

## HKMJ December 2024 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 (<a href="https://lms.hkam.org.hk">https://lms.hkam.org.hk</a>). 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 2025.

| Category                        | Answer sheet to be mailed/faxed to:                                     |
|---------------------------------|---|
| Academy Fellows; OR Registrants | Ref: CMECPD   |
| for the MCHK CME Programme      | Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road,            |
| under the Academy               | Aberdeen, Hong Kong; fax: (852) 2505 5577                               |
| Registrants for the MCHK/HKMA   | The Hong Kong Medical Association                                       |
| CME Programme under the         | Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; |
| Medical Association             | fax: (852) 2865 0943  |

## College CME/CPD Points (as of 13 December 2024):

| 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 | ng Kong College of Obstetricians and Gynaecologists Pending |                | Pending          |                 |
| 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           | 1 (Cat.1.2)   | 50%            | 1 (Cat.1.2)      | 50%             |
| 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%             | 0.5 (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 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 December 2024 Issue Name: Hong Kong Academy of Medicine **Hong Kong Medical Association** For Academy Fellows: HKMA Membership or CME No.: College: Fellowship No.: HKID No.: \_\_ -\_ \_ X X (X) Contact Telephone No.: For MCHK CME Registrants: MCHK Reg. No.: Signature: Management of chronic kidney disease: a Hong Kong consensus recommendation True False A. Which of the following is/are measurement(s) that serve(s) as a reference for patients with risk factors such as diabetes and/or hypertension when undergoing regular screening? Estimated glomerular filtration rate and albuminuria 1. Creatinine clearance 2. Spot urine protein-to-creatinine ratio 3. 24-hour urine protein П П Serum creatinine and urine dipstick for albumin Are the following statement(s) concerning treatment for chronic kidney disease true or Patients with chronic kidney disease and an estimated glomerular filtration rate >20 mL/min/1.73 m<sup>2</sup> should be considered for initiation of a sodium-glucose cotransporter-2 Patients with chronic kidney disease and an estimated glomerular filtration rate <20 mL/min/1.73 m<sup>2</sup> should be considered for initiation of a sodium-glucose cotransporter-2 inhibitor. 3. Patients with chronic kidney disease who are already receiving a sodium-glucose cotransporter-2 inhibitor can continue with the treatment until initiation of kidney replacement therapy. Patients with diabetes and chronic kidney disease and an estimated glomerular filtration rate П П >25 mL/min/1.73 m<sup>2</sup> should be considered for initiation of a nonsteroidal mineralocorticoid receptor antagonist. Patients with diabetes and chronic kidney disease and an estimated glomerular filtration rate >25 mL/min/1.73 m<sup>2</sup> should not be on a sodium-glucose cotransporter-2 inhibitor and nonsteroidal mineralocorticoid receptor antagonist simultaneously. II. 2024 Hong Kong College of Obstetricians and Gynaecologists Guidelines for cervical True False cancer prevention and screening Are the following statement(s) regarding human papillomavirus (HPV) vaccination true or 1. All HPV vaccines contain virus-like particles for protection against high-risk HPV types 16 П П The nonavalent HPV vaccine contains virus-like particles for protection against low-risk HPV types 6 and 11. After HPV vaccination, cervical cancer screening is unnecessary because current vaccines П 3. П offer full protection. The nonavalent HPV vaccine offers protection against seven high-risk HPV types which cause approximately 70% of cervical squamous cell carcinomas. Current HPV vaccines are effective in viral clearance in women with preexisting HPV infection. B. Are the following statement(s) concerning cervical cancer screening true or false? A negative HPV test result would exclude cervical pathology. Among women aged 25 to 29 years who previously underwent HPV vaccination, primary П П

Immediate colposcopy referral is recommended for HPV-positive women without further

Women with HPV16/18-positive should be referred for colposcopy, regardless of cytology

Reflex cytology is recommended for all women with positive stand-alone HPV test results

HPV screening can be considered.

to guide colposcopy referral and subsequent management.

3.

4.

triage tests.