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Message from the President

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) and the Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) under the Centre for Health Protection of the Department of Health (DH) (JSC) together with the Chief Executive's Expert Advisory Panel (EAP) had met in June and subsequently updated the interim recommendations on the use of COVID-19 vaccines in Hong Kong. (https://www.chp.gov.hk/files/pdf/consensus_interim_recommendations_on_the_use_of_covid19_vaccines_in_hk.pdf) In the new interim recommendations, the eligible age groups for receiving Comirnaty COVID-19 vaccine has been lowered to age 12, as the Comirnaty COVID-19 vaccine has been reported to have high efficacy against symptomatic COVID-19 disease. Therefore, adjusting down the recommended age to 12 for receiving the Comirnaty COVID-19 vaccine would be important to protect the adolescents against symptomatic COVID-19 disease, to reduce community transmission of COVID-19, and to enhance the overall herd immunity. The Strategic Advisory Group of Experts (SAGE) of World Health Organisation (WHO) has also recently concluded that the Pfizer/BioNTech vaccine is suitable for use by people aged 12 years and above. (<https://www.who.int/news-room/news-updates>)

The JSC-EAP noted that there were reported cases of mild myocarditis/ pericarditis in overseas countries following vaccination with Comirnaty COVID-19 vaccine and the probability for a possible link between the second dose and the onset of myocarditis among young adults. Therefore, it is recommended to monitor ongoing studies on this possible link. The JSC-EAP

considered that the benefits of Comirnaty COVID19 vaccine in reducing overall deaths and hospitalisations due to COVID-19 infection outweigh the risks, and recommended the use of Comirnaty COVID-19 vaccine for those aged between 12 to 15.



The updated Consensus Interim Recommendations also reiterated the importance of COVID-19 vaccination for the elderly since older people as a group bears the highest risks of complication and death from COVID-19 disease. Healthcare systems around the globe have been using inactivated vaccines, e.g. influenza vaccines, in successfully preventing influenza complications and outbreaks in residential care homes for the elderly for a long time. Therefore, it is recommended that any elderly people who have received influenza vaccines before can safely receive COVID-19 vaccines. Only for the frailest of the elderly, the benefit versus risk may have to be carefully weighed. According to the official data announced, the COVID-19 vaccination uptake amongst the elderly population has been rather slow and less than enthusiastic. As they are at the highest risk of having severe complications after contracting COVID-19 disease, the elderly should be encouraged to receive the vaccination early if no contraindications existed.

Riding on the success of our first ever digital Hong Kong Primary Care Conference (HKPCC) in 2020, we are looking forward to welcoming you all to the

(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

HKPCC 2021 which is to take place from 30 July – 1 August 2021 via an online platform. (<https://www.hkpcc.org.hk/scientific-programme>) This year the theme of the Conference is entitled, "Our Finest Hour: Stride through the Storm". The Conference will continue to bring together international and local experts, family doctors, nurses, allied health professionals, and other primary care providers in sharing clinical knowledge, expertise and experiences. It will also provide a platform for potential collaborations and networking opportunities. The scientific programme is comprised of plenary and seminar sessions, including topics related to the challenges of the COVID-19 pandemic, telemedicine, mental health, big data, psoriasis,

motivational interviewing, clinical updates, research, education and more. There will also be full paper competitions, clinical case competitions, e-posters and e-booths exhibitions. There would be something to suit every taste. See you at the HKPCC 2021 soon!

The 33rd and 34th Fellowship Conferment Ceremony and the 31st Dr. Sun Yat Sen Oration will be held on 1 August 2021 (Sunday), right after the HKPCC 2021, from 4:30pm at the Hong Kong Academy of Medicine Jockey Club Building. Many congratulations again to all the successful candidates of 2020 and 2021!

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 applications for membership in **May - June 2021**:

Associate Membership (New Application)

Dr LAM Ming Yin, Alison	林 明 彥
Dr LAM Po Yan, Richard Mieski	林 溥 仁
Dr LEE Angela Wai Kay	李 瑋 琪
Dr SIU Ka Hin	邵 嘉 騫
Dr WONG Yee Hang, Arthur	黃 以 恒
Dr YONG Hun Yue, Rosalind	楊 幸 瑜

Student Membership (New Application)

Miss TSOI Tsz Ying	蔡 子 盈
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Fellowship (Reinstatement)

Dr CHAN Siu Ling, Cloey	陳 少 玲
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Associate Membership (Re-Applications)

Dr FONG Wai	方 陸 蕙
Dr LUK Wai Kwok	陸 衛 國

Resignation of Associate Membership

Dr CHOW Chi Kwan	周 芷 筠
Dr CHUK Man Ting, Karen	祝 敏 婷
Dr KAN Kau Yue, Andre	簡 教 儒
Dr KO Yip Yan	高 頁 欣
Dr LI Hoi Man	李 凱 雯
Dr POON Yi Kit	潘 怡 潔
Dr SIU Yuk Kiu	蕭 玉 嬌
Dr TO King	杜 京
Dr WONG Chun Bun, Gordon	王 駿 濱
Dr WONG Win Win	王 詠 穎

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

OUR FINEST HOUR: STRIDE THROUGH THE STORM

E-POSTER

PROGRAMME BOOK



**HKU
Med**

LKS Faculty of Medicine
Department of Family Medicine
& Primary Care
香港大學家庭醫學及基層醫療學系



HKCFP-HKU PRIMARY CARE MORBIDITY SURVEY

HKCFP Foundation Fund Commissioned Research

Why is this study needed?

- Crucial information about primary care clinical encounters and trends for understanding health of the general community and health care planning
- Evidence-based data to inform and validate the content of family medicine teaching, vocational training and examination

Welcome
more
doctors!

Partial Results for Spring Quarter

49

doctors participating

25*

weeks of data analysed

4,048

clinical encounters

5,513

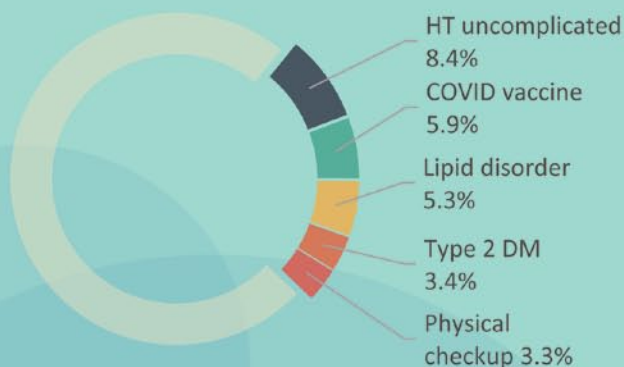
problems managed

*25 weeks=51% of total data collected in the Spring quarter

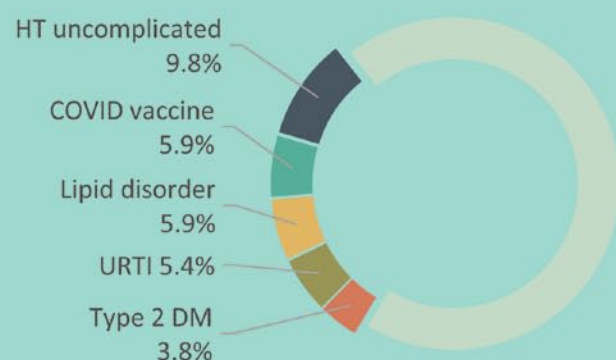
Reason for clinical encounter



Top 5 presenting problems



Top 5 diagnoses



Summary of findings

- COVID-19 vaccination is a unique and frequent presenting problem in private sector in this year's survey.
- Frequency of HT and lipid disorders underscore the importance of chronic disease care in primary care
- URTI cases comprise 5.4% of diagnoses compared with 25.3% over the same period in the 2007-08 morbidity study – is it due to mask wearing OR change medical help-seeking habits due to COVID-19?

Welcome all practising primary care doctors to participate!

Q: How much time do I need to commit?

A: Minimum one week. Record all consecutive patient encounters during designated week in a simple template. Most doctors are able to complete the forms within 1-2 mins after each consultation. Data collection will continue until Feb 2022.

Q: Does participation count for CME/CPD?

A: Yes! 1 CPD point and MCHK/ HKCFP CME credits for attending online study-related seminars and training (per hour).

Q: How can participation help my practice?

A: Your own data can help you understand the scope of problems encountered and management undertaken in your own practice. Our research team can send you a personalized summary for your own use.

Q: How do I sign up?

A: Please contact Dr Julie Chen (Co-PI) (juliechen@hku.hk) or our research project manager Miss Joyce Tsang (joycetpy@hku.hk).



Meeting Highlights

Online Mental Health Seminar on 5 June 2021

Dr. Cheung Kit Ying Andy, Specialist in Family Medicine and Dr. Lum Chor Ming Christopher, Specialist in Geriatric Medicine, delivered a lecture on "The Important Influence of Dr. Irvin Yalom on Family Physicians".



Dr. Chan Suen Ho, Mark (left, Moderator) and Dr. Lee Man Kei (right, Facilitator) presenting a souvenir to Dr. Lum Chor Ming Christopher (2nd from the left, Speaker) and Dr. Cheung Kit Ying Andy (2nd from the right, Speaker).

Online Seminar on 9 June 2021

Dr. Chong King Yee, Specialist in Psychiatry, delivered a lecture on "Novel Clinical Management for Major Depressive Disorder (MDD)".



Dr. Au Yeung Shiu Hing (right, Moderator) presenting a souvenir to Dr. Chong King Yee (left, Speaker).

UNIVERSITY HEALTH SERVICE Medical Officer

The University Health Service (UHS) of The Hong Kong Polytechnic University is a community-based Family Medicine training centre, as accredited by The Hong Kong College of Family Physicians. UHS provides primary care to students, staff members and their dependants and other eligible users. The University invites applications for the Medical Officer post in UHS. Duties: (i) provide primary health care and health counselling for full-time students, staff members and their dependants, and other eligible members of the University; (ii) promote health education for the University community; and (iii) assist in other administrative duties when required. Qualifications: (i) possess qualifications registrable with Medical Council of HKSAR; (ii) have a valid Annual Practising Certificate issued by the Medical Council of HKSAR; and (iii) be fluent in spoken English and Cantonese. Preference will be given to those who possess a higher qualification in Internal Medicine, Emergency Medicine and/or Family Medicine. Doctors enrolled in vocational training in Family Medicine are also welcome. Please visit <http://www.polyu.edu.hk/uhs/en> for more information about UHS. Post specification and application form are available from the Human Resources Office (Homepage: <http://www.polyu.edu.hk/hro/job.htm>, Email: hrstaff@polyu.edu.hk). Application closing date: Consideration of applications will commence in August 2021 until the position is filled.

www.polyu.edu.hk

Opening Minds • Shaping the Future

Online Counselling Seminar on 12 June 2021

We would like to thank Dr. Ho King Yip, Anthony, Specialist in Family Medicine, for delivering a lecture on "Mental Health and Counselling at Times of COVID-19".

Online Seminar on 19 June 2021

Dr. Chung Chi Tung, Steve, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on "Treatment Intensification And Simplification with Fixed Ratio Combination of Basal Insulin And GLP-1 RA for T2DM".



Dr. Chan Man Li (right, Moderator) presenting a souvenir to Dr. Chung Chi Tung, Steve (left, Speaker).

Classified Advertisement

Invites applicants for full-time doctor in Evangel Hospital – shift-duty in General Out-patient and on-site overnight call. Please send C.V. and enquiry to hr@evanhosp.org.hk.

Board of Vocational Training and Standards News

Reminder: Submission of Application for Certification of Completion of Basic Training

To those who will complete Basic Training,

You are advised to apply for the Certificate of Completion of Basic Training within 3 months upon the completion of four-year Basic Vocational Training. Please submit the application and training logbook to the college office during office hours. **Late submission will be charged an annual training fee.**

Should you have any enquiries, please contact Ms. Kathy LAI at 2871 8899.

Basic Training Subcommittee
Board of Vocational Training and Standards

Reminder: Application for Recommendation for Exit Examination

To all Higher Trainees,

For those who prepare to sit for 2022 Full Exit Examination, please submit the application letter and the checklist for recommendation for Exit Examination before **30 September 2021**. Late application **WILL NOT** be entertained.

Should you have any enquiries, please contact Ms. Kathy LAI at 2871 8899.

Higher Training Subcommittee
Board of Vocational Training and Standards

The Diary of a Family Doctor【家庭醫生的日常】

《最強的內疚》Dr. Sin Ming Chuen

七十多歲女士，有心肌梗塞病史，這兩天看電視時好幾次心口刺痛數秒，很擔心心臟病發。同時濕疹爆發，失眠。已感到她的焦慮。我著她先做心電圖。

她返回診症室，由剛趕到的大女兒陪伴進來，我欣喜，知道是後援來了。

心電圖沒有異樣。

我：「看來身體在多方面提醒你，要正視情緒。最近有乜嘢令你緊張？」

女兒先開口：「係，佢以前有抑鬱症。」

女士：「諗起以前經歷過唔開心嘅事。」

我：「係點嘅事？」

女士：「細女91年走左。」是種罕見的神經系統病，患者很年輕便去世。

我：「仍有內疚？」

女士：「非常內疚。」

我：「點樣嘅內疚？」

女士：「我唔信佢唔舒服，佢叫佢去外國讀書，因為我要威，外國留學威...我恨我自己....」

她已經泣不成聲。三十年的內疚，三十年。

我：「有無同人講過？」

女兒搶上：「無得講，阿爸一聽到就唔俾講。」

相信是爸爸的痛比誰更甚。這女兒短髮、冷靜、沉穩，顯然已取代父母成為家中的支柱。

我：「如果今日妳逝去的女兒能見到妳，妳估佢想同妳講咩？」

女士：「梗想我過得開心。」

我：「原來妳知道。但睇吓你今日，三十年後嘅今日，妳依然選擇懲罰自己。請看看妳身邊，在地上嘅呢個女，妳嘅先生，會好受麼？對他們公平嗎？」

女士嚎哭，抑壓的情感有了出口。要哭出來，內心的傷痛才會好。

我給她遞了盒新的紙巾。大女兒一直紅著眼安慰母親，我好生敬佩。

我：「可唔可以試吓，今日開始，承諾承身邊一直在意妳的人，放低內疚，搵多D開心番嚟，感染屋企，不要再讓天上的女兒難受，可以嗎？」

我只開了皮膚藥。然後得到了她們母女最強的道謝。

The Diary of a Family Doctor 家庭醫生的日常

We Welcome articles on
interaction with patients in
your daily practice.
Submissions up to 400 words
in English or 600 words in
Chinese are always welcome.
Email: alkyyu@hkcfp.org.hk

Board of Conjoint Examination News

Report on OSCE 2021 Information Seminar for Candidates

The Information Seminar on OSCE segment was held on 13 June 2021 via Zoom Video Webinar platform. In total 45 candidates (Cat I: 36, Cat II: 9) attended the seminar. Members from the Board – including the Chairman, the OSCE Coordinator and the Deputy OSCE Coordinator also attended.

The seminar started with a warm welcome by our Chairman, Dr. Chan Hung Chiu, who first introduced the concept and expectations of our Conjoint Examination. He then explained the various measures undertaken by the Board to ensure the examination is fair, reliable and valid to all the candidates.

Dr. Chui Siu Hang Billy (OSCE Coordinator) presented information concerning the examination. One candidate, Dr. Chan Ka Shing Ricky, was invited to participate in an 8-minute sample case and Dr. Loretta Chan (Deputy OSCE Coordinator) assisted in the role-playing scenario.

We presented the marking scheme and went through the setting of the domains of the case. We also explained the marking rationale behind using essential marking points to divide between pass and fail for a particular domain in each question. The candidates were given a chance to mark the scenario with the respective key feature checklist themselves and to understand how to assess a particular domain and how to achieve the pass criteria in each domain.

On the whole the atmosphere was friendly and the candidates were enthusiastic. Feedback forms were distributed and the feedback was positive. Looking at the feedback statistics, most candidates benefited from this seminar and found it very useful. The majority of attendees agreed that the seminar helped their OSCE preparation, and provided useful information regarding how their performance will be assessed.

In summary, the afternoon was fruitful for both the candidates and Board Members. It is hoped that the additional information provided to the candidates will help translate their hard work into success in the coming examination!

OSCE 2021 Information Seminar



Presentation by Chairman Dr. Chan Hung Chiu – introduced the concept and expectations of Conjoint Examination



Presentation by OSCE Coordinator Dr. Billy Chui – information concerning the examination and case demonstration



Case Demonstration by Dr. Loretta Chan (left) and Dr. Ricky Chan (right)



HKCFP Trainees Research Fund 2021 / HKCFP Research Seed Fund 2021

The Research Committee of HKCFP is pleased to continue to offer the two research funds, The Trainees Research Fund and the Research Seed Fund.

The Trainees Research Fund will be opened to all registered HKCFP trainees and is made of four awards (each up to HK\$10,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects at their exit examinations. Those who have funding support elsewhere will not be considered.

The Research Seed Fund is open to all HKCFP members when a maximum of HK\$25,000 award will be made to the successful applicant to assist the conduction of a research project.

Winners of the award will receive 50% of the approved grant up front and the remainder 50% upon completion of the project.

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

Assessment Criteria for both funds:

1. Academic rigor of the research project (e.g. originality, methodology, organisation and presentation);
2. Relevance and impact to family medicine & primary care (e.g. importance of the topic and the impact of the findings on the practice or development of the discipline); and
3. Overall budget

Each research project submitted will be assessed according to the above assessment criteria set by the selection panel. Please send your submission to:

Research Committee, HKCFP

803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong by post or by email: CrystalYung@hkcfp.org.hk

Please indicate the research funding title e.g. “**HKCFP Trainees Research Fund 2021**” or “**HKCFP Research Seed Fund 2021**” on your research project upon submission.

Submission Deadline: 27th October 2021

Supported by HKCFP Foundation Fund

澳洲家庭醫生初哥隨筆

Dr. Lau Wai Yee, Aster

不經不覺，筆者已在澳洲堪培拉工作了數月，雖未至於駕輕就熟，但相比初期的戰戰兢兢，現在已經輕鬆多了。讀者可能不知，貴為澳洲首都，堪培拉實際是被列入偏遠地區的。海外畢業的家庭醫生在澳洲行醫，首十年都只能在偏遠地區工作。

香港家庭醫學訓練是參考澳洲全科醫學院的課程，在處理各種病症方面，筆者認為香港畢業受訓的同事絕對勝任，主要的困難其實是在制度的差異。家庭醫生其中一個重要的角色，就是幫助病人在複雜的醫療系統中安排適切的專科／專職醫療服務。在香港，我們的專科服務很大程度上依賴醫院管理局的專科門診，轉介亦十分簡單，只需要撰寫轉介信到相關醫院的專科部門就可以了。但是在澳洲，我們要查看相關醫院的專科部門的醫生名單，那位醫生的經驗資歷及附屬專科，還要搞清楚那位專科醫生收不收新症。在澳洲偏遠地區，專科醫生是頗為短缺的，有時候在堪培拉沒有相關的專科醫生，筆者要轉介病人到悉尼的專科醫生，這查核的過程是頗花時間的，這些時候筆者常常會懷念在香港工作的方便簡單。

專科醫生的分類也跟香港不完全一樣，筆者在澳行醫初期也需要一些適應。坐骨神經痛在港、澳都是常見疾病，當家庭醫生斷了症，病人已做了一段時間物理治療沒有好轉，又或是病情轉差，都需要轉介專科醫生。在香港我們一般會轉介骨科門診，但原來澳洲這邊是轉介神經外科的，筆者初時不知道，查了很久骨科醫生名單，也看不到有做腰椎的，病人見狀，還叫筆者問一問同事，才知道應該轉介神經外科，當時真是汗顏。

澳洲偏遠地區專科醫生短缺，而且病人向專科醫生求診須自掏腰包支付200至300澳元的專科門診費用。跟家庭醫生不同，澳洲的私家專科醫生大多數在政府補貼以上收取額外費用。

澳洲不少人都會買醫療保險，然而所有保險都不包括專科門診費用，只會賠償住院治療的開支。無論是專科醫生或是病人，都對家庭醫生有更多期望。通常家庭醫生會安排初步檢查，包括血液化驗、X光、超聲波、CT、MRI等等，再需要專科醫生幫助診斷及治療時才轉介。由於澳洲大部份市民都享有政府補貼這些檢查，他們基本上是可免費看家庭醫生、接受化驗檢查、以及接受物理治療等的輔助醫療，所以家庭醫生會被期望處理大部份的病症，因此家庭醫生需要盡量多學一些技術，希望可以幫助病人。

病症類別方面，筆者的感覺是堪培拉頗多病人需要精神健康上的治療，他們求診時會很直接地告訴筆者他們有精神健康上的問題。相比香港病人往往會表示身體不適，需要家庭醫生高度警覺，小心問診才能讓病人認知到他們可能有精神健康問題。筆者覺得澳洲市民普遍對精神健康認知度較香港市民高，他們認識這是需要以及可以醫治的疾病，亦都明白心理治療／輔導的重要性，筆者想這應該是長時間積極的精神健康教育的功勞吧。

筆者的病人也有不少是跌傷或進行體育活動時受傷，這可能和澳洲人的生活環境和習慣有關。

澳洲人普遍熱衷參與運動，大部份市民居住在獨立或聯排別墅，有前／後花園，然而不是每個家庭都能把花園打理得井井有條，有些花園雜草叢生，或是路面不平，而且有不少房屋有樓梯，這些都是意外跌傷的陷阱。早前澳洲維多利亞州的總理便是在家中樓梯滾下，跌傷了脊椎，要入住深切治療病房。

說到和病人的互動相處，筆者認為港澳都是大同小異。醫患關係雖受制度文化差異影響，但最終都是還原基本步，最重要是真誠及互信。家庭醫生着重與病人溝通，了解病人的背景和家庭及社會，所以我們學到的在澳洲也能應用。

暫時筆者分享到這裡，下次有機會再和大家多談一點。



My clinic



Waiting area in clinic



Road outside the shopping mall

COVID-19 vaccination worldwide – Time for Hong Kong to pick up the pace

Vaccines have long been considered as one of the most effective means to help control the spread and alleviate the severity of communicable diseases. In wake of the COVID-19 pandemic affecting every corner of the world, quite a number of effective vaccines are manufactured and approved to be administered on a population-wide scale. The vaccination programme in Hong Kong has already been running for some months and it is a good time to see how we are doing compared to the rest of the world.

According to an international website¹, 21.5% of the world population has received at least one dose of a COVID-19 vaccine. 2.6 billion doses have been injected globally, and currently 36.1 million are given each day. However, only 0.8% of people in low-income countries have received at least one dose. It makes sense to say the global competition for this resource is fierce, and we are privileged to gain a share in the early days.

The percentages of population in various countries or places who have received at least 1 dose of vaccine and fully vaccinated are shown in Fig. 1 to 6. Referring to data on 18/6/2021, the proportion of Hong Kong population having received at least 1 dose is 25.1%, while there is 16.4% of us who are fully vaccinated. At this juncture, we do enjoy a higher rate than some of our Asian neighbours, for example Japan and South Korea. However, compared to major Western countries and another Asian counterpart Singapore, Hong Kong has a relatively low one.

As seen in Fig. 7 which demonstrates the 7-day average of the daily vaccine doses given per 100 persons in the population, HK is lagging behind at 0.56. Many of the Asian countries are gaining pace in the injection speed, most notably South Korea which stands at 1.37.

The Imperial College London YouGov 'Covid-19 Behaviour Tracker Data Hub' gathers global insights on people's behaviors in response to COVID-19. Apart from various public behaviours and attitudes, this survey looks into the willingness of people to get vaccinated against COVID-19. Respondents were presented with the following statement: "If a COVID-19 vaccine were made available to me this week, I would definitely get it." They were asked to react to this statement on a 1 to 5 scale, ranging from "Strongly agree" (1) to "Strongly disagree" (5). Based on this scale, we consider subjects to be willing to get a COVID-19 vaccine if they selected 1 or 2, unwilling to get a COVID-19 vaccine if they selected 4 or 5, and uncertain if they are willing to get a COVID-19 vaccine if they selected 3.

With cut-off on 31/5/2021, the chart in Fig. 8 features the share of multiple countries' populations that has received at least one dose of a COVID-19 vaccine in comparison to the one who are unvaccinated, where the proportion of the

unvaccinated population is divided into those who would be willing vs. unwilling vs. uncertain if they would get the vaccine if it was made available to them in that week. Though Hong Kong is not included in the survey, a glimpse into the other Asian countries' data may give us an insight.

Among these Asian countries studied, there is always a proportion who are unwilling to get vaccinated that ranges from 15-22%, but 16-27% of the populations are just uncertain whether to go for it. These people who still cannot make up their mind probably have some concerns which haven't yet been well addressed. The same may also apply to our locality. Medical doctors and staff have long been recognized as a credible source of health opinions. Therefore, we should spare no efforts to provide evidence based and individualized advice to our citizens, especially those who like to learn more and discuss on their worries. It is hoped that more vaccinations could be appropriately encouraged and crucial herd immunity achieved sooner.

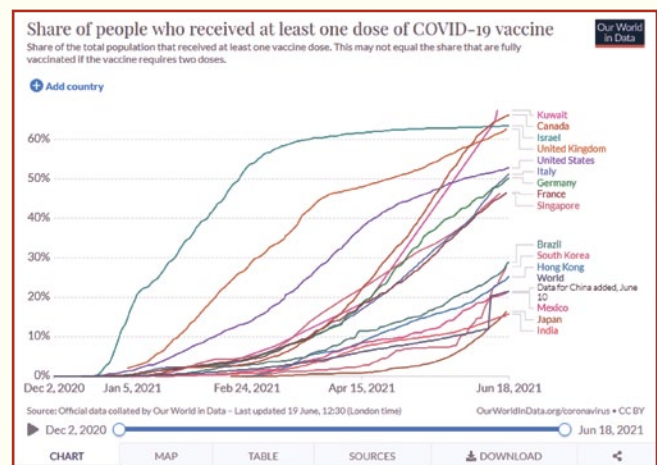


Fig. 1

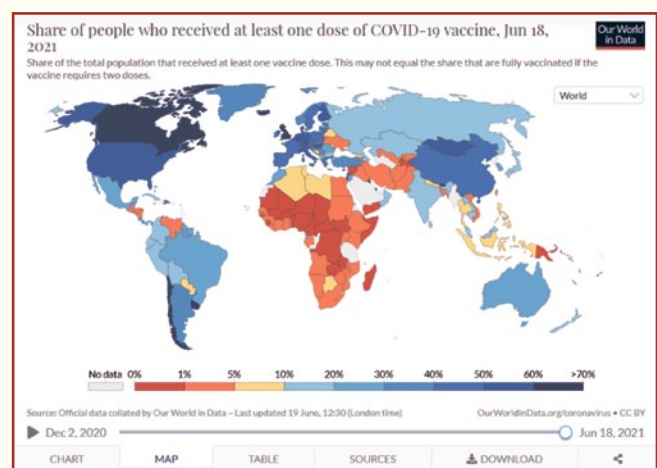


Fig. 2

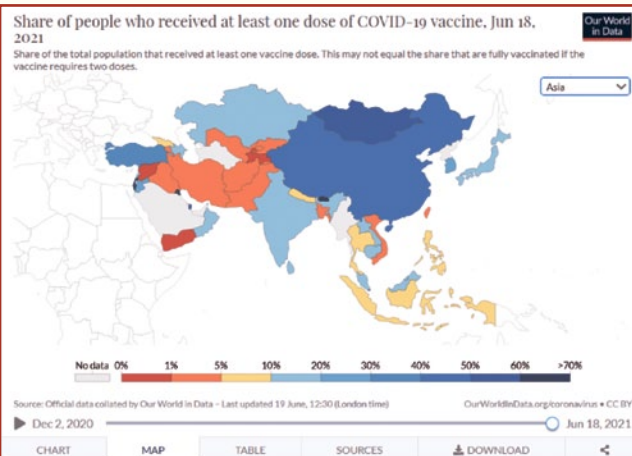


Fig. 3

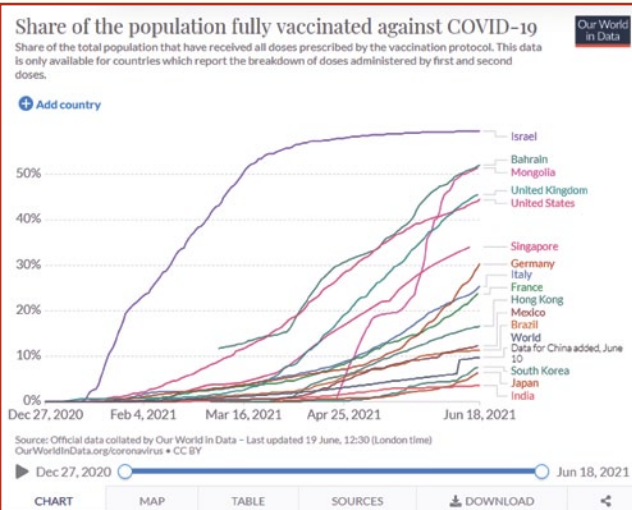


Fig. 4

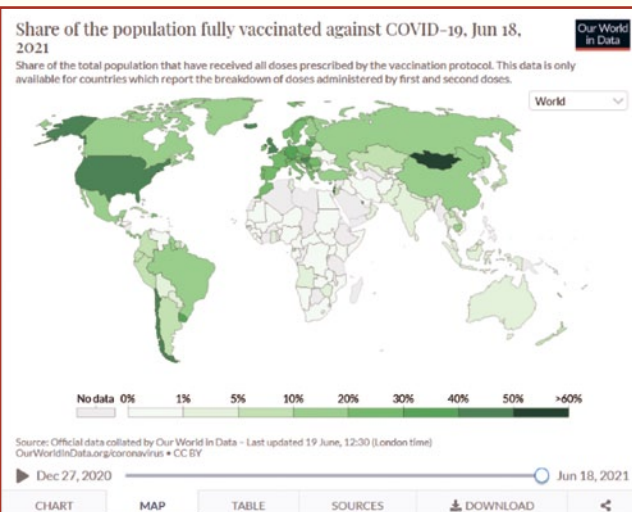


Fig. 5

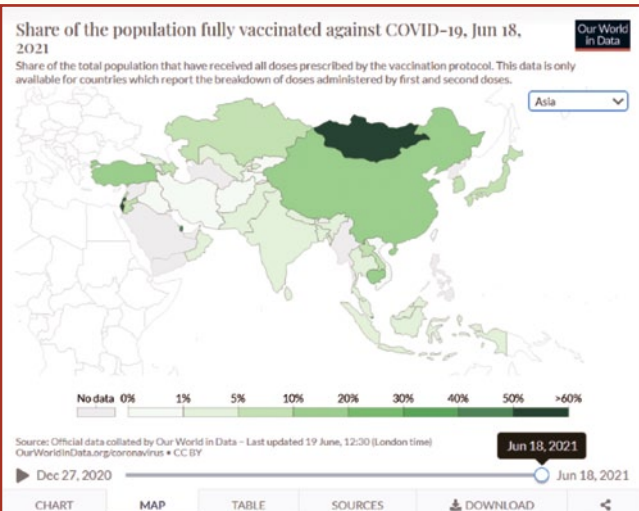


Fig. 6

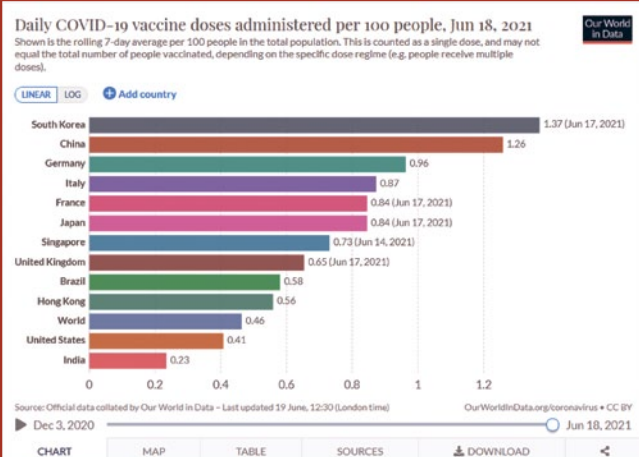


Fig. 7

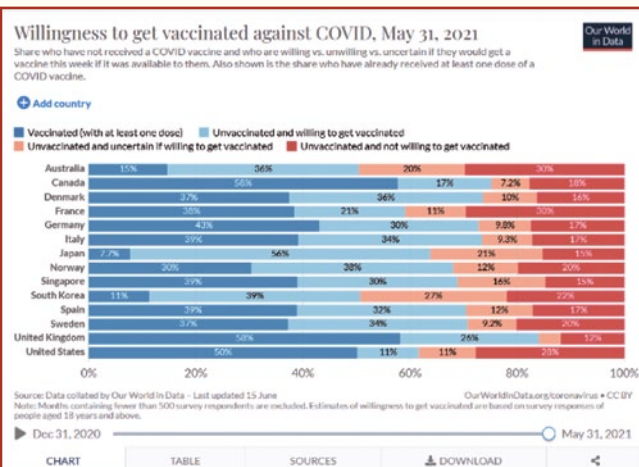


Fig. 8

Reference:

1. Official data collated by Our World in Data - last updated on 18 June 2021; Retrieved from <https://ourworldindata.org/covid-vaccinations> [Online Resource]

Compiled by Dr. Cheng Chun Sing David

Using POCUS to diagnose pancreatic neoplasms: a case series by Family Physicians

Dr. Wong Yuk Shan Wenice and Dr. Chan Kin Wai

[Specialists in Family Medicine, Department of Family Medicine, Kowloon West Cluster, Hospital Authority]

Introduction

To follow up our urological series in the POCUS corner, we are delighted to present a pancreatic neoplasm case series in this issue of FP Links. The pancreas lies posterior to the stomach and duodenum and has close relationship with the common bile duct, the spleen and the left kidney. Lesions in the pancreas could produce various abdominal symptoms e.g abdominal pain, dyspepsia, epigastric pain and symptoms of biliary obstruction etc. When encountering patients presenting with abdominal symptoms, Point of Care Ultrasound, POCUS, allows physicians to perform timely screening for pancreatic pathologies. Subsequent decision of early CT, MRI, EUS or ERCP according to the POCUS findings could augment and refine the diagnosis. Patient disease outcome is likely to improve with earlier diagnosis and management. Our case series illustrates the value of focused POCUS in patients presenting with abdominal complaints in busy Family Medicine Specialist Clinic (FMSC) setting.

Case 1

A 68-year-old gentleman attended a private general practitioner (GP) for recurrent epigastric pain since August 2020. He was referred to see FMSC in Ha Kwai Chung GOPC in February 2021. The epigastric pain was described as a dull ache with occasional radiation to the back. Physical examination was unremarkable.

POCUS of the hepatobiliary-pancreas-spleen (HPS) was performed. A heterogenous lesion was noted at the head of pancreas (Image 1), resulting in obstruction of the biliary system. Images captured included dilated pancreatic duct up to 0.52cm (Image 2), dilated common bile duct (CBD) up to 1.25cm (Image 3) and dilated intrahepatic ducts (IHDs) with the classic double barrel sign (Image 4). Gallbladder was distended and filled with layers of sludge (Image 5).

The patient agreed to have private contrast CT after explanation of the alarming findings. Contrast CT abdomen was performed 2 days after the first consultation. The CT findings concluded the diagnosis of carcinoma of head of pancreas with obstruction of

common bile duct, intrahepatic biliary tree dilatation and gallbladder distension. There is obstruction of the pancreatic duct with distal duct dilatation but no significant pancreatic atrophy.

The patient opted to continue management in the private sector. PET-CT scan confirmed no metastatic lesions. He proceeded to have Whipple procedure on 20th February 2021 (15 days after the first visit at our out-patient clinic). Pathology confirmed poorly differentiated adenocarcinoma of the pancreas. The tumour involved peripancreatic soft tissue. There was focal involvement of retroperitoneal margin. Peripancreatic lymph nodes were also involved. He was referred back to the Department of Surgery and Oncology of Princess Margaret Hospital for follow-up.

Take home message:

- Although stomach origin pathologies are among the most common causes in patients presented with epigastric pain, physician should also be vigilant to have pancreatic lesions in mind as one of the important but less common differential diagnoses.
- POCUS is an important tool to help clinician to have timely diagnosis of hepatobiliary-pancreas pathologies. It helps the clinician's decision to choose the most appropriate investigation that would benefit the patient care and management.

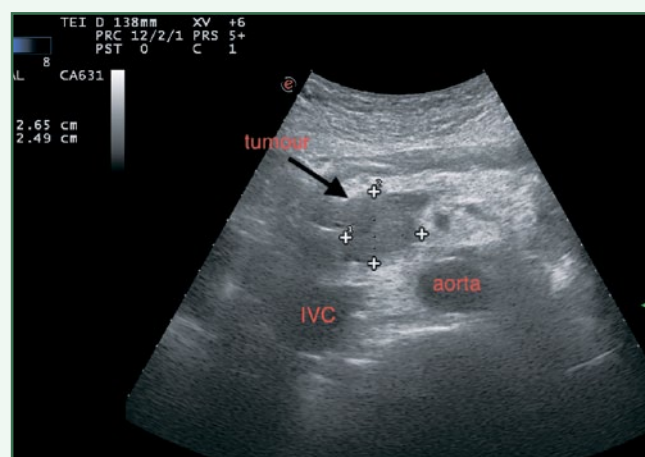


Image 1 A heterogenous lesion (2.6cm x 2.5cm) at the head of pancreas.

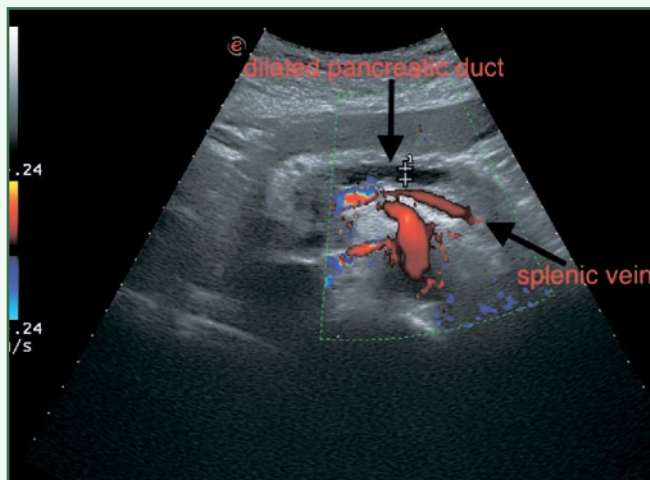


Image 2 Dilated pancreatic duct up to 0.52cm due to tumour obstruction at pancreatic head.

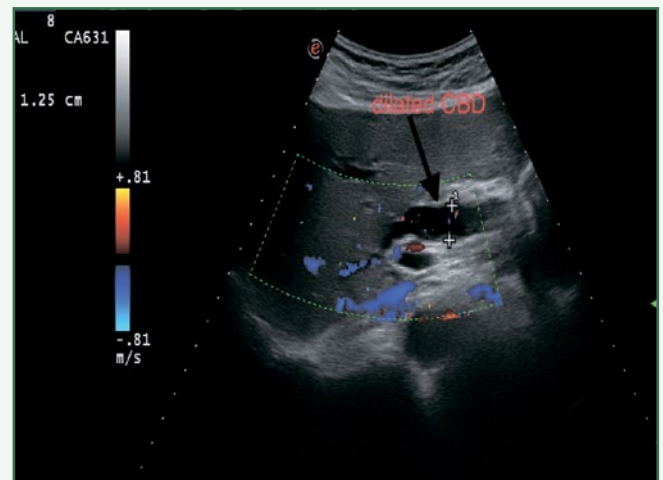


Image 3 Dilated common bile duct up to 1.25cm.

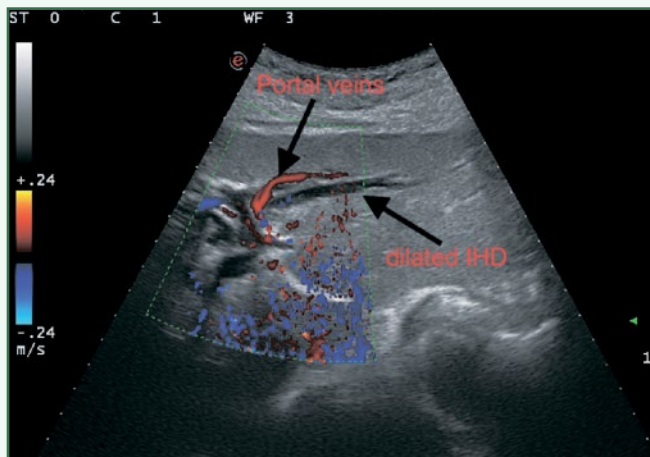


Image 4 TS view with doppler. Dilated intrahepatic ducts alongside with portal veins (double barrel sign) as indicated by blood flow.

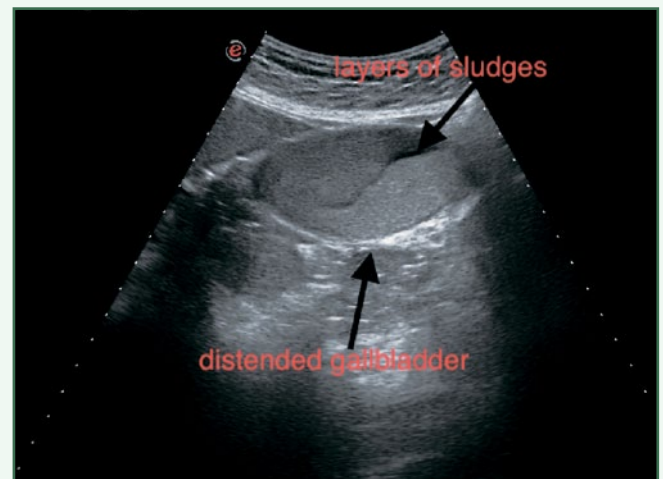


Image 5 Distended gallbladder filled with layers of sludges.

Case 2

A 59-year-old lady was referred to the Surgical Unit for dyspepsia and abdominal pain. She was triaged to see Family Medicine Specialist Surgical Clinic in February 2021. She presented with epigastric discomfort since October 2020. The discomfort was worse after meal and there was associated acid reflux symptom as well. She also complained of occasional abdominal pain. The site of pain was shifting, sometimes it was felt over right side while sometimes over left side. The pain was described as 'tingling pain sensation' which only last briefly for 1-2 minutes each time. There was no associated bowel or urinary symptoms. She did not report any weight loss. She was a non-smoker and non-drinker.

She had 2 first-degree relatives diagnosed with colorectal cancer and her mother had history of carcinoma of corpus.

General physical examination and abdominal examination was unremarkable.

POCUS was performed. There was a 6cm heterogenous lesion (Image 6) between the spleen and left kidney. Doppler scan suggested it to be hypervascular in nature (Image 7). It was suspected to be pancreatic tail lesion. The visible parts of body and head of pancreas appeared normal (Image 8). The common bile duct was not dilated. There was no dilatation of intrahepatic ducts.

The patient agreed to have private contrast CT abdomen. CT scan performed on 4th March 2021 found an 8cm hypervascular mass over the left upper quadrant of the abdomen. It was indiscernible from the spleen and pancreatic tail. Vascular channels were noted inside the tumour and central necrosis was noted. The mass also abutted the greater curvature of stomach and splenic flexure of colon, which explains the dyspepsia symptoms the patient experienced. (Images 9, 10)

She was referred to the surgical department for further management. EUS and PET-CT was performed subsequently. The findings suggested a large

hypermetabolic soft tissue mass in left upper quadrant of the abdomen consistent with known pancreatic tumour. Distal pancreatectomy, splenectomy, cholecystectomy and intra-operative ultrasound was performed on 8th April 2021. Pathology finding was a well-differentiated neuroendocrine tumour of the pancreas up to 7cm in size, with invasion of tumour into the spleen. She is recovering well and is under the care of the Surgical Department.

Take home message:

- Pancreatic tail lesion may present late as there is potential space at splenic hilum for the tumour to grow in size. Contrary to the head of pancreas where tumour growth will cause obstruction of biliary system relatively early in the course of illness, pancreatic tail tumour may grow into significant size before it produces any symptoms, as shown in this case.
- Although splenic lesion are relatively rare, performing a focused upper abdomen scan including scanning of the spleen and the splenic hilum space would allow potential detection of pancreatic tail pathology.

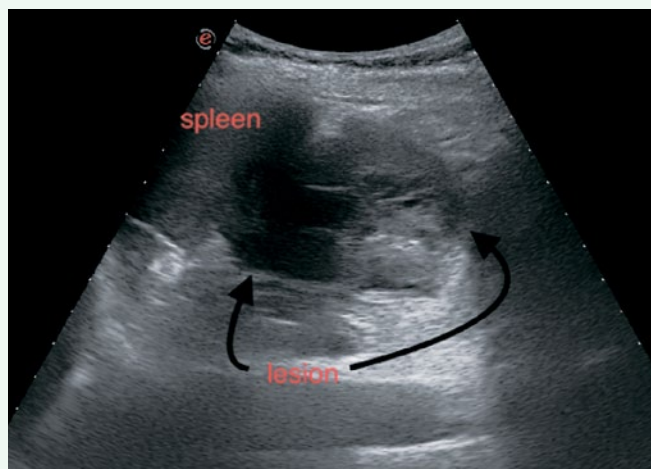


Image 6 A 6cm heterogeneous lesion between spleen and kidney.



Image 7 Hypervascular nature of the lesion as shown by Doppler scan.

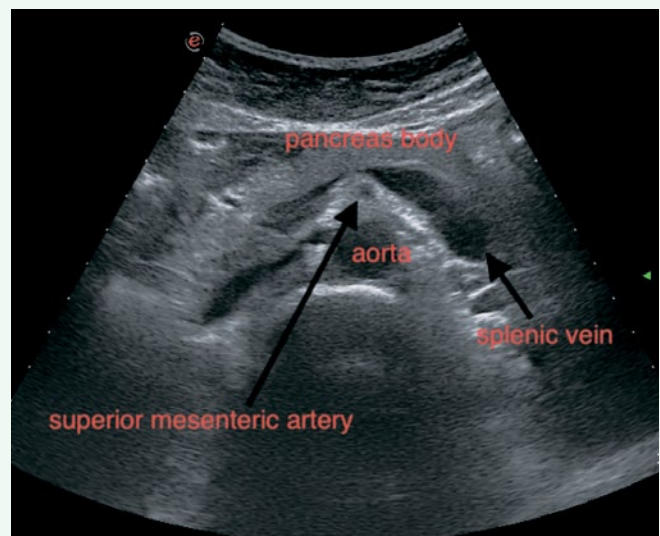


Image 8 Visible parts of pancreas body and head were unremarkable. The common bile duct (CBD) was not dilated.



Image 9 Contrast CT abdomen showed the pancreatic tail tumour between the left kidney and the spleen. (axial cut)

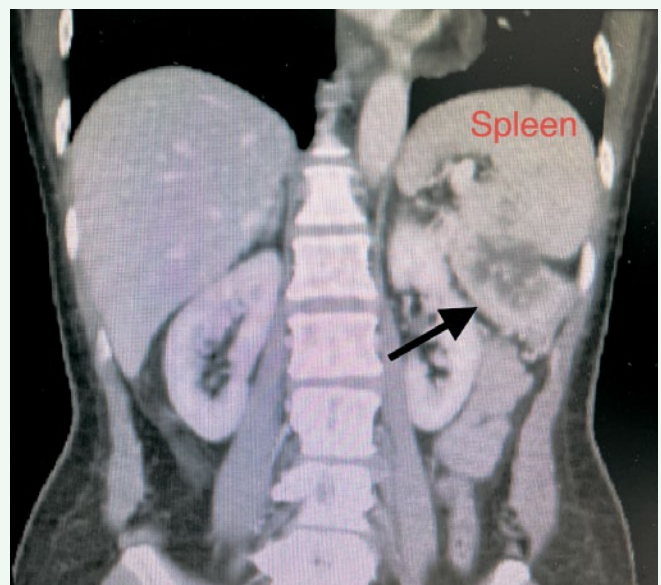


Image 10 Another CT image showing tumour invasion into the spleen. (coronal cut)

BOARD OF EDUCATION NEWS

The Board of Education is pleased to let you know that there will 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
7 Aug (Sat) 2:00 – 4:00 p.m.	1. The Family Doctor and the Existential World 2. "The Gift of Therapy" by Irvin Yalom: Practical Counselling Teaching from the Master <i>Organized by the Interest Group in Mental Health & Psychiatry</i>	1. Dr. Wong Tsz Kau, Carl <i>Family Physician</i> 2. Dr. Chan Suen Ho, Mark <i>General Practitioner and Honorary Clinical Associate Professor, CUHK</i>	Dr. Chan Suen Ho, Mark

QR Code for registration

7 Aug 2021 (Sat)



Accreditation : 7 Aug: 2 CME Point HKCFP (Cat. 4.3)
2 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
30 July (Fri) 2:30 – 3:30 p.m.	"Updates on Management for Influenza" by Dr. Lo Ho Yin, Angus
27 August (Fri) 2:30 – 3:30 p.m.	"Holistic Diabetes Management – Is it all about Glycaemic Control Only?" by Dr. Ip Tai Pang

QR Code for registration

30 July 2021 (Fri)

27 August 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 organizer 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.

Structured Education Programmes

Free to members

HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
04 Aug 2021 (Wed)			
2:00 – 5:00 p.m.	Lecture Theatre, 10/F, YCK, Kwong Wah Hospital	Introduction to Epidemiology and Importance to Public Health Professor Shelly Tse	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Informed Consent - Ethical and Legal Principles Dr. Leung Ching	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Personal Data Ordinance Dr. Cheung Jessica & Dr. Lam Ka Wing, Kevin	Ms. Elise Haw / Ms. Cordy Wong Tel: 3949 3079 / 3949 3087
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Consultation Skills in Managing Angry and Mood Disordered Patients Dr. Ng Ka Wai, Will & Dr. So Man Ying, Sabrina	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital	District Health Centre in Hong Kong Dr. Cissy Choi	Ms. Cherry Wong Tel: 2589 2342
05 Aug 2021 (Thu)			
4:00 – 6:00 p.m.	(Video Conference) Activities Room, 3/F, Yan Oi General Out-patient Clinic	Weight Control, Preventing Cardiovascular Disease Dr. Hung Fung & Dr. Sung Cheuk Chung	Ms. Eliza Chan Tel: 2468 6813
11 Aug 2021 (Wed)			
2:00 – 5:00 p.m.	Lecture Theatre, 10/F, YCK, Kwong Wah Hospital	1) Introduction of International Classification of Primary Care (ICPC) Coding Dr. YU Xiaoxia 2) Consultation Enhancement (Video consultation) Dr. Li Janice Chun Ying & Dr. Ng Ka Wing	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Common Minor Procedures in FM Setting Dr. Lo King Yan	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Common Symptoms in Medicine (Part I) (Chest Pain, Palpitation) Dr. Kwan Chun Yin & Dr. Tse Flora Chin Ching	Ms. Elise Haw / Ms. Cordy Wong Tel: 3949 3079 / 3949 3087
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Alcoholism and Related Problems Dr. Yiu Sze Wa, Sarah & Dr. Chu Pui Ling, Candice	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital	Common Sports Injury Management Dr. Siu Kam To, Peter	Ms. Cherry Wong Tel: 2589 2342
12 Aug 2021 (Thu)			
4:00 – 6:00 p.m.	(Video Conference) Activities Room, 3/F, Yan Oi General Out-patient Clinic	Sexual Violence Case Management Dr. Woo Tiffany & Dr. Tang Kin Size	Ms. Eliza Chan Tel: 2468 6813
18 Aug 2021 (Wed)			
2:00 – 5:00 p.m.	(Video Conference) Room 7 & Room 19, 8/F, Yau Ma Tei GOPC & Room 10, 1/F, New block, East Kowloon GOPC & Multifunction Room, Shun Tak Fraternal Association Leung Kau Kui GOPC	Men's Health and Erectile Dysfunction Dr. Lee Kin Lun & Dr. Chow Hiu Cheong	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	What are the Different Types of COVID Vaccine? What is Comparison Different for Traditional and New Generation Vaccine? Dr. Tsang Lai Ting & Dr. Sheng Wei Yang	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	Management Approach to Anxious Patients Dr. Wu Sum Yi & Dr. Wong Nicole	Ms. Elise Haw / Ms. Cordy Wong Tel: 3949 3079 / 3949 3087
3:30 – 5:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Gout and Pseudogout Dr. Wong Chun Kit & Dr. Fan Vei Chen, Kevin	Mr. Alex Kwok Tel: 5569 6405
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital	Vertigo and Hearing Loss Dr. Wong Ka Fai, Jacky	Ms. Cherry Wong Tel: 2589 2342
19 Aug 2021 (Thu)			
4:00 – 6:00 p.m.	(Video Conference) Activities Room, 3/F, Yan Oi General Out-patient Clinic	Update Management of Rheumatologically Disease - SLE, RA, Gout and Others Dr. Chan Ching & Dr. Wong Fai Ying	Ms. Eliza Chan Tel: 2468 6813
25 Aug 2021 (Wed)			
2:00 – 5:00 p.m.	(Video Conference) Room 7 & Room 19, 8/F, Yau Ma Tei GOPC & Room 10, 1/F, New block, East Kowloon Problems GOPC & Multifunction Room, Shun Tak Fraternal Association Leung Kau Kui GOPC	Euthanasia, Organ Donation & Transplantation Dr. Cheung Ada Sze Wai & Dr. Lee Ka Kei, Kimberly	Ms. Emily Lau Tel: 3506 8610
2:30 – 5:00 p.m.	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Update Management of Hematological Disease - RBC, WBC & Platelet Dr. Wu Flora & Dr. Chan Sin Hang	Ms. Eliza Chan Tel: 2468 6813
2:30 – 5:30 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	ICPC Coding Dr. Chen Tsz Ting, Dr. Huang Wanshu	Ms. Elise Haw / Ms. Cordy Wong Tel: 3949 3079 / 3949 3087
5:00 – 7:00 p.m.	Lecture Room, 6/F, Tsan Yuk Hospital	Updates in GINA Guideline in Asthma Management Dr. Wang Kwan Ling, Julie	Ms. Cherry Wong Tel: 2589 2342
26 Aug 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 Insomnia Dr. Yung Hiu Ting & Dr. Ng Kai Man	Ms. Eliza Chan Tel: 2468 6813

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
18 Jul 3:00 – 6:00 p.m. Conjoint Exam OSCE Examiner Workshop	19	20 6:30 – 8:30 p.m. Exit Exam Research Forum	21 2:00 – 7:30 p.m. Structured Education Programme	22 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	23 8:30 p.m. DFM Introductory Seminar 9:00 – 10:00 p.m. Online Certificate Course	24 2:30 – 5:30 p.m. Assessment Enhancement Course
25	26 6:30 – 8:30 p.m. Exit Exam Clinical Audit Forum	27	28 2:00 – 7:30 p.m. Structured Education Programme	29 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Exam Meeting	30 2:30 – 3:30 p.m. Video Session HKPCC 2021	31 HKPCC 2021
1 Aug HKPCC 2021 HKCFP Conferment Ceremony	2	3	4 2:00 – 7:30 p.m. Structured Education Programme	5 4:00 – 6:00 p.m. Structured Education Programme	6	7 2:00 – 4:00 p.m. Interest Group in Mental Health
8	9	10	11 2:00 – 7:30 p.m. Structured Education Programme	12 4:00 – 6:00 p.m. Structured Education Programme	13	14 2:30 – 5:30 p.m. DFM Consultation Skills Workshop 1
15 9:30 a.m. – 12:30 p.m. Conjoint Exam - KFP Segment 3:00 – 6:00 p.m. Conjoint Exam OSCE Examiner Workshop	16	17	18 2:00 – 7:30 p.m. Structured Education Programme	19 4:00 – 6:00 p.m. Structured Education Programme	20	21 2:30 – 5:30 p.m. Assessment Enhancement Course
22 9:30 a.m. – 1:00 p.m. Conjoint Exam - AKT Segment 2:00 – 4:00 p.m. Ophthalmology Course	23	24	25 2:00 – 7:30 p.m. Structured Education Programme	26 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	27 2:30 – 3:30 p.m. Video Session	28 2:30 – 5:00 p.m. DFM FM Clinical Skills Enhancement
29	30	31	1 Sep 2:00 – 7:30 p.m. Structured Education Programme	2 4:00 – 6:00 p.m. Structured Education Programme	3	4 2:00 – 4:00 p.m. Interest Group in Dermatology

Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
Purple : College Activities

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