

HKMJ April 2016 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 2016**.

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 20 April 2016) :

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	Nil	Nil	Nil	Nil
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-OG)	0%	1 (Non-OG)	0%
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%	0.5 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	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 April 2016 Issue

Name: _____

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

I. Mushroom poisoning in Hong Kong: a ten-year review	<i>True</i>	<i>False</i>
A. Which of the following statement(s) concerning mushroom poisoning in Hong Kong is/are true?		
1. Morphological features of mushroom can accurately predict whether a mushroom is edible or not.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Gastroenteritic mushroom poisoning is the most common mushroom poisoning syndrome reported in Hong Kong.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Hallucinogenic mushroom poisoning typically presents with neuropsychiatric symptoms including visual hallucinations, confusion, and delirium.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Cholinergic mushroom poisoning typically presents with gastrointestinal upset, with additional cholinergic features including profuse sweating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. A number of poisoning incidents involved the consumption of wild-harvested dried porcini purchased in the market.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) regarding amatoxin poisoning in this study is/are true?		
1. Amatoxin poisoning typically presented with late-onset gastrointestinal symptoms more than 6 hours after mushroom ingestion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. All cases presented with repeated vomiting and diarrhoea followed by deranged liver function tests.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. All cases were related to wild mushroom ingestion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. No specific treatment is available for amatoxin mushroom poisoning.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Laboratory confirmation of amatoxin poisoning is not available in Hong Kong.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
II. A new paradigm of genetic testing for hereditary breast/ovarian cancers	<i>True</i>	<i>False</i>
A. Which of the following statement(s) about performing genetic testing for individuals with breast cancer is/are true?		
1. <i>BRCA1</i> and <i>BRCA2</i> are high-penetrance genes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Clinical assessment of an individual's risk of breast cancer should be based solely on the results of genetic testing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. More than 50% of breast cancers in women are familial.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>TP53</i> and <i>PTEN</i> are known high-penetrance genes. Mutations in these genes can increase the risk of breast cancer but they are less commonly seen than <i>BRCA1</i> and <i>BRCA2</i> mutations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Although guidelines for genetic testing may vary among countries, most are based on young age of onset, familial history of breast cancer and related cancer such as ovarian cancer, as well as certain subtypes of breast cancer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) concerning the current recommendations for management of hereditary breast/ovarian cancer syndrome is/are true?		
1. More intensive breast surveillance including mammogram, breast ultrasound, and magnetic resonance imaging (MRI) should not start until 40 years old when a high-penetrance mutation such as <i>BRCA</i> mutation is found in an individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Genetic counselling is an essential part in clinical assessment and management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Risk-reducing salpingo-oophorectomy not only reduces risk of ovarian and fallopian tube cancers but also breast cancer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. One of the options of surveillance for <i>TP53</i> mutation carriers is full-body MRI scan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. It is likely that identifying <i>BRCA</i> mutations can change the choice of therapeutic agents in the management of breast/ovarian cancers, such as the use of poly(ADP-ribose) polymerase inhibitors and platinum-based chemotherapy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>