



HONG KONG CHINESE MEDICAL ASSOCIATION LTD.

香港中華醫學會有限公司

ANNUAL SCIENTIFIC MEETING 2023

FRONTIERS IN CLINICAL PRACTICE

16 July 2023 (Sunday) 09:00-16:50

Co-organized by



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

The FIRST
Anti-Inflammatory Reliever

SYMBICORT™
ANTI-INFLAMMATORY
RELIEVER
DELIVERS EFFICACY
WHEN IT MATTERS
REDUCES EXACERBATIONS,
ALONE OR WITH MAINTENANCE.¹⁻⁷
NOW INDICATED FOR MILD,
MODERATE AND SEVERE PATIENTS⁸

TABLE OF CONTENTS

- 2 Welcome Messages
- 5 Cabinet of HKCMA & Organizing Committee
- 6 Scientific Programme
- 8 HKCMA Mission and Vision
- 9 Academic Accreditation
- 10 Congratulatory Messages
- 34 Faculty Members and Synopsis
- 74 Acknowledgment
- 76 Floor Plan



References: 1. O'Byrne PM et al. N Engl J Med 2018; 378: 1865-76. 2. Bateman ED et al. N Engl J Med 2018; 378: 1877-87. 3. Beasley R et al. N Engl J Med 2019; DOI: 10.1056/NEJMoa1901963. 4. Hardy J et al. Lancet 2019; Published online Aug 23, 2019; [http://dx.doi.org/10.1016/S0140-6736\(19\)31948-8](http://dx.doi.org/10.1016/S0140-6736(19)31948-8). 5. Kuna P et al. Int J Clin Pract 2007 (May); 61(5): 725 – 36. 6. Bousquet J et al. Respir Med 2007; 101: 2437 – 46. 7. Sobieraj DM et al. JAMA 2018; doi: 10.1001/jama.2018.2769. 8. Symbicort Hong Kong Package Insert, Feb 2021.

Presentation: Budesonide/Formoterol Turbuhaler. **Indications:** In adults and adolescents (12 years and older), for the treatment of asthma, to achieve overall asthma control, including the relief of symptoms and the reduction of the risk of exacerbations. Symptomatic treatment of moderate to severe COPD in adults. **Dosage: Asthma 1) Symbicort anti-inflammatory reliever therapy (patients with mild disease) 160/4.5 mcg Turbuhaler Adult & Adolescent ≥ 12yr:** 1 inhalations as needed in response to symptoms. If symptoms persist after a few minutes, 1 additional inhalation should be taken. No more than 6 inhalations should be taken on any single occasion. A total daily dose of more than 8 inhalations is normally not needed, however a total daily dose of up to 12 inhalations can be used temporarily. **2) Symbicort maintenance and reliever therapy Adult & Adolescent ≥ 12yr:** Patients should take 1 inhalation of Symbicort Turbuhaler 160/4.5 mcg as needed in response to symptoms to control asthma. If symptoms persist after a few minutes, 1 additional inhalation should be taken. No more than 6 inhalations should be taken on any single occasion. Recommend maintenance dose is 1 inhalation b.d. and some may need 2 inhalations b.d.. A total daily dose of more than 8 inhalations is normally not needed, however a total daily dose of up to 12 inhalations can be used temporarily. **3) Symbicort maintenance therapy 160/4.5 mcg Turbuhaler Adult & Adolescent ≥ 12yr:** 1-2 inhalations b.d.. Max daily dose is 4 inhalations. **COPD 160/4.5 mcg Turbuhaler Adult:** 2 inhalations b.d.. Max daily dose is 4 inhalations. **Contraindications:** Hypersensitivity to budesonide, formoterol or lactose. **Precautions:** Should be used for the shortest duration of time required to achieve control of asthma symptoms. Should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications. Not be used to initiate treatment with inhaled steroids in patients being transferred from oral steroids. It is recommended that the maintenance dose be tapered when long-term treatment is discontinued. Potential systemic effects of ICS, HPA axis suppression and adrenal insufficiency, bone density, growth, visual disturbance, infections/tuberculosis, sensitivity to sympathomimetic amines, cardiovascular disorders, hypokalaemia, diabetes, pneumonia, lactose, pregnancy & lactation. Not recommended for children below 12 years of age. Incidence of candidiasis can be minimized by having patients rinse their mouth out with water after inhaling their maintenance dose. **Interactions:** CYP3A4 inhibitors, beta-receptor blocking agents, other sympathomimetic agents, Xanthine derivatives, mineralocorticosteroids and diuretics, Monoamine oxidase inhibitors, tricyclic antidepressants, quinidine, disopyramide, procainamide, phenothiazines and antihistamines. **Undesirable effects:** Palpitations, Candida infections in the oropharynx, headache, tremor, mild irritation in the throat, coughing, hoarseness. **Full local prescribing information is available upon request.** API.HK.SYM.0721

Please visit contactazmedical.astrazeneca.com, for (1) enquiring Medical Information (MI), (2) reporting Individual Case Safety Report (ICSR) and/or (3) reporting product quality complaint (PQC) to AstraZeneca Hong Kong Limited.

Symbicort and Turbuhaler are trade marks of the AstraZeneca group of companies.
©2021 AstraZeneca. All rights reserved.



Further information is available on request:
AstraZeneca Hong Kong Limited
Unit 1-3, 11/F, 18 King Wah Road,
North Point, Hong Kong.
Tel: (852) 2420 7388 Fax: (852) 2422 6788 HK-5814 27/08/2021



WELCOME MESSAGE

Dear Friends and Colleagues,

It gives me great pleasure to welcome you to the 2023 Annual Scientific Meeting (ASM) of the Hong Kong Chinese Medical Association Ltd (HKCMA) to be held via hybrid format.

This year marks the first large-scale physical meeting the HKCMA has organized since the end of the pandemic. There are also other new features which have transcended last year's ASM, including:



1. The honour of having Beijing-based renowned researcher Prof. Gao Fu, Vice President of the Chinese Medical Association, to deliver the Keynote Lecture;
2. Also engaging 2 overseas (S. Africa and Canada) experts as speakers;
3. Catering to enthusiastic demands for multitudes of topics and creating parallel sessions for our attendees to pick and choose;
4. Extending the scientific programme from half a day to a full day; and
5. Superb collaboration of the Organizing Committee and Scientific Committee in coming up with such an action-packed programme. The dedication of the Committee Chair Dr. Henry Yeung, Co-chairs of the Scientific Committee Dr. Carol Kwok and Dr. Chun-kong Ng, and Committee members is simply admirable.

I am particularly grateful to Prof Chung-mau Lo, BBS, JP, Secretary for Health of the HKSAR Government, who has graciously taken time out of his hectic schedule to be our Guest of Honour for the Opening Ceremony. We all look forward to hearing his words of wisdom in his Opening Address.

The HKCMA is truly blessed to have received heart-warming congratulatory messages from a dazzling group of VIPs, most prominent of whom being The Hon. Mr. John Lee, GBM, SBS, PDSM, PMSM, our Chief Executive of the HKSAR Government. I am deeply touched by the outpouring of support by our much revered leaders in Hong Kong and Guangdong.

I must emphasise that this event would not have been possible without the very generous sponsorship of multiple pharmaceutical partners.

Last but not least, a big thank-you to all our speakers, chairs and attendees (be they online or physical) for making this event successful. Have a pleasant and fruitful day at the ASM.

Yours respectfully,



Dr. Jane Chun-kwong CHAN
President
HKCMA

WELCOME MESSAGE

Dear Friends and Colleagues,

On behalf of the Organising Committee, we would like to extend the warmest welcome to you folks, over 700 physical and online from various parts of China, to come to our exciting Hong Kong Chinese Medical Association Annual Scientific Meeting on 16 July 2023 to be held in Grand Ballroom and Tang room of Sheraton Hotels, Hong Kong from morning till late afternoon.



We are indeed thrilled to tell you that we have a total of 17 different and rich scientific lectures encompassing topics in COVID-19 infection, Obstetrics & Gynecology, Paediatrics, Asthma, Heart failure, Oncology, newly developed vaccines especially against Pneumococcus and Herpes Zoster, Surgical, Dental, Migraine and Sleeping problems, etc. We are most grateful to have our Secretary for Health, Prof. Lo Chung Mau, talking on "The need for more quality healthcare manpower in Hong Kong", and our famous Chinese Infectious Disease expert, Professor Gao Fu, Vice-Chairman of Chinese Medical Association, to come all the way from Beijing to talk to us on " 新冠防控對生物醫藥產業發展的啟示 ".

We are delighted that we can share such up-to-date frontiers in clinical practice not only through the internet but also face-to-face after three years of virtual conferences. We cannot have such successful arrangement without the staunch support and advice from our President, Dr. Jane Chan, our Co-Chairs of the Scientific Committee, Drs. Carol Kwok and CK Ng; support from all members of the organizing committee and secretariat support from the Federation of the Medical Societies of Hong Kong.

Indeed, our heartfelt thanks should also go to our distinguished speakers and chairpersons, delegates as well as our industrial partners, without their invaluable contribution and support, our Annual Scientific Meeting (ASM) could not be materialized.

Let us enjoy our exciting scientific programme in the ASM.

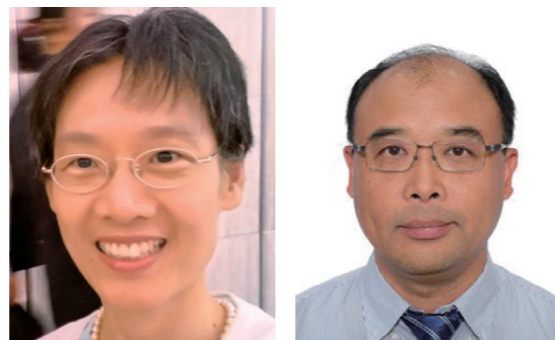
Yours sincerely,

Dr. Henry Chiu-fat YEUNG
Chairperson, Organizing Committee, Annual Scientific Meeting 2023

WELCOME MESSAGE

Dear Friends and Colleagues,

It is our great pleasure to be the scientific co-chair of the Organizing Committee for the Annual Scientific Meeting (ASM) 2023 of the Hong Kong Chinese Medical Association. We would like to extend our warm welcome and cordially invite you to join our ASM 2023: Frontiers in Clinical Practice. In recent years, we witnessed enormous developments in professional knowledge and rapid advances in medical technology. We are privileged and honored to have invited a distinguished panel consisting of international, mainland and local academia and experts to share with us the contemporaneous developments and breakthroughs in medical knowledge and technology. Our comprehensive scientific programme covers an extensive scope of sub-specialties including Oncology, Infectious Diseases, Respiratory Medicine, Paediatrics, Psychiatry, Surgery and Dentistry. We are much delighted to have Professor Gao Fu, Vice President of the Chinese Medical Association to come to Hong Kong to deliver his talk entitled “ 新冠防控對生物醫藥產業發展的啟示 . Our guest of honour Professor CM Lo, Secretary for Health, the Government of HKSAR will also enlighten us on the need for quality healthcare manpower in Hong Kong in his opening address. Last but not the least, the HKCMA ASM offers an excellent opportunity for reunion with your friends and colleagues after 3 years of social isolation due to COVID pandemics that rampage Hong Kong and the world. This is also a golden moment to get acquainted with colleagues coming from other specialties to widen your social connections and networks. We hope you will enjoy our exciting and versatile scientific programme and we wish you a pleasant and fruitful meeting.



Yours sincerely,

Dr. Carol Chi-hei KWOK
Co-chairperson, Scientific Committee,
Annual Scientific Meeting 2023

Dr. Chun-kong NG
Co-chairperson, Scientific Committee,
Annual Scientific Meeting 2023

HKCMA CABINET

Honorary Patrons	Prof. Rosie YOUNG, GBS, CBE, JP Dr. Wing-man KO, GBS, JP
Honorary Advisors	Dr. Ping-yan LAM, SBS, JP Dr. Tak-hong CHEUNG Dr. Donald LI Dr. Kathleen SO Dr. Thomas Ho-fai TSANG Dr. Marion TSAO
President	Dr. Jane Chun-kwong CHAN
Vice-President	Dr. David Tzit-yuen LAM
Hon. Secretary	Dr. Samuel Po-yin KWOK
Hon. Treasurer	Dr. Adrian Hon-bong LEUNG
Council Members	Dr. Hon-ming CHEUNG Dr. Daniel Wai-sing CHU Dr. Albert Yim-fai KONG, M.H. Dr. Carol Chi-hei KWOK Prof. George LAU Dr. Kevin LAU, M.H. Dr. Yim-kwai LAW Dr. Shao-haei LIU, M.H. Dr. Siu-kwan NG Dr. Loletta SO Dr. Ludwig TSOI Dr. Veronica WAI Dr. Henry Chiu-fat YEUNG Dr. Cissy YU

ORGANIZING COMMITTEE

Chairperson	Dr. Henry Chiu-fat YEUNG
Scientific Committee	
Co-chairpersons	Dr. Carol Chi-hei KWOK Dr. NG Chun-kong
Organizing Committee	
Ex officio member	Dr. Jane Chun-kwong CHAN
Members	Dr. Daniel Wai-sing CHU Dr. Adrian Hon-bong LEUNG Dr. NG Siu-kwan Dr. Veronica WAI

SCIENTIFIC PROGRAMME

Grand Ballroom		Tang Room
0900-0925	Online & Onsite Reception with Exhibition (Foyer) :	
0925-0928	Welcome Message Dr. Jane Chun-kwong CHAN <i>President, Hong Kong Chinese Medical Association Ltd.</i>	
Session 1 - Oncology (Chairs: Dr. Chun-key LAW, Dr. Chun-kong NG)		
0930-1000	Recent Advances in Managing Advanced EGFR-mutated NSCLC Dr. James Chung-man HO <i>Specialist in Respiratory Medicine</i>	Concurrent Session 1 - Woman & Child (Chairs: Dr. Albert KONG, Prof. Vivian WONG)
1000-1030	Overview and Update on HER2-targeting Therapy in Cancer Treatment Dr. Carol Chi-hei KWOK <i>Consultant, Department of Oncology, Princess Margaret Hospital</i>	Obstetrics & Gynecology: A Year in Review Dr. Charas Yeu-theng ONG <i>Honorary Clinical Associate Professor, Department of Obstetrics & Gynaecology, HKU</i>
1030-1100	Updates on Management of HR+/HER2- Breast Cancer Dr. Henry Chun-yip WONG <i>Resident, Department of Oncology, Princess Margaret Hospital</i>	Early Child Development and Effective Interventions Dr. Patrick Pak-keung IP <i>Clinical Associate Professor, Department of Paediatrics & Adolescent Medicine, HKU</i>
1100-1120		Coffee Break
Session 2 - COVID (Chair: Dr. Shao-haei LIU)		Concurrent Session 2 - Dentistry (Chair: Dr. Karen IP)
1120-1150	Post Pandemic, An Update on the COVID-19 Treatment and Vaccinology Prof. Ivan Fan-ngai HUNG <i>Clinical Professor and Chief, Division of Infectious Diseases, Department of Medicine, HKU</i>	Adjunctive and Adjuvant Dental Care for Patients with Chronic Medical Problems Dr. Sai-kwing CHAN <i>Past President, The College of Dental Surgeons of Hong Kong</i>
Opening Ceremony		
1150-1230	Opening Address by Guest of Honour The Need for More Quality Healthcare Manpower in Hong Kong Prof. LO Chung-mau, BBS, JP <i>Secretary for Health, Health Bureau, HKSAR</i>	
Keynote Lecture (Chair: Prof. George LAU)		
1230-1300	新冠防控對生物醫藥產業發展的啟示 Prof. GAO Fu 高福院士 <i>Vice President, Chinese Medical Association</i> 中華醫學會副會長	
Lunch Symposium I (Chairs: Dr. Thomas TSANG, Dr. Henry YEUNG)		
1300-1340	Recent Advances in the Prevention of Pneumococcal Disease Dr. Christopher Kim-ming HUI <i>Specialist in Respiratory Medicine</i>	
Lunch Symposium II (Chairs: Dr. Chor-chiu LAU, Dr. Henry YEUNG)		
1340-1420	Advances in Migraine Management Prof. Lawrence Ka-sing WONG <i>Specialist in Neurology</i>	
Session 3 - Sleep (Chair: Dr. May LAM)		Concurrent Session 3 - Pharmacotherapy (Chair: Dr. Veronica WAI)
1420-1450	What are the Challenges in Managing Insomnia Patients in Primary Care? Dr. Daniel Wai-sing CHU <i>Specialist in Family Medicine</i>	Action to Challenge the Boundaries of Cardio-Renal Disease with SGLT2i Dr. Peter LIN <i>Primary Care Physician, Canadian Heart Research Centre, Toronto, Ontario, Canada</i>
Session 4 - Vaccines (Chairs: Dr. Jane CHAN, Dr. Mike KWAN)		Concurrent Session 4 - Surgery (Chairs: Dr. Carol KWOK, Dr. Adrian LEUNG)
1450-1520	The Local Burden of Paediatric Invasive Pneumococcal Disease and its Prevention Prof. Ellis Kam-lun HON <i>Consultant in Paediatrics, CUHK Medical Centre</i>	Update in the Management of Salivary Gland Diseases Dr. Siu-kwan NG <i>Honorary Clinical Associate Professor, Department of Otorhinolaryngology, Head & Neck Surgery, CUHK</i>
1520-1540		Coffee Break
1540-1610	Updates on Herpes Zoster Vaccine Dr. Thomas Ho-fai TSANG <i>Past President, Hong Kong College of Community Medicine</i>	Endoscopic Diagnosis and Treatment of Early Gastric Cancer Dr. Hon-chi YIP <i>Clinical Assistant Professor, Division of Upper Gastrointestinal and Metabolic Surgery, Department of Surgery, CUHK</i>
Session 5 - Asthma (Chair: Dr. Chun-kong NG)		
1610-1640	Anti-inflammatory Reliever in Mild Asthma in Theory and Practice Prof. Eric BATEMAN <i>Emeritus Professor, Division of Pulmonology & Department of Medicine, University of Cape Town, South Africa</i>	
1640-1650	Closing Remarks Dr. Henry Chiu-fat YEUNG <i>Chairman, Organizing Committee, ASM 2023, Hong Kong Chinese Medical Association Ltd.</i>	

HKCMA MISSION & VISION

The Hong Kong Chinese Medical Association Ltd. (HKCMA)

A new beginning launched by old guards

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



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



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



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



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

ACADEMIC ACCREDITATIONS

Colleges	CME point(s)
The Hong Kong College of Anaesthesiologists	5.50
Hong Kong College of Community Medicine	5
The College of Dental Surgeons of Hong Kong	Pending
Hong Kong College of Emergency Medicine	Pending
The Hong Kong College of Family Physicians	Pending
The Hong Kong College of Obstetricians and Gynaecologists	5
The College of Ophthalmologists of Hong Kong	Pending
The Hong Kong College of Orthopaedic Surgeons	Pending
The Hong Kong College of Otorhinolaryngologists	2.50
Hong Kong College of Paediatricians	Pending
The Hong Kong College of Pathologists	5
Hong Kong College of Physicians	5
The Hong Kong College of Psychiatrists	Pending
Hong Kong College of Radiologists	5
The College of Surgeons of Hong Kong	5.50
Hong Kong Academy of Medicine (MCHK CME)	5

CONGRATULATORY MESSAGE



碩才臻萃
醫理拓新

香港中華醫學會
二零二三年周年科研大會

香港特別行政區行政長官李家超



CONGRATULATORY MESSAGE



專賢萃集
醫理探新

香港中華醫學會有限公司
二零二三年周年科研大會誌慶

醫務衛生局局長盧寵茂



CONGRATULATORY MESSAGE



嘉謨共策
德術並臻

衛生署署長林文健



香港中華醫學會有限公司二零二三年周年科研大會誌慶

CONGRATULATORY MESSAGE



杏林揚輝
薪傳醫道

立法會議員 林哲玄醫生



敬賀

二零二三年夏

香港中華醫學會有限公司二零二三週年科研大會 誌慶

CONGRATULATORY MESSAGE



醫學擴領域
科研展專才

香港中華醫學會有限公司 榮譽贊助人

楊紫芝教授

香港中華醫學會有限公司二零二三年周年科研大會誌慶

CONGRATULATORY MESSAGE



弘揚醫學
濟世康民

香港中華醫學會有限公司 榮譽贊助人

高永文醫生

香港中華醫學會有限公司二零二三年周年科研大會誌慶

CONGRATULATORY MESSAGE



On behalf of the Hospital Authority, I am delighted to send my warmest congratulations to the Hong Kong Chinese Medical Association (HKCMA) Ltd. for organising the Annual Scientific Meeting themed "Frontiers in Clinical Practice 2023".

Over the years, HKCMA has been proactively strengthening the co-operation with the Mainland, Macau, as well as overseas experts in advancing medical science and uplifting the standard of the medical profession. With tremendous efforts, HKCMA has organised a wide range of activities including webinars and lecture series about various specialties and topical issues, through which promoting the best clinical practices. I look forward to an inspirational exchange of ideas and experience at the meeting this year.

On this occasion, I wish the Annual Scientific Meeting a great success and all participants a rewarding experience.

Henry Fan Hung-ling

Chairman

Hospital Authority

CONGRATULATORY MESSAGE



It is my great pleasure to congratulate the Hong Kong Chinese Medical Association (HKCMA) Ltd. on its Annual Scientific Meeting 2023.

Innovative thinking is vital for medical advancements and tackling the challenges posed by an ever-growing demand and rising expectations of the general public. Carrying the theme "Frontiers in Clinical Practice", the Annual Scientific Meeting this year gathers medical professionals from various specialties and provides an excellent platform that generates inspiration and innovative solutions for a diverse spectrum of healthcare topics, contributing to the betterment of clinical services and the wellbeing of the community.

I wish to express my sincere gratitude to the HKCMA for its ceaseless support in promoting the development of medical science. May I wish the Annual Scientific Meeting 2023 every success and all participants a fruitful experience.

Dr Tony Ko

Chief Executive

Hospital Authority

CONGRATULATORY MESSAGE



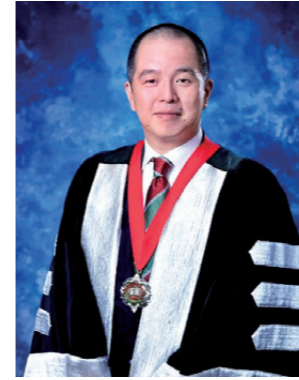
資訊耀中華
聯誼通四海

香港中華醫學會有限公司 榮譽顧問

梁智鴻醫生

香港中華醫學會有限公司二零二三年周年科研大會誌慶

CONGRATULATORY MESSAGE



匯賢聚智
惠澤中華

香港醫學專科學院主席梁嘉傑教授



香港中華醫學會有限公司二零二三年周年科研大會



CONGRATULATORY MESSAGE



香港大學李嘉誠醫學院院長劉澤星



謹賀

前瞻創新 守護民康
群賢睿智 德術彰顯

香港中華醫學會二零二三年科研大會

CONGRATULATORY MESSAGE



香港中文大學醫學院院長陳家亮



匯賢合志
造福社群

香港中華醫學會有限公司二零二三年周年科研大會誌慶

CONGRATULATORY MESSAGE



賀信

香港中華醫學會：

值此香港中華醫學會周年科研大會順利召開之際，廣東省醫師協會謹向香港中華醫學會表示熱烈祝賀！

香港中華醫學會始終秉承促進醫療行業的福利和保護醫療行業的合法利益、向公眾推廣和傳播醫學知識、促進醫學科學的研究和工作、促進和鼓勵醫學界成員之間的團結和友好關係。科研大會為香港中華醫學會周年盛事，大會凝聚了各醫護界代表，就不同的社會議題進行學術交流及分享各專科醫學的最新進展，進一步推動了醫學相關領域的研究和應用。

廣東省醫師協會願同香港中華醫學會一起，加強交流、學習和合作，攜手促進大灣區醫療事業發展，助力健康中國建設。

祝大會圓滿成功。



CONGRATULATORY MESSAGE



喜見香港中華醫學會推動專業交流不遺餘力，
祝願學術會議圓滿成功！

香港私家醫院聯會主席
何兆煒醫生敬賀

CONGRATULATORY MESSAGE



香港醫學組織聯會主席 張文勇教授

中國之光
華陀再世

香港中華醫學會有限公司二零二三年周年科研大會誌慶

CONGRATULATORY MESSAGE

香港中華醫學會有限公司二零二三年周年科研大會誌慶

知微見著
集據成章

香港中華醫學會有限公司 榮譽顧問

李國棟醫生

CONGRATULATORY MESSAGE

實證醫學
創新科研

香港中華醫學會有限公司二零二三年周年科研大會誌慶

香港中華醫學會有限公司 榮譽顧問

蘇碧嫻醫生

CONGRATULATORY MESSAGE



中華醫學翹楚
港區科研論壇

香港中華醫學會有限公司二零二三年周年科研大會誌慶

香港中華醫學會有限公司 榮譽顧問

曹吳美齡醫生

CONGRATULATORY MESSAGE



融匯實証
集思創新

香港中華醫學會有限公司 榮譽顧問

曾浩輝醫生

香港中華醫學會有限公司二零二三年周年科研大會誌慶

CONGRATULATORY MESSAGE



精兵匯聚
共創新猷

香港中華醫學會有限公司二零二三年周年科研大會誌慶

香港中華醫學會有限公司
二零二三年周年科研大會組委會主席

楊超發醫生

CONGRATULATORY MESSAGE

港區科研論壇
中華醫學翹楚

香港中華醫學會有限公司二零二三年周年科研大會誌慶

梁世民牙科醫生 BBS JP

CONGRATULATORY MESSAGE

高端醫學
創新科研

香港中華醫學會有限公司二零二三年周年科研大會誌慶

葉家欣牙科醫生

CONGRATULATORY MESSAGE

揆古察今
集思廣益

陳世炯牙科醫生

香港中華醫學會有限公司二零二三年周年科研大會誌慶

CONGRATULATORY MESSAGE

任重道遠

區立強醫生

香港中華醫學會有限公司二零二三年周年科研大會誌慶

SPEAKERS AT-A-GLANCE

Prof. Eric D. BATEMAN

Emeritus Professor, Division of Pulmonology, University of Cape Town, S. Africa

Dr. Sai-king CHAN

Specialist in Oral & Maxillofacial Surgery

Dr. Daniel Wai-sing CHU

Specialist in Family Medicine

Prof. GAO Fu 高福院士

Professor at the Institute of Microbiology & Academician, Chinese Academy of Sciences

Dr. James Chung-man HO

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

Prof. Ellis Kam-lun HON

Professor of Practice in Paediatrics (by courtesy), Chinese University of Hong Kong

Dr. Christopher Kim-ming HUI

Specialist in Respiratory Medicine

Prof. Ivan Fan-ngai HUNG

Clinical Professor & Chief, Division of Infectious Diseases, Department of Medicine, The University of Hong Kong

Dr. Patrick Pak-keung IP

Clinical Associate Professor, Department of Paediatrics & Adolescent Medicine, The University of Hong Kong

Dr. Carol Chi-hei KWOK

Consultant Clinical Oncologist, Department of Oncology, Princess Margaret Hospital

Dr. Peter LIN

Primary Care Physician, Canadian Heart Research Centre, Toronto, Canada

Dr. Siu-kwan NG

Honorary Clinical Associate Professor, Dept of Otorhinolaryngology, Head & Neck Surgery, Chinese University of Hong Kong

Dr. Charas Yeu-theng ONG

Honorary Clinical Associate Professor, Department of Obstetrics and Gynecology, The University of Hong Kong

Dr. Thomas Ho-fai TSANG

Specialist in Public Health Medicine

Dr. Henry Chun-yip WONG

Resident in Clinical Oncology, Department of Oncology, Princess Margaret Hospital

Professor Lawrence Ka-sing WONG

Emeritus Professor of Medicine, Division of Neurology, Chinese University of Hong Kong

Dr. Hon-chi YIP

Clinical Assistant Professor, Division of Upper Gastrointestinal and Metabolic Surgery, Chinese University of Hong Kong

Session 1 – Oncology

Recent Advances in Managing Advanced EGFR-mutated NSCLC

Dr. James Chung-man HO

Dr. James Ho is a **Clinical Associate Professor and Honorary Consultant** at the Department of Medicine, Queen Mary Hospital, The University of Hong Kong. He received his medical degree (M.B.,B.S.) from The University of Hong Kong in 1993, with training in internal medicine and respiratory medicine in the Department of Medicine, Queen Mary Hospital. He obtained Doctor of Medicine from The University of Hong Kong with his thesis entitled "Non-small cell lung cancer: from bench to bedside". He is a Specialist in Respiratory Medicine in Hong Kong, Fellow of the American College of Chest Physicians, Fellow of the Royal College of Physicians and Surgeons of Glasgow, Fellow of the Royal College of Physicians of Edinburgh and London. He underwent basic research in lung cancer biology at the Cleveland Clinic Foundation, USA from 2000-01. Among his various appointments in professional societies, he was the **President of the Hong Kong Thoracic Society (2011-13)**, **Chairman of the Hong Kong Lung Foundation (2021-23)** and **Chairman of the Specialty Board in Respiratory Medicine of the Hong Kong College of Physicians (2021-23)**. He is currently an **Executive Committee member of the Asian Pacific Society of Respirology (APSR)** and the Co-President-Elect of APSR 2024 Congress.

Dr. Ho has an established track record in lung cancer research, and the areas of focus over the years include preclinical models, the role of antioxidants, epidemiology, diagnostics, and clinical trials. He has been frequently involved as a principal investigator in multicenter international clinical trials (> 60) on novel lung cancer therapeutics. He has **published more than 140 papers in peer-reviewed journals**, including JAMA, Lancet Oncology, Journal of Clinical Oncology, American Journal of Respiratory and Critical Care Medicine, Cancer Research, European Respiratory Journal, Oncogenesis, Journal of Thoracic Oncology and Lung Cancer.

Abstract: Lung cancer has been the top cancer killer in Hong Kong for recent decades, with the majority presented in advanced metastatic stage. The predominant histological subtype is adenocarcinoma with nearly half carrying epidermal growth factor receptor (EGFR) activating mutations, commonly exon 21 L858R and exon 19 del. The clinical benefit of EGFR tyrosine kinase inhibitors (TKIs) against common EGFR mutants is well-established in the past 15 years, with superior progression-free survival (PFS) of first- or second-generation EGFR TKIs over platinum-doublet chemotherapy and later on better overall survival (OS) of 3rd over 1st generation EGFR TKIs. As osimertinib (3rd generation EGFR TKI) has become the standard first-line treatment of advanced EGFR-mutated NSCLC, there is an urgent need to define the treatment strategy upon acquired resistance. Recent studies have identified the key acquired resistance mechanisms to first-line osimertinib, namely acquired resistance mutations in EGFR kinase domain (esp. C797X), bypass tract mechanisms (esp. MET amplification) and histological transformation. Novel therapeutic approaches with newer generation TKI, addition of MET inhibitors, bi-specific anti-EGFR/anti-MET and antibody drug conjugate (ADC) have emerged with promising initial results. Apart from common EGFR mutations, there has been growing interests in the 3rd commonest EGFR mutation in exon 20 (i.e. EGFR exon20ins), with specific inhibitors namely Mobocertinib and Amivantamab already approved for treatment of advanced EGFR exon20ins NSCLC. Rapid clinical development in this area is anticipated.

Session 1 – Oncology

Overview and Update on HER2-targeting Therapy in Cancer Treatment

Dr. Carol Chi-hei KWOK

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

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

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

Dr. Kwok conducted studies on the use of prophylactic growth factor for reducing neutropenic toxicity of docetaxel-containing chemotherapy, use of anti-emetic, scalp cooling and neoadjuvant chemotherapy treatment outcomes in breast cancer patients. Some of the results had been published in the Hong Kong Medical Journal and as e-poster presentation at St Gallen International Breast Cancer Conference 2023.

Abstract: Human Epidermal Growth Factor Receptor 2 (HER2) is a transmembrane glycoprotein receptor with intracellular tyrosine kinase activity. It is one of the four members of the HER family. HER2 gene is the gene that encodes the HER2 receptor. HER2 gene amplification results in overexpression of the HER2 receptor which leads to a cascade of constitutive activation of downstream signalling pathways that promote uncontrolled tumour cell proliferation and survival. Overexpression and amplification of HER2 have been found in a number of cancers including breast, gastroesophageal, colorectal cancer, non-small cell lung cancer, etc. HER2 is an actionable and highly sensitive therapeutic target, and HER2-targeting therapy for breast cancer is the best studied. Since the first monoclonal antibody trastuzumab was introduced in the treatment of HER2+ breast cancer, an unfavorable prognostic subtype of breast cancer, HER2-targeting armamentarium has expanded from tyrosine kinase inhibitor (TKIs), HER2 dimerization inhibitor to the more recently Antibody Drug Conjugates (ADCs), and has achieved remarkable improvement in patient outcomes in adjuvant, neoadjuvant and metastatic settings. However, many patients still progress despite treatments with HER2-targeted therapy. Mechanisms of resistance to HER2-targeted therapy include HER2 family alterations such as HER2 gene mutation, loss or masking of HER2 epitope, activation of compensatory pathways, HER2 heterogeneity, etc. Strategies to overcome resistance of anti-HER2 therapy include development of ADCs with improving therapeutic index and efficacy, next generation TKIs, bispecific antibodies and combining with checkpoint inhibitors for harnessing the immune system, and more innovatively, chimeric antigen receptor (CAR) therapies and cancer vaccines targeting HER2.

Session 1 – Oncology

Updates on Management of HR+/HER2- Breast Cancer

Dr. Henry Chun-yip WONG

Dr. Henry Wong is a resident in Clinical Oncology at the Princess Margaret Hospital, Hong Kong. He graduated from the University of Hong Kong in 2016 and obtained the Fellowship of the Royal College of Radiologists in 2021. He was awarded the Frank Doyle Medal for outstanding fellowship examination results. He has clinical interests in breast cancer, lung cancer, management of spine metastases and survivorship care.

Abstract: Hormone receptor positive (HR+), HER2-negative (HER2-) breast cancer is a heterogenous disease. While many early stage patients achieve cure with surgery and adjuvant hormonal treatment alone, some develop disease recurrence despite the addition of adjuvant chemotherapy and radiotherapy. The development of cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors has led to significant improvement in disease control and overall survival rates in patients with metastatic disease. In the first line metastatic setting, all three members of this drug class (abemaciclib, palbociclib and ribociclib) have significantly improved the progression-free survival of patients compared to hormonal treatment alone in phase III randomised controlled trials (RCTs). These drugs are not only effective, but also well tolerated in most patients. In recent years, researchers have attempted to apply these drugs in the adjuvant setting in order to improve the outcomes of patients at high risk of recurrence. Surprisingly, the results have been conflicting. The PALLAS study is a RCT that randomized stage II and III HR+/HER2- breast cancer patients to hormonal treatment alone or the addition of two years of palbociclib. No significant difference in invasive disease free survival (iDFS) rates were observed in the two groups. By contrast, the MonarchE study that randomised high risk stage II and stage III patients to hormonal treatment alone or the addition of two years of abemaciclib showed significant improvement in iDFS in the abemaciclib arm. The results of the NATALEE study, which tests ribociclib in the same setting, are eagerly awaited. Further analyses of these studies are needed to explain the discrepancy of these results, and more research into the cost-effectiveness and impact of quality of life of these drugs are warranted.

DESTINY-Breast03, the first and only head-to-head study vs trastuzumab emtansine (T-DM1), demonstrated

UNPARALLELED PFS

THE NEW STANDARD OF CARE FOR 2L HER2+ METASTATIC BREAST CANCER¹



ENHERTU demonstrated:

36%
reduction

in risk of death vs T-DM1 (HR: 0.64, 95% CI: 0.47, 0.87; P=0.0037) in a Phase 3 superiority trial^{1†}

~4X
longer
mPFS

as assessed by investigator:
28.8 vs 6.8 months mPFS in TDM-1 (HR: 0.33, 95% CI: 0.26, 0.43; P<0.000001)^{††}

Consistent OS benefit

across key prespecified subgroups^{§1}

>2X
confirmed
ORR

vs TDM-1 (**78.5 vs 35.0%**; P<0.0001)[†]
• Around 1 in 5 patients achieved complete response in the ENHERTU arm[†]

International Clinical Practice Guidelines recommend ENHERTU (trastuzumab deruxtecan) as the preferred regimen for 2L HER2+ metastatic breast cancer^{2,3}

[†]The P value for OS crossed the prespecified boundary (P=0.013) and was statistically significant; ^{††}Two-sided from stratified log-rank test; [‡]Nominal P value; [§]Including those based on hormone-receptor status, previous pertuzumab treatment, baseline visceral disease, baseline brain metastases, and prior lines of systemic therapy (not including hormone therapy)

ENHERTU is indicated for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have received a prior anti-HER2-based regimen.⁴

DESTINY-Breast03 is a Phase 3, multicenter, open-label, randomized, head-to-head study to compare efficacy and safety of ENHERTU vs T-DM1 of 524 adults with HER2+ unresectable and/or mBC who received prior trastuzumab and taxane therapy for metastatic disease or developed disease recurrence during or within 6 months of completing adjuvant therapy. ENHERTU patients received 5.4 mg/kg IV Q3W until unacceptable toxicity or disease progression. Primary endpoint was PFS (BICR) according to RECIST v1.1. Secondary endpoints included OS, ORR, DOR, and PFS (investigator).^{1,4}

2L, second line; BICR, blinded independent central review; CI, confidence interval; DOR, duration of response; HER2, human epidermal growth factor receptor 2; HR, hazard ratio; IV, intravenous; mBC, metastatic breast cancer; mDOR, median duration of response; mPFS, median progression-free survival; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; Q3W, every 3 weeks; RECIST, Response Evaluation Criteria in Solid Tumors; T-DM1, ado-trastuzumab emtansine

References: 1. Hurvitz SA, Hegg R, Chung WP, et al, on behalf of the DESTINY-Breast03 investigators. Trastuzumab deruxtecan versus trastuzumab emtansine in patients with HER2-positive metastatic breast cancer: Updated results of the randomized, phase 3 study DESTINY-Breast03. Presented at: San Antonio Breast Cancer Symposium, December 8-10, 2022. 2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Breast Cancer V.4.2022. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed 17 November 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. 3. Gennari A, Andre F, Barrios CH, et al. ESMO clinical practice guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer. Ann Oncol 2021;32:1475-1495. 4. Trastuzumab deruxtecan Prescribing Information. Daiichi Sankyo Hong Kong Ltd. Inc. and AstraZeneca Hong Kong. Version: Aug 2022.

Enherthu abbreviated PI

Presentation: Enherthu powder for concentrate for infusion 100 mg. **Active ingredient:** Trastuzumab deruxtecan. **Indication:** as monotherapy indicated for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have received one or more prior anti-HER2-based regimens. **Dosage:** 5.4 mg/kg given as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Precautions:** Patients should be monitored for signs and symptoms of LDJ(pneumonitis); neutropenia; left ventricular ejection fraction decrease; embryo-fetal toxicity to a pregnant woman; moderate and severe hepatic impairment. **Undesirable effects:** (Very Common>10%) Upper respiratory tract infection, neutropenia, anaemia, leukopenia, lymphopenia, thrombocytopenia, hypokalaemia, decreased appetite, headache, dizziness, interstitial lung disease, dyspnoea, cough, epistaxis, nausea, vomiting, diarrhoea, abdominal pain, constipation, stomatitis, dyspepsia, alopecia, transaminases increased, musculoskeletal pain, fatigue, pyrexia, ejection fraction decreased, weight decreased. (Common ≥ 1 - <10%) pneumonia, febrile neutropenia, dehydration, dysgeusia. Vision blurred, rash, skin hyperpigmentation, pruritus, oedema peripheral, blood alkaline phosphatase increased, blood bilirubin increased, blood creatinine increased, infusion-related reactions. **Full local prescribing information is available upon request.**

API.HK.ENH.0822

Lockton Medical Indemnity Insurance Scheme



Lockton has partnered with CMB Wing Lung Insurance Co Ltd and designed a Medical Indemnity Insurance Scheme for the Hong Kong Chinese Medical Association Ltd. (HKCMA) members.

The scheme is established in 2021 and exclusively offered for HKCMA members ONLY and provides many comprehensive terms. Some of the major benefits are as follows:

- Category of Medical Practitioners ranges from MIS-L* to MIS-A**, other categories are underwritten on case-by-case basis
- Premium can be as low as HKD 6,950 for HKD 10,000,000 limit for MIS-L
- Defence Cost for Civil Claims up to Full Policy Limit
- Investigation Cost Cover up to Full Policy Limit
- Defence cost with sublimit of HKD 250,000 in Criminal Proceedings in relation to the provision of medical services by the insured
- Pre-approved scheme legal panel is offered and free hotline service is offered by Howse Williams
- One automatic reinstatement of limit is available with no additional premium
- Worldwide Cover (non-US/Canada) including Mainland China for providing medical service

We are now accepting applications and all HKCMA members are invited to subscribe to this scheme. Application is quick and easy:

Step 1

Send an email to docprotect-hkma@lockton.com with your name as per HKID card

Step 2

We will send you an email with a proposal form

Step 3

Fill in the proposal form and return to our executive, we will get back to you with the quote including the premium



SCAN TO EMAIL

Categories

***MPP-L:** Medical Protection Plan for Low Risk Category – General Practitioners or Specialists who practise the 26 approved list of procedures in Community / Family Medicine, Dermatology, Endocrinology, Gastroenterology – Non Procedural, General Medicine, Geriatric Medicine, Haematology, Immunology, Infectious Diseases, Nephrology, Neurology, Nuclear Medicine, Occupational Medicine, Oncology, Palliative Medicine, Pathology, Paediatric, Psychiatry, Public Health Medicine, Rehabilitation Medicine, Respiratory and Sleep Medicine, Rheumatology, Sports Medicine, Travel Medicine

****MPP-A:** General Practitioners or Specialists as shown in MPP-L who also practise the non-invasive cosmetic/aesthetic procedures as per 26+18 approved list of procedures. Approved List of Procedures for Aesthetic Services includes Chemical Peels, Microdermabrasion, Lasers (medical), Intense pulsed light, Radio frequency, infrared and other devices, e.g. for skin tightening procedures, Photodynamic / Photo pneumatic therapy, Mesotherapy, Botulinum Toxin Injections, Fillers Injections, Poly-L-Lactic Acid Injections / Insertions, Threads Injections / Insertions (PDO Polydioxanone), Carboxytherapy, Micro-needling derma roller, Skin whitening injections, Stem cell activator protein for skin rejuvenation, Negative Pressure procedures (e.g. vacustyle), Mechanised Massage, External Lipolysis (heat/ultrasound) only with cannula being used

ABOUT LOCKTON HONG KONG

Lockton Companies (Hong Kong) Limited is a leading provider of risk consulting and insurance broking services to a wide range of businesses in the Hong Kong Special Administrative Region (HKSAR). First established in 1985, our operation today comprises a team of more than 120 dedicated and experienced professionals. Together with the provision of specialist medical negligence insurance professional, our operating divisions cater to every aspect of our clients' needs

Inquiry: docprotect-hkma@lockton.com or call 2250 2807.

Concurrent Session 1 – Woman & Child

Obstetrics & Gynecology: A Year in Review

Dr. Charas Yeu-theng ONG

Qualifications

- LMCHK
- MBBCh (Belf, UK)
- FHKAM (O &G)
- FHKCOG (HK)
- FRCOG (UK)
- Cert RCOG (Maternal & Fetal Medicine)

Positions Held

- 2012 to present: Honorary Clinical Associate Professor, Department of Obstetrics & Gynaecology, The University of Hong Kong
- 2012 to 2014: Consultant, Department of Obstetrics & Gynaecology, Queen Mary Hospital

Abstract: An Obstetrics & Gynecological review of a special year when COVID-19 pandemic has transitioned from a global health emergency to an endemic. Prevalent topics in general obstetrics and gynecology, as well as subspecialty areas, namely gynae-oncology, maternal and fetal medicine, reproductive medicine, will be addressed and innovative local programs will be highlighted.

Concurrent Session 1 – Woman & Child

Early Child Development and Effective Interventions

Dr. Patrick Pak-keung IP

Dr. Patrick Ip is a Clinical Associate Professor of the Department of Paediatrics & Adolescent Medicine, The University of Hong Kong and an Honorary Consultant in Paediatrics, Queen Mary Hospital and Hong Kong Children's Hospital. He is also appointed by HKSAR as Non-official member in Hong Kong Commission on Children, Advisory Committee on Mental Health, Steering Committee on Prevention and Management of Non-Communicable Diseases. Dr Ip is the Immediate Past President of the Hong Kong Paediatric Society and the Honorary Secretary of the Boys' and Girls' Clubs Association of Hong Kong.

Dr Ip is a specialist pediatrician with special interest in Child Health, Neurology and Developmental Behavioral Paediatrics. He is an expert in early childhood development and has been working for UNICEF and China Development Research Foundation (CDRF) on various child health projects in East Asia Pacific Region as well as in Greater China. Dr Ip has much experience and publications on early childhood development, neurodevelopmental disorders, and global health issues. He has been one of the key coordinators of integrated child health service between hospital and the community and coordinated the Comprehensive Child Development Service (CCDS) of Hospital Authority since its implementation in 2006 until he joined the University of Hong Kong in 2009. He is an appointed tutor of the Association for Research in Infant and Child Development, United Kingdom and the official trainer of Griffith's Mental Developmental Scale. His research focus on different dimensions of Community Child Health including early brain development, early intervention, underprivileged children, safeguarding children, child abuse, child mental health, disability and rehabilitation, physical activity, growth and nutrition, infectious disease and vaccination, public health & health promotion.

Dr Ip has been given several awards in recognition of his contribution to research, training, and services in Community Paediatrics and Child Health, including the Outstanding Asia-Pacific Paediatrician in 2022, Hong Kong Humanity Award in 2020, Faculty Outstanding Research Output Award in 2019, and UNICEF Best Research Award in 2015.

Abstract: Emerging evidence suggests key environmental determinants affecting children's development, health and psychosocial well-being. Early detection and effective intervention of health and development-related issues is critical so as to support children and their families in timely manner and prevent the occurrence of many serious health and developmental problem. Awareness of the public and the government would aid in the formulation of relevant policies so that equitable health opportunities are available for every child.

Environmental risks that children are particularly vulnerable to start at the embryonic stage usually continue through adulthood. This lecture will discuss on evidence-based early childhood intervention programs in Hong Kong which are effective to address the needs of disadvantaged children and improve the health and holistic development of young generation, and to bridge the gap in child health, development and psychosocial wellbeing. The effectiveness of the first clinical trial on multi-component parenting intervention to improve social-emotional development of children in low-income families was also examined and discussed as an illustrative example.

The study findings offer professionals, stakeholders and policymakers evidence-based recommendations for developing effective interventions in a Chinese cultural context to attain the ultimate goal of enhancing child health, development and wellbeing in Hong Kong and in other Chinese communities.

Session 2 – COVID

Post Pandemic, an Update on the COVID-19 Treatment and Vaccinology

Prof. Ivan Fan-ngai HUNG

Professor Ivan Fan Ngai HUNG is currently Ru Chien and Helen Lieh Endowed Professor in Health Sciences Pedagogy, Professor of Medicine and Assistant Dean (Admissions), Chief of the Division of Infectious Diseases, Department of Medicine, LKS Faculty of Medicine, The University of Hong Kong, and Honorary Consultant in Queen Mary Hospital, Hong Kong. He is also Clinical Professor and Chief-of-Service of the Department of Infectious Diseases and Clinical Microbiology at the HKU-Shenzhen Hospital.

Professor Hung is a dual specialist in Infectious Disease and Gastroenterology & Hepatology. He obtained his medical degree from the University of Bristol Medical School, England in 1996. After working in the University of Cambridge Medical School and Charing Cross Hospital, London, he returned to Hong Kong in 1999 and joined the Department of Medicine, Queen Mary Hospital. He was awarded the Anti-SARS gold badge award by the Hospital Authority in 2003 for his role in combating SARS as frontline medical officer. He received the Sir Patrick Manson Gold Medal award for best M.D. thesis. He was awarded the Richard Yu Lectureship and medal in 2016 by the Hong Kong College of Physicians. He was awarded the prestigious Outstanding Researcher Award from the University of Hong Kong in 2019. He is the Fellow of Royal Colleges of Physicians of London and Edinburgh, and fellow of the Infectious Disease Society of America and Advisory Board Member of the Universal Scientific Education & Research Network (USERN).

Professor Hung has published more than 330 international peer reviewed original articles, including research articles in the Lancet, Nature, the Lancet Infectious Diseases and the Clinical Infectious Diseases. His research interest includes influenza, SARS-CoV-2 and other respiratory virus antiviral treatment and vaccinology. He has pioneered the use of the triple combination of interferon beta-1b, lopinavir/ ritonavir and ribavirin in the treatment of hospitalized COVID-19 patients, resulting in significantly faster clinical alleviation and viral load suppression. He and his team also pioneered the application of topical imiquimod before intradermal influenza vaccination, which results in protection against heterologous non-vaccine and antigenically drifted viruses. He was also the first to prove convalescent plasma and H-IVIG reduced mortality in patients with severe influenza infection in prospective clinical trials. He is ranked as HKU Scholars in the world top 1% in 2013, 2018-2022 (H-index 67). He is the world-leading expert in the field of antiviral and vaccinology for influenza and COVID-19 infection. He is currently the Editorial Board member of the Vaccine and Diagnostics medical journals. As a clinician scientist, Professor Hung believes in innovation, team-work and clinical application of translational research in tackling threats from emerging infectious diseases.

Abstract: Over the past 3 years, the COVID-19 pandemic has resulted in more than 676 million cases and in excess of 6.8 million deaths worldwide. This pandemic of the century has once again reminded us the importance of infection control measures, research in the development of antiviral and vaccine against the emerging infectious diseases, but even more important, to respect the wild life in the nature. Various institutes, governments and pharmaceuticals have worked together to develop effective Covid-19 antivirals and vaccines, with major advances made in the past 3 years. In Hong Kong, the tight infection control measures and the early quarantine of confirmed patients allow us to commence early treatment in high-risk patients, thus optimizing the effect of the antiviral treatment. This resulted in effective suppression of patient's viral load, hastened clinical recovery and reduced risk of deterioration. Despite the robust hybrid immunity achieved by high vaccination uptake and relatively mild infection, new Omicron subvariants continue to emerge, resulting in new waves of COVID-19 infection worldwide. In this lecture, I will discuss the trend of the latest SARS-CoV-2 variants, the various treatment modalities and vaccination for Covid-19 infection in the post-pandemic era.

Concurrent Session 2 – Dentistry

Adjunctive and Adjuvant Dental Care For Patients With Chronic Medical Problems

Dr. Sai-kwing CHAN

Dr CHAN Sai Kwing is a Specialist in Oral and Maxillofacial Surgery. He graduated with a Bachelor of Dental Surgery from the University of Hong Kong in 1985, obtained the Fellowship of the Royal Australasian College of Dental Surgeons in 1990, the Fellowship of the Hong Kong Academy of Medicine (Dental Surgery) in 1993, and the Fellowship of the College of Dental Surgeons of Hong Kong in the Specialty of Oral and Maxillofacial Surgery in 2000.

Dr CHAN was appointed as a Consultant Oral and Maxillofacial Surgeon in 2002 and had been working in various hospital dental units of public hospitals for over thirty years. He was the President of the College of Dental Surgeons of Hong Kong and a Council Member of the Hong Kong Academy of Medicine from 2014-2016. He is now in private practice and an Honorary Consultant of the United Christian Hospital.

Abstract: Dental care is part of the overall management of chronic medical problems and is essential in the maintenance of optimal health in these patients. This is probably best well-recognized in the treatment of nasopharyngeal carcinoma in Hong Kong. This dated back to the sixties when there were only two major centres for radiotherapy, namely the Queen Elizabeth Hospital in Kowloon and Queen Mary Hospital on the Hong Kong side. The dental units of these hospitals have been providing dental treatment before patients commence radiotherapy. Throughout all these years, the list just adds on to include the treatment of other malignancies and the prevention of infective endocarditis, medication-related osteonecrosis, osteoradionecrosis, etc. Optimal oral and dental conditions is important in the management of chronic medical conditions such as diabetes mellitus, mentally handicapped, developmental disorders, etc. An overall view with elaboration on specific examples will be presented.

Prevenar[®] 20
Pneumococcal polysaccharide conjugate
vaccine (20-valent, adsorbed)

A NEW ERA OF PNEUMOCOCCAL PROTECTION

PREVENAR[®] 20

A NEXT-GENERATION CONJUGATE VACCINE
WITH BROADEST SEROTYPE COVERAGE FOR
YOUR ADULT PATIENTS IS **NOW HERE.**^{1,2}



References: 1. Prevenar 20 (Pneumococcal polysaccharide conjugate, 20-valent adsorbed) Prescription Information. Pfizer Corporation Hong Kong Limited: Version December 2022. 2. Prevenar 13 (Pneumococcal polysaccharide conjugate, 13-valent adsorbed) Prescription Information. Pfizer Corporation Hong Kong Limited: Version January 2021.

<https://www.pfizer.com/hk>



PREVENAR[®] 20 Hong Kong Prescribing Information

The QR code/URL links to the latest Prescribing Information approved by the Department of Health in Hong Kong and may not be effective and the same as presented in the actual product package.

For Healthcare Professionals only.



Pfizer Corporation Hong Kong Limited
21/F., Kerry Centre, 683 King's Road, Quarry Bay, Hong Kong
Tel: +852 2811 9711 | Fax: +852 2579 0599
Website: www.PfizerPro.com.hk
PP-PNR-HKG-0016 May 2023



Say Goodnight to Insomnia With DAYVIGO

Patients can fall asleep fast and enjoy a long night's sleep with minimal residual morning effects.^{1,2}

Take a different approach to insomnia with DAYVIGO.

A dual orexin receptor antagonist (DORA) sleep aid, DAYVIGO works to decrease wake pressure by blocking orexin signals in the brain, facilitating sleep onset and maintenance by regulating the sleep-wake cycle.³

In clinical trials, DAYVIGO treatment¹:

- helped **improve sleep efficiency, onset, and maintenance** in patients with insomnia
- provided benefits that were seen in **as early as the first week of treatment** and that **continued over 12 months**

DAYVIGO has an established safety profile.³ With DAYVIGO:

- **next-day postural stability, memory, and driving capabilities are not substantially impaired**, as shown in special safety studies²
- chronic treatment of 1 year is **not associated with physical dependence or withdrawal effects**¹

Additional information on the efficacy and safety aspects of DAYVIGO can be accessed here: www.dayvigo.hk or contact Eisai at d-dayvigo@eisaihk.com.

References: 1. Yardley J, Kärppä M, Inoue Y, Pinner K, Perdomo C, Ishikawa K, Filippov G, Kubota N, Moline M. Long-term effectiveness and safety of lemborexant in adults with insomnia disorder: results from a phase 3 randomized clinical trial. *Sleep Med.* 2021;80:333-342. 2. Moline M, Zammit G, Yardley J, Pinner K, Kumar D, Perdomo C, Cheng JY. Lack of residual morning effects of lemborexant treatment for insomnia: summary of findings across 9 clinical trials. *Postgrad Med.* 2021;133(1):71-81. 3. DAYVIGO (lemborexant) Prescribing Information. Eisai Hong Kong; 2021.



Eisai (Hong Kong) Company Limited
Unit D, 18/F, Lee & Man Commercial Centre,
169 Electric Road, North Point, Hong Kong
Tel: (852) 2516 6128 | Fax: (852) 2561 5042



HK-DG-MM-21H-01

Keynote Lecture

The Enlightenment of COVID-19 Prevention and Control to the Development of Biomedical Industry

新冠防控對生物醫藥產業發展的啟示

Prof. GAO Fu 高福院士

President, Chinese Society of Biotechnology

Vice President, Chinese Medical Association

Professor, Institute of Microbiology, Chinese Academy of Sciences

中國生物工程學會理事長、中華醫學會副會長、中國科學院微生物研究所

Professor George F. Gao, Member (Academician) of the Chinese Academy of Sciences, International member of the U.S. National Academy of Sciences (NAS), Foreign member of the U.K. Royal Society (RS), and Member of the German National Academy of Sciences Leopoldina. He is currently a professor at the Institute of Microbiology, Chinese Academy of Sciences; the Vice President of the Chinese Medical Association; President of Chinese Society of Biotechnology and the Dean of Savaid Medical School, University of Chinese Academy of Sciences.

Gao has pioneered and made numerous significant original breakthroughs on the pathogenesis mechanisms and pathogen-host interaction of emerging infectious pathogens. His interests also include global public health and health strategy, and is an advocate of international collaboration in global public health. Gao pioneers the COVID-19 research and control with virus discovery, vaccine and therapeutic monoclonal antibody development etc. Gao is a recipient of several international and national awards, including TWAS Medical Prize, Nikkei Asian Prize (Japan), Shulan Medical Sciences Award, the Gamaleya Medal (Russia), HKU Centennial Distinguished Chinese Scholar and the Qiu Shi Outstanding Scientist, Outstanding Scientific Research Team Awards and TWAS Medal Lectures.

Abstract: The COVID-19 pandemic is the most extensive global infectious disease that humans have encountered in the past century. The epidemic has had a huge impact on the global economy and society, and it has given us a lot to think about. The history of human civilization is a history of fighting against pathogens. We need to evaluate about the opportunities brought by the COVID-19 to the development of our biomedical industry. The prevention and control of the COVID-19 has also pushed forward the new demands and directions for the research and development of medication research and vaccines. Emerging industries include the biomedical industry, diagnosis and treatment, and the medication and vaccine development. In the post-pandemic era, we must meet the challenges and seize the opportunities to develop the big health industry.

新冠肺炎疫情是近百年來人類遭遇的影響範圍最廣的全球大流行傳染病。疫情對全球經濟、社會產生了巨大影響，讓我們有了許多思考。人類文明史就是一部與病原體的鬥爭史，我們需要思考新冠疫情給我們生物醫藥產業發展帶來的機遇。新冠防控對藥物研發和疫苗也提出了新的需求和方向，生物醫藥產業、診斷治療、藥物疫苗開發是新興產業、朝陽產業。後新冠時代我們一定要迎接挑戰抓住機遇發展大健康產業。

Lunch Symposium I

Recent Advances in the Prevention of Pneumococcal Disease

Dr. Christopher Kim-ming HUI

Dr. Christopher K.M. Hui, M.B.E. F.R.C.P. is a U.K.-trained Specialist in Respiratory & Critical Care Medicine in private practice.

Until late-2020, he was appointed the Chief of Service, and Lead Clinician for Respiratory & Critical Care Medicine at the University of Hong Kong-Shenzhen Hospital (University of Hong Kong).

Following graduation with Distinction Honours from the University of London (University College London) in 1999, Dr. Hui has completed over 20 years of postgraduate and specialist training in Respiratory Medicine at the Royal Free Hospital, Royal Brompton Hospital, National Heart & Lung Institute, Imperial College London and at the University of Hong Kong.

He is an experienced interventional bronchoscopist in endobronchial ultrasound (EBUS-TBNA) and other advanced techniques such as NBI, rigid bronchoscopy and endobronchial valves and coils for bLVR. Dr. Hui has published papers and texts on the subject of Airways Disease within the Experimental Studies Section of the National Heart & Lung Institute (Imperial College London) where he was engaged in post-doctoral research between 2006 and 2010.

In January 2020, Dr. Hui was the senior clinical author on the Lancet paper that first described internationally, the genealogy, phylogenetics, and evidence for human-to-human transmission of the (then) novel coronavirus SARS-CoV-2 (Lancet, Volume 395, Issue 10223, P514-523, January 24, 2020).

Abstract:

Outline:

- An overview of Pneumococcal Disease burden
- Review of vaccine technology and the previous vaccine efficacy and effectiveness (lessons from the past)
- Latest world-wide challenges of the disease serotype burdens in different countries
- Updated higher valency vaccine, the pivotal trials
- The position of new vaccines, an update of current recommendation(s)

Streptococcus Pneumoniae has always been the most common bacterial cause of Pneumonia. While the latest studies showed that there are more than 100 serotypes, serotype burden is different across countries. Particularly after the pandemic, there has been a clear rebound in pneumococcal cases in countries that relaxed COVID restrictions early.

The proverb: "Prevention is better than treatment", has always been used widely in various areas and one of the preventions of pneumococcal disease would be by vaccination. With well-proven vaccine effectiveness studies across many years, the serotype burden has also shifted beyond. It is now noticeable that the non-vaccine serotype is on the rise, to respond to this burden and to provide greater protection to the general public, a higher valency vaccine would be beneficial.

Lunch Symposium II

Advances in Migraine Management

Prof. Lawrence Ka-sing WONG

Professor Wong obtained his Bachelor and Doctorate degrees at the University of New South Wales and is now Emeritus Professor of Medicine, Division of Neurology, Chinese University of Hong Kong.

He had served as the Secretary of the World Stroke Organization (Geneva) and as Deputy Editor of the Journal of Neurology, Neurosurgery & Psychiatry (British Medical Journal) and Stroke (American Heart Association), being the first Chinese to be appointed in each of these positions.

He has pioneered many international research projects on neurological diseases such as stroke, Parkinson's disease and dementia. He is interested in using neuromodulation and exercise in the treatment of Stroke and Parkinson's disease patients.

He received many international and national awards including the President Award from the World Stroke Organization, Croucher Senior Medical Fellowship, Bruce Schoenberg Award from the American Academy of Neurology, the Chapter of Neurologist Gold Medal from the Singapore Academy of Medicine, National Science & Technology Award and First Prize on Scientific Output from the Ministry of Health (PRC).

Abstract: Migraine may start with neuronal and glial depolarization that propagates across the cerebral cortex, which is followed by trigeminal afferents activation. Trigeminal nerve activation can cause inflammatory changes in the pain-sensitive meninges which in turn induces the migraine headache through central and peripheral reflex mechanisms. The calcitonin gene-related peptide (CGRP) receptors are involved in this pain pathway.

For acute treatment, triptans have been used in clinical practice for more than 30 years. Recently oral gepants which are oral CGRP inhibitors are found to be effective in treating acute migraine.

For migraine prophylaxis, first line medications include beta blockers, calcium blockers and amitriptyline. Recently, both injectables and oral CGRPs inhibitors are found to be very effective in migraine prevention.

Session 3 – Sleep

What are the Challenges in Managing Insomnia Patients in Primary Care?

Dr. Daniel Wai-sing CHU

Family Medicine Specialist

Council Member, Hong Kong Chinese Medical Association Ltd. Council Member, Medical Conscience

F.H.K.A.M. (Family Medicine); F.R.A.C.G.P.

F.H.K.C.F.P.; M.B.,B.S. (N.S.W.)

Abstract: The prevalence of insomnia in Hong Kong has been increasing in recent years. Managing insomnia involves a step-by-step approach, starting with identifying and minimizing any underlying comorbid illnesses, psychological, interpersonal and social factors that contribute to the disruption of sleep.

Before adopting successful behavioural or pharmacological interventions, it is crucial to recognize all contributing factors and address them.

While international guidelines recognise and recommend the importance of multicomponent CBT-I; however, the lack of resources available in local clinical settings renders patients' broad access unfeasible.

The choice for pharmacological intervention for insomnia should be individualized basing on a variety of factors, including patient age and comorbidities, type of insomnia complaint, side effect profiles, cost, and clinician and patient preference.

Commonly used and newly emerging medications including benzodiazepine receptor agonists (eg, zolpidem), and dual orexin receptor antagonists (DORA) (eg, Lemborexant) will be discussed. DORA promotes sleep through the binding inhibition of orexin A and B, neuropeptides that promote wakefulness. Evidence suggests that this unique mechanism of action may be at least as efficacious with less potential for dependence than zolpidem. DORA like Lemborexant effectively reduces sleep latency and increases maintenance compared to controls. Additionally, DORA appears to be more effective at improving sleep maintenance than zolpidem in patients with insomnia.

As pharmacological intervention for insomnia is individualized, some additional safety considerations, for example: risk of fall in elderly or next-day driving impairment, are to be carefully assessed and make DORA a better choice if pharmacological intervention is needed.

BRING PROTECTION TO LIFE IN CKD

THE ONLY SGLT2i Now Approved for Chronic Kidney Disease Treatment*

- 39% Composite of CKD progression+, ESKD, and renal or CV death+ vs placebo (NNT=19 patients)
31% All-cause mortality vs placebo
29% Composite of CV death or hHF vs placebo
Slowed eGFR deterioration

- Consistent Efficacy\$
Simple and well tolerated



TARGET OUR BURDEN

MSD 瞄准肺
Vaxneuvance (PCV15) was SUPERIOR to PCV13 for shared Serotype 3
NEW Pneumococcal Conjugate Vaccine since 2011
SEROTYPE 3 is the NO.1 Burden of IPD* in Hong Kong

INFANTS
When compared to PCV13, Vaxneuvance induced 73% increases IgG GMC against SEROTYPE 3, which was selected as one of the immunogenicity outcomes in phase 3 clinical trial

ADULTS
When compared to PCV13, Vaxneuvance induced ~60% increases IgG GMC against SEROTYPE 3, which was selected as one of the immunogenicity outcomes in phase 3 clinical trial

Vaxneuvance (PCV15) was noninferior to PCV13 for all 13 shared serotype

Vaxneuvance (PCV15) was SUPERIOR to PCV13 for unique serotypes 22F and 33F

Safety Result: Adults: The majority of participants experienced at least 1 adverse event (67.9% after V114 and 58.2% after PCV13). Children: The majority of participants experienced at least 1 adverse event (93.8% after V114 and 92.4% after PCV13).

Adults: Adults ≥ 50 Years old; Children: Children 6 to 59 Years old. Vaxneuvance Selected Safety Information: Indications: Vaxneuvance is indicated for active immunisation for the prevention of invasive disease, pneumonia and acute otitis media caused by Streptococcus pneumoniae in infants, children and adolescents from 6 weeks to less than 18 years of age.

INITIATE TREATMENT55
GFR ≥ 25
ONCE DAILY 10 tablet NO TITRATION

For broad range+ of CKD patients, TREAT EARLY WITH FORXIGA NOW

* FORXIGA is indicated for the treatment of chronic kidney disease in adult patients with or without T2D.
1.50% sustained decline in eGFR.
2. There were comparable rates of CV death vs placebo (3.0% vs 3.7%, HR 0.81; 95% CI, 0.58, 1.12).

4fC_2172C
4fC_6632_17/2/2022
4fC_6632_17/2/2022
4fC_6632_17/2/2022

Concurrent Session 3 – Pharmacotherapy

Action to Challenge the Boundaries of Cardio-Renal Disease with SGLT2i

Dr. Peter LIN

Primary Care Physician, Canadian Heart Research Centre, Toronto, Ontario, Canada

Dr. Peter Lin started his studies in the Faculty of Science and Engineering at the University of Toronto. Midway through, he moved over to the Faculty of Medicine where he completed his studies and with his analytic mindset became involved with research. Over the years it became apparent that there was a wide chasm between research and clinical practice and hence, he moved into clinical practice in primary care and eventually into teaching in order to help bridge this gap.

He has served in the past as the medical director at the University of Toronto's Health and Wellness Centre at Scarborough for seven years. Currently, he is the Director of Primary Care Initiatives at the Canadian Heart Research Centre. He continues to be a lecturer and speaker with two busy family practices in Toronto. He has had the pleasure of speaking in Saudi Arabia, Gulf States, Canada, United States, Europe, Egypt, South Africa, Philippines, Korea, Singapore, Hong Kong, Vietnam, Costa Rica, Panama and the Caribbean. His interests are varied and he has given over 140 lectures in 2018 on various topics.

In terms of journals, he has been guest editor for magazines such as Focus on Cardiology. He is a consultant for Perspectives in Cardiology, and is on of the editorial board for The Canadian Alzheimer Disease Review. Dr. Lin was the chairman of the Dementia Congress in the United States for 4 years. He has also served on the editorial board of Pri-Med Institute USA which provides education for physicians. He was chairman of the CV summit in Madrid 2009 and spoke at the European Society of Cardiology meeting in Barcelona in 2009. Dr. Lin received a teaching award from the College of Family Physicians in 2011. He is also an assistant editor for Elsevier Practice Update Web Portal in the United States. He was one of the authors in the vascular protection section of the Canadian Diabetes Guidelines in 2013 and 2018 Diabetes Canada Guidelines.

Abstract: Recent randomized controlled trials have shown that the clinical benefits of sodium-glucose co-transporter-2 (SGLT2) inhibitors extend beyond glycometabolic control. Reductions in cardio-renal outcomes have been demonstrated in patients with chronic kidney disease and in those with heart failure, and the benefits were seen in subjects both with and without type 2 diabetes. Hence, SGLT2 inhibitors are no longer only used for the treatment of type 2 diabetes, and the use of SGLT2 inhibitors have extended beyond glucose-lowering to a central role in cardio-renal protection. For response to the new publish data, international guideline for CKD management e.g. KIDGO, also updated to improve CKD patient's health.

Session 4 – Vaccines

The Local Burden of Paediatric Invasive Pneumococcal Diseases and its Prevention

Prof. Ellis Kam-lun HON

Consultant, Specialist in Paediatrics, CUHK Medical Centre

Professor of Practice in Paediatrics (by courtesy), Department of Paediatrics, Faculty of Medicine, CUHK MB BS (W Aus), MD (CUHK), FHKCPaed, DABPed, DABPed (Ped Critical Care Med), PGDipAvMed (Otago), FHKAM (Paediatrics)

Dr Hon is the consultant, specialist in paediatrics, at the CUHK Medical Centre. He is a professor of practice in Paediatrics (by courtesy) at the Department of Paediatrics, Faculty of Medicine, The Chinese University of Hong Kong. He received undergraduate medical education at the University of Western Australia. He is a Fellow of the American Academy of Pediatrics (FAAP) and Fellow of Critical Care Medicine (FCCM). He received his Doctor of Medicine (MD) at the Chinese University of Hong Kong. He is the President of the Hong Kong Society of Paediatric Respiriology and Allergy, and the Vice President of the Hong Kong Paediatric and Adolescent dermatology Society. He has published over 400 peer-reviewed scientific papers, books and book chapters; and his research interests include many paediatric issues. He has performed extensive research on atopic diseases, topical emollients, antibiotic, corticosteroid, systemic immunotherapy, food avoidance and dietary supplementation, traditional Chinese medicine and bench research on eczema biomarkers, as well as many paediatric health issues (including SARS, respiratory infections, pneumococcus, asthma, poisoning and injuries). Dr Hon is particularly keen to education parents to dismiss a lot of myths and fallacies that hinder good child health.

Abstract: Invasive pneumococcal disease is a reportable condition in Hong Kong. The Scientific Committee on Vaccine Preventable diseases, under the Centre for Health Protection in Hong Kong, has recommended universal programs of pneumococcal vaccines for children and elderly populations respectively. The cases of invasive pneumococcal diseases (IPD) has been reduced largely after the implementation since 2009.

Nevertheless, the residual burden of IPD has been identified and necrotising pneumonia with empyema and bronchopleural fistula in children are still prevalent in hospital setting. Large proportion of that is contributed by serotype 3 despite high coverage of licensed vaccines such as 13-valent pneumococcal conjugate vaccine (PCV13). There is clear evidence that the efficacy of the PCV13 against serotype 3 infection is low. In addition, the antimicrobial resistance is remained an issue to manage, Hong Kong has some of the highest antibiotic resistance rates for *S. pneumoniae* in the world.

15-valent and 20-valent pneumococcal conjugate vaccines (PCV15 and PCV20) are developed on the way to address the residual IPD burden. These vaccines have been introducing in some advanced countries recently.

With the data release of newly developed PCVs, overall epidemiology, pattern of pneumococcal diseases in Hong Kong, the latest clinical evidence of newly developed PCVs and their implications will be discussed in the lecture.



SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)

A NEW GENERATION OF HERPES ZOSTER VACCINE

**PREVENT
SHINGLES**

DON'T GIVE IT A CHANCE²



**ELIGIBLE
GROUPS²**
18+
YEARS OLD
AT INCREASED HZ RISK

50+
YEARS OLD

**THE ONLY RZV¹
WITH OVER
90%**
VACCINE
EFFICACY^{2,3,4}

⁴Efficacy in adults aged 50 years or above

**The US CDC Recommends SHINGRIX
As The Preferred Vaccine For The
Prevention Of SHINGLES¹**

CDC = Centers for Disease Control and Prevention

Indication: SHINGRIX is indicated for prevention of herpes zoster (HZ) and post-herpetic neuralgia (PHN), in adults 50 years of age or older; and adults 18 years of age or older at increased risk of HZ. The use of Shingrix should be in accordance with official recommendations.

Safety information: SHINGRIX is for intramuscular injection only, preferably in the deltoid muscle. The vaccine is given as a 2-dose series. The second dose can be administered as soon as 2 months after the first dose (and if necessary, anytime between 2-6 months). In adults aged 50 years or above, the most frequently reported adverse reactions include pain at the injection site, myalgia, fatigue and headache. Most of these reactions were not long-lasting. In adults 18 years or above who are immunodeficient or immunosuppressed due to disease or therapy (referred to as immunocompromised (IC)), the safety profile was consistent with that observed in adults 50 years and above. There are limited data in adults aged 18-49 years at increased risk of HZ who are not IC.

Abbreviated Prescribing Information
Name of the Medicinal Product: Shingrix vaccine powder and suspension for suspension for injection. Herpes zoster vaccine (recombinant, adjuvanted) Qualitative and Quantitative Composition: After reconstitution, 1 dose (0.5 ml) contains 50 micrograms of gE antigen adjuvanted with AS01B. Variella Zoster Virus (VZV) glycoprotein E (gE) produced by recombinant DNA technology in Chinese Hamster Ovarian (CHO) cells. The GlaxoSmithKline proprietary AS01B Adjuvant System is composed of the plant extract Quilaja saponaria Molina, fraction 21 (QS-21) (50 micrograms) and 3-O-desacyl-4'-monophosphoryl lipid A (MPL) from Salmonella minnesota (50 micrograms). Indications: Shingrix is indicated for prevention of herpes zoster (HZ) and post-herpetic neuralgia (PHN), in adults 50 years of age or older and adults 18 years of age or older at increased risk of HZ. Posology and Administration: The primary vaccination schedule consists of two doses of 0.5 ml each: an initial dose followed by a second dose 2 months later. For subjects who are or might become immunodeficient or immunosuppressed due to disease or therapy, and whom would benefit from a shorter vaccination schedule, the second dose can be given 1 to 2 months after the initial dose. Method of administration: Intramuscular injection. Contraindications: Hypersensitivity to the active substances or to any component of the vaccine. Special Warnings and Precautions for Use: As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following the administration of the vaccine. As with other vaccines, vaccination with Shingrix should be postponed in subjects suffering from an acute severe febrile illness. However, the presence of a minor infection, such as a cold, should not result in the deferral of vaccination. As with any vaccine, a protective immune response may not be elicited in all vaccinees. Do not administer the vaccine intravascularly or intradermally. Subcutaneous administration is not recommended. Maladministration via the subcutaneous route may lead to an increase in transient local reactions. Shingrix should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following intramuscular administration to these subjects. Syncope (fainting) can occur following, or even before, any vaccination as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints. Interactions: Shingrix can be given concomitantly with unadjuvanted inactivated seasonal influenza vaccine, 23-valent pneumococcal polysaccharide vaccine (PPV23) or reduced antigen diphtheria-tetanus-acellular pertussis vaccine (dTpa). The vaccines should be administered at different injection sites. Fertility, pregnancy and Lactation: Pregnancy: There are no data from the use of Shingrix in pregnant women. The effect on breast-fed infants of administration of Shingrix to their mothers has not been studied. Undesirable effects: Lymphadenopathy, hypersensitivity reactions including rash, urticaria, angioedema, headache, gastrointestinal symptoms (including nausea, vomiting, diarrhoea and/or abdominal pain), myalgia, arthralgia, injection site reactions (such as pain, redness, swelling), fatigue, chills, fever, injection site pruritus, malaise. Incompatibility: This medicinal product must not be mixed with other medicinal products. Use and handling: The powder and suspension should be inspected visually for any foreign particulate matter and/or variation of appearance. If either is observed, do not reconstitute the vaccine. Shingrix must be reconstituted prior to administration. 1. Withdraw the entire contents of the vial containing the suspension into the syringe. 2. Add the entire contents of the syringe into the vial containing the powder. 3. Shake gently until the powder is completely dissolved. The reconstituted vaccine is an opalescent, colourless to pale brownish liquid. The reconstituted vaccine should be inspected visually for any foreign particulate matter and/or variation of appearance. If either is observed, do not administer the vaccine. After reconstitution, the vaccine should be used promptly; if this is not possible, the vaccine should be stored in a refrigerator (2°C - 8°C). If not used within 6 hours it should be discarded. Before administration: 1. Withdraw the entire contents of the vial containing the reconstituted vaccine into the syringe. 2. Change the needle so that you are using a new needle to administer the vaccine. 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 Kong. Abbreviated Prescribing Information prepared in 26 May 2022 based on version HK072021(GD504/EMA20210311).

References: 1. Centers for Disease Control and Prevention. MMWR. 2018 Jan 67(3):103-8. 2. GSK. SHINGRIX Hong Kong Prescribing Information GD504. 3. MSD Live-attenuated Zoster Vaccine Product Circular. For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3199 8989 (Hong Kong) [or (853) 2871 5569 (Macau)], or send an email to us at HKAdverseEvent@gsk.com. Please read the full prescribing information prior to administration. Full Prescribing Information is available upon request at GSK, 23/F, Tower 6, The Gateway, 9 Canton Road, Tsim Sha Tsui, HK.

The material is for the reference and use by healthcare professionals only. Trademarks are owned by or licensed to the GSK group of companies. ©2022 GSK group of companies or its licensor.

PM-HK-SGX-ADVT-220001(05/2024) Date of preparation: 01/06/2022

Discover the power of SHINGRIX at gskpro.com/en-hk



96320774 MICRO 5 3.0 06/2021 P-E

VITOM[®] 3D

The 3rgonomic Dimension



THE DIAMOND STANDARD

www.karlstorz.com

Session 4 – Vaccines

Preventing a Painful and Costly Complication: The Importance of Herpes Zoster Vaccination

Dr. Thomas Ho-fai TSANG

MBBS, MPH, FHKCCM

Dr Tsang graduated from the Faculty of Medicine, the University of Hong Kong in 1990. He joined the Department of Health, HKSARG in 1992 where he worked until 2012. He became Controller of the Centre for Health Protection between 2007 and 2012. As a specialist in public health medicine, Dr Tsang's main field of expertise lies in epidemiology and the public health prevention and control of communicable and non-communicable diseases. He was President of the Hong Kong College of Community Medicine during 2017-21,

Dr Tsang is currently a Board member of the Hospital Authority and Council member of the Hong Kong Red Cross. He serves in a number of expert and advisory committees in the Government including the Steering Committee on Non-Communicable Diseases, Advisory Panel on COVID-19 vaccines and Cancer Coordinating Committee. He is also Chairman of the Occupational Deafness Compensation Board and Hospital Governing Committee of Queen Elizabeth Hospital.

Abstract: Herpes Zoster (HZ) results from reactivation of varicella-zoster virus (VZV) with the risk of developing post-herpetic neuralgia increasing with age. HZ may lead to significant clinical complications among high-risk patients and its effective prevention is gaining importance in view of population aging and increasing prevalence of chronic conditions. This lecture discusses the epidemiology and burden of (HZ) with a focus on Hong Kong / Asia and provides a latest review on the evidence for HZ vaccines, including live-attenuated Zoster vaccine (LZV) and recombinant Zoster vaccine (RZV). It also examines their cost-effectiveness, public health impact and vaccination guidance for high-risk patients from leading international expert groups and authorities. Overall, the review emphasizes the importance of HZ vaccination in high-risk populations to reduce the burden and complications of HZ and improve health outcomes.

Concurrent Session 4 – Surgery

Update in Management of Salivary Gland Diseases

Dr. Siu-kwan NG

Dr Siu-Kwan NG is an ENT surgeon in private practice. He is also the Clinical Associate Professor (Honorary) of the Department of Otorhinolaryngology, Head and Neck Surgery, The Chinese University of Hong Kong.

Apart from general Ear, Nose and Throat practice, his special clinical interests include thyroid and salivary gland surgeries. He is an executive committee member of the Asia-Pacific Society of Thyroid Surgery and the Executive Board member of the international Multidisciplinary Salivary Gland Society. He is interested in training and has been a regular invited faculty in various conferences and hands-on training courses, both locally and overseas.

Abstract: Salivary gland diseases are very diverse. As a whole, they are not rare. The apparent rarity of the conditions is because of the inadequate awareness of their existence.

This presentation aims to give a succinct overview of various salivary gland diseases that clinicians may encounter in their daily practice. In addition, it would also encompass the discussion of the new advances made in this field. Amongst them, the advent of sialendoscopy is a very successful example of how a new technique effect a paradigm shift of management of obstructive salivary gland diseases. Sialendoscopy entails the passage of a very thin endoscope via the nearly invisible salivary ductal openings in the oral cavity, and perform diagnostic and interventional procedures. This is arguably the most minimally invasive surgery invented to date.

Concurrent Session 4 – Surgery

Endoscopic Diagnosis and Treatment of Early Gastric Cancer

Dr. Hon-chi YIP

M.B.ChB (Hons), FRCSEd (General Surgery), FHKAM (Surgery), FCSHK (General Surgery)

Dr. Yip is currently clinical assistant professor at the Division of Upper Gastrointestinal and Metabolic Surgery, Department of Surgery, Faculty of Medicine, the Chinese University of Hong Kong. He is also serving as honorary associate consultant at the Prince of Wales Hospital.

Dr. Yip graduated from the Chinese University of Hong Kong in 2008 with honors. He received the RC Li Gold Medal in Surgery. He joined the Department of Surgery at Prince of Wales Hospital after graduation and obtained the fellowship in General Surgery in 2015.

Focusing on Upper Gastrointestinal Tract Cancer management, Dr. Yip underwent overseas training in Osaka and Tokyo, Japan in 2017. His current research focuses on endoscopic diagnosis and treatment of early gastrointestinal cancer, as well as minimally invasive and robotic techniques in surgical treatment of gastric and esophageal neoplasia.

Dr. Yip is engaged in regional education and training. He serves as a core member in the Asian Novel Bio-imaging and Intervention Group (ANBIG), an Asian wide organization focusing on endoscopic diagnosis and treatment of GI luminal diseases. He is a member of the Education Committee in the Asia-Pacific Society of Digestive Endoscopy (APSDE). He is currently board member of the Asia-Pacific Endo-Laparoscopic Surgery Group (APELS), council member of Hong Kong Society of Digestive Endoscopy.

Abstract: Gastric cancer remains the 5th most common cancer worldwide and is particularly prevalent in Asia countries including China, Japan and Korea. Survival of gastric cancer is stage dependent, and 5-year survival exceeds 90% when it is diagnosed at early stage (Stage 1). Upper endoscopy is the current gold standard for diagnosing gastric cancer. In regions where endoscopic features of early gastric cancer are well recognized, majority of these patients could be diagnosed at early stage. The number of endoscopic resection has exceeded the number of major gastrectomy in Japan since 2018, reflecting a high proportion of early gastric cancer diagnosis, leading to a favorable survival data in the country. There is a need for improvement in early gastric cancer diagnosis in Hong Kong through performance of high quality screening endoscopy, identification of high risk features such as gastric atrophy and intestinal metaplasia, as well as recognition of endoscopic features of early gastric cancer.

Early gastric cancer confined to the mucosa (T1a) has a negligible risk of lymph node involvement and is therefore a suitable candidate for local endoscopic resection. Development of endoscopic submucosal dissection (ESD) techniques in the early 2000s has allowed en-bloc resection of gastric cancer regardless of the size of the lesion. Extremely good survival outcomes have been reported with regard to ESD for early gastric cancer. Recent guidelines have elaborated indication and curability criteria for endoscopic resection of early gastric cancer, and would provide guidance in selecting the suitable patients for the procedure. With new advances in techniques and technology in ESD, the procedure is now safer with low adverse event rate.

Session 5 – Asthma

Anti-Inflammatory Reliever in Mild Asthma in Theory and Practice

Emeritus Professor Eric D. BATEMAN

MBChB (UCT), MD (UCT), DCH (UK), FRCP, FERS

Eric Bateman is the former Head of the Division of Pulmonology and is founder and former director of the University of Cape Town Lung Institute. He undertook research for his MD degree at the Royal Postgraduate Medical School and Brompton Hospital, London, and is a Life Fellow of the University of Cape Town, a Founding Fellow of the European Respiratory Society and has previously served three terms as President of the South African Thoracic Society. His current primary research interest is the pharmacology and management of asthma and chronic obstructive pulmonary disease, and community-based interventions to improve the care of patients with chronic diseases. He has published more than 370 papers in international peer-reviewed journals and is a member of the Board and Science Committee of the Global Initiative for Asthma (GINA).

Awards include the President's Award from the European Thoracic Society for his global contribution to Respiratory Medicine (2012), the National Science and Technology Forum BHP-Billiton Lifetime Award for Outstanding Contribution to Science, Engineering, Technology and Innovation (2014) and the World Lung Health Award from the American Thoracic Society (2018).

Abstract: The designation of asthma as “mild” is often incorrect, resulting in undertreatment and significant risk of severe attacks and even death. Correctly defined, it is asthma that is well controlled with “low-intensity treatment”. However, based on global evidence of the harmful consequences of short-acting beta2-agonist (SABA)-only treatment and recent high quality evidence for alternative approaches, “low-intensity treatment” is now considered to be as-needed low-dose ICS-formoterol, or low-dose ICS maintenance treatment plus as-needed SABA, although other options may be considered. The latter include the concurrent use of a low dose of ICS whenever a SABA is used for symptoms either as a single combination inhaler or from separate inhalers. This anti-inflammatory reliever (AIR) approach brings mild asthma in line with the GINA-preferred management of moderate to severe asthma in which a single inhaler combination inhaler containing low-dose ICS and formoterol is recommended for both maintenance treatment and as-needed for relief of symptoms (the MART approach), thereby greatly simplifying asthma management for both patient and physician.



Time she's stuck on an IV
is time they don't get to spend
together



PHESGO® combines the benefits of PERJETA® and Herceptin®, but is given subcutaneously as a fixed-dose injection in as little as 5 minutes.^{1,2} For HER2+ breast cancer patients, that means less time in the clinic and more time with their loved ones. Maybe that's why 85% of patients preferred PHESGO over PERJETA and Herceptin IV.*³

With treatment this convenient, where could your patients go?
To find out more, speak to your local Roche Patient Journey Partner.

PHESGO™
PERTUZUMAB-TRASTUZUMAB

Go there

*The PHranceSCa study evaluated patient preference and satisfaction with PHESGO in 160 patients with HER2+ early breast cancer, randomised 1:1 to receive 3 cycles of treatment with PERJETA + Herceptin IV followed by a switch to PHESGO or 3 cycles of treatment with PHESGO followed by a switch to PERJETA + Herceptin IV³

1. PHESGO Hong Kong Product Information.
2. Tan AR, et al. *Lancet Oncol* 2021;22:85-97.
3. O'Shaughnessy J, et al. *Eur J Cancer*. 2021. Jul;152:223-232.



For Abbreviated Prescribing Information of PHESGO®, please scan the QR code.

PERJETA®, Herceptin® and PHESGO® are registered trademarks of the Roche Group.

M-HK-00000928 Valid until 31/12/2023 or until change is required in accordance with the regulatory requirements, whichever comes first.



Kadcyla® is a tolerable option which maintains quality of life for patients



KADCYLA® has shown a consistently good safety profile in HER2+ mBC in all major clinical studies—EMILIA, KAMILLA and TH3RESA, and in early breast cancer—KATHERINE¹⁻⁵, and similar between younger and elderly patients.⁷⁻⁸

ILD/pneumonitis cases were infrequent with KADCYLA®:

- In EMILIA (N=991) overall incidence of pneumonitis was 1.2% in patients treated with KADCYLA®¹⁻²
- In KAMILLA (N=2002) Grade ≥3 pneumonitis-related AEs occurred in 9 patients (0.4%)⁶

For Abbreviated Prescribing Information of Kadcyla®, please scan the QR code.



Abbreviations: mBC = metastatic breast cancer; ILD = interstitial lung disease; AE = adverse event

References:

1. Kadcyla Hong Kong Prescription Information
2. Verma S, Miles D, Gianni L, et al. EMILIA Study Group. Trastuzumab emtansine for HER2+ advanced breast cancer. *N Engl J Med*. 2012;367:1783-1791 and Supplementary Appendix.
3. Krop E, Kim S-B, Martin AG, et al. Trastuzumab emtansine versus treatment of physician's choice in patients with previously treated HER2+ metastatic breast cancer (TH3RESA): final overall survival results from a randomised open-label phase 3 trial. *Lancet Oncol*. 2017;18:743-754.
4. Montemurro F, Ellis P, Anton A, et al. Safety of trastuzumab emtansine (T-DM1) in patients with HER2+ advanced breast cancer: Primary results from the KAMILLA study cohort 1. *Eur J of Cancer*. 2019;109:92-102.
5. Von Minckwitz G, Huang C-S, Mano MS, et al. Trastuzumab emtansine for residual invasive HER2+ breast cancer. *N Engl J Med*. 2019;380(7):617-628.
6. Montemurro F, Ellis P, Anton A, et al. Safety of trastuzumab emtansine (T-DM1) in patients with HER2+ advanced breast cancer: primary results from the KAMILLA study cohort 1. *Eur J of Cancer*. 2019;109:92-102.
7. Barrios CH, Anton A, Delalogue S, et al. Safety of trastuzumab emtansine (T-DM1) in 373 patients ≥65 years with HER2+ advanced breast cancer: a subgroup analysis of the KAMILLA study. *J Clin Oncol*. 2015;33(15 Suppl.):603.
8. Wildiers H, Tryfonidis K, Dal Lago L, et al. Pertuzumab and trastuzumab with or without metronomic chemotherapy for older patients with HER2+ metastatic breast cancer (EORTC 75111-10114): an open-label, randomised, phase 2 trial from the Elderly Task Force/Breast Cancer Group. *Lancet Oncol*. 2018;19:323-336.

Kadcyla®
trastuzumab emtansine



Roche Hong Kong Limited
22/F, FTLife Tower, 18 Sheung Yuet Road, Kowloon Bay, Kowloon, Hong Kong.
Tel: (852) 2723 2832

Kadcyla® is registered trademarks of the Roche Group. M-HK-00001276 Valid until Exp 5/31/2025 or until change is required in accordance with the regulatory requirements, whichever comes first.

CHAIRPERSONS

Dr. Jane Chun-kwong CHAN

*Specialist in Respiratory Medicine, MD (U of Chicago), FHKCP, FHKAM (Medicine),
Diplomate, American Board of Internal Medicine*

Dr. Jane Chan obtained her Doctor of Medicine degree from the 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 the 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. As a private practitioner since 2005, she has continued to contribute to the health promotion. She is currently Global Governor of Chest Delegation, Hong Kong & Macau Ltd, and she just stepped down from the Editorship for the Hong Kong Medical Diary, a monthly publication of the Federation of Medical Societies of Hong Kong distributed to every single medical practitioner in HK. She is currently the President of the Hong Kong Chinese Medical Association Ltd (HKCMA), which is enjoying broad recognition and respect from the local medical community for the HKCMA's commitment to professionalism, medical education, and fellowship.

Dr. Karen IP

Dr. Karen Ip was born and raised in Hong Kong, then pursued further education in the United States. Dr. Ip received Bachelor of Science from Cornell University and Doctor of Dental Surgery from New York University College of Dentistry. Upon graduation, she was accepted to the Metropolitan Hospital Center in New York City for General Practice Residency Program. Dr. Ip practiced in the United States for close to two decades and owned a dental practice in NYC, she is particularly interested in the field of Aesthetic Dentistry. Dr. Ip was a member of the American Dental Association, American Association of Women Dentists, Academy of Advanced Dental Technology and The American Academy of Facial Esthetics. She also served on Peer Review Committee for New York County Dental Society.

Currently licensure in Hong Kong and New York State. Dr. Ip returns to Hong Kong recently and starts practicing dentistry in Central, Hong Kong.

CHAIRPERSONS

Dr. Albert Yim-fai KONG, M.H.

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

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

Dr. May LAM

Specialist in Psychiatry, MBBS (NSW), FRCPsych, FHKCPsych, FHKAM (Psychiatry)

Dr Lam is a Psychiatry Specialist, Founder and President of The Hong Kong Mental Wellness Association, Fellow of the Royal College of Psychiatrists, United Kingdom. She is the Honorary Clinical Associate Professor of Psychiatry and Family Medicine at the HKU Faculty of Medicine; Clinical Associate Professor (Honorary) at Department of Psychiatry, CUHK; and the Adjunct Associate Professor at Department of Social Work and Social Administrations, HKU. Dr Lam graduated from the University of New South Wales, Australia. She has obtained International Clinical, Operational and Health Services Research and Training Award and the Forgarty Research Grant at the Harvard Medical School.

Dr Lam has been working in the field of mental health for years, in particular child and youth mental wellbeing and development. She is actively involved in training local mental health professionals and promoting health education by delivering educational talks and workshops to schools and general public. She is also involved in leading various community projects in helping young people and adults with emotional problems in overcoming the difficult time and COVID-19 pandemic. Dr Lam is the executive committee member of the Mental Health Association Executive Committee, the co-chair of its Integrated Community Centre for Mental Wellness Sub-committee, Honorary Consultant (Social Work Services Division) of Caritas HK. She is the Co-chair of Variety-The Children's Charity HK Butterfly Programme. She is passionate in helping underprivileged young people to maximize their potentials given their strengths and interests.

Dr Lam has served as Board Member and Committee Member of various Government Departments, such as Board Member of The Mental Health Review Tribunal. She is currently the Honorary Consultant (Psychiatry) of the HKSAR Government Police Negotiation Cadre, Committee Member of the Task Group on Evaluation of the Expert Group on New Service Protocol for Child and Adolescent Mental Health Services, Member of Council on Human Reproductive Technology of the Food and Health Bureau and Advisory Committee Member for Regulatory Standards for Private Healthcare Facilities at the Department of Health. Academically, she has published various papers in international and local peer-reviewed journals.

CHAIRPERSONS

Prof. George LAU

MBBS (HK 1987), MRCP (UK 1990), FHKCP (1995), FHKAM (GI 1995), MD (HKU 1999), FRCP (Edin 2004 Lond 2006), FAASLD (USA 2015)

Professor George Lau graduated from The Faculty of Medicine, The University of Hong Kong in 1987. After graduation, he was recruited by Prof Sir David Todd to the University Department of Medicine at Queen Mary Hospital, The University of Hong Kong. In 1992, he was awarded Hong Kong-Stanford scholarship for his further training in Gastroenterology and Hepatology at the Stanford University, USA. In 1998, he was recommended by Professor Roger Williams to be further trained in translational Hepatology at the Institute of Hepatology, University College of London (supported by the Royal Society Award). In 2002, he was promoted to Senior Lecturer and Consultant in Gastroenterology and Hepatology at Queen Mary Hospital, Hong Kong. In 2006, he was promoted to full Clinical Professor and assistant Dean, Faculty of Medicine, The University of Hong Kong. He was also well respected by his peer in academic Hepatology and was elected as 19th President of The Asian Pacific Association for the Study of the Liver (APASL) in 2008. In 2009, he founded and become Chairman and Consultant in Gastroenterology and Hepatology, Humanity and Health Medical Group, Hong Kong. Concurrently, he was appointed as the Co-director and Chair Professor at Liver disease and Transplant Center, The Fifth Medical Center of Chinese PLA General Hospital, Beijing, China. Prof. Lau's research interest is immunotherapy in liver diseases. Throughout his 3 decades of research, he has published over >300 original articles (including NEJM, Lancet, J Hepatol, Hepatology and Hepatology International) with a citation of 40,000+ and a H-index of 94. Notably, Dr Lau is the lead author for the phase 3 pegylated interferon for CHB in 2005 and HIMALAYA study for HCC in 2022. Prof. Lau has received many awards and honors, including Ten Most Outstanding Young Persons 2002 (HKSAR), HKU Medical Faculty Outstanding Research Output Award, National Science and Technology Progress Award (State Science and Technology Prizes) - Technological advancement in Chronic hepatitis B infection management, Hong Kong SAR Chief Executive's Commendation for government service, and APASL Okuda-Omata Distinguished Award. Currently, he is the senior member of steering committee of APASL, chairman of the APASL HBV reactivation guidelines committee and COVID-19 taskforce, Co-chairman of the APASL HBV guideline committee, panel member of the APASL HCV and HCC guideline committee, and senior member of governance board of Asian-Pacific Digestive Disease Federation (APDWF).

Dr. Chor-chiu LAU

MBBS (HK), MRCP (UK), FHKCEM, FHKAM (Emergency Medicine), FRCP (Edin)

Dr. Lau Chor-chiu graduated in 1982 in Hong Kong and is an Emergency Medicine Specialist, currently the Chief Medical Executive of the HKSH Eastern Medical Centre. He has served the Hospital Authority as consultant in accident and emergency department for 20+ years with his last position as Cluster Chief Executive of Hong Kong East Cluster in 2018.

Dr. Lau is one of the foundation fellows of Hong Kong College of Emergency Medicine and was President of Hong Kong College of Emergency Medicine (2005 – 2011). Dr. Lau has been instrumental in the development of emergency aeromedical patient transfer, and is one of the first senior Air Medical Officers in Hong Kong.

Dr Lau was the Honorary Secretary (2012 – 2016) and Vice-President (General Affairs) of Hong Kong Academy of Medicine (2014-2020). He was a member of the Medical Council of Hong Kong (2015-2022) and Honorary Associate Professor of Li Ka Shing Faculty of Medicine of University of Hong Kong. He is currently Deputy Chairman of Hong Kong Red Cross.

CHAIRPERSONS

Dr. Chun-key LAW

*M.B., B.S., D.M.R.T., F.R.C.R, F.H.K.C.R., F.H.K.A.M (Radiology)
President of Hong Kong College of Radiologists
Specialist in Clinical Oncology*

Dr. Stephen CK Law graduated from University of Hong Kong in 1981 and joined the Department of Radiotherapy & Oncology (now called Department of Clinical Oncology), Queen Elizabeth Hospital in 1982. He had post-Fellowship training in United Kingdom, Japan and the USA. He became Chief of Service in 2003 until retirement from the public service in 2012. He had been the Director of Hong Kong Cancer Registry, Hospital Authority in 2004 -2012 and is currently President of Hong Kong College of Radiologists since 2008. He is a Past President of Hong Kong Head and Neck Society, as well as ex-Vice Presidents of Hong Kong Nasopharyngeal Carcinoma Study Group and Hong Kong Lung Cancer Study Group. Dr. Law had been a member of the Cancer Coordinating Committee (CCC) of Food and Health Bureau, Hong Kong SAR Government 2005-2014, and is currently a member of the Cancer Expert Working Group (CEWG) of the Centre for Health Protection (CHP) as well as the Advisory Committee for Regulatory Standards for Private Healthcare Facilities, Department of Health. He is also an Honorary Clinical Associate Professor in Department of Clinical Oncology, The University of Hong Kong, and Clinical Associate Professor (Honorary), Department of Medicine and Therapeutics, The Chinese University of Hong Kong. Dr. Law had been active in cancer research and co-authored over 70 peer review articles, covering cancer epidemiology, nasopharyngeal carcinoma, thyroid and lung cancer. Dr. Law is specialized in the advanced clinical applications of Cyberknife & Tomotherapy, as well as lung and head & neck cancer. He is currently serving in Hong Kong Sanatorium and Hospital as Honorary Consultant in Clinical Oncology and is active in the Proton Treatment Centre in HKSH Eastern Medical Centre.

Dr. Adrian Hon-bong LEUNG

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

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

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

CHAIRPERSONS

Dr. Shao-haei LIU

Dr Liu Shao Haei is a seasoned leader in health management with over 20 years of extensive experience in hospital operations and medical service development. Before his retirement from Hospital Authority, he was the administrative head of Infection, Emergency and Contingency Department. Currently, Dr Liu practises health advocacy in the community. He is also a Council Member of Chinese Medical Association Ltd.

Dr. Mike Yat-wah KWAN

- *Honorary Professor of the Department of Paediatrics & Adolescent Medicine, University of Hong Kong*
- *Consultant Paediatrician, Head of Paediatric Infectious Disease Unit, Hospital Authority Infectious Disease Centre, Princess Margaret Hospital*
- *Specialist in Paediatric Immunology, Allergy and Infectious Diseases*
- *Chairman and Board member of the Paediatric Immunology Allergy and Infectious Diseases Subspecialty Board, Hong Kong College of Paediatricians*
- *Council Member and Past President of the Hong Kong Society for Paediatric Immunology, Allergy and Infectious Diseases*
- *Council member and Honorary Treasurer, The Hong Kong Paediatric Society*
- *Standing Committee member (HKSAR) and President-Elect, Asian Society for Pediatric Infectious Diseases*
- *Hong Kong Convention Ambassador, Hong Kong Tourism Board, HKSAR*

Dr. Mike Yat-Wah Kwan is the Consultant Paediatrician of the Department of Paediatrics and Adolescent Medicine and Head of the Paediatric Infectious Diseases Unit of the Hospital Authority Infectious Disease Centre at Princess Margaret Hospital. He is also the Honorary Consultant of the Hong Kong Children's Hospital, Honorary Clinical Associate Professor of the Department of Paediatrics and Adolescent Medicine, The University of Hong Kong and The Chinese University of Hong Kong. He obtained his medical degree at The University of Hong Kong in 1991 and trained in general paediatrics at Princess Margaret Hospital. He awarded Fellowship of the Bill Marshall Memorial Fund and received subspecialty training in paediatric infectious disease at the Host Defense Unit, Great Ormond Street Hospital for Children, London under Dr. Vas Novelli in 1997, and furthered his training at the New Children's Hospital at Westmead, Sydney under Professor David Isaacs in 2004 and the Royal Children's Hospital, Melbourne under Professor Nigel Curtis in 2014. He is a First Fellow in Paediatric Immunology and Infectious Diseases Subspecialty by the Hong Kong College of Paediatricians since 2012, (The Subspecialty was renamed as Paediatric Immunology, Allergy and Infectious Diseases since August 2020).

Dr. Kwan obtained the Postgraduate Diploma in Infectious Disease and Infection Control of the University of Hong Kong, Postgraduate Diploma in Healthcare Informatics of the University of Bath, the United Kingdom and Master of Science degree in Applied Epidemiology of the Chinese University of Hong Kong. He is a member of the Hospital Authority Infectious Disease Centre Management Committee, the Central Committee of Infectious Diseases and Emergency Response and the Task Force on Clinical Management on Infection. Dr. Kwan is appointed as a member of the National Verification committee for Measles and Rubella Elimination in Hong Kong, a member of the Expert Panel for the National Committee for the Certification of the Wild Poliovirus Eradication in Hong Kong, a member of the Scientific Committee on Vaccine Preventable Diseases of the Centre for Health Protection, Department of Health. He is the Founding Council Member and the Past President of the Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases. He is Council member of the Hong Kong Paediatric Society. He is the Standing Committee member representing Hong Kong SAR and the President-Elect in the Asian Society for Pediatric Infectious Diseases (ASPID). He is appointed the Convention Ambassador of the Hong Kong Tourism Board, HKSAR. He is actively involved in teaching and educational activities, promulgation importance of vaccination including COVID-19, influenza vaccines to the health professionals and the general public; he is the Course Co-ordinator of the annual Paediatric Infectious Diseases and Immunology Course held in Hong Kong and Chairman of the Paediatric Immunology and Infectious Diseases Subspecialty Board. He is being elected as council member of the Hong Kong College of Paediatricians. He is also member of the College Subspecialty Board, Accreditation Committee, College Training Subcommittee and Membership Subcommittee of The Hong Kong College of Paediatricians. His research is focused on the epidemiology of infectious diseases, respiratory virus infections and vaccinology. He has authored and co-authored publications on paediatric SARS infection, Avian Influenza, Influenza vaccine effectiveness, Paediatric SARS-CoV2 (COVID-19) infection and various papers and guidelines on other infectious disease topics. Currently Dr. Kwan is coordinating research in paediatric SARS-CoV2 infection, effectiveness of COVID-19 vaccine and adverse effects related to COVID-19 vaccine, etc with local and overseas partners.

CHAIRPERSONS

Dr. Carol Chi-hei KWOK

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

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

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

Dr. Kwok conducted studies on the use of prophylactic growth factor for reducing neutropenic toxicity of docetaxel-containing chemotherapy, use of anti-emetic, scalp cooling and neoadjuvant chemotherapy treatment outcomes in breast cancer patients. Some of the results had been published in the Hong Kong Medical Journal and as e-poster presentation at St Gallen International Breast Cancer Conference 2023.

Dr. Chun-kong NG

MBBS(HK), MRCP(UK), FHKCP, FHKAM(Medicine), MPH(HK), FRCP(Edin, Lond)
Consultant Respiratory Physician, Department of Medicine, Queen Elizabeth Hospital Honorary Clinical Associate Professor, The University of Hong Kong
Honorary Clinical Associate Professor, The Chinese University of Hong Kong
1st Vice-President, The Federation of Medical Societies of Hong Kong

Dr. CK Ng is currently the Consultant Physician in the Department of Medicine, Queen Elizabeth Hospital. He is a Respiratory Physician, and his sub-specialisations are in sleep medicine, noninvasive and home ventilation and auto-fluorescent bronchoscopy. He is the Hong Kong College of Physicians speciality programme director in respiratory medicine of the Kowloon Central/ Kowloon East cluster. He is the Vice-Chairman of the Steering and Development Committee on Sleep Service in Kowloon Central Cluster (KCC) and Cluster Representative of the HAHO Working Group on Sleep Laboratory Service. He also serves as panel chairman of the KCC/KEC Research and Ethics Committee, and deputy panel chairman of the HAHO Central Institutional Review Board. He now serves as the First Vice President in the Federation of Medical Societies of Hong Kong, and a board member of the Hong Kong Lung Foundation.

CHAIRPERSONS

Dr. Thomas Ho-fai TSANG

MBBS, MPH, FHKCCM

Dr Tsang graduated from the Faculty of Medicine, the University of Hong Kong in 1990. He joined the Department of Health, HKSARG in 1992 where he worked until 2012. He became Controller of the Centre for Health Protection between 2007 and 2012. As a specialist in public health medicine, Dr Tsang's main field of expertise lies in epidemiology and the public health prevention and control of communicable and non-communicable diseases. He was President of the Hong Kong College of Community Medicine during 2017-21,

Dr Tsang is currently a Board member of the Hospital Authority and Council member of the Hong Kong Red Cross. He serves in a number of expert and advisory committees in the Government including the Steering Committee on Non-Communicable Diseases, Advisory Panel on COVID-19 vaccines and Cancer Coordinating Committee. He is also Chairman of the Occupational Deafness Compensation Board and Hospital Governing Committee of Queen Elizabeth Hospital.

Dr. Veronica WAI

M.B.B.S. (H.K.)

F.H.K.A.M (Anaesthesiology)

Council member of Private Medical Specialists of Hong Kong

Council member of Hong Kong Chinese Medical Association

Winner of 感動香港 2021

CHAIRPERSONS

Prof. Vivian WONG

Hon Professor of HKU & PolyU

FRCOG, FRCP London, FFPH, FHKCCM, FRACMA, FHKAM, FHKIoD

Honorary Fellow of HKU & Hong Kong Metropolitan University

- Hon President, HK Association for Integration of Chinese-Western Medicine
- Member, International Clinical Standards of Traditional Chinese Medicine Committee, World Federation of Chinese Medicine Societies (WFCMS)
- Member, New Drug Discovery in Traditional Chinese Medicine and Natural Medicine Committee, WFCMS
- Executive Member, Anti-aging Committee, WFCMS
- Vice President, Modernized Chinese Medicine International Association
- Board of Director, GP-TCM Research Association
- HK Coordinator, Consortium for Globalization of Chinese Medicine
- Member, Advisory Committee, School of Chinese Medicine, HKBU

Past Appointments:

- Public Health Specialist, Policy & Research, Population Health & Nutrition, The World Bank
- Chief Executive, Hospital Authority, Hong Kong
- Hospital Chief Executive, Queen Mary Hospital, Hong Kong
- Reader in Obstetrics & Gynaecology, the University of Hong Kong

Dr. Henry Chiu-fat YEUNG

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

Specialist in Paediatrics

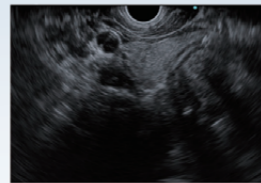
Dr. Henry Yeung is a specialist in Paediatrics. He worked since graduation in the Paediatrics Unit of Princess Margaret Hospital before the establishment of the Hospital Authority. He left for private practice in 1984 at the time when he was Senior Medical Officer in Princess Margaret Hospital. After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

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

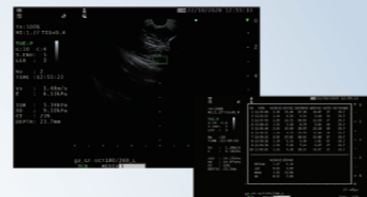
As Vice President of the Hong Kong Medical Association, Dr. Yeung initiated the dialect with Chinese Medical Association in Beijing in 1997, on the return of sovereignty of Hong Kong to our motherland China, to start the Biannual Beijing Hong Kong Medical Exchange since 1998. He joined the leading Hong Kong teams to Beijing in the BHKME on the topics of Paediatrics, Obstetrics & Gynaecology, Cardiology etc.

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

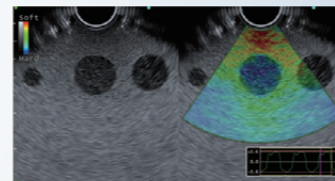
Enhanced Visualization



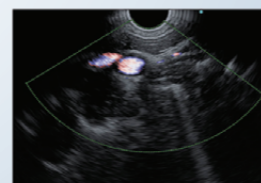
Shear Wave Quantification (SWQ)



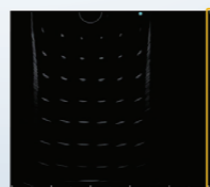
Elastography (i-ELST)



H-Flow



s-FOCUS (Entire Range)



EVIS EUS Endoscopic Ultrasound Center

EU-ME3

Advancing the Dimensions of Endosonography

VISERA ELITE III Video System Center

OTV-S700

4K Multi-Specialty Video Processor with Upgradeable 3D/IR Capability



ACKNOWLEDGEMENT

JADE SPONSORS



PLATINUM SPONSORS



DIAMOND SPONSORS



OTHER SPONSORS

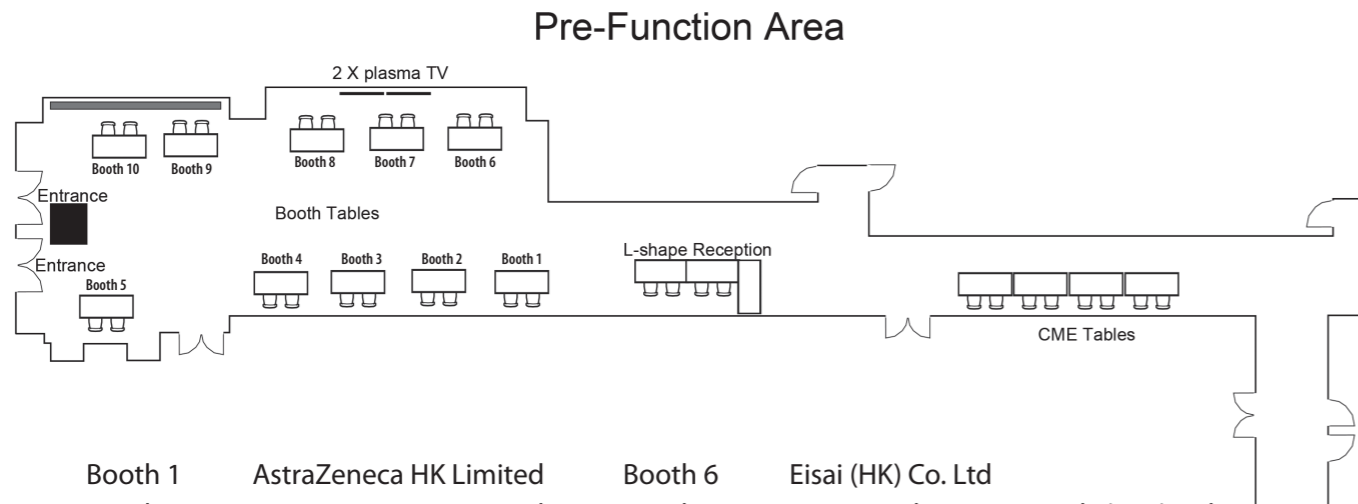


SUPPORTING ORGANIZATION



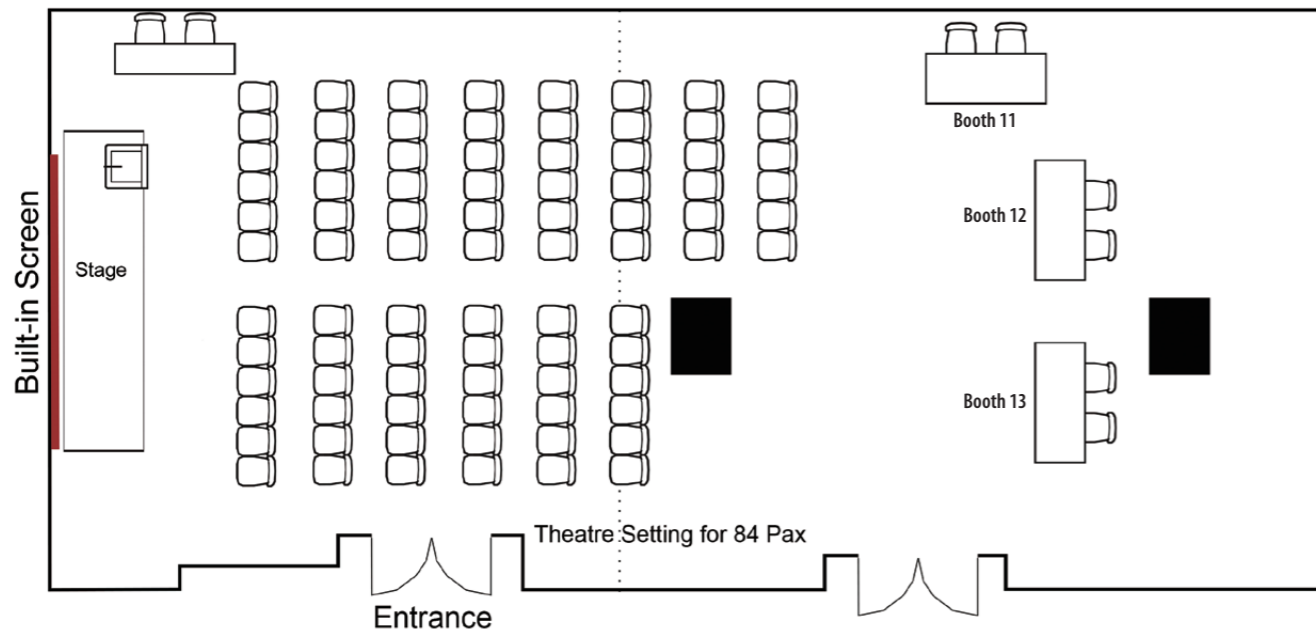
FLOOR PLAN

Level 3, Sheraton Hong Kong Hotel & Towers, 20 Nathan Road, Tsim Sha Tsui



Booth 1	AstraZeneca HK Limited	Booth 6	Eisai (HK) Co. Ltd
Booth 2	AstraZeneca HK Limited	Booth 7	Novartis Pharmaceuticals (H.K.) Ltd.
Booth 3	AstraZeneca HK Limited	Booth 8	Merck Sharp & Dohme (Asia) Limited
Booth 4	GlaxoSmithKline plc.	Booth 9	Pfizer Hong Kong
Booth 5	Sunrise Diagnostics Ltd	Booth 10	Pfizer Hong Kong

Tang Room



Booth 11	Eli Lilly Asia, Inc.
Booth 12	Amgen Hong Kong
Booth 13	Sanofi Hong Kong

NOW APPROVED



MANY MIGRAINE NEEDS
ONE SIMPLE SOLUTION

Nurtec 75mg
oral lyophilisate
(rimegepant)

NURTEC — the first and only medicine to **TREAT** and **PREVENT** migraine attacks

NURTEC is indicated for the¹:

- Acute treatment of migraine with or without aura in adults;
- Preventive treatment of episodic migraine in adults who have at least 4 migraine attacks per month.



Works Quickly Within an Hour^{1,2}

- Significant improvement in:
- Percent of patients achieving pain freedom at 2 hours¹
 - Percent of patients with pain relief at 60 minutes²



Provides Sustained Relief for Up to 48 Hours²

- Significant improvement in percent of patients with sustained pain freedom from 2 to 48 hours²



Reduces Monthly Migraine Days³

- Significant reduction in monthly mean migraine days at Weeks 9-12³



Adverse Event Profile Similar to Placebo²

- The most common adverse reaction was nausea for acute treatment (2.0%) and migraine prophylaxis (2.7%)^{2,3}
- Hypersensitivity to NURTEC was seen in less than 1% of subjects¹



With NURTEC, dosing is simple. Treat and prevent with the same NURTEC 75 mg orally dissolving tablet.¹

¹21.2% of patients taking NURTEC achieved pain freedom at 2 hours vs 10.9% on placebo.¹

²36.8% of patients taking NURTEC had pain relief at 60 minutes vs 31.2% on placebo.²

³42.2% of patients taking NURTEC had pain relief sustained up to 48 hours vs 25.2% with placebo.²

⁴Monthly migraine days (MMDs) for patients taking NURTEC reduced by 4.3 vs a reduction of 3.5 MMDs with placebo.³

⁵Acute treatment: taken as needed up to once daily. Preventive treatment: taken every other day. The maximum dose per day is 75 mg rimegepant.¹

References:

1. NURTEC (rimegepant) Prescribing Information. Pfizer Corporation Hong Kong Limited; Version November 2022. 2. Croop R, Goadsby PJ, Stock DA, et al. Efficacy, safety, and tolerability of rimegepant orally disintegrating tablet for the acute treatment of migraine: a randomised, phase 3, double-blind, placebo-controlled trial. *Lancet*. 2019;394(10200):737-745. 3. Croop R, Lipton RB, Kudrow D, et al. Oral rimegepant for preventive treatment of migraine: a phase 2/3, randomised, double-blind, placebo-controlled trial. *Lancet*. 2021;397(10268):51-60.

Scan the QR code or type the URL in your browser to find the full Prescribing Information of NURTEC:



www.pfi.sr/Ujh

The QR code/URL links to the latest Prescribing Information approved by the Department of Health in Hong Kong and may not be effective and the same as presented in the actual product package.

For healthcare professionals only

Pfizer Corporation Hong Kong Limited
21/F, Kerry Centre, 683 King's Road, Quarry Bay, Hong Kong.
Tel: (852) 2811 9711 Fax: (852) 2579 0599
Website: www.PfizerPro.com.hk

Copyright © 2023 Pfizer Corporation Hong Kong Limited. All Rights Reserved.
PP-NNT-HKG-0052 APR 2023



透過基因科技，
在人生的每個階段創造更美好的生活。
Create a better living through genetic research at every stage of life.

華大基因
BGI

在家輕鬆自採樣，預防癌症早保障

COLOTECT™ Test Kit 榮獲衛生署表列註冊



免費預約
與醫生
會診

COLOTECT™ 華大基因 BGI

COLOTECT™
大腸癌
自我採樣檢測套裝
Colorectal Cancer
Self-sampling Test Kit



世界衛生組織
2021年最新指南
HPV DNA
Test™

SENTIS™ HPV
自我採樣檢測套裝
SELF-SAMPLING TEST KIT

華大基因 BGI

HPV自我採樣檢測套裝
HPV
Self-sampling Test Kit



採樣前
可如常飲食



同類產品中唯一獲香港衛生署表列註冊，
以「多重甲基化特異性聚合酶鏈反應」
技術進行檢測，靈敏度高達 88%。



流程容易
又簡單



簡單省時



私隱度高



全面保障



準確快捷

新一代益生菌，全面守護您和家人的健康！



全球唯一
180種
Umeta by BGI
益暢
益生菌
壓片糖果
GUT HEALTH PROBIOTIC
Supports a healthy microbiome

Umeta. by BGI

益暢
益生菌
壓片糖果



全球唯一
180種
Umeta by BGI
密蜜
女性
益生菌
固體飲料
WOMEN HEALTH PROBIOTICS
Balance vaginal microbiome

Umeta. by BGI

密蜜
女性
益生菌
固體飲料



產前檢測
Prenatal



新生兒篩檢
Newborn Screening



兒童、青少年及成人體檢
Children & Teenagers & Adults

vista™
婚前及孕前檢測
Premarital
and pre-pregnancy

sentis™
長者 - 癌症篩查、慢性疾病
Elderly - Cancer screening,
chronic diseases

BGI



華大基因
BGI

香港新界大埔大富街16號華大基因(香港)有限公司
Dafu Road No.16, Tai Po Industrial Zone, New Territories, Hong Kong
(852) 2818 9690 P_enquiryhk@bgi.com https://www.bgi.com/

OMICS FOR ALL 基因科技造福人類