Editorial

Dissemination reports are concise informative reports of health-related research supported by the Health and Medical Research Fund administered by the Health Bureau. In this edition, we present 12 dissemination reports of projects related to cancer, health services research, modifiable risk factors, Chinese medicine, and mental health. In particular, research findings of three projects may provide insights to enhance clinical practices and help inform health policy formulation in Hong Kong.

Circulating tumour cells (CTCs) are shed from primary or metastatic tumours into the bloodstream and can act as seeds for metastasis. They are present in minute quantities among other blood cell types. New analytical techniques allow CTCs to be identified and used as predictive biomarkers for monitoring tumour molecular heterogeneity and evolving drug resistance. Lung¹ used longitudinal serial real-time monitoring of CTCs and cell-free DNA in blood from 57 patients with advanced oesophageal squamous cell carcinoma to provide supplementary prognostic information for risk stratification. Further development of this non-invasive technique may be useful clinically for prospective serial longitudinal monitoring to support decision in clinical management.

Geriatric hip fractures are common among older adults in Hong Kong. In 2007, the Hospital Authority adopted a clinical pathway for management of geriatric hip fractures. The length of hospital stay was reduced by 6.1 days in acute hospitals with concomitant reduction in average manpower cost. Since late 2018, a new orthogeriatric

co-management model involving geriatricians in acute and rehabilitation phases has been implemented to further improve the outcome and cost-effectiveness. Leung et al² evaluated the new model using data from 401 eligible patients receiving either conventional orthopaedic care or orthogeriatric co-management. The co-management model significantly shortened the length of stay in both acute and rehabilitation hospitals as well as improving functional outcomes on discharge from rehabilitation hospitals among those having hip surgery. These benefits were accrued at minimal additional cost.

Exposure to second-hand smoke is a known risk factor for reproductive health problems in pregnant women; sudden infant death syndrome, acute respiratory infections, ear infections, and asthma attacks in infants and children.3 The World Health Organization recommends interventions to help expectant fathers quit smoking. Research targeting expectant fathers is scarce. Wang et al4 evaluated the effect of a combination of brief advice, 1-week nicotine replacement therapy (patch or gum), and active referral to smoking cessation services on smoking cessation in 1053 smoking expectant fathers recruited from prenatal clinics of public hospitals in Hong Kong. They showed that biochemically validated abstinence (exhaled carbon monoxide) was significantly higher in expectant fathers who received the combination intervention, compared with those who received brief advice alone. The findings support provision of brief smoking cessation interventions to expectant fathers visiting prenatal clinics.

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