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Message from the President

In 2010, the World Organisation of Family Doctors (WONCA) declared that the 19th of May every year is to be the World Family Doctor Day (WFDD). It serves as an annual celebration of the key role of Family Doctors in delivering first contact, comprehensive, patient-centred, and continuous health care to patients in the community. It is a significant occasion to highlight the important contributions of family doctors and primary care teams in the healthcare systems around the world. This year, we celebrate World Family Doctor Day under the theme "Healthy Planet, Healthy People," emphasising the link between the health of our planet and the health of our patients. (<https://worldfamilydoctorday.org/>) Primary care is central to cutting healthcare sector's carbon footprint. By focusing on early disease detection and lifestyle changes, it leads to reduction on the need for resource intensive medical treatments later. Not only does this improve health outcomes but also significantly lowers emissions by minimising energy-intensive procedures. This year, our College has drummed up a series of WFDD celebration activities for this very important day of the year, including articles and appearance in the media, and coorganising celebration events with Primary Healthcare Office of the Health Bureau. We would make relevant announcements through the usual College channels. You are cordially invited to join in to celebrate the tremendous work of family doctors in serving the community!

Thanks to the great assistance of our Young Doctors Committee, the HKCFP Family Medicine Career Talk 2024 is to be held on 13th June 2024 (Thursday) from 18:30. This year it will continue to be held by hybrid mode.



The Career Talk will encompass topics on Family Medicine vocational training in Hong Kong, the career options of a Family Physician in different settings and practical tips in securing a Family Medicine training post. Family physicians at various stages of their career will be there to share their experiences and answer any queries you may have on Family Medicine training in Hong Kong. Don't forget to enrol early as spaces are limited, and mark your diary. (https://www.hkcfp.org.hk/pages_9_2254.html)

The World Health Organisation (WHO) created World No Tobacco Day in 1987 to draw global attention to the tobacco epidemic and the preventable death and disease it causes. In 1988, the World Health Assembly passed a Resolution for the celebration of World No Tobacco Day (WNTD), every year on 31 May. (<https://www.who.int/campaigns/world-no-tobacco-day>) The theme of WNTD 2024 is "Protecting children from tobacco industry interference", calling for the tobacco industry to stop targeting at youth with tobacco products. Tobacco kills half of its users. New

(Continued on page 2)

Message from the President (Con't)

(Continued from page 1)

smoking products that appeal to youth and reduce harm perceptions of smoking, such as electronic cigarettes, heated tobacco products, flavoured cigarettes, "light" or "mild" cigarettes, and cigarette filters continue to emerge. Electronic cigarettes, in particular, have gained popularity in youth around the globe. WNTD 2024 provides a platform for young people, policy makers and tobacco control advocates to discuss tobacco industry interference, and to urge governments to protect young people from the manipulative practices of the tobacco and

related industries. (<https://www.smokefree.hk/page.php?id=90&preview=&lang=en>)

Family doctors are doing an excellent job in screening for smokers, advising and coordinating the smoking cessation programme for patients. Please keep it up.

(<https://www.livetobaccofree.hk/en/free-quit-tools/free-cessation-services.html#s2>)

Dr. David V K CHAO
President

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **April – May 2024**:

New Application

Associate Membership

Dr. CHAN Yee Man	陳 綺 文
Dr. CHUI Yan Yee	崔 欣 怡
Dr. LAM Tony	林 百 通
Dr. WONG Chi Kwan	黃 智 軍

Transferral

From Non-HKSAR to Associate Membership

Dr. NG Chui Shan 吳 翠 珊

From Associate to Fellowship

Dr. WU Flora 鄺 芷 喬

Resignation

Associate Membership

Dr. LUK Wai Kwok 陸 衛 國

Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Full Exit Examination of HKCFP in 2024.

Dr. CHAN Kam Sheung	Dr. CHOI Sze Wai Michelle	Dr. LAM Kang	Dr. NG Amy Pui Pui
Dr. CHAN Yuen Ching	Dr. CHUNG Hiu Yeung	Dr. LUK Sze Wan Candy	Dr. WONG Hin Hei Henry
Dr. CHAU Yiu Shing	Dr. HO Wing Yan Olivia	Dr. MA Man Ki	

Outstanding Candidate of Exit Exam 2024

Specialty Board is pleased announce that Dr. LUK Sze Wan Candy has achieved outstanding performance in all segments and will be awarded the Outstanding Candidate this year.

Dr. Wendy Tsui
Chairlady, Specialty Board

Congratulations!



**Special Badge for Fellows of
HKAM in Family Medicine**

Internal Affairs Committee News

The 37th Conjoint Fellowship Conferment Ceremony and the 34th Dr. Sun Yat Sen Oration, HKCFP

Dear Colleagues,

The College is holding **"The 37th Conjoint Fellowship Conferment Ceremony and the 34th Dr. Sun Yat Sen Oration"** on 7 July 2024 (Sunday) at the Hong Kong Academy of Medicine Jockey Club Building.

Successful candidates of the Conjoint Examination would be conferred Fellowships, and the successful candidates of Diploma in Family Medicine and the Exit Examination would be granted certificates. In conjunction with this very important occasion, Dr. Christopher HUGHES, Censor of Tasmania Faculty of the Royal Australian College of General Practitioners, would be invited to deliver the 34th Dr. Sun Yat Sen Oration to the audience.

All Fellows* and members are cordially invited to attend the Conferment Ceremony and the Oration, and pre-registration is required. For registration, please contact the secretariat by email to internal@hkcfp.org.hk on or before 26 June 2024 (Wednesday).

Details are listed as follows.

- Events : (i) **The 37th Conjoint Fellowship Conferment Ceremony,**
(ii) **The 34th Dr. Sun Yat Sen Oration by Dr. Christopher HUGHES**
- Venue : 1/F, Run Run Shaw Hall, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
- Date : 7 July 2024 (Sunday)
- Time : 4:15p.m. – Registration
5:00p.m. – Ceremony
- Remarks : 1 CME (Category 4.3)
- Dress Code : Business

This activity is complimentary for our College Fellows and members.

**All College Fellows are welcome to bring their Fellowship gowns for the Conferment Ceremony.*

Please mark your diaries and we look forward to seeing you soon. Thank you!

Dr. KO Wai Kit

Chairman, Internal Affairs Committee, HKCFP

READERSHIP DRIVE

FP LINKS need your views about its role as the newsletter of College!

Selected returns would be published in FP Links and gift vouchers would be given as token of appreciation

FP Links also need your support through submissions to our various columns:

Feature / **Family Doctors Column** / **News Corner** /
The Diary of a Family Doctor / **After Hours**.

If articles are selected for publication, College Tie / Scarf / Pin / gift vouchers will also be given as token of appreciation.

Share your thoughts



Diploma in Family Medicine (HKCFP) 2024 - 2025

The Board is pleased to announce that the Diploma Course in Family Medicine (DFM) organized by The Hong Kong College of Family Physicians will commence in August 2024.

Training Funding Scheme for Primary Care Doctors by Primary Healthcare Office, Health Bureau

The Health Bureau has decided to reimburse \$5,500 for registered medical practitioners in Hong Kong who enroll in CCEFM or DFM 2024-2025 having satisfied the corresponding course requirements as an incentive to encourage more medical practitioners to join the related training. For details, please refer to the website of District Health Centre https://www.dhc.gov.hk/en/healthcare_service_providers.html#training

The course consists of FIVE modules. Modules I & II will be delivered by Local Distance Learning. Modules III, IV & V consist of lectures, seminars, tutorials, workshops and clinical attachments. The whole course requires ONE year of part-time study.

Details of the course are as follows:

1. Objectives:

- i) To provide knowledgeable, pragmatic and structured teaching in Family Medicine for medical practitioners
- ii) To encourage professional development of practising medical practitioners and to provide an intermediate step to fellowship qualifications in Family Medicine
- iii) To improve standards and quality in the practice of Family Medicine

2. *Syllabus:

The course consists of FIVE compulsory modules. Doctors who have graduated from the course are expected to have acquired:

- i) Current concepts about nature of Family Medicine
- ii) Knowledge and skills in consultation, counselling and problem solving
- iii) Knowledge and skills in common practice procedures and emergency care required for good quality family practice
- iv) Understandings towards the role of Family Doctors as gatekeepers of the health-care system and in providing cost-effective primary care to the community

Module I – Principles of Family Medicine (Distance Learning)

Aims:	1. Learn concepts of Family Medicine 2. Understand the role of a Family Doctor and scope of Family Medicine
Contents:	Definition of Family Physicians, Family Physicians' Functions, Core Values of Family Medicine, Consultation, Future of Family Medicine

Module II – Common Problems in Family Medicine (Distance Learning)

Aims:	1. Enhance consultation, communication and problem solving skills 2. Understand the diagnostic formulation process in Family Medicine
Contents:	Four clinical scenarios. Each clinical scenario is further divided into several questions covering different areas in general practice

*Module III – Essentials of Family Medicine (Structured Seminars and Tutorials)

Aims:	1. Strengthen knowledge in Family Medicine 2. Understand the potential growth of Family Medicine 3. Develop research and teaching skills in Family Medicine
Contents:	Practice Management, Care of Elderly, Chronic Disease Management, Anticipatory Care, Clinical Audit & Research, Mental Health, Musculo-skeletal Problems, Evidence Based Medicine & Critical Appraisal

*Module IV – Clinical Updates (Updates and Clinical Attachment)

Aims:	Acquire in-depth knowledge and practical skills in selected specialties
Contents:	THREE update seminars plus ONE attachment in selected specialty

*Module V – Practical Family Medicine (Practical Workshops)

Aims:	Enhance practical and communication skills in Family Medicine by Practical Workshops in selected areas including CPR, Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine
Contents:	Four compulsory and two elective Practical Workshops in selected areas including Advanced Primary Care Life Support (APCLS), Consultation Skills, Counselling Skills, Women's Health, Orthopaedic Injection and Musculo-Skeletal Medicine

*Modules III - V would be scheduled on Saturday and Sunday afternoons.

3. Articulations:

The Course allows (up to a fixed maximum percentage of the Course units) articulations or cross recognition of previous Family Medicine training programmes that provide learning units equivalent to that of the above syllabus. Participants who wish to apply for such articulations have to submit evidence of relevant training together with their applications. The granting of articulations is however, completely at the discretion and decision of the Board of DFM.

4. *Schedule:

The whole course requires ONE year of part-time study.

August to October 2024	Module I
October to December 2024	Module II
August 2024 to April 2025	Module III, IV & V
May / June 2025	Final Examination

*The schedule might be affected due to unexpected circumstances and the format might change to online platform if necessary. Announcement would further be made in case there is a change of schedule and/or format.

5. Admission Requirement:

Registered Medical Practitioner with Bachelor's Degree in Medicine.

6. Teaching Staff:

A panel of experienced academic medical professionals in Family Medicine, hospital specialists and experienced Fellows or Trainers of HKCFP will be invited to teach in the programme.

7. Teaching Medium:

English

(Cantonese may be used in some seminars, workshops and clinical attachments)

8. Course Fees:

Whole course:

HK\$45,000 for members of HKCFP

HK\$90,000 for non-members

(A discount of HK\$3,000 for early bird applications on or before 31 May 2024)

Individual Modules:	Members	Non-members
Module I (Distance Learning – Principles of Family Medicine)	\$5,600	\$11,200
Module II (Distance Learning – Common Problems in Family Medicine)	\$5,600	\$11,200
Module III (Structured Lectures & Seminars)	\$5,700	\$11,400
Module IV (Updates & Clinical Attachment)	\$5,400	\$10,800
Module V (Practical Workshops)	\$7,200	\$14,400
Examination	\$13,800	\$27,600
Administration Fee	\$5,000	\$10,000

All fees must be paid upon application and before commencement of the course. Fees paid are NON-TRANSFERABLE and NON-REFUNDABLE.

9. Awards/Credits:

- A Diploma in Family Medicine issued by HKCFP will be awarded to candidates who have satisfied all the requirements and have passed all the required assessments and the Final Examination.
- The Diploma is a **Quotable Qualification** of the Medical Council of Hong Kong.
- Up to 50 CME and 10 CPD credit points will also be awarded to candidates upon satisfactory completion of the Course by the QA & A Committee of HKCFP.

10. Application Procedure:**Applications are now open.**

A completed application form must be returned to The Hong Kong College of Family Physicians with the following:

- Photocopy of the current Annual Practising Certificate;
- A recent photo of the applicant (passport size);
- A signed "Disclaimer of Liability";
- An administration fee for application of HK\$1,000 by crossed cheque payable to "HKCFP Education Limited". This fee is non-refundable;
- A Course Fee of HK\$45,000 (or HK\$90,000 for non-members) by crossed cheque payable to "HKCFP Education Limited". This fee is non-transferable and non-refundable.

Every successful applicant will be notified by an official letter of admission.

Information and application forms can be obtained from the College or can be downloaded at the College website (<http://www.hkcfp.org.hk>). Members who were not admitted in the course in 2023 have to send in their application again if they want to study the course this year. Please contact the College secretariat, Ms. Alky Yu at 2871 8899 for any queries.

The eligibility of candidates is subject to the final approval of the Board of Diploma in Family Medicine.

11. Application Deadline: 30 June 2024

**Course syllabus and schedule may be subject to change without prior notification*



APCLS Training Workshop



Women's Health Workshop



Orthopaedic Injection Workshop



Musculoskeletal Workshop

Quality Assurance & Accreditation Committee News

Important news

Please ignore this message if you are a HKAM Fellow, or have already chosen HKAM via College as your MCHK CME administrator.

Dear College Members,

RE: MCHK CME Programme for Practicing Doctors who are not taking CME Programme for Specialists

(Ver. April 2024)

For College members who are new registrants or those who would like to switch their MCHK CME Administrator to Hong Kong Academy of Medicine (HKAM) via College (with current cycle start date 1 July) **starting from 1st July 2024**, they must submit Registration Consent Form to College Secretariat before **28 June 2024 (Friday)**, and the processing of MCHK CME record will be facilitated accordingly.

Interested members who are currently not registered with HKAM should note the followings:

1. MCHK registrants will have to liaise with their current CME Administrator (HKMA, DU, DH) for the necessary procedures in relation to change of the CME Administrator.
2. Change of CME Administrator from 'other CME Administrator' to 'HKAM via HKCFP' can be arranged after **ONE Cycle Year of programme has been completed**, given that HKAM was not the administrator of your previous MCHK CME Cycle.
3. Retrospective submission cannot be accredited outside the said time frame. In case of any discrepancy of accredited CME Points between HKCFP and 'other Administrators', the HKCFP has the final decision on the final accredited CME Points.

As our College is required to report the CME Points to HKAM every 6 months, MCHK CME registrants **MUST** sign on the respective MCHK CME attendance record sheet for CME record purposes. **To help the College Secretariat to distinguish College members from others, please identify yourself by entering your HKCFP membership number or simply putting "HKCFP" in the column of HKAM.** MCHK CME record may not be updated if one fails to update MCHK CME Administrator in a timely fashion.

The above arrangement is for our College members only. The required Registration Consent Form can be downloaded at www.hkcfp.org.hk > Downloads > 'Quality Assurance & Accreditation'. Please return the completed form to our College Secretariat at cmecpd@hkcfp.org.hk before the captioned deadline to facilitate the necessary arrangement. As usual, late submissions may not be processed.

Quality Assurance & Accreditation Committee Secretariat

Board of Vocational Training and Standards News

Reminder: Submission of Application for Certification of Completion of Basic Training

To those who will complete basic training,

You are advised to submit the 'Application Form for the Certification of Completion of Basic Training in Family Medicine' and the **original copy** of your training logbook to BVTS for certification of completion of training within 3 months upon the completion date. If the training logbook is incomplete after review by BVTS, you should complete the training process within 6 months upon the completion date and the completion date of training will only be counted from the time all required documents are handed in to complete the certification and **basic training fee of next year will be charged**.

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The Hong Kong Primary Care Conference 2024 will be held from **5-7 July 2024 (Friday - Sunday)** and registration is now open.

All basic trainees are required to attend at least TWO Hong Kong Primary Care Conferences organized by the Hong Kong College of Family Physicians in the four-year training programme.

All higher trainees are required to attend at least ONE Hong Kong Primary Care Conference in the **two-year training programme**; OR, at least TWO Hong Kong Primary Care conferences in the **three-year training programme**.

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The above information has already been stated in the IMPORTANT NOTICE.

Should you have any inquiries, please contact Ms. Hannah LOK or Ms. Kathy LAI at 2871 8899.

Board of Vocational Training and Standards



**Hong Kong
Primary Care
Conference**
The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2024

“Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Scientific Programme at-a-glance

More
conference
details:



E-promotional
booklet:



Date Time	5 July 2024 (Friday) Pre-conference				
19:00 - 19:30				Workshop 1 Dermatology: dermatoscopy <i>Dr. David C.K. LUK</i>	
19:30 - 20:30	Sponsored online seminar 1	Sponsored online seminar 2	Sponsored online seminar 3		
Date Time	6 July 2024 (Saturday) Day 1				
13:30 - 14:30	Registration and Welcome Drinks				
14:30 - 15:00	Opening Ceremony				
15:00 - 15:40	Plenary I Social Medical Collaboration <i>Dr. LAM Ching Choi</i>				
15:40 - 16:20	Plenary II Family Medicine: Connecting the Right Services at the Right Time to the Right Person <i>Prof. Cindy L.K. LAM</i>				
16:20 - 16:50	Coffee Break & Poster Presentation (Part 1)				
16:50 - 17:50	Seminar A Progress of DHC and DHCE on Chronic Disease Co-care Programme <i>Ms. Josephine Y.C. LEE & Dr. Pamela P.Y. LEUNG</i>	Seminar B Breakthrough and Recent Update on Dementia <i>Prof. Helen F.K. CHIU & Dr. SHUM Chun Keung</i>		Workshop 2 Introduction to Family Therapy – Understanding Mental Health Problems in the Context of Family <i>Dr. Irene W.K. KAM</i>	Workshop 3 Advancing Wound Care in Primary Health Care: Exploring Innovations and Hands on Workshop on Negative Pressure Wound Therapy <i>Ms. Annette K.K. LAM</i>
17:50 - 18:20	Seminar C Oncology Updates on Different Cancer Screening and Treatment for Family Doctors <i>Dr. Johnny K.S. LAU</i>	Seminar D Colorectal Screening/ Cervical Screening Programme <i>Dr. Patrick S.K. CHONG & Prof. Martin C.S. WONG</i>	Seminar E The Impact of Artificial Intelligence and Digital Health Technology on Medical Education <i>Prof. Joshua W.K. HO & Dr. YANG Jian</i>		
18:20 - 18:50					
19:00 - 20:30	Dinner Symposium				
Date Time	7 July 2024 (Sunday) Day 2				
08:30 - 09:00	Registration				
09:00 - 10:00	Seminar F Common Mental Illness in Adolescents, with a Focus on Eating Disorders and Cyberbullying <i>Dr. LOK Chi Wing & Ms. YAN Ka Wai</i>	Seminar G Drug Treatments in Obesity <i>Dr. NG Man Yuk</i>	Seminar H Inappropriate Drug Use and Need for De-prescribing in Elderly Patients <i>Dr. Bosco H.M. MA & Ms. CHIANG Sau Chu</i>	Free Paper - Oral Presentation (Part 1)	Workshop 4 MSK POCUS for Primary Care: Diagnostic and Therapeutic Part A: POCUS for Primary Care: Upper Limb <i>Dr. CHAN Kwok Wai</i>
10:00 - 10:20	Coffee Break & Poster Presentation (Part 2)				
10:20 - 10:30	Seminar I Loopholes in Hypertension and Sex-specific Difference <i>Dr. Eric K.P. LEE & Dr. Anastasia S. MIHAILIDOU</i>	Seminar J Beyond Ethnicity: Navigating Health Challenges and Co-creating Solutions in Hong Kong's Culturally Diverse Communities <i>Prof. DONG Dong</i>	Clinical Case Presentation Competition	Free Paper - Oral Presentation (Part 2)	
10:30 - 11:20					
11:20 - 11:35					
11:35 - 12:15	Plenary III Community Mental Health in Family Medicine <i>Prof. Samuel Y.S. WONG</i>				
12:15 - 12:55	Plenary IV UK Experience of How Primary Care Coordinates End of Life Care <i>Prof. Rodger CHARLTON</i>				
13:00 - 14:30	Lunch Symposium				Workshop 4 MSK POCUS for Primary Care: Diagnostic and Therapeutic Part B: POCUS for Primary Care: Lower Limb <i>Dr. LAI Wai Wah</i>

Disclaimer

Whilst every attempt will be made to ensure all aspects of the conference mentioned will take place as scheduled, the Organizing Committee reserves the right to make changes to the programme without notice as and when deemed necessary prior to the Conference.



**Hong Kong
Primary Care
Conference**
The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2024

“Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Registration Information

Registration is now open.
For registration details:



Registration Deadline: 4 June 2024 (Thursday)

A) Conference Registration Registration to the conference is required.			Member: HK\$200 Non-member: HK\$1000
B) Conference – General <ul style="list-style-type: none"> Dinner Symposium: Saturday, 6 July 2024, 19:00 – 20:30 Lunch Symposium: Sunday, 7 July 2024, 13:00 – 14:30 (Seats for symposia are limited. First-come, first served. Registrants will be charged a deposit of HK\$50 per individual symposium. The deposit will be refunded at the individual symposium registration counter to the registrants who attended successfully. For the absent registrants, the enrolment deposit will be contributed to HKCFP as an administration fee.)			Enrolment deposit: HK\$50 per symposium
C) Workshop Registration First-come-first-served. • CME/CPD application for workshop participants in progress.			
5 July 2024 (Friday)	19:00 20:30	Workshop 1 Dermatology: dermatoscopy	HK\$600
6 July 2024 (Saturday)	16:50 18:20	Workshop 2 Introduction to Family Therapy – Understanding Mental Health Problems in the Context of Family	HK\$600
	16:50 18:20	Workshop 3 Advancing Wound Care in Primary Health Care: Exploring Innovations and Hands on Workshop on Negative Pressure Wound Therapy	HK\$600
7 July 2024 (Sunday)	Workshop 4 MSK POCUS for Primary Care: Diagnostic and Therapeutic		
	09:00 10:30	Part A* – POCUS for Primary Care: Upper Limb	HK\$600
	13:00 14:30	Part B* – POCUS for Primary Care: Lower Limb	HK\$600

*A discount of HK\$200 will be offered to the registrant who registers and attends both Workshop 4 Part A and Part B successfully. Registrant is strongly recommended to register for both Part A and Part B if you are interested in this topic at initial registration. Subsequent registration will follow the normal fee HK\$600 per session.

Payment Method

- Credit Card
- Cheque
- Tele-transfer: for overseas delegates only.
- FPS (轉數快): for local transaction only.

For details of payment method, please visit <https://www.hkpcc.org.hk/registration>.

Refund Policy

- Withdrawal of registration **on or before 20 May 2024: Full refund** after deduction of all bank charges and related transaction fees (if any).
- Withdrawal of registration **from 21 May 2024: No refund** will be accepted.
- All refunds would be arranged within 8 weeks after the Conference.
- Registrants will be charged a deposit of HK\$50 per individual symposium. The deposit will be refunded at the individual symposium registration counter to the registrants who attended successfully. For the absent registrants, the enrolment deposit will be contributed to HKCFP as an administration fee.

For inquiries, please contact the Conference Secretariat at (852) 2871 8899 or via email to hkpcc@hkcfp.org.hk.

About Bonkrek Acid Related Food Poisoning

Recently, a shocking food poisoning incident occurred in Taiwan, which is suspected to be related to the contamination of stir-fried rice noodles with bonkrek acid (also known as bongkrelic acid / 米酵菌酸). This incident has raised public concerns about food safety. Upon further reading up related materials, it reminded me of a similar fatal food poisoning case report involving black fungus mentioned by the Hong Kong Centre for Food Safety in 2019, which was also associated with bonkrek acid. Bonkrek acid is a highly toxic compound, and its harm should not be underestimated.

Bonkrek acid is a toxic substance produced by *Burkholderia cocovenenans* (唐菖蒲伯克氏菌). These bacteria thrive in warm environments, particularly in the presence of fungi, which often occurs during the fermentation process of food.

Foods that can potentially cause bonkrek acid poisoning usually require long periods of fermentation or soaking during their preparation. In daily life, some of these foods that people commonly come into contact with include fermented grain products (such as wet rice noodles, rice noodles, rice rolls, etc.) and starch products (such as vermicelli, sweet potato starch, etc.). Improper food preparation and storage processes can lead to contamination of these foods with bonkrek acid. For example, excessive soaking or storage in a humid environment increases the risk of food contamination. Additionally, if soaked white fungus and black fungus are not consumed in a timely manner but are left in a hot and humid environment for an extended period, it promotes bacterial growth and ultimately leads to the production of bonkrek acid toxin.

Bonkrek acid is highly heat-resistant, so the toxin attached to food cannot be removed through washing, nor can it be destroyed during the cooking process. The toxin is tasteless and odourless, making it difficult to detect in contaminated food.

The toxicity of bonkrek acid is related to its impact on mitochondria in cells. Bonkrek acid disrupts cellular energy production, leading to cell damage and death.

The initial symptoms of bonkrek acid poisoning may include fatigue, dizziness, abdominal pain, vomiting, diarrhoea, and sweating. The patient's blood glucose levels may also fluctuate due to food poisoning, resulting in either low or high blood sugar levels. Literature indicates that severe cases can lead to liver failure, kidney damage, coma, with a mortality rate ranging from 40% to 100%.

There is no safe dose limit of bonkrek acid, and currently, there are no specific antidotes available for the treatment of bonkrek acid poisoning. Literature indicated that even a dosage as low as 1 milligram can be lethal to humans. From the onset of initial symptoms to multiple organ failure and death, it may only take a day. Therefore, we should be highly vigilant about the risks associated with this type of food poisoning.

Severe food poisoning cases related to bonkrek acid have occurred in mainland China, Indonesia, and Mozambique in Africa. These cases involved a variety of foods from black fungus, rice noodles, to some fermented coconut or corn products. The earliest documented bonkrek acid-related food poisoning cases date back to 1895 in Indonesia. The most sensational series of cases were associated with a traditional homemade fermented pressed cake called "Tempe Bongkrek," which subsequently caused multiple outbreaks of food poisoning in

Indonesia resulting in casualties. Bonkrek acid was discovered by scientists in the 1930s as a result of these incidents, and the chemical name "Bonkrek" acid was derived from this discovery. The Indonesian government eventually banned the production of this fermented pressed cake in 1988 in response to this series of food poisoning incidents.

Bringing the focus back to Hong Kong, although related food poisoning incidents have not occurred locally, to prevent bonkrek acid and other related food poisoning, we should pay special attention to the following points. Firstly, when purchasing food, choose reliable sources to ensure that the food has been properly processed, stored, and check the expiration dates. If ingredients are mouldy or spoiled, they should be discarded. Secondly, for foods such as black fungus or other fermented products, they should be handled and consumed strictly according to instructions. Avoid prolonged soaking or excessive fermentation, and soaked ingredients should be consumed in a timely manner to reduce the risk of contamination by bonkrek acid and other toxins. The Centre for Food Safety has also advised that if black fungus needs to be soaked overnight, it should be kept in the refrigerator. Additionally, food storage and handling should prioritise hygiene to avoid cross-contamination and the growth of microorganisms.

When traveling abroad, it is also important to be cautious about food and beverages. Each of us should maintain a high level of awareness regarding food safety. Only by handling and storing food properly, choosing reliable suppliers, and ensuring that ingredients undergo appropriate processing and cooking, can we ensure our dietary safety and minimise the risk of food poisoning.

Furthermore, if symptoms suggestive of food poisoning, such as vomiting, diarrhoea, or headaches, occur, it is important to remind our patients to seek medical attention promptly and inform the doctor about the source of the food and possible causes of food poisoning.

Food safety is an important issue that everyone should be concerned about. Let us remain vigilant and pay attention to the selection, storage, and handling of food, working together to safeguard our food safety and health. This way, we can enjoy delicious food while protecting ourselves and our families' well-being.

Reference:

1. CFS (Centre for Food Safety). Black Fungus Soaked Improperly May Produce Toxic Bongkrelic Acid [Internet]. Centre for Food Safety, Hong Kong; [cited 2024 Mar 27]. Available from: https://www.cfs.gov.hk/english/multimedia/multimedia_pub/multimedia_pub_fsf_158_04.html#:~:text=Patients%20suffering%20from%20bongkrelic%20acid,if%20overnight%20soaking%20is%20needed.
2. Wikipedia contributors. Bongkrelic Acid [Internet]. Wikipedia, The Free Encyclopedia; 2024 Mar 25, 17:23 UTC [cited 2024 Mar 27]. Available from: https://en.m.wikipedia.org/wiki/Bongkrelic_acid.
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Compiled by Dr. John-Hugh Tam

Intermittent Fasting for Patients with Diabetes: Practical Recommendations for Primary Care Physicians

Dr. Jiao Fangfang, Kowloon Central Cluster Family Medicine

“Doctor, may I try intermittent fasting (IF) to manage my diabetes? Should I adjust my medications when attempting IF?” “ Doctor, I’ve recently experimented with the 16-8 method and experienced improved well-being and glucose control. May I continue?”

Such inquiries are not rare in our daily practice. They evoke mixed emotions. On one hand, I am heartened by patients’ proactive engagement in their health management; on the other, I harbor concerns about potential risks, such as hypoglycemia, associated with IF. This article would provide a concise overview of IF and offer practical advice and precautions for treating diabetic patients considering this dietary approach.

1. Why is IF proposed for diabetes management?

Type 2 diabetes is primarily a disease characterized by insulin resistance. Many current glucose-lowering medications, such as sulfonylureas, DPP-4 inhibitors, GLP-1 agonists, and various insulin preparations, operate by increasing the patient’s insulin levels, either by stimulating endogenous production or by administering exogenous insulin. While these agents can reduce glucose level under most conditions, the approach of treating a disease of insulin resistance by increasing insulin might seem counterintuitive. Fasting periods lead to increased insulin sensitivity and decrease insulin levels, resulting in improved fasting and postprandial glucose levels. Moreover, since insulin promotes the growth of adipose tissue, there is a reduced tendency for weight gain and even potential weight loss¹.

A recent randomized control trial observed that IF group (three nonconsecutive days of fasting) achieved a significant reduction in HbA1c compared to the control group over 12 weeks among patients receiving insulin treatment². Additionally, A meta-analysis indicated IF led to a greater decrease in body weight compared to regular diet³.

2. Three most common protocols of intermittent fasting

Table 1. Types of intermittent fasting⁴

Protocol	Frequency	Duration of fasting	Details
Time-Restricted feeding	Everyday	16 h	Feeding occurs during the day’s other 8 h, usually early in the day after rising from bed. A more restrictive variant limits feeding to 6h during the day and fasting occurs for 18 h.
“5:2 Diet”	Twice per week	24 h	One 500–600 calorie meal is consumed on the fasting day. Fasting happens 2 days per week.
Alternate-Day fasting	Every other day	24 h	One 500 calorie meal is consumed at about the mid-point or 12h into a 24h period. Alternating fasting days with eating days (eating and drinking ad libitum).

3. How should antidiabetic drugs and insulin be adjusted during intermittent fasting?

The adjustment of antidiabetic drugs are based on the risk of hypoglycemia and clinical benefits other than glucose control. The details are summarized in Table 2[5]. The adjustments for GLP-1 receptor agonists and insulin are more complex.

GLP-1 receptor agonists

GLP-1 receptor agonists lower hyperglycemia in a glucose-dependent manner, which means they are less likely to cause hypoglycemia. Dose adjustment are not possible for the once-weekly dulaglutide, albiglutide, semaglutide and extended-release exenatide. For daily liraglutide, although it is possible to withhold the drug on fasting days, the risk of hypoglycemia is quite low. Withholding the daily dose of liraglutide could negatively affect the next morning’s fasting glucose levels; therefore it should be continued even when following an IF

regimen. In contrast, once-daily lixisenatide primarily targets postprandial glucose and should be withheld on fasting days as there is little benefit in taking it when not consuming carbohydrates. However, there is a lack of evidence-based studies to support these recommendations, so it is advised that healthcare providers evaluate the patient's individual needs and their specific IF regime.

Basal insulin

When adjusting basal insulin for patients practicing IF, it is important to consider their fasting blood glucose levels and the risk of hypoglycemia, including unawareness of low blood sugar. The duration of action of insulin is also an important factor for individualized patient care.

Patients with optimal fasting blood sugar may be more prone to hypoglycemia during a fasting day or the next morning. For well-controlled patients, the initial dose of

glargine 1% (Lantus or Basaglar), detemir (Levemir), or neutral protamine Hagedorn (NPH, or isophane) should be reduced by half. For those not well-controlled, a reduction to one-third is advisable. In contrast, degludec (Tresiba) and glargine 3% (Toujeo), with their 36-42 hour half-life, will not be affected by a dose reduction on the fasting day but rather the following day. Therefore, these insulins may not require adjustment, or the dose may need daily tweaking during IF to prevent hypoglycemia.

Prandial insulin

Prandial insulin types, such as regular insulin, lispro, glulisine, and aspart, are used in multiple daily injection regimens or with an insulin pump. These should not be administered if a meal will be entirely omitted. However, if the patient intends to eat during a fasting period, a corresponding reduction in insulin dosage should be made based on carbohydrates content of the food consumed.

Table 2. Recommendation for adjustment of antidiabetic medications during IF

Class of Medication	Drugs	Risk of hypoglycemia	Dose adjustment
Biguanides	Metformin	Low	None
Thiazolidinediones	Pioglitazone	Low	None
DPP-4 inhibitors	Saxagliptin sitagliptin alogliptin linagliptin	Low	None (or can skip on the day of fasting)
SGLT-2 inhibitors	dapagliflozin empagliflozin canagliflozin ertugliflozin	Low	Skip on the day of a 24h fast OR should skip if concern for dehydration exists.
Sulfonylureas	Glyburide glimepiride gliclazide	High	Skip on the day of a 24h fast; take half the dose for a partial day fast.
Meglitinides	Nateglinide repaglinide	Moderate	Skip prior to a meal containing no carbohydrates.
Alpha Glucoside inhibitors	acarbose miglitol	Low	Skip if patient not eating carbohydrates that meal
GLP-1 receptor agonists, weekly	dulaglutide albiglutide, semaglutide, exenatide-XR	Low	None
GLP-1 receptor agonists, daily	liraglutide, lixisenatide	Low	None. For lixisenatide only, with a 24-h fast, can skip the dose.
Basal insulin	NPH, Levemir glargine 1% Basaglar	high	Take one-third of usual dose (67% lower dose) for controlled patient; take half of usual dose (50% lower dose) for uncontrolled patient.
	glargine 3% degludec	moderate	None initially, monitor closely and proactively; reduce dose if fasting glucose goes below a pre-specified number.
Prandial insulin	ispro aspart glulisine	high	Skip dose if patient not eating carbohydrates at that meal. Monitor closely and proactively
Combination insulins	70/30 75/25 50/50	high	Skip dose based on above guidelines for prandial insulin.

4. Contraindications for intermittent fasting

IF is not recommended for certain individuals at high risk of dehydration or hypoglycemia. This group includes pregnant and breastfeeding women, young children, the elderly, and older adults who are frail. Additionally, individuals with immunodeficiencies, such as those who have undergone solid organ transplants and are on immunosuppressive therapy, should avoid fasting⁵.

5. Conclusions

IF, when practiced for health reasons in patients with diabetes mellitus types 1 and 2, has been demonstrated in a limited number of small human studies to promote weight loss and decrease insulin needs. Although the long-term benefits and risks in humans are not well-documented and may take months or even years to manifest, it is essential for clinicians to have thorough discussions with their

patients, make appropriate medication adjustments and closely monitor blood glucose levels.

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"Submissions of articles to Feature / Family Doctors Column / Young Doctors Column with up to 1200 words are always welcome. College Tie / Scarf / Pin / Gift vouchers will be given as a token of appreciation if the articles are selected for publication. Email: FPLinks@hkcfp.org.hk"

COLLEGE NEWS

Meeting Highlights

Saturday Symposium on 13 April 2024

Dr. LO Ho Yin, Specialist in Respiratory Medicine, delivered a lecture on "Identifying and Monitoring Progressive Pulmonary Fibrosis"; Prof. YIU Kai Hang, Specialist in Cardiology, delivered a lecture on "Early Recognition and Management of Chronic Heart Failure in the Primary Care Setting"; Dr. CHAN Ka Pang, Specialist in Respiratory Medicine, delivered a lecture on "Advancing the Understanding of COPD: A New Perspective in COPD Management" and Dr. YUEN Mae Ann, Michele, Specialist in Endocrinology, Diabetes & Metabolism, delivered a lecture on "SGLT2i Benefits in T2D Patients: The Power to Accomplish More".



Dr. LI Wing Shun, Vincent (left, Moderator) presenting a souvenir to Dr. LO Ho Yin (right, Speaker).



Dr. LI Wing Shun, Vincent (left, Moderator) presenting a souvenir to Prof. YIU Kai Hang (right, Speaker).



Dr. OR Ka Yan (left, Moderator) presenting a souvenir to Dr. CHAN Ka Pang (right, Speaker).



Dr. OR Ka Yan (right, Moderator) presenting a souvenir to Dr. YUEN Mae Ann, Michele (left, Speaker).

Certificate Course on Common Mental Health Problems for Primary Care Doctors in Treatment of Psychiatric Disorders 2024

The 2nd session of Certificate Course on Common Mental Health Problems for Primary Care Doctors in Treatment of Psychiatric Disorders 2024 was held on 11 April 2024.

Dr. LO Tak Lam, William, Specialist in Psychiatry, delivered a lecture on "Management of Depressed Patients and Suicidal Risk Assessment in Primary Care".



Dr. LI Yim Chu (left, Moderator) presenting a souvenir to Dr. LO Tak Lam, William (right, Speaker).

Certificate Course in Ophthalmology for Primary Care Doctors 2024 co-organized with The College of Ophthalmologists of Hong Kong

The 2nd and 3rd sessions of Certificate Course in Ophthalmology for Primary Care Doctors 2024 were held on 21 April and 5 May 2024.

Dr. LEUNG Lai Chun, Bonnie, Specialist in Ophthalmology, delivered a lecture on "Common Oculoplastic Conditions in Primary Care" on 21 April 2024.



Dr. KWONG Bi Lok, Mary (left, Moderator) presenting a souvenir to Dr. LEUNG Lai Chun, Bonnie (right, Speaker).

Dr. KWOK Ka Man Madeline, Specialist in Ophthalmology, delivered a lecture on "Update Management on Paediatric Eye Diseases" on 5 May 2024.



Dr. WONG Chiu Lun (right, Moderator) presenting a souvenir to Dr. KWOK Ka Man Madeline (left, Speaker).

HKCFP Family Medicine Career Talk 2024



Scan to register:



Date : 13 June 2024 (Thursday)

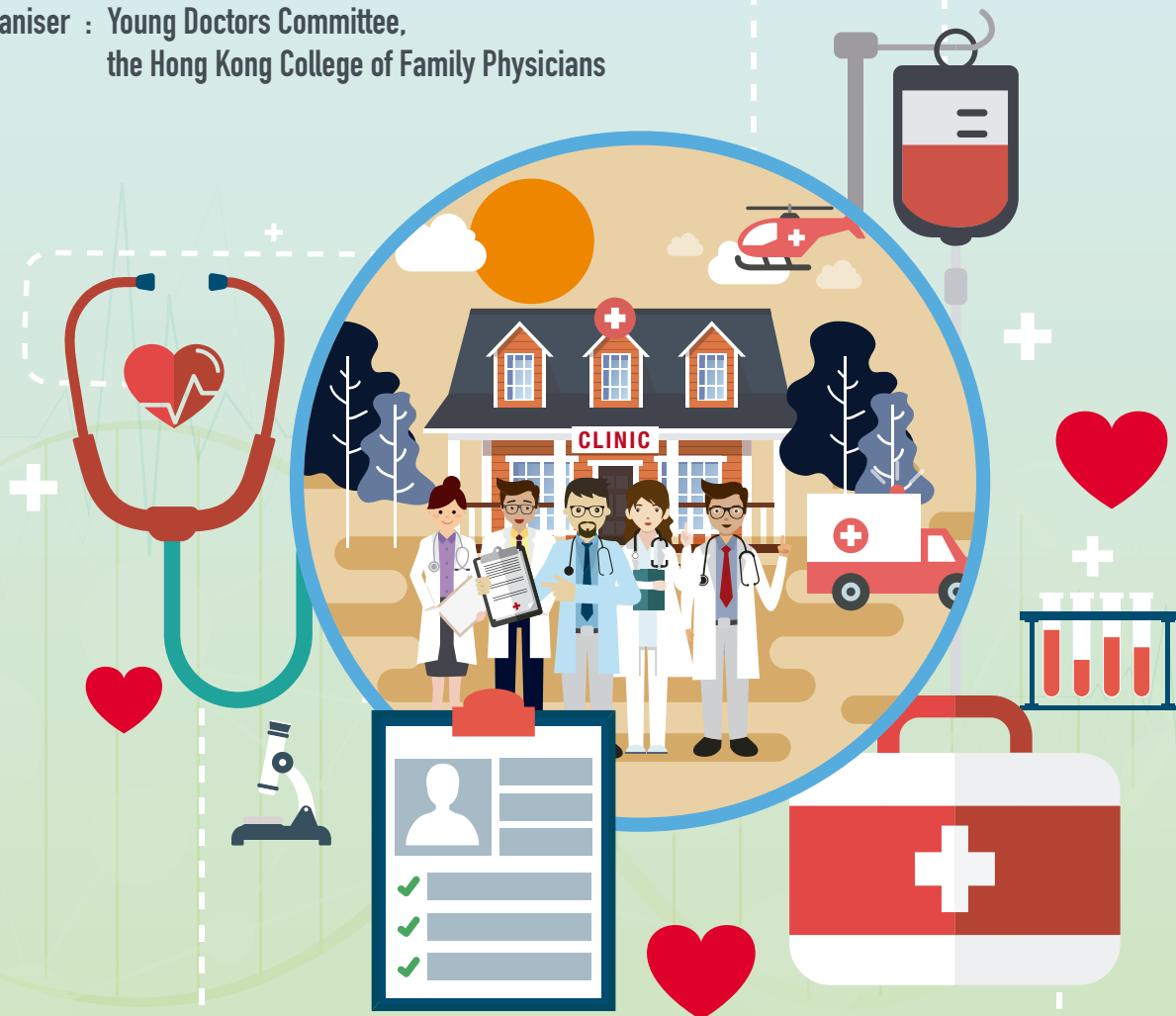
Time : 18:30 – 21:00 (onsite) / 18:30 – 20:30 (Zoom)

Refreshment will be provided to onsite participants

Link to Zoom will be provided to registered participants by email in due course

Venue : 8/F, Duke of Windsor Social Services Building, Wan Chai (Hybrid)

Organiser : Young Doctors Committee,
the Hong Kong College of Family Physicians



Content:

- Family Medicine Vocational Training in Hong Kong
- Life and career path of family physicians in different settings
- “Q&A session” and “Tips on securing a training post in Family Medicine”

Registration:

- Free-of-charge
- Please scan the QR code to register via Google form
- For onsite participation, registrants must submit the registration form by 26 May 2024

For other enquiry,
please contact Ms. Nana Choy or Ms. Kathy Lai
through email YDC@hkcfp.org.hk or
telephone at 2871 8899.

Using Ultrasound to Detect Kidney Lesion: 3 Case Reports

Dr Wong Man Ho Dereck, Dr Chan Kin Wai

Department of Family Medicine and Primary Health Care, Kowloon West Cluster, Hospital Authority

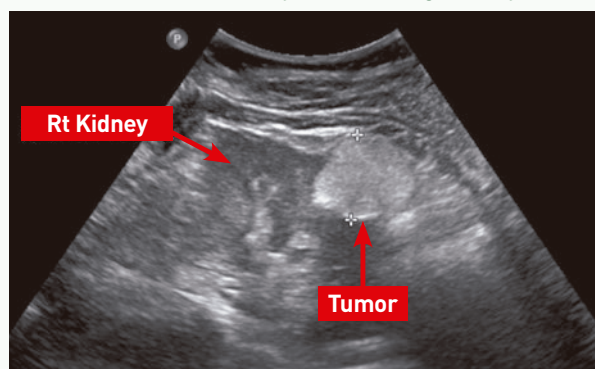
Introduction

Point-of-care ultrasound (POCUS) has become an invaluable tool in the detection and evaluation of renal lesions in primary care setting. Assessing key factors such as size and echogenicity is crucial in determining the nature and malignant potential of these lesions. Early detection of renal tumors is essential for timely referral, particularly when high-risk features are present. This article emphasizes the significance of POCUS in evaluating renal tumors and highlights the importance of early detection for optimal patient outcomes.

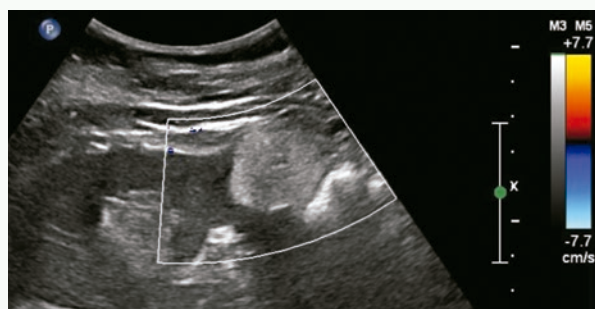
Case 1

A 62 years old lady with history of DM and hyperlipidaemia was referred for elevated ALT. During the POCUS session, two incidental findings were observed in the right kidney. The first lesion was a 2.5cm interpolar spherical tumor, which appeared heterogeneous and hyperechoic without increased vascularity (Pic 1A&B). The second lesion was a 0.8cm homogeneous hyperechoic lesion in the upper pole, also without increased vascularity (Pic 2). Her left kidney was unremarkable. Subsequently, a private contrast CT scan was arranged, revealing that the lesions mentioned above were suggestive of angiomyolipoma. She was referred to Department of Urology for further management.

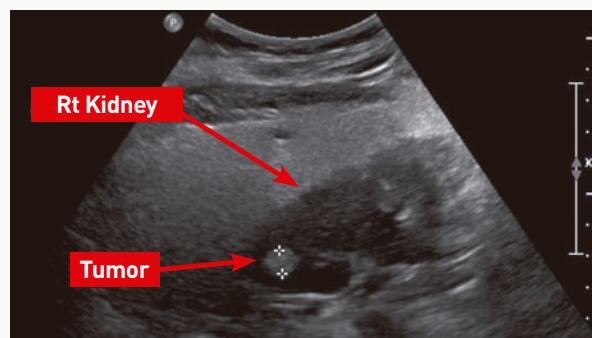
Pic 1A: A 2.5cm interpolar heterogeneous hyperechoic spherical tumor was incidentally found in the right kidney



Pic 1B: The tumor showed no increased vascularity in colour doppler.



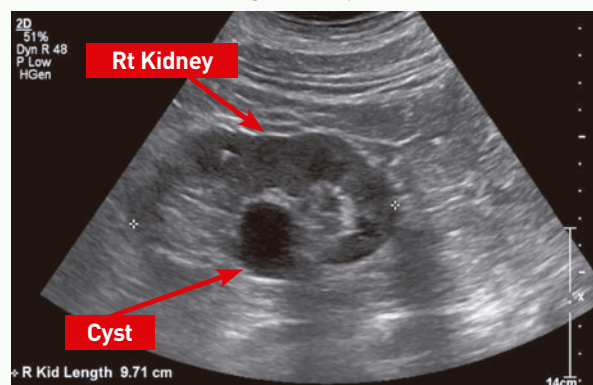
Pic 2: Another 0.8cm hyperechoic lesion was seen in upper pole of right kidney



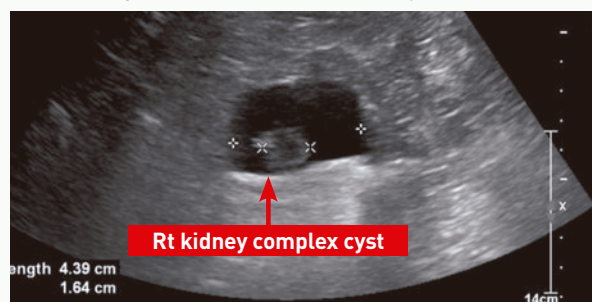
Case 2

A 72 years old gentleman with hypertension and obesity was referred for elevated ALT. In the POCUS session, there was an incidental finding of a 4.4cm complex cyst in mid to lower pole of right kidney, with 1.6cm echogenic solid component within the cyst (Pic 3A&B). The right kidney size was measured 9.7cm. A private contrast CT upper abdomen was booked for further evaluation. The CT report revealed the presence of multiple cysts in both kidneys. The most prominent lesion was identified in the right kidney, characterized as a complex cystic lesion (Bosniak IIF) with septal calcification. It measured 7.3 x 5 x 4.5 cm. In view of these findings, the patient was referred to Department of Urology for follow-up.

Pic 3A: At this view, the right renal cyst looks unremarkable.



Pic 3B: With a different view, there was an 1.6cm echogenic component within the 4.4 cm renal cyst.

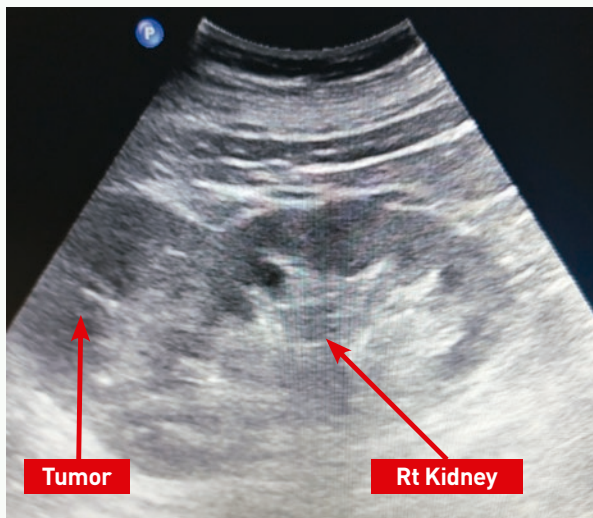


Case 3

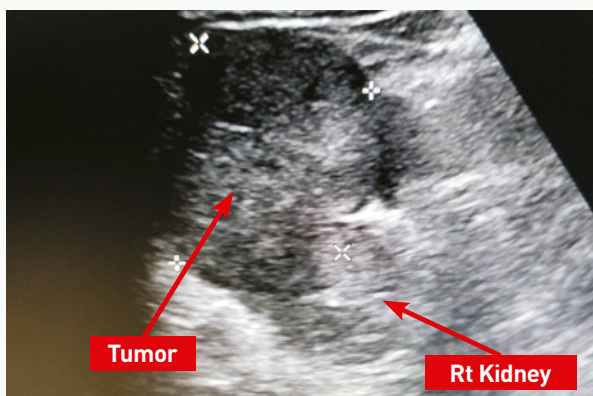
A 69 years old gentleman with history of DM, HT, proteinuria and hyperlipidemia followed up in our general outpatient clinic, presented with derange renal function. He also had a past history of Conn's Syndrome and diagnosed right adrenal gland Conn's tumour in 2002. He had a right adrenalectomy done and the result was uneventful. He has no follow up of the adrenal tumor for more than 10 years already.

He was arranged a POCUS examination in our USG session because of his blood test eGFR dropped from 89 mL/min/1.73 m² in year 2019 to 53 mL/min/1.73 m² in year 2023. The electrolyte was normal and the urine Protein Creatinine Ratio was 3.8 mg/mg. The patient's blood pressure was recently unstable and his HT drug regimen was increased from 3 to 4 anti-HT drugs. On physical examination the abdominal and cardiovascular examination was unremarkable. POCUS was performed and found a large spherical tumor at the upper pole of the right kidney. (Pic 4) It was measured 6cm with heterogenic in echogenicity. (Pic 5) The tumor has increase in vascularity, as shown by increase color flow in the duplex color Doppler. (Pic 6)

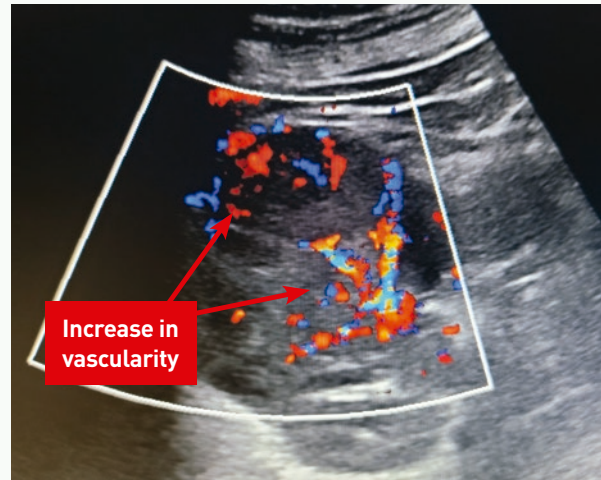
Pic 4: LS view of Right kidney: A mass was found at the upper pole of the kidney



Pic 5: TS view of upper pole of Right kidney showing a hypoechoic tumor size 6cm in diameter



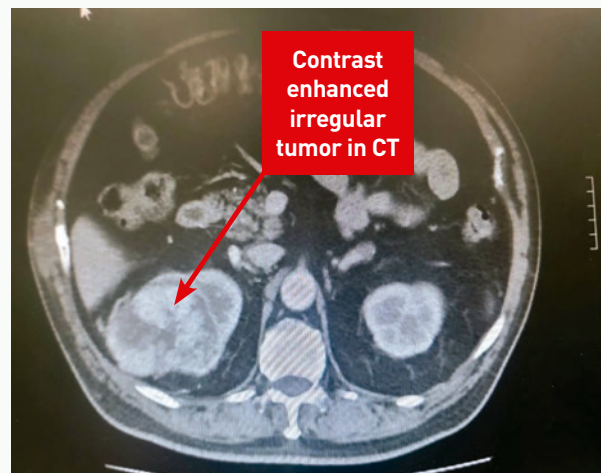
Pic 6: TS view of upper pole of Right kidney showing the tumor increasing in vascularity with duplex color Doppler



He was arranged a private CT scan with contrast (Pic 7) and the report was as below:

An irregular heterogeneous mass was seen arising from the upper pole of right kidney. It showed marked heterogeneous enhancement in the post-contrast study. It abuts the adjacent perirenal fat. No associated calcification, gas or fluid level was evident. Findings are highly suspicious of neoplasm (e.g. Renal cell carcinoma).

Pic 7: CT Scan showing an irregular tumour with contrast enhancement arising from the upper pole of right kidney



He was referred to Department of Urology and was arranged for further surgical intervention.

Discussion:

Renal Angiomyolipoma

Angiomyolipoma (AML) is the most common benign solid renal tumor seen in clinical practice. It is characterized by a hyperechoic appearance on ultrasound due to its fat, blood vessel, and muscle components, along with a posterior acoustic shadow caused by tissue interfaces. However, ultrasound alone cannot reliably diagnose AML since renal cell carcinoma (RCC) may also appear hyperechoic. Therefore, ultrasound is usually suboptimal

for the initial diagnosis of AML, and confirmation through MRI or CT is necessary. Ultrasound is suitable modality for monitoring the size of AMLs in patients already diagnosed through CT or MRI.

Incidentally discovered AMLs usually do not require treatment if they are small, but regular follow-up is recommended to monitor any potential growth. Small solitary AMLs measuring less than 2 cm may not need follow-up due to their slow growth. However, larger AMLs reaching 4 cm or those causing symptoms should be referred to a urologist for further evaluation. Elective embolization and/or partial nephrectomy may be considered for larger AMLs or symptomatic cases.

The differential diagnosis of AML includes RCC and renal adenoma. Approximately 10 to 30 percent of RCCs can have a similar appearance to AMLs on ultrasound. Additionally, AMLs with less fat content may not exhibit the characteristic hyperechoic appearance, making them harder to detect by ultrasound.

Renal cyst

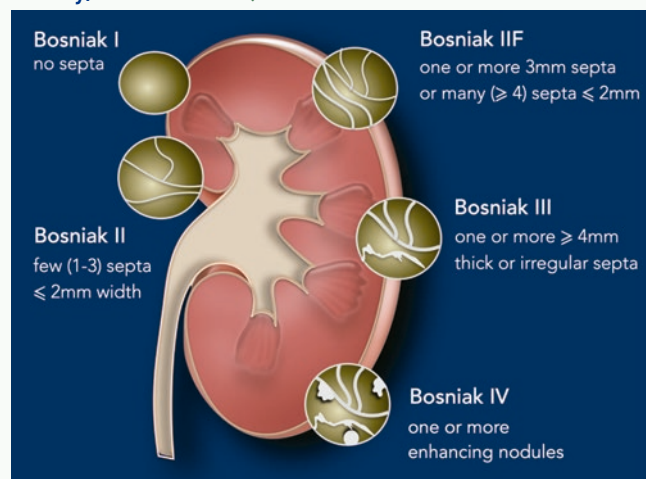
Renal cysts are a common finding in clinical practice and can be categorized as simple or complex. Simple cysts are typically well-defined, fluid-filled lesions with thin walls, appearing anechoic on imaging. On the other hand, complex cysts may exhibit various features such as septation, internal echogenicity, calcification, and mural nodules. Complex cysts are often asymptomatic unless complications like hemorrhage or infection arise. Large cysts can lead to ureteric obstruction, resulting in hydronephrosis. It is important to note that complex cysts have the potential to be malignant, necessitating further imaging evaluation.

When complex renal cysts are identified, referral to a urologist is recommended. To better understand the nature of a complex cyst, contrast-enhanced CT imaging is advised for further delineation. There is a Bosniak classification for renal cyst on CT scan as shown in the table below. As described in case 2, the patient's complex renal cyst belongs to category IIF, in which F indicates follow-up is required to monitor the stability.

Proposed Bosniak classification, Version 2019 for CT. (Adapted from Silverman et al. Bosniak Classification of Cystic Renal Masses, Version 2019: An Update Proposal and Needs Assessment.)
<https://epos.myesr.org/posterimage/esr/ecr2020/155595/mediagallery/879944>

Category	Probability of malignancy (%)	Features	Images
I	0	Well-defined, thin (≤ 2 mm) smooth wall; homogeneous simple fluid (< 9 to 20 HU); no septa or calcifications; the wall may enhance.	
II	0	Six types, all well-defined with thin (≤ 2 mm) smooth walls: 1. Cystic masses with thin (≤ 2 mm) and few (1–3) septa; septa and wall may enhance; may have calcification of any type. 2. Homogeneous hyperattenuating (≥ 70 HU) masses at noncontrast CT. 3. Homogeneous nonenhancing masses ≥ 20 HU at renal mass protocol CT, may have calcification of any type. 4. Homogeneous masses < 9 to 20 HU at noncontrast CT. 5. Homogeneous masses 21 to 30 HU at portal venous phase CT. 6. Homogeneous low-attenuation masses that are too small to characterize.	
IIF	5	Cystic masses with a smooth minimally thickened (3 mm) enhancing wall, or smooth minimal thickening (3 mm) of one or more enhancing septa, or many (≥ 4) smooth thin (≤ 2 mm) enhancing septa.	
III	50-70	One or more enhancing thick (≥ 4 mm width) or enhancing irregular (displaying ≥ 3 -mm obtusely margined convex protrusion(s)) walls or septa.	
IV	95-100	One or more enhancing nodule(s) (≥ 4 -mm convex protrusion with obtuse margins, or a convex protrusion of any size that has acute margins).	

This diagram shows different categories of renal cyst. (Adapted from <https://radiologyassistant.nl/abdomen/kidney/bozniak-2019>)



Renal cell carcinoma

Renal cell carcinoma (RCC) is a common malignancy that typically affects patients between 50 and 70 years of age, with a moderate male predominance (2:1 ratio). The classic triad of RCC, including flank pain, haematuria, and a palpable flank mass is observed in only 10-15% of patients. Presence of the classic triad strongly suggests locally advanced disease.

The sonographic appearance of renal cell carcinoma can vary widely. It may present as a solid mass or demonstrate partial cystic characteristics. Additionally, it can exhibit hyper-, iso-, or hypoechoic patterns relative to the surrounding renal parenchyma. Smaller lesions with less necrosis are more likely to be hyperechoic and may be confused with AMLs. Isoechoic tumors are detected only by distortion of the renal contour, focal enlargement of a portion of the kidney, or distortion of the central sinus fat.

Ultrasound features of renal cell carcinoma may demonstrate hypervascularity within a heterogeneous mass, as visualized by color Doppler imaging. This hypervascularity is attributed to tumor necrosis and neovascularization. In some cases, ultrasound may reveal a hypoechoic halo representing the tumor pseudocapsule. Although this finding is relatively specific, its sensitivity is limited to approximately 20%.

Take home message

POCUS facilitates early detection of renal tumors by family physicians. Assessing the size and echogenicity of renal tumors is crucial in determining the risk of malignancy and guiding appropriate management.

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The Diary of a Family Doctor【家庭醫生的日常】

〈為自己找快樂〉

洗銘全醫生

16歲男孩，由嫲嫲陪步入診症室。

男孩：「我頭痛咗半年！」通常右邊頭痛，每次持續幾小時，沒有嘔吐，視力正常，沒有過量淚水和鼻液分泌。頭痛前沒有先兆，頭部沒有受過傷。胃口和體重沒大改變。

這男孩謙虛有禮，面帶笑容，但這個陣容、這個病徵，背後應該有個故事。

我：「痛左半年都辛苦㗎！除咗呢個頭痛，仲有冇其他身體嘅問題睇緊醫生？」

男孩：「仲有成日左邊心口痛，成日出汗。另外之前睇過話條腸有腸易激。」

我：「我見今日係你嫲嫲帶你過嚟。屋企仲有咩人一齊住？」

男孩：「冇喇！」

我：「你父母呢？」

男孩：「爸爸喺國內，同媽媽離咗婚。媽媽就自己住開。我有個家姐兩個妹，都係比唔同人湊囉。」

他在家庭經歷不少痛苦，但仍帶笑容，真不簡單。但我們要小心，不是要稱讚他，是要鼓勵他面對自己深處的情緒。

我：「睇嚟你喺家庭入面都面對好多唔開心嘅嘢㗎。」

男孩不置可否。

我：「咁你有唔開心會搵邊個講？」

男孩：「會講吓比社工聽囉。」

這家庭有社工一直跟進。嫲嫲一直無奈地靜靜坐着。

我：「你好少表達自己，又成日喺人面前笑住咁？」

男孩：「我想喺大家面前做開心個個！」

我：「我覺得更加重要嘅係，你喺你自己面前做開心個個，唔係喺人面前做開心個個。如果你真正開心到嘅話，第一你自己嘅身體包括心口，汗腺，大腸就唔使用啲病徵嚟幫你表達痛楚，你嘅病徵就會消失。第二，你身邊嘅人，包括嫲嫲都會開心啲。所以由今日開始，你要多啲表達內心嘅負面情緒，搵多啲開心俾翻自己，唔需要喺人面前扮開心。明唔明白？」

男孩明白，而且收起笑容。學得真快。

最後我仍然建議CT brain，但我相信，檢查和藥物並不是重點。

The Diary of a Family Doctor 家庭醫生的日常

Submission of articles to The Diary of a Family Doctor with up to 600 words in Chinese or 400 words in English are always welcome. College Tie / Scarf / Pin / Gift vouchers will be given as token of appreciation if the articles are selected for publication.

Email: FPLinks@hkcfp.org.hk

- Activities are supported by HKCFP Foundation Fund.
- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Please wear an appropriate dress code to the hotel for the Scientific Meeting.
- Private video recording is not allowed. Members, who wish to review the lecture, please contact our Secretariat.

Face to Face Seminar

Date and Time	Venue	Topic	Speakers
29 June (Sat) 2:00 – 3:00 p.m. (Registration start at 1:00 p.m.)	Shantung Room, Level 8, Cordis Hotel, 555 Shanghai Street, Mongkok, Kowloon	A New Era in Systemic Therapy for Atopic Dermatitis: From Infancy to Adulthood <i>Sponsored by Sanofi Hong Kong Limited</i>	Dr. Yew Yik Weng <i>Senior Consultant Dermatologist, National Skin Centre (NSC), Singapore</i>

QR Code for registration



Admission Fee:

29 Jun (Sat) College Fellow, Full, or Associate Members:	Complimentary (\$50 Enrollment deposit is required)
Other Categories of Members: Non – members:	HK\$ 550.00 HK\$ 650.00
<i>For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.</i>	

Accreditation : 29 Jun : 1 CME Point HKCFP (Cat. 4.3) Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)
1 CME Point MCHK (pending)

Online Monthly Video Sessions

Dates and Time	Topics
31 May 2024 (Fri) 2:30 – 3:30pm	“Microbiome Therapeutics & probiotics in the Management in Atopic Dermatitis” by Dr. LOO King Fan, Steven
28 June 2024 (Fri) 2:30 – 3:30pm	“Should Beta blocker be used in COPD patients” by Dr. SIU Chung Wah

QR Codes for registration



Accreditation : 1 CME Point HKCFP (Cat. 4.2)
1 CME Point MCHK (pending)
Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

***CME points would be given for self-study at online recorded CME lectures only if participating doctors have not attended the same live CME lectures and completed the relevant quiz.**

Admission Fee : Member Free
(For all online seminars) Non-member HK\$ 100.00 for each session
For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.

Registration Method : Please register via the registration link to be sent by email later or scan the QR code above. For enquiry about registration, please contact Ms. Minny Fung by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

Notes :	Online Events
<ol style="list-style-type: none"> In case of over-subscription, the organizer reserves the right of final decision to accept registration. The link to join the webinar SHOULD NOT be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time. CME point(s) would only be given to those on the pre-registration list and attended the lecture. Please note you can just attend ONE CME activity at a time. If found you are attending more than one CME activity simultaneously by the CME administrator later, you may NOT be able to receive the CME point(s). Members who have attended less than 75% of the length of the online lecture may not be able to receive CME. Final decision would be subject to the approval of the related Board / Committee. Please be reminded to complete and submit the *MCQs or survey after the session for HKCFP and MCHK CME point(s) accreditation. (*MCQs/ True or False Questions; 50% or above of correct answers are required) Please be reminded to check the system requirements beforehand to avoid any connection issues. Due to copyright issue, please note private recording of the lecture is prohibited. Registration will be closed 3 days prior to the event. 	

Structured Education Programmes

Free for members

HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 05 June 2024			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	GOPC Operation Manual Dr. AU Hin Fung	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Accident and Emergency Care (ENT, Eye, Surgical, Orthopaedic) Dr. HO Han Chung, Gary, Dr. Koo Ho Tun	Ms. Emily LAU Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Antenatal Care in Primary Health Setting Dr. CHOW Chau Yi, Charlie, Dr. TANG Yeung On	Mr. LAM Ka-lun Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Professional Development - Journal Club All Trainees	Ms. Cherry WONG Tel: 2589 2337
Thursday, 06 June 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Cleaning, Disinfection and Sterilization in a Clinic Dr. CHAN Wing Man, Dr. TSANG Kam Wah	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 12 June 2024			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Multimorbidity Consultations Dr. FUNG Hoi Yin	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Consultation Enhancement (Physical Examination: Upper Limb Neurology and Video Consultation) Dr. LAM, Josephine Wai May, Dr. CHENG Tsz Wai, Sam	Ms. Emily LAU Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Update in HA go Dr. CHU Pui Ling, Candice, Dr. YUNG Lok Yee, Louise	Mr. LAM Ka-lun Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Training Program in Patients with Cognitive Impairment Dr. LIU Wing Yee, Natasha	Ms. Cherry WONG Tel: 2589 2337
Thursday, 13 June 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Family Medicine Consultations for Palliative Care Dr. LAM Kang, Dr. CHAN Ham	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 19 June 2024			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Canada's Health Care System Dr. CHAN Cheuk Sing	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	Clinical Case Presentation Dr. CHAN Kwun Hung, Dr. CHEUNG Ada See Wai, Dr. LAM Hiu Ching, Natasha, Dr. PENG Xu, Dr. WONG Anthea, Dr. SUN Dione Tinoi, Dr. YU Lok Kwan, Dr. YEUNG Chin Fung, Dr. POON Daniel	Ms. Emily LAU Tel: 3506 8610
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Common Symptoms Complaints - Joints Pain Dr. CHEUNG Cheuk Kan, Chloe	Ms. Cherry WONG Tel: 2589 2337
Wednesday, 20 June 2024			
16:00 - 18:00	Activities Room, 3/F, Yan Oi General Out-patient Clinic	Radiation Emergencies Dr. LEUNG Hor Yee, Dr. SZE Chung Fai	Ms. Eliza CHAN Tel: 2468 6813
Wednesday, 26 June 2024			
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Cultivating Resilience and Avoiding Burnout in Family Medicine Dr. LAU Shi Wa	Ms. Eliza CHAN Tel: 2468 6813
14:30 - 17:30	Conference Room 2, G/F, Block M, QEH	1. Community resource: Dental Care Dr. CHAN, Queenie Chi Ying 2. Introduction to Conjoint Fellowship Examination (Part I) Dr. TAM Wah Kit	Ms. Emily LAU Tel: 3506 8610
15:30 - 17:30	Seminar Room, Family Medicine Specialist Clinic, 3/F, Li Ka Shing Specialist Clinic (South Wing), PWH	Common Oral Problem Dr. YUNG Lok Yee, Louise, Dr. WONG Wing Kwan, Leo	Mr. LAM Ka-lun Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital, 30 Hospital Road, Hong Kong	Professional Ethics- Mental Illness and the Law Dr. YAU Kwan Ming, Jeremy	Ms. Cherry WONG Tel: 2589 2337
Wednesday, 27 June 2024			
16:00 - 18:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	Community Resources for Anticipatory Care Dr. CHENG Ka Tong, Dr. LAM Wai Yiu	Ms. Eliza CHAN Tel: 2468 6813

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 May 12:30 – 6:00 p.m. DFM Clinical Exam	27	28	29 2:30 – 7:00 p.m. Structured Education Programme	30 4:00 – 6:00 p.m. Structured Education Programme	31 2:30 – 3:30 p.m. Video Session	1 Jun 2:00 – 4:00 p.m. Interest Group in Medical Humanities
2 2:00 – 4:00 p.m. Certificate Course in Ophthalmology for Primary Care Doctors 2024	3	4	5 2:30 – 7:00 p.m. Structured Education Programme	6 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of DFM Meeting	7	8
9	10	11	12	13 4:00 – 6:00 p.m. Structured Education Programme 6:30 – 9:30 p.m. HKCFP 2024 FM Career Talk 7:30 – 9:00 p.m. Certificate Course on Common Mental Health Problems	14	15
16	17	18	19	20 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	21	22
23 2:00 – 4:00 p.m. Ophthalmology Course 2:30 – 5:30 p.m. Information Seminar on CCE Segment (for candidates)	24	25	26	27 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	28	29
30	1 Jul	2	3 2:30 – 7:00 p.m. Structured Education Programme	4 4:00 – 6:00 p.m. Structured Education Programme	5 HKPCC 2024	6 HKPCC 2024

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Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
Purple : College Activities

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