

HKMJ June 2022 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 2022**.

| <i>Category</i> | <i>Answer sheet to be mailed/faxed to:</i> |
|---|---|
| Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <u>under the Academy</u> | 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 <u>under the Medical Association</u> | 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 14 June 2022):

| 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 | Pending | | Pending | |
| 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 | |
| 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 2022 Issue

Name: _____

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

| | <i>True</i> | <i>False</i> |
|---|-------------------------------------|-------------------------------------|
| I. Outcomes of adolescents with acute lymphoblastic leukaemia | | |
| A. Are the following statements regarding features of acute lymphoblastic leukaemia (ALL) in adolescents (age 10-18 years) compared with children (age 1-9 years) true or false? | | |
| 1. More adolescents commonly presented with high white cell counts $\geq 50 \times 10^9/L$. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. T-cell immunophenotyping was less common in adolescents. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Favourable cytogenetics including hyperdiploidy was more commonly seen in adolescents. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Initial chemotherapy response was inferior in adolescents. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Early mortality during induction treatment was highest in older adolescents (age 15-18 years) compared with other age-groups. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Are the following statements concerning the outcome of ALL in adolescents true or false? | | |
| 1. The overall survival was around 50%. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. There was no increase in relapse rate compared with children. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. There was higher treatment-related mortality in adolescents. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. The treatment-related mortality was similar in the younger adolescents (age 10-14 years) and older adolescents. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Allogeneic hematopoietic stem cell transplant should be the standard treatment for adolescents with ALL. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| II. Clinical course and mortality in older patients with COVID-19: a cluster-based study in Hong Kong | | |
| A. Are the following statements about the clinical course of elderly patients with coronavirus disease 2019 (COVID-19) during the third wave of pandemic outbreak true or false? | | |
| 1. Most older patients with COVID-19 were asymptomatic at presentation. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The median time to develop hypoxia was day 8 from symptom onset. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Half of older patients with COVID-19 who developed acute kidney injury died within the same admission episode. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Non-survivors had significantly lower lymphocyte count, lower sodium levels, and higher alanine aminotransferase levels at baseline. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. More than half of older patients with COVID-19 who required intensive care unit admission were put on mechanical ventilation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Are the following statements concerning mortality among older patients with COVID-19 during the third wave of pandemic outbreak true or false? | | |
| 1. Mortality among hospitalised older patients with COVID-19 in Hong Kong appeared to be lower than that of foreign studies because of a lower hospitalisation threshold. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Mortality rate of COVID-19 patients aged ≥ 90 years was the highest among all age-groups. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Mortality rate of older patients with COVID-19 who were at least severely frail (Clinical Frailty Scale ≥ 7) was 40%. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Frailty level, but not age, shared a linear relationship with mortality among older patients. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Frailty screening is suggested for all geriatric patients with COVID-19 infection as an early assessment to predict mortality, regardless of disease severity upon presentation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |