

HKMJ April 2026 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 May 2026**.

<i>Category</i>	<i>Answer sheet to be mailed/faxed to:</i>
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 21 April 2026):

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	Pending		Pending	
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	Pending		Pending	
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	Pending		Pending	
Hong Kong College of Otorhinolaryngologists	Pending		Pending	
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	Pending		Pending	
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 A)	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 2026 Issue

Name: _____

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

I. Prevalence of mild and major neurocognitive disorders in community and residential care homes in Hong Kong: considerations for multidimensional risk factor evaluation and intervention in primary care	<i>True</i>	<i>False</i>
A. Are the following statement(s) regarding the prevalence of neurocognitive disorders in Hong Kong true or false?		
1. About one in five older adults aged 60 years or above were found to suffer from mild neurocognitive disorders.	<input type="checkbox"/>	<input type="checkbox"/>
2. About 20% of residents in long-term care facilities suffered from major neurocognitive disorder.	<input type="checkbox"/>	<input type="checkbox"/>
3. Vascular causes of neurocognitive disorder, with a prevalence of less than 5%, are uncommon.	<input type="checkbox"/>	<input type="checkbox"/>
4. Lewy body disease had a prevalence of approximately 1% among the major subtypes.	<input type="checkbox"/>	<input type="checkbox"/>
5. There is no significant age-related difference in the prevalence of neurocognitive disorders.	<input type="checkbox"/>	<input type="checkbox"/>
B. Which of the following is/are factor(s) associated with a higher risk of occurrence in people with mild neurocognitive disorders?		
1. Lower level of intellectual activities	<input type="checkbox"/>	<input type="checkbox"/>
2. Subjective sleep complaints	<input type="checkbox"/>	<input type="checkbox"/>
3. Regular physical exercises	<input type="checkbox"/>	<input type="checkbox"/>
4. Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
5. Infrequent strolling	<input type="checkbox"/>	<input type="checkbox"/>
II. Consensus statement on the use of Alzheimer’s disease biomarkers and anti-amyloid therapies in Hong Kong	<i>True</i>	<i>False</i>
A. Are the following statement(s) regarding biomarkers for Alzheimer’s disease true or false?		
1. Alzheimer’s disease biomarker testing (plasma, cerebrospinal fluid, or neuroimaging) should be considered in asymptomatic individuals in the community to identify preclinical disease.	<input type="checkbox"/>	<input type="checkbox"/>
2. In patients with young-onset dementia (ie, onset before 65 years of age), biomarkers may be used to clarify the underlying pathology.	<input type="checkbox"/>	<input type="checkbox"/>
3. Amyloid positron emission tomography imaging can be used to confirm Alzheimer’s disease pathology, and reporting using the Centiloid scale is encouraged for inter-centre comparison and longitudinal monitoring.	<input type="checkbox"/>	<input type="checkbox"/>
4. Plasma phosphorylated tau 217 may support the diagnosis of Alzheimer’s disease pathology, and a three-range (two-cutoff) approach with sensitivity and specificity of at least 90% is recommended.	<input type="checkbox"/>	<input type="checkbox"/>
5. The plasma Aβ42/Aβ40 ratio alone is sufficient to confirm Alzheimer’s disease pathology, and no further confirmatory testing is required.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statement(s) concerning anti-amyloid therapies for Alzheimer’s disease true or false?		
1. Anti-amyloid therapies are recommended for patients with moderate to severe Alzheimer’s disease dementia.	<input type="checkbox"/>	<input type="checkbox"/>
2. Blood pressure should be adequately controlled according to the patient’s age and co-morbidities before initiating anti-amyloid therapy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Patients who are unable to undergo regular magnetic resonance imaging monitoring (eg, due to claustrophobia or devices that are incompatible with magnetic resonance imaging) should not receive anti-amyloid therapies.	<input type="checkbox"/>	<input type="checkbox"/>
4. Apolipoprotein E genotyping is recommended before initiating anti-amyloid therapy to facilitate informed discussion of the risk of amyloid-related imaging abnormalities.	<input type="checkbox"/>	<input type="checkbox"/>
5. Infusion reactions associated with anti-amyloid therapies are rare and do not require specific management protocols.	<input type="checkbox"/>	<input type="checkbox"/>