

HKMJ October 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 **30 November 2017**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme under the Academy	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 under the Medical Association	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 27 Sep 2017):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Ana-active)	50%	1 (Ana-active)	50%
Hong Kong College of Community Medicine ¹	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	1 (Non O&G)	50%	1 (Non O&G)	50%
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	Pending		Pending	
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	80%	1 (Cat.1.2)	80%
Hong Kong College of Paediatricians	1 (Active Cat.D)	50%	1 (Active Cat.E)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	0.5 (Active)	0%
Hong Kong College of Psychiatrists	1 (SS/OL)	80%	1 (SS/OL)	80%
Hong Kong College of Radiologists	Nil	Nil	1 (Cat.A)	50%
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

¹ 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 October 2017 Issue

Name: _____

Hong Kong Academy of Medicine	Hong Kong Medical Association
<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: _____

I. Immunoglobulin G4-related disease in Hong Kong: clinical features, treatment practices, and its association with multisystem disease	<i>True</i>	<i>False</i>
A. Which of the following statement(s) regarding the presentations of immunoglobulin G4-related disease (IgG4-RD) is/are true?		
1. The most common organ systems involved are hepatobiliary and pancreatic, salivary gland, lymph node, and eye.	<input type="checkbox"/>	<input type="checkbox"/>
2. Serum IgG4 level and IgG4:total IgG ratio have good specificity and positive predictive value.	<input type="checkbox"/>	<input type="checkbox"/>
3. More females are affected with IgG4-RD than males.	<input type="checkbox"/>	<input type="checkbox"/>
4. Pre-treatment serum IgG4 levels correlate with salivary gland involvement.	<input type="checkbox"/>	<input type="checkbox"/>
5. Pre-treatment serum IgG4 levels correlate with the number of organ systems involved.	<input type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) concerning the management of IgG4-RD is/are true?		
1. Pre-treatment serum IgG4 level can be used for disease prognostication and treatment monitoring.	<input type="checkbox"/>	<input type="checkbox"/>
2. Screening for salivary gland involvement should be performed, especially in the presence of higher serum IgG4 levels.	<input type="checkbox"/>	<input type="checkbox"/>
3. Glucocorticoids are reserved for refractory cases of IgG4-RD.	<input type="checkbox"/>	<input type="checkbox"/>
4. IgG4-RD always warrants urgent treatment.	<input type="checkbox"/>	<input type="checkbox"/>
5. Head-to-head comparisons between various immunosuppressive therapies are not yet available.	<input type="checkbox"/>	<input type="checkbox"/>
II. Beating ‘Guangdong Cancer’: a review and update on nasopharyngeal cancer	<i>True</i>	<i>False</i>
A. Which of the following condition(s) regarding the aetiology and risk factors of nasopharyngeal carcinoma (NPC) is/are true?		
1. In Hong Kong, keratinising type of carcinoma predominates, whereas in non-endemic regions non-keratinising carcinoma is more common.	<input type="checkbox"/>	<input type="checkbox"/>
2. Human papillomavirus (HPV) is associated with keratinising type of carcinoma.	<input type="checkbox"/>	<input type="checkbox"/>
3. Epstein-Barr virus (EBV)-positive NPC is associated with poorer outcome when compared to HPV-positive NPC.	<input type="checkbox"/>	<input type="checkbox"/>
4. N-nitrosamine found in preserved salted fish is believed to be carcinogenic for NPC.	<input type="checkbox"/>	<input type="checkbox"/>
5. Plasma EBV DNA can be used in predicting treatment outcome and survival prognostication.	<input type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) about the medical therapy of NPC is/are true?		
1. A combined modality approach that utilises concurrent chemoradiotherapy (CRT) is considered the standard of care in the management of advanced NPC.	<input type="checkbox"/>	<input type="checkbox"/>
2. Taxanes, such as docetaxel, are used as the chemotherapy of choice in the management of advanced NPC.	<input type="checkbox"/>	<input type="checkbox"/>
3. Molecularly targeted therapy (such as sunitinib) is found to be superior to chemotherapy in managing metastatic NPC.	<input type="checkbox"/>	<input type="checkbox"/>
4. Immunotherapy in development includes a virus-based vaccine and adoptive immunotherapy containing cytotoxic T lymphocytes.	<input type="checkbox"/>	<input type="checkbox"/>
5. Preliminary results showed that programmed death-1 inhibitors such as nivolumab and pembrolizumab are active in heavily pre-treated recurrent NPC patients.	<input type="checkbox"/>	<input type="checkbox"/>