



聯合主辨

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

何鴻燊博士醫療拓展基金會 學研討會

Dr Stanley Ho Medical Development Foundation Symposium

何鴻燊博士醫療拓展基金會總部 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

> 二零一五年一月十七日 下午十二時半至六時半 17th January 2015, 12:30pm - 6:30pm

> 二零一五年一月十八日 上午九時半至下午二時 18th January 2015, 9:30am - 2:00pm

統籌主任 Co-ordinator: 許樹昌教授

Prof David Shu Cheong Hui

香港中文大學 何鴻樂呼吸系統學講座教授 Stanley Ho Professor of Respiratory Medicine

胡錦生教授 Prof Kam Sang Woo

香港中文大學 生命科學學院客座教授 Adjunct Professor, School of Life Sciences

贊助單位 Co-organizer: 中國工商銀行(澳門)股份有限公司 Industrial and Commercial Bank of China (Macau) Limited



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3-4	主席的話 Message from The Chairman
5	歡迎辭 Welcome Message
6	組織架構 Organizational Structure
7	HER-2 抗原及乳癌標耙治療 Targeted Therapy in Breast Cancer- Anti-HER2 楊明明教授 Prof Winnie Yeo
8	以腫瘤學科模式看個人化醫學 Personalized Medicine - Oncology as a model <i>陳林教授 Prof Stephen Lam Chan</i>
9	大直腸癌的篩查 Colorectal Cancer Screening 黃秀娟教授 Prof Siew Chien Ng
10	微生態與人類健康 Microbiological Profile and Human Health 任建林教授 Prof Jian Lin Ren
11	綜合診治柏金森症的進展 Advances in Management of Parkinson's Disease: A Holistic Approach <i>陳然欣醫生 Dr Anne Yin Yan Chan</i>
12	兒童食物敏感症的新認知 What's New on Childhood Food Allergy? 梁廷勳教授 Prof Ting Fan Leung
13	手術顯微鏡下的小世界與大世界 Working Through Operative Microscope, the Worlds Unite Small and Big 魏福全教授 Prof Fu Chan Wei
14	治療愛滋病毒感染的新觀點 New Perspectives of HIV Treatment 李瑞山教授 Prof Shui Shan Lee
15-16	治療結核病新策略的展望與局限 New Strategies in the Treatment of Tuberculosis: Promise and Limitation 姚榮衛教授 Prof Wing Wai Yew
17	胸肺科手術的最新進展 Update on Thoracic Surgery 温郁培醫生 Dr Innes Yuk Pui Wan
18	提升外科手術質素 Quality Improvement in Surgery 賴寶山教授 Prof Paul Bo San Lai
19	亞健康的中醫診治 Diagnosis and Treatment of Subclinical Health in TCM 王彥暉教授 Prof Yan Hui Wang
20	空氣污染與健康 Air Pollution and Health 余德新教授 Prof Ignatius Tak Sun Yu
21	不同階段失智症的處方 Prescribing for the Different Stages of Dementia 李舜華教授 Prof Jenny Shun Wah Lee
22	益生菌之實證醫學臨床應用 Evidence-based Clinical Application of Probiotics 方旭彬教授 Prof Shiuh Bin Fang

	17 th Jan 2015 (Saturday) • 二零一五年一月十七日 (星期六)
12:45pm	入席登記 Registration
1:15pm	開幕致詞 Opening Address & Souvenier Presentations
	Chairpersons: 余德新教授 Prof Ignatius TS Yu 鄭彥銘教授 Prof Gregory Cheng
1:30pm	楊明明教授 Prof Winnie Yeo Targeted Therapy in Breast Cancer- Anti-HER2
2:00pm	陳林教授 Prof Stephen Lam Chan Personalized Medicine - Oncology as a Model
2:30pm	黃秀娟教授 Prof Siew Chien Ng Colorectal Cancer Screening
3:00pm	任建林教授 Prof Jian Lin Ren Microbiological Profile and Human Health
3:30-4:00pm	休息時間 Tea Break
	Chairpersons: 謝孟雄教授 Prof Mung-Shiung Shieh 許樹昌教授 Prof David Shu Cheong Hui
4:00pm	陳然欣醫生 Dr Anne Yin Yan Chan Advances in Management of Parkinson's Disease: A Holistic Approach
4:30pm	梁廷勳教授 Prof Ting Fan Leung What's New on Childhood Food Allergy?
5:00pm	魏福全教授 Prof Fu Chan Wei Working Through Operative Microscope, the Worlds Unite Small and Big
5:30pm	李瑞山教授 Prof Shui Shan Lee New Perspectives of HIV Treatment
6:30pm	Welcome Dinner (invited guests)
6:30pm	Welcome Dinner <i>(invited guests)</i> 18 th Jan 2015 (Sunday) • 二零一五年一月十八日 (星期日)
6:30pm	Welcome Dinner <i>(invited guests)</i> 18 th Jan 2015 (Sunday) • 二零一五年一月十八日 (星期日) Chairpersons: 陳惟蒨醫生 Dr Wai Sin Chan 雲文遜醫生 Dr Manson Fok
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主席的話 MESSAGE FROM THE CHAIRMAN



2015 何 鴻 桑 博 士 醫 療 拓 展 基 金 會 醫 學 研 討 會 3 Dr. Stanley Ho Medical Development Foundation Symposium

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Dr. Stanley Ho 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 eleventh Dr. Stanley Ho Medical Development Foundation Symposium, organized by the Foundation and The Chinese University of Hong Kong. On behalf of the Faculty of Medicine, The Chinese University of Hong Kong, I would like to extend the warmest welcome to all speakers and participants of the symposium which

further promotes the application of advances in medicine for the management of many prevalent diseases in the region.

The Dr. Stanley Ho Medical Development Foundation was established in January 2005. 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, establishment of Healthland for health exhibition, and the foundation of Macau Alzheimer's Disease Association. 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, Hong Kong and Mainland. The enthusiastic participation of the young healthcare professionals has been particularly overwhelming.

As in past years, the programme of today's Symposium is rich and covers a wide variety of medical advances: management of Parkinson's disease, HIV and tuberculosis infection, dementia, childhood food allergy; breast cancer as well as colorectal cancer screening, updates on thoracic surgery, quality improvement in surgery, microscopic surgery, traditional Chinese medicine and probiotics for subclinical health, personalized medicine, and health impact of microbiological environment and air pollution. We are very fortunate to have many distinguished speakers share their precious experience with us. 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 privileged and proud to be associated with the Foundation in promoting this meaningful 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 Chan Ka Leung Francis Dean Faculty of Medicine The Chinese University of Hong Kong



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HER-2 抗原及乳癌標紀治療 Targeted Therapy in Breast Cancer- Anti-HER2 楊明明教授 Prof Winnie Yeo

香港中文大學腫瘤學系教授 Clinical Professor, Department of Clinical Oncology, The Chinese University of Hong Kong

Breast cancer is one of the commonest female malignancies. Oncogenes activation and overexpression of encoding trans-membrane receptor tyrosine kinases of the epidermal growth factor receptor (EGFR) family play an important role in the development of breast cancer. The human epidermal growth factor receptor HER2/neu gene is amplified and overexpressed in 15 to 25% of breast cancers. In women with HER2-positive advanced or metastatic breast cancer, the use of biological agents that target HER2 has been established as therapeutic armamentarium, especially when combined with cytotoxic chemotherapy. Earlier agents include monoclonal antibody and tyrosine kinase inhibitor (TKI) against HER2. For example, while monoclonal antibody trastuzumab binds to the extracellular domain (ECD) of the HER2 protein, small molecule TKI such as lapatinib interact with intracellular domains of HER2 and does not require the presence of the full receptor for activity and may overcome some mechanisms of trastuzumab resistance.

In an effort to further overcome treatment resistance, newer agents that targets associated pathways have been assessed. Within the EGFR family, the HER2:HER3 dimerization is known to be a potent trigger of HER2 activation. The use of a monoclonal antibody that directly inhibits the formation of HER2 dimers including the HER2:HER3 dimer, offers a unique mechanism of HER3 inhibition binding to HER2 and suppressing its signalling capability as part of a dimer. In addition to the more potent HER2 tyrosine kinase inhibitors that are currently under clinical evaluation, other novel strategies against HER2 include HSP90 inhibitors and antibody–chemotherapy conjugates. On the other hand, resistance to anti-HER2 agents may occur as a result of aberrant activation of signalling pathways downstream of the receptor, such as the presence of activating PI3K/mTOR pathways, and the addition of PI3K and/ or mTOR inhibitors may restore sensitivity to anti-HER2 agents. Combination therapy with more than one targeted agent has been demonstrated to offer a more effective approach to tumour control and may delay or avoid the acquisition of resistance to individual therapies. In this talk, clinical data on the use of these agents to overcome treatment resistance will be discussed.



以腫瘤學科模式看個人化醫學 Personalized Medicine - Oncology as a model

陳林教授 Prof Stephen Lam Chan

香港中文大學腫瘤學系副教授 Associate Professor, Department of Clinical Oncology, The Chinese University of Hong Kong

Management of cancer is no longer a 'one drug for one cancer type' treatment. Emerging evidences indicate that there exists high inter-patient variability of genetic mutations even within one cancer type. The advances in molecular diagnostics and targeted therapy allow clinicians to select appropriate patients for the right treatment. This approach of personalized medicine not only helps improve the response rate of treatment but also allows the treatment outcome more predictable, which will relieve the worries of patients. Currently, a number of large scaled whole genome sequencing projects have already been commenced or completed for various cancer types. Results of these projects will greatly facilitate the understanding of mutational hotspots of cancers and development of novel targeted treatment for cancer. In the talk, I will make use of examples of some common cancers such as lung, breast and colon cancer to illustrate the development of personalized medicine for oncology patients.



大直腸癌的篩查 Colorectal Cancer Screening

黃秀娟教授 Prof Siew Chien Ng

香港中文大學內科及藥物治療學系腸胃及肝臟科副教授 Associate Professor, Division of Gastroenterology & Hepatology, Department of Medicine and Therapeutics, The Chinese University of Hong Kong

Colorectal cancer (CRC) has become the most common cancer in Hong Kong. Robust evidence suggests that screening of average-risk individuals results in mortality reduction. Colonoscopy and removal of polyps can reduce cancer incidence by 76 to 90%. The age range for CRC screening is defined as 50 to 75 years. Advancing age, male, family history of CRC, smoking and obesity are confirmed risk factors for CRC and advanced neoplasia. However, the optimal form of screening is not clear. Fecal screening tests can be performed at home at low cost, but current versions lack high sensitivity for cancer precursor lesions, and tests need to be repeated at regular intervals. Quantitative fecal immunochemical test (FIT) should replace guaiac-based fecal occult blood test (gFOBT) due to higher sensitivity. The efficacy of sigmoidoscopy has been confirmed in four randomized controlled trials but cannot reduce proximal CRC incidence. Structural examinations of the colon including colonoscopy are more invasive but have the advantage of detecting both early cancer and cancer precursor lesions. However, right-sided lesions and sessile serrated polyps can be difficult to detect and contribute to interval cancers. Colonoscopies may also have less protection in the right colon. Ancillary methods with the exception of chromoendoscopy have not proven to be superior to high definition white light endoscopy in identifying adenoma. In increased risk individuals, colonoscopy is the preferred choice of CRC screening. In Asia, a risk-stratified scoring system is recommended for selecting high-risk patients for colonoscopy.

Ultimately, every screening program has advantages and limitations, but each program and screening strategy depends on the individual patient risk, quality of examination and patient adherence. The future of CRC screening is bright. First, we need to understand pathways of right sided/serrated lesions. Secondly, quality control measures should be included in CRC screening programs. Lastly, non-invasive stool DNA appears promising and has higher sensitivity than FIT for the detection of CRC, cancer precursor lesions and sessile polyps.

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微生態與人類健康 Microbiological Profile and Human Health

任建林教授 Prof Jian Lin Ren 廈門大學附屬中山醫院消化內科主任

Chairman of Gastroenterology, Xiamen University, Xiamen, China

The bacteria strain as a first bio-flora appeared on the earth after the big bang in the universe around 4.15 billion years ago. Since the bacteria is an important part of the Earth natural system, which have a major impact on human health. All accessible mucosal membranes of the human body are colonized by an abundant and diverse microbial flora as microbiota. Recent studies have shown that these microorganisms are commensal and have critical beneficial effects on human health. Thus, imbalance of the microbiota composition induces numerous human diseases. The human gastrointestinal tract contains a distinct microbial community which differs in composition and function based on their location, as well as age, sex, race and diet of the host. In this review, we highlighted the relationship between major advances of functional study for microbiota and human diseases, such as celiac disease, irritable bowel syndrome, inflammatory bowel disease, colorectal cancer, obesity, diabetes and non-alcoholic fatty liver disease. We also summarized the clinical outcome of fecal microbiota transplantation on these diseases. We expect that intestinal microbiota can be applied as a great resource of the diagnosis and treatment of these diseases in the short future.

Key words: Microecology; Human health; Fecal microbiota transplantation

宇宙大爆炸後膨脹形成的地球在 41.5 億年前出現了第一個生物即細菌。細菌作為地球生態環境的重要組成部分對人類健康產生巨大影響。人體各部位的黏膜定植大量的細菌形成多樣的 共生菌群,因此菌群失調就會導致疾病發生。人體腸道作為微生物最豐富的部位包含各種各 樣不同功能和組成的微生物群落,而這些菌落組成與其定植部位、年齡、性別、種族及飲食 習慣密切相關。這篇綜述主要 述腸道菌群功能作用研究進展與人類健康的關係,尤其是腸道 菌群與腸易激綜合征、炎症性腸病、腸癌、肥胖糖尿病和非酒精性肝病的關係。同時,對糞 菌移植治療上述疾病的臨床療效進行總結。期待有一天腸道菌群能成為診斷和治療疾病的寶 庫。

關鍵字:微生態;人類健康;糞菌移植



綜合診治柏金森症的進展 Advances in Management of Parkinson's Disease: A Holistic Approach

陳然欣醫生 Dr Anne Yin Yan Chan

香港中文大學內科及藥物治療學系腦神經科名譽臨床導師及副顧問醫生 Associate Consultant, Honorary Clinical Tutor, Division of Neurology, Department of Medicine & Therapeutics, The Chinese University of Hong Kong

Idiopathic Parkinson's disease (PD) is the 2nd most common neurodegenerative disease. Proper diagnosis before starting medical treatment is very important. Clinical presentation, response to L-Dopa and disease progression usually helps to make diagnosis. Management of PD will be divided into therapeutic and interventional aspect. For therapeutic approach, it will include oral medications, subcutaneous patches and parental medication. While surgical approach will include subthalamic nucleui (STN) Deep Brain stimulations. To illustrate the wide ranges of management for different stages of PD, clinical scenario with videos will be shown in the presentation.



兒童食物敏感症的新認知 What's New on Childhood Food Allergy?

梁廷勳教授 Prof Ting Fan Leung

香港中文大學兒科學系系主任及教授 Professor and Chairman, Department of Paediatrics, The Chinese University of Hong Kong

Food allergy (FA) is an atopic disorder that affects all age groups. This condition is an immunemediated and potentially fatal form of adverse food reactions (AFRs), which as reported by affected children and their families are often non-specific and indirect. Because there is no reliable diagnostic test for FA, estimates of its prevalence are generally imprecise. Our community study found that 8.1% of young Hong Kong children had AFR, with the six leading foods being shellfish, egg, peanut, beef, cow's milk and tree nuts. The EuroPrevall-INCO survey reported probable FA, defined as presence of suggestive history and positive allergen skin prick test or serum food-specific IgE, in less than three percent of primary schoolchildren in Hong Kong. A meta-analysis of studies has found that the incidence of self-reported AFR ranged between 3% and 35%. The incidence was lower (2-5%) in studies where subjects were also tested for food sensitization. The few studies that used diagnostic oral challenge procedures found that 1-4% of individuals suffer from genuine FA. The reasons accounting for this marked heterogeneity include wide differences in response rates, problems in reliability and consistency of diagnosis across studies and poor clinical specificity of skin tests and food-specific IgE measurement. The elucidation of food allergens at the peptide and epitope levels allows for substantially improved accuracy for FA diagnosis. For peanut allergy, the sensitization to its Ara h 2 component is associated with immediate hypersensitivity reactions upon peanut ingestion whereas presence of specific IgE to Ara h 8 indicates cross-reactivity to birch pollen allergy. Regarding FA management, food avoidance is the cornerstone of FA management. However, accidental ingestion of sensitized foods remains a frequent and potentially life-threatening problem in these patients. Food-allergic patients with history of severe reactions are prescribed adrenaline autoinjector for emergency use. In general, FA sufferers experience great stress and difficulty in managing their daily activities. Their quality of life is often significantly compromised. Clear food labelling regarding food allergens is essential to help allergic consumers manage their condition. Regarding emerging FA treatments, extensive research suggests oral and subcutaneous immunotherapy to be a therapeutic option for some foods such as cow's milk, egg and peanut. Nonetheless, none of the existing regimens can safely be applied in clinical practice. Other possible treatments include anti-IgE and traditional Chinese medicine. The combined approach of using anti-IgE followed by oral immunotherapy may enhance the efficacy and safety of peanut desensitization. However, it remains unclear whether such therapies will result in long-term tolerance to peanut. Therefore, these treatment modalities should not be routinely recommended to FA patients at present.



手術**顯微鏡下的小世界與大世界** Working Through Operative Microscope, the Worlds Unite Small and Big

魏福全教授 Prof Fu Chan Wei

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顯微手術雖然吻合的是約 0.8-2.0mm 的微小血管、神經、淋巴或其他管狀的構造,但利用它 進行組織移植重建手術這 30-40 年卻是改變了外傷及癌症外科的治療風貌,除了大大提升腫瘤 的可切除性及減少肢體因外傷而需截除的厄運外,重建後的功能及外觀也確保了為人的基本 尊嚴。

在本演講中魏教授將介紹什麼叫做顯微重建手術,並以個案介紹的實際臨床應用。



治療愛滋病毒感染的新觀點 New Perspectives of HIV Treatment

李瑞山教授 Prof Shui Shan Lee

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When the first antiretroviral compound was put into use in the late 1980s, few would expect such treatment to make significant clinical impacts. Today, highly active antiretroviral therapy (HAART, or cocktail therapy) assumes the very central role in HIV treatment. The regimens are continuing to be revised for the benefit of patients in need. Fixed drugs combinations (FDC) are increasingly available, requiring patients to take just one tablet a day. Taken lifelong, HAART can minimize occurrence of HIVrelated complications, reduce mortality and restore immunity. The life expectancy of treated patients is no longer too different from that of otherwise uninfected adults, provided that timely therapy is offered. Clinical effectiveness aside, the public health dimensions of HAART are receiving attention in the recent years. The multicentre trial HPTN052 provided evidence that early treatment of HIV infected persons could reduce the chance of virus transmission to one's uninfected spouse. The study has therefore extended the concept of HIV therapy from clinical management to prevention. In 2014, WHO and CDC have both published recommendations on yet another application of antiretroviral therapy – pre-exposure prophylaxis (PrEP) for susceptible people at higher risk of infection. While the scientific basis of PrEP is now well-established, the challenge is how this can be introduced in the field to make societal impacts. Over the years, HIV/AIDS has continued to be labelled as an incurable condition. Such description is now rarely used as the condition evolves to become a manageable chronic disease, allowing infected people to lead a near-normal life. We should not forget, however, that no treatment can be effective if prompt diagnosis is not made in the first place. Sadly, late diagnosis is still common everywhere. Without innovative strategy for translating scientific advances to action, HIV prevention would remain a mission impossible.



治療結核病新策略的展望與局限 New Strategies in the Treatment of Tuberculosis: Promise and Limitation

姚榮衛教授 Prof Wing Wai Yew

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In the coming decade there appears to be some possible new strategies to better the treatment of tuberculosis. While these do show promise to a certain extent, there may be significant limitation regarding some of them. The currently recommended 6-month short-course treatment for drugsusceptible tuberculosis needs further shortening to simplify drug administration and to improve patient adherence. High-dose rifamycins may contribute to such shortening, when incorporated into the treatment regimens. Presently, while preliminary data seems to reveal satisfactory patient tolerance, accrual of more data is still required. Later-generation fluoroquinolones, by virtue of their sterilizing activities, may also have a place in shortening the current standard short-course treatment. However, the escalating resistance to fluoroquinolones in Mycobacterium tuberculosis strains may hamper the efficacy of such strategy. To improve the treatment of multidrug-resistant tuberculosis, including the difficult forms, harnessing the current tools and use of newly developed drugs are clearly needed. For the former, much enthusiasm is now devoted to the use of high-dose later-generation fluoroquinolones, in newly designed short-course regimens. While the efficacy of such treatment strategy is most encouraging, prudent evaluation of the potential toxicity of the high-dose fluoroquinolones is vindicated. For the use of the repurposed agents to tackle drug-resistant tuberculosis, the oxazolidinones appear to be the most promising, but the daunting side-effect profiles require careful optimization of drug efficacy versus drug toxicity. There are some newly developed drugs, that have been evaluated substantially in clinical trials, to help the management of multidrug-resistant tuberculosis. These include especially a diarylquinoline and two nitroimidazole derivatives. While all these compounds have impressive clinical efficacy, adverse reactions, especially potential cardiotoxicity have to be better evaluated.

The development of new drug regimens by the "combination approach" have the likely advantage to shorten the development timeline and also better suppress the development of bacillary resistance. However, such strategy also has the potential risk of increasing drug interactions and toxicities. Aside from new drugs, there is rekindling of interest to explore the use of inhaled therapy to increase local drug bioavailability and lower systemic bioavailability. Such a strategy may enable the use of a higher dose of the antituberculosis agent to achieve better efficacy, without concomitant increase in the risk of toxicity. However, intrathoracic lymphadenopathy and pleural disease, as well as extrathoracic disease involving other organs, cannot benefit from solely inhaled therapy. As the bacillary persisters in tuberculosis are the major culprits of disease relapse, it is logical that adjunctive immunotherapy would have a role in improving treatment outcome of tuberculosis. At present, there are data regarding the efficacy of some adjuvant cytokine therapy and therapeutic vaccines. However, as the interplay among the orchestrating components of the immunological repertoire in tuberculosis is exceedingly complex, a very rational approach in delivering such therapeutic strategy may not be easily unveiled.

在未來十年,我們似乎有新策略去優化肺結核治療。儘管這些做法有一定希望,但其中不少 也有明顯的限制。首先需要進一步縮短目前推薦的6個月短程藥敏結核治療,簡化給藥及提 高病人的依從性也相當重要。治療方案加入高劑量利福黴素將有助於縮短療程。目前,雖然 初步數據似乎顯示出讓人滿意的患者耐受性,可是我們仍需積累更多的數據。次世代氟 諾酮 類藥物由於其殺菌的效用,或在縮短現行標準下的短程治療也佔一席位。然而,隨著結核分 枝桿菌菌株的氟 諾酮類藥物耐藥比例不斷上升這策略的效用或受障礙。為改善治療耐多藥結 核病(包括難治證型),利用目前並使用新開發藥物是顯然需要的。前者在新設計的短程治 療方案裏,高劑量次世代氟 諾酮類藥物正被廣泛使用。雖此治療方案療效令人鼓舞,大劑量 氟喹諾酮類藥物的潛在毒性須進一步研究。在應對耐藥結核病的變更用途藥物當中,噁唑烷酮 似是最有希望的,但讓人氣餒的的副作用須在藥效與毒性兩者中取個好的平衡。有一些新開 發藥物,特別是二芳基 和兩個硝基咪唑衍生物,被大量進行臨床測試,以幫助控制抗藥性 結核病。雖然這些化合物具令人印象深刻的臨床療效,可是不良反應,尤其是潛在的心臟毒 性,須有更好的評估。

新藥物治療方案的「組合拳」發展可能優於縮短開發時間,並更好地抑制結核菌耐藥趨勢。 然而,這種策略也存在增加藥物相互作用和毒性的潛在風險。除了新藥,吸入治療以增加局 部藥物的生物利用度和較低的全身生物利用度這方面的探索的熱情有重燃跡象。此等策略允 許使用更高劑量的抗結核劑,從而達致更佳療效並降低同時增加毒性的風險。可是,胸內淋 巴結腫大,胸膜疾病,以及涉及其他器官的胸外疾病,則無法受益於吸入治療了。因為持久 眠結核菌是疾病復發的罪魁禍首,所以輔助免疫治療有助改善結核病治療效果應該是合乎邏 輯的。目前,有一些輔助性細胞因子治療和治療性疫苗的療效數據。但是在結核病裏,免疫 因素間的相互影響是極其複雜的,要找到一個相當合理的治療方面似乎不是那麼容易。



胸肺科手術的最新進展 Update on Thoracic Surgery

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Thoracic surgery has made tremendous progress in the past twenty years. Thoracotomy was well known to be the post painful surgical incision in our practice. Advances have been made concerning the development of minimally invasive thoracic surgery in the past two decades.

The scope of modern thoracic surgery has expanded tremendously. This includes major lung resection, mediastinal surgery, pleural surgery, pericardial surgery, tracheal surgery and endoscopic airway intervention. Thoracic surgeons are also involved in the management of emphysematous pulmonary disease. Video-Assisted Thoracoscopic Surgery (VATS) has been our standard for the management of early stage lung for 15 years and we have moved onto two-port, then uniportal VATS for major lung resection. Robotic-Assisted Thoracoscopic Surgery (RATS) has been developed for 6 years for treatment of mediastinal disease. Airway interventions have been employed for treatment of benign and malignant tracheal and bronchial stenosis. Endobronchial ultrasound (EBUS) and biopsy is the standard of care in our practice

Nowadays, thoracic surgeons work closely with respiratory physicians and oncologist in the multidisciplinary management of patients with pulmonary disease so as to individualize the treatment modality and reduce the morbidity of invasive therapy.



提升外科手術質素 Quality Improvement in Surgery

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To achieve continuous quality improvement in surgery is a challenging task but there are a number of guiding principles to improve quality of surgical care. Through setting up of clinical standards, building the appropriate and adequate infrastructure, collecting robust and risk-adjusted outcome data and verifying processes, infrastructure and outcomes through a third party – we may achieve measurable improvement of quality of care, prevent complications, reduce costs and most importantly save lives. Surgical audit or monitoring of surgical outcome is therefore an essential component of good clinical governance in surgical service provision. This is particularly important for public health care provider like the Hospital Authority to maintain on one hand equity of access to care and on the other hand a good quality surgical procedures and surgical care throughout its hospitals.

The SOMIP (Surgical Outcome Monitoring and Improvement Program) has published yearly reports on the risk-adjusted performance data for elective and emergency surgical procedures conducted by all 17 surgical departments in hospitals run by the Hospital Authority. The pre-operative, operative and post-operative data are collected by a team of independent nurse reviewers. The level of performance is reflected by the observed/expected ratio (O/E ratio) of morbidity and mortality in sub-groups of patients after risk adjustments and statistical modeling.

It is well-known that surgical outcome is not just dependent on the operating surgeons but the overall care received by surgical patients throughout their journey in the hospitals. With the provision of risk-adjusted data, surgical teams can take actions on improvement programs. Frequently, sub-optimal performances are result of systemic factors rather than surgeon factors. Thus, multi-level analyses are carried out to identify other systemic factors which could be fixed at a corporate or hospital level.

SOMIP is certainly not something similar to "Your Big Brother Is Watching" kind of programs that watch over surgeons' back and punish or weed out poor performers. Through collection of accurate data, rigorous risk-adjustments and sophisticated statistical analysis; SOMIP provides surgeons with actionable data to achieve continuous quality improvement.



亞健康的中醫診治 Diagnosis and Treatment of Subclinical Health in TCM

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A global investigation from the world health organization (WHO) shows that there are only 5% really healthy people, 20% people suffering from the disease, and 75% sub-healthy people. In China, the subhealthy people are over 7 hundred million, which are 60%-70% of the general population of China.

Subhealth, also known as the "third state", "subordinate health state", "sub-clinical state" or "premorbid state", refers to a low quality health state that the people 's body and mind are in a marginal condition between health and illness. At this phase, there are no definite indexes for diagnosing to a certain disease by the western doctor, but there are one or several symptoms such as insomnia, lack of strength, no appetite, fatiguability, palpitation, irritability, frequent common cold, or mouth ulcer and constipation.

The Important Formulas Worth a Thousand Gold Pieces (Qi n J n Yào F ng, 千金要方) points out that "the brilliant doctors cure the nation, the common doctors cure the person, and the inferior doctors cure the diseases; the brilliant doctors cure before sick, the common doctors cure on the point of disease, the inferior doctors cure after sick". Traditional Chinese medicine has the superiority on diagnosing and treating the subhealth, which manifested in the effective diagnosis methods, pattern differentiation-classification and regulation methods, and the fine effect on preventing disease.

WHO 的一項全球性調查表明,真正健康的人僅佔 5%,患有疾病的人佔 20%,而的人處於亞健 康狀態。中國處於亞健康狀態的人已經超過 7 億,佔全國總人口的 60%-70%。

亞健康又稱第三狀態、次健康狀態、亞臨床狀態、病前狀態,是指人的身心處於健康與疾病之間的一種低品質健康狀態,此時西醫沒有明確的指標來診斷為某種病症,但又長時間有一種或幾種症狀:失眠、乏力、無食欲、易疲勞、心悸,易激怒、經常性感冒或口腔潰瘍、便秘等等。

《千金要方》"上醫醫國,中醫醫人,下醫醫病。上醫醫未病,中醫醫欲病,下醫醫已病。" 中醫學在亞健康的診療上具有優勢,表現在具有行之有效的診察方法、辨證分型和調理方法, 達到維護健康、預防疾病的良好效果。



空氣污染與健康 Air Pollution and Health

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The effects of the environment on human health have been receiving more and more attention in recent years. Air pollution leads the league of major environmental problems for its intimacy to our daily lives and for the fact that everyone is exposed.

Researches linking air pollution to health have flourished over the past few decades and there are substantial evidences to support that air pollution has a wide range of adverse effects on health, both short term and long term.

Researchers in Hong Kong have been conducting studies on the health effects of air pollution, both ambient and indoor, for more than two decades and have produced scientific evidences in guiding public health policies in Hong Kong and internationally.

A summary of research work linking air pollution to health conducted by researchers in the Chinese University of Hong Kong will be presented, focusing on the newly adopted Air Quality Health Index (AQHI) in Hong Kong and the classification of emissions from high temperature frying as a Group 2A carcinogen by the International Agency for Research on Cancer.



不同階段失智症的處方 Prescribing for the Different Stages of Dementia 李舜華教授 Prof Jenny Shun Wah Lee

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Anti-dementia or cognitive-enhancing medications are not the only medications important in the management of dementia. As the disease progresses, complications such as behavioural psychological symptoms emerge and are often more difficult to handle than cognitive symptoms. In certain types of dementias, the response or adverse response to certain types of medications can be quite different. Towards the end of the disease, when end of life approaches, other symptoms rather than cognition or function will demand particular attention. The talk will focus on the needs of patient at various stages of the disease, based on the most important symptoms in each stage, and discuss the choice of pharmacotherapy that can potentially improve or adversely affect these patients.



益生菌之實證醫學臨床應用 Evidence-based Clinical Application of Probiotics

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Probiotics, mostly lactobacilli and bifidobacteria, are defined as live microorganisms which when administered in adequate amounts confer a health benefit on the host. Probiotics have been discovered since *Bifidobacteria* was first isolated from a breast-fed infant by the French paediatrician Dr Henry Tissier at the Pasteur Institute in 1906. So far probiotics have been used as functional foods to maintain health or biotherapeutic agents (BTA) to treat diseases, but their distinction is obscure with inconsistent evidence of efficacy. Gastroenteritis with infectious or antibiotic-associated diarrhoea and lactose intolerance are the most common applications of probiotics with strong evidence, whereas probiotic therapy for allergic reactions specifically atopic dermatitis showed substantial evidence of efficacy. Further clinical indications for probiotics are proposed based on the results from in vitro and animal studies. However, we need more large double-blind randomised controlled clinical trials for confirming the clinical efficacy of probiotics. We expect that probiotics as BTA will be more specifically categorised in their individual applications for different clinical indications according to their strains, doses, preparations, timing of supplementation (prevention or treatment), and co-treatment with other medications or probiotic strains. Whether probiotics can be used as the main regimen of single therapy to successfully treat certain diseases is worthy of investigation.



2015	何鴻燊博士醫療拓展基金會醫學研討會
2010	Dr. Stanley Ho Medical Development Foundation Symposium





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