

HKMJ October 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 **30 November 2018**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
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 13 September 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	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 (Cat. D)	50%	1 (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	NIL		1 (Cat. A SS)	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 2018 Issue

Name: _____

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

I. Systemic lupus erythematosus: what should family physicians know in 2018?	<i>True</i>	<i>False</i>
A. Are the following statements regarding the diagnosis of systemic lupus erythematosus (SLE) and monitoring of disease activity true or false?		
1. Positivity of both antinuclear antibody (ANA) and anti-70-kDa protein antibody may help to exclude the diagnosis of SLE and ANA-related disorders.	<input type="checkbox"/>	<input type="checkbox"/>
2. ANA titre correlates with disease activity of SLE and should be used for monitoring.	<input type="checkbox"/>	<input type="checkbox"/>
3. Fulfilment of $\geq 4/17$ of the new Systemic Lupus International Collaborating Clinics/American College of Rheumatology criteria equates a diagnosis of SLE.	<input type="checkbox"/>	<input type="checkbox"/>
4. Apart from association with certain clinical features in academic papers, the anti-ENA antibodies generally have no role in the management of SLE.	<input type="checkbox"/>	<input type="checkbox"/>
5. The anti-dsDNA antibody is a specific diagnostic test for SLE.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning the management of systemic lupus erythematosus (SLE) true or false?		
1. Raloxifene is a choice for the prevention and treatment of glucocorticoid-induced osteoporosis in premenopausal SLE patients.	<input type="checkbox"/>	<input type="checkbox"/>
2. The human papilloma virus vaccine is generally safe in SLE and should be recommended for SLE patients.	<input type="checkbox"/>	<input type="checkbox"/>
3. Low-dose oestrogen pills are contra-indicated in patients with stable SLE.	<input type="checkbox"/>	<input type="checkbox"/>
4. Assisted reproductive procedures are generally contra-indicated in SLE patients with the antiphospholipid antibody syndrome and major thrombosis in the past.	<input type="checkbox"/>	<input type="checkbox"/>
5. A daily dose of ≥ 6.5 mg/kg of real body weight of hydroxychloroquine confers increased risk for drug-related retinopathy.	<input type="checkbox"/>	<input type="checkbox"/>
II. Recommendations on prevention and screening for colorectal cancer in Hong Kong	<i>True</i>	<i>False</i>
A. Are the following statements regarding the Cancer Expert Working Group's recommendation on colorectal cancer screening for Hong Kong people at average risk true or false?		
1. Screening means examining people with symptoms in order to detect disease or identify people at increased risk of disease.	<input type="checkbox"/>	<input type="checkbox"/>
2. Average-risk individuals refer to people who have significant family history of colorectal cancer.	<input type="checkbox"/>	<input type="checkbox"/>
3. Average-risk individuals aged 40 to 75 years should consult their doctors to consider colorectal cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>
4. Annual or biennial faecal occult blood test is a method for colorectal cancer screening in average-risk individuals.	<input type="checkbox"/>	<input type="checkbox"/>
5. Colonoscopy every 10 years is a method for colorectal cancer screening in average-risk individuals.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statements concerning the Cancer Expert Working Group's recommendation on colorectal cancer screening for Hong Kong people at increased risk true or false?		
1. For colorectal cancer patients with identifiable genetic mutations, two-tier screening by genetic test followed by endoscopic examination can be offered to their family members.	<input type="checkbox"/>	<input type="checkbox"/>
2. The recommended endoscopic screening method for mutated gene carriers of familial adenomatous polyposis is sigmoidoscopy every 2 years.	<input type="checkbox"/>	<input type="checkbox"/>
3. The recommended endoscopic screening method for mutated gene carriers of Lynch syndrome is annual or biennial colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>
4. The recommended endoscopic screening method for individuals with more than one first-degree relatives diagnosed with colorectal cancer irrespective of the age at diagnosis is colonoscopy every 5 years.	<input type="checkbox"/>	<input type="checkbox"/>
5. The recommended endoscopic screening method for individuals with one first-degree relative diagnosed with colorectal cancer at age ≤ 60 years is colonoscopy every 5 years.	<input type="checkbox"/>	<input type="checkbox"/>