

HKMJ August 2025 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 eHKAM LMS (<https://lms.hkam.org.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 **30 September 2025**.

Category	Answer sheet to be mailed/faxed to:
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 18 August 2025):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	Pending		Pending	
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	1 (non O&G)	0%	1 (non O&G)	0%
College of Ophthalmologists of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	2 (PP-Cat A)	80%	2 (PP-Cat B)	80%
Hong Kong College of Otorhinolaryngologists	Pending		Pending	
Hong Kong College of Paediatricians	1 (Active Cat.E)	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	1 (Self Study B)	50%	1 (Self Study B)	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 August 2025 Issue

Name: _____

Hong Kong Academy of Medicine <i>For Academy Fellows:</i> College: _____ Fellowship No.: _____ <i>For MCHK CME Registrants:</i> MCHK Reg. No.: _____	Hong Kong Medical Association HKMA Membership or CME No.: _____ HKID No.: ____ - ____ - ____ X X (X) Contact Telephone No.: _____ Signature: _____
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I. Updated recommendations on knee osteoarthritis management: The Hong Kong College of Orthopaedic Surgeons position statement	True	False
A. According to the recommendations of the Hong Kong College of Orthopaedic Surgeons, which of the following statement(s) about the management of knee osteoarthritis is/are true? 1. Topical diclofenac is recommended as first-line treatment. 2. Quadriceps strengthening exercises are recommended as first-line management. 3. Swimming exercises are recommended as first-line management. 4. Oral diclofenac is recommended as second-line treatment. 5. Arthroscopic lavage and debridement are recommended as second-line management.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Based on the following case scenario, which of the following statement(s) regarding its management is/are true? <i>A 70-year-old woman presents with right knee pain lasting for 1 month. This is the first time she has experienced this problem. The pain started after an episode of 'locking' of the right knee while she was walking in the street. After the acute pain subsided, she noticed that right knee pain occurs whenever she walks for more than half an hour. She has tried taking oral paracetamol; however, it does not help in controlling the pain. There have also been two additional episodes of painful locking, with the most recent one occurring yesterday. On physical examination, the woman's knee is in 5 degrees of varus alignment. There is no increased temperature or erythema, but mild effusion is detected. Local tenderness is reported on palpation of the medial joint line. Range of motion is from 5 to 120 degrees, painful at the end of flexion. Crepitus is found in the medial compartment and the patellofemoral joint. The McMurray test is negative. Her height and weight are 165 cm and 60 kg, respectively. She has a history of congestive heart failure and is currently taking frusemide and enalapril. There is no known history of drug allergy.</i> 1. Knee osteoarthritis is the provisional diagnosis until proven otherwise. 2. A knee X-ray should be performed to assess for the presence of loose bodies. 3. Oral celecoxib, taken as required, is an appropriate treatment for this patient. 4. An intra-articular hyaluronic acid injection should be administered. 5. Weight reduction is recommended.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
II. Clinical outcomes after implementation of a lung nodule surveillance programme in Hong Kong	True	False
A. A 53-year-old woman, who is a non-smoker, attended lung screening. A low-dose computed tomography (CT) scan of the thorax revealed a ground-glass opacity in the centre of the left upper lobe, described as a 9-mm roundish opacity that is denser at the periphery compared to the centre of the lesion. Which of the following statement(s) regarding the management is/are true? 1. Try empirical antibiotics if there is no contraindication and repeat with at least a low-dose thoracic CT or positron emission tomography/computed tomography (PET-CT) in 3 months' time to prepare for subsequent diagnostic investigation. 2. Book thoracic magnetic resonance imaging. 3. Refer for or consider bronchoscopy. 4. Refer for or consider CT-guided lung nodule biopsy. 5. Refer for or consider surgical biopsy or lobar resection.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. A 65-year-old man, who has been smoking a pack of cigarettes daily for the past 40 years, complained of blood-stained sputum. Chest X-ray and CT scan showed a 2-cm subpleural, partly solid and partly ground-glass opacity in the right upper lobe, with a bronchus sign. Which of the following statement(s) about evaluation of the lesion is/are true? 1. Save sputum for acid-fast bacilli testing and cytology. 2. PET-CT could be useful. 3. Refer for consideration of bronchoscopy. 4. Refer for CT-guided biopsy. 5. Consider starting antituberculosis treatment.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>