何鴻燊博士醫療拓展基金會
Dr. Stanley Ho Medical Development Foundation

聯合主辦 Jointly organized by

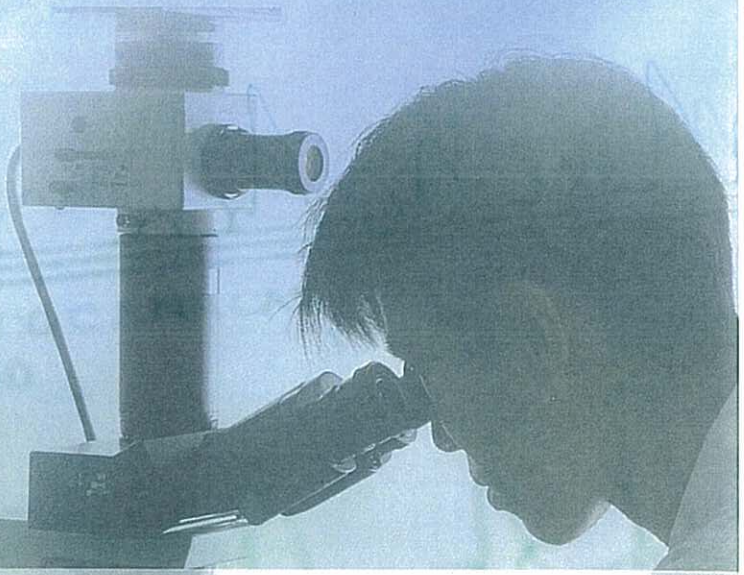
香港中文大學
The Chinese University of Hong Kong

何鴻燊博士醫療拓展基金會
醫學研討會
2008
Dr. Stanley Ho
Medical Development Foundation Symposium

二零零八年一月二十六日　26th January 2008

地點 Venue :

澳門旅遊塔會展娛樂中心
三樓宴會廳
Banquet Hall,
3/F Macau Tower Convention &
Entertainment Centre



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Research Professor, Institute of Chinese Medicine
The Chinese University of Hong Kong

研討會　一月二十六日
Symposium 26th January 2008

1:30pm	Registration
2:00pm	Opening Address
	Moderators: Prof. Gregory Cheng, Dr. Xu Ming Zhang
2:30pm	梁慧康教授 Prof. Thomas WH Leung 缺血性中風的微創介入治療 Neuroendovascular Therapy for Ischemic Stroke
3:00pm	許樹昌教授 Prof. David SC Hui 阻塞性睡眠呼吸窒息綜合症的治療進展及相關的心血管併發症 Obstructive Sleep Apnoea Syndrome - Update on Management & Cardiovascular Complications
3:30pm	劉潤皇教授 Prof. James YW Lau 動脈病變及血管內支架移植術 Endovascular Stent Grafting for Aortic Conditions
4:00pm	Tea Break
	Moderators: Prof. Tony SK Mok, Dr. Manson Fok
4:30pm	林子顯醫生 Dr. Philip TH Lam 白內障及晶體矯視手術 Cataract and Refractive Lens Surgery
5:00pm	盧永傑教授 Prof. Keith WK Lo 子宮頸癌的終結 – 不再是夢想 The End of Cervical Cancer – Not a Dream Anymore
5:30pm	陳啟明教授 Prof. Kai Ming Chan 運動創傷的防治 – 新科技及新思維 Management and Prevention of Sports Injuries - New Technology and New Concept
6:00pm	Closing Address

Message from The Chairman

On behalf of Dr. Stanley Ho Medical Development Foundation, I like to welcome you all to the '2008 Medical Symposium'. It is the fourth medical symposium jointly organized by the Foundation and The Chinese University of Hong Kong, which signifies our continuous collaboration in achieving the mission of providing excellence in continuing medical education, collaborative research and healthcare services in Macao Special Administrative Region.

On this occasion, we are again honoured to have a number of renowned experts from The Chinese University of Hong Kong to speak on a range of topics relevant to various specialties of medicine, focusing on prevention and management, and updates and advances on treatment of diseases of public concern. We are also pleased to note that, through your enthusiastic support and participation, the symposium has now become one of the most popular academic and educational events, and a useful platform for medical exchanges in Macao.

The Medical Foundation is committed to promoting the advancement of medical professions in Macao, and improving the quality of healthcare services to the benefit of the local community. In pursuance of these objectives, the Foundation will continue to work in close partnership with The Chinese University of Hong Kong, and with the local universities, hospitals and members of the medical fraternity.

I take this opportunity to express our gratitude to the event organizers and speakers, and also all of the medical personnel who have devoted their time and efforts to serving the community of Macao. We look forward to yet another successful event.

Dr. Stanley Ho
Chairman
Dr. Stanley Ho Medical Development Foundation

Welcome Message

Chairman, honorable guests and speakers, ladies and gentlemen, it gives me great pleasure to welcome you all at the 4th Dr. Stanley Ho Medical Development Foundation Symposium, jointly organized by the Dr. Stanley Ho Medical Development Foundation and the Chinese University of Hong Kong. Since its inauguration in January 2005, the Foundation in alliance with the University has successfully provided an ideal platform for medical practitioners in Macau to acquire advanced professional knowledge, such as the provision of health care courses, conduct of collaborative research for prevention of environmental smoke-related cardiovascular disease and for HIV molecular epidemiology in Macau, and the granting of outstanding achievement awards for health care advances.

The Symposium enjoyed great success in the past. It has received enthusiastic support from our colleagues at the Chinese University as well as active participation of delegates from Macau and the Mainland. This year, it continues to cover a wide spectrum of specialties, including updates and advances on treatment of cerebrovascular and aortic diseases, obstructive sleep apnoea syndrome and cardiovascular complications, cataract and refractive lens surgery, cervical cancer prevention and sports injury prevention and management. I am sure you will enjoy every topic.

The Foundation and the University have long been doing such an excellent job in providing all kinds of exciting life-long learning opportunities to the medical community. It is undoubtedly that the Foundation and the University will continue to excel in their endeavor. Let me take this opportunity to also express my appreciation and gratitude to the Organizing Committee for once again putting together this wonderful Symposium and I wish it every success. Thank you, and good day!

Professor Joseph JY Sung
Associate Dean (General Affairs)
Faculty of Medicine
The Chinese University of Hong Kong

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Neuroendovascular Therapy for Ischemic Stroke

梁慧康教授
Professor Thomas WH Leung
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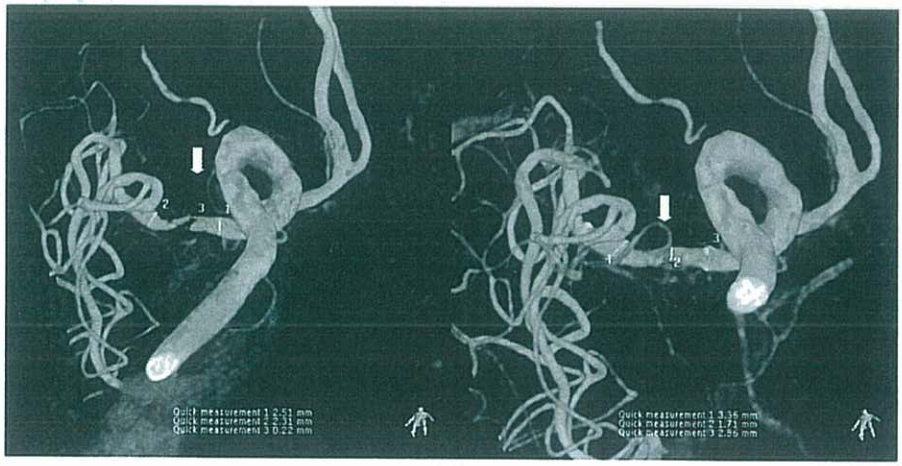
The Chinese University of Hong Kong, Hong Kong

Stroke is among the top leading causes of death in Hong Kong and the most common cause of adult disability in developed countries. Over the years, the mainstay of treatment for stroke has been confined to drug therapy. However, pharmaco-therapy fails in a significant proportion of patients.

One important reason for drug refractoriness and stroke relapse is critical stenosis of extra-cranial artery, intra-cranial artery, or both; and which is not readily reversed by drug therapy. In a prospective cohort, a high-grade intra-cranial stenosis (>70%) portends a 23% risk of recurrent cerebral ischemic events in the same vascular territory within the first 12 months of the index stroke despite medical therapy.

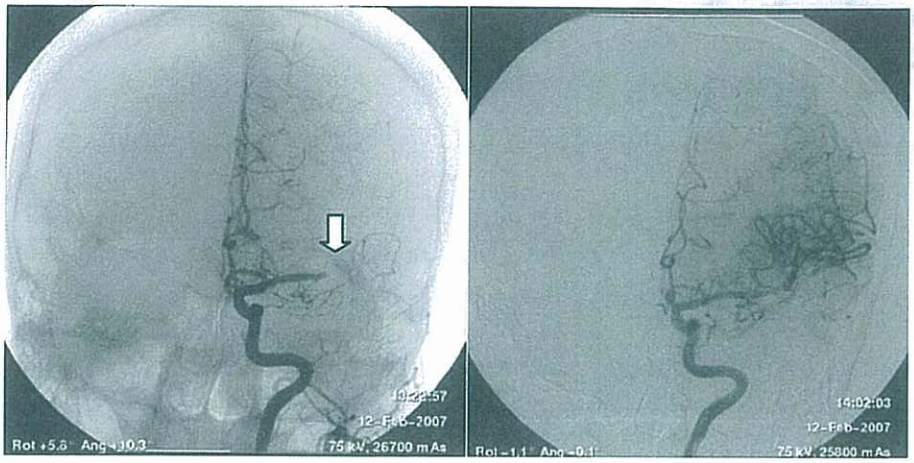
The lack of successful medical therapy and poor outcome of stroke have prompted the study of endovascular intervention. Neuro-vascular lesions which had no treatment and very guarded prognosis, like intra-cranial stenosis, or acute large artery thrombo-embolic occlusion, are now amendable to minimally invasive procedures gaining promising results.

Stent-assisted angioplasty (SAA) has evolved as a re-vascularization procedure to restore cerebral perfusion. Intra-cranial arteries as minute as 2mm in diameter can now be accessed through a 5mm incision at the groin under local anesthesia without having a cut on the head or neck.



Three-dimensional cerebral angiograms of Intra-cranial stent-assisted angioplasty (SAA) *Left: The M1 right middle cerebral artery was critically stenosed (90%, arrow) in a patient who had right corona radiate infarction despite anti-platelet treatment. The right parietal hemisphere was exclusively supplied by blood dribbling through the stenotic lesion which measured only 0.2mm in diameter. Right: After stent-assisted angioplasty, the stenotic segment re-opened (arrow), and blood flow to the distal branches was restored.*

Endovascular therapy also plays a role in the rescue of ischemic brain cells at the hyper-acute stage of stroke. Disability can be significantly reduced if re-canalization is achieved early. Currently, intravenous recombinant tissue plasminogen activator (rt-PA) therapy is limited a 3-hour window from the stroke onset; and owing to late arrival, less than 1% of patients in Hong Kong are eligible for intravenous rt-PA. Intra-arterial rt-PA therapy, on the other hand, may potentially extend the therapeutic window up to 6 hours. Comparing to intravenous route, occlusions of the main-stem and divisional middle cerebral artery and basilar artery respond better to intra-arterial thrombolysis. In addition, intra-arterial thrombolysis is associated with a less dose of rt-PA and reduced reperfusion hemorrhage.



Intra-arterial thrombolysis *Left: A total occlusion of left middle cerebral artery (arrow) was confirmed by cerebral angiogram in a patient with sudden global aphasia and dense right hemiparesis. Right: After intra-arterial rt-PA treatment, the occluded artery recanalized and distal branches re-appeared. Speech returned and the weakness resolved completely in 2 days.*

Obstructive Sleep Apnoea Syndrome - Update on Management and Cardiovascular Complications

許樹昌教授
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The Chinese University of Hong Kong, Hong Kong

Obstructive sleep apnoea syndrome (OSAS) is a common disorder causing disabling daytime sleepiness, impaired cognition, and increased risk of traffic accidents. In addition, there are growing data linking untreated OSAS to cardiovascular consequences such as hypertension,[1] asymptomatic diastolic dysfunction,[2] myocardial infarct, heart failure,[3] asymptomatic early atherosclerosis,[4,5] sudden death,[6] and stroke.[7,8]

Nasal CPAP is the most effective treatment for OSAS with robust evidence in support of its efficacy in improving symptoms, cognitive function, and quality of life. Several randomized placebo-controlled studies have shown that nasal CPAP can reduce day and night systemic blood pressure in patients with OSAS.[9,10] Other favourable effects of CPAP include reduction of sympathetic activity and hypoxic/ oxidative stress,[11,12] with improvement of vasodilator response and endothelial function.[13] OSAS, through repeated episodes of arousals, may lead to platelet activation, which can be reduced by nasal CPAP.[14] In patients who are not able to tolerate nasal CPAP, dental appliance in the form of mandibular advancement device can improve symptoms and reduce mean 24-hr diastolic BP by 1.8 mmHg after 4 weeks of treatment.[15] These data have important therapeutic implications, and compliance with nasal CPAP may reduce risk of cardiovascular complications associated with OSAS.

References:

1. Peppard PE, et al. Prospective study of the association between sleep-disordered breathing and hypertension. NEJM. 2000;342:1378-1384.
2. Fung JW, et al. Severe OSA is associated with left ventricular diastolic dysfunction. Chest 2002; 121:422-429.
3. Marin JM, et al. Long-term cardiovascular outcomes in men with OSA with or without treatment with CPAP: an observational study. Lancet 2005;365:1046-1053.
4. Suzuki T, et al. OSA and carotid artery intima-media thickness. Sleep 2004;27:129-133.
5. Drager LF et al. Effects of continuous positive airway pressure on early signs of atherosclerosis in obstructive sleep apnea. Am J Respir Crit Care Med. 2007;176:706-712.
6. Gami AS, et al. Day-night pattern of sudden death in OSA. NEJM 2005;352:1206-1214.
7. Yaggi HK, et al. OSA as a risk factor for stroke and death. NEJM 2005; 353:2034-2041.
8. Arzt M, et al. Association of sleep-disordered breathing and the occurrence of stroke. Am J Respir Crit Care Med 2005;172:1447-1451.
9. Becker HF, et al. Effect of nasal CPAP on blood pressure in patients with OSA. Circulation 2003;107:68-73.
10. Hui DS et al. Nasal CPAP reduces systemic BP in patients with OSA and mild sleepiness. Thorax 2006;61:1083-1090.
11. Ohga E, et al. Effects of OSA on circulating ICAM-1, IL-8, and MCP-1. J Appl Physiol 2003; 94:179-184.
12. Yokoe T, et al. Elevated levels of C-reactive protein and IL-6 in patients with OSAS are decreased by nasal CPAP. Circulation 2003; 107:1129-1134.
13. Ip MS, et al. Endothelial function in OSA and response to treatment. Am J Respir Crit Care Med 2004;169: 348-353.
14. Hui DS, et al. The effects of nasal CPAP on platelet activation in OSA. Chest 2004; 125: 1768-1775.
15. Gotsopoulos H, et al. Oral appliance therapy reduces blood pressure in OSA: a randomized, controlled trial. Sleep 2004; 27: 934-941.

Endovascular Stent Grafting for Aortic Conditions

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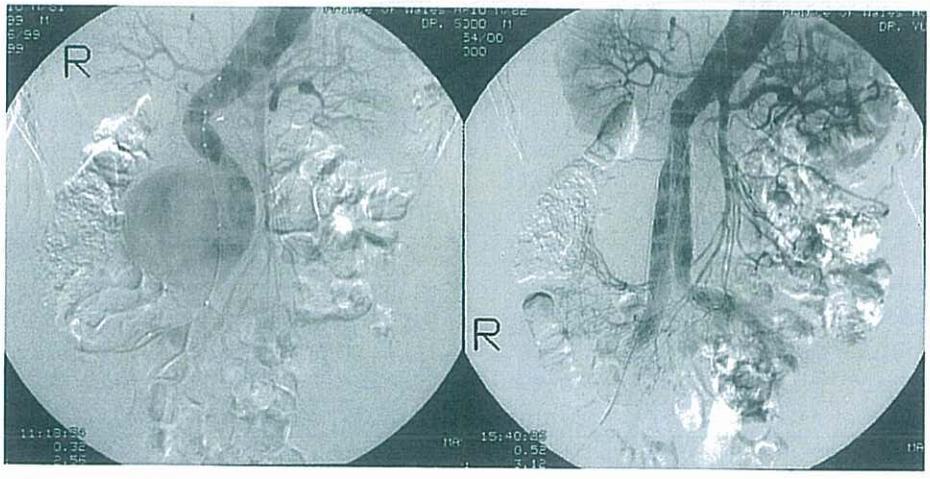
Ruptured abdominal aortic aneurysm is an immediately lethal condition. Emergency operative repair carries a mortality of around 50 per cent. Elective repair is safer and should be offered to patients with large abdominal aortic aneurysms. Conventional management of abdominal aortic aneurysm (AAA) is by open repair and is associated with a mortality rate of 2-6 per cent. Since its inception in 1991, endovascular aneurysm repair (EVAR) has provided an alternative to open AAA repair. Randomized trials comparing the two types of repairs have demonstrated that morbidities and mortality after EVAR were significantly less than open repair. There are however technical issues relating to EVAR. Only around 40-50% of AAAs are anatomically suitable for EVAR. Complications comprise of stent migration, graft limb thrombosis, endo-leak and access artery injury. Even after their successful deployment, complete aneurysm exclusion was possible in about 80-90 per cent of cases. Secondary intervention to treat endo-leak or maintain graft patency is required about 15 per cent of patients. Data on the long term efficacy of endo-grafts in preventing aneurysm ruptures are lacking.

EVAR is also being used in thoracic aortic conditions such as type B dissection, traumatic dissection or rupture. Although comparative studies are lacking, EVAR is likely to confer significant benefit as morbidities associated with thoracotomy, proximal aortic cross clamping and operative repair of thoracic aneurysms are substantial. Future applications of EVAR will include hybrid procedures combining endo-grafting and operative visceral or neck vessel re-locations and fenestrated or branched grafts. These procedures open new and perhaps safer perspectives into treatment of aortic arch disease and thoraco-abdominal aortic aneurysms.



Endovascular stent graft for abdominal aortic aneurysm.

Cataract and Refractive Lens Surgery

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The Chinese University of Hong Kong, Hong Kong

Cataract surgery is the most frequently performed operation in the ophthalmic specialty. Continued advancements in surgical techniques, equipment and implant materials bring about improvement in visual outcome and reduction in surgical risks. Surgical operations on the lens to correct refractive errors, in eyes with clear lenses or visually insignificant cataracts, have emerged as an ever-growing important modality of refractive surgery. This talk will introduce recent advancements as well as controversies in cataract and lens surgery.

白內障手術是最常進行的眼專科手術。手術方法持續改進、器械及人工晶體物質科技發展帶來更滿意的視力結果，亦致手術風險減低。施行晶體手術以改正屈光已發展成矯視手術重要的一環。本講座介紹近期有關白內障及晶體手術的發展及爭議。

The End of Cervical Cancer – Not a Dream Anymore

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Effort to reduce cervical cancer began over 50 years ago with the introduction of Pap smear screening. It has reduced the incidence of cervical cancer by up to 75% in countries with successful implementation of the screening program.[1] However, to date, cervical cancer remains the second most common cause of cancer death in women. Almost half a million women developed cervical cancer every year and more than half of them die as a result of their condition.[2] After more than 30 years of intense research, there are now strong epidemiological, clinical and molecular evidences that persistent infection with oncogenic Human Papillomavirus (HPV) is a necessary cause of cervical cancer.[3] Given the obligatory role of HPV in the development of cervical cancer, a vaccine to immunize against HPV infection would be a valuable strategy for the primary prevention of cervical cancer.

Two HPV prophylactic vaccines have been developed commercially and put into clinical trials in early 1990s. The quadrivalent HPV-6/11/16/18 L1 virus-like particle vaccine developed by Merck was licensed in June 2006 by Federal Drug Administration (FDA) in the United States. The product is delivered by intramuscular injection as 0.5-ml dose in a three-shot immunization protocol at 0, 2 and 6 months. The vaccine was safe and well tolerated, induced seroconversion in >99% recipients, and was close to 100% efficacious in preventing high grade cervical dysplasia associated with the 4 vaccinated genotypes. The high efficacy of the vaccine and its public health impacts have resulted in health authorities in over 85 countries approving its use in less than 12 months. Additional applications are currently under review with other regulatory agencies. These rapid approvals in both developed and developing countries are a clear indication that governments and policy makers are aware of the great impact of this vaccine on preventing such a major cause of female mortality worldwide. Similarly, on May 21, 2007, Australian Therapeutic Goods Administration also approved the bivalent vaccine developed by GSK for the prevention of cervical cancer and precancerous lesions caused by HPV-16/18 for the uses in females age 10 to 45 years. The approval of bivalent vaccine in Australia is a key milestone towards eradicating the burden of cervical cancer for all women, especially as this is the first cervical cancer vaccine that is indicated for women over the age of 26.

However, before implementation of the vaccine, several practical questions must be addressed. When and who to vaccinate, the need of boosters, prior HPV antibody testing before vaccination, cervical screening after vaccination, and safety for pregnant women are all important components of a successful vaccination program. If effective prophylaxis is to be achieved, it is assumed that they will have to be delivered before any exposure to the virus. Genital HPV infection is exclusively sexually transmitted. Immunization to protect against the infection and the related diseases must therefore precede the sexual debut, which implies that the target population for vaccination will be pre-pubertal girls and young adolescents. There is also sound immunological reason to immunize before puberty since antibody responses induced by the vaccine are higher pre-puberty compared to post-puberty. The available data from the vaccine trials indicate that neutralizing antibody levels that are considerably higher than those encountered with natural infections and these antibody responses are quite durable, lasting for at least 5 years. Therefore, it is possible that additional booster doses may not be necessary. It will be important that we monitor the need for booster as we move forward with

HPV vaccination. HPV antibody assays are technically difficult, and are neither licensed for clinical use nor available commercially. A negative HPV antibody test is also an unreliable marker of the lack of a prior HPV infection. Therefore, there is no justification currently for screening a woman for HPV type-specific antibody prior to vaccination. Given the limited coverage of HPV genotypes in the vaccine, its use should not immediately alter the existing cervical screening programs, particularly where these programs are effective. HPV vaccination will likely be offered to women at or close to their peak reproductive ages. Data from HPV vaccine trials to date have not suggested any adverse effects on fertility potential or pregnancy outcomes. Nevertheless, as with all other new drugs for which adequate reproductive toxicity data are not available, pregnancy or planned pregnancy should be a contraindication to vaccine use.

References:

1. International Agency for Research on Cancer. IARC Handbooks of Cancer Prevention Vol. 10. Cervix Cancer Screening. Lyon, IARC Press, 2005.
2. Ferlay J, Bray F, Pisani P, Parkin DM. GLOBOCAN 2002 cancer incidence. Mortality and prevalence worldwide. IARC CancerBase No. 5 version 2.0. Lyon: IARC Press; 2004.
3. Bosch FX, de Sanjose S. Human papillomavirus and cervical cancer: burden and assessment of causality. J Natl Cancer Inst Monogr 2003;31:3-13. Chapter 1.

Management and Prevention of Sports Injuries - New Technology and New Concept

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The Chinese University of Hong Kong, Hong Kong

With the 2008 Beijing Olympics advancing fast, there is a tremendous public enthusiasm in both competitive and recreational sports.

One of the unaffordable realities is that sport injuries at times may pose a significant threat to the performance of sport, the general well-being of the individual and possible long-term sequelae. A significant impact to the knee, for example, may lead to structural damage of the ligaments, meniscus and articular cartilages. If the injuries are not diagnosed accurately at an early stage, there may be further deterioration of the structure and function of the joints and early onset of degenerative osteoarthritis. It is therefore the duty of the medical and sports professionals to launch a campaign among the general public to look out for these injuries.

Recent advances in new technology have significantly changed the scene. Now we have much better clinical assessment methods along with advanced technology such as MRI, ultrasound, CT scan, and arthroscopy to define accurately the extent of the injuries in the joints and muscles, which essentially helps judge the best treatment for the patients. The management of severe sports injuries has been very much enhanced in the clinical outcome with the introduction of minimal invasive surgery, such as arthroscopic surgeries for knee, shoulder and ankle. Moreover, knee, ankle and shoulder have also been the subjects of intense clinical research in the recent decades, with a common objective to improve the clinical outcomes of the surgeries.

At the same time we are also advancing our new technology to apply to elderly individuals who have already degenerative joints such that they would not be able to participate in exercise for health in a relatively safe environment. One example would be Tai-chi. As indicated, it is a weight-bearing exercise, moderate in intensity with good stimulation to bone, but at the same time it builds up sufficient muscle strengths and proprioception to enable the joints to take a balance load. At the same time, it also enhances the positioning sense and reduces the risks of fall. All the new understanding in sports science would facilitate the general public particularly the elderly population with degenerative joints to be able to take the best advantage of various forms of exercise for health.

2008 Beijing Olympics would be a great inspiration not only for the elite athletes, but also for the entire population in China to embark on a healthy life style through exercise.

隨著2008年北京奧運會的日益臨近，公眾對競技體育與休閒體育的熱情空前高漲。

然而不幸的是，運動中創傷時有發生，不但可能嚴重影響人的運動水準，還可能影響人的整體健康，甚至可能造成長期的後遺症。舉例，嚴重的膝部創傷可使韌帶、半月板及關節軟骨遭受結構性的損壞。如不儘早準確診治，可令關節的結構及功能都進一步退化，及誘發早期退化性骨關節炎。因此，醫療及體育專家有責發起相關宣傳活動，號召廣大群眾運動時要小心謹慎，儘量避免運動創傷的發生。

而目前，科技的日新月異已令這種局面得到了極大的改善。現在，我們有更先進的臨床診斷方法，例如磁力共振成像(MRI)、超聲波(Ultrasound)、電腦素描(CT Scan)、關節鏡(Arthroscopy)等各種先進的技術，都可在精確地診斷關節及肌腱的創傷程度，幫助及早判斷正確的診治方法。近年，微創手術被引入治療運動創傷，分別應用於膝關節、踝關節及肩關節的關節鏡術上，不但減低了手術對病人造成的創傷,更能加速痊癒，大大提升了臨床效果，在一些較嚴重的創傷，效果尤其顯著。為了精益求精，過去的數十年中，臨床家及學者相繼進行膝關節、踝關節及肩關節的相關臨床研究，舉不勝舉，數目並不斷增加,共同致力改善治療成效。

與此同時，我們亦努力研究，力圖使新科技的成果造福年長社群。長者的關節已退化，故而不能進行某些一般被認為健康無害的運動。太極拳是其中的一個典型例子。研究證明，太極拳屬於負重運動，中等強度，但對骨骼有良好的刺激作用，又可使肌肉強健有力，增加本體感受，從而使得關節平衡性增強。與此同時，練習太極拳可增強空間定位感，降低摔倒的風險。這些關於運動科學的新概念可幫助廣大群眾、特別是長者能利用各種運動之所益，增進身體健康。

2008北京奧運不但將激勵精英運動員勇往直前，超越自我，更將激勵市民大眾鍛煉身體，追求更加健康的生活。

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