HONG KONG MEDICAL JOURNAL 香港醫學雜誌

## HKMJ December 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 January 2023**.

| *Category* | *Answer sheet to be mailed/faxed to:* |
|---|---|
| Academy Fellows; *OR*<br>Registrants for the MCHK CME Programme **under the Academy** | Ref: CMECPD<br>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<br>Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943 |

**College CME/CPD Points (as of 9 December 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 | Pending | | Pending | |
| 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 | 1 (Active) | 0% | 1 (Active) | 0% |
| Hong Kong College of Psychiatrists | 1 (Self Study) | 80% | 1 (Self Study) | 80% |
| Hong Kong College of Radiologists | 1 (Self Study) | 50% | 1 (Self Study) | 50% |
| 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* December 2022 Issue

Name: _____

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

| **I. Systematic review and meta-analysis of ketamine-associated uropathy** | *True* | *False* |
|---|---|---|
| A. Are the following statement(s) concerning presentation and diagnosis of ketamine-associated uropathy (KAU) true or false? | | |
| 1. In most KAU cases, upper urinary tract is involved with the presence of hydronephrosis, hydroureter or ureteral strictures. | ☐ | ☑ |
| 2. Frequency and urgency are the two most common symptoms among patients with KAU. | ☑ | ☐ |
| 3. Ketamine cystitis and interstitial cystitis share similar clinical and histological findings, but patients with ketamine cystitis tend to have a younger onset age, more severe symptoms and more likely to have upper urinary tract involvement. | ☑ | ☐ |
| 4. Workup for patients with suspected KAU include a complete radiological, urodynamic, and endoscopic assessment which should be routinely performed for diagnosis. | ☐ | ☑ |
| 5. The functional bladder capacity in most patients with KAU is <150 mL. | ☑ | ☐ |
| B. Are the following statement(s) regarding the management approach for KAU true or false? | | |
| 1. Ketamine abstinence is most consistently effective in improving symptoms of KAU. | ☑ | ☐ |
| 2. It is appropriate to use analgesics including non-steroidal anti-inflammatory drugs, opioid, non-opioid analgesics and pregabalin in the treatment of KAU. | ☑ | ☐ |
| 3. In patients with prolonged ketamine use and distraught urinary symptoms, augmentation cystoplasty should be offered as first-line treatment when conservative treatments fail. | ☐ | ☑ |
| 4. The purpose of surgical treatment in KAU is to remove the diseased bladder part and replace it with gastrointestinal tract. | ☐ | ☑ |
| 5. The reconstruction surgery for patients with KAU is augmentation cystoplasty with concomitant ureteral reimplantation. | ☐ | ☑ |
| **II. Recommendations for the management of advanced and metastatic renal cell carcinoma: joint consensus statements from the Hong Kong Urological Association and the Hong Kong Society of Uro-Oncology** | *True* | *False* |
| A. Are the following statements regarding first-line systemic therapies for clear cell metastatic renal cell carcinoma (RCC) true or false? | | |
| 1. The International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) risk category is a key consideration for treatment decision making. | ☑ | ☐ |
| 2. Current international guidelines largely recommend immune checkpoint inhibitor (ICI)–based combination treatment as the standard of care for metastatic RCC in all IMDC risk categories. | ☑ | ☐ |
| 3. In the CheckMate 214 phase III randomised trial, ipilimumab/nivolumab significantly improved progression-free survival (PFS) compared with sunitinib among patients with IMDC intermediate/poor-risk metastatic RCC. | ☑ | ☐ |
| 4. In the KEYNOTE-426 phase III randomised trial, pembrolizumab/axitinib significantly improved PFS compared with sunitinib among intention-to-treat patients. | ☑ | ☐ |
| 5. In public hospitals in Hong Kong, tyrosine kinase inhibitor (TKI) monotherapy (ie, axitinib, pazopanib or sunitinib) is not supported by the Safety Net programme. | ☐ | ☑ |
| B. Are the following statements concerning adjuvant treatment after nephrectomy in patients with advanced RCC true or false? | | |
| 1. In the KEYNOTE-564 phase III trial of patients of high risk, fully resected clear cell RCC (M0 or M1 without evidence of disease), adjuvant pembrolizumab significantly improved disease-free survival compared with placebo. | ☑ | ☐ |
| 2. The limitations of adjuvant treatment include the lack of clear markers of efficacy, the risks of overtreatment and toxicity, and the potential for fewer available treatment regimens in patients who experience disease recurrence. | ☑ | ☐ |
| 3. Compared with adjuvant TKI, adjuvant ICI may be associated with fewer adverse effects and better quality of life, offering new treatment opportunities for high-risk patients (eg, with nodal metastases). | ☑ | ☐ |
| 4. For patients who develop metastatic disease after receiving adjuvant pembrolizumab, TKI monotherapy (pazopanib or sunitinib) is not recommended. | ☐ | ☑ |
| 5. The antitumour activity of pembrolizumab/lenvatinib in ICI-pre-treated patients with clear cell metastatic RCC was demonstrated in a phase I/IIb study. | ☑ | ☐ |