

### HKMJ February 2017 CME/CPD for Fellows and non-Fellows

The *Hong Kong Medical Journal* has introduced CME/CPD for Fellows of the Hong Kong Academy of Medicine (HKAM), and registrants of the MCHK CME Programme under the HKAM or the Hong Kong Medical Association can also participate. It is based on published articles in the Journal, and the Editorial Board aims at selecting topics of more general interest to a wide range of specialties. For HKAM Fellows, decision of whether any of the selected article(s) is/are appropriate for CME/CPD exercise rests with the CME/CPD committee of their representative Colleges. Answer sheets sent by Fellows of College(s) that do not assign CME/CPD points will not be processed.

The amount of CME/CPD points awarded (for specialist CME/CPD) to each of the articles by the specific Colleges is indicated at the bottom of this page. Fellows of the specific Colleges can either participate by returning the answer sheet to the quizzes by mail/fax to the Academy or doing the quizzes online at iCMECPD (<http://www.icmecpd.hk>). If Fellows choose to do a quiz online, their answer sheet for the same quiz sent to the Academy by mail/fax will not be processed.

For the MCHK CME Programme, one CME point has been accredited per article by the Academy. Registrants of the MCHK CME Programme must mail or fax the completed answer sheet to their respective Administrator. **Registrants of the Academy must return the answer sheet to the Academy, similarly registrants of the Medical Association must return it to the Association.** The Academy and the Association, who are both appointed as Administrators for the MCHK Programme, will not be responsible for re-directing answer sheets sent to the wrong Administrator by mistake to each other.

#### Instructions:

1. Fill in the personal particulars in the answer sheet.
2. Shade the correct answer square for each question.
3. Mail or fax the Answer Sheet to the Academy or the Medical Association by **31 March 2017**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <b>under the Academy</b>	Ref: CMECPD Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; fax: (852) 2505 5577
Registrants for the MCHK/HKMA CME Programme <b>under the Medical Association</b>	The Hong Kong Medical Association Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943

#### College CME/CPD Points (as of 20 January 2017) :

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Non-Ana passive)	50%	1 (Non-Ana passive)	50%
Hong Kong College of Community Medicine <sup>1</sup>	CME/CPD points already accredited for reading articles in the <i>Hong Kong Medical Journal</i> under "Self study". No additional CME/CPD points to be granted for the two specified articles.			
College of Dental Surgeons of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Emergency Medicine	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Family Physicians	1 (Cat. 5.1)	50%	1 (Cat. 5.1)	50%
Hong Kong College of Obstetricians and Gynaecologists	Nil	Nil	Nil	Nil
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (Cat. C)	50%	1 (Cat. C)	50%
Hong Kong College of Otorhinolaryngologists	1 (Cat. 1.2)	80%	1 (Cat. 1.2)	80%
Hong Kong College of Paediatricians	1 (Active Cat. E)	50%	1 (Active Cat. D)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	1 (Active)	0%
Hong Kong College of Psychiatrists	1 (SS-OL)	80%	1 (SS-OL)	80%
Hong Kong College of Radiologists	1 (Cat. A)	50%	Nil	Nil
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

<sup>1</sup> The *Hong Kong Medical Journal* is already included in the list of the College's approved journals for self-study. One hour of self-study is awarded 1 point

**CME Points for MCHK CME Programme: 1 CME point per article**

**Answer Sheet – Hong Kong Medical Journal February 2017 Issue**

Name: \_\_\_\_\_

<b>Hong Kong Academy of Medicine</b>	<b>Hong Kong Medical Association</b>
<i>For Academy Fellows:</i> College: _____ Fellowship No: _____	HKMA Membership or CME No.: _____
<i>For MCHK CME Registrants:</i> MCHK Reg. No. _____	HKID No: ____ - ____ X X (X) Contact Telephone No.: _____ Signature: _____

<b>I. Differences in cancer characteristics of Chinese patients with prostate cancer who present with different symptoms</b>	<i>True</i>	<i>False</i>
A. Which of the following are characteristic(s) that prostate cancer patients presented with prostate cancer-related symptoms tend to have? 1. Higher serum prostate-specific antigen (PSA) level 2. More metastatic disease 3. More likely to be treated by radical therapy 4. Higher chance to be treated by androgen deprivation therapy 5. Similar cancer aggressiveness as those diagnosed by screening	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
B. Which of the following statement(s) concerning patients with elevated serum PSA level in Hong Kong is/are true? 1. One-fifth of patients with serum PSA range of 4-10 ng/mL have prostate cancer. 2. Only 10% of patients undergo serum PSA test during routine body check. 3. Transperineal biopsy is commonly performed to confirm the diagnosis of prostate cancer. 4. Prostatic biopsy is only recommended for subjects with serum PSA level of >10 ng/mL. 5. More than 70% of subjects with serum PSA level of <20 ng/mL have negative biopsy found during prostatic biopsy.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>II. Review and update of the Hong Kong Epilepsy Guideline on status epilepticus</b>	<i>True</i>	<i>False</i>
A. Which of the following statement(s) regarding management of super-refractory status epilepticus (SRSE) is/are true? 1. Frequent switching of maintenance of antiepileptic drugs is advisable to avoid development of tolerance. 2. Immunoglobulin treatment may be considered. 3. Ketamine is emerging as a feasible treatment option for SRSE. 4. Ketogenic diet is impossible to be implemented in an intensive care setting. 5. Magnetic resonance imaging is usually unnecessary in finding the underlying aetiology.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
B. Which of the following statement(s) concerning early status epilepticus is/are true? 1. Early treatment by paramedics reduces intensive care unit admissions. 2. Intravenous lorazepam by paramedics is superior to intramuscular midazolam to stop seizure before emergency department arrival. 3. Lorazepam is better than diazepam in stopping early status epilepticus in paediatric patients. 4. Repeated dose of midazolam should be given if seizure cannot be controlled within 5 minutes. 5. Buccal/intranasal midazolam or rectal diazepam is an option if available.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>