HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ February 2023 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 2023**.

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 21 February 2023):

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.E)	50%	1 (Active Cat.D)	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* February 2023 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. Cost-minimisation analysis of intravenous versus subcutaneous trastuzumab regimen for breast cancer management in Hong Kong	*True*	*False*
A. Are the following statement(s) regarding the cost of breast cancer treatment using trastuzumab true or false?		
1. Human resource is the most significant factor affecting the total cost of treatment.	☐	☐
2. Drug acquisition is the most significant factor affecting the total cost of treatment.	☐	☐
3. Compared with intravenous trastuzumab, subcutaneous route is more cost-effective by reducing the number of clinic visits.	☐	☐
4. Compared with subcutaneous trastuzumab, intravenous route would be more cost-effective if the price is reduced by 20%.	☐	☐
5. There is no impact of patient's body weight on the costs of treatment.	☐	☐
B. Are the following statement(s) concerning the cost-minimisation analysis true or false?		
1. It is one of the analysis methods used in pharmacoeconomics and commonly used in formulary management.	☐	☐
2. It is only applicable when both treatments are of comparable efficacy.	☐	☐
3. It takes patients' preferences into consideration.	☐	☐
4. Direct non-medical costs can also be incorporated in the analysis.	☐	☐
5. It can be conducted from other perspectives, including patient and societal ones.	☐	☐
II. Ten-year refractive and visual outcomes of intraocular lens implantation in infants with congenital cataract	*True*	*False*
A. Are the following statement(s) regarding refractive change after cataract surgery and intraocular lens implantation in infants true or false?		
1. In the long-term, hyperopic shift is more common than myopic shift.	☐	☐
2. The presence of an intraocular lens magnifies myopic shift in a growing eye, as the intraocular lens exhibits constant power and moves anteriorly away from the retina during ocular growth.	☐	☐
3. Long-term refractive change can be accurately predicted based on the age at which surgery is performed.	☐	☐
4. Myopic shift only occurs during the first 2 years of life.	☐	☐
5. A hyperopic initial postoperative target refraction is usually chosen in infants to compensate for the likely myopic shift that occurs with age.		
B. Are the following statement(s) concerning optical correction and long-term visual outcomes after cataract surgery and intraocular lens implantation in infants true or false?		
1. Appropriate optical correction after cataract extraction in infants is important for efforts to avoid amblyopia.	☐	☐
2. Optical correction after cataract surgery in infants can be achieved through a combination of intraocular lens implantation, contact lenses, and spectacles.	☐	☐
3. Hyperopia is less amblyogenic than myopia in young children, particularly among patients who exhibit pseudophakia-related accommodation loss.	☐	☐
4. Parental motivation and the likelihood of compliance should be included in decisions regarding postoperative refraction.	☐	☐
5. High initial postoperative hyperopia (>7 dioptres) was associated with better long-term visual acuity in this study.	☐	☐