first day of treatment). May adjust by 500 mg twice daily every 2 – 4 weeks depending upon the clinical response. Max. dose 1500 mg twice daily. **Children** *Monotherapy* No data available. *Add-on therapy* Children aged from 4 years of age and adolescents weighing <50 kg Initial therapeutic dose 10 mg/kg twice daily. Depending upon the clinical response and tolerability, the dose can be increased up to 30 mg/kg twice daily. Dose changes should not exceed adjustments of 10 mg/kg twice daily every 2 weeks. Dose in children weighing ≥50 kg is the same as in adults. **Contraindications:** Hypersensitivity to the active substance or other pyrrolidone derivatives or any of the excipients. **Warnings and Precautions** *Discontinuation* It is recommended to withdraw *KEPPRA* gradually (e.g. in adults and adolescents weighing ≥50 kg: 500 mg decreases twice daily every 2 – 4 weeks; in children and adolescents weighing <50 kg: dose decrease should not exceed 10 mg/kg twice daily every 2 weeks. *Paediatric population* The tablet formulation is not adapted for use in children under the age of 6 years and initial treatment in children weighing <25 kg. Available data in children did not suggest impact on growth and puberty. However, long term effects on learning, intelligence, growth, endocrine function, puberty and childbearing potential in children remain unknown. *Renal impairment* The administration of *KEPPRA* to patients with renal impairment (especially elderly ≥65 years) may require dose adjustment. In patients with severely impaired hepatic function, assessment of renal function is recommended before dose selection. *Suicide* Suicide, suicide attempt and suicidal ideation have been reported in patients treated with anti-epileptic agents (including levetiracetam). A meta-analysis of randomized placebo-controlled trials of anti-epileptics medicinal products has shown a small increased risk of suicidal thoughts and behavior. The mechanism of this risk is not known. Therefore patients should be monitored for signs of depression and/or suicidal ideation and behaviours and appropriate treatment should be considered. Patients (and caregivers of patients) should be advised to seek medical advice should any symptoms of depression and/or suicidal ideation or behavior emerge. *Excipients – oral solution* Keppra 100 mg/ml oral solution contains methyl parahydroxybenzoate (E218) and propyl parahydroxybenzoate (E216) which may cause allergic reactions. It also contains maltitol liquid; patients with rare hereditary problems of fructose intolerance should not take this medicinal product. *Excipients – concentrate for solution for infusion* This medicinal product contains 2.5 mmol (or 57 mg) sodium per maximum single dose (0.8 mmol [or 19mg] per vial). To be taken into consideration by patients on a controlled sodium diet. **Interactions:** Enzyme-inducing antiepileptic medicinal products; probenecid, NSAIDs, sulphonamides, methotrexate. **Pregnancy and Lactation:** *Fertility* No impact on fertility was detected in animal studies. No clinical data are available. The potential risk for humans is unknown. *Pregnancy* Keppra is not recommended during pregnancy and in women of childbearing potential not using contraception unless clearly necessary. Studies in animals have shown reproductive toxicity. Physiological changes during pregnancy may affect levetiracetam concentration. Decreased in levetiracetam plasma concentrations has been observed during pregnancy. This decrease is more pronounced during the third trimester (up to 60% of baseline concentration before pregnancy). Appropriate clinical management of pregnant women treated with levetiracetam should be ensured. Discontinuation of antiepileptic treatments may result in exacerbation of the disease which could be harmful to the mother and the foetus. *Lactation* Levetiracetam is excreted in human breast milk. Therefore, breast-feeding is not recommended. **Ability to perform tasks that require judgement, motor or cognitive skills:** Levetiracetam has minor or moderate influence on the ability to drive and use machines. Due to possible different individual sensitivity, some patients might experience somnolence or other central nervous system related symptoms, especially at the beginning of treatment or following a dose increase. Therefore, caution is recommended in those patients when performing skilled tasks, e.g. driving vehicles or operating machinery. Patients are advised not to drive or use machines until it is established that their ability to perform such activities is not affected. **Adverse Reactions:** Nasopharyngitis, anorexia, depression, hostility/aggression, anxiety, insomnia, nervousness/ irritability, somnolence, headache, convulsion, dizziness, tremor, balance disorder, lethargy, veretigo, cough, abdominal pain, diarrhoea, dyspepsia, nausea, vomiting, rash, asthenia/fatigue. **Overdosage** Somnolence, agitation, aggression, depressed level of consciousness, respiratory depression and coma were observed with *Keppra* overdoses. After an acute overdose, the stomach may be emptied by gastric lavage or by induction of emesis. There is no specific antidote for levetiracetam. Treatment of an overdose will be symptomatic and may include haemodialysis. The dialyser extraction efficiency is 60% for levetiracetam and 74% for the primary metabolite. Please read the full prescribing information prior to administration. Full prescribing information is available on request from GlaxoSmithKline Ltd, 23/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong KongAbbreviated Prescribing Information based on PI version NCDS 06.

GlaxoSmithKline Limited
23 / F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong Kong. Tel: (852) 3189 8989 Fax: (852) 3189 8931 hk.gsk.com

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Keppra levetiracetam

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REICH PHARM

Abstracts

顾向应教授

天津医科大学总医院 主任医师

现任中华医学会计化生育学分会主任委员；
中华医学会天津计划生育学分会主任委员；
中华医学会科普分会委员；
中华医学会天津科普分会副主任委员；
中国性学会理事会理事；
中国性学会天津理事会副理事长；
天津医科大学总医院妇产科主任医师；
天津市卫计委妇女保健培训专家。
中国计划生育学杂志；中国计划生育和妇产科；国际生殖健康与计划生育杂志；生殖医学杂志；现代妇产科学等期刊常务编委及编委

二孩政策对医疗系统带来的转变

一．健康是人的基本需求，特别是妇女儿童

我国有 8.8 亿妇女儿童，占总人口的 2/3

1. 我国妇女儿童营养与健康状况不断改善
   - 5 岁以下儿童低体重率从 1990 年的 13.7% 降低到 2016 年的 1.4%
   - 5 岁以下儿童生长迟缓率从 1990 年的 33.1% 下降到 2016 年的 1.1%
   - 妇女平均期望寿命达到 79.4 岁
   - WHO: 中国已消除孕产妇及新生儿破伤风
   - 全球《妇幼健康成功因素报告》
2. 全国神经管缺陷发生率逐年下降
   - 从 2006 年的 8.18/ 万下降到 2016 年的 2.01/ 万（降幅达 75.4%）
   - 在主要出生缺陷排位中从第 3 位降至第 12 位
   - 出生缺陷疾病围产期发生率出现下降
   - 2016 年与 2006 年相比
   - 不计先天性心脏病，其他 22 种监测的出生缺陷疾病围产期发生率出现下降，降幅达 13.5%

二．降低孕产妇死亡、保障母婴健康的有效策略

- 不要生的太早
- 不要生的太多
- 不要生的太密
- 也不要生的太晚

----- 美国妇产科医师协会（ACOG）前任主席 James Breeden

三·二孩政策对医疗系统的影响

（一）计划生育技术服务回顾

1950s　卫生部妇幼卫生司设立避孕科
1962 年　卫生部妇幼卫生司设立计划生育处
1964 年　卫生部召开全国计划生育技术经验交流会
1978 年　计划生育科学技术规划列入全国科研规划，
　　成立计划生育专业组
1981 年　国家计划生育委员会成立
　　设立科学技术司计划生育技术服务管理处
2013 年　国家卫生和计划生育委员会成立
　　设立妇幼健康服务司计划生育技术服务处

- 妇女儿童健康结果城乡、地区间差距明显
- 西部地区、贫困地区、边远山区和少数民族地区问题突出
- 农村地区以及流动人口中的妇女儿童为重点和难点

（二）保障母婴安全仍需努力

- 孕产妇死亡率
  - 全面两孩政策实施后高龄、高危孕产妇比例明显增加
    - 预计当前到 2020 年高龄孕产妇约是往年的 1.3 倍
    - 高危管理和危重救治任务加重
- 儿童死亡数量仍高居世界第五位
  - 人口基数大，儿童死亡绝对数大
  - 每年约 20 万人左右

（三）妇女儿童健康问题依然突出

- 妇女乳腺癌、宫颈癌，儿童白血病等重大疾病。
- 营养性疾病、心理疾患等公共卫生问题。

（四）出生缺陷防治任务严峻

- 出生缺陷是我国婴儿死亡的第 2 位原因

四·工作展望及主要任务

- “防”的关键
- 建立群体预防机制
- 确保每个生育家庭都落实预防措施（夫妇、新生儿）

Abstracts

Dr. Derrick Kit-sing AU

MD(Brown), LMCHK, FHKAM(Med), FRCP(Edin), FRCP(Glasg)
Director of the CUHK Centre for Bioethics, Medical Faculty,
the Chinese University of Hong Kong

Dr. Derrick Au is currently Director of the CUHK Centre for Bioethics under Medical Faculty of the Chinese University of Hong Kong. He graduated from Brown University Medical School in 1981 and returned to Hong Kong to train and serve in Geriatrics and Rehabilitation. After two decades of clinical service, he moved on to full time hospital management, first at hospital level then in the Hospital Authority Head Office, where his last position was Director of Quality and Safety in HA. He joined the Chinese University in 2017. Presently Dr Au serves as member of the Ethics Committee of Hong Kong Medical Council and Chairman of the HA Clinical Ethics Committee. Dr. Au is also a writer and columnist. Books recently published include《醫院筆記：時代與人》(2016), reflecting on the mission and evolution of modern hospitals since the 1500s; and《如何走下去 — 倫理與醫療》(2018), co-edited with Prof. Chan Ho Mun of the City University of Hong Kong.

Ethical Issues in Community Healthcare

Good community healthcare is a vision, a promise but also a challenge. Principles of professional ethics and medical ethics should be no different whether the practice is in hospital setting or in community. However, some care issues in community healthcare have ethical dimensions deserving a closer look. In addition to individual care, community healthcare is also seeking to improve population health. As such, certain issues and debates in public health ethics become relevant. For example, the issue of hard paternalism vs. soft paternalism in promoting health and safety in community is sometimes not obvious. Decision-making process related to healthcare in community may be more family-centric than individual-based, and respect for autonomy and dignity may be special challenge. This presentation selects and highlights some of these issues and consider how ethical principles and reasoning may help to inform policy and promote good practice.

Abstracts

Prof. LAI Ching-lung

MD, MBBS (Hons.), FRCP (Lond), FRCP (Edin), FRCP (Glasg), FRACP, FHKAM (Med), FHKCP, FAASLD
Chair Professor of Medicine and Hepatology

Professor Ching-lung LAI is the Simon K Y Lee Professor in Gastroenterology and the Chair Professor of Medicine and Hepatology at the Department of Medicine, University of Hong Kong, where he has been working since his graduation with honors at the University of Hong Kong. For the last four decades he has been extensively involved in research on various aspects of the hepatitis B virus, including molecular virology, natural history, treatment and its prevention. He is one of the lead investigators in the pivotal trials of various nucleos(t)ide analogues which have revolutionised the treatment of chronic hepatitis B. More recently he has been involved in studies for the treatment of chronic hepatitis C.

Professor Lai has published over 510 peer-reviewed papers and reviews in international journals. His publications have been widely cited and he is one of top scientists in the field of chronic hepatitis B infection. He was invited to give the Leon Schiff State-of-the-Art Lecture at the 2005 annual meeting of the American Association for the Study of Liver Diseases (AASLD), entitled "The Natural History and Treatment of Chronic Hepatitis B: Consensus and Controversies". Professor Lai has co-edited a book: "Hepatitis B Virus".

Chronic Hepatitis C in 2018

According to the WHO (2018) the global incidence of chronic hepatitis C virus (HCV) is 71 million, that of chronic hepatitis B virus (HBV) being 257 million. However, whereas the incidence of new HBV infections is declining through vaccination at birth, that of new HCV infections is increasing mainly through injection drug use as well as through unsafe health care practices. For an adult becoming infected by HCV, the chance of becoming a chronic HCV carrier is estimated to be 55-85%. A recent review of chronic HCV carriers in Hong Kong shows that 36.7% are injection drug users and 30.0% had previous blood transfusions. (Hui TY et al, Liver Int 2018). Of these 36% already had significant liver fibrosis/ cirrhosis on presentation.

The WHO has set a global goal of HBV and HCV elimination by 2030. According to the European and American Liver Associations Guidelines, all HCV carriers should be treated. The recommendations are for interferon-free direct acting antivirals (DAAs) regimens. The treatment course is only 8-12 weeks. The sustained virologic response rate at week 12 after end of treatment (SVR 12) is 95-100%. SVR 12 is a good endpoint of treatment since it has been shown to be associated with decreased incidences of hepatocellular carcinoma and cirrhosis as well as requirement for liver transplantation. Currently there are two pan-genotypic agents, that is agents for all 6 genotypes of HCV. These are 1. sofosbuvir combined with velpastasvir in a single daily tablet (Epclusa) and 2. glecaprevir combined with pibrentasvir (Maviret) with three tablets a day. The other recommended drugs for genotypes 1 and 4 include elbasvir combined with grazoprevir (Zapatier) and ledisprevir combined with sofosbuvir (Harvoni), both in a once daily dose.

For the global elimination by 2030, only Western Europe, Australia, Egypt and Mongolia are on track. Eastern Europe and most of Asia (except for Mongolia) are not on track. To achieve elimination of HCV, preventing new infections through safe needle use and transfusion service screening for HCV is only the first step. There are several important and difficult problems for the existing chronic HCV carriers. These include: 1. the identification of cases, 2. access to testing for the general public, 3. reluctance of the known carriers to seek medical advice, 4. access to treatment for the carriers 5. compliance to the treatment course, and 6. sustainability of efforts of the health authorities.

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Abstracts

Prof. David Chung-wah SIU

MBBS (HKU), MD(HKU), FHKCP, FHKAM, FRCP (London)
Clinical Professor, Department of Medicine,
the University of Hong Kong

Prof. David Chung Wah SIU (蕭 頌 華), a cardiologist and stem cell biologist, is currently a Clinical Professor in the University of Hong Kong. He obtained his medical degree in 1997 and Medical Doctor with Sir Patrick Manson Gold Medal in 2010 at the University of Hong Kong. Having completed a training program in Cardiology at Queen Mary Hospital, he commenced his career as a cardiologist in 2004. In the quest to improve treatment for patients with heart disease, he pursued study in Traditional Chinese Medicine concurrently at the Hong Kong Baptist University and Hubei College of Traditional Chinese Medicine, leading to the award of a Master degree in Traditional Chinese Medicine in 2005.

He was awarded the prestigious Croucher foundation research fellowship in 2006. He underwent 2-year oversea training for cellular electrophysiology, embryonic stem cell biology, and animal cloning at University of California, Davis. In 2015, Prof. Siu has given the prestigious Sir David Todd lecture at the Hong Kong College of Physicians and the Hong Kong Heart Foundation lecture.

Prof. Siu's current research interests focus on atrial fibrillation, heart failure, and tissue engineering for heart disease, and human embryonic stem cell and induced pluripotent stem cell for regenerative medicine. He has published more than 250 peer-reviewed articles in international journals such as Lancet, JAMA, Circulation, JACC, Blood, Stroke, Heart Rhythm, Stem cell, and Journal of Metabolism and Clinical Endocrinology, and more than 10 book chapters in cardiology.

Abstracts

Dr. Mario Wai-kwong CHAK

MBBS(HKU), MRCP(UK), DCH(Ire), Dip Ger Med (RCPS Glass), PDipID (HKU), FHKAM(Paediatrics), FHKCPaed
Associate Consultant, Department of Paedaitrics and Adolescent Medicine, Tuen Mun Hospital
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 Clinic in Bonne, Foundation Ophtalmologique Adolphe de Rothschild in Paris respectively. Dr. Chak is also the team leader of Tuen Mun Hospital Paediatrics and Adolescent Epilepsy Surgery Team which has just attained the out-standing team award in NTWC in 2016

Etiology-based Management in Paediatric Epilepsy: How Genetics and Surgical Treatment Make a Difference ?

The topic of my talk is "Etiology-based Management in Paediatrics: How Genetics and Surgical Treatment Make a Difference?". The reason I have chosen this topic is that paediatric epilepsy is a heterogenous disease with diverse underlying etiologies. Along with significant advances in understanding the neurobiology of seizures and epilepsy diseases, there have been major paradigms shifts in concepts underpinning classification. The new, more precise classification of various epilepsy, has led the way to improved diagnosis, better understanding of etiology, and targeted therapies tailored to the patients' disease. Choice of therapy not only is limited to anti-epileptic medications, but also include surgical and dietary treatments, especially children and adolescents with medical refractory epilepsy. Unlike the old days when we managed epilepsy empirically with trails of medical treatment, we now, based on better understanding of the underlying etiologies, can offer more tailor-made treatments to individual patients, which in turn enables improvement in seizure control, cognitive outcome and hence patient's quality of life. I do hope that from the moment that a patient presents with a first epileptic seizure, the clinician should be aiming to determine the etiology of the patient's epilepsy. A range of etiologic groups have been recognized, with emphasis on those with implications for treatment. The experience of one of the local regional referral center, the post-surgical outcome of seizure free in temporal lobe epilepsy (81 %) and extra-temporal lobe epilepsy (57 %)is encouraging. While for those refractory epilepsy patients who are not candidates for resective surgery, we could consider Ketogenic Diet or Vagal Nerve Stimulator Implantation. The seizure outcome of these two treatments is also encouraging.

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5. *Chakwk, WongST. " A Case Report to show how to use Seizure Semiology, functional Imaging, Intracranial EEG, Intra-operative ECoG to localize seizure focus and achieve good post-operative seizure outcome in a MRI negative/non-lesional focal motor refractory with pathology turn out to be bottom of sulcus dysplasia FCDIIa" (poster presentation) in 12th AOEC at Bali, June 2018*

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Abstracts

Prof. TANG Siu-wa
FRCP (C)
Professor of Psychiatry

Graduated from University of Hong Kong
Emeritus Professor of Psychiatry, University of California, Irvine, USA
Former President, Hong Kong Society for Biological Psychiatry

Depression : Recent Advances

Recent advances in the understanding of the biology of human emotional disorders have helped us improve their treatment. The traditional neurotransmitter deficiency theory of depression has now been replaced by an integrated theory of neuroinflammatory, neurodegenerative and neurotransmission changes. This new understanding explains why certain treatments are less effective than others, and why some patients relapse frequently and become resistant to treatment and others do not. Effective treatment of major depression requires a comprehensive approach to address each of the pathology along with management of other non-biological factors.

Abstracts

Dr. William Chia-shing MENG

MBChB (CUHK), FCSHK, FRCSEd, MD(JNU),
FCSHK (Gen), FRCSEd (Gen), FHKAM (Surgery)
Private Surgeon

Dr. Meng is Director of Minimally Invasive Surgery Centre and Endoscopy Centre of Drs. Anderson & Partners, and Honorary Consultant of Matilda International Hospital, Hong Kong. He is Past President of Hong Kong Society for Coloproctology, Honorary Treasurer of Hong Kong Society of Minimally Invasive Surgery and Vice-President of the Hong Kong Hernia Society.

He is one of the first of surgeons to pass the Exit Fellowship Exam of the Hong Kong Academy of Medicine and Royal College of Surgeons of Edinburgh. He was awarded the prestigious G. B. Ong Travelling Scholarship, Fellowship of American College of Surgeons and Doctor of Medicine in Jinan University, China for his work in General Surgery.

Dr. Meng is one of the first surgeons to perform Laparoscopic Colorectal Surgery, Endoscopic thyroidectomy and adrenalectomy as well as hernia surgery in Hong Kong. He is also the leading figure in Transanal Endoscopic Microsurgery (TEM) in China.

Dr. Meng is author to books and multiple papers, editor in peer-reviewed journals and multiple presentations in professional symposium. He was awarded Honorary Clinical Associate Professor of The Chinese University of Hong Kong and Honorary Clinical Associate Professor of the University of Hong Kong.

Colorectal Screening – Where Are We Heading?

Colorectal screening has started as the territory wide program. Where are we heading? The local data of Hong Kong, the national circumstances of mainland China and the trends in various countries of the world were reviewed.

Abstracts

Dr. Henry P. H. PAU

MBChB, MD, FRCSEd, FRCSEd (ORL), FRCS(Eng)
Ear Nose and Throat Specialist, O T and P Healthcare HK

Dr. Pau is currently an Ear Nose and Throat (ENT) Specialist working at OT&P Healthcare in Hong Kong. He left Hong Kong for the UK at the age of 13 and completed his medical and surgical training in Australia and the UK. Prior to coming back to Hong Kong six months ago, he was a Consultant ENT Surgeon at the University Hospitals of Leicester NHS Trust and Visiting Professor at Loughborough University in the UK. His MD Doctorate Thesis was a study of two mouse models in genetic deafness and balance disorders and his clinical interests are nasal and sinus diseases, paediatric ENT, otology and dizziness.

One Airway Diseases Management: Allergic Rhinitis & Asthma

Rhinosinusitis is a common ENT problem, mainly in adults. A lot of these patients would also have eczema and asthma and it is sometimes necessary to have a team approach in the management of this condition. The aim of this lecture is to explore and discuss with colleagues the pathophysiology and management of this sometimes troublesome condition from an ENT perspective.

Abstracts

Prof. LAM Tai-hing

MBBS, MD (HK), MSc (Occupational Medicine)(Lond), FAFOM RACP, FFPH, FFOM (Lond), Hon.FHKCCM, FHKAM (Community Medicine), FRCP (Edin)
Sir Robert Kotewall Professor in Public Health,
Chair Professor of Community Medicine, School of Public Health,
The University of Hong Kong

Professor TH Lam graduated from the University of Hong Kong (HKU) with MBBS in 1975, and University of London (MSc medical sociology 1980; MSc occupational medicine 1981), and HKU (MD by research 1988). He was Head of the Department of Community Medicine (2000-12) and Director of School of Public Health (2009-13), HKU. He is Chair Professor in Community Medicine since 2000 and Sir Robert Kotewall Professorship in Public Health since December 2007. He is World Cancer Research Fund Hong Kong Ambassador.

His research areas are epidemiology and control of noncommunicable diseases with a major focus on tobacco control and family health. He is principal investigator of several major cohort studies. He has published 800+ papers in international peer reviewed journals.

He has published about 200 papers related to tobacco control in international peer reviewed journals. He has contributed to four WHO reports, on secondhand smoke and child health, policy recommendations for smoking cessation, adherence to long term therapies, and smokefree policies, and one IARC report on reversal of risk after quitting. His research projects and publications include health hazards and economic costs of smoking and passive smoking, youth smoking, smoking cessation and public opinion surveys, and E-cigarettes.

Electronic cigarette and new tobacco products: To ban or to let free?

The Hong Kong SAR Government proposed to the Legislative Council more than three years ago (in May 2015) for a total ban of electronic cigarettes (EC). In January 2018, Macao has started a total ban. But in June 2018, the HKSAR Government proposed to regulate, but not ban EC and heat not burn (HnB) tobacco products. If so, this means that such new products would be legalized and on sale everywhere in Hong Kong. The Hong Kong Council on Smoking and Health (COSH), the medical community, and parent, teacher and social service organizations united unprecedentedly and held several press conferences to strongly advocate for a total ban, with massive mass media coverage and public support as shown by several surveys.

The EC and the Big Tobacco Companies are pushing their new products most aggressively, using the same old but proven to be highly effective methods in promoting cigarettes decades ago. Together with more sophisticated methods using more advanced information and communication technologies, their sales have been rocketing. Although they claim that they only want cigarette smokers to switch and they do not want children and young people to use their new products, their marketing strategies clearly show that they unscrupulously target young people. In the US, EC use has been increasing rapidly and use in students is out of control. In Hong Kong, young girls aged 6 years have been reported to be smoking EC like playing toys. The EC and tobacco industry and their allies are actively lobbying government and legislators to let free their products with minimal regulations and tax.

The main justification for the promotion of EC and HnB tobacco is harm reduction. This could be achieved if smokers can switch from cigarettes to these new products, and eventually quit all. But many smokers who use EC and HnB tobacco have become co-users because they do not feel the need to quit as they misperceive that they can smoke EC and HnB tobacco in places where smoking cigarettes is prohibited and they believe the products are much less harmful. The claim that EC is 95% safer is not based on scientific evidence, but on opinions of experts some of them are related to the industry and/or with conflicts of interests. The claim that HnB is 90% safer is neither valid. Reports of the results were manipulated by the tobacco industry. Some EC supporters now advocate smokers to switch, instead of asking them to quit.

More and more reports have revealed more toxic substances and more harms of EC. There is no clear evidence on the effectiveness of EC for quitting, whereas reports showing ineffectiveness has been increasing. The most alarming is the increasing evidence that EC is a gateway to cigarette smoking in young people in countries where EC has not yet been effectively controlled or regulated. New EC tools look like an USB stick, has more addictive nicotine than cigarettes, and has been used to smoke illicit drugs. It is obvious that if EC, HnB tobacco etc. are sold like cigarettes in Hong Kong, no regulations can be effectively enforced to prohibit sale to and eliminate use in young people. Hence, we shall see an exploding epidemic of nicotine addiction in young people (like in the US now), before we see any health benefits in smokers. Even some smokers' lives may be saved by EC etc., should we sacrifice our young people for some smokers who refuse to quit using the existing free and effective methods and services?

COSH is running a signatory campaign to "Support to enact a total ban on e-cigarettes and other new tobacco products, and formulate a timeline to ban smoking". The campaign is on-going with increasing number of people and organizations signing every day. To protect our children and young people and for public health, you are urged to sign and urge more people to sign too at www.smokefree.hk/support.

Co-authors:
Antonio Kwong and Vienna Lai, Hong Kong Council on Smoking and Health

Abstracts

Dr. Michele Mae-ann YUEN

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine), MPH (HK)
Specialist in Endocrinology, Diabetes and Metabolism
Honorary Clinical Assistant Professor,
Department of Medicine, HKU
President, Hong Kong Obesity Society (Medical Chapter)

Dr. Michele Yuen is a specialist in Endocrinology, Diabetes and Metabolism. She is currently in private practice and is the director of the Weight Management Centre at Gleneagles Hong Kong Hospital. She is also an honorary clinical assistant professor at the University of Hong Kong.

Dr. Yuen's received her medical degree from the University of Hong Kong, membership in internal medicine from the Royal College of Physician (London) and fellowship in endocrinology from the Hong Kong College of Physician. She further sub-specialized in Obesity Medicine and was trained at the Obesity, Metabolism and Nutrition Institute of the Massachusetts General Hospital / Harvard Medical School. She is now a faculty member with the Harvard Medical School CME course "Treating Obesity".

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

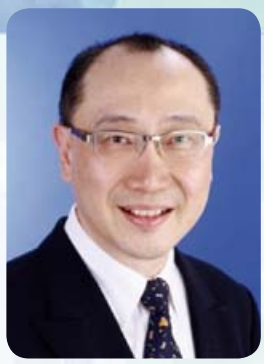
Current Landscape of Obesity in Hong Kong

The Population Health Survey released in 2017 showed that the rate of overweight and obesity in Hong Kong adults has reached an alarming 50%. Obesity is associated with many comorbidities, as such, treating obesity is no longer only for cosmetic purposes but is also important to maintain quality of life and reduce healthcare burden.

Treating obesity has traditionally involved only lifestyle measures including eating less and doing more exercise. Improved understanding of the pathophysiology behind weight gain has given us more insight into why the short term success achieved through caloric restriction and exercise are often non-sustainable. A new generation of anti-obesity medications has also given us more options, in addition to bariatric surgery, in treatment of patients with high degree of obesity.

In this session, we will review how the new developments in the field of obesity medicine has affected us in Hong Kong.

Abstracts



Dr. Samuel Ka-shun FUNG

FRCPI, FRCPE, FHKCP, FHKAM (Int Med)
Chief of Nephrology, Consultant Nephrology &
Physician of the Department of Medicine and Geriatrics,
Hong Kong Jockey Club Nephrology & Urology Centre,
Princess of Margaret Hospital, Hong Kong.

Dr. Fung graduated from the Medical School, University of Hong Kong and received post graduate training in Nephrology & Transplantation in Hong Kong, University of Oxford, John Radcliffe Hospital, Oxford Transplantation Centre and University of London, Guy's & St. Thomas's Hospitals, London, United Kingdom. He received fellowships from the Hong Kong College of Physicians, Royal Colleges of Physicians (Ireland & Edinburgh) and awarded the Fellow of the American Society of Nephrology (FASN).

Dr. Fung serves in the Central Renal Committee (CRC) and the Central Transplant Committee of the Hospital Authority. He serves as the CRC transplant lead and helped in the committee formulating the pair exchange living renal transplant program in Hong Kong. He is also the chairman of the Kowloon West Cluster Transplant Coordinating Committee and Kowloon West Cluster Community Engagement & Volunteer Service Coordinating Committee.

Dr. Fung serves as Hong Kong College of Physician Specialty Programme Director, Kowloon Region for Nephrology Training Board and teaches medical students as Hon Associate Professor of Chinese University of Hong Kong. He served as the Chairman of the Society Hong Kong Society of Nephrology from 2012-2014. During the tenure, HKSN co-hosted with the International Society of Nephrology the World Congress of Nephrology 2013 which was held in Hong Kong. Chaired the HK CRC commissioned training 2018 in January on Nocturnal Home Haemodialysis.

He has publications in peer-reviewed journals in research on renal anemia, BK nephropathy and Nocturnal Home Haemodialysis. Currently, he is the Site Principal Investigator for the studies SONAR on Diabetic Nephropathy; ASCEND study on renal anemia, TESTING study on IgA Nephropathy. Recently, he led his unit in introducing the new Clarion APD to treat patients in Asia.

Advances in Diabetic Nephropathy

Diabetic Nephropathy is becoming a major if not already a significant prime burden in chronic disease management. There is continual increase in patients with diabetes mellitus worldwide with Diabetic Nephropathy with end stage renal failure requiring renal replacement therapy. In Hong Kong, almost half of the patients entering renal replacement therapy have diabetes mellitus as the cause of renal failure.

There are important strides recently in the advances in treatment of Diabetes Mellitus over the years. However, poor cardiovascular disease outcome remains a significant morbidities and mortalities.

Asian patients with type 2 diabetes mellitus are at higher risk of microvascular and macrovascular complications compared with White populations. In a recent study in the EMPA-REG OUTCOME® trial, the SGLT2 inhibitor added to standard of care in patients with T2DM and established CVD have shown reduced the relative risk of Cardiovascular death and clinically relevant renal events. There may be significant implication in translating with improvement in cardiovascular outcome in the future.

Abstracts

Dr. Kingsley Hau-ngai CHAN

FRCP (Edinburgh), FRCP (Glasgow), FHKAM (Medicine),
FHKCP, Diploma in Dermatology (Glasgow),
MRCP (UK) , MBBS (HK)
Specialist in Dermatology & Venereology

MEDICAL EDUCATION:

1995-2000	*Faculty of Medicine, University of Hong Kong*

EMPLOYMENT HISTORY & OVERSEAS TRAINING:

2008 – Present	*Specialist in Dermatology in private practice*
Oct 2006 – Nov 2006	*St. John's Institute of Dermatology, Guys' & St. Thomas' Hospital, London*
2004 –2007	*Medical Officer, Social Hygiene Service, Department of Health*
2001-2004	*Medical Officer, Department of Medicine, Queen Mary Hospital*
2000-2001	*House Officer, Queen Mary Hospital*

KEY POSITIONS HELD:

2016 – Present	*Honorary Clinical Assistant Professor, Department of Medicine and Therapeutics, The Chinese University of Hong Kong*
2010 – Present	*Honorary Consultant Dermatologist, Kowloon Central Cluster, the Hong Kong Hospital Authority*
2008 – Present	*Council Member, the Hong Kong Medical Association*
2007 – Present	*Editor, the Hong Kong Medical Association CME Bulletin*
2007 – Present	*Council Member, the Federation of Medical Societies of Hong Kong*
2005 – 2010	*Assistant Editor, the Hong Kong Journal of Dermatology and Venereology*

Eczema Management - Anything New?

Atopic eczema is a chronic inflammatory skin disorder which usually develops in early childhood. The exact cause of the AE remains unknown but is more likely to be due to multifactorial in nature. Identifying the causes and avoid these aggravating factors improve the disease condition and prevent flare up. Frequent use of moisturizer, which improves barrier function can relieve itchiness, reduce the need for topical steroid and decrease the chance of eczema recurrence. Topical steroid cream remains the main stay of treatment of eczema while topical immuno-suppressants may be needed for eczema over certain regions that are more prone to side effects and thinning of skin. Recently various targeted biologics are being introduced for treating AE and produce promising results to AE patients.

Abstracts

Dr. Alson Wai-ming CHAN

First Fellow, Subspecialty of Paediatric Immunology & Infectious Diseases, HKCPaed
FHKAM(Paed), FHKCPaed, MRCPCH, DCH (Ireland),
Dip Ger Med RCPS (Glasg), PDipCmmunityGeriatrics(HK), MBChB
Specialist in Paediatric Immunology & Infectious Diseases

Dr. Alson Chan is the First Fellow in the sub-specialty of Paediatric Immunology and Infectious Diseases, and currently the specialist in Allergy Centre of Hong Kong Sanatorium & Hospital. He is serving as the advisor of Hong Kong Allergy Association; the chairman of education, training & fellowships committee of Hong Kong Institute of Allergy, the honorary secretary of Hong Kong Society for Paediatric Immunology Allergy & Infectious Diseases, the executive committee member of the Federation of Medical Societies of Hong Kong; the organizing committee member of Hong Kong Allergy Convention, and the allergy specialist committee of Chinese Research Hospital Association. Dr. Chan received medical fellowship awards and completed his subspecialty training in Great Ormond Street Children's Hospital in London and Boston Children's Hospital of Harvard Medical School. His main research interests are allergy prevention and novel treatment strategies. He is the first and corresponding author of the Guidelines for Allergy Prevention in Hong Kong, and the co-author of the Guidelines for Prevention of Peanut Allergy.

Diagnosis and Management of Allergic Diseases: A Practical Update

According to World Allergy Organization, one third of population worldwide is currently suffering from at least one form of allergic diseases.[1] Allergies are endemic in many industrialized area, and their incidences are still increasing in developing countries. In view of these, allergy prevention strategies have been introduced internationally and locally.[2] Allergic diseases are among the most common non-communicable diseases and are closely associated with obesity, respiratory, cardiovascular, dermatological, gastrointestinal and autoimmune diseases. Their relationship with environmental risk factors such as pollution, urbanization and loss of biodiversity are increasingly well recognized.[3]

However, some patients still have persistent symptoms or remain at risk of life-threatening allergic reactions even with symptomatic drug therapy and avoidance strategies. The demand for effective and personalized treatments are soaring. With the improvement in our understanding of the underlying mechanisms of various allergic diseases, more diagnostic and treatment options are now becoming available for these patients. Prime examples are the availability of multiplex microarray, component resolved diagnostics, biologics and allergen immunotherapy. They focus on specific immunological pathways that are different between subgroups of patients. Applying into clinical practice, the use of these new diagnostic and treatment modalities involve a stringent patient selection process with reference to clinical presentations, as well as specific allergy and biomarker profiles.

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Abstracts

Dr. Victor Hip-wo YEUNG

MBBS (HK), FRCSEd (Urology), FCSHK, FHKAM (Urology)Honorary Clinical Assistant Professor (HKU and CUHK)
Specialist in Urology (Private Practice)

Dr. Yeung has his undergraduate education at Johns Hopkins University in the United States of America (USA), where he graduated with honors in 2001 majoring in Biophysics. He then came back to study medicine in Hong Kong, and obtained his MBBS degree at the University of Hong Kong in 2006. Afterwards, he had urological training in Queen Elizabeth Hospital, and obtained his fellowship in 2013. He was promoted to Associate Consultant in Tuen Mun and Pok Oi Hospitals, before he went to the private sector in 2017. He is an active researcher in urology, with numerous publications as well as oral presentations in various local and international conferences. He is currently the council member and co-chairman of education committee of the Federation of Medical Societies of Hong Kong (FMSHK). In addition, he is also the Honorary Secretary of the Hong Kong Medical Association (HKMA) and the council member of Hong Kong Society of Endourology as well as Nocturia Academy.

Management of Benign Prostatic Hyperplasia (BPH) in the Modern Era

Benign Prostate Hyperplasia (BPH) is a common urological disease, and the incidence rises with age. In an aging society like Hong Kong, the incidence and prevalence of BPH are increasing, but not many people will seek medical advice. Many of the patients with BPH present with Lower Urinary Tract Symptoms (LUTS), and it can be broadly separated into storage and voiding LUTS. Storage symptoms include: frequency, urgency with or without incontinence and nocturia, whereas voiding symptoms include: slow stream, incomplete emptying, intermittency, hesitancy, straining and terminal dribbling. These various domains are included in an internationally validated questionnaire named International Prostate Symptoms Score (IPSS), created in 1992 by the American Urological Association. 0 to 5 points are given to each of the seven questions based on the patient's LUTS in the recent one month, and the total points are separated into 3 categories: Mild (0 to 7 points), Moderate (8 to 19 points) and Severe (20 to 35 points). Doctors can help the patient to decide his treatment option based on his current IPSS. In the modern era, there are many medications available to control the LUTS, and even when these treatments fail, there are still various surgical means to resect the prostate. The advancement of medications as well as surgical technologies greatly improved the quality of life of patients with BPH.

Abstracts

Dr. CHAN Kai-ming

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

Dr. Chan Kai Ming is a Private Specialist in Infectious Disease since 2016. He previously worked in Tuen Mun Hospital, New Territories of West Cluster, Hospital Authority of Hong Kong since his graduation in 1993, Faculty of Medicine, The University of Hong Kong. Dr. Chan obtained his fellowships in Advance Internal Medicine & Infectious Disease in 2005. From 2006 to 2016, Dr. Chan was posted as Associate Consultant in Infectious Disease Management, New Territories West Cluster. Microbiology & Infectious Disease Team was set up and Dr. Chan has extensive exposure in the field of both Microbiology and Infectious Disease. His team provided consultation services to all clinical departments on management of infection and infection control. During his stay in Hospital Authority, he was the QA/QC Chairman, Clinical Pathology, Tuen Mun Hospital, Trainer in Infectious Disease, Examination Board Member in Infectious Disease. Currently, Dr. Chan is a member of the Working Group on Influenza Vaccination (WGIV), Centre for Health Protection, Department of Health, Council Member of Hong Kong Society of Infectious Diseases, Executive Committee Member of The Federation of Medical Societies of Hong Kong. His special interest is the use of antibiotics and antibiotics stewardship programme. His team has seen over thirty thousand cases of complicated problems related to the use of antibiotics and infection.

Update in Use of Antibiotics

It was since the discoveries of penicillin by Alexander Fleming in 1928 that the antibiotics was one of the most important medicine in the last century. Lives were saved from severe infections that the crude mortality rate dropped drastically. Once, human being thought infectious diseases would have been eliminated as a significant factor in social life. This was proven untrue. The usage of antibiotics exponentially increased and the preexisting resistant genes were selected out. MRSA, VRE, Carbapenemase producing enterobactericae.....Now, there is a shortage of effective antibiotics in our pipeline. Worst of the worse, people found the increase in productivity when antibiotics were added to feed and water at low concentration. The high selection pressure results in circulation of resistant bacteria along our food chain. Today, we face the challenge of limited supply of new antibiotics in the pipeline and emerging multiple drug resistant in both community acquired and hospital acquired infections. We need a wise use of our current potent antibiotics such as meropenem on one hand and learn to use the new noval antibiotics on the other hand. To name a few of them, they are ceftolozone-tazobactam, ceftazidime-avibactam, meropenem-vaborbactam, fosfomycin, eravacycline.

Chairpersons

Dr. Jane Chun-kwong CHAN

MD (U of Chicago), FHKCP, FHKAM (Medicine), FRCPE, 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. Ludwig Chun-hing TSOI

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

Dr. Ludwig TSOI is Consultant of A&E Department of QMH. Graduated from the Chinese University of Hong Kong in 1992, he obtained MRCP in 1997, Master of Public Health (CUHK) in 1999, FRCSEd in 2001, and FHKAM (Emergency Medicine) and FHKCEM in 2003. At present, he is the President of Hong Kong Society for Emergency Medicine and Surgery, President of Hong Kong Society for Healthcare Mediation, Honorary Secretary of Hong Kong College of Emergency Medicine, Honorary Secretary of FMSHK and Director of Resuscitation Council of Hong Kong. He sits at the editorial boards of Hong Kong Journal of Emergency Medicine and World Journal of Emergency Medicine. Apart from medicine, 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, and the Regulatory Framework Subcommittee of the Department of Justice (Steering Committee on Mediation) and is active in promoting clinical mediation and crew resource management for healthcare.

Chairpersons

Dr. Mario Wai-kwong CHAK

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

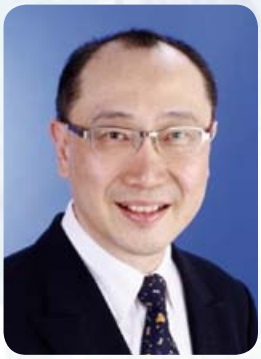
Dr. Chak is the Associate Consultant at Department of Paediatrics and Adolescent Medicine in Tuen Mun Hospital. He is also the Honorary Clinical Associate Professor of The University of Hong Kong and The Chinese University of Hong Kong. Dr. Chak attained the fellowship of Hong Kong Academy of Medicine (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.

Prof. Bernard Man-yung 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
1st Vice President, 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, and Medical Director of the Phase 1 Clinical Trials Centre.

Chairpersons



Dr. Samuel Ka-shun FUNG

FRCPI, FRCPE, FHKCP, FHKAM (Int Med)
Chief of Nephrology, Consultant Nephrology & Physician of the Department of Medicine and Geriatrics, Hong Kong Jockey Club Nephrology & Urology Centre, Princess of Margaret Hospital, Hong Kong.

Dr. Fung graduated from the Medical School, University of Hong Kong and received post graduate training in Nephrology & Transplantation in Hong Kong, University of Oxford, John Radcliffe Hospital, Oxford Transplantation Centre and University of London, Guy's & St. Thomas's Hospitals, London, United Kingdom. He received fellowships from the Hong Kong College of Physicians, Royal Colleges of Physicians (Ireland & Edinburgh) and awarded the Fellow of the American Society of Nephrology (FASN).

Dr. Fung serves in the Central Renal Committee (CRC) and the Central Transplant Committee of the Hospital Authority. He serves as the CRC transplant lead and helped in the committee formulating the pair exchange living renal transplant program in Hong Kong. He is also the chairman of the Kowloon West Cluster Transplant Coordinating Committee and Kowloon West Cluster Community Engagement & Volunteer Service Coordinating Committee.

Dr. Fung serves as Hong Kong College of Physician Specialty Programme Director, Kowloon Region for Nephrology Training Board and teaches medical students as Hon Associate Professor of Chinese University of Hong Kong. He served as the Chairman of the Society Hong Kong Society of Nephrology from 2012-2014. During the tenure, HKSN co-hosted with the International Society of Nephrology the World Congress of Nephrology 2013 which was held in Hong Kong. Chaired the HK CRC commissioned training 2018 in January on Nocturnal Home Haemodialysis.

He has publications in peer-reviewed journals in research on renal anemia, BK nephropathy and Nocturnal Home Haemodialysis. Currently, he is the Site Principal Investigator for the studies SONAR on Diabetic Nephropathy; ASCEND study on renal anemia, TESTING study on IgA Nephropathy. Recently, he led his unit in introducing the new Clarion APD to treat patients in Asia.

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.

Chairpersons

Dr. Desmond Gia-hung 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. Alson Wai-ming CHAN

FHKAM(Paed), FHKCPaed, MRCPCH, DCH (Ireland),
Dip Ger Med RCPS (Glasg), PDipCmmunityGeriatrics(HK), MBChB
Specialist in Paediatric Immunology & Infectious Diseases

Dr. Alson Chan is the First Fellow in the sub-specialty of Paediatric Immunology and Infectious Diseases, and currently the specialist in Allergy Centre of Hong Kong Sanatorium & Hospital. He is serving as the advisor of Hong Kong Allergy Association; the chairman of education, training & fellowships committee of Hong Kong Institute of Allergy, the honorary secretary of Hong Kong Society for Paediatric Immunology Allergy & Infectious Diseases, the executive committee member of the Federation of Medical Societies of Hong Kong; the organizing committee member of Hong Kong Allergy Convention, and the allergy specialist committee of Chinese Research Hospital Association. Dr. Chan received medical fellowship awards and completed his subspecialty training in Great Ormond Street Children's Hospital in London and Boston Children's Hospital of Harvard Medical School. His main research interests are allergy prevention and novel treatment strategies. He is the first and corresponding author of the Guidelines for Allergy Prevention in Hong Kong, and the co-author of the Guidelines for Prevention of Peanut Allergy.

Chairpersons

Dr. Tony Ngan-fat TO

BDS (HKU); PDipGDS (HKU); MOrth (HKU); MOrth RCS (Edinburgh); FCDSHK (Orthodontics); FHKAM (Dental Surgery)
Honorary Clinical Assistant Professor

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

Dr. To is a specialist in orthodontics and his main research interests are dental laser, impacted teeth and cone-beam CT. He has publications on both local and international dental journals. He was invited to give lectures locally and internationally. He has special interest in forensic dentistry.

Dr. To serves as Honorary Clinical Assistant Professor and Consultant (Dental), he is the advisor of the Government Doctors' Association (GDA) and the Senior Vice Chairman of the Hong Kong Senior Government Officers Association. He was the past Chairman of GDA.

Dr. CHAN Kai-ming

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

Dr. Chan Kai Ming is a Private Specialist in Infectious Disease since 2016. He previously worked in Tuen Mun Hospital, New Territories of West Cluster, Hospital Authority of Hong Kong since his graduation in 1993, Faculty of Medicine, The University of Hong Kong. Dr. Chan obtained his fellowships in Advance Internal Medicine & Infectious Disease in 2005. From 2006 to 2016, Dr. Chan was posted as Associate Consultant in Infectious Disease Management, New Territories West Cluster. Microbiology & Infectious Disease Team was set up and Dr. Chan has extensive exposure in the field of both Microbiology and Infectious Disease. His team provided consultation services to all clinical departments on management of infection and infection control. During his stay in Hospital Authority, he was the QA/QC Chairman, Clinical Pathology, Tuen Mun Hospital, Trainer in Infectious Disease, Examination Board Member in Infectious Disease. Currently, Dr. Chan is a member of the Working Group on Influenza Vaccination (WGIV), Centre for Health Protection, Department of Health, Council Member of Hong Kong Society of Infectious Diseases, Executive Committee Member of The Federation of Medical Societies of Hong Kong. His special interest is the use of antibiotics and antibiotics stewardship programme. His team has seen over thirty thousand cases of complicated problems related to the use of antibiotics and infection.

Chairpersons

Dr. Victor Hip-wo YEUNG

MBBS (HK), FRCSEd (Urology), FCSHK, FHKAM (Urology),
Honorary Clinical Assistant Professor (HKU and CUHK)
Specialist in Urology

Dr. Yeung has his undergraduate education at Johns Hopkins University in the United States of America (USA), where he graduated with honors in 2001 majoring in Biophysics. He then came back to study medicine in Hong Kong, and obtained his MBBS degree at the University of Hong Kong in 2006. Afterwards, he had urological training in Queen Elizabeth Hospital, and obtained his fellowship in 2013. He was promoted to Associate Consultant in Tuen Mun and Pok Oi Hospitals, before he went to the private sector in 2017. He is an active researcher in urology, with numerous publications as well as oral presentations in various local and international conferences. He is currently the council member and co-chairman of education committee of the Federation of Medical Societies of Hong Kong (FMSHK). In addition, he is also the Honorary Secretary of the Hong Kong Medical Association (HKMA) and the council member of Hong Kong Society of Endourology as well as Nocturia Academy.

Dr. Edwin Chau-leung YU

MB, BS(HK), MRCP(UK), DCH(London), FHKAM, FHKCPaed
Director, InterMed Hong Kong

Dr. Yu practices in both Western and Chinese medicine. He was awarded Croucher Fellow in 1987. When he was Founding President of Paediatric Nephrology Society in 1989, he was Honorary Consultant in Queen Mary Hospital. He has been given honorary academic positions in the three universities, as Honorary Professor, HK Baptist University.

Dr. Yu is Founding President for the Association for Integration of Aesthetic Medicine (AIAM) in 2013 with leading dermatologist, plastic surgeon and Chinese medicine specialist as Vice presidents. Dr. Yu is a founding director and honorary president of the Hong Kong Association for Integration of Chinese-Western Medicine (HKAIM), and a non-official member of the Chinese Medicine Development Committee of HKSAR. He is in the Expert Panel under the Central Research Working Group for Hospital Authority Chinese Medicine Department. Dr. Yu is elected as Mentor for Innovation & Technology Scholarship Award Scheme of Innovation & Technology Commission. He is currently Board Chairman of the Hong Kong Museum of Medical Sciences Society.

Chairpersons

Ms. Tina Woan-tyng YAP

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

Ms. Tina Yap is the Executive Committee Member and House Committee Chairperson of The Federation of Medical Societies of Hong Kong.

Ms. Yap graduated from the School of Pharmacy of the University of Kansas, USA. While in the US, she had vast experience in hospital pharmacy. She was also a certified nursing home pharmacy consultant.

Currently, Ms. Yap works for a pharmaceutical company as the company pharmacist. She overlooks pharmaceutical product registration, marketing, management in distribution practice & code of practice.

Ms. Yap is also the founding & current chairman of The Pharmaceutical Distributors Association of Hong Kong.

Dr. Thomas Man-kit SO

MBBS, FHKCP, FHKAM, MRCP, FRCP, FRCP RCPS, DTM&H
Specialist in Infectious Diseases, 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.

Chairpersons

Dr. SIU Kwai-ming

MBChB (CUHK), FHKCOS, FHKAM (Ortho) FRCS Ed (Ortho)
Consultant, Department of Orthopaedics and Traumatology, Princess Margaret Hospital and North Lantau Hospital.

Dr. Siu graduated from the Chinese University of Hong Kong in 1989. 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) since 1998.

Currently, he is the President-Elect of the Hong Kong Orthopaedic Association(HKOA) and National delegate of Asian Pacific Orthopaedic Association.

He has been the invited speakers for various conferences eg. The International Congress of Chinese Orthopaedic Association in 2006, 2007, 2010, 2012, 2013, 2014 and 2018, 34th SICOT Orthopaedic World Conference in 2013 (Hyderabad, India), Scientific Meeting of the Asia-Pacific Society for Foot and Ankle Surgery in 2011,2012, 2015 and 2018, Foot and Ankle Expert's Forum (Singapore) in 2012, Gwangju International Foot & Ankle Symposium (South Korea) 2014 and 2016, Global Foot and Ankle Congress 2017 (Chongqing, China) and Annual Congress of the HKOA.

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PLEASE REFER TO FULL PRESCRIBING INFORMATION BEFORE PRESCRIBING.
Prescribing information last revised: Jun-2015 [3GG9A107010] Topamax aPI ver.2.0

References:
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CP-66709

janssen
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Memo

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

Annual Scientific Meeting 2018

Medical Advances in Community Health

Lucky Draw

Name:_____**(Block letter)**

To win the iPad mini

1	2	3	4	5
6	7	8	9	10

Terms and Conditions

1. To enter the Lucky Draw you must collect a chop after you visit to a booth
2. You have to fill the ten boxes above with all the ten chops
3. Put the completed form into lucky draw box before 15:40, 7 Oct 2018
4. Only one entry per person. Entries on behalf of another person will not be accepted and joint submissions are not allowed
5. One winner will be chosen from a random draw, the winner will receive an iPad mini
6. If the winner does not show up at ballroom C at 16:50 and response to the announcement, then the prize will be forfeited.

Memo

雀巢 Nestlé
超級兒童能恩

A unique combination inspired by the best in nature

pHF + HM-O®

Allergy prevention[1] plus immnuity enhancement[2] to provide the ultimate protection

The only **pHF** with published# effect for **Allergy Prevention**[1,3]

The most recommended* IMF manufacturer for

ALLERGY PREVENTION + HMO^

among healthcare professionals

Nestlé Start Healthy Stay Healthy.

1st 1000 Days Allergy Prevention Program

* Nestlé Hong Kong Limited's claim conducted by Nielsen in 2018 among Healthcare professionals (doctors or nurses) with specialty in obstetrics/gynaecology/pediatrics in HK. Sample size is 130. (Copyright © 2018, The Nielsen Company)
^ 2'-O-Fucosyllactose (a type of HMO, not sourced from breast milk), 25 mg per 100 mL of prepared formula in Stage 1-3 and 28 mg per 100mL in stage 4.
1. Von Berg, A., Filipiak-Pittroff, B., Schulz, H., Hoffmann, U., Link, E., Sußmann, M.,Sugiri, D. (2016). Allergic manifestation 15 years after early intervention with hydrolyzed formulas – the GINI Study. Allergy, 71(2), 210–219.
2. Bode, L. (2012). Human milk oligosaccharides: Every baby needs a sugar mama. Glycobiology, 22(9), 1147–1162.
3. Szajewska, H., & Horvath, A. (2017). A partially hydrolyzed 100% whey formula and the risk of eczema and any allergy: An updated meta-analysis. World Allergy Organization Journal, 10(1).
According to the Cochrane Library, MEDLINE, and EMBASE databases in June 2018

In the treatment of patients with type 2 diabetes and established CV disease receiving standard of care,†‡§ **CV death can strike at any time**

BATTLE CV DEATH NOW MORE THAN EVER§

JARDIANCE demonstrated 38% RRR in CV death[1,2]

Established HbA1c efficacy[2]

Demonstrated safety profile[1,2]

Convenient, once-daily oral dosing[2]

American Diabetes Association recommends empagliflozin to reduce CV death (Level of evidence: A)[3,4#*]

Jardiance® (empagliflozin)

CV=cardiovascular; RRR=relative risk reduction; CVD=cardiovascular disease.

Reference: 1. Zinman B, et al. N Engl J Med. 2015;373(22):2117-2118. **2.** Jardiance Hong Kong Prescribing Information. **3.** American Diabetes Association Standards of Medical Care in Diabetes. Approaches to glycemic treatment. Diabetes Care 2018;41(Suppl.1):S73-S85. **4.** American Diabetes Association Standards of Medical Care in Diabetes. Introduction. Diabetes Care 2018;41(Suppl. 1):S1-S2.

† JARDIANCE demonstrated RRR in CV death in adult patients with insufficiently controlled type 2 diabetes (baseline HbA1c 7-10%) and established CV disease (coronary artery disease, peripheral artery disease, or a history of myocardial infarction or stroke).[1]

‡ Standard of care included CV medications and glucose-lowering agents given at the discretion of physicians.[1]

§ Empagliflozin versus placebo on top of standard of care.[1]

In patients with type 2 diabetes and established atherosclerotic CVD.

* Level of evidence : A - Clear evidence from well-conducted, generalizable randomized controlled trials that are adequately powered.

^ On top of standard of care.[1]

JARDIANCE®

Presentation: Empagliflozin. Film-coated tablet 10 mg and 25 mg. **Indications:** Adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus as monotherapy or as combination therapy with other glucose-lowering medicinal products including insulin. **Dosage and administration:** Recommended starting dose is 10 mg once daily. For patients who tolerate 10 mg and need additional glycaemic control, their dose can be increased to 25 mg once daily. Can be taken with or without food. **Contraindication:** Hypersensitivity to empagliflozin or to any of the excipients. **Special warnings and precautions:** Should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. Should be discontinued immediately in patients where diabetic ketoacidosis is suspected or diagnosed. In patients tolerating empagliflozin whose eGFR falls persistently below 60 ml/min/1.73 m^2 or CrCl <60 ml/min, the dose of empagliflozin should be adjusted to or maintained at 10 mg once daily. Should be discontinued when eGFR is persistently below 45 ml/min/1.73 m^2 or CrCl persistently below 45 ml/min. Should not be initiated in patients with eGFR below 60 ml/min/1.73 m^2 or CrCl <60 ml/min; ESRD or patients on dialysis; children and adolescents; aged 85 years and older; severe hepatic impairment. Elevated haematocrit was observed in the treatment. Caution should be exercised in patients at risk for volume depletion. Temporary interruption of treatment until the fluid loss is corrected or in patients with complicated urinary tract infections. Counsel patients on routine preventative footcare as lower limb amputations has been observed with another SGLT2 inhibitor. Caution in patients with NYHA III and IV cardiac failure. Avoid use in patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption. A lower dose of the sulphonylurea or insulin may be considered to reduce the risk of hypoglycaemia when used in combination with empagliflozin. Test positive for glucose in urine. Avoid use during pregnancy; breast-feeding. Caution when driving or operating machines. **Interactions:** Diuretics, insulin & insulin secretagogues. May decrease efficacy with inducers of UGT enzymes. **Adverse reactions:** **Very common:** hypoglycaemia when used with sulphonylurea or insulin. **Common:** vaginal moniliasis, vulvovaginitis, balanitis and other genital infection, urinary tract infection, thirst, pruritus (generalised), increased urination, serum lipids increased. **Uncommon:** volume depletion, dysuria, blood creatinine increased, glomerular filtration rate decreased, haematocrit increased. **Rare:** diabetic ketoacidosis. **Note:** Before prescribing, please consult full prescribing information.

EXTENDED LABEL

for the treatment of patients with insufficiently controlled type 2 diabetes with established CVD.^ JARDIANCE has shown effect on glycaemic control and CV events.[2†]

Boehringer Ingelheim

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