HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ June 2021 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 July 2021**.

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 10 June 2021):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Non-Ana)	50%	1 (Non-Ana)	50%
Hong Kong College of Community Medicine	0.5 (Self Study)	50%	0.5 (Self Study)	50%
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.5.01)	50%	1 (Cat.5.01)	50%
Hong Kong College of Obstetricians and Gynaecologists	Nil	Nil	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 (PP-Cat B)	80%	1 (PP-Cat B)	80%
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	80%	1 (Cat.1.2)	80%
Hong Kong College of Paediatricians	1 (Active Cat.D)	50%	1 (Active Cat.E)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	0.5 (Active)	0%	1 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	80%
Hong Kong College of Radiologists	Nil	Nil	Nil	Nil
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

CME Points for MCHK CME Programme: 1 CME point per article

Answer Sheet – *Hong Kong Medical Journal* June 2021 Issue

Name: _____

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

	I. Expanded carrier screening using next-generation sequencing of 123 Hong Kong Chinese families: a pilot study	*True*	*False*
A.	Are the following statements regarding expanded carrier screening true or false?		
1.	Cystic fibrosis is uncommon in ethnic Chinese populations and therefore it is not recommended to be included in the screening panel.	☐	✓
2.	The incidence of spinal muscular atrophy carriers is very low in Chinese populations and the condition should not be included in the carrier screening panel.	☐	✓
3.	A robust polymerase chain reaction–based assay to quantify fragile X CGG repeats could be used as a fragile X disease screening test.	✓	☐
4.	Next-generation sequencing can be used to analyse the listed exons, selected intergenic and intronic regions of a specific gene.	✓	☐
5.	Expanded carrier screening test only including conditions which are inherited in autosomal recessive manner.	☐	✓
B.	Are the following statements concerning genetic disorders true or false?		
1.	Patients with congenital adrenal hyperplasia may require intervention during the early prenatal or early neonatal periods to avoid irreversible complications.	✓	☐
2.	Consanguineous marriage may result in a lower prevalence of congenital abnormality, unexplained intrauterine foetal demise, and unexplained neonatal death.	☐	✓
3.	Spinal muscular atrophy and Krabbe's disease are debilitating conditions that are associated with progressive neurological derangement and reduced life span.	✓	☐
4.	Excluding thalassaemias, the frequency of individuals carrying at least two diseases causing variants is 7.7% in this study.	✓	☐
5.	Beta-thalassaemia is one of the commonest inherited disorders among Southeast Asian populations.	✓	☐
	II. Effects of pill splitting training on drug physiochemical properties, compliance, and clinical outcomes in the elderly population: a randomised trial	*True*	*False*
A.	Are the following statements concerning the impact of pill splitting true or false?		
1.	Most patients preferred to pill split as it could lower their cost of disease management.	☐	✓
2.	In the current study, one in four patients had proper pill splitting training.	☐	✓
3.	Pill splitting could be a cost-saving option from the perspective of healthcare providers.	✓	☐
4.	Not all medications are suitable for pill splitting.	✓	☐
5.	For patients who split several pills at the same time, the stability of split pills and unsplit pills remains the same.	☐	✓
B.	Are the following statements about the outcomes related to pill splitting true or false?		
1.	Improper pill splitting technique may affect blood pressure, blood glucose, and cholesterol measurements.	☐	✓
2.	Drugs with longer half-life and wide therapeutic drug index are less likely to be affected by pill splitting.	✓	☐
3.	Most patients did not find the pill splitting training helpful as it was very time consuming.	☐	✓
4.	Over half of patients could split pills properly, so that split pills were within the assay standard.	☐	✓
5.	The effect of drug content deviation on clinical outcome after pill splitting may be more obvious in warfarin than in lisinopril.	✓	☐