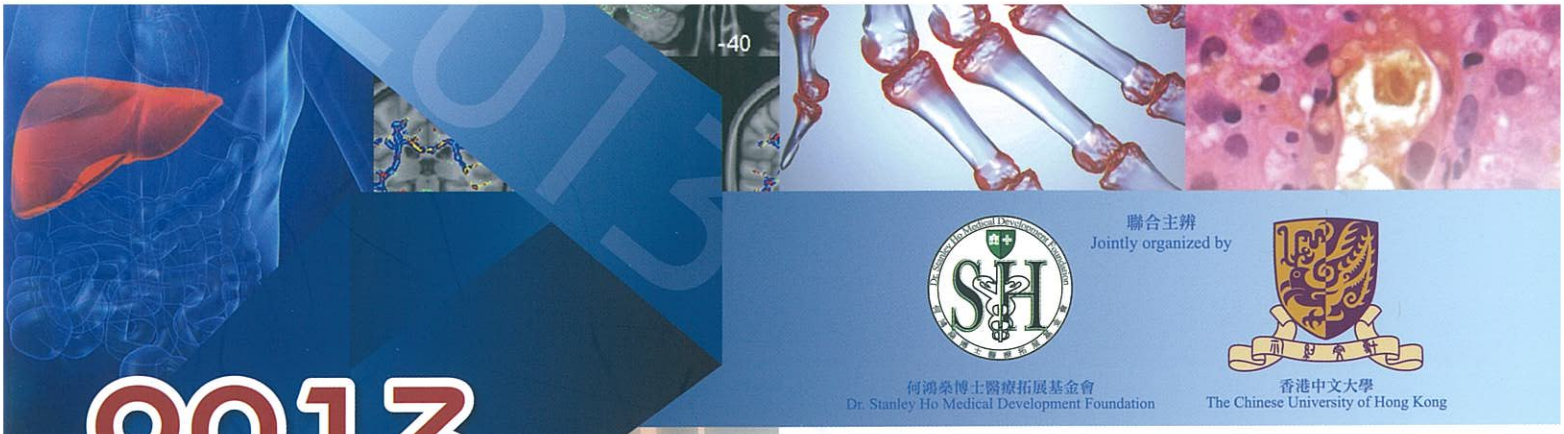

聯合主辦
Jointly organized by

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

香港中文大學
The Chinese University of Hong Kong

2013
何鴻燊博士醫療拓展基金會
醫學研討會
Dr Stanley Ho Medical Development Foundation Symposium

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澳門友誼大馬路555號澳門置地廣場9樓
Headquarter, Dr. Stanley Ho Medical Development Foundation
9/F., Macau Landmark, 555 Avenida Da Amizade, Macau

二零一三年一月廿六日 下午一時至六時三十分
26th January 2013, 1:00pm - 6:30pm

二零一三年一月廿七日 上午九時十五分至下午一時
27th January 2013, 9:15am - 1:00pm

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主席的話 Message from The Chairman

Welcome to the Symposium 2013.

In 2005, the Dr. Stanley Ho Medical Development Foundation was set up with the full support and co-operation of The Chinese University of Hong Kong (CUHK). This co-operation continues to this day, as is evident from the establishment of The Stanley Ho Center for Emerging Infectious Diseases at CUHK in 2006 and the setting up of the Dr. Stanley Ho Professorship of Respiratory Medicine in 2011.

In the near future, the Foundation will engage in the following:

1. The Big Data Decision Analytics Research Center

The Foundation will make a one-off donation to CUHK for the purpose of setting up a Big Data Decision Analytics Research Center ("Center") which will focus on new paradigm of data-intensive research discovery, targeting knowledge creation and insight extraction from massive datasets using information and communication technologies ("ICT"), data mining techniques and operations research methods. The Foundation will also take an active role in the implementation of the Center ("Project").

The researches to be undertaken by the Center will focus on 5 innovations dimensions and will fuel transformative and productive changes across various selected disciplines that are particularly relevant to our society, including healthcare and genomics.

The Project plans to build accurate mathematical models of workflow dynamics based on a large volume of operational data collected from the Prince of Wales Hospital in Hong Kong and other hospitals in Macau if applicable. The models will enable identification of service bottlenecks, optimization in resource allocation, and prediction of service system parameters in unforeseen scenarios. These processes will increase robustness of hospital services to external shocks, and provide bases for policy making in public health.

For example, the Project will study how the Accident and Emergencies Department can uphold the quality of care across shift hours and staffing levels. The Project will also utilize data from radio frequency identification tags for real-time tracking of caregivers, equipments and patients, such that relevant personnel or equipment can be summoned with minimal delay in case of an emergency.

The medical services in Macau and the Pearl River Delta Region may reap the following potential benefits from the successful implementation of the Project:

(1) The Center can provide prediction of disease pattern and change in epidemiology of diseases in Macau and the Pearl River Delta Region.

(2) With collaboration of Health Bureau of Macau, the Project may be able to identify the bottleneck of medical service delivery in Macau and hence suggest ways to improve the healthcare service.

(3) The Genomic Research in this Big Data Analytics will shed light on the genomics of diseases in southern China and the work on personalized medicine for patients in this region.

(4) The Project may become a platform on which CUHK may set up research collaboration in the future with The University of Macau, both in the field of ICT as well as medical health education.

(5) The potential development of an electronic medical record can be another benefit of this Project which may benefit the whole region of Pearl River Delta.

2. To closely cooperate with the universities in Macau

The Foundation will cooperate closely with the universities in Macau to develop those research studies and projects that would improve the healthcare system in Macau.

With the support of CUHK and the universities in Macau, the Foundation will focus its efforts on:

- Promoting the implementation of the electronic health records in Macau; and
- carrying out research and development studies on medical knowledge and techniques

The Foundation will seek to become a knowledge platform that will effectively help the medical and healthcare professionals upgrade their knowledge and standards.

3. Alzheimer's Disease

The growing impact of the Alzheimer's Disease has been mentioned in the recent policy address of the Chief Executive of Macao. The Foundation will continue its efforts to research for earlier diagnosis or better treatment of those unfortunate patients who are suffering from this terrible disease.

At the same time, the Foundation will continue to support Macau Alzheimer´s Disease Association ("MADA"), which has, since its establishment in 2010, spent tremendous efforts in educating the community about the Alzheimer's Disease. The Foundation realized the importance of the needs of the people with dementia and therefore encouraged and supported the setup of MADA in 2010.

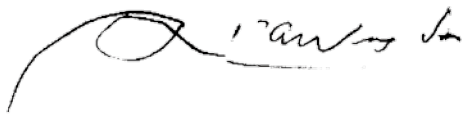
It is our pleasure to report that MADA's contribution to Macau has been recognized by the Alzheimer Disease Association ("ADI"), an international federation of Alzheimer associations. With its membership in ADI, MADA may collaborate and share information more efficiently with the World Health Organization and other members of ADI's global network.

As in the past years, this year we have invited a number of renowned experts from the CUHK, the Prince of Wales Hospital, as well as others from Taiwan, Mainland China and Australia to speak about and exchange ideas on a wide range of interesting topics. These

include management of inflammatory arthritis, hepatitis B, macular degeneration and cataract, depressive illness, traditional Chinese medicine for insomnia disorder, obstetrical emergencies, minimally invasive surgeries in obstetrical and gynaecological diseases and perspective on China's healthcare system, as well as a joint lecture with MADA on Alzheimer's Disease, which is becoming our nation's primary concern.

We are confident that with your support, this Symposium will continue to serve as a beneficial link connecting the medical and healthcare professionals of Macau, Hong Kong, the Pearl River Delta region, Taiwan and other parts of Mainland China.

I wish to take this opportunity to express my gratitude to our sponsor and staff who have helped to make this Symposium yet another very successful event. Thank you and I wish everyone a healthy and prosperous 2013.



何鴻燊博士 Dr. Stanley Ho

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

歡迎辭 Welcome Message

Chairman, distinguished guests and speakers, ladies and gentlemen, I am very pleased and honored to welcome you all to the nineth Dr. Stanley Ho Medical Development Foundation Symposium. On behalf of the Medical Faculty, The Chinese University of Hong Kong, I would like to extend our warmest welcome to all members of the Macau Alzheimer's Disease Association (MADA) co-organizing the joint lecture on Alzheimer's Disease. The collaboration with MADA will undoubtedly enhance the local awareness of this disease, and improve the care of senior citizens who have fallen victim to this devastating condition.

The Dr. Stanley Ho Medical Development Foundation was established in January 2005, with a generous donation by Dr. Stanley Ho. Its objective is to provide a platform for medical practitioners in Macau to acquire advanced professional knowledge. To achieve this objective, the Foundation has in the past years organized a series of activities including healthcare courses, collaborative research projects, the Outstanding Achievement Awards scheme for healthcare workers, and establishment of Healthland for health exhibition. The annual medical symposium is the highlight of this series. All these activities have attracted tremendous interest and support from medical practitioners and other healthcare workers in Macau and Mainland. The enthusiastic participation of the young healthcare professionals has been particularly overwhelming.

As in past years, today's Symposium covers a wide variety of medical advances – from perspective of healthcare system on China, inflammatory arthritis, hepatitis B, macular and cataract, depressive illness, traditional Chinese medicine for insomnia disorder, obstetrical emergencies, minimally invasive surgeries in obstetrical and gynaecological diseases, to therapeutics of Alzheimer’s diseases. We are very fortunate that they are able to come and share their experience with us despite their very busy schedule. Their support of the Symposium is most appreciated.

We are very grateful to the Dr. Stanley Ho Medical Development Foundation for its staunch support of life-long continuing medical education. The Chinese University of Hong Kong is very fortunate and proud to be associated with the Foundation in promoting this great initiative. I would also like to take this opportunity to express my appreciation and gratitude to members of the Organizing Committee for their time and effort in putting together today's programme. I wish you all a very enjoyable and fruitful symposium.

Professor Jack Cheng Chun Yiu
Senior Advisor to the Vice-Chancellor and
Chairman, Department of Orthopaedics and Traumatology
The Chinese University of Hong Kong

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中國公共衛生面臨的挑戰
Emerging Issues in Public Health: Perspective on China's Healthcare System

王鬼教授 Prof. Wang Wei

澳大利亞柏斯埃迪斯科文大學 醫學院教授

Professor, School of Medical Sciences, Edith Cowan University, Perth, Australia

China's expenditure on healthcare has increased dramatically over the last twenty years and three broad trends are seen in the associated health outcomes. First, limited improvements have been achieved to aggregate high level health outcomes e.g. infant mortality. Second, development of large and widening health inequalities associated with disparate wealth between provinces and a rural-urban divide. Finally the burden of disease is shifting from predominantly communicable diseases to chronic diseases. Reasons for the limited gains from investment in healthcare are identified as: 1) increased out of pocket expenditure including a high proportion of catastrophic expenditure; 2) A geographical imbalance in healthcare spending – focusing on secondary and tertiary hospital care and greater expenditure on urban over rural centres; 3) The commercialisation of healthcare without adequate attending to cost control which has led to escalation of prices and decreased efficiency. Recently the Chinese government has initiated widespread reform. Three key policy responses are to establish rural health insurance, in part funded by the government - the New Rural Co-operative Medical Care System, to develop Community Health Centres and to aspire to universal basic healthcare coverage by 2020 – Healthy China 2020.

及早診斷和治療關節炎以達到緩解
Early Diagnosis and Management of Inflammatory Arthritis - A Key to Remission

譚麗珊教授 Prof Tam Lai Shan

香港中文大學 內科及藥物治療學系 風濕科主任教授

Professor and Head, Division of Rheumatology, Department of Medicine and Therapeutics, The Chinese University of Hong Kong

常見的慢性炎症性關節炎，例如類風濕關節炎（RA），患者關節出現的症狀跟很多其他疾病都非常類似，要盡早達到正確的診斷通常有一定難度。根據 1987 年 的 RA 診斷標準要求患者已經有 X 光顯示出關節損傷和類風濕結節等等慢性的損傷。因此，醫生難以在早期確診。

現在醫學界已經有相當的經驗，知道如果病人可以在早期確診，接受適切的治療，病人治療了的效果十分理想。於是，醫學界便提出修改對於類風濕關節炎診斷的要求。美國風濕病學院（ACR）和歐洲抗風濕聯盟（EULAR）已經在 2010 年公佈了新的診斷標準，讓病人可以在早期確診，接受適切的治療。

來自世界各地的新數據都支持“機會之窗”這概念，提出早期抑制炎症對 RA 患者是有效的，可能會避免患者的關節出現長期的損害。醫學界利用用標準化的治療方案，運用各種傳統的抗風濕藥物或生物製劑，旨在讓病情達至緩解，使患者的前景大為改善。這種“治療目標”的策略的詳細資訊也將在講座中討論。

The diagnosis of common chronic inflammatory arthritis in patients who present with joint symptoms including rheumatoid arthritis (RA) is often challenging. Several components of the 1987 RA criteria require the presence of established joint damage; thus, they were limited in their ability to identify patients with early disease. With the recognition that early, aggressive therapy has the potential to decrease RA-associated morbidity and significantly alter disease course, there is clearly a need for criteria that also will facilitate early diagnosis and encourage initiation of therapy through disease modifying drugs (DMARDs). This mission recently has been taken on by a combined task force composed of membership from both the American College of Rheumatology (ACR) and the European League Against Rheumatism (EULAR), the details of the new criteria will be discussed.

Emerging data from worldwide supported the concept of "window of opportunity" suggesting that suppressing inflammation early in patients with RA is effective and may prevent long term damage. The use of standardized treatment protocol utilizing various traditional or biologic DMARDs aiming at "disease remission" has proven to be achievable and resulted in much improved outlook in these patients who were once crippled with the disease. Details of this "Treat to Target" strategy will also be discussed in the lecture.

老年黃班病變及白內障的最新治療
Advances in Management of Macular Degeneration and Cataract in the Elderly

劉大立副教授 Prof Liu Ta Li, David

香港中文大學 眼科及視覺科學學系 名譽臨床副教授
Clinical Associate Professor (Honorary), Department of Ophthalmology and Visual Sciences, The Chinese University of Hong Kong

In the past half a century, the world has witnessed a leap and bound in ophthalmology and ophthalmic care. Visual threatening diseases like cataracts were no longer affecting mankind in most parts of the world, owning to ever improving surgical techniques in cataract extraction operation. The benefit-risk ratio and expected visual outcome after cataract operation were steadily escalated by technologies such as phacoemulsification, foldable intraocular lens and small incision phacoemulsification, reaching a maximum by the state-of-art technology like femtosecond laser cataract surgery. The advance in ophthalmic science and care has conferred substantial therapeutic advantages even in some formerly untreatable vision-threatening diseases such as age-related macular degeneration (AMD). The advent of photodynamic therapy, intravitreal anti-VEGF injections and combination therapy has revolutionized the treatment for AMD, preventing severe vision loss or even achieving significant vision gain in AMD patients. With more and more new AMD drugs such as VEGF trap being discovered, the battle against this number one cause of irreversible vision loss for elderly in industrialized nations may meet with long awaited victory.

婦科微創手術治療之新趨勢
Aspects of Minimally Invasive Surgeries: A Global Trend

李奇龍教授 Prof Lee Chyi-Long

台灣長庚大學醫學院 婦產學科教授

Professor, Department of Obstetrics and Gynaecology, Chang Gung University, Taiwan

The use of minimally invasive surgery (MIS) has grown over the past two decades worldwide. Laparoscopic surgery has been applied to manage the adnexal mass, and ectopic pregnancy since 1989, followed by the first case series of laparoscopic-assisted vaginal hysterectomy (LAVH) in 1990 by Dr. Chyi-Long Lee and YK Soong in Taiwan. These cases successfully advanced the development of the laparoscopic field. The most significant finding for hysterectomy is the significant increase of laparoscopic hysterectomy (LH) from 5.75% to 37.50%, which is accompanied by the decrease of total abdominal hysterectomies (TAH) from 77.93% to 48.12%, in 1997 and 2007, respectively in Taiwan. Laparoscopic surgery increased significantly from 35.78% to 71.66% for benign ovarian tumor; laparoscopic procedures significantly increased from 18.9% in 1997 to 73.95% in 2007 for ectopic pregnancy. Surgeon acceptance and a rapid evolution of instrumentation have enabled the use of laparoscopy to flourish in recent years. Based on nationwide population-based studies, the choices of surgical procedures are found to be dependent on patient factors, surgeon factors, and hospital factors. The academic activities launched by the MIS-related medical associations significantly lower the threshold for entering the field of endoscopy for gynecologists. These demonstrates a considerable shift in the use of laparoscopic surgery as MIS in the approaches of benign gynecologic conditions, hysterectomy, ovarian tumor, and ectopic pregnancy, during the past 15 years. As minimally invasive approach, laparoscopic surgery represents a profound change in patients, surgeons, and hospitals where the surgeries were performed.

產科緊急情況處理的概觀
Overview on Management of Obstetric Emergencies

勞子僖教授 Prof Lao Tzu Hsi, Terence

香港中文大學 婦產科學系教授

Professor, Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong

There are a number of emergency conditions in pregnancy which can affect the wellbeing of the mother and/or the fetus, even to the extent of being life-threatening. While the underlying causes or conditions can be quite variable, the clinical manifestations are usually confined to certain patterns, such as haemorrhage (antepartum and postpartum), hypertension and seizure, shock and collapse, and fetal distress (antepartum and intrapartum). The basic principles in the management of medical emergency applies in obstetrics as well, but one must remember that in this situation there are usually two (mother and fetus) or more patients to manage. Resuscitation of the mother to maintain the circulation with sufficient perfusion and oxygenation of the organs is the vital first step as even if the fetus is normal, severe hypoxia can develop rapidly leading to acidosis, brain damage, and even fetal demise. Therefore in all antepartum cases, simultaneous preparation for the urgent delivery of the fetus should be made and carried out if need be. During maternal resuscitation and stabilization, the underlying cause should be determined from the history, clinical examination, laboratory investigations and bedside ultrasound assessment. During the entire process, the fetus must be monitored closely so that in case features of fetal compromise appear, prompt intervention can be performed. Many of the conditions leading to obstetric emergency can only be resolved with delivery, such as pre-eclampsia and eclampsia, placenta praevia, placental abruption, uterine rupture, and fetal distress. Following assessment, the definitive treatment is usually timely delivery even if the maternal and fetal conditions have improved, unless there are issues with prematurity or available facilities to manage the compromised or premature newborn infant, or the need for complicated maternal therapeutic procedures. In this situation, an arrangement for in-utero transfer of the mother and fetus to a well-equipped hospital with maternal and neonatal intensive care facilities is important to ensure the optimal outcome for both mother and child. For all cases but especially for postpartum emergencies, involvement of other specialties is often necessary and a multidisciplinary approach is desirable. Frequent drills and audit exercises are necessary to maintain an efficient service and prevent avoidable disasters that would affect both the patients and health care providers.

失眠的中醫藥調治
TCM Treatment in Relieving Tension and Curing Insomnia

王彥暉教授 Prof Wang Yan Hui

廈門大學醫學院 副院長及教授

Professor and Vice Dean, Medical College, Xiamen University, Xiamen, China

失眠是當今社會的常見病，中醫治療儀陰陽平衡為目標，以無創天然的耳貼和草藥為手段，對失眠的治療具有睡眠品質好、無毒副作用的特點。尤其是耳貼治療對一過性失眠具有特別顯著的療效，值得向社會大眾推薦。

戰勝抑鬱的方法
Approach to Combat Depressive Illness

丁麗君醫生 Dr Ding Li Jun

廈門大學醫學院 精神科副主任醫生

Deputy Head, Department of Psychiatry, Medical College, Xiamen University, Xiamen, China

抑鬱症是一種常見的精神障礙。抑鬱症患者有多少人曾尋求幫助呢？結果如何呢？他們得到了康復嗎？

本演講從 7 個方面談論戰勝抑鬱的方法，包括：教育，處理歧視問題，預防，早期發現，治療的易得性，有效的治療和預防復發。

Depression is a Common Mental Disorder. How many people who suffer with depression do seek help? How about the outcome? Do they get recovery?

This lecture is talking about the approach to combat depressive illness from 7 aspects: education, dealing with stigma, prevention, early detection, access to treatment, effective treatment, relapse prevention.

阿爾茨海默氏症的治療與展望
Advances in Diagnosis and Treatment of Alzheimer Disease

(與澳門失智症協會協辦講座 Joint Lecture with MADA)

郭志銳教授 Prof Kwok Chi Yui, Timothy

香港中文大學 內科及藥物治療學系 老人科教授

Professor, Division of Geriatrics, Department of Medicine and Therapeutics, The Chinese University of Hong Kong

Alzheimer disease (AD) is the commonest cause of dementia in old age. The pathological hallmarks are amyloid plague and neurofibrillary tangles. It is now feasible to visualize amyloid plagues by PET scan. However the application of the scan is limited by high cost and the lack of quantitative measurements. It may assist in diagnosis in patients with atypical dementia syndrome and is potentially useful in people with mild cognitive impairment as it predicts progression of cognitive decline. Amyloid and Tau protein concentrations in CSF may also be useful in the diagnosis of AD, but patients have low acceptance of lumbar puncture.

Cholinesterase inhibitors (ChEI) and memantine are the two drug classes available for symptomatic treatment of AD. In moderate to severe AD patients, the combination of Aricept (ChEI) and Memantine was not superior to Aricept alone. Memantine may be useful in reducing in agitation, aggression, while cholinesterase inhibitors may be more helpful when depression or apathy is present. High dose Aricept was shown to have a small benefit in cognition in people with moderate to severe AD, but side effects were more frequent and no improvement in function was observed.

Recent drug development aims to be disease modifying. The most obvious target is amyloid protein. Antibodies against amyloid protein have shown some promise in reducing cognitive decline in AD patients. Phase three trials are on-going, though one such trial was called off because of insignificant effect. Gamma secretase inhibitor has been found to be ineffective in a phase three trial and no beta secretase inhibitor is in phase three trial.

AD has been associated with functional insulin deficiency in the brain. Glitazone which improves systemic insulin resistance has failed to reduce cognitive decline in AD patients. But insulin delivered nasally is on phase three trial in early AD patients.

AD is associated with high plasma homocysteine which is neurotoxic. Homocysteine lowering by B vitamins has been shown to reduce the rate of brain atrophy and cognitive decline in older people with mild cognitive impairment. Homocysteine lowering in AD patients, however, failed to slow cognitive decline.

Cerebrovascular disease has an additive effect on the pathological changes and symptoms of AD. Optimal control of hypertension is therefore important in AD patients. But there is evidence that the target systolic BP may be higher in very old people. Patients with established cerebrovascular disease in particular require higher blood pressure to maintain brain perfusion. Angiotensin receptor blockers have been shown to improve cognition in animal models of AD. In AD patients, prazosin and propranolol may reduce aggression and agitation.

Neuroleptic drugs are often prescribed in AD patients because of behavioral problems. But they are not effective except in controlling aggression, delusion and hallucination. Chronic use of these medications is however associated with increased mortality and stroke risk. Serotonin selective receptor inhibitors, trazodone, anti-epileptic drugs are alternative drugs to control agitation, anxiety and mood swings.

亞太乙肝指南解讀
Debrief of Asia-Pacific Guideline for Hepatitis B

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In APASL 2012 guideline, there are a few new recommendations concerning the treatment of chronic hepatitis B:

1. Non-invasive assessment of liver fibrosis can be used as an alternative to liver biopsy. Among patients who are older than age of 40 years with viraemia, liver fibrosis assessment is recommended. It is because antiviral therapy should be commenced even the liver enzymes are normal for early cirrhosis. As serum ALT may affect the liver stiffness, an ALT-based algorithm is recommended to interpret the finding of liver stiffness measurement.
2. Entecavir and tenofovir are recommended as first line oral antiviral agents. It is because of the increased awareness of the problem of drug resistance related to other antiviral agents (lamivudine, adefovir and telbivudine). There is some debate that different countries may have different affordability to these newer antiviral agents. Cost-effectiveness analysis is therefore recommended to investigate the best antiviral regime for different geographical regions.
3. For peginterferon treatment in HBeAg-positive patients, 12 month duration is recommended. This is based on the results of the NEPTUNE study, which shows superior sustained response of the standard 180 mcg daily dosing of peginterferon alfa-2a to lower dose or shorter duration of therapy.
4. For HBeAg-positive patients on oral antiviral agents, treatment can be stopped when HBeAg seroconversion with undetectable HBV DNA maintained for at least 12 months. Recent studies have shown that consolidation therapy for 12 months is associated with fewer relapse as compared to 6-month consolidation therapy.
5. For HBeAg-negative patients, HBsAg clearance is the best endpoint to stop oral antiviral treatment. In the APASL guideline, treatment can also be discontinued if a patient has been treated for at least 2 years with undetectable HBV DNA on 3 separate occasions 6 months apart. This recommendation does not appear in the European and American guidelines. The relapse rate of stopping treatment according to the HBV DNA criteria is approximately 50%. There are recent data suggesting that quantitative HBsAg can guide the timing of stopping antiviral agent, but more data is needed for confirmation.
6. Change of drug treatment regime among suboptimal on-treatment responders to lamivudine, telbivudine and adefovir is recommended. This is mainly based on the roadmap concept derived from the GLOBE study comparing telbivudine vs lamivudine. However, this roadmap concept is not recommended for entecavir and tenofovir. The strategy of treatment regime, i.e. add-on or switch to another drug without cross resistance, is largely an expert opinion.

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