

HKMJ February 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 March 2018**.

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 23 Jan 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	1 (O&G)	60%	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 (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 (SS 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 February 2018 Issue

Name: _____

<p>Hong Kong Academy of Medicine</p> <p><i>For Academy Fellows:</i> College: _____ Fellowship No: _____</p> <p><i>For MCHK CME Registrants:</i> MCHK Reg. No. _____</p>	<p>Hong Kong Medical Association</p> <p>HKMA Membership or CME No.: _____</p> <p>HKID No: ___ - ___ - ___ - ___ X X (X)</p> <p>Contact Telephone No.: _____</p> <p>Signature: _____</p>
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I. Implications of nipple discharge in Hong Kong Chinese women	<i>True</i>	<i>False</i>
A. Which of the following statement(s) regarding clinical parameters of nipple discharge is/are true?		
1. The median age of patients with a malignant cause was younger than that of the benign group.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Patients with benign pathology tended to seek medical attention earlier than the malignant group.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Blood-stained discharge was the most common type of coloured discharge in the malignant group.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. The majority of patients had no other associated breast symptoms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Multi-duct discharge was less common than single-duct discharge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) concerning patients with nipple discharge is/are true?		
1. The sensitivity of mammography was high.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The negative predictive value of ductography was high.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. It was uncommon to identify malignant cells on cytology.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. The presence of associated breast mass was significantly different between the benign and malignant groups in the multiple regression analysis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The presence of serous nipple discharge was significantly different between the benign and malignant groups in the multiple regression analysis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
II. Emergency thrombectomy for acute ischaemic stroke: current evidence, international guidelines, and local clinical practice	<i>True</i>	<i>False</i>
A. Which of the following statement(s) regarding the evidence of endovascular thrombectomy for acute ischaemic stroke is/are true?		
1. There is Level I evidence confirming the efficacy of endovascular thrombectomy in acute ischaemic stroke.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Endovascular thrombectomy in eligible stroke patients confers greater outcome improvement than intravenous thrombolysis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Endovascular thrombectomy within 6 hours from onset is established as standard of care for acute ischaemic stroke due to large-vessel occlusion, with clear guidelines issued by multiple professional societies internationally.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Endovascular thrombectomy has a significantly higher haemorrhagic transformation risk than intravenous thrombolysis alone.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Aspiration thrombectomy and stent-retriever thrombectomy are both proven surgical techniques.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Which of the following statement(s) concerning the acute ischaemic stroke management is/are true?		
1. Stroke patients receiving intravenous thrombolysis should wait for 1 hour to observe clinical response before proceeding with endovascular treatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Cerebral angiography (computed tomography/magnetic resonance/catheter angiography) of the brain should be arranged in all patients suspected to have acute ischaemic stroke due to large-vessel occlusion to determine eligibility for endovascular thrombectomy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Endovascular thrombectomy is a cost-effective therapy in acute ischaemic stroke.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. There is a clear-cut time frame beyond which endovascular thrombectomy is harmful in posterior circulation large-vessel occlusion.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. There is an established 24-hour acute stroke diversion/endovascular thrombectomy service in the Hong Kong public medical system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>