

HKMJ April 2018 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 May 2018**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; OR 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 20 March 2018) :

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	Pending		Pending	
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. E)	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%	1 (Active)	0%
Hong Kong College of Psychiatrists	1 (SS/OL)	80%	1 (SS/OL)	80%
Hong Kong College of Radiologists	1 (SS Cat. A)	50%	1 (OT Cat. B)	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 April 2018 Issue

Name: _____

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

I. Understanding breast cancer screening—past, present, and future	<i>True</i>	<i>False</i>
A. Regarding breast screening guidelines and evidence, which of the following statement/s is/are true?		
1. Most guidelines suggest women should start mammography screening at age 35 years.	<input type="checkbox"/>	<input type="checkbox"/>
2. All guidelines endorse informed decision-making and the importance of informing women about the benefits and limitations of screening.	<input type="checkbox"/>	<input type="checkbox"/>
3. Most well-executed randomised controlled trials demonstrate a 50% reduction in mortality from breast cancer when women are invited for screening.	<input type="checkbox"/>	<input type="checkbox"/>
4. Commonly mentioned potential harms of screening include false-positive mammograms, recall for additional imaging, false-positive biopsy results, missed breast cancer, radiation dose, patient anxiety, and overdiagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
5. After adjusting data for temporal trends, risk factors, and lead time, the rate of overdiagnosis should be low, within the range of 0% to 10%.	<input type="checkbox"/>	<input type="checkbox"/>
B. Regarding breast screening services in Asia and Hong Kong, which of the following statement/s is/are true?		
1. The age-standardised incidence rate of breast cancer in Hong Kong was 30 per 100 000 in 2015, with over 2000 new cases per year.	<input type="checkbox"/>	<input type="checkbox"/>
2. A randomised controlled trial in Japan that studied over 70 000 women discouraged the use of adjunctive ultrasonography to supplement mammography for screening, having proven a decreased sensitivity and detection rate for early preclinical cancers.	<input type="checkbox"/>	<input type="checkbox"/>
3. In Hong Kong, approximately two-thirds of new breast-cancer patients are aged between 40 and 59 years.	<input type="checkbox"/>	<input type="checkbox"/>
4. Studies have proven that screening by digital breast tomosynthesis (DBT or 3D mammography) leads to higher cancer detection rates than screening by 2D mammography alone, and also reduces the recall rate for benign false-positives.	<input type="checkbox"/>	<input type="checkbox"/>
5. Annual screening by magnetic resonance imaging is recommended in average-risk women as an adjunct to mammography.	<input type="checkbox"/>	<input type="checkbox"/>
II. Complexity of syncope in elderly people: a comprehensive geriatric approach	<i>True</i>	<i>False</i>
A. Which of the following statement/s regarding syncopal attack in elderly people is/are true?		
1. Hypoglycaemic attack with loss of consciousness can be regarded as syncopal attack.	<input type="checkbox"/>	<input type="checkbox"/>
2. Cardiac syncope is more common than vasovagal syncope in elderly people.	<input type="checkbox"/>	<input type="checkbox"/>
3. It is more sensitive to demonstrate postural blood pressure drop in the morning.	<input type="checkbox"/>	<input type="checkbox"/>
4. Carotid sinus syndrome occurs rarely in the elderly people but more commonly in young people.	<input type="checkbox"/>	<input type="checkbox"/>
5. Supine systolic hypertension can be present in elderly people with orthostatic hypotension.	<input type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement/s regarding the prognosis and management of syncope is/are true?		
1. Better blood-pressure control with appropriate antihypertensive agents can improve orthostatic hypotension.	<input type="checkbox"/>	<input type="checkbox"/>
2. Recurrence of syncope is rare in elderly people who have experienced only one episode of vasovagal attack.	<input type="checkbox"/>	<input type="checkbox"/>
3. Accidental fall and syncopal fall can be confidently distinguished through verbal recall by an elderly patient who is mentally sound.	<input type="checkbox"/>	<input type="checkbox"/>
4. Ruling out cardiac syncope is more important than doing tests to confirm vasovagal syncope.	<input type="checkbox"/>	<input type="checkbox"/>
5. Looking for multiple potential causes of and predisposing factors for syncope in the elderly people, especially those who are frail and have multiple co-morbidities, is recommended.	<input type="checkbox"/>	<input type="checkbox"/>