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Message from the President

The COVID-19 vaccination programme has been commenced by phases with effect from 26 February 2021, aiming at safeguarding public health and allowing the gradual resumption of normal activities of our society (<https://www.covidvaccine.gov.hk/en/>). People belonging to the priority groups can book appointments to receive the vaccination which is currently made available at participating private clinics, designated General Outpatient Clinics (GOPCs) of the Hospital Authority, Community Vaccination Centres (CVCs) and designated clinics of the Department of Health (DH). Outreach vaccination service or vaccination by visiting medical officers provide inoculations to people in residential care homes and nursing homes. At the time of writing, the cumulative number of people who have received their first doses of COVID-19 vaccine in Hong Kong is approaching 200,000. Thank you for your ongoing support in the fight against the covid-19 pandemic as well as helping to provide COVID-19 vaccinations in the community. Please keep up your excellent work!

As the gatekeepers and healthcare navigators for our patients, family doctors undoubtedly play an important role in the vaccination programme. As we are in the early stage of this new covid-19 vaccination programme against the novel virus, the society is naturally quite unfamiliar with the vaccines made available for emergency use. As far as I could recall and from experience sharing with other doctors in the community, almost all patients would ask us something about the vaccines and the vaccination programme during the consultation in the recent few weeks. Despite the relatively generic

information available for answering specific enquiries related to the different aspects of the covid-19 vaccinations, we continue to try our best to provide support and guidance to the patients in need, based on a personalised care approach.

Family doctors are able to do that well because we know our patients with good rapport built up between us over the years, that in turn puts us in an advantageous position to involve the patients in the discussion in order to work out together which is the best way forward for them at the time. The DH has issued a set of "Interim Guidance Notes on Common Medical Diseases and COVID-19 Vaccination in Primary Care Settings", which is a living document and will be updated from time to time (https://www.covidvaccine.gov.hk/pdf/Guidance_Notes.pdf). This additional information lends itself as a basis for discussion with people with chronic conditions when they contemplate covid-19 vaccinations.

The DH is monitoring the potential adverse events after COVID-19 vaccinations by enhancing the existing surveillance channels (<https://www.info.gov.hk/gia/general/202102/26/P2021022600625.htm>). An established pharmacovigilance system to receive and assess reports of adverse events following immunisations (AEFIs) submitted by healthcare professionals and the pharmaceutical industry is being used by DH to that effect. In collaboration with the Department of Pharmacology and Pharmacy

(Continued on page 2)



Message from the President (Con't)

(Continued from page 1)

of the University of Hong Kong, data of potential adverse events of authorised vaccines is collected from healthcare facilities, in particular rare or serious adverse events of special interest (AESI) (e.g. Guillain Barre syndrome, acute disseminated encephalomyelitis) for causality assessments. In addition, the Expert Committee on Clinical Events Assessment Following COVID-19 Immunisation has been formed to monitor the potential clinical events associated with COVID-19 vaccinations and provide expert opinions and advice on the safety monitoring of authorised vaccines. Hopefully, the picture would be clearer as we go along.

You may have noticed a recent message from our Chairman of Research Committee, Prof Samuel Wong, inviting your active participation in the HKCFP-HKU Primary Care Morbidity Survey in Hong Kong. This morbidity survey is commissioned by our College in collaboration with the University of Hong Kong, and will investigate the updated scope of patients' problems encountered by primary care doctors in Hong Kong. While we recognise the ongoing pandemic is a consideration, the survey will commence this month and hopefully will provide us

with useful information for future primary health care services and medical education planning. Therefore, please do help to participate in the morbidity survey.

The HKCFP Research Fellowship 2021 is now open for application and the deadline is 31 March 2021. It has been established by our College to promote Family Medicine research conducted by our College members. In parallel, we have the HKCFP Awards for the Best Research and the Best Trainee Research open for submissions, and the deadlines are 31 March 2021 for the former and 29 April 2021 for the latter. For further information related to the aforementioned applications and submissions, please visit the relevant sections of the College website.

Building on the success of the first ever digital Hong Kong Primary Care Conference (HKPCC) with over 700 participants last year, we are proud to announce that registration for the HKPCC 2021 is opening soon (www.hkpcc.org.hk). I look forward to seeing you in the Conference in the summer, either online or in person!

Please keep well and stay safe.

Dr. David V K CHAO

President

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following application for membership in **January – February 2021**:

Transfer from Associate Membership to Fellowship

Dr NG Pui Yee, Beatrice	吳沛誼
Dr WONG Yu Man	黃于敏

Full Membership (New Application)

Dr WONG Ming Shun	黃明信
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Associate Membership (New Application)

Dr CHAN Kwan Yee, Katy	陳君怡
Dr HUNG Fung	洪鋒

Dr LAW Wing Sze	羅詠詩
Dr LEUNG Nelson	梁景昭
Dr NG Amy Pui Pui	吳珮佩
Dr POON Kwok Ming	潘國明
Dr TANG Chun Ming	鄧峻銘

Re-application of Associate Membership

Dr CHAN Kam Hung, David	陳錦雄
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Resignation of Associate Membership

Dr AUNG Than (Liang Hung Kuang)	梁宏光
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THIRTY-FIFTH CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION FINAL ANNOUNCEMENT

The Board of Conjoint Examination is pleased to announce the following information on the Thirty-fifth Conjoint Fellowship Examination with the Royal Australian College of General Practitioners to be held in 2021.

(1) REQUIREMENTS AND ELIGIBILITY

All candidates **MUST** be FULL OR ASSOCIATE members of BOTH HKCFP AND RACGP* at the time of application for the Examination and at the time of the Conjoint Examination.

(*Documentary evidence is required with the application – including a valid RACGP number.)

(Note : All candidates are required to renew their RACGP membership for the year 2021/2022 before 31 July 2021. Failure to comply with the rule may result in denial of admission to the Exam.)

In addition, they must be EITHER CATEGORY I OR CATEGORY II CANDIDATES: -

- (a) **CATEGORY I CANDIDATES** are graduate doctors (FULLY OR LIMITED registered with the Hong Kong Medical Council) who are undergoing or have completed a fully approved vocational training programme as outlined in the College's Handbook for Vocational Training in Family Medicine.

After satisfactory completion of two years of approved training, Category I candidates or trainees may apply to sit the Written Examination, both the two segments of which must be taken at the same attempt. After satisfactory completion of four years of supervised training, Category I candidates may apply to sit the Clinical Examination.

(Note: For Category I candidates who have enrolled in the vocational training program before 31 December 2018, and who apply for the award of RACGP Fellowship before 1 March 2021, they will remain entitled to be awarded FRACGP. All other candidates are eligible to apply for the award of International Conjoint RACGP Fellowship (ICFRACGP).

All Category I candidates who are current vocational trainees and apply to sit the Written Examination **MUST** submit evidence of completion of at least 15 months of approved training by 31 March 2021, together with the application. Those current vocational trainees who apply for the Clinical Examination **MUST** submit evidence of completion of at least 39 months of approved training by 31 March 2021, together with the application. Candidates who have already completed vocational training **MUST** submit evidence of completion of vocational training, together with the application.

Part-time trainees must submit evidence of completion of their vocational training by the time of the Written Examination before they can apply to sit the examination.)

- (b) **CATEGORY II CANDIDATES** are doctors who are FULLY registered with the Hong Kong Medical Council and have been predominantly in general practice in Hong Kong for not less than **five** years by 30 June 2021.

Category II candidates may opt to only sit for the Written Examination at the first and subsequent application.

Enquiries about eligibility to sit the examination should be directed to the Chairman of the Board of Conjoint Examination.

The eligibility of candidates of both categories is subject to the final approval of the Board of Conjoint Examination, HKCFP.

Application will not be processed unless all the documents are submitted with the application form.

(2) FORMAT AND CONTENTS

- A. Written Examination
Applied Knowledge Test (AKT)*, and
Key Feature Problems (KFP)

**Note: Multiple Choice Questions (MCQ) has been renamed as Applied Knowledge Test (AKT) from Conjoint Exam 2018, with no major change on the exam format.*

- B. Clinical Examination
Objective Structured Clinical Examination (OSCE)

(3) PRE-REQUISITE FOR CLINICAL SEGMENTS

All candidates applying to sit for the Clinical Examination of the Conjoint Fellowship Examination **MUST** possess a APCLS (Advanced Primary Care Life Support) certificate issued by the HKCFP*. The validity of this certificate must cover the time of the Clinical Examination.

Application will not be processed unless the pre-requisite is fulfilled.

**Note: In regarding the APCLS certificate issued by the HKCFP, the dates of APCLS workshops & examinations for 2021 will be confirmed in due course. Please register with our College secretariat at 2871 8899 IMMEDIATELY if you do not hold a valid APCLS certificate issued by HKCFP and intend to sit for the Conjoint Examination 2021.*

(4) CRITERIA FOR A PASS IN THE EXAMINATION

Candidates are required to pass the entire Written Examination in one sitting. That is, if one fails the Written Examination, both the AKT and KFP segments have to be re-taken. Successful Written Examination result can be retained for three years (until the Clinical Examination of 2024).

The Clinical Examination can only be taken after successful attempt of the Written Examination. If one fails the Clinical Examination, all the OSCE stations have to be re-taken.

A candidate has to pass both the Written and the Clinical Examinations in order to pass the Conjoint HKCFP/RACGP Fellowship Examination.

(5) APPLICATION AND EXAMINATION FEES

Application forms are available from the College Secretariat at Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. You may also download the application forms from our College website, <http://www.hkcfp.org.hk>. Please note that the deadline for application is **7 April 2021 (Wednesday)**.

For both **CATEGORY I** or **CATEGORY II CANDIDATES**:

Application Fee: \$3,000*

Examination Fee:

- | | |
|---|----------|
| • Full Examination (Written + Clinical) | \$32,000 |
| • Written Examination | \$16,000 |
| • Clinical Examination | \$16,000 |

Please make the cheque payable to **“HKCFP Education Limited”**. If a candidate applies for the Full Examination **but failed in the Written Examination, the Clinical Examination fee (\$16,000) will be refunded**.

(6) REFUND POLICY

If a candidate wishes to withdraw from the examination, and written notice of withdrawal is received by the College 60 days or more prior to the date of the examination, he will receive a refund of \$32,000 (for the whole examination), \$16,000 (for the written examination) or \$16,000 (for the clinical examination). The application fee of \$3,000 will not be refunded.

No refund will be given if the written notice of withdrawal is received by the College within 60 days of the date of the examination.

All fees paid are not transferable to subsequent examinations.

(7) IMPORTANT DATES

- | | |
|----------------------------|--|
| • 7 April 2021 (Wednesday) | Closing Date for Applications |
| • 15 August 2021 (Sunday) | Conjoint Examination – Written Examination (KFP) |
| • 22 August 2021 (Sunday) | Conjoint Examination – Written Examination (AKT) |
| • [Date to be confirmed] | Conjoint Examination – OSCE |

(8) ELECTION TO FELLOWSHIP

Members should be aware that passing the Conjoint Fellowship Examination does NOT equate with election to the Fellowship of either the Hong Kong College of Family Physicians or the Royal Australian College of General Practitioners. Those wishing to apply for Fellowship of either or both College(s) should ensure that they satisfy the requirements of the College(s) concerned.

Entry forms for Fellowship, Membership and Associateship of the Hong Kong College of Family Physicians and the Royal Australian College of General Practitioners are available from both College website (www.hkcfp.org.hk / www.racgp.org.au). You may also contact the HKCFP Secretariat: Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899, Fax: 2866 0616.



Dr. Chan Hung Chiu
Chairman
Board of Conjoint Examination

Diploma in Family Medicine (HKCFP) 2021 - 2022

The Board is pleased to announce that the Diploma Course in Family Medicine (DFM) organized by The Hong Kong College of Family Physicians will commence in July 2021.

The course consists of FIVE modules. Modules I & II will be delivered by Local Distance Learning. Modules III, IV & V consist of lectures, seminars, tutorials, workshops and clinical attachments. The whole course requires ONE year of part-time study.

Details of the course are as follows:

1. Objectives:

- To provide knowledgeable, pragmatic and structured teaching in Family Medicine for medical practitioners
- To encourage professional development of practising medical practitioners and to provide an intermediate step to fellowship qualifications in Family Medicine
- To improve standards and quality in the practice of Family Medicine

2. *Syllabus:

The course consists of FIVE compulsory modules. Doctors who have graduated from the course are expected to have acquired:

- Current concepts about nature of Family Medicine
- Knowledge and skills in consultation, counselling and problem solving
- Knowledge and skills in common practice procedures and emergency care required for good quality family practice
- Understandings towards the role of Family Doctors as gatekeepers of the health-care system and in providing cost-effective primary care to the community

Module I – Principles of Family Medicine (Distance Learning)

Aims:	1. Learn concepts of Family Medicine 2. Understand the role of a Family Doctor and scope of Family Medicine
Contents:	Definition of Family Physicians, Family Physicians' Functions, Core Values of Family Medicine, Consultation, Future of Family Medicine

Module II – Common Problems in Family Medicine (Distance Learning)

Aims:	1. Enhance consultation, communication and problem solving skills 2. Understand the diagnostic formulation process in Family Medicine
Contents:	Four clinical scenarios. Each clinical scenario is further divided into several questions covering different areas in general practice

Module III – Essentials of Family Medicine (Structured Seminars and Tutorials)

Aims:	1. Strengthen knowledge in Family Medicine 2. Understand the potential growth of Family Medicine 3. Develop research and teaching skills in Family Medicine
Contents:	Practice Management, Care of Elderly, Chronic Disease Management, Anticipatory Care, Clinical Audit & Research, Mental Health, Musculo-skeletal Problems, Evidence Based Medicine & Critical Appraisal

Module IV – Clinical Updates (Updates and Clinical Attachment)

Aims:	Acquire in-depth knowledge and practical skills in selected specialties
Contents:	THREE update seminars plus ONE attachment in selected specialty

*Module V – Practical Family Medicine (Practical Workshops)

Aims:	Enhance practical and communication skills in Family Medicine by Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine
Contents:	Four compulsory and two elective Practical Workshops in selected areas including Advanced Primary Care Life Support (APCLS), Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine

**Modules III, IV and V would be scheduled on Saturday and Sunday afternoons.*

3. Articulations:

The Course allows (up to a fixed maximum percentage of the Course units) articulations or cross recognition of previous Family Medicine training programmes that provide learning units equivalent to that of the above syllabus. Participants who wish to apply for such articulations have to submit evidence of relevant training together with their applications. The granting of articulations is however, completely at the discretion and decision of the Board of DFM.

4. *Schedule:

The whole course requires ONE year of part-time study.

July to September 2020	Module I
October to November 2020	Module II
July 2020 to May 2021	Module III, IV & V
April / May 2021	Final Examination

**The schedule might be affected due to unexpected circumstances and the format might change to online platform if necessary. Announcement would further be made in case there is a change of schedule and/or format.*

5. Admission Requirement:

Medical Practitioner with Bachelor's Degree in Medicine.

6. Teaching Staff:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

7. Teaching Medium:

English

(Cantonese may be used in some seminars, workshops and clinical attachments)

8. Course Fees:

Whole course:

Administration fee for application: HK\$1,000

HK\$38,000 for members of HKCFP

HK\$76,000 for non-members

(A discount of HK\$5,000 for early bird applications on or before 31 May 2021)

Individual Modules:	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$4,900	\$9,800
Module II (Distance Learning – Common Problems in Family Medicine)	\$4,900	\$9,800
Module III (Structured Lectures & Seminars)	\$4,800	\$9,600
Module IV (Updates & Clinical Attachment)	\$4,800	\$9,600
Module V (Practical Workshops)	\$6,200	\$12,400
Examination	\$11,800	\$23,600
Administration Fee	\$5,000	\$10,000

All fees must be paid upon application and before commencement of the course. Fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.

9. Awards/Credits:

- A Diploma in Family Medicine issued by HKCFP will be awarded to candidates who have satisfied all the requirements and have passed all the required assessments and the Final Examination.
- The Diploma is a **Quotable Qualification** of the Medical Council of Hong Kong.
- Up to 50 CME and 10 CPD credit points will also be awarded to candidates upon satisfactory completion of the Course by the QA & A Committee of HKCFP.

10. Application Procedure:

Applications are now open.

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- Photocopy of the current Annual Practising Certificate;
- A recent photo of the applicant (passport size);
- A signed "Disclaimer of Liability";
- An administration fee for application of HK\$1,000 by crossed cheque payable to "HKCFP Holdings and Development Limited". This fee is non-refundable;
- A Course Fee of HK\$38,000 (or HK\$76,000 for non-members) by crossed cheque payable to "HKCFP Holdings Development Limited". This fee is non-transferable and non-refundable.

Every successful applicant will be notified by an official letter of admission.

Information and application forms can be obtained from the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Members who were not admitted in the course in 2020 have to send in their application again if they want to study the course this year. Please contact the College secretariat, Ms. Alky Yu at 2871 8899 for any queries.

11. Application Deadline: 30 June 2021

Comments From Former DFM Graduates

- "The Content is useful in daily practice. I can have hands-on practical skills. I can polish my communication skills during the lectures & workshops."
- "I can understand the role of Family Physicians as gatekeepers of health-care system and better know about their role in the society. I also acquire the skills on critical appraisal."
- "There are sessions of clinical updates for updating knowledge. Module I, II & III could help improve my knowledge. Module I, II & III could improve my understanding of Family Medicine. The sessions in consultation are invaluable in improving my communication skills."

**Course syllabus and schedule may be subject to change without prior notification*



APCLS Training Workshop



Women's Health Workshop



Orthopaedic Injection Workshop



Musculoskeletal Workshop



**Hong Kong
Primary Care
Conference**

The Hong Kong College
of Family Physicians

OUR FINEST HOUR: STRIDE THROUGH THE STORM

2021

30 JUL - 01 AUG
(FRI - SUN)

DIGITAL CONFERENCE



Hong Kong
Primary Care
Conference
The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2021

"Our Finest Hour: Stride Through The Storm"

30 July – 1 August 2021 (Friday – Sunday)



For more
conference
details:

Scientific Programme at-a-glance

Date Time	30 July 2021 (Friday)		
19:30 - 20:30	<i>Sponsored seminar 1</i>	<i>Sponsored seminar 2</i>	<i>Sponsored seminar 3</i>

Date Time	31 July 2021 (Saturday)		
12:30 - 13:00	<i>Sponsored seminar 4</i>	<i>Sponsored seminar 5</i>	<i>Sponsored seminar 6</i>
13:10 - 13:30	ePoster and eBooth Exhibition		
13:30 - 13:50	Opening Ceremony		
13:50 - 14:35	Plenary I (Prof. WU Hao) Community-based Prevention and Control		
14:40 - 15:25	Plenary II (Prof. Ivan F.N. HUNG)		
15:30 - 16:15	Plenary III (Prof. Philip H. EVANS) Rising to the Challenge of COVID-19: A UK Primary Care Perspective on COVID-19 Research and Vaccine Delivery		
16:20 - 16:30	ePoster and eBooth Exhibition		
16:30 - 17:45	Seminar A Mental Health Considerations during the COVID-19 Pandemic	Seminar B Application in Telemedicine - Public Health Care System	Free Paper - Oral Presentation Part I
17:50 - 18:20	<i>Sponsored seminar 7</i>	<i>Sponsored seminar 8</i>	

Date Time	1 August 2021 (Sunday)		
9:00 - 9:30	<i>Sponsored seminar 9</i>	<i>Sponsored seminar 10</i>	<i>Sponsored seminar 11</i>
9:35 - 10:50	Clinical Case Presentation Competition	Seminar C Medicolegal in Telemedicine	Workshop 1 Motivational Interviewing in Brief Consultation: Slow down to Speed up Health Behavioral Change
10:55 - 12:10	Seminar D Clinical Update on Rheumatology for Family Physicians	Seminar E Self-care for Primary Care Providers	Free Paper - Oral Presentation Part II
12:15 - 13:00	Plenary IV (Dr. Karen TU) International Consortium of Primary Care Big Data Researchers INTRePID: Studying the Pandemic Impact on Primary Care around the World		
13:05 - 14:20	Asia-Pacific Research Forum	Seminar F The Gaps in Clinical Management of Psoriasis in the Biologics Era	Workshop 2 An Overview of Foot Assessment and Orthotic Treatment
14:25 - 14:55		<i>Sponsored seminar 12</i>	<i>Sponsored seminar 13</i>

ePoster and eBooth Exhibition

ePoster and eBooth Exhibition

Disclaimer

Whilst every attempt will be made to ensure all aspects of the conference mentioned will take place as scheduled, the Organizing Committee reserves the right to make changes to the programme without notice as and when deemed necessary prior to the Conference.

(Supported by HKCFP Foundation Fund)



Hong Kong
Primary Care
Conference
The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2021 “Our Finest Hour: Stride Through The Storm”

30 July – 1 August 2021 (Friday – Sunday)

Registration Information

Online
Registration



Registration Deadline: 12 July 2021 (Monday)

A) Conference Registration Registration to the conference is required.		Member: HK\$200 Non-member: HK\$1000
B) Workshop Registration First come first served. Please prepare a separate cheque(s). Cheques will be returned to unsuccessful registrants. <ul style="list-style-type: none"> CPD application for workshop participants in progress. 		
1 August 2021 (Sunday)	09:35 Workshop 1: I Motivational Interviewing in Brief Consultation: 10:50 Slow down to Speed up Health Behavioral Change	HK\$500
	13:05 Workshop 2: I An Overview of Foot Assessment and Orthotic 14:20 Treatment	HK\$500

Payment Method

- Pay by cheque**
 - Please send completed registration form with crossed cheque(s) payable to “HKCFP Education Ltd” to the Conference Secretariat.
 - Please use SEPARATE cheques for payment of conference, workshop(s) registration fees, etc.
- Pay by PayPal**
 - Payment information will be sent within 5 working days after your submission of registration.
- Pay by Tele-transfer**
 - For overseas delegates only.
 - Payment information will be sent within 5 working days after your submission of registration.
 - All bank charges and related transaction fees should be borne by the remitter of the funds.

Refund Policy

- Withdrawal of registration **on or before 15 June 2021: Full refund** after deduction of all bank charges and related transaction fees
- Withdrawal of registration **after 15 June 2021: No refund** will be accepted.
- All refunds, including unsuccessful workshop registration, etc. would be arranged within 8 weeks after the Conference. All bank charges and related transaction fees if any would be deducted from the amount of the refund payment.

For inquiries, please contact the Conference Secretariat on (852) 2871 8899 or via email to hkpcc@hkcfp.org.hk.



Hong Kong
Primary Care
Conference
The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2021 “Our Finest Hour: Stride Through The Storm”

30 July – 1 August 2021 (Friday – Sunday)



Online
Submission

Full Research Paper Competition

We cordially invite your participation in the **Full Research Paper Competition** of the HKPCC 2021. The Competition is a long-standing tradition of the College's Annual Conference to promote and recognize well-designed and innovative research which bears potential impact on clinical practice or development of primary care. This year, we will have TWO Awards:

AWARDS

Best Research Paper Award

Best Novice Research Paper Award

The HKPCC 2021 Organizing Committee will invite renowned scholars as judges to review the participating papers. Both winners will receive a **Certificate of Award** and will be invited to present their research papers at the conference.

ELIGIBILITY AND AUTHOR GUIDELINES

For **Best Research Paper Competition**: the first author of the paper must meet ALL of the following conditions:

- (1) The author must be registered for the Conference;
- (2) The author completes the majority of the research and writing of the paper;
- (3) The author has not used the paper to apply for other awards.
- (4) The paper had not been awarded in other competitions in the past.
- (5) If the paper has already been published, it must be published after 1 January 2019.

For **Best Novice Research Paper Award**: the first author of the paper must meet ALL of the following conditions:

- (1) The author must be registered for the Conference;
- (2) The author completes the majority of the research and writing of the paper;
- (3) The author has not used the paper to apply for other awards.
- (4) The paper had not been awarded in other competitions in the past.
- (5) If the paper has already been published, it must be published after 1 January 2019.
- (6) The first author must not have published any other research paper in any scientific journal as first author before (for example, The Hong Kong Practitioner, Hong Kong Medical Journal or other academic journals).

The participating paper should be a full-length article. It should include a structured abstract of no more than 250 words. The text should contain at least 2,000 words, organized as **INTRODUCTION, METHODOLOGY, RESULTS and DISCUSSION**. It should consist of no more than 6 illustrations (tables/figures). Only electronic versions are accepted. The full paper should be typed using the 12-point size Microsoft Word format.

AWARD SELECTION CRITERION

Each paper will be evaluated against the following criteria:

- (1) Academic rigor of the paper (e.g. originality, methodology, organization and presentation).
- (2) Relevance and impact to primary care (e.g. importance of the topic and the impact of the findings on the practice or development of primary care).

The panel reserves the right of granting /withholding an award for this year.

HOW TO SUBMIT

Online Submission – Please go to <https://forms.gle/FQKGHXm57nasCC2X9> to complete the submission form and send your full research paper to hkpcc@hkcfp.org.hk.

For enquiries, please do not hesitate to contact our Conference secretariat, Ms. Suki Lung or Ms. Crystal Yung, at 2871 8899 or by email hkpcc@hkcfp.org.hk.

SUBMISSION DEADLINE

14 April 2021 (Wednesday)

“We look forward to receiving your research articles!”



Hong Kong
Primary Care
Conference
The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2021

“Our Finest Hour: Stride Through The Storm”

30 July – 1 August 2021 (Friday – Sunday)



Online
Submission

Free Paper Competition

Apart from the Full Paper Competition, we also have the **Free Paper Competition** which sees many pioneering research ideas, pilot studies and thought-provoking case studies, commentaries and stimulating discussions. The Free Paper Competition is one of the highlights of the HKPCC and can be in the form of an **ORAL** presentation or **POSTER** presentation. We look forward to your active participation in the Free Paper Competition.

AWARDS

Best Oral Presentation Award.

Outstanding Poster Presentation Award.

Both the winners will receive a **Certificate of Award**.

Author Guidelines

- The presentation of the free paper can be in the form of an **ORAL** presentation or **POSTER** presentation. (The details of oral or poster presentation will be announced later.)
- Electronic version is preferred for abstracts. Abstract should be typed in 12-point size in Microsoft Word format. Handwritten abstracts will NOT be accepted.
- The abstract must not exceed 300 words, and should be organized as follows: **TITLE, AUTHOR(S), INTRODUCTION, METHOD, RESULTS and CONCLUSION**. Commentaries and discussion papers need not follow the above format apart from the TITLE and AUTHOR(S).
- Authors' full names and affiliations must be specified. Surnames should be printed in bold.
- All abstracts must be submitted in English. All accepted abstracts must be presented in English.

ELIGIBILITY REQUIREMENTS

To be eligible for participation in the free paper presentation, **the first author of the paper must meet ALL of the following conditions:**

- (1) The author (and the presenting author if applicable) must be registered for the Conference.
- (2) The author completes the majority of the research and writing of the paper.
- (3) The author has not submitted the same paper* to other conference conducting at the same time period of HKPCC.
- (4) The paper has not been granted any award(s) in the past.
- (5) Only **ONE** designated presenter can present the accepted abstract. Co-authors are welcome to register and attend the session of the conference.
- (6) The Organizing Committee has the right of final decision on the acceptance of an abstract.

* If the paper has been granted any award(s) in the past, the paper can be submitted for poster presentation only and will be automatically excluded from award competition.

AWARD SELECTION CRITERIA

For the **Best Oral Presentation Award**, each oral presentation will be evaluated against the following criteria:

- (1) Quality and thoroughness of research methods used to generate findings;
- (2) Quality of visual presentation if applied;
- (3) Relevance, innovation and impact to primary care.

For the **Outstanding Poster Presentation Award(s)**, each poster will be evaluated against the following criteria:

- (1) Quality of visual presentation (poster layout);
- (2) Quality and thoroughness of research methods used to generate findings;
- (3) Relevance, innovation and impact to primary care.

HOW TO SUBMIT

Online Submission – Please go to <https://forms.gle/S2ySEpDZuouSc51w8> to complete the submission form and submit your abstract.

For enquiry, please do not hesitate to contact our Conference secretariat, Ms. Suki Lung or Ms. Crystal Yung, at 2871 8899 or by email hkpcc@hkcfp.org.hk.

SUBMISSION DEADLINE

14 April 2021 (Wednesday)



Hong Kong
Primary Care
Conference
The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2021

"Our Finest Hour: Stride Through The Storm"

30 July – 1 August 2021 (Friday – Sunday)



Online
Submission

Clinical Case Presentation Competition

Following the success of the previous years' HKPCC Clinical Case Presentation Competition, the Organizing Committee of the upcoming HKPCC 2021 is honored to organize the competition again this year!

The Presentation can be in the form of individual or group presentation with up to 5 people per group. The details of the competition are listed as below. We look forward to your active participation in the Clinical Case Presentation Competition.

COMPETITION OUTLINE

- (1) Target participants: Doctors, nurses, physiotherapists, clinical psychologists, occupational therapists, dieticians, podiatrists and any other allied health professionals.
- (2) Presentation materials: Any kind of clinical cases relevant to primary care.
- (3) Presentation format: In the form of individual presentation, role-play, drama or any other possible format for 15 minutes. Either individual or group presentation with up to 5 people per group is acceptable.
- (4) The Organizing Committee has the right of final decision on the acceptance of the cases for the presentation.

AWARDS

The Best Presentation Award winner will receive a **Certificate of Award**.

ELIGIBILITY REQUIREMENTS

To be eligible for participation in the Clinical Case Presentation Competition, the presenter must meet ALL the following conditions:

- (1) The presenter must be registered for the Conference.
- (2) The presentation should be the original work of the participants.
- (3) The candidates should have submitted their presentation proposals prior to the Conference.

AWARD SELECTION CRITERIA

Each presentation proposal should state the theme, outline of presentation, format (e.g. role-play, drama, video), language and rundown.

Each presentation will be evaluated against the following criteria -

- (1) Quality of presentation.
- (2) Content of presentation: Relevance and impact to primary care, presentation skills and time management, enhancement to patient care in daily practice and useful take home message.

HOW TO SUBMIT

- **Online Submission** – Please go to <https://forms.gle/vcxeBgzmAwSYKioW6> to complete the entry form and submit your presentation proposal.
- The presentation needs to be submitted prior to the Conference secretariat **on or before 15 July 2021 (Thursday)**.
- If you have any questions concerning the "Clinical Case Presentation", please contact our conference secretariat, Ms. Suki Lung or Ms. Crystal Yung, at 2871 8899 or by email hkpcc@hkcfp.org.hk.

ENTRY FORM, PRESENTATION PROPOSAL SUBMISSION DEADLINE

14 April 2021 (Wednesday)

PRESENTATION MATERIAL SUBMISSION DEADLINE

15 July 2021 (Thursday)

What is mRNA vaccine?

COVID-19 vaccine is one of the most heated topics these days. Further vaccine information is available at the government webpage www.covidvaccine.gov.hk. Sinovac is an inactivated vaccine which we all should be familiar with its mechanism of action. However, Comirnaty is a mRNA vaccine which is rather new in the vaccine family, how do mRNA vaccine works?

Messenger RNA (mRNA) is a single-stranded molecule of RNA that contains a genetic sequence which is read by a ribosome to synthesize a corresponding protein. mRNA vaccine contains a mRNA inside a special coating which protects the mRNA from enzymes in the body that would otherwise break it down. It also helps the mRNA enter the dendritic cells and macrophages in the lymph node near the vaccination site.

The mRNA then instructs the target cells to produce a piece of the “spike protein” that is unique to SARS-CoV-2. Since only part of the protein is made, it does not cause harm to the person vaccinated but it is antigenic.

After the piece of the spike protein is made, the cell breaks down the mRNA strand and disposes of it using enzymes in the cell. mRNA strand never enters the cell’s nucleus or affects genetic material, thus would not alter or modify someone’s genetic makeup.

Once displayed on the cell surface, the protein or antigen promotes the immune system to begin producing antibodies and activating T-cells to defend against Covid 19 infection. These antibodies are specific to the SARS-CoV-2 virus, which means the immune system is primed to protect against future infection.¹

How new is this technology? Is it only for COVID-19?

Actually mRNA vaccine was studied years before the outbreak of COVID-19. As conventional vaccine failed to produce effective vaccines against some challenging viruses, clinical trials with mRNA vaccine against HIV-1, Rabies virus, Zika virus

and influenza virus had been carried out before the outbreak of COVID-19. Human trials of cancer vaccines against AML, Glioblastoma, Renal cell carcinoma, Melanoma, Pancreatic cancer, Breast cancer, Lung cancer using mRNA have been taking place since 2011.²

Has any similar technology been put to clinical use?

Using molecular technology, DNA vaccine is also under study. One of the first human clinical trials employing a DNA vaccine for tumor therapy was conducted in 1998. Presently, there are no approved DNA vaccines for use in humans. Some DNA-based vaccines were approved by the FDA and the USDA for veterinary use, including vaccines against West Nile Virus in horses and canine melanoma.³

What are the future development of mRNA vaccines?

Safety issues are still the most pressing concern worldwide with the introduction of new vaccine types and effects are still being closely monitored. Another concern is the special storage condition. Most products for early phase studies are stored frozen (-70°C), efforts to develop formulations that are stable at higher temperature are ongoing. There are published reports suggesting that stable refrigerated or room temperature formulations can be made. The RNaive platform was reported to be active after lyophilization and storage at 5-25°C for 3 years and at 40°C for 6 months. Other report demonstrated freeze-dried naked mRNA is stable for at least 10 months under refrigerated conditions.²

Reference:

1. Understanding and Explaining mRNA COVID-19 Vaccines, Centers for Disease Control and Prevention
2. Pardi N, Hogan MJ, Porter FW, Weissman D. mRNA vaccines – a new era in vaccinology. Nature Reviews. Drug Discovery. 2018;17(4):261
3. DNA Vaccines – How far from clinical use. Int J Mol Sci. 2018 Nov; 19(11): 3605

Complied by Dr. Yip Chun Kong, Sam

與「信」同行十五載 從診症室到大世界

何家銘醫生(香港家庭醫學學院公眾教育委員會副主席)

二〇二一年是香港家庭醫學學院透過《信報》專欄推廣公共教育跨過第十五個年頭。香港家庭醫學學院公共教育委員會自二〇〇五年十月開始，每周於《信報》醫學專欄刊登一篇以家庭醫學為主題的文章，目的是向市民介紹家庭醫學及推廣家庭醫生的概念，並幫助市民有正確的健康態度。

學院專欄的歷史可從學院前院長蔡惠宏醫生《十年回顧 展望將來》一文而知。專欄起首是經順德綿遠堂劉鼎新先生介紹《信報》曹仁超先生予香港家庭醫學學院。劉先生及曹先生都認同家庭醫學的概念和對病人的重要性，所以支持學院透過專欄讓大眾認識家庭醫生的重要性，從家庭醫學角度推廣醫學知識，以提升社會大眾的健康水平。專欄最初由蔡惠宏醫生、陳潔玲醫生、林永和醫生及陳選豪醫生親自執筆，每周撰寫一篇約千二、三字的文稿，在《信報》刊以香港家庭醫學學院的名義和會徽刊登。



時間匆匆，學院與《信報》專欄合作已十五載。及至二〇二一年頭，專欄文章已超過七百篇。而文章在歷任香港家庭醫學學院院長鍾子能醫生、

葉傑權醫生、蔡惠宏醫生、李兆研醫生、陳銘偉醫生及周偉強醫生的支持下，更能編輯成五本家庭醫學叢書，《家庭醫學手冊 伴我同行》、《家庭醫學手冊之二 家庭醫生》、《家庭醫學手冊之三 家庭醫生-一家人的好朋友》、《家庭醫生一百篇》及《家庭醫生101》。大眾可從這五本家庭醫學叢書，察覺到專欄的公眾教育由最初希望社會大眾能對家庭醫學有所認識，從而讓市民知道家庭醫生的角色，及後更能推廣正確而貼地的健康知識。《家庭醫生一百篇》的引言提到希望專欄文章能在現今醫療資訊爆炸的時代，為社會大眾帶出更清晰的觀點，帶來難得的一份平安。《家庭醫生101》的引言更提出家庭醫生在健康路上，陪伴大家左右，為大家遮風擋雨，與大眾平安同行。

專欄的文章由學院公眾教育委員會及各家庭醫學同業投稿撰文，委員會在現任主席顏寶倫醫生及前主席林永和醫生帶領下，諸位同業各展所長，在專欄撰文教育公眾。而陳選豪醫生在《家庭醫生 伴我同行》一文中，分享了大家如何透過《信報》的家庭醫學專欄共結筆緣。委員會委員對投稿逐一過目，以確保文筆暢順，內容準確適時，大眾能接收最合適的健康資訊，體現成立專欄的初心。

專欄文章內容豐富，希望讓大家能對家庭醫生的角色有所認識，如顏寶倫醫生的《家庭醫學 改變世界》、葉榮基醫生的《家庭醫生，有你，我放心》、世界家庭醫生組織主席暨學院院監李國棟教授的《災難防護應變 家庭醫生堅守崗位》等。專欄內亦有家庭醫生處理不同病症的分享，如顏寶倫醫生的《上壓130，下壓80：你有高血壓？》、侯婧醫生的《治療感冒的秘訣》、溫煜讚醫生的《乙型肝炎和類固醇藥》、倪明醫生的《天長地久有時盡，濕疹綿綿無絕期》等。家庭醫生照顧身心，除了處理病者身體的病症，還會了解病者的心理健康，如譚仲豪醫生的《低谷逆境中自強》、劉慧儀醫生的《Shall we talk》等。家庭醫生亦是一家人的好朋友，會與病者由出生同行至終老，如林永和醫生的《零雞蛋、直升機與家庭醫生》、鄭碧綠醫生的《怎樣進入青少年的世界》、陳穎欣醫生的《如何「善終」》等。

古語有云「上醫治未病」，家庭醫生亦着重預防性醫療，會向社會大眾提出適時貼地的健康資訊，令市民能自主地強化自己的身心，預防疾病。二〇二〇年新冠肺炎肆虐，學院公共教育委員會在《信報》專欄亦刊登了一系列的健康教育文章，希望大眾能對新冠肺炎有所認識，能及早預防警惕，如《不明「不明原因的肺炎」》、《「沙士」十七年 從經驗齊心抗疫》、《齊心抗疫 你問我答》、《檢驗病毒攻略》、《新冠疫苗百花齊放？》等。當然，每年季節性流感預防亦是必不可少的，如《流感疫苗：滅活VS減活》及《當流感遇上新冠肺炎》等。戒煙亦是家庭醫生十分着重的，如香港家庭醫學學院院長周偉強醫生的《一年一度世界無煙日 一起共創無煙香港》。還有的是劉知行醫生的動機訪談系列，由《從堅決維持現狀到成功改變習慣》、《提升改變動力》至《改變動機 需具體適切》，希望讀者能了解自己，從而更自主地改變自己，提升健康水平。

在診症室外，家庭醫生亦會關心醫療系統發展，如學院院監傅鑑蘇醫生的《耘苗成林 基層醫療的豐盛發展》、陳鍾煜醫生的《讓基層醫療分擔醫院工作吧！》、鍾思博醫生的《放眼未來，社區主導的醫療改革》、筆者的《成立地區康健中心強化本港基層醫療發展》等。除了關心香港的醫

療系統，家庭醫生亦會透過專欄讓讀者認識國內的醫療發展，如《健康中國》、《東方之珠與天府之國-家庭醫生四川行》、《家庭醫生鄭州行-認識國家全科醫療發展》等。在海外，公共教育委員會亦會於每年五月為世界家庭醫生日撰文，如《家庭醫生心底話》、《家庭醫生 與你同行守護每刻》等。

除上述外，家庭醫生亦會透過《信報》專欄抒發醫學人文的情懷，如羅詩敏醫生的《醫學人文的藝術情懷》、《美麗的醜小鴨》、陳選豪醫生的《Eureka醫學人文尤里卡》、《悍將之歌》等。筆者亦以醫論戲，以電影分享引起讀者對健康的關注，如《告別之前》、《漫長的告別》等。

《信報》作為大眾媒體，影響者眾，刊登專欄實在是公眾健康教育十分有效的方法。作為家庭醫生，我們守護的角色並不局限於診症室內的病者。我們實能透過專欄撰文提倡家庭醫學，推廣家庭醫生在社區不可或缺的角色，從而守護大眾、守護社區。

若親友、同事或病者閱讀並分享筆者的文章，筆者是會感到榮幸及欣喜的，因這證明了《信報》專欄切切實實能將筆者的健康訊息宣揚。

願香港家庭醫學學院《信報》健康專欄永續，以家庭醫學守護社區，更致全康。



Using POCUS to diagnose urology disease: A case series by Family Physician (Part 1)

Dr. Lau Sek Fung Spike, Dr. Tam Chung Yin Janet, Dr. Tam Ho Shan Brenda, Dr. Wong Yuk Shan Wenice, Dr. Tsang Chi Fai and Dr. Chan Kin Wai (FM Specialists, Department of Family Medicine, Kowloon West Cluster, Hospital Authority)

Introduction

We are delighted to present a urology series in the POCUS Corner of this FP Link issue. Urological complaints such as LUTS (lower urinary tract symptoms), haematuria, loin pain, or deteriorating renal function are commonly encountered in primary care setting. Accurate and timely diagnosis (eg, tumor, obstructive nephropathy) can be pivotal in saving patient's life and preventing complications, but many a time, is not easily achievable based solely on history and physical examination. Point of Care Ultrasound (POCUS), which serves as a natural extension of clinical evaluation, enhances our odds. POCUS outperforms conventional KUB in many urological scenarios and as technology advances, finer images with higher resolution are obtainable which further improves the diagnostic accuracy. Time constraint in a busy clinic has been regarded as a major challenge. Our case series illustrates the value of focused POCUS in urological cases in busy General Outpatient Clinic (GOPC) and Family Medicine Specialist Clinic (FMSC) setting.

Case 1

A 57-year-old construction site worker attended general outpatient clinic complaining of right loin and suprapubic pain for 2 days. It was associated with urinary frequency, urgency and dysuria. He had no haematuria, scrotal pain, urethral discharge or passage of stone. His body temperature was 36.4°C. Physical examination of the abdomen and external genitalia was normal. Digital rectal examination revealed no prostate tenderness.

Bedside ultrasound scan of the kidneys was done (Image A). Moderate right hydronephrosis and hydroureter was noted.



Image A: Longitudinal section view of right kidney with moderate hydronephrosis

The clinical diagnosis was right ureteric colic due to underlying obstructive ureteric stone. The patient was referred to A&E for further management. Urine multistix showed presence of red blood cells. KUB showed 4mm radiopacity over right hemipelvis (Image B).

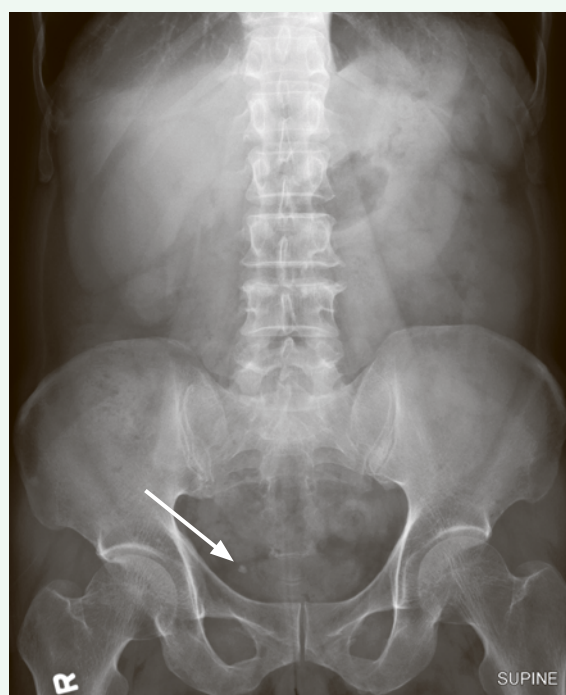


Image B: KUB showing 4mm radiopacity (arrow) over right hemipelvis

He was admitted to the Surgical ward subsequently. Serum creatinine rose from a baseline of 100µmol/L to 178µmol/L. CT scan confirmed a distal right ureteric stone causing right hydroureteronephrosis. He was put on a course of Terazosin as medical expulsive therapy.

CT scan was repeated 8 weeks after initial presentation. It showed no more ureteric stone, and the hydroureteronephrosis had resolved. His renal function returned to baseline.

Take home message:

Although distal ureteric stones are seldom directly visualised in ultrasound scans, presence of hydronephrosis is strongly supportive of the provisional diagnosis. POCUS is a handy tool for confirming clinical suspicion in a wide range of clinical scenarios, and helps the clinician make referral or treatment decisions with much higher confidence.

Case 2

A 75-year-old gentleman, who was an ex-smoker, was referred to Family Medicine Specialist Urology Clinic for 1-year history of storage lower urinary tract symptoms. His symptoms were refractory to high dose oxybutynin.

During consultation, he was actually noted to have on-and-off painless gross haematuria over the past 2 years, sometimes with clots. He had no loss of appetite

or weight. Upon physical examination, the abdomen and external genitalia were normal. Digital rectal examination showed a prostate of 3 finger-breadths without nodule.

Bedside ultrasound scan of the urinary bladder was performed. A 2.7 x 2.3 x 1.6cm polypoid mass was found inside the urinary bladder (Image C). No bladder stone was seen.

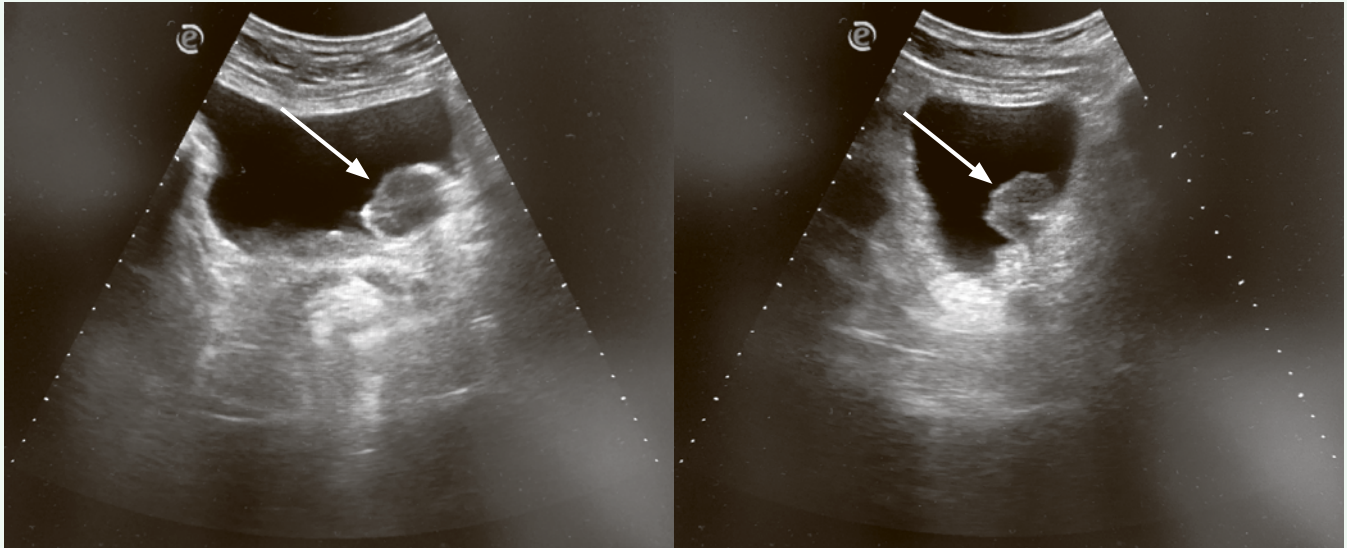


Image C: Polypoid bladder mass (arrows) seen on bedside USG. (left: transverse scan, right: longitudinal scan)

The patient was urgently referred to urologist for further evaluation. CT urogram showed a 3.1cm bladder mass (Image D) on the left side, mostly suspicious for urothelial tumour.

Transurethral resection of bladder tumour confirmed high grade invasive urothelial carcinoma. Carcinoma cells were also seen at the tumour base specimen. After discussion with urologist and oncologist, the patient finally underwent robotic assisted radical cystectomy with ileal conduit formation. Pelvic lymph nodes were negative for malignancy. Now he remained well 4 months after the operation.

Take home message:

Bladder cancer is an uncommon cause of storage lower urinary tract symptoms but cannot be overlooked especially in high-risk individuals, presenting also with painless gross haematuria. Flexible cystoscopy is the investigation of choice for diagnosing bladder tumours, but its not readily accessible in GOPC. A positive finding in POCUS dramatically affected the priority of referral.

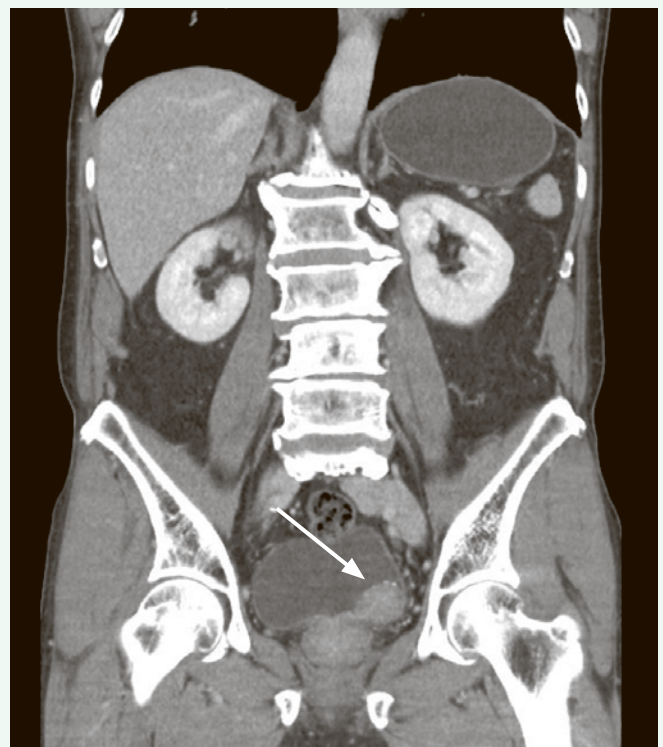


Image D: Bladder mass (arrow) shown on contrast CT urogram

The HKCFP Awards for the Best Research and Best Trainee Research of 2020

The Research Committee of the Hong Kong College of Family Physicians is calling for The Award for The Best Research of the Year 2020. All members and fellows of the College are invited to participate and submit their research papers to the Research Committee for selection.

Following 'The HKCFP Award for the Best Research', the Research Committee is pleased to organize an additional award, 'The HKCFP Award for the Best Trainee Research', specifically for the trainees of HKCFP or within 3 years of completion of vocational training.

Both the abovementioned Awards will be presented at the Conferment Ceremony in 2021.

*****Please note that each applicant can only apply either one of the above Awards*****

Entry and assessment criteria are listed below.

Entry Criteria:

For Best Research Paper:

1. *The principal investigator has to be a Member or a Fellow of the Hong Kong College of Family Physicians.*
2. *The research must be original work of the investigator(s).*
3. *The research should have been conducted in Hong Kong.*
4. *The research must have been completed.*
5. *The paper should be presented under the standard headings of Abstract, Introduction, Methodology, Results, Discussion and Conclusion. References should be listed in full at the end in Vancouver format.*

For Best Trainee Research Paper:

1. *The principal investigator has to be a trainee of the Hong Kong College of Family Physicians, or within 3 years of completion of vocational training.*
2. *For higher trainees who are submitting their Exit Examination research project for this award, they must have submitted their project to the Specialty Board and have passed the research segment of the Exit Examination.*
3. *The research must be original work of the investigator(s).*
4. *The research should have been conducted in Hong Kong.*
5. *The research must have been completed.*
6. *The paper should be presented under the standard headings of Abstract, Introduction, Methodology, Results, Discussion and Conclusion. References should be listed in full at the end in Vancouver format.*

Assessment Criteria:

1. *How relevant are the topic and findings to Family Medicine?*
2. *How original is the research?*
3. *How well is the research designed?*
4. *How well are the results analyzed and presented?*
5. *How appropriate are the discussion and conclusion(s) drawn?*
6. *How useful are the results for patient care in the discipline of Family Medicine?*
7. *How much effort is required to complete the research study?*

Each research project submitted will be assessed according to the seven criteria listed above by a selection panel. Each criterion may attract a different weighting to be decided by the selection panel. Please indicate the research award that you apply for, i.e. "The HKCFP Award for the Best Research of 2020" or "The HKCFP Award for the Best Trainee Research of 2020", on your research project upon submission, and send your submission either

By post to Research Committee, HKCFP, Rm 803-4, 8/F, HKAM Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong;
Or, **by email** to CrystalYung@hkcfp.org.hk

DEADLINE OF SUBMISSION:

- ✦ **31 March 2021** (*The HKCFP Award for the Best Research*)
- ✦ **29 April 2021** (*The HKCFP Award for the Best Trainee Research*)

Supported by HKCFP Foundation Fund

HKCFP Research Fellowship 2021

Introduction

The HKCFP Research Fellowship was established by the Hong Kong College of Family Physicians to promote research in Family Medicine. The Grant is up to the value of HK\$ 100,000. Applicants are expected to have regular contact with a nominated supervisor with Master or equivalent degree or above.

Eligibility

Applicants for the HKCFP Research Fellowship must be an active Fellow, Full Member or Associate Member of the HKCFP. New and emerging researchers are particularly encouraged to apply. However, full-time academic staff of Universities would not be eligible to apply.

Selection criteria

Application will be judged on*:

- Training potential of applicants
- Relevance to family medicine and community health
- Quality
- Value for money
- Completeness (incomplete or late applications will not be assessed further)

** Please note that new researchers and those at an early stage of their research careers are defined as those who have not led a major research project or have fewer than 5 years of research experience.*

How to apply

1. Application form, terms and conditions of the Fellowship can be downloaded from www.hkcfp.org.hk or obtained from the College Secretariat, HKCFP at Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong. Tel: 2871 8899 Fax: 2866 0616
2. Applicants must submit:
 - The completed application form;
 - The signed terms and conditions of the HKCFP Research Fellowship;
 - Curriculum vitae from the principal investigator;
 - Curriculum vitae from the co-investigator(s) (no more than two pages) AND,
 - Curriculum vitae from the supervisor.
3. Applications close on: **31 March 2021**. Late applications will not be accepted.
4. Applications can be either sent:

By post to Research Committee, The Hong Kong College of Family Physicians, Rm 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; Or, **by email** to CrystalYung@hkcfp.org.hk

Supported by HKCFP Foundation Fund

metformin
Glucophage XR

PreDiabetes

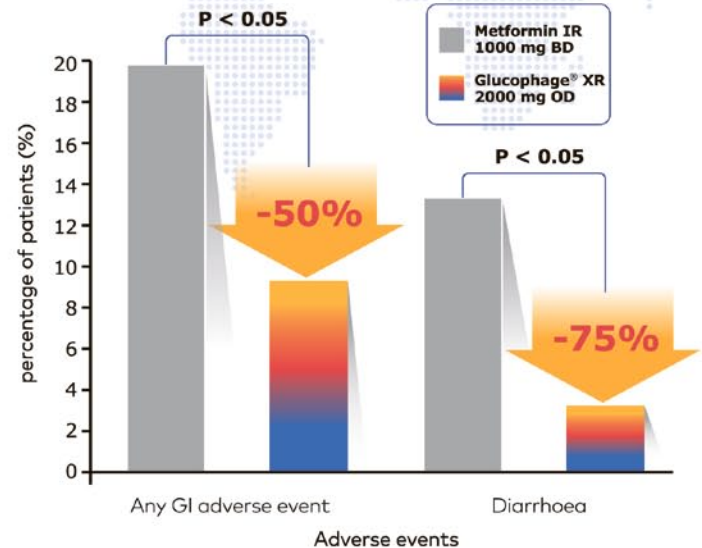
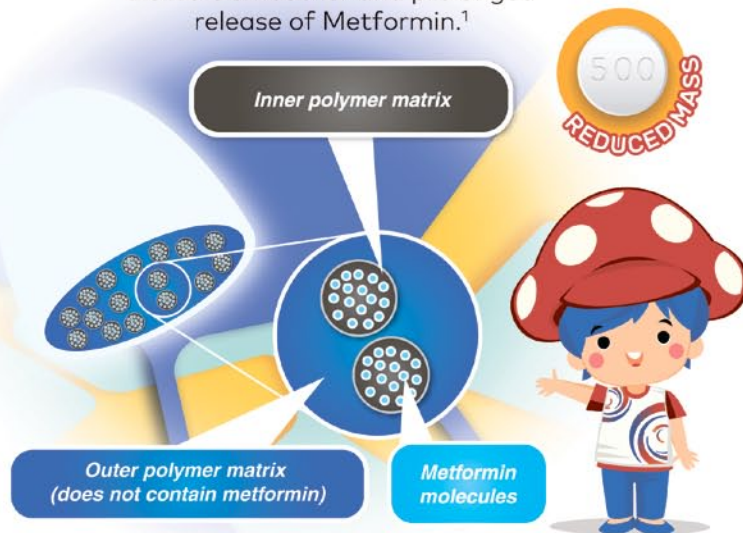
1st Line Treatment for Type 2 Diabetes

Approved for prediabetes treatment

GelShield Diffusion System Technology

Delivers smoother and prolonged release of Metformin.¹

Significantly Improved GI Tolerability²



Concor[®]
Bisoprolol

High β -1 selective β -blocker

Offers cardio-protection with minimal side effect³⁻¹²

Favorable pharmacokinetic profile with balance clearance and predictable clinical response^{13,14}

Minimal effect on lung function in COPD patients^{3,4}

Minimal effect on Lipid and Glucose metabolism⁵⁻⁷

Minimal effect on peripheral circulation⁸⁻¹¹

Minimal effect on Sexual function¹²

References: 1. Timmins P, Donahue S, Meeker J. Steady-state pharmacokinetics of a novel extended-release metformin formulation. Clin Pharmacokinet 2005; 44(7):721-29. 2. Bionde L, Dalley GE, Jebbour SA, Reasner CA, Mills DJ. Gastrointestinal tolerability of extended-release metformin tablets compared to immediate-release metformin tablets: Results of a retrospective cohort study. Current Medical Research and Opinion 2004; 20(4): 565-572. 3. Dorow P, Bethge H, Tonnesmann. 1986; 4. Cruickshank JM (2011) The Modern Role of Beta-Blockers in Cardiovascular Medicine Table 6-12 & Fig. 6-13, page 230-1. 5. Asmar RG, Kheraui JC, Girard JC et al. (1997). Am J Cardiol 60(1): 61-64. 6. Chang PC, et al. (1988). J Cardiovasc Pharmacol 12:317-322. 7. Cruickshank JM (2011) The Modern Role of Beta-Blockers in Cardiovascular Medicine Table 6-12 & Fig. 6-13, page 230-1. 8. Asmar RG, Kheraui JC, Girard JC et al. (1997). Am J Cardiol 60(1): 61-64. 9. Chang PC, et al. (1988). J Cardiovasc Pharmacol 12:317-322. 10. Chang PC, et al. (1988). J Cardiovasc Pharmacol 12:317-322. 11. Baillart O, et al. (1987) Eur Heart J 8 (Suppl 1):K37-K39. 12. Brookman CP, Haensel SM, Van de Ven LL et al. (1992). J Sex Med 1: 325-331. 13. Nozawa T, Naguchi M, Tahara C, et al. (2005). J Cardiovasc Pharmacol 46 (5): 713-720. 14. Concor® HK Prescribing Information. Approved Jul 2016.

GLUCOPHAGE XR / Contents: Metformin HCl **Indications:** Reduction in risk or delay onset of type 2 DM in adult, overweight patients with IGT and/or IFG, and/or increased HbA1c who are at high risk for developing overt type 2 DM and still progressing towards type 2 DM despite intensive lifestyle change for 3-6 months. Treatment of type 2 DM in adults as an adjunct to adequate diet and exercise. Monotherapy or in combination w/ other oral antidiabetic medicines or insulin. **Dosage:** Adult w/normal renal function (GFR >90ml/min) Reduction in the risk or delay of the onset of type 2 DM Initiate one tablet XR 500mg once daily w/ evening meal. Regularly monitor (every 3-6 months) Monotherapy in Type 2 DM and combination with other oral antidiabetic agents Usual starting dose is one tablet once daily. After 10 to 15 days the dose should be adjusted on the basis of blood glucose measurements. Max. recommended dose is 2g daily. Combination with insulin Usual starting dose is one tablet XR 500mg or XR 1g once daily, while insulin dosage is adjusted on the basis of blood glucose measurements For renal impairment patients A GFR should be assessed before initiation of treatment and at least annually thereafter. In patients at an increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g. every 3-6 months. Total max. daily dose of 2g for GFR 60-89ml/min, consider dose reduction for declining renal function. Total max. daily dose of 2g for GFR 45-59ml/min, review any increased risk of lactic acidosis before initiating metformin, whereas starting dose is at most half of max. dose. Total max. daily dose of 1g for GFR 30-44ml/min, review any increased risk of lactic acidosis before initiating metformin, whereas starting dose is at most half of max. dose. **Pre- & Post-Prandial Advice:** Swallow whole, do not chew/crush. **Contraindications:** Any type of acute metabolic acidosis (such as lactic acidosis/diabetic ketoacidosis), severe renal failure (GFR <30ml/min), hepatic insufficiency, infectious diseases, following an IV urography or angiography, heart failure, recent MI, resp. failure, shock, persistent or severe diarrhoea, recurrent vomiting, alcoholism, Lactation. **Special Precautions:** Regular renal & blood sugar monitoring. Suspend therapy during surgery & clinical investigations. May impair ability to drive or operate machinery in combination w/ other antidiabetic agents. Pregnancy, Elderly (for reduction of risk or delay of type 2 DM) **Adverse reactions:** GI & taste disturbances. Interactions: Iodinated contrast agents, corticosteroids, NSAIDs, ACE inhibitors, diuretics, β -2-agonists, alcohol, COX II inhibitors, angiotensin II receptor antagonists, OCT1 and OCT2 **Presentations:** XR tab 500 mg x 60's, 750 mg x 30's, 1,000 mg x 60's. **Date of version:** Jun 2018

CONCOR® / Products: Concor 2.5mg, Concor 5mg film-coated tablets for oral use containing 2.5mg & 5mg bisoprolol fumarate, respectively. **Indications:** Treatment of hypertension, coronary heart disease (angina pectoris), stable chronic heart failure (CHF) with reduced left ventricular systolic function in addition to ACE inhibitors, and diuretics, and optionally cardiac glycosides. **Pharmacology:** For hypertension or angina pectoris the dosage is 5mg bisoprolol fumarate once daily which may be increased to 10mg once daily if necessary. Maximum recommended dose is 20mg once daily. Treatment of stable CHF requires a titration phase, starting with a low dose (1.25mg once daily) and with gradual up-titration (2.5, 3.75, 5, 7.5, 10mg once daily at weekly consideration basis) according to tolerability. Maximum recommended dose for CHF is 10mg bisoprolol fumarate once daily. Special populations: In severe renal impairment (creatinine clearance <30ml/min) or severe liver function disorders a daily dose of 10mg bisoprolol fumarate should not be exceeded for treatment of hypertension of angina pectoris and dose titration in patients with these functional impairments for CHF should be made with particular caution. Use in children is not recommended. Treatment with bisoprolol must not be stopped abruptly, since this might lead to a transient worsening of heart condition. If transient worsening of heart failure, hypotension or bradycardia occurs during or thereafter the titration phase, recommend to reconsider the dosage of concomitant medication, or temporarily lower the dose of bisoprolol, or discontinuation. Reintroduction and/or up-titration of bisoprolol should always be considered when patient becomes stable again. **Contraindications:** acute heart failure or during episodes of heart failure decompensation, cardiogenic shock, second or third degree AV block, sick sinus syndrome, sinoatrial block, symptomatic bradycardia or hypotension, severe bronchial asthma, severe forms of peripheral arterial occlusive disease or severe forms of Raynaud's syndrome, untreated pheochromocytoma, metabolic acidosis, hypersensitivity to bisoprolol or to any of the excipients. **Warnings and precautions for use:** Use with caution in: bronchospasm (bronchial asthma, obstructive airways disease: concomitant bronchodilating therapy recommended); diabetes mellitus: symptoms of hypoglycemia can be masked; strict fasting; ongoing desensitization therapy; fast degrees AV block; Prinzmetal's angina; peripheral arterial occlusive disease; allergic reactions; phaeochromocytoma. Patients with psoriasis or with a history of psoriasis should only be given beta-blockers (e.g. bisoprolol) after a careful balancing of benefits and risks. Symptoms of thyrotoxicosis may be masked; in patients undergoing general anesthesia, the anesthetist must be aware of beta-blockade. If it is thought necessary to withdraw beta-blocker therapy before surgery, this should be gradually and completed about 48 hours before anesthesia. Initiation of treatment of stable chronic heart failure with bisoprolol necessitates regular monitoring. There is no therapeutic experience in Concor in patients with heart failure and concomitant insulin dependent type 1 diabetes mellitus, severely impaired kidney function, severely impaired hepatic function, restrictive cardiomyopathy, congenital heart disease, hemodynamically significant organic valvular disease. Age >80 years, myocardial infarction within 3 months. **Ability to drive and use machines:** may be impaired, particularly at start of treatment, upon change of medication, or in conjunction with alcohol. **Interactions:** Combinations not recommended: class I antiarrhythmic drugs (CHF), calcium antagonists of the verapamil and diltiazem type, centrally-acting antihypertensive drugs. Combinations to be used with caution: class I antiarrhythmic drugs (hypertension or angina pectoris), calcium antagonists of the dihydropyridine type, class III antiarrhythmic drugs, parasympatholytic drugs, topical beta-blockers (e.g. eye drops), insulin and oral antidiabetic drugs, anesthetic agents, digitalis glycosides, non-steroidal anti-inflammatory drugs (NSAIDs), sympathomimetic agents, antihypertensive agents and other drugs with blood pressure lowering potential. Combination to be considered: metoprolol, monoamine oxidase inhibitors. **Pregnancy and lactation:** Use of bisoprolol not recommended. **Adverse reactions:** Very common: bradycardia (in CHF patients). Common: worsening of pre-existing heart failure (in CHF patients), dizziness, headache, gastrointestinal complaints such as nausea, vomiting, diarrhea, constipation, feeling of coldness or numbness in the extremities, hypotension (especially in CHF patients), asthenia (in CHF patients), fatigue. Uncommon: AV-conduction disturbances, bronchospasm in patients with bronchial asthma or a history of obstructive airway disease, muscle weakness, muscle cramps, depression, sleep disorders; in patients with hypertension or angina pectoris (worsening of pre-existing heart failure, bradycardia), asthenia. Rare: increased triglycerides, increased liver enzymes (ALT, ASAT) syncope, reduced tear flow, hearing disorders, allergic rhinitis, hypersensitivity reactions such as itching, rash, rash, urticaria, photosensitivity disorders, nightmares, hallucinations. Very rare: conjunctivitis, alopecia, beta-blockers may provoke or worsen psoriasis or include psoriasis-like rash. Most common signs of overdose: bradycardia, hypotension, bronchospasm, acute cardiac failure, hypoglycemia. **Date of product information:** June 2016

Merck Pharmaceutical (Hong Kong) Ltd. 11/F, Elite Centre, 22 Hung To Road, Kwun Tong, Kowloon, Hong Kong Tel: +(852)2170 7700 Fax: +(852)2345 2040

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ASSESSMENT ENHANCEMENT COURSE (AEC) FOR FAMILY PHYSICIANS 2021

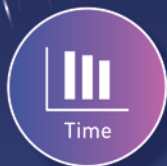
Please note the schedule of AEC sessions might be affected due to the outbreak of COVID-19 and the format might change to online platform if necessary. Announcement would further be made in case there is a change of schedule and/or format. Thanks.

Organizer	: Assessment Enhancement Sub-committee, Board of Education, HKCFP
Tutors	: Family Medicine Specialists, Fellows of HKCFP and RACGP
Supervisors	: Dr. Chan Chi Wai
Co-ordinator	: Dr. Lai Sheung Siu
Objectives	: <ol style="list-style-type: none"> 1. To improve clinical knowledge, problem solving and consultation skills through different workshops 2. To improve physical examination technique and clinic procedural skills through hands-on experience 3. To provide opportunity for inter-professional communication and social network expansion through self-help groups 4. To improve time management through simulated examination
Venue	: HKCFP Wan Chai office, Duke of Windsor Social Service Building and HKAM Jockey Club Building
Date	: 5 months' course starting from April 2021
Course Structure	: The course will consist of 4 main components: <ol style="list-style-type: none"> 1. Seminars 2. Workshops 3. Self-help Group Support 4. Mock Exam Seminars and Workshops will be arranged on Saturday afternoons (2:30 p.m. to 5:30 p.m.)
Accreditation	: Up to 15 CME points (Category 4.4) & 5 CPD points (Category 3.15) for the whole course
Course Fee	: Members : HK\$3,400 (Whole course) HK\$950 (Spot admission for each seminar or workshop only) All cheques payable to "HKCFP Education Ltd" All Fees received are non-refundable and non-transferable.
Capacity	: 50 doctors maximum
Enrolment	: Enrolment is now open. Registration form is available at College website: http://www.hkcfp.org.hk/pages_9_463.html . Please return the completed application and the cheque to the Secretariat for processing. Please contact the Secretariat, Ms. Teresa Liu or Ms. Windy Lau by email to education@hkcfp.org.hk or call 2871 8899 for details. Successful applications will be informed by email later.
Disclaimer	: All cases and answers are suggested by our tutors only. They are not standard answers for examination.
Remarks	: <ol style="list-style-type: none"> 1. Post-AEC training course (optional) will be organized for category 2 candidates who have enrolled in AEC if there is sufficient enrolment. 2. Please note the schedule of AEC sessions might be affected due to the outbreak of COVID-19 and the format might change to online platform if necessary. Announcement would be made in case there is a change of schedule and/or format.

Assessment Enhancement Course 2021 Timetable for Workshop

Date	Topics	Venue
24 April 2021 (Sat) 2:30 – 5:30 p.m.	Introduction	Room 802, Duke of Windsor Social Service Building, Wan Chai, Hong Kong
22 May 2021 (Sat) 2:30 – 5:30 p.m.	Approach to Physical Complaints	
26 June 2021 (Sat) 2:30 – 5:30 p.m.	Viva Practice: Enhance Interprofessional Communication	
24 July 2021 (Sat) 2:30 – 5:30 p.m.	Problem Solving Skills	
21 August 2021 (Sat) 2:30 – 5:30 p.m.	Proper Physical Examination & Common Clinic Procedures	
25 September 2021 (Sat) 2:30 – 6:00 p.m.	Mock Exam	HKAM Jockey Club Building, 99 Wong Chuk Hang Road

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Effective HbA_{1c} reduction²



Fewer hypoglycaemia compared with NPH³



Does not require resuspension⁴



Award-winning SoloSTAR[®] pen⁵

HbA_{1c}=glycated haemoglobin. NPH=neutral protamine Hagedorn insulin.

References: 1. Drug Office, Department of Health. Available at: <https://www.drugoffice.gov.hk/eps/drug/productDetail/en/consumer/122821>. Accessed: 8 Jun 2020. 2. Davies M, Storms F, Shutler S, et al. Diabetes Care. 2005;28:1282-8. 3. Mullins P, Sharplin P, Yki-Jarvinen H, et al. Clin Ther. 2007;29:1607-19. 4. Lantus[®] Hong Kong prescribing information. 5. Sanofi-aventis. Sanofi-aventis' SoloSTAR[®] insulin pen for Lantus and Apidra receives the prestigious GOOD DESIGN Award. [Press release], 2008 Feb 14.

Prescribing information:

Presentation: 100 IU/ml Insulin glargine solution for injection. **Indications** For the treatment of adults, adolescents and children aged 2 years and above with diabetes mellitus. **Dosage** Once daily (at the same time every day), with adjusted individual dosage. **Administration** Subcutaneous injection. Lantus is NOT INTENDED FOR INTRAVENOUS USE since it could result in severe hypoglycaemia. **Contraindications** Hypersensitivity to insulin glargine or to any of the excipients. **Precautions** Lantus has not been studied in children below the age of 2 years. Elderly: progressive deterioration of renal function may lead to a steady decrease in insulin requirements. Renal impairment: insulin requirements may be diminished due to reduced insulin metabolism. Hepatic impairment: insulin requirement may be diminished due to reduced capacity for gluconeogenesis and reduced insulin metabolism. Hypoglycaemia. Intercurrent illness. Combination of Lantus with pioglitazone. **Fertility, pregnancy and lactation** Animal studies do not indicate direct harmful effects with respect to fertility and reproductive toxicity. The use of Lantus may be considered during pregnancy if clinical needed. It is unknown whether insulin glargine is excreted in human milk. **Overdose** Insulin overdose may lead to severe and sometimes long-term and life-threatening hypoglycaemia. Mild episodes of hypoglycaemia can usually be treated with oral carbohydrates. More severe episodes with coma, seizure or neurologic impairment may be treated with glucagon (intramuscular or subcutaneous) or concentrated glucose solution (intravenous). **Interactions** Effects enhanced by oral antidiabetics, ACEI, disopyramide, fibrates, fluoxetine, MAOIs, pentoxifylline, propoxyphene, salicylates, sulfonamide antibiotics. Effects reduced by corticosteroids, danazol, diazoxide, diuretics, glucagons, isoniazid, oestrogens and progestogens, phenothiazine derivatives, somatropin, sympathomimetics, or thyroid hormones, atypical antipsychotics and protease inhibitors. Beta-blockers, clonidine, lithium or alcohol may either potentiate or weaken the effects of insulin. Pentamidine may cause hypoglycaemia, followed by hyperglycaemia. The signs of adrenergic counter-regulation may be reduced or absent under the influence of sympatholytic medicinal products such as Beta-blockers, clonidine, guanethidine and reserpine. **Undesirable effects** Hypoglycaemia, Lipohypertrophy, Injection site reactions, Lipoatrophy, Allergic reactions, Visual impairment, Retinopathy, Oedema, Dysgeusia, Myalgia. **Storage:** Before first use: Store in a refrigerator (2°C - 8°C). Do not freeze. After first use: Store below 30°C. Use within 28 days. Away from direct heat or light. Preparations Lantus SoloStar 5 x 3ml (300IU) pre-filled pens. Lantus Vial One 10ml (1000IU) vial per box. **Legal Classification:** Part 1 Poison. **Full prescribing information is available upon request.** API-HK-GLA-17.03

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BOARD OF EDUCATION NEWS

The Board of Education is pleased to let you know that there would be online seminars to be conducted via the ZOOM Webinar platform in the coming month with the details below:

Online Seminar			
Date and Time	Topic	Speakers	Moderators
13 Apr (Tue) 2:00 – 3:00 p.m.	Treatment of External Genital wart <i>Sponsored by iNova Pharmaceuticals</i>	Dr. CHAN Yung, Davis <i>Specialist in Dermatology & Venerology</i>	Dr. TSUI Hing Sing, Robert
28 Apr (Wed) 7:30 – 8:30 p.m.	Updates on ESC2020 Guideline and The EHRA2021 Practical Guide of AF Management <i>Sponsored by Pfizer Corporation Hong Kong Limited</i>	Prof. Jan STEFFEL <i>Vice Chairman and Professor of Cardiology, University Hospital Zurich</i>	Dr. LUK Man Hei, Matthew
29 Apr (Thu) 2:00 – 3:00 p.m.	Recent Breakthrough in Gut Microbiome Based Non-invasive Colorectal Cancer Screening <i>Sponsored by GenieBiome Limited</i>	Dr. Sunny H WONG <i>Institute of Digestive Disease, Faculty of Medicine, The Chinese University of Hong Kong</i>	Dr. LAU Ho Lim

QR Code for registration

13 Apr 2021 (Tue)	28 Apr 2021 (Wed)	29 Apr 2021 (Thu)
		

Accreditation : 13 Apr, 28 Apr 1 CME Point HKCFP (Cat. 4.3)
and 29 Apr: 1 CME Point MCHK (pending)
Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

Online Monthly Video Session

Date and Time	Topic
19 Mar (Fri) 2:30 – 3:30 p.m.	“How Family Physicians can Co-manage with Oncologists in Patients with Breast and Prostate Cancer” by Dr. Alex Leung
30 Apr (Fri) 2:30 – 3:30 p.m.	“How Family Physicians can Co-manage with Oncologists in Patients with Colorectal and Lung Cancer” by Dr. Law Chi Ching and Dr. Wong Kam Hung

QR Code for registration

19 Mar 2021 (Fri)	30 Apr 2021 (Fri)
	

Accreditation : 1 CME Point HKCFP (Cat. 4.2)
1 CME Point MCHK (pending)
Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

***CME points would be given for self-study at online recorded CME lectures only if participating doctors have not attended the same live CME lectures and completed the relevant quiz.**

Admission Fee : Member Free
(for all online seminars) Non-member HK\$ 100.00 for each session
For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.

Registration Method : Please register via the registration link to be sent by email later or scan the QR code above. For enquiry about registration, please contact Ms. Katie Lam by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

Notes :

- In case of over-subscription, the organiser reserves the right of final decision to accept registration.
- The link to join the webinar **SHOULD NOT** be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time. CME point(s) would only be given to those on the pre-registration list and attended the lecture.
- Please note you can just attend **ONE** CME activity at a time. If it's found you are attending more than one CME activity simultaneously by the CME administrator later, you may NOT be able to receive the CME point(s).
- Members who have attended less than 75% of the length of the online lecture may not be able to receive CME. Final decision would be subject to the approval of the related Board / Committee.
- Please be reminded to complete and submit the *MCQs or survey after the session for HKCFP and MCHK CME point(s) accreditation. (*MCQs/ True or False Questions; 50% or above of correct answers are required)**
- Please be reminded to check the system requirements beforehand to avoid any connection issues.
- Due to copyright issue, please note private recording of the lecture is prohibited.
- Registration will be closed 3 days prior to the event.

enough already.

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Release the grip of migraine¹⁻³

First and only therapy of its kind, specifically designed to prevent migraine by targeting the CGRP receptor¹

Consistent and sustained efficacy across the migraine spectrum¹⁻³

Placebo-like safety and tolerability profile²⁻³

Simple, once monthly administration with no loading dose¹

Aimovig Important note: Before prescribing, consult full prescribing information. **Presentation:** Solution for injection, subcutaneous use: 1 mL prefilled pen contains 70 mg of erenumab. **Indications:** Aimovig is indicated for prophylaxis of migraine in adults who have at least 4 migraine days per month. **Dosage and administration:** Adults: The recommended dose of Aimovig is 70 mg administered subcutaneously every 4 weeks. Some patients may benefit from a dosage of 140 mg every 4 weeks. Aimovig is intended for patient self-administration in the abdomen, thigh, or, if someone else is giving the injection, also into the outer area of the upper arm. Administration should be performed by an individual who has been trained to administer the product. The needle cover of Aimovig pre-filled pen contains dry natural rubber, which may cause allergic reactions in individuals sensitive to latex. Consideration should be given to discontinuing treatment in patients who have shown no response after 3 months of treatment. Evaluation of the need to continue treatment is recommended regularly thereafter. The entire contents of the Aimovig pre-filled pen should be injected. **Special populations** **Pediatric patients:** The safety and effectiveness of Aimovig has not been studied in pediatric patients. **Geriatric patients:** No dose adjustment is necessary as the pharmacokinetics of erenumab are not affected by age. **Renal impairment/hepatic impairment:** No dose adjustment is necessary in patients with mild to moderate renal impairment. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Patients with certain major cardiovascular diseases were excluded from clinical studies. No safety data are available in these patients. **Pregnancy, lactation, females and males of reproductive potential:** **Pregnancy:** Safety has not been established. As a precautionary measure, it is preferable to avoid the use of Aimovig during pregnancy. **Lactation:** It is not known whether erenumab is present in human milk. Human IgGs are known to be excreted in breast milk during the first few days after birth, which is decreasing to low concentrations soon afterwards; consequently, a risk to the breast-fed infant cannot be excluded during this short period. Afterwards, use of Aimovig could be considered during breast-feeding only if clinically needed. **Females and males of reproductive potential:** Animal studies showed no impact on female and male fertility. **Adverse drug reactions:** **Common (1/100 to <1/10):** Injection site reactions, constipation, muscle spasm, pruritus. **Description of selected adverse reactions:** Injection site reactions include injection site pain, injection site erythema and injection site pruritus. A majority of injection site reactions were mild and transient. **Immunogenicity:** In pivotal studies the incidence of anti-erenumab antibody was 6.3% for the 70 mg dose (in-vitro neutralizing activity in 3 patients) and 2.6% for the 140 mg dose (no patients with in-vitro neutralizing activity). There was no impact of anti-erenumab antibody development on efficacy or safety of erenumab. **Interactions:** No effect on exposure of co-administered medicinal products is expected based on the metabolic pathways of monoclonal antibodies. No interaction with oral contraceptives (ethinyl estradiol/norgestimate) or sumatriptan was observed in studies with healthy volunteers. **Packs:** 1 mL prefilled pen contains 70 mg of erenumab. **Legal classification:** P1S1S3 Ref: EMA Aug 2018
References: 1. Aimovig Local Prescribing Information 2019. 2. Goadsby PJ, Reuter U, Hallström Y, et al. A controlled trial of erenumab for episodic migraine. *N Engl J Med.* 2017;377(22):2123-2132. 3. Tepper S, Ashina M, Reuter U, et al. Safety and efficacy of erenumab for preventive treatment of chronic migraine: a randomised, double-blind, placebo-controlled phase 2 trial. *Lancet Neurol.* 2017;16(6):425-434

Meeting Highlights

Online Mental Health Seminar on 6 February 2021

We would like to thank Dr. Chan Suen Ho Mark, General Practitioner and Honorary Clinical Associate Professor, CUHK, for delivering a lecture on “COVID-19 and Mental health impact on Family, Adolescent and Children”.

Structured Education Programmes

Free to members

HKCFP 2 CME points accreditation [Cat 4.3]

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
01 Apr 2021 (Thu)			
4:00 – 6:00 p.m.	(Video Conference) Activities Room, 3/F, Yan Oi General Out-patient Clinic	UK GMC Revalidation Dr. Sung Cheuk Chung & Dr. Jor Hon Man	Ms. Eliza Chan Tel: 2468 6813
07 Apr 2021 (Wed)			
2:00 – 5:00 p.m.	(Video Conference) Room 7 & Room 19, 8/F, YMT GOPC & Lecture Theatre, 10/F, YCK, KWH	1) Sick Role: Psychological and Physical Impact on Patient Dr. Chuang Chi Kit 2) Community Resource: Dietitian Ms. Bonnie Cheng	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Common Dental/Oral Problems Encountered in Primary Care with Cases illustration Dr. Leung Sau Chun & Dr. Wu Flora	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	Common Symptoms in Paediatrics Dr. Li Wing Chi Gigi & Dr. Lui Tsz Yin	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
5:00 – 7:00 p.m.	(Video Conference) ZOOM	Pharmacy Practice in GOPC Dr. Pong Pong	Ms. Cherry Wong Tel: 2589 2342
08 Apr 2021 (Thu)			
4:00 – 6:00 p.m.	(Video Conference) Activities Room, 3/F, Yan Oi General Out-patient Clinic	Consultation Case Sharing: Common Mental Health Disorder in Primary Care Clinic Dr. Lau Lai Na & Dr. Tang Kin Sze	Ms. Eliza Chan Tel: 2468 6813
14 Apr 2021 (Wed)			
2:00 – 5:00 p.m.	(Video Conference) Room 7 & Room 19, 8/F, YMT GOPC & EK GOPC (new block 1/F Room 10) & Multifunction Room, FALKK	Management of Menopausal Symptoms (Including Traditional and Overseas Remedies) Dr. Li Janice Chun Ying & Dr. Cheung Ada Sze Wai	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Family, Context and Diseases Dr. Lam Yat Hei	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	Management of an Infertile Couple Dr. Chung Yi On Shalom & Dr. Wong Bo Hang	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Hot Topics in FM Dr. Chau Chuen Queena & Dr. Lim Foon Lian	Mr. Alex Kwok Tel: 5569 6405
15 Apr 2021 (Thu)			
4:00 – 6:00 p.m.	(Video Conference) Activities Room, 3/F, Yan Oi General Out-patient Clinic	Clinical Approach to Limb Numbness with Case Illustration Dr. Tsang Kam Wah & Dr. Ho Chung Yu	Ms. Eliza Chan Tel: 2468 6813

21 Apr 2021 (Wed)

2:00 – 5:00 p.m.	(Video Conference) Room 7 & Room 19, 8/F, YMT GOPC & Lecture Theatre, 10/F, YCK, KWH	1) Discussion on Community Health Check Programme Dr. Yu Xiaoxia 2) Consultation Enhancement (Video Consultation) Dr. Chan Kwun Hung & Dr. Noh Young Ah	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm 13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Quaternary Prevention in Primary Care Dr. Ko Pak Long	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	Approach to Abnormal Laboratory Results in Asymptomatic Patients (Part 1) (Deranged Liver Function, Electrolyte Disturbance, Renal Impairment) Dr. Leung Eunice Hilching & Dr. Chow Wing Man Angela	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Community Resource For Addictions Dr. Li Kwok Ho Eric & Dr. Leung Wai Yan Viola	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	(Video Conference) ZOOM	Common Poisoning and Corresponding Management in Hong Kong Dr. Leung Shiu Chung, Patrick	Ms. Cherry Wong Tel: 2589 2342

22 Apr 2021 (Thu)

4:00 – 6:00 p.m.	(Video Conference) Activities Room, 3/F, Yan Oi General Out-patient Clinic	Application of Evidence Based Medicine: Joint Injection for Common Orthopedic Problem Dr. Tsui Sau In & Dr. Hsu Kwok Fai	Ms. Eliza Chan Tel: 2468 6813
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28 Apr 2021 (Wed)

2:00 – 5:00 p.m.	(Video Conference) Room 7 & Room 19, 8/F, YMT GOPC & EK GOPC (new block 1/F Room 10) & Multifunction Room, FALKK	Update of Management of Common Cardiac Arrhythmia (AF,SVT, Bradyarrhythmia) Dr. Peng Xu & Dr. Wong Anthea	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Rm13, 2/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Management of Needle Stick Injury in Primary Care Setting Dr. Lam Ka Wai	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Auditorium, G/F HMB, Tseung Kwan O Hospital	Substance Abuse Dr. Yang Tsz Ching Kelly & Dr. Leung Lai Ting	Ms. Polly Tai / Ms Elise Haw Tel: 3949 3430 / 3949 3079
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Cutaneous Manifestation of Systemic Diseases Dr. Poon Lai Ping Joyce & Dr. Lee Jerrold	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	(Video Conference) ZOOM	ESC2020 Guideline and The EHRA2021 Practical Guide on Atrial Fibrillation Management Professor Jan Steffe	Ms. Cherry Wong Tel: 2589 2342

29 Apr 2021 (Thu)

4:00 – 6:00 p.m.	(Video Conference) Activities Room, 3/F, Yan Oi General Out-patient Clinic	Clinical Approach to Patients with Personality Disorders in Primary Care Clinic Dr. Lam Kang & Dr. Lee Sik Kwan	Ms. Eliza Chan Tel: 2468 6813
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Invitation message to submit articles to FP Links

Dear all fellow colleagues, do you have something to share with us about your practice and thereabouts?

The FP Links Committee is inviting all HKCFP members to share your personal encounters, experiences, thoughts or feelings through writing. It can be inspiring, can be impressive or jaw dropping, or can be touching.

Besides conventional FP Links articles, 2 other special columns are also welcomed, namely FP Column and Young Doctors Column. The former is a platform for members to share how life as Family Physicians is like and their vision about our discipline, while in the latter our young doctors could tell readers how they are adapting in work and training, as well as their innovative ideas and dreams about Family Medicine.

The usual passage length is around 2 A4 pages (up to 1200 words), taking into account the words and photos/tables.

The articles submitted to secretariat will be passed to the FP Links Editorial board for review before publication. 2 CPD points will be rewarded for each published article.

Please do not hesitate to contact our secretariat Ms. Alky Yu at 2871 8899 or alkyyu@hkcfp.org.hk for enquires or article submission.

Don't be shy and submit one NOW! We can't wait to read your article!

FP Links Committee



The FP Links Editorial Board would
like to thank all
readers, contributors, sponsors and
the College Secretariat for their
tremendous support.

Wishing you all

Happy
EASTER



The FP Links Committee

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
21 Mar 2:00 – 6:00 p.m. APCLS Training Workshop	22	23	24 2:00 – 7:30 p.m. Structured Education Programme	25 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	26 2:30 – 3:30 p.m. Video Session	27
28	29	30	31 2:00 – 3:00 p.m. Online CME Lecture 2:00 – 7:30 p.m. Structured Education Programme 8:00 p.m. Specialty Board Meeting	1 Apr 4:00 – 6:00 p.m. Structured Education Programme	2	3
4	5	6	7 2:00 – 7:30 p.m. Structured Education Programme	8 4:00 – 6:00 p.m. Structured Education Programme	9	10 2:30 – 6:00 p.m. DFM Pre Exam Workshop I
11	12	13 2:00 – 3:30 p.m. Online CME Lecture	14 2:00 – 7:30 p.m. Structured Education Programme	15 4:00 – 6:00 p.m. Structured Education Programme	16	17 2:30 – 6:00 p.m. DFM Pre Exam Workshop II
18	19	20	21 2:00 – 7:30 p.m. Structured Education Programme 7:00 – 9:00 p.m. Exit Exam Preparatory Workshop	22 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	23	24 2:30 – 5:30 p.m. Assessment Enhancement Course
25	26	27	28 2:00 – 7:30 p.m. Structured Education Programme 7:30 – 8:30 p.m. Online CME Lecture	29 2:00 – 3:00 p.m. Online CME Lecture 4:00 – 6:00 p.m. Structured Education Programme	30 2:30 – 3:30 p.m. Video Session	1 May

Red : Education Programmes by Board of Education

Green : Community & Structured Education Programmes

Purple : College Activities

FP LINKS EDITORIAL BOARD 2021



Back row (from left to right): Dr. Sin Ming Chuen, Dr. Chan Man Li, Dr. David Cheng, Dr. Sze Hon Ho, Dr. Ho Ka Ming, Dr. Fok Peter Anthony, Dr. Yip Tsz Hung, Dr. Alfred Kwong and Dr. Alvin Chan
2nd row (from left to right): Dr. Maria Leung, Dr. Heidi Fung, Dr. Cheuk Christina, Dr. Leung Lok Hang, Prof. Martin Wong and Dr. Tam John Hugh
Front row (from left to right): Dr. Law Tung Chi, Dr. Tsui Hiu Fa, Dr. Judy Cheng, Dr. Catherine Ng, Dr. Wendy Tsui, Dr. Natalie Yuen, Dr. Anita Fan and Dr. Natalie Siu

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The Hong Kong College of Family Physicians

Contact and Advertisement Enquiry

Ms. Alky Yu Tel: 2871 8899 Fax: 2866 0616 E-mail: alkyyu@hkcfp.org.hk

The Hong Kong College of Family Physicians

Room 803-4, 8th Floor, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

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