HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ April 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 May 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 19 April 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.D)	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* April 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. Efficacy, toxicities, and prognostic factors of stereotactic body radiotherapy for unresectable liver metastases	*True*	*False*
A. Are the following statement(s) regarding local control, survival, and prognostic factors of stereotactic body radiotherapy (SBRT) true or false?		
1. Carcinoembryonic antigen level after SBRT was a significant prognostic factor for overall survival.	☐	☐
2. The median survival duration in the colorectal cancer subgroup after SBRT was 33 months.	☐	☐
3. The only significant prognostic factor for overall survival was receipt of chemotherapy after SBRT for disease progression.	☐	☐
4. The 1-year local control rate after SBRT was over 90%.	☐	☐
5. Fewer patients had in-field recurrence at 1 year after SBRT compared with those who had out-field recurrence.	☐	☐
B. Are the following statement(s) concerning the toxicities and indication of SBRT of liver metastases true or false?		
1. SBRT is recommended if liver tumours are ≤6 cm in diameter, number of liver tumours is ≤3, and normal liver volume is >700 cm^3.	☐	☐
2. Grade 3 toxicities caused by SBRT were noted in this study.	☐	☐
3. Fatigue was the most common side-effect of SBRT in this study.	☐	☐
4. SBRT is a safe treatment option for patients with unresectable liver metastases and Child-Pugh class B liver function.	☐	☐
5. Given its minimal invasiveness, toxicities and potential for improving progression-free survival, SBRT should be considered an option for unresectable liver metastases.	☐	☐
II. Artificial intelligence for detection of intracranial haemorrhage on head computed tomography scans: diagnostic accuracy in Hong Kong	*True*	*False*
A. Are the following statement(s) regarding the artificial intelligence (AI) model in the study true or false?		
1. The AI model was constructed using a deep learning tool called convolutional neural network.	☐	☐
2. The AI model was trained using 50% of a public computed tomography (CT) dataset and tested on the remaining 50%, ensuring similar proportions of the different types of intracranial haemorrhage in the subsets.	☐	☐
3. The AI model can be used to detect haemorrhage in CT scans of other body regions.	☐	☐
4. The AI model can potentially detect bleeding tumours in head CT scans.	☐	☐
5. The AI model can differentiate subdural haematomas from epidural haematomas.	☐	☐
B. Are the following statement(s) concerning the diagnostic performance of the AI model for detecting intracranial haemorrhage (ICH) on head CT scans true or false?		
1. The diagnostic performance of the AI model varied depending on the type of ICH.	☐	☐
2. The AI model detected a higher number of ICH cases when head CT scans with slice sections <1 mm were used.	☐	☐
3. The AI model demonstrated a low positive predictive value and high negative predictive value in detecting ICH.	☐	☐
4. Using a lower probability threshold for the AI model can increase its sensitivity for detecting ICH.	☐	☐
5. The false positives reported by the AI model can improve patient care by increasing clinical investigations.	☐	☐