HONG KONG MEDICAL JOURNAL 香港醫學雜誌

HKMJ December 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 **31 January 2026**.

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 9 December 2025):

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	1 (non O&G)	0%	1 (O&G)	60%
College of Ophthalmologists of Hong Kong	1 (Self Study)	50%	1 (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 A6)	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* December 2025 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: _____

		True	*False*
I.	**Use of ^{18}F-fluorodeoxyglucose positron emission tomography coupled with computed tomography in early breast cancer management: consensus-based local recommendations by the Hong Kong Breast Cancer Foundation PET/CT Study Group**		
A.	Are the following statement(s) regarding the characteristics or use of ^{18}F-fluorodeoxyglucose positron emission tomography coupled with computed tomography (^{18}F-FDG-PET/CT) for early breast cancer imaging true or false?		
1.	Small tumour size, low tumour histological grade, low proliferation, high expression of hormone receptors, and lobular histological type are tumour characteristics that limit the sensitivity of ^{18}F-FDG-PET/CT in breast cancer imaging.	☐	☐
2.	^{18}F-FDG-PET/CT can be performed in situations where standard staging studies, eg, CT scan, are equivocal or suspicious.	☐	☐
3.	^{18}F-FDG-PET/CT is equally sensitive in detecting axillary lymph node involvement and extra-axillary lymph node metastasis in the staging workup of breast cancer.	☐	☐
4.	In stage IIB or above, ^{18}F-FDG-PET/CT has higher sensitivity than contrast CT of the thorax/abdomen/pelvis and bone scan in detecting distant metastasis in the staging for early breast cancer patients.	☐	☐
5.	^{18}F-FDG-PET/CT coupled with low-dose, non-contrast CT causes higher radiation exposure to patients than that of whole-body, high-resolution contrast CT.	☐	☐
B.	Which the following is/are situation(s) where ^{18}F-FDG-PET/CT use is recommended in early breast cancer management?		
1.	Evaluation of the nature of a breast lump	☐	☐
2.	Staging for patients with ductal carcinoma in situ and clinical or pathological stage I breast cancer	☐	☐
3.	Screening for breast cancer recurrence in patients with suspicious symptoms or signs and/or elevated tumour markers	☐	☐
4.	Preoperative staging in clinical stage IIB or above to detect distant metastases (superior to multimodality investigations such as contrast CT, magnetic resonance imaging, and bone scan)	☐	☐
5.	Routine surveillance of breast cancer survivors to exclude disease relapse	☐	☐
II.	**Incidence, risk factors, and clinical outcomes of peripartum cardiomyopathy in Hong Kong**	*True*	*False*
A.	Are the following statement(s) regarding the clinical presentation, management, complications and subsequent pregnancies of peripartum cardiomyopathy (PPCM) true or false?		
1.	The majority of women in the study were diagnosed with PPCM after giving birth.	☐	☐
2.	The most common complication among the women was cardiogenic shock.	☐	☐
3.	Over half of the women experienced cardiac recovery within 12 months.	☐	☐
4.	In subsequent pregnancies, there were several cases of recurrent PPCM.	☐	☐
5.	According to the study, having a hypertensive disorder during pregnancy and anaemia were associated with a greater risk of developing PPCM.	☐	☐
B.	Are the following statement(s) concerning the prevention of severe complications from PPCM true or false?		
1.	The incidence of thromboembolism in the study cohort was lower than the global rate reported in a recent international study.	☐	☐
2.	Both the American Heart Association and the European Society of Cardiology recommend anticoagulation for all patients diagnosed with PPCM, regardless of their left ventricular function.	☐	☐
3.	It is recommended that subsequent pregnancies be avoided if a woman's left ventricular ejection fraction does not return to normal.	☐	☐
4.	Genetic factors play a role in PPCM.	☐	☐
5.	Based on current evidence-based guidelines, low-dose aspirin is recommended for directly preventing PPCM.	☐	☐