Hong Kong Primary Care Conference

The Hong Kong College of Family Physicians

Hong Kong Primary Care Conference 2026

Overcoming Challenges for Sustainable Primary Care:

Innovation, Collaboration and Leadership

26 – 28 June 2026 (Friday – Sunday)

PROGRAMME BOOK

(Supported by HKCFP Foundation Fund)

Table of Contents

Welcome Message

On behalf of the Organizing Committee, it is my great pleasure to welcome you to the 2026 Hong Kong Primary Care Conference, organized by the Hong Kong College of Family Physicians. Over the past decade, this flagship annual event has grown steadily, bringing together an ever-expanding community of local and international delegates, and fostering meaningful academic exchange and professional connection.

This year's theme, "Overcoming Challenges for Sustainable Primary Care: Innovation, Collaboration and Leadership" is both timely and pertinent. Like many healthcare systems worldwide, Hong Kong faces mounting pressures, including an aging population, a rising burden of chronic diseases, workforce shortages among healthcare professionals, and an overstretched public sector. These challenges highlight the urgent need for systemic reform, optimal resource allocation and a more integrated, patient-centred approach to care. Family doctors remain at the heart of primary healthcare, delivering continuous community-based care that evolves with patients' needs. Through innovation, interdisciplinary collaboration, and effective leadership, they play a pivotal role in advancing sustainable, high quality primary care capable of meeting increasingly complex demands.

We have curated an engaging scientific programme featuring plenary sessions, seminars, interactive workshops, and forums designed to stimulate discussion and exchange. We are honoured to welcome distinguished speakers from Hong Kong, the region, and beyond, who will share their expertise across a wide range of topics. The strong response to our free paper and clinical case competitions, from both local and international participants, reflects the continued growth and vitality of our conference. This year, we are also introducing speed poster presentations for selected high-quality abstracts to highlight the importance of research excellence in primary care.

I hope that you will find the conference both inspiring and enjoyable, and that it provides valuable opportunities to learn, connect and exchange ideas with colleagues and friends.

I wish you all a rewarding and memorable experience!

Sincerely yours,

Dr. Lorna V. NG
Chairlady, Organising Committee
Hong Kong Primary Care Conference 2026

Welcome Message from the President

Welcome to the Hong Kong Primary Care Conference (HKPCC) 2026! The theme of the conference this year is "Overcoming Challenges for Sustainable Primary Care: Innovation, Collaboration and Leadership".

The HKPCC is an important annual scientific event organised by the Hong Kong College of Family Physicians for family doctors, nurses and allied health professionals. We have invited many local and international experts to share their expertise and experience with us. The Conference serves as a great platform for fostering potential collaborations as well as a valuable networking gateway amongst academics, practising clinicians and management colleagues alike.

The rich scientific programme of the Conference is packed with attractive plenaries and seminar sessions. Hot topics on the menu include the development of primary healthcare system in the Greater Bay Area, safeguarding of vulnerable patients, chronic disease management, update on sexual health, lifestyle medicine, and artificial intelligence (AI) in medical practice in the Asia Pacific region; just to name a few. As with the previous years, there are full research paper competition, clinical case competition, and posters on display. Workshops on non-pharmacological therapies in traditional Chinese medicine, advanced medical directives (AMDs), ultrasound-guided joint injection, cryotherapy for common dermatology lesion, and practical skills on managing back pain in the primary care setting are also on offer.

I look forward to meeting you at the HKPCC 2026 and wish you all a very fruitful Conference ahead!

Dr. David V.K. CHAO
President
The Hong Kong College of Family Physicians

Organising Committee

Chairlady	:	Dr. Lorna V. NG
Advisors	:	Dr. David V.K. CHAO Dr. LAU Ho Lim Prof. Samuel Y.S. WONG
Scientific Subcommittee	:	Dr. CHIANG Lap Kin (Coordinator) Dr. Eric K.P. LEE (Coordinator) Dr. Linda CHAN Dr. Cecilia S.M. CHEUNG Dr. HO Shu Wan Dr. Dereck M.H. WONG
Allied Health Planners	:	Mr. CHENG Wai Chung Ms. Brigitte K.Y. FUNG
Chinese Medicine Planner	:	Ms. Ellen K.Y. LI
Dental Planner	:	Dr. Yolanda Y.H. LAW
Nurse Planners	:	Ms. Kathy Y.H. CHEUNG Dr. Margaret C.H. LAM Dr. Cecilia T.Y. SIT Ms. Tammy T.Y. SO
Clinical Case Presentation Competition	:	Dr. YAU Lai Mo (Coordinator) Dr. Kathy K.L. TSIM
Publication Subcommittee	:	Dr. Judy G.Y. CHENG (Coordinator) Dr. SHEK Hon Wing Dr. Kathy K.L. TSIM Dr. Aldo C.L. WONG
Business Management Subcommittee	:	Dr. Cecilia S.M. CHEUNG (Coordinator) Dr. Aldo C.L. WONG Dr. YAU Lai Mo
Venue	:	Dr. Catherine P.K. SZE (Coordinator)
Information Technology	:	Dr. Matthew M.H. LUK (Advisor)

Conference Information

Date : 26 – 28 June 2026 (Friday – Sunday)

Venue : Hong Kong Academy of Medicine Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Conference Language : English as the main language of the Conference, with real-time Chinese-English interpretation provided alongside.

Professional Accreditations : Please refer to p.6 for details.

Organiser : The Hong Kong College of Family Physicians

Conference Secretariat :

Scientific
Ms. Carol F.K. PANG

Advertisement & Exhibition
Ms. Teresa D.F LIU and Ms. Carol F.K. PANG

Registration
Ms. Ally L.Y. CHAN and Ms. Nana H.T. CHOY

Publication
Ms. Nana H.T. CHOY

QA Accreditation
Mr. John M.C. MA

General
Ms. Erica M. SO and Ms. Carol F.K. PANG

Contact Details : Tel. No. : (852) 2871 8899
Fax No. : (852) 2866 0616
Email : hkpcc@hkcfp.org.hk

Supported by : HKCFP Foundation Fund

Professional Accreditations

	For the whole function	26/6/2026 Whole Day	27/6/2026 Whole Day	28/6/2026 Whole Day	Category
Anaesthesiologists	Pending	Pending	Pending	Pending	Pending
CNE (For Nurse)		1	4.5	4	-
Community Medicine	10	1	5	5	PP-PP
Dental Surgeons	Pending	Pending	Pending	Pending	Pending
Emergency Medicine	10	1.5	4.5	4	CME-PP
Family Physicians	10	2	5	5	CME-4.10
Hong Kong Dietitians Association		1.5 (non-core)	5 (non-core)	4.5 (non-core)	Non-core CDE
Hong Kong Institute of Clinical Psychologists		1.5	5.5	5	CPD-CP
MCHK CME Programme	8	2	3	3	CME-PASSIVECME
Obstetricians & Gynaecologists	Pending	Pending	Pending	Pending	Pending
Ophthalmologists	10.5	1.5	4.5	4.5	CME-PP
Orthopaedic Surgeons	8	1	4	3	PP-B
Otorhinolaryngologists	10	1.5	4.5	4	PP-2.2
Paediatricians	12	2	5	5	A-PP
Pathologists	11	1.5	5	4.5	CME-PP
Physicians	5.5	1.5	2	2	PP-PP
Prosthetist-Orthotists	10	-	-	-	A.1 CPD points
Psychiatrists	10	1.5	4.5	4	PP-OP
Radiologists	10	1.5	4.5	4	B-PP
Surgeons	11	1.5	5	4.5	CME-PP
The College of Pharmacy Practice	10 CPE points	1	6	5	CPE

Acknowledgement

The organising committee wishes to express our most sincere thanks to all parties who have helped to make the HKPCC 2026 a successful one.

Officiating Guests

Dr. David V.K. CHAO
President, The Hong Kong College of Family Physicians

Dr. Cecilia Y.M. FAN, JP
Under Secretary for Health, Health Bureau,
Government of the Hong Kong Special Administrative Region

Professor WANG Jiaji 王家驥教授
Distinguished Professor, School of Public Health, Guangzhou Medical University
廣州醫科大學公共衛生學院 2 級教授；
Principal Expert in General Practice, Seventh Affiliated Hospital of Southern Medical University
南方醫科大學附屬七院全科醫學首席專家；
Expert Panel on the Development of Integrated County-level Healthcare Communities,
National Health Commission of the People's Republic of China
國家衛健委緊密型縣域醫衛共同體建設專家組成員；
Vice President, China Rural Health Association
中國農村衛生協會副會長；
Chairman, General Practice Application Society of the China Anti-aging Promoting Association
中國抗衰老促進會全科醫學應用分會會長；
Honorary Chairman, Primary Healthcare Education Committee of the Chinese Medicine Education Association
中國醫藥教育協會基層醫藥教育專委會名譽主任委員；
Vice President, General Practice Society of the Cross-straits Medicine Exchange Association
海峽兩岸醫藥衛生交流協會全科醫學分會副會長；
Vice President, Family Doctor Society of the Chinese Aging Well Association
中國老年保健協會家庭醫生分會副會長；
President, Primary Healthcare Association of Guangdong Province
廣東省基層衛生協會會長；
Academic Leader, Guangdong Leading Key Discipline of General Practice
廣東省優勢重點學科全科醫學學科帶頭人；
Recipient of the State Council Special Government Allowance
國務院政府特殊津貼享受者

Dr. Michael WRIGHT
President, Royal Australian College of General Practitioners;
Associate Professor, International Centre for Future Health Systems,
University of New South Wales

Plenary Speakers

Dr. Cecilia Y.M. FAN, JP
Under Secretary for Health, Health Bureau,
Government of the Hong Kong Special Administrative Region

Professor WANG Jiaji 王家驥教授
Distinguished Professor, School of Public Health, Guangzhou Medical University
廣州醫科大學公共衛生學院 2 級教授；
Principal Expert in General Practice, Seventh Affiliated Hospital of Southern Medical University
南方醫科大學附屬七院全科醫學首席專家；
Expert Panel on the Development of Integrated County-level Healthcare Communities,
National Health Commission of the People's Republic of China
國家衛健委緊密型縣域醫衛共同體建設專家組成員；
Vice President, China Rural Health Association
中國農村衛生協會副會長；
Chairman, General Practice Application Society of the China Anti-aging Promoting Association
中國抗衰老促進會全科醫學應用分會會長；
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Vice President, Family Doctor Society of the Chinese Aging Well Association
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President, Primary Healthcare Association of Guangdong Province
廣東省基層衛生協會會長；
Academic Leader, Guangdong Leading Key Discipline of General Practice
廣東省優勢重點學科全科醫學學科帶頭人；
Recipient of the State Council Special Government Allowance
國務院政府特殊津貼享受者

Dr. Michael WRIGHT
President, Royal Australian College of General Practitioners;
Associate Professor, International Centre for Future Health Systems,
University of New South Wales

Discussion Forum Discussants

Dr. David V.K. CHAO
President, The Hong Kong College of Family Physicians

Dr. Farah Aishah Binti HAMDAN
Family Medicine Specialist at Penampang Health Clinic;
Sabah State Head of Family Medicine

Professor Cindy L.K. LAM, MH, JP
Chief Censor, The Hong Kong College of Family Physicians;
Emeritus Professor, Department of Family Medicine and Primary Care,
School of Clinical Medicine, The University of Hong Kong

Professor LIANG Wannian 梁萬年教授
Dean, College of General Practice, Southern University of Science and Technology
南方科技大學全科醫學院 院長；
President, General Practitioners Branch of the Chinese Medical Doctor Association
中國醫師協會 全科醫師分會 會長

Professor WANG Yongchen 王永晨教授
President of the Society of General Practice of the Chinese Medical Association
中華醫學會全科醫學分會 主任委員；
Director of Department of General Practice, The Second Affiliated Hospital of Harbin Medical University
哈爾濱醫科大學附屬第二醫院全科醫學教研室主任、科主任

Dr. WONG In
President, College of Family Medicine, Macao Academy of Medicine

Dr. WONG Tien Hua
President, College of Family Physicians Singapore

Dr. Michael WRIGHT
President, Royal Australian College of General Practitioners;
Associate Professor, International Centre for Future Health Systems,
University of New South Wales

Professor ZHU Shanzhu 祝墡珠教授
Special President of the General Practice Branch of the Cross-Strait Medical and Health Exchange Association
海峽兩岸醫藥衛生交流協會全科醫學分會 特聘會長；
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復旦大學附屬中山醫院 教授

Dr. LAM Kuo
Specialist Consultant in Family Medicine,
Health Bureau of the Macao Special Administrative Region Government;
Secretary-General and Chairman, Education Committee, The Macao Academy of Medicine

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Consultant, Department of Family Medicine & Primary Health Care,
New Territories West Cluster, Hospital Authority, Hong Kong

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中山大學附屬第八醫院主任醫師；
President, Family Doctor Branch of Guangdong Provincial Primary Healthcare Association
廣東省基層衛生協會家庭醫生分會會長；
Vice President, General Practice Branch of Cross-Straits Medicine Exchange Association
海峽兩岸醫藥衛生交流協會全科醫學分會副會長；
Standing Committee Member, General Practitioner Branch of Chinese Medical Doctor Association
中國醫師協會全科醫師分會常委；
Deputy Director, Family Doctor Branch of Chinese Aging Well Association
中國老年保健協會家庭醫生分會副主任委員；
President, Primary Care Physicians Branch of Shenzhen Medical Doctor Association
深圳市醫師協會基層醫師分會會長

Ms. AU YEUNG Wing Yee
Senior Social Work Officer, Family and Child Protective Services Unit (Kwun Tong),
Social Welfare Department, Government of the HKSAR

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Clinical Assistant Professor (Honorary), Department of Paediatrics and Adolescent Medicine,
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Dr. Mike Y.W. KWAN
Paediatric Immunology, Allergy and Infectious Diseases Specialist;
Clinical Associate Professor (Honorary), Department of Paediatrics and Adolescent Medicine,
The Chinese University of Hong Kong;
Clinical Associate Professor (Honorary), Department of Paediatrics and Adolescent Medicine,
The University of Hong Kong

Professor Albert LEE
Emeritus Professor of JC School of Public Health and Primary Care, The Chinese University of Hong Kong;
Senior Research Fellow of Centre for Medical Ethics and Law, The University of Hong Kong;
Vice President (Asia), World Association for Medical Law and Editor-in-Chief of Medicine and Law

Dr. Adina ABDULLAH
Professor, Department of Primary Care Medicine, Universiti Malaya, Malaysia;
Head of Digital Health Unit, Universiti Malaya Medical Centre, Malaysia

Dr. Alfred S.K. KWONG
Chief of Service, Department of Family Medicine and Primary Healthcare,
Hong Kong Island Cluster (Hong Kong West), Hospital Authority, Hong Kong

Professor NG Chirk Jenn
Clinical Professor, SingHealth-Duke-NUS Academic Medical Centre

Dr. Maria K.W. LEUNG
Chief Manager (Primary and Community Services), Division of Strategy and Planning, Hospital Authority

Professor Hextan Y.S. NGAN
Chair Professor, Department of Obstetrics and Gynaecology, The University of Hong Kong;
President, The Family Planning Association of Hong Kong;
IGCS Global Curriculum Trainer, The University of Hong Kong–Shenzhen Hospital;
Advisor, Hong Kong Society of Gynaecological Oncology

Dr. Esther Y.T. YU
Consultant (Service Standards and Research Management),
Primary Healthcare Commission, Health Bureau, Government of the HKSAR

Seminar Speakers

Dr. Francois Y. FONG
CMO in private sexual health centre;
Honorary Clinical Assistant Professor, The University of Hong Kong;
Honorary Clinical Assistant Professor, The Chinese University of Hong Kong

Professor Carmen WONG
Clinical Professional Consultant and Associate Professor,
Practice in Family Medicine and Medical Education (by courtesy),
JC School of Public Health and Primary Care, Faculty of Medicine,
The Chinese University of Hong Kong

Dr. Eric K.P. LEE
Clinical Associate Professor, The Chinese University of Hong Kong;
Member, European Society of Hypertension Working Group
on Blood Pressure Monitoring and Cardiovascular Variability

Dr. SO Tsz Him
Specialist in Clinical Oncology;
Honorary Clinical Assistant Professor, Department of Clinical Oncology, The University of Hong Kong;
Honorary Clinical Assistant Professor, Department of Clinical Oncology, The Chinese University of Hong Kong;
Consultant in Clinical Oncology, CUHK Medical Centre

Professor Juliana C.N. CHAN
Professor of Medicine and Therapeutics, Faculty of Medicine and Director,
Hong Kong Institute of Diabetes and Obesity,
The Chinese University of Hong Kong, The Prince of Wales Hospital

Dr. Becky Mingyao MA
Clinical Assistant Professor, Department of Medicine,
School of Clinical Medicine, The University of Hong Kong

Dr. Yolanda Y.H. LAW
Specialist in Oral and Maxillofacial Surgery

Dr. Risa OZAKI
Consultant Endocrinologist and Clinical Head of Endocrine Team,
Division of Endocrinology & Diabetes, Department of Medicine & Therapeutics,
The Prince of Wales Hospital

Workshop Speakers

Mr. HO Chin Pong
Registered Chinese Medicine Practitioner

Dr. Nick TSUI
Specialist in Anaesthesiology;
CEO & Co-founder of Alongside

Dr. Regina W.S. SIT
Associate Professor (Clinical);
Director, Primary Care Clinical Trial Unit, JC School of Public Health and Primary Care,
The Chinese University of Hong Kong

Dr. Steven K.F. LOO
Consultant Dermatologist, CUHK Medical Centre;
Honorary Clinical Assistant Professor, The Chinese University of Hong Kong;
Specialist in Dermatology & Venereology

Dr. AU Chi Lap
Chairman, Board of Diploma in Family Medicine,
The Hong Kong College of Family Physicians

Coffee Break Symposium

Dr. CHENG Hok Fai
Dermatology Specialist in private practice

Sponsored Symposia Speakers

Dr. HUNG Hin Fai
Clinical Endocrinologist;
Consultant Physician and the Head of Endocrine Unit and Diabetes Centre,
Department of Medicine & Geriatrics, Princess Margaret Hospital;
Clinical Associate Professor (honorary), Department of Medicine and Therapeutics,
The Chinese University of Hong Kong

Dr. CHOY Chi Fung
Consultant, Department of Medicine,
Tseung Kwan O Hospital, Hospital Authority

Dr. Herbert W.C. KWOK
Specialist in Respiratory Medicine;
Clinical Assistant Professor, The University of Hong Kong

Dr. Winston W.S. FUNG
Associate Consultant, Prince of Wales Hospital;
Honorary Clinical Associate Professor, The Chinese University of Hong Kong

Dr. Fanny W.S. KO
Honorary Clinical Professor, The Chinese University of Hong Kong

Professor David T.W. LUI
Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine,
Li Ka Shing Faculty of Medicine, The University of Hong Kong

Professor CHEUNG Ching Lung
Director, Real-World Study and Application Centre, Hong Kong;
Associate Professor, Department of Pharmacology and Pharmacy,
The University of Hong Kong, Hong Kong

Sponsored Seminar Speaker

Dr. Ivan M.H. WONG
Director of Structural Heart Interventions, Hong Kong Asia Heart Centre;
Honorary Clinical Assistant Profession, Faculty of Medicine, The Chinese University of Hong Kong

Judges of Full, New Investigator Research Paper Competition

Dr. Antonio A.T. CHUH
Honorary Clinical Associate Professor,
Department of Family Medicine and Primary Care, The University of Hong Kong

Professor Albert LEE
Emeritus Professor of Public Health and Primary Care, The Chinese University of Hong Kong;
Adjunct Professor, International Centre for Future Health Systems,
University of New South Wales Medicine and Health, Australia;
Adjunct Professor of Faculty of Law, and Senior Research Fellow,
Centre for Medical Ethics and Law, University of Hong Kong;
Adjunct Professor, Department of Rehabilitation Science, Hong Kong Polytechnic University;
Academician (Int'l Member), National Academy of Medicine, USA;
Vice President (Asia), Governor and Editor in Chief of Official Journal, World Association for Medical Law;
Medico-legal Consultant;
Member of Council and Management Board of Caritas Hong Kong and Chairman of Education Committee

Judges of Free Paper Competition – Oral Presentation

Professor Cindy L.K. LAM, MH, JP
Emeritus Professor and Honorary Clinical Professor,
Department of Family Medicine and Primary Care, School of Clinical Medicine,
The University of Hong Kong

Dr. Ruby S.Y. LEE
Past President and Honorary Fellow, The Hong Kong College of Family Physicians

Professor Samuel Y.S. WONG
Director, JC School of Public Health and Primary Care;
Associate Dean (Education), Faculty of Medicine, The Chinese University of Hong Kong

Judges of Free Paper Competition – Poster Presentation

Ms. CHAN Yuk Sim
Head of Community Network, Primary Healthcare Commission,
Health Bureau, Government of the HKSAR

Dr. Esther Y.T. YU
Consultant (Service Standards and Research Management),
Primary Healthcare Commission, Health Bureau, Government of the HKSAR

Judges of Clinical Case Presentation Competition

Dr. Gene W.W. TSOI
Past President and Fellow, The Hong Kong College of Family Physicians

Professor Sylvia Y.K. FUNG, BBS
President, The Hong Kong Academy of Nursing & Midwifery;
Honorary Associate Professor, School of Nursing, The University of Hong Kong;
Honorary Professor, School of Nursing, Hong Kong Metropolitan University

Panel of Advisors

Dr. David V.K. CHAO
President, The Hong Kong College of Family Physicians

Dr. LAU Ho Lim
Vice-President (General Affairs), The Hong Kong College of Family Physicians

Professor Samuel Y.S. WONG
Vice-President (Education & Examinations), The Hong Kong College of Family Physicians

Sponsors

Sponsored Dinner Symposium

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

Hong Kong Primary Care Conference 2026
Overcoming Challenges for Sustainable Primary Care: *Innovation, Collaboration and Leadership*

26 – 28 June 2026 (Friday – Sunday)

Scientific Programme at-a-glance 學術議程總覽

More conference details:

26 June 2026 (Friday) Pre-conference 會前議程環節

Time \ Date	Zoom Webinars	Face-to-face Symposium Cordis Hotel, Mong Kok	Face-to-face Workshop Function Room 1 (2/F)	Face-to-face Workshop Room 903-4 (9/F)
19:00 - 19:30		**Sponsored Dinner Symposium** **贊助晚宴研討會** **[Boehringer Ingelheim]** From Risk to Reality: Managing CKM Progression Through Early Intervention in Primary Care **Speaker:** **Dr. Hung Hin Fai** Every Breath Counts: Optimizing COPD Management Through Early Detection and Dual Bronchodilation in Primary Care **Speaker:** **Dr. CHOY Chi Fung** *Chairpersons:* *Dr. Catherine P.K. SZE & Dr. YAU Lai Mo*		
19:30 - 20:30	**Sponsored Online Seminar** **贊助線上講座** **[Eli Lilly]** Beyond BMI: Integrating GIP+GLP 1 Receptor Agonists into Modern Obesity Management **Speaker:** **Dr. Ivan M.H. WONG** *Chairperson:* *Dr. Cecilia T.Y. SIT*		**Workshop 1 應用工作坊一** Non-Pharmacological Therapies in Traditional Chinese Medicine: An Overall Introduction and Hands-on Practice **Speaker:** **Mr. HO Chin Pong** *Chairperson:* *Dr. CHIANG Lap Kin*	**Workshop 2 應用工作坊二** A Virtual Reality of Choice: A Practical Workshop on Advance Medical Directives (AMDs) and Clinical Scenarios **Speaker:** **Dr. Nick TSUI** *Chairperson:* *Dr. Eric K.P. LEE*

27 June 2026 (Saturday) Day 1 會議第一天

Time \ Date				
13:45 - 14:30	**Registration and Welcome Drinks 簽到 - Exhibition Hall (G/F)**			
	Run Run Shaw Hall (1/F)			
14:30 - 15:05	**✓ Opening Ceremony 開幕式**			
15:07 - 15:22	**✓ Signing Ceremony of Memorandum of Understanding for Cooperation between The Hong Kong College of Family Physicians and Longhua Affiliated Hospital, Southern University of Science and Technology/ College of General Practice, Southern University of Science of Technology** **香港家庭醫學學院與南方科技大學附屬龍華醫院／南方科技大學全科醫學院合作諒解備忘錄簽約儀式**			
15:25 - 15:55	**✓ Plenary I 主會場一** Hong Kong Primary Healthcare Development - A Present Continuous Tense **Speaker:** **Dr. Cecilia Y.M. FAN** *Chairperson: Dr. LAU Ho Lim*			
15:55 - 16:25	**✓ Plenary II 主會場二** **(Putonghua Session 普通話會場)** The Development and Future Direction of Primary Healthcare System in the Greater Bay Area/Mainland China 大灣區 / 中國內地基層醫療體制的發展及未來方向 **Speaker:** **Prof. WANG Jiaji 王家驥教授** *Chairperson: Dr. LAU Ho Lim*			
16:25 - 16:55	**(1/F)**		**Exhibition Hall (G/F)**	
	e-Poster Presentation (Part 1) 投稿電子海報展示 - Foyer **& e-Poster Speed Presentation *(for invited authors)* - Lift Lobby**		**Coffee Break 中場茶歇**	
	Pao Yue Kong (G/F)	**Lim Por Yen (G/F)**	**James Kung (2/F)**	**Room 903-4 (9/F)**
16:55 - 18:10	**✓ Discussion Forum 1 分論壇一** **(Putonghua Session 普通話會場)** Greater Bay Area Healthcare System: Collaboration & Implication on Medical Education & Training to Primary Care Providers 大灣區基層醫療：協作及其對基層醫療服務提供者於醫學教育與培訓的影響 **Speakers:** **Dr. LAM Kuo 林果醫生,** **Dr. LIANG Jun 梁峻醫生,** **Dr. ZHANG Danxia 張丹霞醫生** *Chairperson: Dr. Catherine X.R. CHEN*	**✓ Discussion Forum 2 分論壇二** Safeguarding of Vulnerable Patients - Medical, Legal and Social Aspects **Speakers:** **Ms. AU YEUNG Wing Yee,** **Dr. Anna W.F. CHENG,** **Dr. Mike Y.W. KWAN &** **Prof. Albert LEE** *Chairperson: Dr. LAM Wing Wo*	**Workshop 3 應用工作坊三** Ultrasound-guided Joint Injection **Speaker:** **Dr. Regina W.S. SIT** *Chairperson:* *Dr. Yolanda Y.H. LAW*	**Workshop 4 應用工作坊四** Cryotherapy for Common Dermatology Lesion **Speaker:** **Dr. Steven K.F. LOO** *Chairperson:* *Dr. Kathy K.L. TSIM*
18:15 - 18:25	**✓ Seminar A 分會場 A** Sexual Health Updates **Speaker:** **Dr. Francois Y. FONG** *Chairperson: Dr. Eric K.P. LEE*	**✓ Seminar B 分會場 B** From Adolescence to Aging: Integrating Lifestyle Medicine for Health Across the Lifespan **Speaker:** **Prof. Carmen WONG** *Chairperson: Dr. Cecilia T.Y. SIT*		
18:25 - 19:00				
	Function Room 1-2 (2/F)			
19:05 - 20:35	**Sponsored Dinner Symposium 贊助晚宴研討會** **[MSD]** Pneumococcal Prevention in Primary Care: Implementing Next Generation PCV for High Risk Adults **Speaker:** **Dr. Herbert W.C. KWOK** **[AstraZeneca]** Repositioning Kidney Protection as Core Prevention in Diabetic Kidney Disease **Speaker:** **Dr. Winston W.S. FUNG** Asthma Management, with a Focus on Primary Care **Speaker:** **Dr. Fanny W.S. KO** *Chairpersons: Dr. Cecilia S.M. CHEUNG & Dr. HO Shu Wan*			

✓ Chinese-English interpretation 中英傳譯

Scientific Programme at-a-glance 學術議程總覽

Time \ Date	28 June 2026 (Sunday) Day 2 會議第二天				
08:30 - 09:00	Registration 簽到 - Exhibition Hall (G/F)				
	Pao Yue Kong (G/F)	Lim Por Yen (G/F)	James Kung (2/F)	Room 903-4 (9/F)	Banquet Room 1-2 (3/F)
09:00 - 09:30 09:30 - 09:45 09:45 - 10:00	✓ **Seminar C 分會場 C** Managing Chronic Diseases: Current Insights and Effects of Cancer Medications **Speakers:** **Dr. Eric K.P. LEE &** **Dr. SO Tsz Him** *Chairperson:* *Dr. Cecilia S.M. CHEUNG*	✓ **Seminar D 分會場 D** Precision Medicine **Speakers:** **Prof. Juliana C.N. CHAN &** **Dr. Becky M.Y. MA** *Chairperson:* *Dr. Catherine P.K. SZE*	✓ **Seminar E 分會場 E** Osteoporosis Screening, Management Cutoff and Dental Assessment before Treatment **Speakers:** **Dr. Yolanda Y.H. LAW &** **Dr. Risa OZAKI** *Chairperson:* *Dr. Dereck M.H. WONG*	**Free Paper - Oral Presentation (Part 1) 自由論文匯報比賽一** *Chairperson:* *Ms. Kathy Y.H. CHEUNG*	
	(1/F)			Exhibition Hall (G/F)	
10:00 - 10:30	**Coffee Break Symposium 茶歇研討會 - Foyer** Atopic Eczema: An Update on Treatment **Speaker:** **Dr. CHENG Hok Fai** *Chairperson:* *Dr. Lorna V. NG* **& e-Poster Presentation (Part 2) 投稿電子海報展示二 - Foyer** **& e-Poster Speed Presentation *(for invited authors)* - Lift Lobby**			**Coffee Break 中場茶歇**	**Workshop 5 應用工作坊五** Hands-on Workshops on Upper Back Pain Commonly Seen by Family Physicians **Speaker:** **Dr. AU Chi Lap** *Chairperson:* *Dr. CHIANG Lap Kin*
	Pao Yue Kong (G/F)	Lim Por Yen (G/F)	James Kung (2/F)	Room 903-4 (9/F)	
10:30 - 11:45	✓ **Discussion Forum 3 分論壇三** AI in Medical Practice in Asia Pacific Region **Speakers:** **Dr. Adina ABDULLAH,** **Dr. Alfred S.K. KWONG &** **Prof. NG Chirk Jenn** *Chairperson:* *Dr. Linda CHAN*	✓ **Discussion Forum 4 分論壇四** Updates on Preventive Care **Speakers:** **Dr. Maria K.W. LEUNG** **Prof. Hextan Y.S. NGAN &** **Dr. Esther Y.T. YU** *Chairperson:* *Dr. Ho Shu Wan*	✓ **Clinical Case Presentation Competition and Awards Presentation of Outstanding Poster Presentation Award 臨床病例彙報比賽暨優秀海報頒獎** *Chairpersons:* *Dr. Kathy K.L. TSIM &* *Dr. YAU Lai Mo*	**Free Paper - Oral Presentation (Part 2) & Full Research Paper Awards Presentation* 自由論文匯報比賽二暨獲獎完整研究論文匯報** *Chairperson:* *Dr. Yolanda Y.H. LAW*	
	Run Run Shaw Hall (1/F)				
11:50 - 12:20	✓ **Plenary III 主會場三** Strong Primary Care: The Future of Our Health Systems **Speaker:** **Dr. Michael WRIGHT** *Chairperson:* *Prof. Samuel Y.S. WONG*				
12:25 - 13:10	✓ **Family Medicine Round Table Discussion 家庭醫學圓桌會議** The Role of FM/GP Training in Primary Healthcare Development 全科／家庭醫學培訓在基層醫療體系發展中的角色與作用 **Discussants** *(Alphabetical order by family name)***:** **^Dr. David V.K. CHAO (HKCFP) / Dr. Farah Aishah Binti HAMDAN (PHC)/ Prof. Cindy L.K. LAM (HKCFP) / Prof. LIANG Wannian (CMDA-GP) / Prof. WANG Yongchen (CMA-CSGP) / Dr. WONG In (MCFM) / Dr. WONG Tien Hua (CFPS) / Dr. Michael WRIGHT (RACGP) / Prof. ZHU Shanzhu (SMEA-GP)** *Chairperson:* *Prof. Donald K.T. LI*				
	Function Room 1-2 (2/F)				
13:15 - 14:45	**Sponsored Lunch Symposium 贊助午宴研討會** **[GSK]** Prevention Starts in Primary Care: Optimizing Protection Against Herpes Zoster and RSV in Diabetes **Speaker:** **Prof. David T.W. LUI** **[Amgen]** Community-based Osteoporosis Screening and Management Framework for Primary Care in Hong Kong **Speaker:** **Prof. CHEUNG Ching Lung** *Chairperson:* *Dr. Margaret C.H. LAM*				

✓ *Chinese-English interpretation 中英傳譯*

**The winner of the Best Research Paper Award will present his/ her work during this session (11:30 - 11:45).*
^HKCFP: 香港家庭醫學學院 / PHC: 馬來西亞衛生診所 / CMDA-GP: 中國醫師協會全科醫師分會 / CMA-CSGP: 中華醫學會全科醫學分會 / MCFM: 澳門家庭醫學院 / CFPS: 新加坡家庭醫學院 / RACGP: 皇家澳大利亞全科醫學院 / SMEA-GP: 海峽兩岸醫藥衛生交流協會全科分會

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

Saturday, 27 June 2026 · 15:25 – 15:55

Plenary I

Hong Kong Primary Healthcare Development - A Present Continuous Tense

Dr. Cecilia Y.M. FAN, JP

MBBS (HK), FRACGP, FHKCFP, FHKAM (Family Medicine), MPH (CUHK)

Under Secretary for Health
Health Bureau
Government of the Hong Kong Special Administrative Region

Dr FAN has been the Under Secretary for Health of the Hong Kong Special Administrative Region (HKSAR) since 14 July 2025. She served as the Consultant Family Medicine (Elderly Health Service) of the Department of Health (DH) before the current position.

As a specialist in Family Medicine, Dr FAN had been the Head of Professional Development and Quality Assurance Service of the DH since 2014. Apart from administering the operation of family medicine clinics and elderly health centres, as well as professional training, she took part in coordinating medical posts at quarantine centres during multiple epidemics, including the severe acute respiratory syndrome, human swine influenza and coronavirus disease 2019, demonstrating extensive experience in public health management.

In 2023, Dr FAN led the DH's medical team to join the search and rescue team deployed by the HKSAR Government in the frontline search and rescue work at the quake-stricken areas in Türkiye. She was recognised with the National Outstanding Individuals in the Foreign Medical Aid commendation by the National Health Commission.

In response to the healthcare challenges of aging population, rising chronic disease burden, increasing public healthcare expenditure, the overloaded public healthcare services, the Primary Healthcare Blueprint highlights a series of reform initiatives to formulate the direction and strategies of primary healthcare development. The Primary Healthcare Commission is established to oversee the strategic planning and provision, standard setting and quality assurance of primary healthcare services and the training of primary healthcare professionals.

The ongoing primary healthcare development will be advanced through three directions, including (i) launching of Primary Healthcare Co-care Network, which instead of driven by individual disease programmes, would be determined by citizens' personal health conditions and risks, realising the "people-oriented" primary healthcare principle; to provide citizens with more comprehensive and holistic care by expanding disease coverage, e.g. in addition to screening and management services for DM, hypertension, dyslipidaemia and hepatitis B, cover more diseases progressively, such as common conditions among women and elderly; (ii) deepening multi-disciplinary collaboration: District Health Centres coordinate primary healthcare professionals to provide integrated and seamless services to the public; strengthening referral mechanisms between primary and secondary healthcare, and among professionals; (iii) improving medical support and auxiliary services in the community: the implementation of Community Drug Formulary and Community Pharmacy Programme will further support connectivity; and the "eHealth+" system will transform eHealth to a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service delivery and care journey management.

The successful development of a robust primary healthcare system requires concerted efforts from all stakeholders, to change people's behaviour from treatment focused to preventive oriented, and to improve overall health of the public and enhance quality of life.

Plenary II (Putonghua Session 普通話會場)

Saturday, 27 June 2026 · 15:55 – 16:25

The Development and Future Direction of Primary Healthcare System in the Greater Bay Area/Mainland China
大灣區 / 中國內地基層醫療體制的發展及未來方向

Professor WANG Jiaji 王家驥教授

Distinguished Professor, School of Public Health, Guangzhou Medical University
廣州醫科大學公共衛生學院 2 級教授
Principal Expert in General Practice, Seventh Affiliated Hospital of Southern Medical University
南方醫科大學附屬七院全科醫學首席專家
Expert Panel on the Development of Integrated County-level Healthcare Communities, National Health Commission of the People's Republic of China 國家衛健委緊密型縣域醫衛共同體建設專家組成員
Vice President, China Rural Health Association 中國農村衛生協會副會長
Chairman, General Practice Application Society of the China Anti-aging Promoting Association
中國抗衰老促進會全科醫學應用分會會長
Honorary Chairman, Primary Healthcare Education Committee of the Chinese Medicine Education Association
中國醫藥教育協會基層醫藥教育專委會名譽主任委員
Vice President, General Practice Society of the Cross-straits Medicine Exchange Association
海峽兩岸醫藥衛生交流協會全科醫學分會副會長
Vice President, Family Doctor Society of the Chinese Aging Well Association
中國老年保健協會家庭醫生分會副會長
President, Primary Healthcare Association of Guangdong Province 廣東省基層衛生協會會長
Academic Leader, Guangdong Leading Key Discipline of General Practice
廣東省優勢重點學科全科醫學學科帶頭人
Recipient of the State Council Special Government Allowance 國務院政府特殊津貼享受者

This paper systematically reviews the arduous exploration of primary healthcare in mainland China over the past 70-odd years. It outlines four developmental stages, evolving from the initial exploration of low-cost primary health care to intelligent and high-quality development, and summarizes the distinctive practical achievements of primary healthcare in the Guangdong-Hong Kong-Macao Greater Bay Area.

Leveraging the unique strengths of "One Country, Two Systems", the Greater Bay Area has broken down cross-border medical barriers and advanced the connectivity of physicians, medicines and medical devices, health data, and medical payment, making it more convenient for Hong Kong and Macao residents to seek medical treatment in mainland China. It has introduced the service philosophy of Hong Kong family doctors and promoted the localized implementation of Hong Kong-style primary care services in the Mainland. Supported by the "Hundred-Thousand-Ten Thousand Project", a diversified primary healthcare assistance mechanism has been established. The reform of medical insurance payment featuring global budget prepayment, retention of surpluses, and sharing of overspending has boosted the development of close-knit medical communities. Innovative models such as the "N-RCSP" chronic disease management and "Integration of the Six Medical Sectors" have been formed.

At present, primary healthcare in mainland China still faces challenges including unbalanced service capacity, shortage of professional talents, and insufficient integration of medical treatment and disease prevention.

Going forward, it is necessary to uphold government leadership, strengthen talent development, deepen digital and intelligent empowerment, and improve supporting guarantee mechanisms. Efforts will be made to promote high-quality and balanced development of primary healthcare, further deepen cross-border collaboration in the Greater Bay Area, support the construction of a Healthy China and a Healthy Greater Bay Area, and consolidate the grassroots foundation for national health.

本文系統梳理了中國內地基層醫療歷經七十餘年的艱辛探索，從低成本初級衛生保健奠基探索逐步升級為智慧化、高質量發展的四大階段以及粵港澳大灣區別具特色的基層醫療實踐成效。粵港澳大灣區依託“一國兩制”獨特優勢，打破跨境醫療壁壘，推進“醫師通、藥械通、數據通、支付通”建設，提升港澳居民北上就醫便利化水準；借鑒香港家庭醫生服務理念，推動港式服務在內地基層落地；依託“百千萬工程”，建立多元化基層幫扶機制；推行“總額預付、結餘留用、超支分擔”醫保支付方式改革，撬動緊密型醫共體建設，形成了“N-RCSP”慢病管理、“六醫融合”等多元創新實踐模式。

當前，中國內地基層醫療衛生仍面臨服務能力不均衡、人才短缺、醫防融合不足等挑戰。未來，需堅持政府主導，強化人才建設、深化數智賦能、完善保障機制，推動基層醫療優質均衡發展，深化大灣區跨境協同，助力健康中國與健康灣區建設，為全民健康築牢基層根基。

Sunday, 28 June 2026 · 11:50 – 12:20

Plenary III

Strong Primary Care: The Future of Our Health Systems

Dr. Michael WRIGHT

MBBS, MSc, PhD, FRACGP, FAICD

President, Royal Australian College of General Practitioners
Associate Professor, International Centre for Future Health Systems, University of New South Wales

Dr Michael Wright is a general practitioner (GP), health economist and health services researcher based in Sydney, Australia. Michael combines clinical practice with strategic appointments and academic research analysing the effects of health policy on the quality and performance of primary care. Michael is the President of the Royal Australian College of General Practitioners, Associate Professor at the International Centre for Future Health Systems at the University of New South Wales and is in clinical practice in Woollahra. Michael's previous appointments include Chief Medical Officer of Avant Mutual, chair of RACGP's Reference Expert Committee on Funding and Health System Reform, and Board Chair of Central and Eastern Sydney Primary Health Network.

Health systems around the world are facing increasing pressure due to demographic changes, including population ageing, the increasing prevalence of chronic health conditions and growing rates of multi-morbidity. These pressures are increasing costs and demands on health systems, particularly for countries focused on hospital-centric care.

International evidence shows that that health systems orientated around strong primary care perform better against all major dimensions, including health outcomes, cost and equity. Investing in high-quality primary care is increasingly seen as the best value investment in the health of our populations.

This presentation will discuss the value of comprehensive primary care, and discuss ways to further strengthen primary care, improve health system sustainability and thereby increase the productivity of individuals and communities.

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

Hong Kong Primary Care Conference 2026
Overcoming Challenges for Sustainable Primary Care: *Innovation, Collaboration and Leadership*

26 – 28 June 2026 (Friday – Sunday)

Family Medicine Round Table Discussion
家庭醫學圓桌會議

Sunday, 28 June 2026 · 12:25 – 13:10

The Role of FM/GP Training in Primary Healthcare Development
全科 / 家庭醫學培訓在基層醫療體系發展中的角色與作用

Family medicine serves as the cornerstone of healthcare systems across the world. It focuses on holistic, "whole-person" continuous care that manages chronic diseases and improves overall population health outcomes. A robust family medicine training system helps to strengthen the foundation of primary healthcare, shifting healthcare systems from expensive, hospital-centric reactive care to cost-effective, preventive community care. With the ageing populations and their related issues, healthcare systems across the globe are under tremendous strains. How can family medicine training contribute towards a more sustainable healthcare system? How can government policy affect the development of family medicine? What additional steps can be done to further enhance primary healthcare services in the community? In this timely round table discussion, family medicine experts from different regions will share and discuss the way forward.

Chairperson
Professor Donald K.T. LI, GBS, JP
Censor, The Hong Kong College of Family Physicians
Past President , World Organization of Family Doctors (WONCA)

Dr. David V.K. CHAO
President, The Hong Kong College of Family Physicians

Dr. Farah Aishah Binti HAMDAN
Family Medicine Specialist at Penampang Health Clinic
Sabah State Head of Family Medicine

Professor Cindy L.K. LAM, MH, JP
Chief Censor, The Hong Kong College of Family Physicians
Emeritus Professor, Department of Family Medicine and Primary Care, School of Clinical Medicine, The University of Hong Kong

Professor LIANG Wannian 梁萬年教授
Dean, College of General Practice, Southern University of Science and Technology
南方科技大學全科醫學院 院長
President, General Practitioners Branch of the Chinese Medical Doctor Association
中國醫師協會 全科醫師分會 會長

Family Medicine Round Table Discussion
家庭醫學圓桌會議

Sunday, 28 June 2026 · 12:25 – 13:10

The Role of FM/GP Training in Primary Healthcare Development
全科 / 家庭醫學培訓在基層醫療體系發展中的角色與作用

Professor WANG Yongchen 王永晨教授

President of the Society of General Practice of the Chinese Medical Association
中華醫學會全科醫學分會 主任委員
Director of Department of General Practice, The Second Affiliated Hospital of Harbin Medical University
哈爾濱醫科大學附屬第二醫院全科醫學教研室主任、科主任

Dr. WONG In

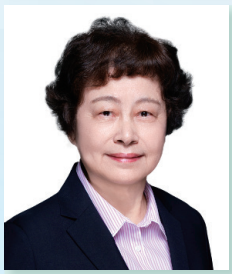
President, College of Family Medicine, Macao Academy of Medicine

Dr. WONG Tien Hua

President, College of Family Physicians Singapore

Dr. Michael WRIGHT

President, Royal Australian College of General Practitioners
Associate Professor, International Centre for Future Health Systems, University of New South Wales



Professor ZHU Shanzhu 祝墡珠教授

Special President of the General Practice Branch of the Cross-Strait Medical and Health Exchange Association
海峽兩岸醫藥衛生交流協會全科醫學分會 特聘會長
Professor at Zhongshan Hospital Affiliated to Fudan University
復旦大學附屬中山醫院教授

Saturday, 27 June 2026 · 16:55 – 18:10

Discussion Forum 1 (Putonghua Session 普通話會場)

Greater Bay Area Healthcare System: Collaboration & Implication on Medical Education & Training to Primary Care Providers
大灣區基層醫療：協作及其對基層醫療服務提供者於醫學教育與培訓的影響

Dr. LAM Kuo 林果醫生

MFM (Monash), MPhil in Paediatrics (CUHK)

Specialist Consultant in Family Medicine, Health Bureau of the Macao Special Administrative Region Government
Secretary-General and Chairman, Education Committee, The Macao Academy of Medicine

Dr. Lam Kuo is a Specialist Consultant in Family Medicine at the Health Bureau of the Macao Special Administrative Region Government. She serves as Secretary-General and Chairman of the Education Committee of the Macao Academy of Medicine. She also leads the Training and Documentation Section of the Community Healthcare Department under the Health Bureau, and is an Editorial Advisor for the Macao Medical Journal. She was formerly an Honorary Clinical Assistant Professor in Family Medicine at The Chinese University of Hong Kong and holds a Master of Family Medicine from Monash University, Australia, as well as a Master of Philosophy in Paediatrics from The Chinese University of Hong Kong.

This presentation explores the evolving landscape of primary care in the Greater Bay Area and its implications for medical education and training. Against a backdrop of gradual regional collaboration and varying healthcare systems, the talk highlights shared challenges such as ageing populations and chronic disease management. While differences across the region remain, the growing need for cross-border interaction and workforce development is becoming increasingly evident. The discussion will touch upon current efforts in policy, service delivery, and training, with a focus on how medical education may need to adapt in response to regional trends. The development of primary care professionals in the future will likely require broader perspectives and more flexible training approaches to meet changing healthcare demands.

Dr. LIANG Jun 梁峻醫生

MBChB(Glasg), DCH(Lond), DRCOG(Lond), DFFP(Lond), Dip Derm(Lond), MRCGP(UK), FHKAM(Family Medicine), FRCGP(UK)

Consultant, Department of Family Medicine & Primary Health Care,
New Territories West Cluster, Hospital Authority, Hong Kong

Dr. Jun Liang is Consultant of Family Medicine & Primary Health Care, NTW Cluster, Hospital Authority, Hong Kong. He also serves as Honorary Clinical Associate Professor at HKU and CUHK. A graduate of the University of Glasgow, he has extensive family medicine experience in both the UK and Hong Kong. He established territory wide diabetes complication screening programmes, led chronic disease service audits, and integrated primary mental healthcare into general practice. Actively involved in GBA cross border healthcare coordination, he advocates for unified family medicine training standards and sustainable primary care workforce development across the Greater Bay Area.

The Guangdong-Hong Kong-Macao Greater Bay Area faces rising demand for seamless cross-border primary care, yet misaligned family medicine training, assessment and accreditation remain a key barrier. Divergent regulations, limited clinical exchanges, qualification recognition hurdles and fragmented digital health and AI training further constrain progress. Hong Kong, Mainland China and Macao possess complementary strengths – Hong Kong's international standards and CBME expertise, Guangdong's scale and policy support, and Macao's bridging role and small-system agility. Solid collaboration foundations already exist, including joint specialist training centres, RCGP-accredited GOLD™ programmes, and cross-border care mechanisms.

This talk proposes three systemic interventions: a unified six-domain core competency framework for family physicians (clinical care, patient-centred communication, population health, professional governance, interdisciplinary leadership, and digital health literacy with cross-border awareness); an interconnected training system featuring mandatory cross-border rotations, joint faculty development, and shared digital portfolios; and a long-term guarantee mechanism with dedicated governance, sustainable funding (insurance levy, government matching, institutional contributions), and joint quality assurance.

A phased roadmap to 2030 aligns training standards, expands cross-border exchanges, and explores mutual recognition mechanisms without full qualification commitment. This practical model aims to harmonise family medicine education and strengthen the primary care workforce across the GBA.

Saturday, 27 June 2026 · 16:55 – 18:10

Discussion Forum 1 (Putonghua Session 普通話會場)

Greater Bay Area Healthcare System: Collaboration & Implication on Medical Education & Training to Primary Care Providers
大灣區基層醫療：協作及其對基層醫療服務提供者於醫學教育與培訓的影響

Dr. ZHANG Danxia 張丹霞醫生

Chief Physician, Eighth Affiliated Hospital, Sun Yat-sen University
President, Family Doctor Branch of Guangdong Provincial Primary Healthcare Association
Vice President, General Practice Branch of Cross-Straits Medicine Exchange Association
Standing Committee Member, General Practitioner Branch of Chinese Medical Doctor Association
Deputy Director, Family Doctor Branch of Chinese Aging Well Association
President, Primary Care Physicians Branch of Shenzhen Medical Doctor Association
中山大學附屬第八醫院主任醫師，廣東省基層衛生協會家庭醫生分會會長
海峽兩岸醫藥衛生交流協會全科醫學分會副會長，中國醫師協會全科醫師分會常委
中國老年保健協會家庭醫生分會副主任委員，深圳市醫師協會基層醫師分會會長

This presentation focuses on primary healthcare collaboration in the Greater Bay Area and its impact on the medical education and training of primary healthcare practitioners. Guangdong, Hong Kong and Macao each have distinctive strengths in their primary care systems, with increasingly close cooperation in policy alignment, service integration and talent exchange. Such collaboration has facilitated the in-depth integration of general practice concepts, aligned training standards with international norms, and enabled the sharing of high-quality resources including faculty, curricula and clinical platforms, effectively enhancing primary care physicians' core competencies in chronic disease management, elderly care and cross-border services. Challenges remain, such as systemic differences, qualification mutual recognition and balanced resource allocation. Going forward, we will further enhance institutional connectivity, promote credit transfer, expand training coverage and innovate training models to jointly build a high-level talent base for primary healthcare in the Healthy Greater Bay Area.

本次演講圍繞大灣區基層醫療協作及其對基層醫務人員教育培訓的影響展開。粵港澳三地基層醫療體系各具優勢，在政策銜接、服務協同、人才交流等方面合作日趨緊密。協作推動全科醫學理念深度融合，促進培訓標準與國際接軌，實現師資、課程、臨床平台等優質資源分享，有效提升基層醫生慢病管理、老年照護、跨境服務等核心能力。當前仍面臨制度差異、資質互認、資源均衡等挑戰。未來將深化機制對接、推進學分互通、擴大培訓覆蓋、創新培養模式，攜手共建健康灣區基層醫療人才高地。

Saturday, 27 June 2026 · 16:55 – 18:10

Discussion Forum 2

Safeguarding of Vulnerable Patients - Medical, Legal and Social Aspects

Ms. AU YEUNG Wing Yee

Senior Social Work Officer, Family and Child Protective Services Unit (Kwun Tong),
Social Welfare Department, Government of the HKSAR

Ms AU YEUNG is a dedicated social worker with over 20 years of experience in the Social Welfare Department. Throughout her extensive career, she has worked in various settings, including the Family and Child Protective Services Unit, Child and Adolescent Mental Health Centre, Integrated Family Service Unit, and the Probation Community Service Orders Office. Additionally, she has served as a Training Officer in the Staff Development and Training Section. Ms AU YEUNG has developed a strong expertise in handling child cases, significantly impacting the lives of many young individuals and their families.

This presentation will provide a structured overview of mandatory reporting of child abuse under the new legal framework. It will illustrate how to distinguish between urgent and non-urgent cases and clarify both individual and group reporting methods. The Mandatory Reporting Platform will be introduced, with an emphasis on essential points for compliance and effective application. Participants will be guided by decision trees for triaging suspected cases, reinforcing consistency and accountability in practice. The speaker will demonstrate the decision process through practical examples and, by sharing scenarios encountered since the commencement of the laws, will highlight important reminders that strengthen ethical responsibility and promote cross-sector collaboration in safeguarding child protection.

Professor Albert LEE

MB BS (Lond), LLB (Hons-Lond), LLMArbDR (Distinct-CityUHK), MPH(CUHK), DCH (Irel), DMed (NUI), MD (CUHK), GDLP (Aus.Coll.Law), FCIArb (UK), Accredited Mediator (CEDR-UK), FRCP (Lond & Irel), FHKAM(FamMed), FCLM (US), FACLM (Aus), HonFFPH(UK)

Emeritus Professor of JC School of Public Health and Primary Care, The Chinese University of Hong Kong
Senior Research Fellow of Centre for Medical Ethics and Law, The University of Hong Kong
Vice President (Asia), World Association for Medical Law and Editor-in-Chief of Medicine and Law

Professor Albert Lee is duly qualified as a medical doctor (registered as a specialist in Family Medicine/GP in HK and Australia) and lawyer (Australia and New Zealand and registered foreign lawyer in HK). He possesses higher doctoral degrees in Medicine from the National University of Ireland (DMed) and CUHK (MD), Master of Law with distinction in Arbitration and Dispute Resolution from the City University of Hong Kong, Fellow of the Chartered Institute of Arbitrators (UK), Accredited Mediator (CEDR-UK), and Fellow of Australasian and American College of Legal Medicine.

He is the Emeritus Professor of Public Health and Primary Care of CUHK, Senior Research Fellow of the Centre for Medical Ethics and Law of the University of Hong Kong, and Vice President (Asia) of the World Association for Medical Law and Editor in Chief of the official Journal. He has co-edited four books on primary health care and a book on "Healthcare Law and Ethics" published in 2023 with renowned healthcare lawyers and medico-legal experts including three King's Counsels as contributors for different chapters.

Upholding the Health and Justice of Vulnerable Group with Close Intersection of Medical, Legal and Social Sectors

Although reaching 'full age' is defined as person attaining age of 18 in Hong Kong (HK) and the common law defines children as person not reaching 'full age', there is no unified definition of age which a person becomes adult. The tendency of the modern law is to recognize children being people with rights and not property of parents. The United Nations Convention on the Rights of the Children (UNCRC) was extended to HK in 1994. The UNCRC proclaims and reaffirms the rights of children protection, and is also a fundamental tool in development and understanding of the common law. Articles 3 and 6 of the UNCRC concerns children's right to life, care and protection; and Article 24 affirms the children the right to the enjoyment of the highest possible attainable standard of health. In HK, the 'Welfare Principle' in Article 3(1) of the UNCRC about the importance of considering the best interests of the child implies the obligation under s. 8 (Article 20) of the HK Bill of Rights Ordinance (Cap 383). Issues related to vulnerability requires intersection of legal, health, social, education and economic and cultural perspectives with a wider and boarder lens to uphold justice and equity. Health-in-all-policies approach is not enough to shed light on the place of law in a social determinant framework to set and defend the norms and standards of good health, and hold actors and institutions accountable.

Saturday, 27 June 2026 · 16:55 – 18:10

Discussion Forum 2

Safeguarding of Vulnerable Patients - Medical, Legal and Social Aspects

Dr. Anna W.F. CHENG

MBChB (CUHK), MRCP (UK), MRCPCH, FRCPCH, FHKAM (Paed), FHKCPaed, MPH (CUHK)

Specialist in Paediatrics
Clinical Associate Professor (Honorary), Department of Paediatrics and Adolescent Medicine, The Chinese University of Hong Kong
Clinical Assistant Professor (Honorary), Department of Paediatrics and Adolescent Medicine, The University of Hong Kong

Dr. Cheng is the Executive Committee Member and Honorary Consultant of Against Child Abuse (ACA), the Honorary Consultant (Children and Family Service) of the Hong Kong Young Women's Christian Association (YWCA). She has been serving as the Executive Committee Member and Honorary Medical Advisor and Member of Child Safeguarding Academy Advisory Panel, Hong Kong Society for the Protection of Children (HKSPC) since 2023. Dr. Cheng is also the steering Committee Member of Early Childhood Intervention, The Boys' and Girls' Club Association (BGCA) of Hong Kong. Dr. Cheng was the Member (2019-2025) and Convenor of Medical Group (2022-2025) in Child Fatality Review Panel, Social Welfare Department, HKSAR.

Dr. Mike Y.W. KWAN

MBBS (HK), MRCP (UK), MRCPCH, FHKAM (Paed), FHKCPaed, PDipID (HK), MSc (Applied Epidemiology) CUHK, PDip Health Informatics (University of Bath, UK)

Paediatric Immunology, Allergy and Infectious Diseases Specialist
Clinical Associate Professor (Honorary), Department of Paediatrics and Adolescent Medicine, The Chinese University of Hong Kong
Clinical Associate Professor (Honorary), Department of Paediatrics and Adolescent Medicine, The University of Hong Kong

Dr. Kwan is the President of the Asian Society for Pediatric Infectious Diseases (ASPID) and serves as the Board Member representing ASPID in the World Society for Pediatric Infectious Diseases (WSPID). He is also the Standing Committee Member representing East Asia in the Asia Pacific Pediatric Association (APPA).

He was elected Honorary Life Member (2025) of the Hong Kong Paediatric Society and serves as one of the Directors of the Hong Kong Society for AIDS Care (HKSAC). He has been serving as the Medical Advisor of the Hong Kong Society for Protection of Children (HKSPC) since 2023. Dr. Kwan has been appointed as a medical expert witness in child abuse cases.

Multidisciplinary Co-operation for Safeguarding Children from Maltreatment

An overview of the current child abuse situation in Hong Kong and the importance of multidisciplinary collaboration in handling different types of child abuse (physical, sexual, psychological and child neglect) will be discussed.

The study on adverse childhood experiences (ACE) will be used to illustrate the long-term consequences of child abuse, including physical health, mental health and society burden. Toxic stress in related to ACE in childhood would resulting in physiological disruption in neurodevelopmental, immune, metabolic and neuroendocrine systems.

The Mandatory Reporting on Child Abuse Ordinance was in effect on 20th January 2026, which aims to cast a wide and effective protection web for children through mandating professionals of social welfare, education and healthcare sectors to report suspected child abuse cases reaching the threshold of serious harm or having real risk of serious harm, the case scenarios in the guide for mandatory reporters will be used to illustrate in making a reporting decision.

Sunday, 28 June 2026 · 10:30 – 11:45

Discussion Forum 3

AI in Medical Practice in Asia Pacific Region

Dr. Adina ABDULLAH

BMedSci (Hons), BMBS, M. Fam Med (UM), PhD
Professor, Department of Primary Care Medicine, Universiti Malaya, Malaysia
Head of Digital Health Unit, Universiti Malaya Medical Centre, Malaysia

Prof. Dr. Adina Abdullah is a Family Medicine Specialist and professor at Universiti Malaya (UM), with special interest in advancing digital health and AI-driven healthcare innovations in Malaysia. Her work includes supervising PhD students on projects developing mobile apps for self-management and using air quality forecast data as early alerts for patients with asthma. She leads the UM's eHealth Unit at the Faculty of Medicine, UM and Head of Digital Health Unit, at the Universiti Malaya Medical Centre (UMMC). Her research focuses on digital health adoption, health literacy, and AI-supported patient self-management.

Malaysia is driving national transformation via the AI Nation 2030 Strategy, prioritising data-driven innovation to strengthen the healthcare delivery ecosystem. Within this framework, AI is evolving from a supportive role to a primary driver of clinical efficiency.

At the University Malaya Medical Centre (UMMC), several projects from the AI in Medicine grants led to groundbreaking development of AI applications to be used in clinical services. The projects ranged from development of Data Safe Haven for Medical AI Research to Breast Cancer diagnostics using optimised machine learning methods. These efforts enable across faculty collaboration and allow home grown AI algorithms to be developed based on clinical needs and problems.

Along with technological advancement, there is a need to cultivate leaders in digital health and AI for health. These clinical leaders must abide to the 2025 Malaysian Medical Council (MMC) ethical guidelines in using AI, to ensure these tools meet the 'reasonable confidence' standard through transparency and trustworthiness. By prioritising ethical and measured use of AI, clinicians can harness AI to enhance clinical outcomes equitably.

Dr. Alfred S.K. KWONG

MBBS, DFM(Monash), DPD (Cardiff), FHKCFP, FRACGP, FHKAM (Family Medicine)
Specialist in Family Medicine
Chief of Service, Department of Family Medicine and Primary Healthcare,
Hong Kong Island Cluster (Hong Kong West), Hospital Authority, Hong Kong

Dr. Alfred Kwong is a Specialist in Family Medicine and Consultant at Queen Mary Hospital, Hong Kong. He has extensive experience in primary care and healthcare service management. He has a strong interest in health information technology and the application of clinical artificial intelligence within the Hospital Authority. As a member of the Clinical AI Working Group in Hospital Authority, he contributes to the development and implementation of AI-driven healthcare solutions, including projects supporting diabetic retinopathy screening and other clinical AI applications to enhance patient care and service efficiency.

The Hospital Authority (HA) in Hong Kong is strategically advancing AI to support Smart Hospital initiatives. The AI Steering Group sets the direction and guiding principles for AI adoption. It is supported by the Clinical AI Working Group for solution prioritization and the AI Digital Accelerator for driving innovation and implementation.

Major applications:

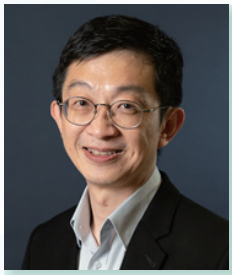
- Data-driven care with Imaging AI: CXR for nodule / mass detection, Hip Fracture detection, CT Brain for identification of intra-cranial hemorrhage, and AI-imaged guided endoscopy.
- Automation: HBV DNA auto-flagging, drug alert, and patient deterioration prediction.
- Patient Empowerment: HA GO app for auto-capturing health parameters such as blood pressure and glucose.
- Analytics: AI and Data Analytic (AIDA) for cross-source health data retrieval.
- Generative AI: AI Genie for medical report drafting and translation.

These initiatives are targeted to enhance diagnostic accuracy, operational efficiency, patient safety, and the long-term sustainability of public healthcare services.

Sunday, 28 June 2026 · 10:30 – 11:45

Discussion Forum 3

AI in Medical Practice in Asia Pacific Region



Professor NG Chirk Jenn

MBBS, MMed (Family Medicine), PhD

Clinical Professor, SingHealth-Duke-NUS Academic Medical Centre

Dr Ng Chirk Jenn is a Professor in Family Medicine and Population Health at Duke-NUS Medical School in Singapore. He is also a Senior Consultant at SingHealth Polyclinics and the Deputy Director at SingHealth Centre for Population Health Research and Implementation. His research expertise includes Digital Health, Implementation Science and Shared Decision Making. His current research focuses on using implementation science approach to design health services and translate research evidence into routine clinical practice, including digital and AI solutions.

Implementing a Chest X-ray AI System in Singapore Primary Care: Lessons Learned

In primary care, where consultations are short, with wide-ranging and multiple reasons for encounter, and rapidly evolving clinical evidence and protocols, use of AI to support decision making, automate clinical documentation and triage, improve workflow and operations, support patient self-management is becoming essential and inevitable. However, despite this, successful and sustained implementation of AI systems in real-world clinical practice remains challenging and variable. Common implementation barriers include perceived lack of accuracy, concerns about medico-legal implication, additional workload and complex workflow, and lack of a governance structure.

In Singapore, there are only a few use cases of AI systems in primary care including AI diabetic retinal photography, AI ambient scribes for clinical consultations and chatbot for patient education and appointment booking, many are still at its infancy. This talk will share recent experience in implementing a chest X-ray AI system to expedite the reporting turn-around-time in public primary care clinics; lessons learned include how different stakeholders perceived its value and accuracy; how the AI system impact on the existing workflow; and what resources and manpower are needed to implement it successfully.

While AI can be an enabler in improving healthcare delivery, putting in place a safe and agile platform to pilot and refine the AI system and its implementation is critical to ensure its successful adoption with proper governance.

Sunday, 28 June 2026 · 10:30 – 11:45

Discussion Forum 4
Updates on Preventive Care

Dr. Maria K.W. LEUNG

MBBS (UK), PG DOM (CUHK), Pg DipPD (Cardiff), MFM (Clin) (Monash), MRCGP, FHKFP, FRACGP, FHKAM (Family Medicine)

Chief Manager (Primary and Community Services), Division of Strategy and Planning, Hospital Authority

Dr Maria Leung is a family medicine specialist. Currently, she is the Chief Manager in Primary and Community Services, Hospital Authority. She is also the Honorary Clinical Associate Professor of both the Chinese University of Hong Kong and the University of Hong Kong, as well as the Council Member of the Hong Kong College of Family Physicians.

She oversees the primary and community healthcare services at corporate wide level and she has been involved in the planning and implementation of preventive care services in family medicine clinics in Hospital Authority. Dr Leung is also a member in the Steering Committee of Viral Hepatitis and has participated in the preparation of the protocol of "Management of adult with chronic hepatitis B virus infection in primary care".

Preventive Care Programme on Hepatitis B Infection

Hepatitis B virus (HBV) infection is a significant health issue globally and locally. According to the Population Health Survey (PHS) 2020-22, about 5.6% of the Hong Kong population, which is about 410 000 people, have hepatitis B. In order to meet the goal set by the World Health Organization (WHO) to eliminate viral hepatitis as a public health threat by 2030, the Government of the Hong Kong Special Administrative Region launched the Hong Kong Viral Hepatitis Action Plan 2020 - 2024 in October 2020, setting out a comprehensive strategy with specific actions by the Department of Health (DH), the Hospital Authority (HA) and other stakeholders to reduce transmission of viral hepatitis, as well as related morbidity and mortality. One of the goals would be to early identify and manage people with chronic hepatitis B (CHB). To support this goal, the Primary Healthcare Commission (PHC Commission) under the Health Bureau has launched the Hepatitis B Co-care Scheme on February 7 2026, targeting at high-risk groups of CHB and providing assessment and screening at District Health Centres (DHCs) for the affordable groups. Family Medicine Clinics (FMCs) in HA also play an important role in early identification and management of CHB for the underprivileged groups in the society.

Professor Hextan Y.S. NGAN

MBBS(HK), MD(HK), FRCOG(UK), FHKCOG(HK), FHKAM(O&G), Cert RCOG(Gynae Onc)

Chair Professor, Department of Obstetrics and Gynaecology, The University of Hong Kong (HKU)
President, The Family Planning Association of Hong Kong (FPA)
IGCS Global Curriculum Trainer, The University of Hong Kong–Shenzhen Hospital (HKU-SZH)
Advisor, Hong Kong Society of Gynaecological Oncology (HKSGO)

Professor Ngan formerly served as Head of the Department of Obstetrics and Gynaecology at HKU (2009-2021) and was an Honorary Consultant & past Chief-of-Service at the at Queen Mary Hospital (2009-2015). She is the Chief-of-Service (2012-2024) and an IGCS global curriculum trainer at HKU-SZH (2019-). She is an Advisor to the HKSGO, President of the International Society for the Study of Trophoblastic Diseases (2022-2024). Her past leadership roles include presidencies at the HK College of Obstetricians and Gynaecologists (2010-2012), the Hong Kong Society for Colposcopy and Cervical Pathology (2001-2004), and the Asia-Oceania Research Organization in Genital Infection and Neoplasia (2010-2012). She also chaired the Oncology Committee of the International Federation of Gynecology and Obstetrics (FIGO) (2000-2006).

Updates on Preventive Care in Women's Health

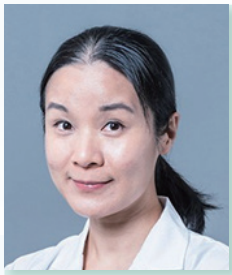
Women's health is a big topic and as a gynaecological oncologist, my focus would be on prevention of women's cancer. The most 3 common gynaecological cancers are cancer of endometrium, ovarian cancer and cervical cancer. If we wish to prevent cancer, we need to understand the underlying risk factors, course of development, any preinvasive stage, any preventive measures such as life style modification, vaccination or screening.

Among the three gynaecological cancers, cervical cancer which is HPV associated is the most promising that can be prevented by vaccination, screening and change in life style. WHO has pledged for the elimination of cervical cancer by 2030. Endometrial cancer is estrogen related. Apart from avoidance of intake of unopposed estrogen, most of the risk factors are beyond control. It is unfortunate that there is no evidence based effective screening available. Ovarian cancer has less specific causative factors, most probably associated with ovulation and estrogen. It shares some of the risk factors as endometrial cancer where the majority cannot be prevented. For women who has hereditary ovarian cancer syndrome, oral contraceptive and screening can be considered.

Sunday, 28 June 2026 · 10:30 – 11:45

Discussion Forum 4

Updates on Preventive Care



Dr. Esther Y.T. YU

MB BS (HK), FHKAM(Family Medicine)
Consultant (Service Standards and Research Management),
Primary Healthcare Commission, Health Bureau, Government of the HKSAR

Dr. Esther Yu is a Specialist in Family Medicine, currently serving as the Consultant (Service Standards and Research Management) in the Primary Healthcare Commission of the Health Bureau. Her main responsibilities include ensuring the quality and standards of primary healthcare services by overseeing the Expert Panel on Hong Kong Primary Healthcare Reference Framework (HKPRF), developing evidence-based recommendations and cross-disciplinary collaborative care pathways and model for primary healthcare service, as well as informing training needs of primary healthcare professionals.

Prior to her service at the Health Bureau, Dr. Yu held the position of Clinical Assistant Professor at the Department of Family Medicine and Primary Care, the University of Hong Kong between 2012 and 2022. Her main research interest was the development and implementation of primary healthcare service, focusing on multi-disciplinary management of chronic diseases such as hypertension, diabetes and prediabetes.

Risk-based Multi-disciplinary Service Model for Intrinsic Capacity Optimization of Older Adults in the District Health Network

Hong Kong became a super-aged society in 2024, with >23% of residents aged ≥65 years. Preventive care for older adults is crucial to optimise their health outcomes and well-being, as well as reduce healthcare burden. The World Health Organisation (WHO) proposes the Integrated Care for Older People approach (ICOPE) to engage various community stakeholders and healthcare providers to provide patient-centred, community-based assessment and optimisation of intrinsic capacity (IC), with the aims to reduce, delay or prevent care-dependency.

Based on the ICOPE and built on capacity and availability of local primary healthcare providers, the Primary Healthcare Commission is co-developing a four-tier risk-based multi-disciplinary service model with local academic, field experts and community stakeholders, feasible for implementation in the District Health Network. The model consists seven IC domains, namely Cognition, Psychological capacity, Mobility, Vitality/Nutrition, Vision, Hearing, and Urinary problem, and four tiers of care, basic screening, in-depth assessment, multi-disciplinary cross-sectoral intervention with family doctor assessment and management, and specialist care. This initiative aims to guide cost-efficiency care of older adults and facilitate medico-social collaboration in local community setting to tackle potential societal impact of our rapidly ageing population.

Saturday, 27 June 2026 · 18:15 – 19:00

Seminar A

Sexual Health Update

Dr. Francois Y. FONG

MBBS(Monash), MFM(Clinical)(Monash), FRACGP

CMO in private sexual health centre
Honorary Clinical Assistant Professor, The University of Hong Kong
Honorary Clinical Assistant Professor, The Chinese University of Hong Kong

Dr Francois Fong is the Founder and CMO of Neo-Health Group, Hong Kong's first integrated sexual health centre. He holds a Master in Family Medicine (Monash University) and a Master in Health Science (Sexual Health) from the University of Sydney, and is a Fellow of the Royal Australian College of General Practitioners. Dr Fong serves as an Honorary Clinical Assistant Professor at both The University of Hong Kong and The Chinese University of Hong Kong. A clinician specialising in sexual health, he is also a passionate community advocate for sex education in Hong Kong and an accomplished researcher in the field of sexually transmitted infections and sexual dysfunction.

Recent advances in sexual health offer new opportunities for primary care providers to enhance prevention and treatment for patients across Hong Kong.

STI Prevention: PrEP and Doxy PEP.
HIV pre-exposure prophylaxis (PrEP) is over 99% effective when taken as prescribed, yet Hong Kong currently lacks a public PrEP programme, with access limited to private clinics at a significant cost. Primary care physicians play a crucial role in bridging this gap by providing risk assessment, prescribing, and ongoing monitoring for appropriate candidates. Meanwhile, doxycycline post-exposure prophylaxis (Doxy PEP)—a single 200 mg dose taken within 24 to 72 hours after condomless sex—has demonstrated efficacy in reducing chlamydia and syphilis incidence among men who have sex with men and transgender women. However, clinicians must balance STI prevention benefits against concerns regarding antimicrobial resistance.

Novel ED Therapies.
Beyond conventional PDE5 inhibitors, several regenerative and non-invasive treatments are gaining attention for erectile dysfunction (ED). Low-intensity shockwave therapy (LiSWT) may improve both short term penile rigidity and long term erectile function with a favourable safety profile. Pulsed electromagnetic field (PEMF) therapy, another micro energy modality, enhances pelvic circulation and has shown early promise for vascular related ED. More advanced regenerative strategies—including adipose derived stem cell (ADSC) therapy and exosome based treatments—are currently under investigation in clinical trials. These cell free approaches aim to reverse underlying vascular and neural degeneration rather than merely providing symptomatic relief.

This session will provide a practical, evidence based update to empower primary care clinicians in implementing these emerging strategies within the Hong Kong context.

Saturday, 27 June 2026 · 18:15 – 19:00

Seminar B

From Adolescence to Aging: Integrating Lifestyle Medicine for Health Across the Lifespan

Professor Carmen WONG

BSc(UK), MBBCh(UK), MRCGP(UK), MEd(UK), FHEA

Clinical Professional Consultant and Associate Professor,
Practice in Family Medicine and Medical Education (by courtesy),
JC School of Public Health and Primary Care, Faculty of Medicine,
The Chinese University of Hong Kong

Dr. Carmen Wong is a trained family physician and a member of the Royal College of General Practitioners (UK). She is currently a Clinical Professional Consultant and an Associate Professor of Practice in Family Medicine and Medical Education (by courtesy) at the JC School of Public Health and Primary Care at Faculty of Medicine, The Chinese University of Hong Kong.

Dr. Carmen Wong is an associate member for the Hong Kong College of Family Physician and the Deputy Editor of the Hong Kong Practitioner. Dr. Wong is a medical educationalist and a fellow of the higher education academy (FHEA) and received the prestigious University Grants Council (UGC) Education award in 2020 for her work in family medicine, social responsibility and design thinking. Dr. Wong is an IBLM Diplomate and an IBLM Certified Lifestyle Medicine Physician since December 2021 and has been integrating a lifestyle medicine approach to her family medicine practice, community projects and undergraduate education.

Lifestyle medicine offers a practical, evidence-based framework to address the root causes of chronic disease through the therapeutic use of nutrition, physical activity, sleep, stress management, social connection, and reduction of risky substances. In the context of primary care, it complements conventional approaches by empowering both clinicians and patients to co-create sustainable health behaviors that improve outcomes and reduce system burden.

This presentation will explore the fundamentals of lifestyle medicine and its alignment with sustainable primary care. It will discuss the translation of core principles into everyday practice, including tailored interventions across the age span: from adolescents navigating habits that shape lifelong physical and mental health trajectories, to patients with diabetes for whom lifestyle interventions remain the cornerstone of prevention and management and individuals with early dementia for whom lifestyle modification supports cognitive resilience and quality of life.

Through the evidence base and collaborative care models, we will examine how interventions, interdisciplinary teamwork, and leadership in lifestyle medicine can enhance patient engagement, and foster a more sustainable, preventive care paradigm across all stages of life.

Sunday, 28 June 2026 · 09:00 – 10:00

Seminar C

Managing Chronic Diseases: Current Insights and Effects of Cancer Medications

Dr. Eric K.P. LEE

MBBS(HKU), FHKCFP, FRACGP, FHKAM (Family Medicine), MSc EBHC (Oxon), MSc Mental Health (CUHK), DPD (Cardiff), Dip Med (CUHK)

Clinical Associate Professor, The Chinese University of Hong Kong
Member, European Society of Hypertension Working Group on Blood Pressure Monitoring and Cardiovascular Variability

Dr. Lee completed his medical education at the University of Hong Kong in 2007 and obtained his specialist qualification in Family Medicine in 2016. He holds a Master's degree in Mental Health from the Chinese University of Hong Kong (2014) and a Master's degree in Evidence-Based Health Care from the University of Oxford (2020). He is currently a Clinical Associate Professor at the Chinese University of Hong Kong. His research focuses on blood pressure measurement, nocturnal hypertension, and lifestyle interventions, with findings incorporated into international guidelines. He also serves on the European Society of Hypertension Working Group and the IMACE (Hong Kong) expert panel on hyperlipidemia.

Chronic non-communicable diseases continue to impose a substantial burden on primary care. This presentation will provide an evidence-based update on three major conditions—hypertension, diabetes, and dyslipidemia—with emphasis on recent international guidance and its relevance to local clinical practice.

For hypertension, emerging guidelines increasingly recommend routine evaluation for primary aldosteronism among patients with hypertension, particularly those with resistant or early onset disease. This session will review the supporting evidence and discuss practical approaches to screening. In parallel, we will revisit contemporary management of resistant hypertension, including the role of newer mineralocorticoid receptor antagonists that offer improved tolerability profiles.

For diabetes, we will examine the evolving role of the oral glucose tolerance test (OGTT) in diagnosing prediabetes and diabetes, alongside findings from our recent study on the proportion of prediabetes and diabetes in the local population.

Regarding lipid management, updates will include the clinical implications of emerging biomarkers such as lipoprotein(a), comparisons of cardiovascular risk assessment models and their applicability to Hong Kong patients, and the latest evidence on triglyceride lowering therapies, including marine derived omega 3 fatty acids.

These updates aim to equip primary care physicians with practical insights to enhance chronic disease detection, risk stratification, and management.

Dr. SO Tsz Him

MBBS, FRCR, FHKCR, FHKAM (Radiology)

Specialist in Clinical Oncology
Honorary Clinical Assistant Professor, Department of Clinical Oncology, The University of Hong Kong
Honorary Clinical Assistant Professor, Department of Clinical Oncology, The Chinese University of Hong Kong
Consultant in Clinical Oncology, CUHK Medical Centre

Dr SO Tsz Him is currently an Honorary Clinical Assistant Professor in Clinical Oncology in both HKU and CUHK, and an adjunct assistant professor in Chinese Medicine at CUHK. He graduated with both a Bachelor of Chinese Medicine (BChinMed) and a Bachelor of Medicine and Bachelor of Surgery (MBBS) from the HKU and he was the top graduate in both degrees.

He was awarded the Pong Ding Yuen Prize in Chinese Medicine and John Anderson Gold Medal on graduation. He previously worked in the Department of Clinical Oncology at HKU and at Queen Mary Hospital. He was awarded the Frank Doyle Medal and the Gold Award for his outstanding performance in the fellowship examination of the Royal College of Radiologists.
He is now a clinical oncologist in private practice.

Navigating Cancer Medication Effects in Primary Care

As cancer care in Hong Kong shifts toward a chronic disease model, family physicians (FPs) are increasingly the first point of contact for patients experiencing the side effects of modern oncology treatments. This session provides a practical overview of the "Effects of Cancer Medications" specifically tailored for the primary care setting.

The presentation covers the three main pillars of treatment: cytotoxic chemotherapy, targeted therapies, and immunotherapy. We will focus on identifying acute "red flags"—such as febrile neutropenia and immune-related adverse events (irAEs)—that require urgent triage. Additionally, we will address the management of long-term survivorship issues, including cardiotoxicity and bone health, alongside potential drug-drug interactions with common medications for chronic comorbidities.

By bridging the gap between specialized oncology and community medicine, this talk aims to empower FPs to safely manage treatment toxicities and improve long-term outcomes for cancer survivors within the local healthcare landscape.

Sunday, 28 June 2026 · 09:00 – 10:00

Seminar D

Precision Medicine

Professor Juliana C.N. CHAN

MBChB, MD, FHKAM, FHKCP, FRCP

Professor of Medicine and Therapeutics, Faculty of Medicine and Director,
Hong Kong Institute of Diabetes and Obesity,
The Chinese University of Hong Kong, The Prince of Wales Hospital

Dr Juliana Chan is Professor of Medicine and Therapeutics and Director, Hong Kong Institute of Diabetes and Obesity at The Chinese University of Hong Kong. She is a diabetologist and clinical pharmacologist with interest in epidemiology, genetics, clinical trials and care models. Since the 1990s, she has trained a multidisciplinary team and set up the diabetes clinical trial unit and participated in landmark studies in diabetes and kidney disease as a lead investigator and a member of steering committee. She translated the findings from clinical trials to establish the Hong Kong Diabetes Register and biobank which evolved to become the web-based Joint Asia Diabetes Evaluation (JADE) Platform to implement pragmatic trials and data-driven care creating real-world evidence and discovering biomarkers for precision medicine. She has published 900 articles and 30 book chapters and serves on advisory boards of multinational companies and committees of practice guidelines.

Precision Medicine in Diabetes

Precision medicine advocates using a personalized approach to understand the unique genetic, life-course, biomedical-psychosocial-behavioral attributes of an individual to inform shared decision-making and achieve positive outcomes. Diabetes is a leading cause of hospitalizations, morbidities and premature death. The ultimate goal of early diagnosis, treatment and control of diabetes is dependent on awareness, self-management and patient-provider relationship. In most clinical settings, one in five adult patients had young-onset diabetes (YOD) diagnosed before the age of 40 with a 4-9-fold higher risk of death than their peers without diabetes. In the PRISM-RCT, we evaluated the impacts of a collaborative care model in which we used biogenetic markers and patient-reported outcomes (PROM) to implement algorithm-guided intervention and holistic care versus usual care. In these 884 patients with YOD who reported a myriad of life-course events, 5% had positive GAD antibodies, 2% had monogenic diabetes and 70% had prior cardiovascular-renal-cancer events and/or cardiovascular-kidney-metabolic (CKM) risk factors. In the Precision Prevention Program on Young-Onset Diabetes (PPPYOD) which recruited 9,000 adults (18-44), we used biogenetic markers to identify 30% participants who had >30-50% 10-year risk of incident diabetes followed by annual oral glucose tolerance test to detect diabetes and impaired glucose tolerance, complemented by a 2-year risk-based multicomponent prevention and care program. In this era of artificial intelligence, innovative data-driven care models led by physicians with integrated knowledge of human biology, clinical medicine and evidence-based intervention is key to success to value-based care with quality and precision to make health care sustainable.

Reference: O CK et al Precision Medicine to Redefine Insulin Secretion and Monogenic Diabetes-Randomized Controlled Trial (PRISM-RCT) in Chinese patients with young-onset diabetes: design, methods and baseline characteristics. BMJ Open Diabetes Res Care. 2024;12(3).
https://jc-pppyod.adf.org.hk/

Dr. Becky Mingyao MA

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine), PDipID (HK)

Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine, The University of Hong Kong

She underwent her training in Nephrology at Queen Mary Hospital, and has been awarded Distinguished Young Fellow by the Hong Kong Academy of Medicine. She undertook postdoctoral research fellowship in Precision Medicine at Columbia University Center. She was awarded the Hong Kong Health and Medical Research Fund Research Fellowship Grant, Hong Kong College of Physicians-Hong Kong Genome Institute Training Grant and Hong Kong Academy of Medicine-Hong Kong Genome Institute Research Excellence Grant. She established a local cohort of genetic kidney disease at Queen Mary Hospital. Becky received the Early Career Researcher Award by the International Society of Nephrology.

Precision Medicine in Nephrology

Chronic kidney disease constitutes a major public health challenge, given the markedly increased risks of morbidity and all-cause mortality. Studies have shown that monogenic causes are responsible for a significant proportion of chronic kidney disease in the adult population. Establishing a genetic diagnosis is vital to guide management, inform prognosis, including the risk of post-transplant recurrence, the risk of occurrence in offspring and it enables cascade testing to identify other affected family members early. For example, in patients with Autosomal Dominant Polycystic Kidney Disease, genetic data can provide prognostic information, allow early diagnosis when imaging is yet to be revealing and help to identify suitable living-related kidney donor. With rapid advancement in sequencing technologies at an affordable cost, genetic diagnostics are increasingly integrated into daily practice. We have established a Genetic Kidney Disease Clinic at Queen Mary Hospital, which helps patients with suspected monogenic kidney disease with genetic evaluation and cascade testing. Pre-test genetic counselling highlighting the indication of testing, potential benefits and risks is important to guide informed decision-making. A multi-disciplinary team is instrumental in the correct interpretation of genetic testing results in complicated cases. Physicians play an important role in early identification of these patients who may benefit from genetic testing.

Seminar E

Sunday, 28 June 2026 · 09:00 – 10:00

Osteoporosis Screening, Management Cutoff and Dental Assessment before Treatment

Dr. Yolanda Y.H. LAW

BDS (HK), FCDSHK (OMS), FHKAM(OS), FDS RCSEd, FDS RCPS(Glasg), FRACDS, MOMS RCSEd

Specialist in Oral and Maxillofacial Surgery

Dr. LAW Yee Hung, Yolanda becomes an oral and maxillofacial surgeon after graduating from the University of Hong Kong (HKU). She attained fellowships including FCDSHK (OMS), FHKAM(OS), FDS RCSEd, FDS RCSP(Glasg) and FRACDS. Her global training included the University of California, San Francisco, the University of Miami, and an AO CMF Fellowship in Germany. With over 20 years of practice, she is experienced in trauma, pathologies, and dento-alveolar surgery. She also holds a Master in Health Leadership from the University of British Columbia. Dr. Law now works in private practice while serving as a part-time lecturer at HKU. She is Censor-in-Chief of the CDSHK and was awarded Distinguished Young Fellow of the HKAM in 2025.

Osteoporosis Therapy: A Healthy Jaw is Your First Prescription

Before initiating antiresorptive or antiangiogenic pharmacotherapy for osteoporosis, a comprehensive dental assessment is paramount to mitigate the risk of Medication-Related Osteonecrosis of the Jaw (MRONJ). MRONJ is a rare but severe adverse event characterized by exposed, non-healing bone in the maxillofacial region, which can be challenging to manage and significantly impair the quality of life of patients.

The primary goal of the pre-treatment dental evaluation is to establish a state of excellent oral health to eliminate the need for future invasive dental procedures, which are the most common precipitating events for MRONJ. By clinical and radiographic examination, active dental problems like unrestorable teeth, hypermobile teeth or teeth with infections and poor prognosis should be identified and eliminated. Ill-fitting dentures and other local factors that can cause mucosal trauma should be corrected. Prevention is the key principle to prevent the need for invasive dental procedures and minimize the risk for MRONJ.

Regular review appointments and dental care are crucial for long-term MRONJ prevention. These recall visits allow the reinforcement of meticulous oral hygiene, professional cleaning, and early detection of potential issues, thereby minimizing the risk of spontaneous osteonecrosis or complications arising from newly developed dental disease. This integrated, multidisciplinary approach, combining rigorous pre-treatment preparation with sustained surveillance, ensures that the iatrogenic risk of MRONJ is minimized, allowing for the safe continuation of essential osteoporosis treatment. This seminar provides an overview for medical practitioners on the dental management for patients with osteoporosis and the MRONJ.

Dr. Risa OZAKI

MB ChB (Sheff), FHKAM(Medicine)

Consultant Endocrinologist and Clinical Head of Endocrine Team,
Division of Endocrinology & Diabetes, Department of Medicine & Therapeutics, The Prince of Wales Hospital

Dr. Risa Ozaki is a Consultant Endocrinologist and the Clinical Head of Endocrine Team at the Prince of Wales Hospital. Her team has promoted the development of multidisciplinary team care approach in the delivery of osteoporosis care at the Prince of Wales Hospital. In July 2021, a successful Annual Plan bid led to the set-up of an osteoporosis service nurse-led clinic which provided a much-needed structured patient education program to give patients a better understanding of osteoporosis, treatment options and lifestyle modifications to optimize patient outcome.

Updates on Osteoporosis Screening and Management

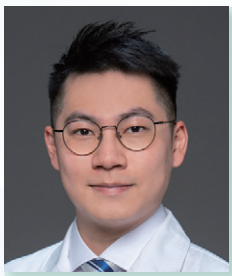
Osteoporosis is a skeletal disorder characterized by low bone mass and architectural deterioration of bone tissue, resulting in increased bone fragility and susceptibility to fracture. It is the devastating consequences of fractures leading to morbidity and mortality that make osteoporosis an important healthcare issue. Osteoporosis is a growing health problem worldwide as a rising trend is observed with increasing life-expectancy and subsequent ageing of the population. It has been projected that half of all fractures in the world amounting to 3250 million cases would occur in Asia, and mostly in China, by the year 2050.

Treatment is generally recommended in post-menopausal women who have a bone mineral density (BMD) T score of -2.5 or less, a history of spine or hip fracture, or a Fracture Risk Assessment Tool (FRAX) score indicating increased fracture risk. Management of osteoporosis includes non-pharmacological treatment (diet, exercise and lifestyle modifications) as well as pharmacological treatment. The recommendations and practical approach to both pharmacological and non-pharmacological treatments will be covered in this talk.

Friday, 26 June 2026 · 19:00 – 20:30

Workshop 1

Non-Pharmacological Therapies in Traditional Chinese Medicine: An Overall Introduction and Hands-on Practice



Mr. HO Chin Pong

BCM (GZUCM), MCM(HKBU)

Registered Chinese Medicine Practitioner

Mr. Ho obtained his Bachelor of Chinese Medicine from Guangzhou University of Chinese Medicine, and subsequently earned his Master of Chinese Medicine (Acupuncture) from Hong Kong Baptist University. He currently serves as the Deputy Secretary-General of the Hong Kong Registered Chinese Medicine Practitioners Association. His professional and academic interests include Chinese Medicine Orthopaedics and Acupuncture. His research experience includes participation in clinical studies on Parkinson's disease and stroke. His current research interest focuses on Chinese Medicine Orthopaedics.

Physicians in Hong Kong frequently encounter patients who are either receiving or considering Chinese medicine treatments. Beyond oral prescriptions, many patients also seek therapies from Chinese medicine practitioners, such as cupping, acupuncture, and bone setting. A solid understanding of how these therapies work can help physicians feel more confident and open to recommending integrative approaches.

This workshop will introduce a range of traditional Chinese medicine therapies, including cupping, seven-star needle techniques (a form of acupuncture), and bone setting for fractures. Using a distal radius fracture as a case example, the bone setting section will demonstrate how Chinese medicine practitioners perform closed reduction and splint immobilization, with pre- and post-reduction X-rays provided for better illustration. Participants will also have hands-on opportunities to observe and practice selected techniques.

By the end of the workshop, participants will gain a deeper understanding of the principles and practical applications of common Chinese medicine therapies, fostering more informed communication and collaboration in patient care.

Friday, 26 June 2026 · 19:00 – 20:30

Workshop 2

A Virtual Reality of Choice: A Practical Workshop on Advance Medical Directives (AMDs) and Clinical Scenarios

Dr. Nick TSUI

MB ChB (CUHK), FHKCA, FHKAM (Anaesthesiology)

Specialist in Anaesthesiology
CEO & Co-founder of Alongside

Dr Nick Tsui is a Specialist in Anaesthesiology in private practice, an examiner of the Hong Kong College of Anaesthesiologists, and CEO & Co-founder of Alongside. He holds an LLM in Medical Laws and Ethics from the University of Edinburgh. Dr Tsui has been at the forefront of Advance Medical Directive (AMD) education and service development in Hong Kong, having supported the completion of over 165 AMDs for the general public. He pioneered the Advance Medical Directive Simulation Workshop and the VR-based "Final Choices" initiative, supported by the HKEX Foundation and SIE Fund respectively, to advance public and professional understanding of end-of-life decision-making.

This workshop offers family physicians an immersive and practice-oriented introduction to Advance Medical Directives (AMD) in the context of the upcoming Advance Decisions on Life-Sustaining Treatment Ordinance. It begins with a VR experience filmed in a cinematic style, allowing participants to step into the first-person perspective of an individual facing serious illness and end-of-life decisions. Through an interactive narrative, participants will be invited to make choices at key moments, experiencing not only the clinical implications of such decisions, but also the emotional weight, uncertainty, vulnerability, and values that often shape them.

By placing medical professionals in the point of view of a member of the general public, the workshop aims to deepen understanding of why individuals may make different end-of-life choices, and how those choices are often influenced by fear, dignity, family dynamics, autonomy, and personal beliefs rather than medical facts alone. This perspective-taking exercise is intended to enrich communication, empathy, and shared decision-making in clinical practice.

The immersive component will be followed by a lecture and discussion on the Advance Decisions on Life-Sustaining Treatment Ordinance, with particular focus on its implications for clinical practice and AMD implementation in Hong Kong. Drawing on Alongside's frontline experience in supporting AMD services for the general public, the session will also share practical insights into common concerns, misconceptions, and barriers encountered in real-life cases. Importantly, the discussion will highlight that AMD is not only relevant to persons with terminal illness, but a broader advance care planning tool under the new legal framework.

Saturday, 27 June 2026 · 16:55 – 18:25

Workshop 3

Ultrasound-guided Joint Injection

Dr. Regina W.S. SIT

MD (CUHK), MBBS (HK), DCH (HK), DPD (Cardiff), PDip Community Geriatrics (HK), DipMed (CUHK), FRACGP, FHKCFP, FHKAM (Family Medicine)

Associate Professor (Clinical),
Director,
Primary Care Clinical Trial Unit,
JC School of Public Health and Primary Care,
The Chinese University of Hong Kong

Dr. Regina Sit is an Associate Professor (Clinical) at the Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong. She obtained her MBBS from the University of Hong Kong and later became a Family Medicine Specialist, earning her Doctor of Medicine (MD) research degree at CUHK. Alongside her specialist training, she developed expertise in pain management and is a Certified Interventional Pain Sonologist with the World Institute of Pain. As a clinician-scientist, her work focuses on chronic musculoskeletal pain in primary care. Dr. Sit now serves as the Director of the School's Primary Care Clinical Trials Unit, where she aims to extend high-calibre clinical research into the community and develop the Unit into a leading hub for primary care clinical trials in Asia.

In this 90-minute workshop, we will demonstrate two evidence-based injection approaches supported by high-quality randomized controlled trials. The first evaluates the efficacy of dextrose prolotherapy for knee osteoarthritis using an intra-articular injection approach[1]. The second focuses on dextrose prolotherapy for recurrent ankle sprains targeting the anterior talofibular ligament[2]. Both approaches provide evidence-based options for clinical practice.

The workshop will begin with the fundamentals of ultrasound guidance, including probe handling, image optimization, key anatomical landmarks, followed by needling technique under ultrasound guidance. Participants will then learn step-by-step injection techniques for these conditions. If time permits, we will also briefly review ultrasound-guided injection techniques for the hip and shoulder joints.

1. Sit RWS, Wu RWK, Rabago D, et al. Efficacy of Intra-Articular Hypertonic Dextrose (Prolotherapy) for Knee Osteoarthritis: A Randomized Controlled Trial. The Annals of Family Medicine 2020; 18(3): 235-42.
2. Sit RW-S, Wu RW-K, Reeves KD, et al. Dextrose Prolotherapy injection improves dynamic postural balance and reduces risk of recurrent sprains in Chronic Ankle Instability: A one-year randomized placebo-controlled trial. Archives of Physical Medicine and Rehabilitation 2025.

Saturday, 27 June 2026 · 16:55 – 18:25

Workshop 4

Cryotherapy for Common Dermatology Lesion

Dr. Steven K.F. LOO

MBChB (CUHK), MRCP (UK), FHKCP, FHKAM (Medicine), MEDM(CUHK), MSc (Genomics and Bioinformatics) (CUHK), FRCP (Edin), FRCP (Glasg)

Consultant Dermatologist, CUHK Medical Centre
Honorary Clinical Assistant Professor, The Chinese University of Hong Kong
Specialist in Dermatology & Venereology

Dr. Steven Loo is currently in private practice. He serves as a Consultant Dermatologist at the CUHK Medical Centre, and an Honorary Clinical Assistant Professor at the Chinese University of Hong Kong (CUHK).

He graduated with distinctions from the Faculty of Medicine, CUHK, in 2002 and obtained Membership of the Royal College of Physicians (MRCP), United Kingdom, in 2005. He subsequently undertook fellowship training in dermatology and immunology at the Baylor Research Institute, Dallas, Texas (2008) and Salford Royal Hospital, University of Manchester, United Kingdom (2009). He holds three Master of Science degrees from CUHK — in Endocrinology, Chinese Acupuncture, and Genomics — and completed his PhD in atopic dermatitis at CUHK in 2026.

Dr. Loo was elected Fellow of the Hong Kong Academy of Medicine (FHKAM), Fellow of the Hong Kong College of Physicians, and Fellow of the Hong Kong College of Dermatologists in 2010. In recognition of his outstanding clinical and academic achievements, he was elected Fellow of the Royal College of Physicians of Edinburgh (FRCP Edin) and Fellow of the Royal College of Physicians of Glasgow (FRCP Glas) in 2018.

His research interests include the immunology of atopic dermatitis, the role of gut microbiota in allergic diseases, and the application of traditional Chinese medicine in integrative disease management.

Cryotherapy remains one of the most versatile and cost-effective treatment modalities in outpatient dermatology. Using liquid nitrogen at −196°C, cryotherapy induces controlled tissue destruction through rapid freezing and thawing, making it suitable for a wide spectrum of benign, premalignant, and selected malignant skin lesions. For family physicians who encounter skin conditions daily, a solid working knowledge of cryotherapy principles and techniques is invaluable for timely patient care.

This lecture aims to provide a practical, evidence-based overview of cryotherapy as applied in routine dermatological practice. Key topics include the mechanism of cryonecrosis, device selection (spray versus probe versus cotton-tip applicator), appropriate freeze-time parameters, and lesion-specific treatment protocols. Common indications, including viral warts, actinic keratoses, seborrhoeic keratoses, skin tags, and superficial basal cell carcinomas, will be discussed alongside their expected clinical outcomes and cure rates.

Particular emphasis will be placed on practical decision-making: identifying which lesions are suitable for cryotherapy versus those requiring biopsy or referral, optimising freeze-thaw cycles for different anatomical sites, managing patient expectations regarding post-treatment blistering and dyspigmentation, and recognising contraindications such as cold-sensitive conditions and lesions with uncertain diagnoses. Pearls for pain minimisation and techniques to improve cosmetic outcomes will also be shared.

When applied with proper patient selection and technique, cryotherapy offers family physicians a safe, efficient, and highly effective office-based procedure. This lecture will equip attendees with the confidence and practical skills to expand their use of cryotherapy in primary care dermatology.

Sunday, 28 June 2026 · 09:30 – 11:45

Workshop 5

Hands-on Workshops on Upper Back Pain Commonly Seen by Family Physicians

Dr. AU Chi Lap

MBBS (QLD), FRACGP, FHKCFP, FHKAM (Family Medicine)

Chairman, Board of Diploma in Family Medicine, The Hong Kong College of Family Physicians

Dr. Au graduated from the University of Queensland in 1992. He was initially trained in traditional manual therapy with a Chinese doctor.

He later pursued further studies in musculoskeletal medicine and musculoskeletal ultrasound at the Hong Kong Institute of Musculoskeletal Medicine. Over years of practice, Dr. Au has developed useful manual skills to treat musculoskeletal pain commonly encountered in medical practice. Dr. Au is the chairman of the Board of the Diploma in Family Medicine at HKCFP. He is also a speaker for three musculoskeletal workshops within the Diploma.

As family physicians, we encounter many cases of musculoskeletal pain every day. This presents a significant challenge for frontline physicians, especially when dealing with chronic pain.

Like most medical conditions, musculoskeletal pain typically follows a developmental process. It may begin as a mild issue, but without appropriate treatment and preventive measures, it can progress over time and significantly impact the patient's daily life.

As gatekeepers in healthcare, our understanding of the early stages of pain and our ability to assist patients with treatment and prevention can help reduce or slow the progression of these conditions.

This workshop consists of three parts: the first part explains the relationship between human anatomy and musculoskeletal pain; the second part includes a hands-on session to practice simple manual therapies; and the third part shares preventive exercises aimed at reducing the occurrence of pain. I hope family doctors will find this workshop useful and will be able to apply this knowledge in their daily practice.

Sunday, 28 June 2026 · 10:00 – 10:30

Coffee Break Symposium

Atopic Eczema: An Update on Treatment

Dr. CHENG Hok Fai

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine), PGDipClinDerm (Lond), PDipMDPath, DipMed (CUHK), Dip Geri Med RCPS (Glasg), PdipCommunityGeriatrics (Hong Kong), DCH (Sydney)

Dermatology Specialist in private practice

Dr Cheng graduated from The University of Hong Kong in 2002. Before committing to a career in dermatology, he spent his early years in the discipline of anatomical pathology. Upon completion of his dermatology fellowship, he followed his passion and pursued further overseas training in skin cancer surgery and nail surgery. His solid laboratory experience enabled him to contribute regularly to local dermatopathology conferences. Dr Cheng currently works in the private sector. He is actively involved in both local and overseas clinical dermatology conferences, and is passionate in coaching and sharing of professional knowledge with his peers.

Atopic eczema is a highly prevalent condition, with most patients seeking medical attention early on from primary care physicians. In recent decades, advances in scientific research have led to substantial transformations in the therapeutic landscape. This presentation aims to provide a quick overview of the medical condition, and to examine the latest treatment strategies.

Friday, 26 June 2026 · 19:00 – 20:30

Sponsored Dinner Symposium

From Risk to Reality: Managing CKM Progression Through Early Intervention in Primary Care

Dr. Hung Hin Fai

MBChB (CUHK), FRCP (Edin, Glasg, Lond), FHKCP, FHKAM (Medicine)

Clinical Endocrinologist,
Consultant Physician and the Head of Endocrine Unit and Diabetes Centre,
Department of Medicine & Geriatrics, Princess Margaret Hospital
Clinical Associate Professor (honorary), Department of Medicine and Therapeutics,
The Chinese University of Hong Kong

Dr Hung graduated from the Chinese University of Hong Kong. He underwent post-graduate Internal Medicine and Endocrinology training in Princess Margaret Hospital and Queen Mary Hospital, and he had his overseas training as postdoctoral research fellow under the mentorship of Professor G Michael Besser at the Endocrine Unit of St. Bartholomew's Hospital, London, United Kingdom. He is a specialist in Endocrinology, Diabetes & Metabolism. He is also the fellow of Royal College of Physicians of Edinburgh, London and Royal College of Physicians and Surgeons of Glasgow.

Dr Hung is a clinical endocrinologist, and he is currently the Consultant Physician and the Head of Endocrine Unit and Diabetes Centre, Department of Medicine & Geriatrics, Princess Margaret Hospital. He is the immediate Past President of the Hong Kong Society of Endocrinology, Metabolism and Reproduction (HKSEMR). He is the committee member of the Central Committee on Diabetic Service and Quality Assurance Subcommittee, Hospital Authority (HA). He is one of the contributing authors of the HA Clinical Practice Guidelines for Management of Type 2 DM. He is currently the Chairman of Basic Physician Board of the Hong Kong College of Physicians.

He has participated in clinical research involving diabetes, thyroid, and adrenal diseases. He is also journal and abstract reviewer of Hong Kong Medical Journal, Respiratory Case Reports, and International Diabetes Federation Congress. He has written a textbook chapter in Endocrinology in Clinical Practice and has recent publications in peer-reviewed journals.

Cardiovascular-kidney-metabolic (CKM) syndrome represents a unified framework highlighting the interconnected progression from cardiometabolic risk factors through chronic kidney disease (CKD), cardiovascular disease (CVD), and end-stage complications. Early recognition of CKM progression in primary care settings enables timely intervention to halt advancement, optimize cardio-kidney-metabolic protective therapies, and improve long-term patient outcomes.

This lecture will explore practical strategies for risk stratification and early management of CKM syndrome progression in general practice. We will review the latest evidence on identifying high-risk patients using simple tools such as eGFR, urine albumin-to-creatinine ratio (uACR), and established risk calculators. Conventional gluco-centric approach has put much emphasis on managing diabetes by using insulin sensitizers, secretagogues, and other glucose-lowering medications. Contemporary management strategies would involve early initiation of cardio-renal protective agents on top of medications for glucose, blood pressure, lipid control and weight management. The key focus of this lecture will be placed on actionable interventions including the expanding role of medications with pleiotropic effects such as SGLT2 inhibitors across diverse populations—beyond diabetes to include patients with CKD and heart failure.

Recent guideline recommendations emphasize early, holistic pharmacotherapy alongside lifestyle modification to prevent CKD progression and CVD events. The lecture will address implementation challenges faced by family physicians, including patient identification, therapy initiation, safety monitoring, clinical inertia and appropriate specialist referral timing. Through clinical cases relevant to Hong Kong primary care, attendees will gain confidence in translating CKM syndrome concepts into daily practice.

Friday, 26 June 2026 · 19:00 – 20:30

Sponsored Dinner Symposium

Every Breath Counts: Optimizing COPD Management Through Early Detection and Dual Bronchodilation in Primary Care

Dr. CHOY Chi Fung

FRCP (Edinburgh), FHKAM, MRCP (UK)

Consultant, Department of Medicine, Tseung Kwan O Hospital, Hospital Authority

Dr Frankie Choy is Consultant in the Department of Medicine at Tseung Kwan O Hospital and Team Head of Respiratory Medicine. His clinical interests include COPD, chronic respiratory disease care, and ambulatory respiratory service development. He is also interested in interventional bronchoscopy and respiratory service innovation, and is actively involved in respiratory professional society work, medical education, and service development.

Chronic obstructive pulmonary disease (COPD) is highly prevalent yet remains underdiagnosed and sub-optimally managed, despite its progressive nature and major impact on patients' functional capacity, quality of life, and long-term outcomes. In the primary care setting, physicians play a critical role in identifying at-risk individuals, recognising early clinical signs, and initiating timely intervention. This frontline responsibility is vital in shaping disease trajectory and preventing irreversible decline. Building on this pivotal role, a structured and proactive approach that combines accurate diagnosis, routine spirometric evaluation, and personalised therapeutic planning can help strengthen disease control and care continuity. The integration of early recognition with targeted long-term management enables meaningful improvements in patient outcomes and reduces overall healthcare burden.

Within this continuum of care, dual bronchodilation with a long-acting beta agonist (LABA) and a long-acting muscarinic antagonist (LAMA) represents the cornerstone of maintenance therapy, offering sustained bronchodilation, improved symptom control, and reduced exacerbation risk. The efficacy of this combination has been consistently demonstrated in large-scale clinical trials and endorsed by international treatment guidelines. This lecture will explore practical methods for COPD detection and assessment in primary care, review the evidence supporting early initiation of dual bronchodilation, and discuss strategies for selecting optimal inhaler based on patients' abilities and adherence patterns. Through these insights, participants will gain practical guidance to translate clinical evidence into effective, patient-centred strategies that enhance everyday COPD care and empower primary care physicians to ensure that, for every individual living with COPD, every breath truly counts.

Saturday, 27 June 2026 · 19:05 – 20:35

Sponsored Dinner Symposium

Pneumococcal Prevention in Primary Care: Implementing Next Generation PCV for High Risk Adults

Dr. Herbert W.C. KWOK

MBBS (HK), MD (HK), MRCP (UK), FHKCP, FHKAM, FRCP(Glasg)

Specialist in Respiratory Medicine
Clinical Assistant Professor, The University of Hong Kong

Dr Herbert Kwok is the Clinical Assistant Professor at the Department of Medicine, the University of Hong Kong. Dr Kwok's research interests include airway diseases including asthma, bronchiectasis and chronic obstructive pulmonary diseases. Lung cancer is another area that Dr Kwok is actively working on. He was awarded the Li Shu Fan Fellowship for Internal Medicine to support his study in phenotyping and therapeutics of airway diseases. He was also awarded competitive research grant to support his research in respiratory medicine, namely Health and Medical Research Fund, Pneumoconiosis Compensation Fund Board (PCFB) Research Fund, Hong Kong Lung Foundation Research Grant, Hong Kong College of Physicians Young Investigator Research Grant, Hong Kong Obesity Society Research Fund and The Hong Kong Institute of Allergy Research Grant.

Pneumococcal disease remains a global burden. It is important to recognize the high-risk population and offer optimal preventive strategies to these patients. Age 65 or above and chronic medical diseases are the common risk factors for severe pneumococcal diseases.

To protect these vulnerable patients, pneumococcal vaccination is the most effective and easily accessible way. There are two types of pneumococcal vaccines, namely pneumococcal conjugate vaccines (PCVs) and pneumococcal polysaccharide vaccines (PPSV). However, the vaccine uptake rate remains suboptimal. Another issue of older pneumococcal vaccine is serotype replacement, leading to surge in non-vaccine serotype related diseases. The development of newer pneumococcal vaccines that offer broader serotype coverage and only require single dose revolutionize the vaccination strategy. These vaccines were also recommended in International guidelines.

The newer pneumococcal conjugated vaccines offer robust serotype specific antibody responses which is at least comparable to or exceeding those seen with older pneumococcal vaccines. At the same time, safety profiles align with other PCVs and show acceptable tolerability. In modelling study, PCV21 has the potential to further reduce pneumococcal disease burden through expanded serotype coverage.

To offer comprehensive protection, there is a need to enhance pneumococcal vaccine uptake among elderly and patients chronic medical diseases. PCV21 has broad coverage of serotypes that predominantly infect adults. It also has the advantage of simplicity in dosing and lower cost of a single-dose vaccine. The ACIP recommendation on PCV21 will also be covered in this talk.

Saturday, 27 June 2026 · 19:05 – 20:35

Sponsored Dinner Symposium

Repositioning Kidney Protection as Core Prevention in Diabetic Kidney Disease

Dr. Winston W.S. FUNG

MB BChir (Cantab), MRCP (Lond), FHKCP, FHKAM (Medicine), FRCP, FISN

Associate Consultant, Prince of Wales Hospital
Honorary Clinical Associate Professor, The Chinese University of Hong Kong

Winston is currently an associate consultant in the Prince of Wales Hospital and an honorary clinical associate professor for Chinese University of Hong Kong. He graduated from University of Cambridge and he went on to complete his Nephrology training in Hong Kong with academic excellence including FRCP (Lond) from the Royal College of Physicians and as a first fellow in Genetics and Genomics from the Hong Kong College of Physicians. He has published more than 150 peers-reviewed articles and has won many research grants, including the Outstanding Research Impact Award recently from CUHK.

He has also received numerous Exemplary Teacher Awards over the years by his university, such as the Teacher of the Year Award in 2021. Internationally, he is an active member in the International Society of Nephrology Emerging Leader Program and is part of the North East Asia Regional Board, GREEN-K steering committee, Education Working Group and the Young Nephrologist Committee within ISN. He is also a member of the Education Committee of International Society of Peritoneal dialysis and the co-chair for the ISPD position statement for sustainable peritoneal dialysis. He has been elected as an ISN-Global Kidney Health Atlas Named Fellow and a fellow of the ISN for his significant contribution to global kidney care.

Diabetic kidney disease (DKD) is a major driver of kidney failure, cardiovascular events, and premature mortality. Despite improvements in glycemic and blood pressure control, progression remains common when kidney protection is not embedded as prevention in primary care. This lecture reframes DKD management from a glucose-centric approach to an integrated, organ-protective model. We will emphasize routine, early detection using urine albumin-to-creatinine ratio and estimated GFR, simple risk staging to guide timely action, and rapid initiation of therapies with proven renal and cardiovascular benefit—renin–angiotensin system blockade and SGLT2 inhibitors —alongside individualized HbA1c targets. Practical, clinic-ready guidance will be shared on streamlining early renal function testing in the outpatient setting without burdening workflow, and on monitoring eGFR and potassium after therapy initiation. By repositioning kidney protection as an element of core preventive care, family physicians can slow DKD progression, reduce heart failure and atherosclerotic events, and improve longevity within everyday primary care.

Asthma Management, with a Focus on Primary Care

Dr. Fanny W.S. KO

MBChB, MD, FRCP (Lond., Edin., Glasg.), FHKCP, FHKAM

Honorary Clinical Professor, The Chinese University of Hong Kong

Specialist respiratory consultant physician, Division Head of Respiratory Medicine (Clinical Service) at Prince of Wales Hospital, and Honorary Clinical Professor at the Chinese University of Hong Kong.

Member of the Scientific Committee of the Global Initiative for Asthma, advisor to the World Health Organisation COPD guideline development group, Immediate Past Chairman of Hong Kong Lung Foundation, and Medical Advisor of Hong Kong Asthma Society.

Main research interests are asthma and COPD, published over 200 peer-reviewed papers, obtained her MD in 2007 on COPD research, and was elected Fellow of the European Respiratory Society in 2022.

Asthma remains one of the most common chronic respiratory diseases worldwide, affecting over 260 million people, causing significant morbidity and healthcare burdens. In the primary care settings, where the majority of asthmatic patients are diagnosed and managed, effective long-term control is essential in order to reduce exacerbations, improve quality of life, and prevent avoidable hospital admissions.

This talk will provide a practical, evidence-based update on contemporary asthma management tailored specifically for primary care physicians. Key topics include accurate diagnosis and differentiation from common mimics such as vocal cord dysfunction and COPD, objective assessment using spirometry and peak flow monitoring, and the application of the latest Global Initiative for Asthma (GINA) guidelines. Emphasis will be placed on the paradigm shift toward anti-inflammatory reliever therapy (AIR) using low-dose inhaled corticosteroid-formoterol as the preferred reliever instead of short-acting beta-agonists alone.

This presentation will cover personalised management, including identification of poor control, management of modifiable risk factors (smoking, allergen exposure, obesity, and comorbidities), and the role of biologic therapies in those with severe asthma. Practical strategies for patient education, inhaler technique optimisation, development of written asthma action plans, and shared decision-making will be highlighted to enhance adherence and patient's self-management.

Sponsored Lunch Symposium

Sunday, 28 June 2026 · 13:15 – 14:45

Prevention Starts in Primary Care: Optimizing Protection Against Herpes Zoster and RSV in Diabetes

Professor David T.W. LUI

MBBS (Hons) (HK), MRCP (UK), FHKCP, FHKAM (Medicine)

Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong

Dr David Lui graduated with Honours from the University of Hong Kong (HKU) and is a Specialist in Endocrinology, Diabetes and Metabolism. He is a Clinical Assistant Professor in the Department of Medicine at HKU. His research focuses on bone and muscle health, lipid disorders, and cardiovascular risk in diabetes. He has established multiple cohorts to evaluate osteoporosis and sarcopenia in individuals with and without diabetes, and contributed to the 2024 OSHK Guideline for the Clinical Management of Postmenopausal Osteoporosis in Hong Kong, authoring the section on *Diabetes and Osteoporosis*. During the COVID 19 pandemic, Dr Lui led cohort studies investigating endocrine dysfunction following SARS CoV 2 infection and vaccination. He has published over 120 peer reviewed articles in international journals, including *Nature Reviews Endocrinology, Diabetes Care, EClinicalMedicine*, and *JAMA Network Open*. His work has been recognised with multiple awards, including the Distinguished Research Paper Award for Young Investigators from the Hong Kong College of Physicians (2021–2023) and the Rising Star Award at the International Congress of Diabetes and Metabolism (2021). He currently serves on the Editorial Board of *Endocrine Practice* and is an active member of the Asia Pacific Consortium on Osteoporosis (APCO) and the Asia Pacific Cardio Metabolic Consortium (APCMC).

Patients with diabetes are at an increased risk of herpes zoster and respiratory syncytial virus (RSV) infections due to immune dysfunction and cardiometabolic comorbidities. These infections contribute to significant morbidity, healthcare utilization, and potential cardiovascular complications. Primary healthcare providers play a pivotal role in early risk identification and implementation of effective primary prevention strategies. This session will highlight the burden of herpes zoster and RSV in diabetes and review current evidence-based preventive approaches, including vaccination and patient education. Practical guidance will be provided on integrating infection prevention into routine diabetes care, supporting improved outcomes through proactive, comprehensive primary care management.

Sunday, 28 June 2026 · 13:15 – 14:45

Sponsored Lunch Symposium

Community-based Osteoporosis Screening and Management Framework for Primary Care in Hong Kong

Professor CHEUNG Ching Lung

BSc, MA, PhD

Director, Real-World Study and Application Centre, Hong Kong
Associate Professor, Department of Pharmacology and Pharmacy, The University of Hong Kong, Hong Kong

Prof. Cheung is the director of Real-World Study and Application Centre (RWSAC) and an associate professor in the Department of Pharmacology and Pharmacy at the University of Hong Kong and serves as the President of the Osteoporosis Society of Hong Kong. He is also an elected committee member and fellow of the American Society for Bone and Mineral Research. Prof. Cheung obtained his PhD from HKU and completed his post-doctoral training at Harvard Medical School. His research focuses on the epidemiology of osteoporosis. He has published over 200 peer-reviewed articles in high-impact journals, including Lancet, JAMA, Cell, and Nature Genetics.

Osteoporosis is a major and escalating public health problem in Hong Kong, driven by rapid population ageing and the consequent rise in fragility fractures. These fractures are associated with substantial morbidity, loss of independence, and long term healthcare costs. Despite the availability of effective interventions, osteoporosis remains underdiagnosed and undertreated in the community, highlighting critical gaps in early risk identification, care coordination, and continuity of management within primary care.

This work presents a structured, community based framework for osteoporosis screening and management tailored to the Hong Kong primary care setting. The framework provides practical, consensus informed guidance to support systematic risk assessment, timely diagnosis, appropriate referral, and sustained long term management across community pharmacies, district health centres, elderly service centres, primary and specialty care practices. Clear roles and responsibilities are delineated among different health service settings, enabling streamlined workflows and improved care integration.

By embedding osteoporosis care within routine community services, the framework aims to shift practice from reactive fracture management to proactive osteoporosis prevention and early intervention. Its implementation has the potential to enhance case finding among at risk older adults, facilitate earlier treatment initiation, improve adherence and follow up, and ultimately reduce fracture incidence and related disability. This community driven approach offers a scalable and sustainable model to strengthen primary care capacity, improve patient outcomes, and alleviate the growing healthcare burden of osteoporosis in Hong Kong.

Sponsored Online Seminar

Friday, 26 June 2026 · 19:30 – 20:30

Beyond BMI: Integrating GIP+GLP 1 Receptor Agonists into Modern Obesity Management

Dr. Ivan M.H. WONG

MBBS(HK), MRCP(UK), FHKCP, FHKAM(Medicine), FACC

Director of Structural Heart Interventions, Hong Kong Asia Heart Centre
Honorary Clinical Assistant Profession, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Ivan Wong graduated from the University of Hong Kong and completed his cardiology specialty training at Queen Elizabeth Hospital, where he previously served as an Associate Consultant in the Department of Medicine. He subsequently pursued advanced training in structural heart interventions and interventional echocardiography at the Heart Centre of Rigshospitalet, Copenhagen, Denmark, and at Zhongshan Hospital, Fudan University, Shanghai, China.

Dr. Wong is currently the Director of the Structural Heart Interventions at Hong Kong Asia Heart Centre, an Honorary Clinical Assistant Professor at the Faculty of Medicine, The Chinese University of Hong Kong, and a current Council Member of the Hong Kong Society of Congenital and Structural Heart Disease.

Obesity is a multifactorial, chronic, and progressive adiposity-based disease affecting over one billion individuals worldwide. Excess adiposity is a key driver of cardiovascular disease through interrelated mechanisms, including insulin resistance, dyslipidaemia, hypertension, and inflammation. Despite growing awareness and widespread implementation of lifestyle interventions and conventional pharmacotherapies, long-term weight management remains challenging for many patients. This gap underscores the need for more effective, sustainable, and patient-centred treatments.

This lecture will encourage healthcare professionals to rethink of obesity as an entity beyond just the body mass index (BMI), referencing the Lancet Commission on the Definition and diagnostic criteria of clinical obesity and explore the role of dual GIP/GLP 1 receptor agonists in modern obesity management, with a focus on visceral fat reduction and overall health improvement.

This lecture will introduce the unique mechanism of action of Mounjaro (tirzepatide), the first and only approved dual GIP/GLP-1 receptor agonist, and its role in advancing obesity management. Drawing on the latest clinical and real-world evidence, Dr. Wong will discuss how the combined actions on GIP and GLP-1 translate into significant reductions in body weight and waist circumference, preferential fat mass loss, and improvements in glycaemic control and cardiovascular outcomes, alongside a generally favourable safety profile predominantly characterised by gastrointestinal adverse events.

Full Research Paper Competition

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
01	Initiation of Sodium-glucose Cotransporter-2 Inhibitors Within 2 Years of Diagnosis Confers Additional Kidney Protection: A Propensity Score-matched Cohort Study of Type 2 Diabetes Patients in RAMP-DM	**Johnny T.K. CHEUNG**, Aimin YANG, Juliana C.N. CHAN, Elaine CHOW
02	Global Trends in Adolescent Depression Primary Care Visits: Demographics and COVID-19 Impact	**Amy P.P. NG**, Maria C. LAPADULA, Alison FLEHR, Kirk MASON, Adrian HEALD, Linda CHAN, John M. WESTFALL, Gabriela GAONA, Eric Y.F. WAN, Simon de LUSIGNAN, Uy HOANG, Robert S. KRISTIANSSON, Roger MALLOL-PARERA, Marc F. RUIZ, Sabrina WONG, Jo-Anne MANSKI-NANKERVIS, Lay H. GOH, Zheng J. LING, Javier SILVA-VALENCIA, María S.C. FUENTES, Knut E. EMBERLAND, Knut-Arne W. WENSAAS, Tokuharu TANAKA, Christine HALLINAN, William C.W. WONG, Karen T. TU
03	Adoption of the Reference Framework for Preventive Care for Older Adults: A Study of Primary Care Physicians	**Claire Chenwen ZHONG**, Mingtao CHEN, Zehuan YANG, Zhaojun LI, Chung Y.L. MA, William C.W. WONG, Junjie HUANG, Martin C.S. WONG
04	eHealth Applications Improve Glycemic Control in Patients with Diabetes: Randomized Controlled Trial	**Junjie HUANG**, Claire Chenwen ZHONG, S.H. WONG, C.Y. LO, M.K. YIM, Martin C.S. WONG
05	Machine Learning Predictive Models for Survival in Gastric Cancer Patients with Diabetes: A Population-Based Cohort Study	**Junjie HUANG**, Claire Chenwen ZHONG, Zhaojun LI, Yu JIANG, Zehuan YANG, Jinqiu YUAN, Jonathan POON, Qi DOU, Martin C.S. WONG
06	Prevalence and Risk Factors for Unhealthy Dietary Habits among School Children in Hong Kong during COVID-19 Pandemic: A Cross-Sectional Study	**Junjie HUANG**, S.C. CHAN, W.S. PANG, F.Y. MAK, Y.C. FUNG, Vera M. W. KEUNG, Calvin K. M. CHEUNG, Vincent T. C. LAU, Amelia S. C. LO, Claire Chenwen ZHONG, Lancelot W. H. MUI, Albert LEE, Martin C. S. WONG
07	Optimizing the Interval of Routine Renal Function Assessment Among Patients With Type 2 Diabetes Based on Risk Stratification: A Target Trial Emulation Study	**Boyuan WANG**, Emily T.Y. TSE, Celine S.L. CHUI, Cindy L.K. LAM, Eric Y.F. WAN

Full Research Paper Competition

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
08	Barriers and Facilitators to the Implementation of Reference Framework for Preventive Care for Older Adults: A Qualitative Study in Hong Kong	**Claire Chenwen ZHONG**, Mingtao CHEN, C.Y. LO, M.K. YIM, Xiaoshu ZHANG, William C.W. WONG, Junjie HUANG, Martin C.S. WONG
09	Evaluating the Clinical and Humanistic Impact of a Self-Care and Minor Ailment Service (MAS)	**C.L. CHEUNG**, Edmund H.H. YIU, Vanessa W.S. NG, Frank N.K. CHAN, Janet H.T. SUN, Natalie H.C. HUNG, Ryan H.M. MAK, Marco T. LEE, Tommy K.H. LEE, Gladys Daphne CHEUNG, Kitty K.K. LAW, Franco W.T. CHENG, Anchor T.F. HUNG, Timothy F. CHEN, Esther W.Y. CHAN, Ian C.K. WONG, Eric Y.F. WAN

New Investigator Research Paper

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
10	The Level of Diabetes Knowledge and Associated Factors among Chinese Patients with Type 2 Diabetes: A Cross-sectional Study in Hong Kong Primary Care Setting	**Gevon G.W. LAI**, M.C. DAO, C.W. CHAN

Full Research Paper Competition -
Full Research Paper

FULL 01

Initiation of Sodium-glucose Cotransporter-2 Inhibitors Within 2 Years of Diagnosis Confers Additional Kidney Protection: A Propensity Score-matched Cohort Study of Type 2 Diabetes Patients in RAMP-DM

Johnny T.K. CHEUNG[1,2], Aimin YANG[2], Juliana C.N. CHAN[2], Elaine CHOW[2]

1. *Department of Family Medicine, The New Territories East Cluster, The Hospital Authority*
2. *Department of Medicine and Therapeutics, The Chinese University of Hong Kong*

Objective:
This study explored whether early SGLT2i use slows the rate of estimated glomerular filtration rate (eGFR) decline in type 2 diabetes (T2D) compared to delayed initiation.

Methods:
In this territory-wide retrospective cohort study of patients with T2D at outpatient settings in Hong Kong, we identified patients initiated on SGLT2i within 2 years (early initiation) versus 3-5 years (late initiation) after T2D diagnosis. Using 1:1 propensity score matching, annual eGFR changes were compared using linear mixed-effect models. We used binary logistic regression to explore the association of early SGLT2i initiation with rapid progression (annual eGFR decline ≥ 5 mL/min/1.73m^2).

Results:
Among 1,518 matched patients [64.6% men; mean age 51.0±12.1 years; baseline HbA1c 8.2±1.7%; eGFR 93.2±19.7 mL/min/1.73m^2; median follow-up 1.4 years], 27.3% had prior cardiovascular disease, 8.0% had heart failure, and 14.1% had Kidney-Disease:Improving-Global-Outcomes (KDIGO) high or very high risk category, 24.0%. Early SGLT2i initiation was associated with a slower annual eGFR decline than late initiation (-1.97 [-2.34 to -1.59] vs. -2.65 [-3.02 to -2.29] mL/min/1.73m^2 per year, p=0.012), with 24% lower odds of rapid progression (odds ratio 0.76, 95%CI 0.62-0.94). Benefits of early initiation were consistent irrespective of heart failure status and KDIGO risk, especially in patients with HbA1c<8% and non-use of RASi (interaction p<0.001).

Conclusion:
Our study reveals that initiating SGLT2i within two years of T2D diagnosis is linked to kidney deterioration, highlighting the critical role of early intensive therapy in primary care. Further studies should be conducted to depict underlying mechanism and evaluate the cost-effectiveness.

Keywords: Type 2 diabetes, SGLT2 inhibitors, Nephropathy

Full Research Paper Competition -
Full Research Paper

FULL 02

Global Trends in Adolescent Depression Primary Care Visits: Demographics and COVID-19 Impact

Amy P.P. NG[1,2], Maria C. LAPADULA[3], Alison FLEHR[4], Kirk MASON[5], Adrian HEALD[6,7], Linda CHAN[1,2,8], John M. WESTFALL[9], Gabriela GAONA[9], Eric Y.F. WAN[10-13], Simon de LUSIGNAN[14], Uy HOANG[14], Robert S. KRISTIANSSON[15], Roger MALLOL-PARERA[16], Marc F. RUIZ[16], Sabrina WONG[17,18], Jo-Anne MANSKI-NANKERVIS[4,17,18], Lay H. GOH[19,20], Zheng J. LING[19,21], Javier SILVA-VALENCIA[22,23], María S.C. FUENTES[23], Knut E. EMBERLAND[24], Knut-Arne W. WENSAAS[25], Tokuharu TANAKA[3], Christine HALLINAN[4], William C.W. WONG[1,2], Karen T. TU[3,22,26]

1. *Department of Family Medicine and Primary Care, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, China*
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3. *Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto, 16 Toronto, ON, Canada*
4. *Department of General Practice and Primary Care, Melbourne Medical School, Faculty of Medicine, Dentistry, and Health Sciences, University of Melbourne, Parkville, VIC, Australia*
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12. *The Institute of Cardiovascular Science and Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, China*
13. *Advanced Data Analytics for Medical Science Limited, Hong Kong SAR, China*
14. *Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK*
15. *Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden*
16. *Fundació Institut Universitari per a la recerca a l'Atenció Primària de Salut Jordi Gol i Gurina (IDIAPJGol), Barcelona, Spain*
17. *Primary Care and Family Medicine, Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore*
18. *National Healthcare Group Polyclinics, Singapore*
19. *Division of Family Medicine, National University of Singapore, Singapore*
20. *National University Polyclinics, Singapore, Singapore*
21. *National University Hospital, National University Health System, Singapore*
22. *Department of Research and Innovation and Family and Community Medicine, North York General Hospital, Toronto, Ontario, Canada*
23. *Center for Research in Primary Health Care, Universidad Peruana Cayetano Heredia, Lima, Peru*
24. *Department of Global Public Health and Primary 45 Care, University of Bergen, Bergen, Norway*
25. *Research Unit for General Practice, NORCE Norwegian Research Centre, Bergen, Norway*
26. *Toronto Western Family Health Team, University Health Network, Toronto, ON, Canada*

Objective:
This study aimed to compare trends in depression-related primary care visits among adolescents before, during, and after the COVID-19 pandemic and to identify age and sex groups more affected across ten countries.

Methods:
Retrospective repeated cross-sectional study of depression-related primary care visits among adolescents aged 10–19 years from 2018–2023 across ten countries using electronic medical records and administrative data. Visits were stratified by sex and age group (10–14 and 15–19 years). Visit rates were analyzed across pre-pandemic, pandemic, and recovery periods. Negative binomial regression with offsets for total visits estimated rate ratios (RR) and 95% confidence intervals (CI), with stratified analyses by age and sex.

Results:
Among 141.3 million adolescent primary care visits, over 1.6 million (1.2%) were depression related. The proportion of depression-related visits varied widely (<0.5% in the UK; >6% in the USA). Most countries showed increases in depression-related visit rates during the pandemic compared with the pre-pandemic period, ranging from RR 1.14 (95% CI 1.04–1.25) in Spain to RR 2.23 (95% CI 1.97–2.52) in Singapore. Recovery-period rates remained higher than pre-pandemic rates in Canada, Peru, Singapore, Spain, and the USA. Overall, females and older adolescents had the highest visit rates. Larger relative increases during the pandemic among younger adolescents were observed in Australia, Brazil, Canada, and the USA, in both sexes.

Conclusion:
Depression-related primary care visits among adolescents increased during the pandemic and often remained above pre-pandemic levels. Larger relative increases among younger adolescents highlight the need for targeted mental health strategies.

Keywords: Adolescent, Depression, Primary Care

Full Research Paper Competition -
Full Research Paper

FULL 03

Adoption of the Reference Framework for Preventive Care for Older Adults: A Study of Primary Care Physicians

Claire Chenwen ZHONG[1,2], Mingtao CHEN[1], Zehuan YANG[1], Zhaojun LI[1], Chung Y.L. MA[1], William C.W. WONG[3], Junjie HUANG[1,2], Martin C.S. WONG[1,2]

1. *JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR*
2. *Centre for Health Education and Health Promotion, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR*
3. *Department of Family Medicine and Primary Care, LKS Faculty of Medicine, The University of Hong Kong, Hong Kong SAR*

Objective:
The Reference Framework (RF) for Preventive Care for Older Adults in Primary Care provides evidence-based guidelines to enhance preventive care in Hong Kong. However, its adoption and feasibility among primary care physicians (PCPs) remain unclear. This study evaluates PCPs' awareness, adoption, and perceived barriers and enablers to RF implementation.

Methods:
A cross-sectional survey conducted among PCPs in Hong Kong. Socio-demographics, adoption of RF, and perceptions of implementation barriers and enablers were collected. Logistic regression was used to identify key factors influencing RF appropriateness, acceptability, and feasibility.

Results:
Among 485 physicians surveyed, most considered the RF appropriate (71.3%), acceptable (78.1%), and feasible (65.6%), with significantly higher acceptability and feasibility reported by private physicians. Adoption of RF recommendations varied widely (17.5%–92.8%), with highest uptake for influenza vaccination, and lowest for urinary incontinence screening. Private physicians more often viewed frequent updates as facilitators and market competition as a barrier, while public physicians more frequently reported incompatibility with clinical settings. Physicians seeing 30–59 patients per day were more likely to find the RF applicable (aOR = 2.123, 95% CI: 1.201-3.753, p = 0.010) compared with those who provided consultation for fewer than 30 patients per day.

Conclusion:
While most PCPs perceived the RF as appropriate, acceptable, and feasible, significant variation in adoption across recommendations and between practice settings highlights implementation challenges. Key enablers included high-quality evidence and local clinical information, while barriers like time constraints and patient adherence highlight the need for regular updates, ongoing education, and tailored strategies for wider RF adoption.

Keywords: Older adult, Reference framework, Primary care

Full Research Paper Competition -
Full Research Paper

FULL 04

eHealth Applications Improve Glycemic Control in Patients with Diabetes: Randomized Controlled Trial

Junjie HUANG[1,2], Claire Chenwen ZHONG[1,2], S.H. WONG[1,2], C.Y. LO[1,2], M.K. YIM[1,2], Martin C.S. WONG[1,2,3,4,5]

1. *The Jockey Club School of Public Health and Primary Care, Faculty of Medicine, Chinese University of Hong Kong, Hong Kong, China (Hong Kong)*
2. *Centre for Health Education and Health Promotion, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong, China (Hong Kong)*
3. *The School of Public Health, Peking University, Beijing, China*
4. *The School of Public Health, The Chinese Academy of Medical Sciences and The Peking Union Medical Colleges, Beijing, China*
5. *The School of Public Health, Fudan University, Shanghai, China*

Objective:
This study aimed to examine the health outcomes of individuals who used the health management module of an individualized electronic application compared to those who did not.

Methods:
A randomized controlled trial was conducted with 165 participants, with 82 participants assigned to the control group and 83 participants assigned to the intervention group. Randomization was done via a computer randomizer to evaluate the impact of the eHealth chronic disease management module installation on clinical outcomes such as blood pressure, hemoglobin A1c (HbA1c), renal function tests, estimated glomerular filtration rate, and urine albumin/creatinine ratio. Data were collected at baseline and at follow-up visits at 4 and 8 months. Student t tests and chi-square tests were performed to analyze the difference between the intervention and control groups and examined the potential impact of the use of the eHealth chronic disease management module on various health outcomes.

Results:
In total, 161 participants were included in the analysis, with an average age of 66.58 (SD 9.75) and 66.49 (SD 8.45) years in control and intervention group respectively. After 4 months, the intervention group showed better glycemic control, with significantly lower mean HbA1c levels (mean 6.76%, SD 0.64%) compared to the control group (mean 7.09%, SD 0.82%, P=.007). Also, more participants in intervention group achieved optimal HbA1c levels (n=58, 73.4%; P=.004) compared to the control group (n=36, 49.3%) in month 4. App usage had significantly decreased when comparing the usage after 4 months (mean 1.88 points, SD 0.81 points) and month 8 (mean 1.39 points, SD 0.72 points; P<.001). The results indicated better glycemic control for participants using the module in a relatively shorter period of time, and app adherence was the key for the continuous optimal glycemic control.

Conclusion:
These findings support the potential of the module for clinical application in patients with suboptimal glycemic control. The long-term benefit of the module may be affected by the compliance of participants to the module.

Keywords: eHealth, Diabetes, Randomized controlled trial

Full Research Paper Competition -
Full Research Paper

FULL 05

Machine Learning Predictive Models for Survival in Gastric Cancer Patients with Diabetes: A Population-Based Cohort Study

Junjie HUANG[1,2], Claire Chenwen ZHONG[1,2], Zhaojun LI[1,2], Yu JIANG[1,2], Zehuan YANG[1,2], Jinqiu YUAN[3], Jonathan POON[4], Qi DOU[5], Martin C.S. WONG[1,2]

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4. *Information Technology and Health Informatics Division, Hospital Authority, Hong Kong, Hong Kong SAR*
5. *Department of Computer Science and Engineering, Faculty of Engineering, The Chinese University of Hong Kong, Hong Kong, Hong Kong SAR*

Objective:
Our study aimed to identify risk factors associated with the survival of gastric cancer patients with type 2 diabetes mellitus (T2DM) and create a risk-scoring system for predicting their survival probabilities.

Methods:
We gathered data from 1,912 individuals with both gastric cancer and T2DM from the Hong Kong Hospital Authority Data Collaboration Laboratory (HADCL), spanning from 2000 to 2020. We used conventional Cox proportional hazards regression and tree-based machine learning algorithms to construct models for prognosis risk prediction. In the best-performing model, risk factors were identified using SHAP (Shapley Additive Explanations) analysis, and the AutoScore-Survival package was used to develop a risk-scoring system.

Results:
Our findings indicate that older age at cancer diagnosis, longer duration of T2DM, higher body mass index (BMI), central obesity, lower levels of high-density lipoprotein cholesterol, and reduced serum potassium are associated with poorer prognosis for gastric cancer in patients with T2DM. The Random Survival Forests (RSF) model exhibited the best performance, achieving an AUC of 0.870 and a concordance index of 0.78. Additionally, we developed two risk-scoring systems using predefined and tuned models, which yielded C-indices of 0.672 and 0.654, respectively, in the test set.

Conclusion:
This study enhances our understanding of gastric cancer prognosis in patients with T2DM by identifying significant risk factors and developing risk-scoring systems. Further research is needed to
elucidate the underlying mechanisms of these risk factors and to validate the risk-scoring systems in clinical settings.

Keywords: Diabetes mellitus, Gastric cancer survival, Machine learning

Full Research Paper Competition -
Full Research Paper

FULL 06

Prevalence and Risk Factors for Unhealthy Dietary Habits among School Children in Hong Kong during COVID-19 Pandemic: A Cross-Sectional Study

Junjie HUANG[1,2], S.C. CHAN[2], W.S. PANG[2], F.Y. MAK[2], Y.C. FUNG[2], Vera M. W. KEUNG[1], Calvin K. M. CHEUNG[1], Vincent T. C. LAU[1], Amelia S. C. LO[1], Claire Chenwen ZHONG[1,2], Lancelot W. H. MUI[1,2], Albert LEE[1,2], Martin C. S. WONG[1,2,3,4,5]

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4. *The School of Public Health, The Chinese Academy of Medical Sciences and The Peking Union Medical Colleges, Beijing, China*
5. *The School of Public Health, Fudan University, Shanghai, China*

Objective:
Evidence demonstrates unhealthy dietary patterns in early life may contribute to obesity and increased risk of chronic diseases in later life. The COVID-19 pandemic has the potential to impact the dietary habits of schoolchildren due to movement restrictions. Therefore, this study aims to investigate the prevalence of unhealthy dietary habits among primary and secondary school students in Hong Kong during COVID-19, along with associated factors.

Methods:
A cross-sectional study was conducted among the primary and secondary school students in Hong Kong from September 2021 to November 2021. Data on sociodemographic information, dietary habits, and lifestyle were collected using self-administered questionnaires. Multivariate logistic regression was conducted to investigate the association between variables and unhealthy dietary habits.

Results:
A total of 1541 participants were included, with 762 primary school students (mean age: 10.0) and 779 secondary school students (mean age: 13.6). Approximately 81.5% of primary school students and 89.5% of secondary school students reported inadequate intake of vegetables and fruits. 18.6% of primary students and 42.8% of secondary students reported skipping breakfast, while 46.4% of primary students and 49.2% of secondary students consumed unhealthy foods. Analysis indicates that inadequate vegetable and fruit intake was positively associated with physical inactivity in both groups (aORs = 3.26–3.39). Students who engage in excessive screen time on games or social media had higher odds of skipping breakfast and consuming unhealthy foods (aOR = 1.47–2.24). Secondary school students who perceived themselves as underweight had higher odds of consuming unhealthy foods (aOR = 1.81), while those who reported being overweight had higher odds of skipping breakfast (aOR = 1.51).

Conclusion:
Findings highlighted the high prevalence of unhealthy dietary habits among school children in Hong Kong and identified physical inactivity and excessive screen time as key contributing factors. Future research should develop and validate interventions to improve dietary habits.

Keywords: Unhealthy dietary habits, School children, Hong Kong

Full Research Paper Competition -
Full Research Paper

FULL 07

Optimizing the Interval of Routine Renal Function Assessment Among Patients With Type 2 Diabetes Based on Risk Stratification: A Target Trial Emulation Study

Boyuan WANG[1], Emily T.Y. TSE[1,2], Celine S.L. CHUI[3], Cindy L.K. LAM[1], Eric Y.F. WAN[1,4,5,6]

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5. *Comprehensive Primary Healthcare Collaboratory, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China*
6. *The Institute of Cardiovascular Science and Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China*

Objective:
The optimal frequency of renal function assessment for individuals with type 2 diabetes mellitus (T2DM) remains uncertain. This study aimed to propose risk-based monitoring intervals to optimize healthcare resource utilization while maintaining patient safety.

Methods:
Using electronic health records from the Hong Kong public healthcare system, 187,493 adults with T2DM (2009–2012) were categorized as low, moderate, or high risk based on baseline estimated glomerular filtration rate (eGFR) and albumin-to-creatinine ratio (ACR). A target trial was emulated using observational data based on the clone–censor–weight approach to compare renal function assessment intervals of 2–8, 9–15, and 16–24 months for low/moderate risk group and 2–4, 5–8, and 9–15 months for high-risk group. Outcomes included major adverse kidney events (MAKE), significant renal-function decline, end-stage renal disease (ESRD), cardiovascular disease (CVD) or CVD-related death, and all-cause mortality. Hazard ratios (HRs) and 95% confidence intervals (CIs) were estimated using pooled logistic regression. Follow-up ended at the first occurrence of an outcome, death, or December 31, 2021.

Results:
In low- and moderate-risk groups, longer assessment intervals (16–24 vs 9–15 months) increased MAKE risk (adjusted HR [95% CI]: low-risk group: 1.069 (1.025,1.115); moderate risk group: 1.062 (1.016,1.111)). For the high-risk group, elevated ESRD risk was observed when monitoring every 5–8 months vs 2–4 months (adjusted HR [95% CI]: 2.057 [1.106–3.828]).

Conclusion:
Annual renal function assessments are recommended for low- and moderate-risk patients, whereas high-risk patients require testing approximately every 2–4 months. A risk-based monitoring strategy can maintain patient safety while optimizing healthcare resource utilization.

Keywords: Renal function monitoring, Long-term care, Target trial emulation

Full Research Paper Competition -
Full Research Paper

FULL 08

Barriers and Facilitators to the Implementation of Reference Framework for Preventive Care for Older Adults: A Qualitative Study in Hong Kong

Claire Chenwen ZHONG[1,2], Mingtao CHEN[1], C.Y. LO[1], M.K. YIM[1], Xiaoshu ZHANG[1], William C.W. WONG[3], Junjie HUANG[1,2], Martin C.S. WONG[1,2]

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Objective:
This study aimed to explore PCPs' perceptions of the RF and identify barriers and facilitators to its adoption in primary care settings.

Methods:
This qualitative study involved interviews with 40 PCPs in Hong Kong to assess their views on the RF's adoption and implementation. The Consolidated Framework for Implementation Research (CFIR) was used to guide the analysis, focusing on five domains: intervention characteristics, outer setting, inner setting, individual characteristics, and implementation process.

Results:
A total of 40 participant were included in this study. Relative advantage (65%, n = 26), innovation design (45%, n = 18), and access to knowledge and information (70%, n = 28) were the facilitators that mostly discussed by interviewee. On the other hand, interviewee also brought up the concern of relative advantage (65%, n = 26), innovation design (45%, n = 18), and access to knowledge and information (70%, n = 28) on the implementation of RF. In general, participants acknowledged the RF's evidence-based foundation and comprehensive design, appreciating its potential to improve care for older adults. However, barriers included the complexity and limited personalization of the RF, competing clinical priorities, time constraints, and resource limitations. Government support and policy initiatives facilitated engagement, but clearer integration into existing workflows and stronger promotion were needed. Tailored updates, user feedback, and technological enhancements were seen as essential for improving the RF's usability and ensuring its relevance in clinical practice.

Conclusion:
This study highlights that while the RF has potential to improve preventive care in Hong Kong's primary care setting, its adoption is constrained by systemic, organizational, and individual barriers. To ensure its successful integration, flexible implementation, institutional support, tailored incentives, and enhanced clinician and patient engagement are essential. These findings offer practical implications for policymakers and healthcare practitioners to refine and promote the RF in routine consultations, and underscore the need for future research to test theory-informed implementation strategies. Furthermore, this study offered novel contributions to the CFIR literatures in systematically investigate physician perspectives on RF for the older adult population within the distinct socio-cultural and structural context of Hong Kong, COVID-19 pandemic impact to the current healthcare system and actionable implementation strategies for Asian populations. Applying the findings from this study, the CFIR-ERIC Matching Tool could be used to address the specific barriers identified in this study and improving implementation outcomes across various healthcare settings.

Keywords: Primary care, Guideline adherence, Implementation science

Full Research Paper Competition -
Full Research Paper

FULL 09

Evaluating the Clinical and Humanistic Impact of a Self-Care and Minor Ailment Service (MAS)

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9. *The Institute of Cardiovascular Science and Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China*

Background:
Minor ailments place a considerable burden on healthcare systems. Implementing a Minor Ailment Service (MAS) could ease pressure on public hospital Accident & Emergency departments by managing such conditions in the community. Although MAS has demonstrated positive results internationally, its effectiveness and acceptability in Hong Kong have not been evaluated. This prospective observational study aims to evaluate the clinical and humanistic impacts of a MAS delivered by pharmacists at community pharmacies operated by non-governmental organisations (NGOs) in Hong Kong.

Methods:
Subjects were recruited using convenience sampling at eight NGO-operated community pharmacies. Patient-reported outcomes, including symptom resolution, satisfaction, and enablement, were collected using a follow-up questionnaire including the Pharmacy Services Questionnaire (PSQ) and Patient Enablement Instrument (PEI) one week after MAS. Additionally, clinical data were extracted from the Community Pharmacy Services System. Descriptive data analyses were conducted to evaluate patient-reported outcomes after using MAS. Mixed-effects linear and logistic regression models examined associations between symptom resolution, PSQ and PEI scores, and factors including symptom class, demographics, and prior treatment seeking.

Results:
This study demonstrates that most subjects (95.1%) report improvement in their symptoms. The mean scores for the PSQ and PEI are 4.0±0.8 out of 5 and 6.8±3.2 out of 12, respectively. Minor ailments relating to the respiratory system are most frequently reported. Significant negative associations in symptom resolution, satisfaction, and enablement are mainly observed in patients suffering from central nervous system-related symptoms.

Conclusion:
Patients receiving MAS provided by community pharmacists in community pharmacies report high levels of symptom resolution, satisfaction and enablement.

Keywords: Minor ailment, Community pharmacy, Symptom resolution

Full Research Paper Competition -
New Investigator Research Paper

FULL 10

The Level of Diabetes Knowledge and Associated Factors among Chinese Patients with Type 2 Diabetes: A Cross-sectional Study in Hong Kong Primary Care Setting

Gevon G.W. LAI, M.C. DAO, C.W. CHAN

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

Diabetes mellitus (DM) is a chronic illness with major global impact on healthcare systems and a leading cause of morbidity and mortality in Hong Kong. Adequate DM knowledge is crucial for an effective management and complication prevention, yet recent local data are lacking. This study aimed to find out the proportion of Chinese adults with type 2 diabetes mellitus (T2DM) attending public family medicine clinics(FMCs) who have adequate and inadequate DM knowledge, and to explore sociodemographic and clinical parameters associated with DM knowledge adequacy. This was a cross-sectional study conducted in three FMCs from 1st August 2024 to 28th February 2025. DM knowledge was measured using the validated 24-item Diabetes Knowledge Questionnaire(DKQ-24), patients with 75% or more correct responses (18 or more out of 24 items) were considered to have an adequate knowledge. A total of 380 subjects were recruited (response rate 92.7%). Only 18.9% demonstrated adequate DM knowledge (mean DKQ-24 score: 13.3, SD 4.1). Attending a district health centre (DHC) DM management program was strongly associated with adequate DM knowledge (adjusted OR 4.445; 95% CI: 2.149-9.191; adjusted $p < 0.001$), whereas being overweight/obese was inversely associated with adequate knowledge (adjusted OR 0.381;95% CI: 0.211-0.688; adjusted $p = 0.001$). These findings highlighted the positive impact of DHC diabetes management programmes on DM knowledge and primary care physicians could consider expanding access, particularly for overweight/obese patients. Understanding the associated factors of DM knowledge adequacy would facilitate the development of a more structured and culturally relevant DM health education program.

Keywords: Type 2 diabetes, Diabetes knowledge, Chinese version of the Diabetes Knowledge Questionnaire

Clinical Case Presentation Competition – Schedule

Sunday, 28 June 2026 • 10:30 – 11:45 • James Kung Meeting Room, 2/F

TIME	PRESENTATION TOPIC	PRESENTING AUTHOR(S)
10:35 – 10:46	When the Stars Align: A Case Report on the Impact of Caregiver Fear & Anxiety on the Treatment of a Chronically Ill Child	Dr. Judith Ivy PRIMAVERA
10:46 – 10:57	Improving Care Coordination in Community Palliative Care: Reflections from a Sentinel Case in Primary Care	Dr. KO Wing Lam, Loretta
10:57 – 11:08	Paragonimiasis Presenting as Hemoptysis in a Non-endemic Area: A Case Report	Dr. Darwell Chann ROSALES
11:08 – 11:19	When Common Cold Turns Critical - A Case of Euglycemic DKA	Dr. LEE Ka Kei
11:19 – 11:30	The Great Mimicker Revisited: Secondary Syphilis with Classic Mucocutaneous Manifestations and Reactive HIV Screening in Primary Care	Dr. Wilfred Alwyn CO

Free Paper Competition –
Schedule of Oral Presentation

Sunday, 28 June 2026 • Room 903-4, 9/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
	09:00 – 10:00 (Part 1)	
01	Optimal Blood Pressure Targets for Primary Prevention of Cardiovascular Diseases and All-cause Mortality in Adults with Hypertension: A Systematic Review and Dose-response Meta-analysis	**Shuyi WANG**, Zuyao YANG
02	Prevalence and Socio-demographic Determinants of Sarcopenia Severity Among South Asian Diaspora Living in Hong Kong	**Zhishan JIANG**, Gary K.K. CHUNG, Eric K.P. LEE, Bulbul SHARMA, Danna Camille VARGAS, Woohyung LEE, K.S. SUN, Heidi HUNG, Nabina PUN, Winnie KOUGHT, Hasiba MUNIR, Soniya PUN, Mariem SHARIF, L.S. TONG, T.L. TANG, M.H. CHIO, C.Y. WONG, Eliza L.Y. WONG, Dong DONG, Eng-Kiong YEOH
03	Global Perspectives on Blood Pressure and Stroke Risk between Asian and Western Populations: A Systematic Review	**Z.Y. HAO**, Y.X. HU, K.L. YIU, H.M. CHEN, J.G. WANG, K. KARIO, K.F. TSOI
04	Prevalence and Associated Risk Factors for Chronic Obstructive Airway Disease in Adults: A Population-based Study	**Junjie HUANG**, Claire Chenwen ZHONG, Zhaojun LI, Zehuan YANG, Mingtao CHEN, Amelia LO, Calvin CHEUNG, Vera M.W. KEUNG, Martin C.S. WONG
05	Effectiveness of a Case management, Family Centred and Multicomponent Programme to Support Family Caregivers in Caregiving and Mental Health Crisis: Preliminary Results	**Shuting LI**, Vincent NG, Harriet TANG, Xin PENG, Allen T.C. LEE, Linda C.W. LAM, Zhaohua HUO

Free Paper Competition –
Schedule of Oral Presentation

Sunday, 28 June 2026 • Room 903-4, 9/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
	10:45 – 11:45 (Part 2)	
06	Mindfulness-based Interventions for Treatment of Hypertension: Systematic and Umbrella Review of Existing Meta-analyses	**Eric K.P. LEE**, Saiyi WANG, Charlotte S.N. NG, Sofia WONG, Yannis CHAN, Kendy LAU, Samuel Y.S. WONG, Eric B. LOUCKS
07	Social Connection and Longitudinal Change in Self-management Activation and Health-related Quality of Life in a Randomized Primary Care Intervention: Findings from the HomAge Trial	**Xiaochen YANG**, Annie W.L. CHEUNG, Hera H.W. LEUNG, Frank Y.H. CHEN, Eliza L.Y. WONG
08	Artificial Intelligence Readiness Among Medical Students and Its Implications for Primary Care and Family Medicine Workforce Preparedness in Indonesia: A Cross- Sectional Study	Rizma Adlia SYAKURAH, **Mariatul FADILAH**
09	Distinct Trajectories of Functional Recovery After Ischemic Stroke Over 6-Month Follow-up Identified Using Group-Based Trajectory Modeling	**Todsapon T. SIRIWAT**, Non S. SOWANNA, Nuchjaree S. SIWICHAIWONG, Nitiya L. LAMKHAM, Pimonporn J. JAION, Orathai T. THINGCHIN, Sujinda S. SUDPRASERT, Nutta H. HUNCHAT, Theerapat L. LIMSAKUL, Pakamas K. KUDMANEE

Free Paper Competition –
Oral Presentation

ORAL 01

Category 4: Primary Care Epidemiology

Optimal Blood Pressure Targets for Primary Prevention of Cardiovascular Diseases and All-cause Mortality in Adults with Hypertension: A Systematic Review and Dose-response Meta-analysis

Shuyi WANG, Zuyao YANG

JC School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong Special Administrative Region, China

Introduction:
Blood pressure (BP) targets are important in hypertension management. Optimal BP target can be identified by comparing the risks of adverse outcomes across different BP targets. However, randomized controlled trials typically compared two target groups only (e.g., systolic BP <120 mmHg versus <140 mmHg). We therefore conducted a systematic review with dose-response meta-analysis of cohort studies to examine the association of multiple continuous on-treatment BP levels with the risks of cardiovascular diseases (CVD) and all-cause mortality and provide a more precise estimate of the optimal BP target.

Methods:
We searched PubMed, Medline, EMBASE and Web of Science for relevant cohort studies published before January 2026, supplemented by reference lists screening. Included were cohort studies investigating the association of on-treatment BP with the risk of CVD and/or all-cause mortality in adults without pre-existing CVD at baseline. One-stage dose-response meta-analyses based on restricted cubic splines were performed to estimate the non-linear associations.

Results:
Twenty-four publications from 17 cohorts (N=1,676,456, median follow-up: 6 years) were included. Statistically significant J-shaped associations were observed between BP and the risk of both composite CVD outcomes and all-cause mortality (I2 for heterogeneity: 0% to 25%). The BP associated with the lowest risk of composite CVD was 131/73 mmHg in the total population, 122/77 mmHg in those aged <75 years, and 131/68 mmHg in those aged ≥75 years. The BP associated with the lowest risk of all-cause mortality was 140/84 mmHg in the total population, 131/87 mmHg in those aged <75 years, and 148/75 mmHg in those aged ≥75 years., respectively.

Conclusions:
The optimal BP for reducing all-cause mortality was approximately 10 mmHg higher than that for CVD. The optimal systolic BP for older adults was similarly higher than that for younger adults, regardless of clinical outcomes. These findings caution against excessive BP lowering.

Keywords: Blood pressure targets, Cardiovascular diseases, All-cause mortality

Free Paper Competition –
Oral Presentation

ORAL 02

Category 4: Primary Care Epidemiology

Prevalence and Socio-demographic Determinants of Sarcopenia Severity Among South Asian Diaspora Living in Hong Kong

Zhishan JIANG, Gary K.K. CHUNG, Eric K.P. LEE, Bulbul SHARMA, Danna Camille VARGAS, Woohyung LEE, K.S. SUN, Heidi HUNG, Nabina PUN, Winnie KOUGHT, Hasiba MUNIR, Soniya PUN, Mariem SHARIF, L.S. TONG, T.L. TANG, M.H. CHIO, C.Y. WONG, Eliza L.Y. WONG, Dong DONG, Eng-Kiong YEOH

JC School of Public Health and Primary Care, The Chinese University of Hong Kong

Introduction:
Sarcopenia has become a significant public health challenge among South Asian (SA) people due to their unique "thin-fat phenotype", characterized by normal body weight, high body fat percentage, and low muscle mass. Evidence on sarcopenia in SA communities is limited, with particularly scarce data from Hong Kong (HK). This study aims to assess the prevalence and socio-demographic predictors of sarcopenia severity among SA diaspora residing in HK.

Methods:
This cross-sectional study recruited 1590 SA adults (77.7% female) living in HK through territory-wide ethnic minority social outreach services. Participants completed health assessments and an interviewer-administered survey between June 2022 and May 2025. The severity of sarcopenia was classified using Janssen's criteria, based on skeletal muscle percentage measured by bioelectrical impedance analysis. Multivariable ordinal logistic regression was conducted to examine potential socio-demographic factors of sarcopenia severity.

Results:
The majority of participants had sarcopenia, with 66.0% in class I (moderate) and 25.2% in class II (severe). After adjusting for other factors, older age groups were associated with greater severity of sarcopenia (aOR increased from 2.63 to 11.85, all p-values <0.001). In addition, Nepalese participants (aOR=0.66, p=0.007) were less likely to experience severe sarcopenia compared to their Pakistani counterparts, whereas recipients of Comprehensive Social Security Assistance from the HK government (aOR=1.71, p<0.001) had a higher likelihood of more severe sarcopenia.

Conclusions:
This is the first study to report a markedly high prevalence of sarcopenia and differential risks by age, ethnicity, and socioeconomic status among SA diaspora living in HK, highlighting the need for targeted and culturally tailored strategies to manage sarcopenia among this population.

Keywords: Sarcopenia, Ethnic minority, South Asian

Free Paper Competition –
Oral Presentation

ORAL 03

Category 4: Primary Care Epidemiology

Global Perspectives on Blood Pressure and Stroke Risk between Asian and Western Populations: A Systematic Review

Z.Y. HAO, Y.X. HU, K.L. YIU, H.M. CHEN, J.G. WANG, K. KARIO, K.F. TSOI

The Chinese University of HongKong

Introduction:
Hypertension is a major global public health concern, with a higher prevalence observed in Asia compared to Western countries. Elucidation of this differential risk is imperative for the refinement of predictive models. Nevertheless, the paucity of quantitative evidence directly comparing this risk gradient remains a limitation. This study aims to quantitatively comparing the association between blood pressure levels and stroke risk between Asian and Western populations.

Methods:
The Cochrane Library, Embase, MEDLINE, Web of Science, and Scopus were systematically searched from inception to July 2025 for cohort studies investigating the association between blood pressure levels or hypertension and stroke. Hazard ratios (HRs) or relative risks (RRs) with 95% confidence intervals (CIs) for stroke per blood pressure increment or category were extracted. Subgroup-specific and stratified blood pressure estimates were combined within studies to harmonize blood pressure categories for comparative analyses. Estimates were pooled using random-effects or fixed-effects meta-analysis based on between-study heterogeneity assessed by the I^2 statistic.

Results:
15 prospective cohort studies were included (10 Asian, 5 Western). Each 10-mmHg increase in SBP was associated with a greater increase in stroke risk in Asian populations (HR 1.51, 95% CI 1.47-1.55) than in Western populations (HR 1.23, 95% CI 1.16-1.29). Similar patterns were observed when SBP <120 mmHg and DBP <80 mmHg were used as references. Asian stroke risk surged at DBP ≥90 mmHg (HR 2.56, 95% CI 1.45-4.53), whereas Western risk peaked at 80-89 mmHg (RR 1.42, 95% CI 1.22-1.66). When SBP and DBP were considered jointly, pooled estimates were higher in Asian populations than in Western populations (HR 3.13, 95% CI 2.53-3.87 vs HR 1.31, 95% CI 1.05-1.63).

Conclusions:
Elevated BP correlates with increased stroke risk in both Asian and Western cohorts, with a steeper gradient observed in Asian populations—especially for systolic hypertension and stage 2 diastolic hypertension.

Keywords: Hypertension, Stroke, Epidemiology

Free Paper Competition –
Oral Presentation

ORAL 04

Category 4: Primary Care Epidemiology

Prevalence and Associated Risk Factors for Chronic Obstructive Airway Disease in Adults: A Population-based Study

Junjie HUANG[1,2], Claire Chenwen ZHONG[1,2], Zhaojun LI[1], Zehuan YANG[1], Mingtao CHEN[1], Amelia LO[1,2], Calvin CHEUNG[1,2], Vera M.W. KEUNG[1,2], Martin C.S. WONG[1,2]

1. *JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR, China*
2. *Centre for Health Education and Health Promotion, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR, China*

Introduction:
Despite its substantial burden, Chronic obstructive airway disease (COAD) is frequently underdiagnosed, particularly in community settings. This study aimed to estimate the screening-based prevalence of COAD risk among adults in Hong Kong and to identify associated risk factors.

Methods:
A cross-sectional survey was conducted among adults aged 18 years and above in Hong Kong. COAD risk was assessed using five validated screening tools: the COPD Assessment in Primary Care to Identify Undiagnosed Respiratory Disease and Exacerbation Risk (CAPTURE), COPD Population Screener (COPD-PS), COPD Screening Questionnaire (COPD-Q), Lung Function Questionnaire (LFQ), and Pulmonary Function Assessment (PUMA). Associations between participant characteristics and screening positivity were examined using univariable and multivariable logistic regression analyses.

Results:
Among 4,290 participants, the proportion identified as being at risk of COAD varied substantially across screening instruments, ranging from 1.6% to 9.9%, while 3.8% screened positive on both CAPTURE and LFQ. Active smoking emerged as the most consistent risk factor across all tools, with adjusted odds ratios ranging from 1.36 to 21.16. Additional risk factors identified in fewer screening tools included older age, male sex, retirement status, sedentary behaviour, exposure to traffic-related pollution, secondhand smoke, and the use of aroma diffusers or scented candles.

Conclusions:
In Hong Kong, smoking and increasing age were the most consistent risk factors, while favourable household environmental practices and higher socioeconomic status were protective across multiple tools. These findings highlight the need for targeted screening, smoking cessation, and interventions to improve indoor air quality to reduce COAD risk.

Keywords: Chronic obstructive airway disease, Chronic obstructive pulmonary disease, Hong Kong

Free Paper Competition –
Oral Presentation

ORAL 05

Category 5: Others

Effectiveness of a Case management, Family Centred and Multicomponent Programme to Support Family Caregivers in Caregiving and Mental Health Crisis: Preliminary Results

Shuting LI[1], Vincent NG[2], Harriet TANG[1], Xin PENG[1], Allen T.C. LEE[1], Linda C.W. LAM[1], Zhaohua HUO[1]

1. *Department of Psychiatry, The Chinese University of Hong Kong, Hong Kong SAR, China*
2. *Suicide Prevention Services Limited*

Introduction:
Family caregivers of older adults often experience substantial caregiving burden and psychological distress, alongside diverse and unmet support needs. To address these challenges, Suicide Prevention Services launched this project with the generous support of The Hong Kong Jockey Club Charities Trust, and entrusted CUHK to conduct a study for project evaluation. This study aimed to evaluate the effectiveness of an individualised, multi-component support programme in reducing caregiving burden and psychological distress among family caregivers at moderate to high risk of caregiving and mental health crisis.

Methods:
The intervention comprised individual counselling, mind-body training, and family relational activities, delivered over a 3 month period. A total of 113 participants completed baseline assessment, and 39 (intervention: 18; control: 21) completed programme activities and post-intervention assessments by January 2026. Primary caregiver outcomes, including caregiving burden and depressive symptoms, were measured at baseline and post-intervention. Mixed-model ANOVA was used to compare intervention effects between the control and intervention groups.

Results:
The caregiver sample was predominantly female (95.6%), with over half aged below 55 years (50.4%), and the majority (73.1%) reporting their employment was affected by caregiving responsibilities. Among care recipients, the majority were aged 75 or above (73.5%), female (66.4%), With 56.3% reporting ≥4 chronic conditions and 30.1% diagnosed with dementia. Compared with the control group, the intervention group demonstrated a significantly smaller increase in caregiving burden (ZBI, p=0.012) and a significant improvement in caregiving mastery (CMS, p=0.048). Improvements in caregiving knowledge were observed only in the intervention group and were marginally greater than in the control group (p=0.075).

Conclusions:
Preliminary findings suggest that the programme effectively reduced caregiving burden and psychological distress among family caregivers. Multi-component interventions are essential to address the complex and diverse demands faced by family caregivers of older adults.

Keywords: Caregiver, Family-based therapy, Multicomponent

Free Paper Competition – Oral Presentation

ORAL 06

Category 1: Primary Care Interventions and Advances

Mindfulness-based Interventions for Treatment of Hypertension: Systematic and Umbrella Review of Existing Meta-analyses

Eric K.P. LEE[1], Saiyi WANG[2], Charlotte S.N. NG[1], Sofia WONG[1], Yannis CHAN[1], Kendy LAU[3], Samuel Y.S. WONG[1], Eric B. LOUCKS[4]

1. *Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong SAR, China*
2. *School of Public Health, Zhengzhou University, Zhengzhou, China*
3. *Li Ping Medical Library, The Chinese University of Hong Kong, Hong Kong SAR, China*
4. *Mindfulness Center, Department of Epidemiology, Department of Behavioral and Social Sciences, and Department of Medicine, Brown University School of Public Health, The Warren Alpert Medical School of Brown University*

Introduction:
Hypertension is a leading cause of global morbidity and mortality, yet blood pressure (BP) control remains suboptimal worldwide. Mindfulness based interventions (MBIs) have emerged as a potential lifestyle approach for BP reduction; however, existing meta analyses report inconsistent findings, ranging from no effect to substantial BP lowering. This umbrella review summarises the most up to date evidence on the effectiveness of MBIs for BP reduction and systematically evaluates the methodological quality and certainty of evidence of existing meta analyses.

Methods:
We included all meta analyses of randomized controlled trials (RCTs) assessing the effects of MBIs on BP in adults with or without hypertension. Comprehensive searches of multiple databases were conducted from inception to 19 August 2025 using a search strategy developed in collaboration with a hypertension specialist and a medical librarian. Study selection, data extraction, and quality assessment were performed independently by two reviewers. Methodological quality and certainty of evidence were evaluated with AMSTAR 2 and GRADE.

Results:
Of 1,324 records screened, 11 systematic reviews and meta analyses met inclusion criteria (nine pairwise meta analyses, two network meta analyses, and one Cochrane review). Primary RCTs included in these reviews ranged from 2 to 16, with sample sizes from 101 to 767 participants, and examined heterogeneous populations (individuals with elevated BP, established hypertension, or broader cardiometabolic risk profiles). Most reviews reported reductions in systolic and diastolic BP associated with MBIs; however, effect estimates were consistently characterised by substantial heterogeneity and wide confidence intervals. Systolic BP effects ranged from no clear reduction to decreases of up to 11 mmHg. Safety outcomes were under reported, and only two reviews highlighted limited long term follow up data. Methodological quality was rated low or critically low in nine reviews; only the Cochrane review was rated high quality and reported systolic BP reductions of −6.08 mmHg (95% CI: −12.79 to 0.63) and diastolic BP reductions of −5.18 mmHg (95% CI: −10.65 to 0.29) compared with active controls. Against inactive comparators, systolic BP decreased by −6.62 mmHg (95% CI: −13.15 to −0.10) and diastolic BP by −3.35 mmHg (95% CI: −5.86 to −0.8). Across all reviews, certainty of evidence for both systolic and diastolic BP outcomes was rated low or very low.

Conclusions:
Despite substantial heterogeneity in populations, interventions, and comparators, most meta analyses suggest that MBIs may modestly reduce BP, typically by approximately 6 mmHg systolic and 3–5 mmHg diastolic—reductions that may be clinically meaningful. However, overall certainty of evidence remains low due to small RCT sample sizes, methodological limitations, and inconsistent reporting. High quality, adequately powered RCTs are needed to determine whether MBIs should be recommended as routine hypertension treatment. Real world and implementation studies are also required to assess whether trial based efficacy can be translated into community and primary care settings, and further research is needed to identify strategies that support long term maintenance of mindfulness practice.

Keywords: Mindfulness, Hypertension, Review

Free Paper Competition –
Oral Presentation

ORAL 07

Category 1: Primary Care Interventions and Advances

Social Connection and Longitudinal Change in Self-management Activation and Health-related Quality of Life in a Randomized Primary Care Intervention: Findings from the HomAge Trial

Xiaochen YANG[1], Annie W.L. CHEUNG[1], Hera H.W. LEUNG[2], Frank Y.H. CHEN[2], Eliza L.Y. WONG[1]

1. *The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Sha Tin, Hong Kong*
2. *Department of Management Sciences, City University of Hong Kong, Kowloon Tong, Hong Kong*

Introduction:
Social connection comprising both structural social networks and subjective loneliness is a critical determinant of health outcomes in older adults. However, its influence on self-management activation and health-related quality of life (HRQoL) within the context of primary care interventions remains unclear. This study aimed to evaluate whether baseline loneliness, social network, and a composite Social Connection Index (SCI) independently predicted longitudinal health outcomes in the HomAge randomized controlled trial, and whether these associations differed over time or by provider type.

Methods:
HomAge is a single-blind, multi-centre randomized controlled trial involving 234 community-dwelling older adults in Hong Kong. Participants were randomized 1:1 to a 3-month home-based health coaching intervention delivered by either health professionals or lay health workers. Outcomes included patient activation (PAM-13) and HRQoL (EQ-5D-5L, Hong Kong value set). Baseline predictors included social network support (LSNS-6), loneliness (UCLA-3), and a composite SCI (derived via equal-weighting and Principal Component Analysis). Linear mixed-effects models with random intercepts were fitted with blockwise adjustment for sociodemographic and clinical covariates. Interaction models tested whether associations varied over time or by intervention arm.

Results:
In fully adjusted models, higher baseline loneliness was significantly associated with lower overall patient activation (β = -0.070 [-0.104, -0.035], $p < 0.001$) and poorer HRQoL (β = -0.057 [-0.074, -0.039], $p < 0.001$). Stronger social network support predicted higher activation (β = 0.070 [0.034, 0.106], $p < 0.001$) and HRQoL (β = 0.026 [0.007, 0.046], $p = 0.008$). The composite SCI demonstrated the strongest associations across both outcomes (activation: β = 0.087 [0.053, 0.122], $p < 0.001$; EQ-5D: β = 0.053 [0.035, 0.071], $p < 0.001$), with findings remaining robust in PCA-derived sensitivity analyses. Interaction analyses revealed no significant modification by time or intervention assignment (all interaction $p > 0.05$). Baseline social connection influenced the overall sustained level of health outcomes but did not differentially influence trajectories of activation or HRQoL across the intervention arms.

Conclusions:
Psychosocial factors are independent determinants of self-management activation and HRQoL in older adults, but did not modify outcome trajectories or relative response by provider type. Social connection appears to function as a prognostic factor rather than a mechanism of intervention effect. These findings support that incorporating social connection assessment into geriatric primary care may help identify elderlies at higher risk of poorer outcomes who may benefit from additional support.

Keywords: Primary care interventions, Social connection, Self-management patient activation

Free Paper Competition –
Oral Presentation

ORAL 08

Category 2: Healthcare System Improvements

Artificial Intelligence Readiness Among Medical Students and Its Implications for Primary Care and Family Medicine Workforce Preparedness in Indonesia: A Cross-Sectional Study

Rizma Adlia SYAKURAH[1], Mariatul FADILAH[2]

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2. *Medical Faculty, Universitas Prima Indonesia, Medan, Indonesia*

Introduction:
The integration of artificial intelligence (AI) into healthcare is rapidly transforming clinical practice, including in primary care and family medicine, where physicians serve as first-contact providers and decision-makers. As AI-driven tools become increasingly embedded in care delivery, the readiness of future healthcare professionals to use these technologies safely and effectively becomes a critical component of health system preparedness. However, evidence on AI readiness among the future primary care workforce in low- and middle-income settings remains limited. This study aims to assess AI readiness among medical students and examine its implications for primary care and family medicine systems.

Methods:
A cross-sectional study was conducted among 1,053 medical students from 16 universities across Sumatra, Indonesia. AI readiness and perception were assessed using the translated and validated MAIRS-MS instrument, covering cognitive, ability, vision, and ethical domains. Additional variables included prior AI exposure, educational background, and demographic characteristics.

Results:
Overall AI readiness was moderate (mean score 74.15/100), with relatively higher scores in the ability domain and lower scores in the cognitive and ethical domains. Most participants had no prior formal AI training. Despite this, a majority perceived AI as beneficial for clinical practice (81.6%) and improving healthcare access (65.1%), and 90.4% supported its inclusion in medical education. Prior exposure to AI was consistently associated with higher readiness across domains.

Conclusions:
While future physicians demonstrate moderate readiness to engage with AI, critical gaps remain in foundational knowledge and ethical preparedness. These findings highlight the need to strengthen AI competencies as part of preparing a resilient primary care and family medicine workforce. Addressing these gaps is essential to ensure that future clinicians can critically evaluate, safely use, and appropriately integrate AI into clinical decision-making and patient care, particularly as AI-enabled tools become increasingly utilized in frontline healthcare settings.

Keywords: AI in healthcare, Workforce readiness, Medical education

Free Paper Competition –
Oral Presentation

ORAL 09

Category 4: Primary Care Epidemiology

Distinct Trajectories of Functional Recovery After Ischemic Stroke Over 6-Month Follow-up Identified Using Group-Based Trajectory Modeling

Todsapon T. SIRIWAT, Non S. SOWANNA, Nuchjaree S. SIWICHAIWONG, Nitiya L. LAMKHAM, Pimonporn J. JAION, Orathai T. THINGCHIN, Sujinda S. SUDPRASERT, Nutta H. HUNCHAT, Theerapat L. LIMSAKUL, Pakamas K. KUDMANEE

Department of Family Medicine, Faculty of Medicine, Naresuan University, Thailand

Introduction:
Functional recovery after ischemic stroke is heterogeneous and evolves over time. Most studies have focused on single end-point outcomes, which may not capture longitudinal recovery patterns. This study aimed to identify distinct trajectories of functional recovery and to examine factors associated with trajectory group membership.

Methods:
A retrospective cohort study was conducted using a stroke registry from a continuity of care and home visit service at Naresuan University Hospital, Thailand (2021-2024). Adult patients with acute ischemic stroke were included. Functional recovery was assessed using the Barthel Index at seven time points from day 1 to 6 months. Group-based trajectory modeling was used to identify recovery trajectories, and multinomial logistic regression was applied to examine associated factors.

Results:
A total of 330 patients were included. Three distinct trajectories of functional recovery were identified: poor (13.3%), gradual (44.2%), and good recovery (42.4%). Severe stroke (adjusted OR 5.63, 95% CI 1.46-21.64), atrial fibrillation (adjusted OR 7.65, 95% CI 2.71-21.62), in-hospital infection (adjusted OR 23.96, 95% CI 6.62-86.71), and neurological complications (adjusted OR 42.39, 95% CI 4.32-416.15) were significantly associated with the poor recovery trajectory. Dyslipidemia (adjusted OR 2.47, 95% CI 1.42-4.32) and in-hospital infection (adjusted OR 3.65, 95% CI 1.12-11.86) were associated with the gradual recovery trajectory.

Conclusions:
Distinct recovery trajectories were identified, reflecting heterogeneous post-stroke recovery. Poor recovery was driven by stroke severity and complications, whereas gradual recovery was associated with chronic vascular risk factors. These findings highlight the importance of complication prevention and risk factor optimization to improve recovery outcomes.

Keywords: Ischemic stroke, Functional recovery, Barthel index

Free Paper Competition –
Poster Presentation
Schedule of Speed Presentation Session 1

Saturday, 27 June 2026 • Lift Lobby, 1/F

NO.	POSTER NO.	TIME	PRESENTATION TOPIC	PRESENTING AUTHORS
			e-Poster Station No. 1	
01	Poster 04	16: 30 - 16:33	Empowering Diabetes Patients in Self-Management Using Continuous Glucose Monitoring Systems (CGMS) in HKEC Family Medicine Clinics	Ms. LO Yuen Man
02	Poster 08	16: 33 - 16:36	Resistance Training Aids Smoking Cessation among E-Cigarette Users	Dr. John K.H. LEE
03	Poster 09	16: 36 - 16:39	Continuous Dietitian Counselling vs. Single-Session Education: Slowing Disease Progression in CKD Stage 5 – A Primary Care Case Insight	Ms. Chelsea T.Y. CHOI
04	Poster 10	16: 39 - 16:42	Healthy Life Healthy Us Social Media Support Group: Community Self-Healthcare Management	Mr. Tony S.F. CHAN, Ms. Chloe H.Y. LEUNG
05	Poster 35	16: 42 - 16:45	Application of iBreastExam as an Adjunct to Clinical Breast Examination for Breast Cancer Screening in Sabah, Malaysia	Dr. HOW Mei Yee
06	Poster 36	16: 45 - 16:48	Primary Care–Led Cognitive Stimulation Therapy: An Innovative, Collaborative Model for Sustainable Dementia Care in Malaysia	Dr. Zuraini AHMAD

Free Paper Competition –
Poster Presentation
Schedule of Speed Presentation Session 1

Saturday, 27 June 2026 • Lift Lobby, 1/F

NO.	POSTER NO.	TIME	PRESENTATION TOPIC	PRESENTING AUTHORS
			e-Poster Station No. 2	
07	Poster 40	16: 30 - 16:33	The Result of Diabetic School Program to Reduce HbA1c in Diabetic Patients in Muang Phatthalung Health Provider Network	Ms. Phatcharapan BALTIP
08	Poster 42	16: 33 - 16:36	LiverOmicScore: Integrative Multi-Omics Profiling Enables Personalized Prediction of Six Major Liver-Related Clinical Endpoints	Dr. XIE Weidun
09	Poster 51	16: 36 - 16:39	Association Between Multimorbidity and Mortality, Length of Stay and 30-day Unplanned Readmission in Hong Kong: A Retrospective Longitudinal Study	Mr. SHAO Taihang
10	Poster 53	16: 39 - 16:42	Strengthening Multidisciplinary Primary Care: Barriers and Facilitators for Doctor–Physiotherapist Collaboration - Findings from a Mixed Methods Study on Direct Access to Physiotherapy	Dr. Carrie H.K. YAM
11	Poster 55	16: 42 - 16:45	A Retrospective Analysis of Changes in Tuberculosis Cases in Hong Kong Following the COVID-19 Pandemic	Ms. TANG Hei Yan
12	Poster 57	16: 45 - 16:48	A Pilot Evaluation of a New Family Medicine-Breast Collaborative Model for Managing Probably Benign Breast Lesions	Dr. NG Ngai Mui

Free Paper Competition –
Poster Presentation
Schedule of Speed Presentation Session 2

Sunday, 28 June 2026 • Lift Lobby, 1/F

NO.	POSTER NO.	TIME	PRESENTATION TOPIC	PRESENTING AUTHORS
			e-Poster Station No. 1	
13	Poster 59	10:10 - 10:13	Validation of the Hospital Frailty Risk Score and Comparison with Other Comorbidity Measure for Prediction of Adverse Outcomes among Older Patients in Hong Kong: A Retrospective Cohort Study	Ms. WEN Wanqi
14	Poster 60	10:13 - 10:16	Connecting Primary Care with Community Support: A Co-productive Social Prescribing Model for Healthy Ageing and Sustainable Primary Healthcare	Ms. CHAN Yu Ki
15	Poster 68	10:16 - 10:19	Determinants of Poor Resilience among Frontline Primary Healthcare Workers in an Urban Malaysian Setting	Dr. Kaniswari MUNUSAMY
16	Poster 78	10:19 - 10:22	Prevalence and Predictors of Self-Compassion in Children: A Cross-Sectional Study	Ms. SIN Wai Man
			e-Poster Station No. 2	
17	Poster 82	10:10 - 10:13	A Significant Decrease in All-cancer and Lung Cancer Mortality among Hong Kong Silicotic Workers with Smoking Cessation: A Longitudinal Study from 1981 to 2019	Mr. LYU Jiajun
18	Poster 87	10:13 - 10:16	Epidemiological Trends of Breast Cancer Burden in Hong Kong Population: Future Prediction to 2050 Using Negative Binomial GLM with Bootstrap Modelling Study	Mr. Alemayehu Sayih BELAY
19	Poster 88	10:16 - 10:19	Women Wellness at the Workplace: Receptiveness of Women to Free Cervical and Breast Cancer Screening in a Government Hospital in Antique Province, Philippines	Dr. Karen DELGADO
20	Poster 94	10:19 - 10:22	Beyond the Liver: Comorbidity Patterns Refine Risk Stratification for Liver-related Events in Patients with Metabolic Dysfunction-associated Steatotic Liver Disease	Ms. YANG Bingqing

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
01	Do Clients Engaging in Client-Led Action Plan (CLAP) Discussions in Preventive Care Clinic Have Improved Healthy Behaviors Compared with Clients Receiving Usual Advice?	**C.C. CHIU**, P.L. KEE, W.S. LEUNG, C.F. LI, K.L. SUM, L.K. WONG, S.L. CHAN, T.K. WONG, S.F. NG, Y.T. WAN, Y.S. LEUNG, S.Y. HUNG, Y.F. LAM, M.L. NG, M.Y. WU, H.L. LI, W.M LEUNG, M.Y. WONG, M.S. WONG
02	The Impact of Preventive Care Service on Health-Promoting Lifestyle Among Clients in Nurse-Led Preventive Care Clinic, HKIC(E)	**S.F. NG**, C.C. CHIU, T.K. WONG, Kathy Y.H. CHEUNG, Y.T. WAN, Daisy Y.S. LEUNG, S.Y. HUNG, Felix H.L. LI, Wanmie W.M. LEUNG, Marcus M.S. WONG, Michelle M.Y. WONG
03	Oral Health Education for Diabetes Patients with Elevated HbA1c	**T.S. LAW**, K.L. WONG, S.K. LUI, M.W. TING, T.Y. WAN, T.H. YEUNG
04	Empowering Diabetes Patients in Self-Management Using Continuous Glucose Monitoring Systems (CGMS) in HKEC Family Medicine Clinics	**Y.M. LO**, P.K. CHOU, K.Y. MAK, W.L.MAK, W.Y. YEUNG, Y.S. LEUNG, Y.T.WAN, S.Y. HUNG, K.F. LEUNG, Wangie W.C. LEUNG, P.N. TSUI, Felix H.L. LI, Wanmie W.M. LEUNG, Marcus M.S. WONG, Michelle M.Y. WONG
05	A Vulnerable Workforce: Chronic Disease Screening Findings Among Domestic Helpers	Eunice Y.C. CHAN, **Rinzin CHODOR**, Deepika GURUNG, Sarina RANA MAGAR, Asma BATOOL, L.H. CHAN
07	Promoting LDCT Screening Potential to Enhance Smoking Cessation Outreach	**Agnes N.Y. YAU**, John K.H. LEE, Eunice Y.C. CHAN
08	Resistance Training Aids Smoking Cessation among E-Cigarette Users	**John K.H. LEE**, Agnes N.Y. YAU, Eunice Y.C. CHAN
09	Continuous Dietitian Counselling vs. Single-Session Education: Slowing Disease Progression in CKD Stage 5 – A Primary Care Case Insight	**Stefanie H.L. WONG**, Chelsea T.Y. CHO
10	Healthy Life Healthy Us Social Media Support Group: Community Self-Healthcare Management	Tony S.F. CHAN, **Chloe H.Y. LEUNG**
11	10-year Effectiveness of the Risk Assessment and Management Programme for Hypertension (RAMP-HT): A Target Trial Emulation	**Zoey C.T. WONG**, Ivy L. MAK, Esther Y.T. YU, Emily T.Y. TSE, Julie Y. CHEN, W.Y. CHIN, David V.K. CHAO, Wendy W.S. TSUI, Tony K.H. HA, Eric Y.F. WAN, Cindy L.K. LAM

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
12	Association Between Loneliness and Types of Social Isolation among Older Community Adults	**Eliza L.Y. WONG**, Annie W.L. CHEUNG, Hong QIU, Clement C.W. NG, Phoenix K.H. MO, Nelson C.Y. YEUNG, Shirley S.K. LUI, Carol K.P. WONG, Eng-kiong YEOH
13	Effectiveness of a Structured Exercise Intervention to Normalize Blood Pressure and Nocturnal Dipping in HyperTensive Patients (END-HT) in Hong Kong Primary Care: A Randomized-controlled Trial	**Eric K.P. LEE**, Shuqi WANG, Dexing ZHANG, Benjamin H.K. YIP, James CHENG, Stanley S.C. HUI, Esther Y.T. YU, Maria LEUNG, Winnie C.W. CHU, Anastasia Susie MIHAILIDOU, Samuel Y.S. WONG
14	Acceptance of Lung Cancer Screening and Associated Factors in Hong Kong: A Population-based Study	**Claire Chenwen ZHONG**, Zhaojun LI, Mingtao CHEN, Zehuan YANG, Junjie HUANG, Martin C.S. WONG
15	Barriers and Facilitators to Lung Cancer Screening Among High-Risk Individuals in Hong Kong: A Qualitative Study Guided by Theoretical Domain Framework	**Claire Chenwen ZHONG**, M.K. YIM, Mingtao CHEN, C.Y LO, Xiaoshu ZHANG, Junjie HUANG, Martin C.S. Wong
16	First Randomized Controlled Trial of an AI Chatbot Delivering Stage-Tailored Interventions to Reduce Chemsex Among Gay, Bisexual, and Other Men Who Have Sex with Men: Protocol for a Waitlist-Controlled Trial in Hong Kong	**Doug H. CHEUNG**, Fuk-yuen YU, Siyu CHEN, Johnson Zixin WANG
17	Innovation, Collaboration and Leadership: Transforming Patient Care to System Care through a Risk-Stratified Occupational Therapy Service Delivery Model for Hong Kong Primary Care	**Henry W.T. LO**, Kanis K.W. WONG, Raymond W.K. CHING
18	Patient Perspectives on Hepatitis B Screening Implementation in Hong Kong: A Qualitative Study	**Claire Chenwen ZHONG**, Junjie HUANG, Sammi NG, Jessica ZHOU, Martin C.S. Wong
19	Innovating Lifestyle Medicine in Primary Care: A Nurse-Led Preventive Coaching Model Empowering Self-Care for Sustainable Healthcare	**Y.K. CHAN**, F.L. YEUNG, S.C. WU, Cecilia Y.S. TANG, W.H. HO, S.C. CHIANG, B.C. WONG, Ronald S.Y. CHENG, Y.S. NG
21	Fall Management Using AI Technology in Community Rehabilitation: From Fear to Fearless	**Rita Y.W. CHOI**, T.H. NG, Y.T. PO, S.B. KONG, W.N. KU

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
22	Enhancing Community-Based Oxygen Therapy: The Impact of Continuous SpO2 Monitoring on Clinical Outcomes and Service Delivery	**Rita Y.W. CHOI**, T.H. NG, ISAAC C.H. CHAN, S.B. KONG, W.N. KU
23	Feasibility, Safety and Acceptability of Isometric Resistance Exercise for Chinese Adults with Sub-optimal Blood Pressure: A Pilot Randomized Controlled Trial	**Sze-Nok NG**, Benjamin H.K. YIP, Regina W.S. SIT, Kam-Sang WOO, Shuqi WANG, Daniel D. COHEN, Patricio LOPEZ-JARAMILLO, Alexandre PERSU, Guang-Ming TAN, Véronique CORNELISSEN, Wook-Bum Pyun, Babkowski M. CAMAFORT, Samual Y.S. WONG, Eric K.P. LEE
24	Effectiveness of Stage-of-change-tailored Interventions in Improving Antihypertensive Medication Adherence: A Systematic Review and Meta-analysis of Randomized Controlled Trials	**Liwen DING**, Siyu CHEN, Yuan FANG, Phoenix K.H. MO, Zixin WANG
25	Evaluation of Dulaglutide Use in Subsidized Primary Care Clinics in Singapore: A Retrospective Observational Study	**Alice Kinyui LO**
26	FIB-4 Risk Stratification Model May Predict Liver-related Outcomes of MASLD Patients Receiving Care in Non-specialty/Primary Care Settings	**Jay P. BAE**, Mark L. HARTMAN, Yuanyuan TANG, Arti MANSHARAMANI, Belle V. van ROSMALEN, Arun J. SANYAL
27	Unity from Ashes: People's Solidarity in Isla Puting Bato for Homes and Health	**Yule Matthew M. ROXAS**, Trina Isabel D. SANTIAGO, Carmel Joy F. VERGARA, Faith VILLAHERMOSA
28	From Tremors to Triumph: PFC Case Report on Early-Onset Parkinson's Disease in a Complex Family	**Maejoy Kristine C. BALINO**
29	When Love and Hate Collide: A Patient-Centered, Family-Focused, and Community- Oriented Case Report of a Couple Facing Psychological Challenges	**Neil M. ALVIAR**
30	Role of Family Physicians as Families Navigate the Illness Trajectory: A Case of Rare Pleomorphic Dermal Sarcoma in a Dementia Patient	**Valerie Anne N. BEBITA**, Cathlyn Marie CORTEZ

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
31	Kumusta?: Evaluating the Impact of Mental Health Screening in a Primary HIV Treatment Hub	**Maria Angelica Rose M.A.R. SUPREMO**
32	Effectiveness of Family Planning Seminar in the Awareness, Attitude, and Practices of Pantawid Pamilyang Pilipino Program (4Ps) Male Partner Beneficiries in the Utilization of Family Planning Commodities in Banate, Iloilo	**Riezelle J. AYONGAO**
33	Community-based Interventions for Stroke in Resource-limited Primary Care Settings: A Systematic Review	**Joher Jr. B. MENDEZ**, Cyril L. SAPANZA, Renia Grace G. Salapre
34	Designing a Safe and Ethical AI-Enabled Mental Health Chatbot for Younger Adults: Exploring Its Potential for First-Contact Support in Family Medicine	Latius HERMAWAN, **Rizma Adlia SYAKURAH**, MEILINDA, Deris STIAWAN
35	Application of iBreastExam as an Adjunct to Clinical Breast Examination for Breast Cancer Screening in Sabah, Malaysia	**M.Y. HOW**, W.L. TEE, Jane F.C PANG, W.L. HAR, Eric HENRY, Nicholas JAGANG, Farah W.G. KHAN, Regan F. PONNUDURAI, H.Y. TAN, Ruziana BAHARUDIN, J.S. FOO, Yusnita YUSOF, Fazilawati A. AB. LATIFF, W.K. THIEN, Stafie G. JOHMEN, Norlaily HASSAN, Andi A.A. AGUS
36	Primary Care–Led Cognitive Stimulation Therapy: An Innovative, Collaborative Model for Sustainable Dementia Care in Malaysia	**Zuraini AHMAD**, Mohd Azri ABDUL GHANI, Khalsom SAMSUDIN, Farha IBRAHIM
37	Effectiveness of Development of Telemedicine Service Among Patients with Type 2 Diabetes in Primary Care Settings, Island Region in Thailand	**S. NAWONG**
38	Family Structure and Its Role in Type 2 Diabetes Remission: A Case–Control Study in Primary Care, Ubon Ratchathani, Thailand	**Suthiwat KHUMNGOEN**
39	Implementation of Multimodal Exercise Programs in Community-Dwelling Older Adults at Risk of Sarcopenia and Frailty: A Community-Based Project	**Natchaphon TADANG**, Narongsak NGAMCHIYAPHUM, Intuon CHAICHAROEN, Wannapai CHANWISED

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
40	The Result of Diabetic School Program to Reduce HbA1c in Diabetic Patients in Muang Phatthalung Health Provider Network	**Phatcharapan BALTIP**, Watcharee AUNDUM, Kotchakorn DULYAPACH, Supunsa AUNSAARD, Nonlapan ANUCHAN, Phiangjit KETMUTH, Pitima WEERAPAN, Narakorn POONKUA
41	Unified for Every Child: A Collaborative Framework for Special Needs Detection in Remote Regions, Sabah, Malaysia	**H.Y. TAN**, N.A. ZAINUDDIN, M.Q. YAHYA
42	LiverOmicScore: Integrative Multi-Omics Profiling Enables Personalized Prediction of Six Major Liver-Related Clinical Endpoints	**Weidun XIE**, Bingqing YANG, Jiayu SHI, Jiandong ZHOU
43	Comparative Effectiveness of Group-Based Cognitive Stimulation and Home-Based Self-Practice Cognitive Exercises in Community-Dwelling Older Adults with Mild Neurocognitive Disorder	**Rapeepat KOSITANONT**
44	Improving Efficiency in Primary Care: A Skill-Augmented Large Language Agent Model for Risk Stratification and Medical Report Generation for Diabetes Mellitus	**Jiayu SHI**, Zhuo LI, Feiyue CAI, Weidun XIE, Bingqing YANG, Amy P.P. NG, David K.K. WONG, Diana WU, Yaya W.S. HUANG, Emily TSE, William C.W. WONG, Qingpeng ZHANG, Lei LU, Queenie L. LI, Jiandong ZHOU
45	Let's DO IT: A Multidisciplinary Lifestyle-Based Diabetes Intervention in Primary Care	**M.A NURAFIZA**, M NADIAH
46	Rethinking the Food Insecurity - Diet Link in Type 2 Diabetes: A Primary Care Perspective from Urban Malaysia	**Kaniswari MUNUSAMY**, Shivaranjani MOHAN KUMAR, Harvinder Kaur GILCHARAN SINGH, Tan Shy Peng TAN, Norlaila MUSTAFA, Snigdha MISRA, Kanimolli ARASU
47	Rethinking Diabetes Diets in Primary Care: From Red Rice to Real-World Practice - A RICH-Informed 3W Framework for Cardiometabolic Risk Reduction	**Munusamy K**, F. Daud, Wickneswari R.

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
48	Measuring Enterprise Community Involvement in Workplace Well-Being Instruments: Implications for Sustainable Primary Care Organizations	**Elorm DONKOR**, Melinda C. LIU, Katherine SZE, Dong DONG, Jean H. KIM
49	Implementation of a Comprehensive Preventive Care Programme in Three Primary Care Clinics: Early Detection of Women's Health Conditions and Chronic Diseases	**Kitty K. WONG**, P.L. CHEUNG, Y.L. WANG, W.H. LAU, P.H. LAM, S.Y. LEUNG, Maria K.W. Leung
50	Service Impact of Lower ALT Upper Limits of Normal on Chronic Hepatitis B Management in Primary Care: Insights from Lek Yuen Family Medicine Clinic	**J.H. HAN**, Shirley Y.K. CHOI, L.Y. CHENG, W.K. LEUNG, S.Y. LEUNG, Maria K.W. LEUNG
51	Association Between Multimorbidity and Mortality, Length of Stay and 30-day Unplanned Readmission in Hong Kong: A Retrospective Longitudinal Study	**Travis T.H. SHAO**, C.C. CHING, Olivia C.R. LAM, K.L. WANG, Eliza L.Y. WONG
52	Evaluating the Effectiveness of Cryotherapy Service in HA Staff Clinic and Family Medicine Specialty Clinic	**Y.Y. CHAN**, M.T. HUI, C. CHEUK, S.K. YU, K.W. LEUNG
53	Strengthening Multidisciplinary Primary Care: Barriers and Facilitators for Doctor–Physiotherapist Collaboration - Findings from a Mixed Methods Study on Direct Access to Physiotherapy	**Carrie H.K. YAM**, Ethan M.Y. IP, T.Y. CHOW, Eliza L.Y. WONG, C.T. HUNG, E.K. YEOH
54	Reframing Digital Transformation: Structural Barriers and Global Lessons for Accelerating Health System Digital Adoption	**W.S. YU**, Kenneth W. C. LUI
55	A Retrospective Analysis of Changes in Tuberculosis Cases in Hong Kong Following the COVID-19 Pandemic	**H.Y. TANG**
56	Outcome and Training Insights of a Structured Cryotherapy Program in the New Territories West Cluster (NTWC) for Common Warts	**Yeni Y.Y. CHAN**, Edwin Y.H. CHAN, Gary T.B. HO, J. LIANG, Y.S. NG
57	A Pilot Evaluation of a New Family Medicine-Breast Collaborative Model for Managing Probably Benign Breast Lesions	**N.M. NG**, P.H. YU, H.Y. YUEN, M.L. CHU, Y.S. NG
58	Medico-Social Collaboration in a Family Medicine Clinic	**Emily T.Y. TSE**

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
59	Validation of the Hospital Frailty Risk Score and Comparison with Other Comorbidity Measure for Prediction of Adverse Outcomes among Older Patients in Hong Kong: A Retrospective Cohort Study	**Wanqi WEN**, Evora H.L. ZHU, Sam C.C. CHING, April Y.S. WU
60	Connecting Primary Care with Community Support: A Co-productive Social Prescribing Model for Healthy Ageing and Sustainable Primary Healthcare	**Y.K. CHAN**, S.M. CHAN, T.T. CHAN, W.M. AU-YEUNG, K.F. LAM, Y.F. WONG, S.M. KONG, F.L. YEUNG, H.Y. MOK, C.Y. YUEN, F.Y. LAM, Y.W. WONG, C.L. MA, S.C. WU, Cecilia Y.S. TANG, W.H. HO, S.C. CHIANG, B.C. WONG, C.B. HUNG, Ronald S.Y. CHENG, Y.S. NG
61	Chinese Newcomers' Perceptions of Preventive Health Care in Ontario, Canada: A Mixed-Methods Approach (The CHaMPION Study)	**Ceen-Ming TANG**, Dorsa NAJARI, Michael X.R. WU, Hunster Q.H. YANG, S.F. ZHANG, Beili SHI, Stephen R. MARISETTE, Donatus R. MUTASINGWA
62	Improving Care Coordination in Community Palliative Care: A Primary Care Quality Improvement Initiative	**Loretta W.L. KO**
63	HABI: Weaving Governance, Compassion, and Community for Urban Health Equity	**Princess Spica M. CAGANDE**, Ludwig Karlo V. SALAZAR, Antonio Domingo Risaldo Roberto R. REARIO III
64	Clinico-demographic Profile of Emergency Department Patients with Unmet Palliative Care Needs in a Private Tertiary Hospital in Manila: A Retrospective Study	**Missy FAUSTINO**, Daisy MEDINA
65	Beyond Screening: A Community-Based Approach to Sarcopenia Prevention, Rehabilitation and Its Real-World Challenges	**A.R. ARAHMAN**, N.A. ZAINUDDIN, N.A. FARIDON
66	Decentralizing Neonatal Care: Expanding Daycare Phototherapy in Resource-Limited Primary Health Clinics in Sabah, Malaysia	**N.A. ZAINUDDIN**, S. OSMAN, M.S. HASSAN, H.S. HENG
67	From Fragmentation to Integration: A Shared Consultation Model for Seamless Geriatric Care in Malaysian Primary Care	**Winnie K.C. OUNG**, Azianey YUSOF, J.N. KENG, Alan S.H CH'NG

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
68	Determinants of Poor Resilience among Frontline Primary Healthcare Workers in an Urban Malaysian Setting	**Munusamy K**, Mohd Yusoff ASB, Govindnair A, Abd Rahman SF, Peiyi H, Abdul Kadir A, Samsudin S
69	Bridging Policy and Practice: Implementation of the Stroke Rehabilitation Continuum Program (PKRS) in a Malaysian Primary Care Setting	**Saodah HASHIM**, Ahmad Hazri ILYAS, Mohd Norzuzafre ZULKIFLE
70	From 70% to 99%: Revolutionizing Diabetic Retinopathy Screening Through Digital and System Redesign in Primary Care	**Nurlida ABDRAHIM**
71	Clinical Audit of Community-Based Pediatric Palliative Home Care Services in Yayasan Orang Kurang Upaya Malaysia	**Hazwani MOHAMED PADZIR**, Fahisham TAIB, Zahrni MUDA
72	From Paper to Pixel: Transforming Autism Screening in Malaysia Primary Care through Digital M-CHAT	**Hazwani Mohamed Padzir**, Ehsan Rosdi, Annisa Salleh, Sofia Syahira Badrol Hisham, Norshahila Mohd Rozi, Malini A/P Murugiah, Farzana Abdul Aziz
73	Factors Influencing the Hong Kong Reference Framework (rf) for Common Musculoskeletal Problems in Primary Care: A Qualitative Study Using the Consolidated Framework for Implementation Research	**Claire Chenwen ZHONG**, Junjie HUANG, Sammi NG, Martin C.S. WONG
74	Integrating Generative AI Literacy into Family Medicine Training: Early Lessons from a Trainee-Led Educational Initiative	**Loretta W.L. KO**
75	Information Needs and Information-Seeking Behavior Among Resident Physicians in a Tertiary Hospital in Iloilo City	**Chris J.R. BINAS**
76	Self-assessed Active Listening Skills and Attitude Among Resident Physicians in a Tertiary Hospital in Iloilo City	**Jamie Phill R. DULDOCO-BINAS**
77	Pruritus in Palliative ESRF Patients: Uraemic Pruritus or Something Else? A Case Series Relevant to Primary Care	**A. ABDUL AZIZ COOPER**, J. WONG

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
78	Prevalence and Predictors of Self-Compassion in Children: A Cross-Sectional Study	**W.M. SIN**, Mimi M.Y. TSE, Joanne W.Y. CHUNG, Sandy P.P. CHOI
79	Kidney Outcomes of Dapagliflozin-10mg Versus Empagliflozin-10mg Versus Empagliflozin-25mg: Propensity-matched Cohort Study	**Johnny T.K. CHEUNG**, Aimin YANG, Hongjiang WU, Eric S.H. LAU, Mai SHI, Alice P.S. KONG, Ronald C.W. MA, Andrea O.Y. LUK, Juliana C.N. CHAN, Elaine CHOW
80	Differential Prevalence and Determinants of Mental Health Problems Among Young and Older Gay, Bisexual, and Other Men Who Have Sex with Men (GBMSM) in Hong Kong	**F.Y. YU**, Zixin WANG
81	Prevalence of Diabetes and Pre-diabetes Among Hepatitis B Carriers in a Local Primary Care Setting	**Judy K.Y. WONG**, Eva L.Y. CHENG, Shirley Y.K. CHOI, Jessica J.H. HAN, Kennedy W.K. LEUNG, S.Y. LEUNG, Maria K.W. LEUNG
82	A Significant Decrease in All-cancer and Lung Cancer Mortality among Hong Kong Silicotic Workers with Smoking Cessation: A Longitudinal Study from 1981 to 2019	**Jiajun LYU**, Shuyuan YANG, C.K. CHAN, C.C. LEUNG, L.B. TAI, L.A. TSE
83	Development and Validation of 10-year Cardiovascular, Renal, and Metabolic Risk Prediction Tools in Chinese Patients with Prediabetes Mellitus	**Jie MEI**, Peter TANUSEPUTRO, William C.W. WONG, Esther W.Y. CHAN, Ian C.K. WONG, Cindy L.K. LAM, Eric Y.F. WAN
84	Epidemiological Trends and Future Prediction of Colorectal Cancer Burden in Hong Kong Population: A Territory-wide Analysis and Modelling Study	**Junjie HUANG**, Zehuan YANG, Claire Chenwen ZHONG, Mingtao CHEN, Martin C.S. WONG
85	Burden of Gastrointestinal Cancers Attributable to Dietary Risk Factors in Asian Population: A Population-based Study	**Junjie HUANG**, Zehuan YANG, Mingtao CHEN, Jinqiu YUAN, Wanghong XU, Mellissa WITHERS, Claire Chenwen ZHONG, Martin C.S. WONG
86	No Genetic Evidence for an Association of Apolipoprotein A-I with Cardiovascular Outcomes at Differing LDL Cholesterol Level: A Drug-target Mendelian Randomization	**April S. LUO**, Y.J. AI, Stephen BURGESS, Ryan S.L. AU YEUNG, Mika ALA-KORPELA

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
87	Epidemiological Trends of Breast Cancer Burden in Hong Kong Population: Future Prediction to 2050 Using Negative Binomial GLM with Bootstrap Modelling Study	**Alemayehu S. BELAY**, Samuel Y.S. WONG, Zehuan YANG, Awngshar MAHKAWNGHTA, Cyprian I. DORGBETOR, Jean H. KIM
88	Women Wellness at the Workplace: Receptiveness of Women to Free Cervical and Breast Cancer Screening in a Government Hospital in Antique Province, Philippines	**Karen M. DELGADO**, Mary Antonette G. ONG, Arnel T. CABRERA, Kristine Joy P. GORDON, Frederick Ryan CHUA
89	Sexual Attitudes and Sexual Behaviors of Adolescents in a Community Setting in Iloilo, Philippines	**Karen April Lyra R. ARDALES**
90	Acceptance of HIV Testing and Screening among Pregnant Patients during Prenatal Care in Western Visayas Sanitarium and General Hospital, STA. Barbara, Iloilo	**Sarah Mae D. DACULA**
91	Efficacy of Written Asthma Action Plan (AAP) in the Management of Children 5-18 Years Old Diagnosed with Asthma in the Primary Care Setting: A Randomized Conrolled Study	**Joher Jr. B. MENDEZ**, Renia Grace G. SALAPARE, Edene S. JAMOYOT
93	Prevalence and Factors Associated with Depression in Elderly Patients with Chronic Diseases in Primary Care Unit, Khon Kaen Province	**Kanad KOSITPAWIT**
94	Beyond the Liver: Comorbidity Patterns Refine Risk Stratification for Liver-related Events in Patients with Metabolic Dysfunction-associated Steatotic Liver Disease	**Bianca Bingqing YANG**, Karen TU, David K.K. WONG, Jiayu SHI, Zhuo LI, Feiyue CAI, Weidun XIE, Haolin PU, Amy P.P. NG, Diana D. WU, Linda CHAN, Yaya W.S. HUANG, Emily T.Y. TSE, Queenie Ling-Jun LI, Apichat KAEWDECH, Dongye YANG, Jiandong ZHOU
95	A Standardized Basic Wound Management Training Workshop to Empower Nurses' Competency on Basic Wound Care at Primary Health Care Setting	**S.C. LEUNG**, Y.T. WAN, H.Y. CHAN, Y.C. CHUNG, S.Y. HUNG, Y.S. LEUNG, Wanmei W.M. LEUNG, Felix H.L. LI, Michelle M.Y. WONG, Marcus M.S. WONG

Free Paper Competition –
Poster Presentation

Saturday, 27 June 2026 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 28 June 2026 • 10:00 – 10:30 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
96	Soothe with Words, Reassure with Silence: A Reflective Commentary Nursing Communication in Singapore and Hong Kong	**Echo T.T. GO**, Flora S. L. FUNG
97	The Impact of Living Environment and Perceived Environmental Quality on Mild Depression among Youth: A Structural Equation Modeling Approach	**Natalie H.Y. TANG**, L.A. TSE
99	Real-World Effectiveness of Tirzepatide Among Individuals with Obesity or Overweight	**Chanadda CHINTHAMMIT**, Melody DEHGHAN, Theresa H. GIBBLE, Donna MOJDAMI, Ahong HUANG, David SCHAPIRO
100	Determinants of Digital Health Technology Literacy Among Patients with Chronic Diseases	**Zainab MAT YUDIN**
101	Caregiver Needs and Family Perception of Palliative Care Patients: A Comparison of Cancer and Non-cancer Patients	**Nutruja ANANBOONTHARIK**
102	A Prediction Model for Hospital Death Among Palliative Care Patients Preferring Home Death: A Retrospective Cohort Study in Thailand	**Pantitra SINGKHEAW**, Supasit PANNARUNOTHAI, Jayanton PATUMANOND, Artit LAORUENGTHANA
103	Preauricular Mass	**Kristia SALAPARE**
104	Breast Mass	**Hera Theresa ALBAÑO**
105	Broken Promises	**Edben PEDREGOSA**
106	Methyldopa-Induced Bradycardia in Pregnancy: A Case Report of an Uncommon Adverse Reaction	**Aida Maziha ZAINUDIN**
107	Triple Threat: A PFC Case report on the Diagnostic and Therapeutic Hurdles of HPV, HIV, and Hepatitis B in a Filipino Adult Male	**Zenika Jeyn CACHA**
108	When to Suspect Pancreatic Cancer in the Setting of Diabetes	**TANG Ceen Ming, Tiffany**

**The abstracts of No. 103 - 108 are accepted for e-poster presentation, but excluding from Free Paper Competition.*
**The abstracts of No. 06, 20, 92 and 98 are withdrawn from the Free Paper Competition - poster presentation.*

Free Paper Competition –
Poster Presentation

Poster 01

Category 1: Primary Care Interventions and Advances

Do Clients Engaging in Client-Led Action Plan (CLAP) Discussions in Preventive Care Clinic Have Improved Healthy Behaviors Compared with Clients Receiving Usual Advice?

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1. *Department of Family Medicine and Primary Healthcare, Hong Kong Island Cluster (E), Hospital Authority*
2. *Clinical Oncology Department, Pamela Youde Nethersole Eastern Hospital*
3. *Specialist Outpatient Department, Pamela Youde Nethersole Eastern Hospital*
4. *Department of Medicine, Pamela Youde Nethersole Eastern Hospital*

Introduction:
Assisting clients in improving health behaviors is crucial in preventive care services. Studies suggest collaborative goal setting and Brief Action Planning from Steven Cole are more effective than traditional advice for promoting behavior change. By employing Goal Attainment Scaling (GAS) from Thomas Kiresuk and Robert Sherman, we can assess the model's efficacy in promoting healthy lifestyle modifications within our clinic, contributing to the enhancement of individual well-being and the quality of nurse-clinic services.

Methods:
Clients in intervention group attended a 20–30-minute assessment and Client-Led Action Plan (CLAP) discussion with nurses. Clients prior to the intervention period served as historical control group. They received standard care during regular consultations with nurses. Behavioral changes in both groups were evaluated using GAS at three-month follow up.

Results:
The intervention group (N=52) achieved greater median change scores than the control group (N=51), particularly in physical activity and diet modification domains. Its statistical significance was confirmed with Mann-Whitney U test, with $p < 0.001$ and $r > 0.5$. The treatment effect was also clinically meaningful with NNT 2, [95%CI (3, 2)].

Conclusions:
This study shows CLAP can prevent one goal failure if every two clients are treated. It suggests CLAP discussions can effectively facilitate behavior change among preventive care clients in time-constrained setting.

Keywords: Preventive care, Goal, Healthy behaviors

Free Paper Competition –
Poster Presentation

Poster 02

Category 1: Primary Care Interventions and Advances

The Impact of Preventive Care Service on Health-Promoting Lifestyle Among Clients in Nurse-Led Preventive Care Clinic, HKIC(E)

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Introduction:
Preventive healthcare promotes well-being through early intervention and education. In April 2025, the Hospital Authority launched a nurse-led holistic care framework for preventive services in primary care settings. These Nurse-Led Preventive Care Clinics serve underprivileged groups, including those receiving CSSA or medical fee waivers. Nurses conduct assessments, screenings, and develop personalized care plans to prevent disease and manage complication. This study uses the validated Chinese and English versions of the Health-Promoting Lifestyle Profile II (HPLP-II) to assess changes in health responsibility before and after clinic engagement, evaluating the program's impact on lifestyle and well-being.

Objectives:
1. Explore client perspectives on healthy lifestyle practices and their role in preventing health conditions
2. Assess the effectiveness of a nurse-led preventive care service in fostering individual health responsibility
3. Improve the quality and efficiency of preventive care services for better health outcomes

Methods:
1. Underprivileged individuals newly enrolled in preventive care at HKIC (E) were invited to join the study.
2. Participants completed the validated Chinese version of the HPLP-II, focusing on the Health Responsibility (HR) subscale.
3. The HR subscale includes 9 items rated on a 4-point scale (1 = never to 4 = routinely).
4. Higher scores indicate stronger engagement in health-promoting behaviors.
5. Participants received nurse-led preventive care services, including risk assessments, vaccinations, lifestyle advice, and screenings.
6. At three months post-intervention, participants were reassessed using the same HPLP-II HR subscale to evaluate changes.

Results:
This study evaluated a nurse-led preventive care intervention's impact on older adults' HR subscale. Fifty-five participants (14 males, 41 females; mean age = 62.2 years, SD = 13.2; mean BMI = 24.6, SD = 4.0) completed pre- and post-assessments in August 2025. The mean HR score increased from 2.04 to 2.22, a statistically significant improvement ($p < 0.05$) with a small effect size (Cohen's $d = 0.33$).

Conclusions:
This suggests the intervention modestly impacted participants' engagement in health-responsible behaviors. The improvement may reflect enhanced awareness and motivation fostered by personalized nurse-led care. However, the limited effect size indicates broader or longer-term strategies may be needed to sustain behavioral change. Nurse-led preventive care, especially for older adults, is valuable, and ongoing support and community integration are crucial for maximizing long-term outcomes.

Keywords: Preventive care, Health-promoting lifestyle, Nurse-led preventive care clinic

Free Paper Competition –
Poster Presentation

Poster 03

Category 1: Primary Care Interventions and Advances

Oral Health Education for Diabetes Patients with Elevated HbA1c

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2. *Specialist Outpatient Department, Hong Kong East Cluster*

Introduction:
Diabetes mellitus (DM) is a chronic condition characterized by elevated blood sugar levels due to ineffective insulin regulation. In Hong Kong, approximately 8.5% of residents aged 15–84 were diagnosed with DM between 2020 and 2022 (Centre for Health Protection, 2025). DM can compromise immune function, leading to heightened risks of oral health issues, particularly periodontitis. This project specifically targeted DM patients with HbA1c levels exceeding 7% to enhance their awareness, attitudes, and practices related to periodontal health.

Objectives:
1. To enhance diabetic patients' knowledge, attitudes, and practices regarding oral health.
2. To evaluate baseline knowledge of oral health and its implications for diabetes management.
3. To assess the efficacy of an educational program in fostering improved awareness and behavioral changes.

Methods:
From June to August 2025, we recruited 60 Cantonese-speaking diabetic patients (HbA1c > 7%) from a Family Medicine Clinic to participate in an oral health education initiative. Participants received a combination of educational videos, pamphlets, and a one-month follow-up call. Project effectiveness was measured through pre- and post-knowledge, attitude, and practice (KAP) questionnaires, alongside the Oral Health Impact Profile-5 (OHIP-5) to gauge oral health-related quality of life. The curriculum encompassed essential topics such as proper brushing and flossing techniques, mouthwash use, healthy dietary choices, glycemic control, smoking cessation, and the importance of regular dental visits.

Results:
The nursing-led oral health education project effectively improved participants' knowledge, attitudes, and practices regarding oral hygiene. Notable advancements were observed in participants' comprehension of the diabetes-oral health connection, bridging a significant awareness gap. Attitudes towards preventive care improved, with correct responses regarding routine dental visits rising from 23.3% to 45.0%. Nevertheless, persistent misconceptions—such as the inevitability of poor dental health in old age—highlight the need for ongoing educational efforts. Additionally, while simple practices like bi-daily brushing were more widely adopted, complex behaviors showed slower uptake, emphasizing that educational reinforcement must align with task complexity.

Conclusions:
Although the project's limited sample size and brief one-month follow-up pose challenges to generalizability, the findings affirm the importance of structured, continuous education. Future interventions should consider integrating telehealth follow-ups and interdisciplinary community support to sustain patient progress. Overall, the project underscores the pivotal role of nursing in empowering diabetic patients to enhance both oral and overall health.

Keywords: Oral health, Diabetes mellitus (DM), Knowledge, attitudes, and practices

Free Paper Competition –
Poster Presentation

Poster 04

Category 1: Primary Care Interventions and Advances

Empowering Diabetes Patients in Self-Management Using Continuous Glucose Monitoring Systems (CGMS) in HKIC (E) Family Medicine Clinics

Y.M. LO, P.K. CHOU, K.Y. MAK, W.L.MAK, W.Y. YEUNG, Y.S. LEUNG, Y.T.WAN, S.Y. HUNG, K.F. LEUNG, Wangie W.C. LEUNG, P.N. TSUI, Felix H.L. LI, Wanmie W.M. LEUNG, Marcus M.S. WONG, Michelle M.Y. WONG

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Introduction:
The integration of Continuous Glucose Monitoring Systems (CGMS) has transformed diabetes management, particularly in primary healthcare. CGMS enables patients to enhance self-management through improved lifestyle modifications, glucose monitoring, and therapy adjustments. This study evaluates the impact of CGMS on empowering diabetes patients in self-management, initiated in April 2024 at the Wan Chai Violet Peel Family Medicine Clinic and expanded by 2025 to six additional clinics.

Methods:
Patient selection followed specific inclusion and exclusion criteria. Workflow protocols were established for doctors, nurses, and patient care assistants to streamline education and management. The program, starting in April 2024, involved patient referrals for CGMS installation and a 14-day monitoring period, with nurses educating patients and doctors analyzing CGMS reports.

Results:
From April 2025 to March 2026, 59 patients completed the CGMS program. Results showed that 66.1% achieved target time in range (TIR) above 70%, and 67.8% maintained glucose variability within acceptable limits. Additionally, 86.4% of patients had their post-CGM HbA1c checked. Post-CGM HbA1c levels indicated a decrease in patients with suboptimal control (HbA1c ≥ 7.5%) from 69.5% to 49.2%. Notably, 60.8% showed HbA1c improvement, with 48.4% decreasing by 0.1%-0.9%., 41.9% decreasing HbA1c by 1.0%-1.9%, and 9.7% decreasing HbA1c by 2.0%-4.1%.

Conclusions:
A survey revealed high patient satisfaction, with 79.3% expressing positive feedback regarding real-time data access. Ongoing evaluations are crucial for assessing long-term outcomes and refining the CGMS program to enhance diabetes management further.

Keywords: Empowering diabetes patients in HKEC Family Medicine Clinics, Self care management, Using continuous glucose monitoring systems (CGMS)

Free Paper Competition – Poster Presentation

Poster 05

Category 1: Primary Care Interventions and Advances

A Vulnerable Workforce: Chronic Disease Screening Findings Among Domestic Helpers

Eunice Y.C. CHAN, Rinzin CHODOR, Deepika GURUNG, Sarina RANA MAGAR, Asma BATOOL, L.H. CHAN
South Asian Health Support Programme, United Christian Nethersole Community Health Service

Introduction:
Foreign domestic helpers (FDHs) are essential to sustaining Hong Kong households, yet the conditions under which they live and work create well documented health vulnerabilities. The mandatory live in rule, long working hours, limited rest, and lack of access to preventive care place them at higher risk of chronic diseases and delayed treatment. To help address this gap, UCN conducted community based chronic disease screenings for Filipino, Indonesian, and Nepalese domestic helpers between May 2024 and August 2025.

Methods:
Screenings were conducted in collaboration with NGOs serving helpers and scheduled on Sundays—FDHs' only rest day. Assessments included:

- Blood pressure
- Random blood glucose
- Body fat percentage
- Body mass index (BMI)

Participants also received multilingual health education materials on hypertension and diabetes prevention

Results:

Participant Profile A total of 314 domestic helpers were screened:

- Filipino: 251
- Indonesian: 41
- Nepalese: 22

Blood Pressure (N = 314)

- Hypertensive (SBP ≥140 or DBP≥90): 123 (39.2%)
- Prehypertensive (SBP 120-139 or DBP 80-89): 25 (8.0%)
- Normal: 166 (52.8%)

Blood Glucose (N = 314)
Random blood glucose measured by H'stix.

- Elevated random blood glucose (≥11.1mmol/L): 12 (4.0%)
- Normal: 302 (96.0%)

Body Fat Percentage (N = 273 — Filipino and Nepalese)

- ≥30% body fat: 255 (93.4%)

BMI (N = 273 — Filipino and Nepalese)

- BMI ≥25: 188 (68.9%)

Conclusions:
The screening results reveal a substantial burden of chronic disease risk among domestic helpers. Nearly 4 in 10 participants were hypertensive, 8% were prehypertensive, and 4% had elevated random blood glucose. The high prevalence of elevated body fat (93.4%) and overweight status (68.9%) further underscores the risk.
Domestic helpers are not included in any dedicated preventive health program in Hong Kong. The data from this screening initiative highlight an urgent need for:

- Culturally tailored chronic disease prevention services
- Accessible, low cost screening opportunities

Keywords: Non-communicable diseases, Foreign domestic helpers health, Primary care outreach

Free Paper Competition – Poster Presentation

Poster 07

Category 1: Primary Care Interventions and Advances

Promoting LDCT Screening Potential to Enhance Smoking Cessation Outreach

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Smoking Cessation Programme, United Christian Nethersole Community Health Service, United Christian Medical Service

Introduction:
While low-dose computed tomography (LDCT) screening programs for high-risk individuals are not yet implemented in Hong Kong, this study evaluated the potential effectiveness of incorporating LDCT screening promotion into a smoking cessation outreach program. The goal was to gauge the level of interest and willingness to participate among smokers, which could inform efforts to enhance the implementation and uptake of this preventive health service.

Methods:
During a 3-day outreach event, the smoking cessation service (SCS) divided 796 participants into three groups: one was informed about potential LDCT screening availability (n=242), another was offered free blood tests (n=296), and a control group received no additional offers (n=258). Both potential LDCT screening and free blood tests were offered upon enrollment at the SCS. The researchers tracked the interest and willingness to participate in follow-up for each group.

Results:
There was a statistically significant difference in the level of interest and willingness to participate between the LDCT group and the other two groups ($p < 0.001$). In the LDCT group, 89 out of 242 participants (36.8%) expressed interest, of which 42 enrolled in the SCS. In the blood test group, 46 out of 296 participants (15.5%) showed interest, with 26 enrolling in the SCS. The control group had 52 out of 258 participants (20.2%) enrolling in the SCS.

Conclusions:
The results suggest that promoting the potential availability of LDCT screening during smoking cessation outreach could effectively generate interest and engagement from the target population. By incorporating this preventive health service, the SCS was able to elicit a significantly higher level of interest and willingness to participate compared to other approaches. These insights can inform the development of more comprehensive interventions addressing both smoking cessation and early detection of lung-related conditions, ultimately improving public health outcomes.

Keywords: LDCT, Smoking cessation, Screening

Free Paper Competition –
Poster Presentation

Poster 08

Category 1: Primary Care Interventions and Advances

Resistance Training Aids Smoking Cessation among E-Cigarette Users

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Introduction:
E-cigarette use remains a significant public health concern in Hong Kong, as such nicotine product is currently illegal and will be banned in public spaces starting in April 2026. This study evaluated the effectiveness of a resistance training intervention, using a handgrip device, in supporting smoking cessation service (SCS) among e-cigarette users with low nicotine dependence.

Methods:
In the first quarter of 2025-2026 service year, our SCS recruited 28 e-cigarette users with low Fagerström Test for Nicotine Dependence (FTND) scores (< 4) and minimal cravings. Participants were randomly assigned to two groups: one received resistance training with a handgrip device, the other received a standard quit book. All were followed up at weeks 2, 5, 8, 12, and 26, with handgrip strength and Minnesota Tobacco Withdrawal Scale assessed.

Results:
At week 2, the handgrip group had significantly higher prolonged abstinence rates (92.9%, SD=0.26) than the education group (64.3%, SD=0.50, $p<0.05$). By week 26, all 14 handgrip participants (100%, SD=0.00) were smoke-free, compared to 11 of 14 (78.6%, SD=0.43) in the education group ($p<0.01$). The handgrip group also reported lower "Difficulty in concentrating" and "Impatience" withdrawal symptoms ($p<0.05$).

Conclusions:
Resistance training with a handgrip device is an effective strategy to support SCS among e-cigarette users with low nicotine dependence. By targeting physical and psychological withdrawal, the handgrip intervention helped participants maintain prolonged abstinence and manage symptoms more effectively than standard education. These insights can inform comprehensive cessation programs addressing the unique needs of e-cigarette users in Hong Kong.

Keywords: Smoking cessation, Resistance training, Isometric exercise

Free Paper Competition –
Poster Presentation

Poster 09

Category 1: Primary Care Interventions and Advances

Continuous Dietitian Counselling vs. Single-Session Education: Slowing Disease Progression in CKD Stage 5 – A Primary Care Case Insight

Stefanie H.L. WONG, Chelsea T.Y. CHOI

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Introduction:
Chronic Kidney Disease (CKD) Stage 5 requires sustained nutritional care alongside medical treatment. Continuous, dietitian-led counselling in the community offers accessible, individualized support that extends beyond single-session education. Evidence shows that sustained professional guidance improves clinical outcomes and empowers self-management. Strong dietitian leadership within community care is crucial for slowing CKD progression and achieving patient-centered, integrated health outcomes.

Methods:
A 51-year-old female with newly diagnosed stage 5 CKD (eGFR~20mL/min/1.73m^2), hyperphosphatemia, and 6% weight loss over 3 months was referred by her general practitioner (GP) to a community dietitian after ineffective self-attempted diet control and a one-off dietitian consultation session. Face-to-face consultations were arranged with a dietitian in a community health clinic. Patient attended the consultations with her spouse. Anthropometric and biochemical measurements were collected by dietitian. Nutritional assessment was conducted at initial consultation subsequent with 4 monthly review consultations. Dietary pattern, nutrition adequacy and social factors were reviewed by the dietitian.

Results:
The initial nutrition diagnosis was inadequate energy intake due to self-restrictive diet as evidenced by diet recall, 6% weight loss in 3 months with BMI 15kg/m^2. Dietary goals included preventing further weight loss and promoting long-term weight gain, normalizing serum phosphate levels, ensuring nutrition adequacy and delaying CKD progression. Interventions addressed inadequate energy intake by developing personalized low phosphate and protein, high energy meal plan, supplementing with oral nutritional supplements (ONS). Serum phosphate level was normalized by the third session and remained stable; eGFR dropped to 15 and recovered to 19mL/min/1.73m^2; creatinine trended downward; weight stabilized without further loss. Patient reported enhanced confidence, flexible meal plan that enables social participation, and reduced overwhelm—contrasting doubts from the single session done previously.

Conclusions:
This case underscores the leadership of community dietitians in delivering ongoing nutritional care for CKD Stage 5. Through continuous education, individualized counselling and collaboration, dietitians empowered patients to maintain adherence and confidence in managing their condition and improving clinical outcomes. Their sustained community presence demonstrates how proactive dietetic leadership and education anchor effective, integrated chronic disease management.

Keywords: Chronic Kidney Disease (CKD), Dietitian-led counselling, Continuous nutritional care

Free Paper Competition –
Poster Presentation

Poster 10

Category 1: Primary Care Interventions and Advances

Healthy Life Healthy Us Social Media Support Group: Community Self-Healthcare Management

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Community Dietitian, Community Nutrition Service (CNS), United Christian Nethersole Community Health Service (UCNCHS)

Introduction:
Rising prevalence of chronic diseases in Hong Kong has exposed the limitations of traditional one-off consultations: busy lifestyles, time constraints and lack of ongoing support often prevent sustained behavioural change despite professional advice. Continuous virtual support grounded in the Supportive Accountability Model (SAM) is therefore essential to empower self-healthcare management and build long-term healthy habits, as emphasised in the HKSAR Primary Healthcare Blueprint. To bridge this gap, community dietitians launched the Community Chest-funded "Healthy Life Healthy Us Social Media Support Group", a six-month virtual programme (August 2025–February 2026). By harnessing the advantages of virtual delivery via WhatsApp and Zoom - convenient, accessible, and scalable, the programme provided weekly interactive nutrition feeds, de-myths, recipes and live Q&A, delivering practical principles to build lasting healthy lifestyles.

Methods:
The six-month virtual programme planned to engage 100 general public in 76 structured online interactions, totalling 7,600 engagements. Delivery included 24 multimedia nutrition feeds, 52 interactive WhatsApp group chats (featuring polls, quizzes, discussion prompts, photo and experience sharing) and monthly Zoom classes to provide accessible, evidence-based nutrition education. Content was tailor-made by six community dietitians and one assistant, covering healthy eating principles, chronic disease prevention and management, recipes and nutrition de-myths. Pre- and post-test surveys (n=128) were conducted to assess changes in participants' KAB regarding dietary knowledge and attitude. Engagement data (message counts, emojis and questions) were collected through the dedicated WhatsApp group and analysed using Microsoft Excel.

Results:
Preliminary findings indicate strong engagement, with 137 participants contributing to 8685 recorded interactions across chats, polls, and Zoom sessions by late February 2026 (114.28%). Peak single week responses reached 405 (Topic: Food labelling, February), while topics such as Greek yoghurt, sarcopenia prevention, and weight management tips consistently attracted 190–264 interactions on average. Among all formats, polls generated the highest volume of responses, while Zoom sessions facilitated in-depth discussion.

Of the 72 participants completing pre- and post-tests, nutrition knowledge improved from 62% to 75% correct (mainly in low-sugar labeling recognition, rising from 59.7% to 76.4%). Attitude scores toward healthy eating rose slightly from 87.4% to 88.1%. Notably, confidence in applying certain dietary changes increased, with removal of fat/skin from meat rising from 45.8% to 55.6%, while average vegetable intake days remained stable (~4.8 days/week).

Conclusions:
The Healthy Life Healthy Us WhatsApp Support Platform illustrates how innovation in virtual delivery can bridge gaps in primary care by overcoming barriers of time, location, and resources. Through collaboration among community dietitians and leadership in health education, the programme achieved sustained engagement and promising lifestyle changes, offering a scalable model for chronic disease prevention and sustainable primary care in Hong Kong.

Keywords: Social media intervention, Chronic disease prevention, Community support group

Free Paper Competition – Poster Presentation

Poster 11

Category 1: Primary Care Interventions and Advances

10-year Effectiveness of the Risk Assessment and Management Programme for Hypertension (RAMP-HT): A Target Trial Emulation

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Introduction:
Evidence on the long-term effectiveness of integrated risk-stratified multidisciplinary care for patients with hypertension (HT) is lacking. The risk-stratified multidisciplinary Risk Assessment and Management Programme for Hypertension (RAMP-HT) is implemented to supplement usual care for patients with HT in primary care. This study aimed to evaluate the effectiveness of RAMP-HT in preventing complications and all-cause mortality over 10 years.

Methods:
Using electronic health records from Hong Kong, sequence trials were emulated for patients with HT every calendar month from 1 January 2012 to 31 December 2018. Each RAMP-HT participant was propensity-score-matched one-to-one with usual care patients. Stabilized inverse probability treatment weights was applied to reduce potential bias. Pooled logistic regression was performed to estimate the hazard ratio for cardiovascular disease (CVD) and all-cause mortality between RAMP-HT and usual care groups.

Results:
After matching, a total of 337,990 eligible person-trials (168,995 per group) were included for analysis. Incidence rates (IR) (cases/1,000 person years) were lower in RAMP-HT group than usual care group for both CVD (RAMP-HT: 20.62, 95% CI 20.25 – 21.00; usual care: 23.04, 95% CI 22.59 – 23.50]) and all-cause mortality (RAMP-HT: 12.63, 95% CI 12.34 – 12.92; usual care: 16.18, 95% CI 15.81 – 16.56). Relative to usual care patients, RAMP-HT participants associated with significantly lower risk of CVD (HR: 0.91, 95% CI: 0.89, 0.93) and all-cause mortality (HR: 0.88, 95% CI: 0.86 – 0.90).

Conclusions:
The implementation of RAMP-HT on top of usual care associated with 9% and 12% reduction in relative risk of CVD and all-cause mortality, respectively. These findings support the integration of RAMP-HT with usual primary care in management of HT.

Keywords: Hypertension, Primary care, Multidisciplinary

Free Paper Competition –
Poster Presentation

Poster 12

Category 1: Primary Care Interventions and Advances

Association Between Loneliness and Types of Social Isolation among Older Community Adults

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Introduction:
Social isolation is a multidimensional construct that can be measured through the size of the social network, the level of social participation and engagement within the community. Loneliness refers to a subjective feeling of disconnection. Identifying which aspects of social isolation are most related to loneliness is essential for developing effective interventions and policies that strengthen social connectedness among older adult. This study aimed to describe the current levels of loneliness and multidimensional social isolation among local older adults in the community and to examine their associations.

Methods:
A cross-sectional questionnaire study was conducted between June and November 2025 among older adults aged 65 and above. Loneliness was assessed using the UCLA 3-item Scale while multidimensional social isolation was measured using an instrument that captures four domains which include level of conversation, passive support, offering support, and social participation. Descriptive statistics were used to indicate the overall patterns of loneliness and the types of social isolation. Logistic regression analyses were conducted to examine the associations between loneliness and each type of social isolation.

Results:
Among the 647 respondents, 5.9% reported loneliness. Social isolation was observed across four domains, including 11.0% had low levels of conversation, 20.1% lacked passive support, 80.2% had limited opportunities to offer support, and 47.9% reported low social participation. Loneliness was significantly associated with the lack of conversation (OR 2.7, 95% CI 1.2–5.9) and lack of passive support (OR 3.5, 95% CI 1.7–7.0) after adjusting for age and sex. No significant associations were found for the lack of offering support or social participation.

Conclusions:
Understanding how different types of social isolation relate to loneliness offers valuable insight for designing targeted interventions in the community. This also helps to inform future healthcare policy.

Keywords: Loneliness, Multidimensional social isolation, Community-dwelling old adults

Free Paper Competition –
Poster Presentation

Poster 13

Category 1: Primary Care Interventions and Advances

Effectiveness of a Structured Exercise Intervention to Normalize Blood Pressure and Nocturnal Dipping in HyperTensive Patients (END-HT) in Hong Kong Primary Care: A Randomized-controlled Trial

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Introduction:
Non-dipping blood pressure (BP) pattern during asleep is an independent predictor to cardiovascular events beyond daytime and asleep BP levels, yet no standard treatment exists. This randomized controlled trial (RCT) investigated whether an exercise program, the Exercise is Medicine (EIM) program, can normalize non-dipping, compared to usual care.

Methods:
Non-dippers were randomized to either EIM program or usual care group on 1:1 ratio. The primary outcome was the proportion of non-dippers at 3-month. Secondary outcomes included proportion of non-dippers at 12-month, BP readings from ambulatory BP measurement and office BP measurement at 3-month and 12-month, and exercise levels at 3-month, 6-month and 12-month.

Results:
Among 198 recruited patients, most were female (58.9%) and retired (52.5%), and had a mean age of 63.5 years, with 90.9% using anti-hypertensive medications. At 3-month, 33.0% of the EIM group and 32.5% of the control group transitioned to dipper status. No significant differences in dipping status at 3-month or secondary outcomes were observed at any time point.

Conclusions:
This RCT found that a structured exercise program did not normalize the non-dipping status of primary care patients. Although exercise is recommended for all patients with HT, clinicians should explore alternative treatments for non-dipping status.

Keywords: Exercise, Non-dipper, ABPM

Free Paper Competition –
Poster Presentation

Poster 14

Category 1: Primary Care Interventions and Advances

Acceptance of Lung Cancer Screening and Associated Factors in Hong Kong: A Population-based Study

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Introduction:
Low-dose computed tomography (LDCT) enables early detection of lung cancer and reduces mortality, yet public willingness to undergo screening remains suboptimal. This study aimed to assess willingness and its associated factors among high-risk individuals in Hong Kong.

Methods:
A territory-wide cross-sectional survey was conducted among adults aged 54 years or above, and those aged 45–54 years with at least one lung cancer risk factor (e.g., smoking, secondhand smoke exposure, or family history) in Hong Kong. Data were collected via self-administered questionnaires, which included socio-demographic information, risk exposure, awareness and experience of LDCT, and constructs from the Health Belief Model (HBM). Logistic regression was performed to identify factors associated with willingness to undergo LDCT screening.

Results:
A total of 1,100 participants were included in the analysis. Among them, 57.3% expressed willingness to undergo LDCT within the next year. Multivariable logistic regression showed that higher self-efficacy was the strongest factor of willingness, followed by greater perceived benefits and stronger cues to. Additional significant factors included being a current or former smoker, secondhand smoke exposure, age >65 years, and being responsible for cooking at home. In contrast, unmarried individuals were significantly less likely to be willing to undergo LDCT (aOR = 0.678; 95% CI: 0.486–0.946; p = 0.022).

Conclusions:
Willingness to undergo LDCT screening was suboptimal among high-risk individuals in Hong Kong. Key facilitators included higher self-efficacy, perceived benefits, and cues to action—central domains of the Health Belief Model. Targeted strategies that strengthen these domains may improve screening uptake.

Keywords: Lung cancer screening, Acceptance, Health belief model

Free Paper Competition –
Poster Presentation

Poster 15

Category 1: Primary Care Interventions and Advances

Barriers and Facilitators to Lung Cancer Screening Among High-Risk Individuals in Hong Kong: A Qualitative Study Guided by Theoretical Domain Framework

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Introduction:
Despite proven benefits, high-risk individuals remain unaware of or reluctant to participate in lung cancer screening programs. This qualitative study aimed to explore the attitudes, perceptions, barriers, and facilitators related to lung cancer screening among high-risk populations.

Methods:
In this qualitative study, semi-structure interviews were carried out to explore participants' attitudes, perceived barriers and facilitators that influence their willingness to participate in lung cancer screening. Purposive sampling was used to recruit target participants who were aged 45 years or older and identified as high-risk based on a scoring system of lung cancer. Semi-structured interviews and subsequent analysis were conducted following the guidance of the Theoretical Domains Framework to ensure a comprehensive understanding of participant views.

Results:
Among 30 participants, 21 expressed willingness to join lung cancer screening. Key motivators included strong trust in healthcare providers and a desire for early detection, particularly among those with high-risk conditions. Participants generally showed high acceptance of potential screening outcomes and readiness to pursue treatment if necessary. However, financial concerns and limited awareness about lung cancer and screening procedures were major barriers. Many emphasized that subsidies or fee waivers would significantly improve their likelihood of participation.

Conclusions:
High-risk individuals in Hong Kong showed strong interest in lung cancer screening, particularly when supported by trusted medical advice and accessible services. Nonetheless, financial constraints and knowledge gaps remain significant obstacles. Future efforts should focus on building trust and improving access to ensure effective implementation of screening initiatives.

Keywords: Lung cancer screening, Implementation determinants, Theoretical domain framework

Free Paper Competition –
Poster Presentation

Poster 16

Category 1: Primary Care Interventions and Advances

First Randomized Controlled Trial of an AI Chatbot Delivering Stage-Tailored Interventions to Reduce Chemsex Among Gay, Bisexual, and Other Men Who Have Sex With Men: Protocol for a Waitlist-Controlled Trial in Hong Kong

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Introduction:
Chemsex is a major driver of HIV transmission among gay, bisexual, and other men who have sex with men (GBMSM), yet fewer than 10% of chemsex-engaged GBMSM in Hong Kong access existing prevention services — services constrained by stigma, limited operating hours, and resource demands. Despite growing urgency, no randomized controlled trial (RCT) has evaluated a digitally delivered, theory-driven chemsex intervention for this population. We present the protocol for the first waitlist-controlled RCT of a chatbot-enhanced intervention grounded in the transtheoretical model (TTM) designed to reduce chemsex and HIV-related risk behaviors among GBMSM.

Methods:
One hundred GBMSM aged ≥18 years in Hong Kong who report anal intercourse with men in the past six months will be randomized 1:1 via concealed block randomization to an intervention or waitlist control group. Both groups will receive 12 weekly harm reduction educational videos via WhatsApp. The intervention group will additionally access a rule-based FAQ chatbot encompassing 250 expert-curated question-answer pairs spanning chemsex, sexual health, and mental health domains, plus weekly TTM stage-matched motivational videos dynamically adapted to each participant's evolving readiness for change. The primary outcome is self-reported chemsex in the past month at post-intervention (T1, week 12) and three-month follow-up (T2, week 24). Secondary outcomes include chemsex frequency, condom use, partner numbers, decisional balance, self-efficacy, and HIV service utilization. Intention-to-treat analyses will estimate relative risk, absolute risk reduction, and number needed to treat. Waitlist control participants will receive full chatbot access upon completion of T2.

Results:
This is a protocol presentation of an on-going study, preliminary results will be shared per data availability at the time of presentation submission.

Conclusions:
This protocol describes the first RCT worldwide to test a chatbot-delivered, stage-tailored chemsex intervention for GBMSM. By integrating on-demand information access with dynamically personalized motivational content on an everyday messaging platform, this fully automated intervention is engineered to overcome critical barriers of stigma, accessibility, and scalability. This trial will generate rigorous evidence to determine whether a low-cost, sustainable digital intervention can establish a new paradigm for community-deployable chemsex prevention.

Keywords: Chatbot, Chemsex substance use, Sexual health

Free Paper Competition –
Poster Presentation

Poster 17

Category 1: Primary Care Interventions and Advances

Innovation, Collaboration and Leadership: Transforming Patient Care to System Care through a Risk-Stratified Occupational Therapy Service Delivery Model for Hong Kong Primary Care

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Introduction:
With the rapid ageing of Hong Kong's population, primary care faces increasing demands to manage frailty, falls, cognitive impairment, mental health issues, musculoskeletal conditions, and visual impairment among community-dwelling older adults. Occupational therapy (OT) in primary care delivers proactive, risk-stratified, and person-centered services to promote healthy ageing. This project integrates evidence-based practices into structured empowerment stations, strengthens caregiver collaboration and aging-in-place initiatives, and adopts a strength-based approach to transform care delivery. Leadership has enabled cost-efficient, and highly interactive services while reducing therapist workload and increasing job satisfaction.

Methods:
Ten structured innovation stations address key geriatric domains: LifeScape VR for executive function, BrainMeter for cognitive reserve, MindSphere for stress coping, BrightAge for vision compensation, SmartErgo for musculoskeletal pain, AdaptLab for home safety and dignified living, ARCoach for healthy habits, CommunityNavigate for social reintegration, and the Jockey Club Age-friendly Collaboration Award-winning "Smart & Fun Therapy at Home" programme for hospital-to-home transition. Local and international evidence, including the Hong Kong Reference Framework for Preventive Care for Older Adults, the WHO Global Action Plan on Dementia, and Guidelines on Risk Reduction of Cognitive Decline and Dementia, was translated into sustainable solutions. Services are risk-stratified from universal prevention to targeted support and indicated light-to-moderate rehabilitation, thereby minimizing the need for secondary or tertiary care.

Results:
Over 300 patients have received the station-based therapy since the opening of the North District Family Medicine Integrated Clinic. Patients and caregivers reported high satisfaction in the interventions and accessibility. Feedback indicates reduced therapist workload and higher job satisfaction.

Conclusions:
Through transformational leadership, policy and organizational alignment, the ten empowerment stations, and Age-friendly collaboration projects, fragmented patient care has been transformed into a systematic, technology-enhanced, and pathway-driven model. This model successfully addresses key challenges in geriatric primary care and offers practical, scalable innovations for policy and practice, in line with global priorities for person-centered and tech-enabled healthcare.

Keywords: Primary care, Risk stratified, Occupational therapy

Free Paper Competition –
Poster Presentation

Poster 18

Category 1: Primary Care Interventions and Advances

Patient Perspectives on Hepatitis B Screening Implementation in Hong Kong: A Qualitative Study

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Introduction:
Hepatitis B is a common liver disease globally and in Hong Kong, with undiagnosed infection potentially leading to cirrhosis and liver cancer. The 2024 Policy Address announced risk-based hepatitis B screening through District Health Centres and family doctors by 2025. Understanding patient perspectives on HBV screening is critical for designing effective implementation strategies.

Methods:
This qualitative descriptive study was conducted in Hong Kong. Participants were community-dwelling adults recruited through Lek Yuen Family Medicine Clinic. Purposive sampling was used to recruit three groups of participants: HBsAg positive (n=4), HBsAg negative (n=4), and those unsure of their status (n=4). Individual interviews were conducted, audio-recorded, transcribed verbatim, and analyzed using thematic analysis guided by the Consolidated Framework for Implementation Research (CFIR).

Results:
Among the 12 participants, nine (75%) were female, most were aged over 60 years, and the majority had secondary education or below. Ten participants (83.3%) reported having chronic diseases. Participants consistently viewed HBV screening as advantageous, emphasizing early detection, timely clinical intervention, prevention through vaccination and medication, reduced disease progression, and potentially prolonged life. Trust in screening was higher when delivered by government or public healthcare institutions. Across CFIR domains: in the Outer Setting, positive cultural shifts were offset by low urgency, traditional beliefs, poor economic conditions, and unclear post-screening care pathways, though financial subsidies facilitated participation. In the Inner Setting, limited information sharing and inadequate communication left patients uninformed; yet patients prioritized health over privacy concerns, and adequate follow-up resources were essential. In the Individuals domain, personal risk awareness facilitated screening, while low perceived susceptibility, insufficient knowledge, complicated registration, distant venues, time constraints, cost concerns, and worries about side effects and privacy disclosure acted as barriers. In the Process domain, school-based education facilitated screening, whereas lack of community-based promotion hindered engagement.

Conclusions:
While patients recognize the clinical benefits of HBV screening, implementation is hindered by system-level fragmentation, information gaps, and practical barriers. Government-led, well-coordinated screening programs with clear follow-up pathways, financial subsidies, and community-based promotion are needed to enhance uptake.

Keywords: Hepatitis B screening, Patient perspectives, Consolidated framework for implementation research

Free Paper Competition –
Poster Presentation

Poster 19

Category 1: Primary Care Interventions and Advances

Innovating Lifestyle Medicine in Primary Care: A Nurse-Led Preventive Coaching Model Empowering Self-Care for Sustainable Healthcare

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Introduction:
Hong Kong's primary care system faces challenges from population ageing, rising chronic disease prevalence and growing healthcare demand. Strategies addressing lifestyle risk factors are essential for sustainable healthcare delivery. Integrating nurse-led preventive interventions within family doctor services may strengthen early risk management and empower individuals to adopt healthier behaviours, supporting Hong Kong's shift towards preventive primary care outlined in the Primary Care Blueprint.

Methods:
A quasi-experimental implementation feasibility pilot was conducted in NTWC Family Medicine Clinics. Eighty adults without diabetes or hypertension were recruited through routine screening and allocated to intervention (n=40) and control (n=40) groups. Control Group will receive standard advice in lifestyle. The intervention group will receive nurse-led lifestyle medicine coaching across six domains: nutrition, physical activity, sleep, stress management, social connection and avoidance of risky substances. Coaching incorporated SMART goal-setting tools, cue cards, digital reminders and referral to District Health Centres. The intervention was integrated into routine clinic services and delivered by trained nurses. Outcomes were assessed over eight weeks using standardised lifestyle measures.

Results:
Baseline characteristics were comparable between groups. Compared to controls, the intervention group showed improvements in lifestyle behaviours. Diet quality improved from 25.0 to 31.0 ($p<.001$), while moderate-to-vigorous physical activity increased from 0 to 90 minutes per week ($p<.001$). Achievement of WHO physical activity recommendations increased from 12.5% to 55.0%. Modest improvements were also observed in sleep quality and social wellbeing ($p<.05$).

Conclusions:
The intervention was delivered within existing resources, demonstrating the feasibility for wider adoption in primary care. Nurse-led lifestyle medicine coaching strengthens preventive care and patient self-management, offering a sustainable approach reducing future chronic disease burden and healthcare demand.

Keywords: Lifestyle medicine, Nurse-Led coaching, Preventive care

Free Paper Competition –
Poster Presentation

Poster 21

Category 1: Primary Care Interventions and Advances

Fall Management Using AI Technology in Community Rehabilitation: From Fear to Fearless

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Introduction:
To investigate the clinical efficacy and patient-centered outcomes of integrating Artificial Intelligence (AI) and wearable sensor technology into fall prevention protocols for community-dwelling older adults.

Methods:
A three-month pilot study utilizing a pre- and post-test clinical evaluation.

Results:
Significant improvements were observed across functional Modified Barthel Index (MBI), Falls Efficacy scale (FES), and objective mobility (AI-rank) metrics. Most notably, 100% of participants achieved increased ADL independence and expressed a desire for continued AI-assisted rehabilitation.

Conclusions:
This pilot study demonstrates that AI technology improves participants' functional recovery and independence by providing fall risk insights and real-time feedback, proving to be a feasible tool for community occupational therapy. By transitioning patients from a 'fear of falling' to a state of fearless,' the intervention facilitates higher participation and increased safety in community living.

Keywords: AI technology, Fall prevention, Community occupational therapy

Free Paper Competition –
Poster Presentation

Poster 22

Category 1: Primary Care Interventions and Advances

Enhancing Community-Based Oxygen Therapy: The Impact of Continuous SpO2 Monitoring on Clinical Outcomes and Service Delivery

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Introduction:

Occupational therapy (OT) is essential in managing oxygen therapy for community-dwelling patients, focusing on needs assessment, dosage titration for activities of daily living (ADL/IADL), and the integration of breathing techniques. However, traditional home assessments often lack the continuous data required for precise oxygen prescription, especially regarding nocturnal use and varied physical exertion.

Methods:

A pilot study was conducted from 1 November 2023 to October 2024. The Wellue O2 ring was loaned to patients for continuous monitoring of SpO2 and heart rate. Participants included 13 patients from the Integrated Care and Discharge Support (ICDS) service and 7 from the Community Occupational Therapy (COT) service. Data from the device reports were used for precise titration and TeleHealth follow-ups.

Results:

- Clinical Need: Following OT assessment, oxygen therapy requirements for COT patients increased from 30% to 100%, indicating a high demand for early assessment.
- Hospital Admissions: A significant reduction in 6-month post-intervention admissions was observed. ICDS admissions dropped from 15 to 6 (60% reduction), while COT admissions dropped from 9 to 0 (100% reduction).
- Patient Fragility: The remaining admissions in the ICDS group highlighted a higher level of clinical frailty, suggesting a need for extended follow-up beyond the standard service period.
- Refined Patient Journey (The New Standard)

Conclusions:

The integration of wearable monitoring technology significantly improves the accuracy of oxygen prescriptions and reduces hospital readmissions. Based on these results, the patient journey was refined to include rapid 2-day screening for COT referrals, P1 prioritization for high-risk assessments, and the adoption of TeleHealth for long-term monitoring.

Keywords: Oxygen therapy, Wearable technology, Community occupational therapy

Free Paper Competition – Poster Presentation

Poster 23

Category 1: Primary Care Interventions and Advances

Feasibility, Safety and Acceptability of Isometric Resistance Exercise for Chinese Adults with Sub-optimal Blood Pressure: A Pilot Randomized Controlled Trial

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Introduction:
Hypertension is a leading risk factor for cardiovascular events. Isometric resistance exercise (IRE), a muscle contraction training without any change in muscle length, potentially reduces blood pressure (BP), yet there is a lack of clinical studies on its effects on hypertensive patients. This pilot randomized controlled trial (RCT) aimed to assess the feasibility, safety, and acceptability of the IRE program in reducing BP.

Methods:
This parallel pilot RCT randomized Chinese patients with a daytime systolic BP of >135-160mmHg to either a wall squat intervention group or an active control group (1:1). Participants were instructed to perform the intervention three sessions weekly during the 24-week study. The primary outcomes were feasibility (assessed by recruitment and retention rate) and adherence to repeated ambulatory blood pressure monitoring (ABPM) and follow-up. Major secondary outcomes encompassed safety at 24 weeks, with acceptability evaluated through interviews with participants in the intervention group, as well as the ABPM outcomes.

Results:
89% of eligible patients were recruited (50/56), with 8.3 participants recruited per month and a retention rate of 94%. Forty-seven patients returned for follow-up and completed both ABPM at baseline and 24 weeks. While one adverse event was reported during the 24-week study period, it occurred in a patient allocated to the control group and was determined to be unassociated with the IRE program. Interviewees identified the benefits of IRE, although several reported forgetting to perform IRE and suggested a reminder system. At 24-week endpoint, there were no statistically signifiant differences among the ABPM BP indices.

Conclusions:
This pilot study demonstrates the feasibility, safety, and acceptability of an IRE program and repeated ABPM measurements among Chinese hypertensive patients. Our study informs the design and conduct of a definitive RCT on IRE. Findings also suggest a definitive RCT is needed to determine its effectiveness in reducing BP.

Keywords: Isometric resistance exercise, Pilot RCT, Hypertension

Free Paper Competition –
Poster Presentation

Poster 24

Category 1: Primary Care Interventions and Advances

Effectiveness of Stage-of-change-tailored Interventions in Improving Antihypertensive Medication Adherence: A Systematic Review and Meta-analysis of Randomized Controlled Trials

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Introduction:
Enhancing medication adherence is a key strategy for effective chronic disease management. The Stage of Change (SOC) model conceptualizes behavior change as a progression through distinct stages of readiness, and provides a framework for tailoring interventions with different content based on the current SOC. This systematic review and meta-analysis aimed to summarize and quantify the effectiveness of SOC-tailored interventions in improving antihypertensive medication adherence.

Methods:
We screened randomized controlled trials (RCTs) from the PubMed, MEDLINE, Embase, Web of Science, Global Health, CINAHL, Cochrane Library, APA PsycINFO, and APA PsycArticle.

Results:
This systematic review included 6 eligible studies published in 2003-2024. The meta-analysis found a small effect of SOC-tailored interventions in improving self-reported medication adherence (standard mean difference [SMD]: 0.30, 95% confidence interval [CI]: 0.07, 0.52, p=0.01), and reducing objective measurement of systolic blood pressure (SMD: -0.17, 95% CI: -0.28, -0.06, p=0.002). Subgroup analyses showed stronger intervention effects when outcomes were assessed some time after completion of the intervention, or when SOC was measured prior to the intervention.

Conclusions:
These findings provide preliminary evidence supporting the effectiveness of SOC-tailored interventions in improving antihypertensive medication adherence.

Keywords: Stage-of-change, Medication adherence, Hypertension

Free Paper Competition –
Poster Presentation

Poster 25

Category 1: Primary Care Interventions and Advances

Evaluation of Dulaglutide Use in Subsidized Primary Care Clinics in Singapore: A Retrospective Observational Study

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Introduction:
Glucagon-like peptide-1 receptor agonists (GLP-1RAs) are the latest anti-diabetic drugs that have proven systemic benefit beyond glycemia control. Dulaglutide was incorporated into the formulary of National University Polyclinics (NUP), a major public primary care provider in Singapore, in May 2024. Its relatively high cost and mode of administration are potential barriers to drug initiation and continuation.

Methods:
A retrospective observational study of Dulaglutide use over an 18-month period, from July 2024 to December 2025, was conducted on a cohort of multi-ethnic T2DM adult patients managed by seven polyclinics under NUP. Data on Dulaglutide initiation between July 2024 to December 2024 was accessed via electronic records, and each patient was followed prospectively for 1 year from the date of initiation.

Results:
496 patients were initiated on Dulaglutide during July to December 2024 in NUP. 70% of these patients were continued on Dulaglutide during the follow-up period (persistent group). A total of 2258 prescriptions of Dulaglutide were recorded during the study period, of which close to 90% was of the lower therapeutic dose (0.75 mg). For patients continued on Dulaglutide, there was a 0.6% drop in HbA1c vs 0.1% decrease in non-persistent group (p-value = 0.0019, Wilcoxon rank sum test). In terms of change in BMI, there was no significant difference between the persistent group and the non-persistent group (-0.34 vs -0.23, p-value = 0.36).

Conclusions:
This study shows high therapeutic persistence for patients initiated on Dulaglutide in NUP. Persistence use of Dulaglutide was associated with significant improvement in HbA1c though no significant difference in weight reduction was observed between persistent and non-persistent group. The finding also suggests possible therapeutic inertia in dose escalation.

Keywords: Diabetes, GLP1, Dulaglutide

Free Paper Competition – Poster Presentation

Poster 26

Category 1: Primary Care Interventions and Advances

FIB-4 Risk Stratification Model May Predict Liver-related Outcomes of MASLD Patients Receiving Care in Non-specialty/Primary Care Settings

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Introduction:
This study aimed to validate the MASLD clinical risk stratification model (Sanyal et al, 2023) in non-specialty/primary care settings.

Methods:
A large electronic health record database linked to claims (Optum Market Clarity, 2003-2020) from all non-long-term care providers was analysed. MASLD/MASH index diagnosis, overweight/obesity, and liver enzyme tests were required at baseline for inclusion. Patients with a diagnosis of alcoholic liver disease at any time were excluded. Fibrosis-4 (FIB-4) score was calculated using the closest laboratory test results to the index diagnosis, and patients were classified into Class A (FIB-4 <1.3), Class B (FIB-4 1.3 - 2.6), and Class C (FIB-4 >2.6). The composite endpoint of MASLD progression was examined both descriptively and with a Cox proportional hazard model using baseline characteristics.

Results:
The validation cohort consisted of 176,856 patients with mean follow-up of 3.07 years (total 543,524 patient-years). Mean age was 51.5 years (SD: 14.9), 57% were female, 78% White, 9% African American, 2% Asian, and 10% others/unknown. Distribution of FIB-4 class was A:71.2%; B:21.9%; C:6.5%. Overall, 13.7% experienced one or more liver-related clinical events. The most frequent outcomes were compensated cirrhosis (10.5%) and decompensated cirrhosis (4.7%) with mean times to first occurrence of 18.8 months and 19.7 months, respectively. MASLD progression rate was 11.1% for A, 16.3% for B, and 31.9% for C. The risk of liver outcomes was significantly ($p<0.001$) increased for both Class B (HR: 1.44, 95% CI: 1.39-1.49) and Class C (HR: 3.16, 95% CI: 3.02-3.30) versus Class A.

Conclusions:
In this non-specialty/primary care database, the FIB-4 based risk classification was a significant predictor of progression to liver-related clinical events among patients with MASLD. The model demonstrated consistent performance. The non-invasive risk stratification system may be a practical and useful tool for assessing MASLD progression risk in the non-specialty/primary care setting.

Keywords: MASLD/MASH, FIB-4, Primary care setting

Free Paper Competition –
Poster Presentation

Poster 27

Category 1: Primary Care Interventions and Advances

Unity from Ashes: People's Solidarity in Isla Puting Bato for Homes and Health

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Introduction:
Rapid urbanization in the Philippines has posed challenges for governance, infrastructure, and housing. People's Solidarity in Isla Puting Bato (PESO in IPB), a people's organization in Tondo, Manila, works to secure safe and legal housing for its members. Following a leadership transition, loss of records, and post-fire displacement (2024), PESO in IPB, together with Urban Poor Associates (UPA) and University of the Philippines Manila - Philippine General Hospital - Department of Family and Community Medicine (UPM-PGH-DFCM), conducted a systematic community profiling to support organizational rebuilding and advocacy for decent homes. A comprehensive community profiling of members of the PESO in IPB to validate membership and generate evidence towards secure and legal housing for informal settlers was performed. Aside from member registration, data were collected on demographic, socioeconomic, health, and housing-related facts through a structured survey.

Methods:
The study used a cross-sectional, descriptive design that was implemented among self-identified members across five purok areas in IPB.

Results:
Between May and June 2025, 360 members were registered. Most respondents are homeowners (93.1%). The majority (72.8%) of houses were newly built after the recent fire, primarily with mixed materials (36.6%) and wooden (33.5%) materials. Many (38.3%) reported long-term residence in IPB. The majority (78.9%) declare they are enrolled in the national health insurance program, but most (61.4%) have never accessed local health services.

Conclusions:
The study generated baseline data for planning and advocacy, and strengthening participatory engagement towards sustainable urban development and health. Results showed substantial residential stability, significant rebuilding, and organizational and service access gaps. Institutional strengthening and leadership reorganization are recommended to support long-term land tenure and comprehensive community development.

Keywords: Community profiling, Informal settlements, Housing security

Free Paper Competition – Poster Presentation

Poster 28

Category 1: Primary Care Interventions and Advances

From Tremors to Triumph: PFC Case Report on Early-Onset Parkinson's Disease in a Complex Family

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Introduction:
This integrated family case report describes E.D., a 48-year-old widow from Batangas City, who underwent a six-year diagnostic journey culminating in Early-Onset Parkinson's Disease (EOPD). She initially presented with tremors, which were obscured by coexisting hyperthyroidism, contributing to prolonged diagnostic uncertainty. Beyond progressive motor impairment, the patient and her family experienced significant non-motor challenges, including anxiety, confusion, caregiver strain, and fear of a diminished future.

Methods:
A Patient-Centered, Family-Focused, and Community-Oriented (PFC) approach guided management. Clinical interventions included initiation of low-dose Levodopa-Carbidopa (100 mg/25 mg) therapy, co-management with Internal Medicine–Neurology, and referrals to Rehabilitation Medicine and Supportive and Palliative Care. Family-focused interventions involve structured family meetings to align illness understanding, address caregiver burden, and provide appropriate counseling for the patient's daughters, including the primary caregiver. Community-oriented strategies mobilized extrafamilial resources, particularly financial assistance and local support services.

Results:
Following these integrated interventions, the patient demonstrated marked functional improvement, progressing from dependence in activities of daily living (Katz Index score of 5) to full independence. Subjectively, she reported improved mobility, the ability to perform household tasks, and renewed social engagement within her community. Through shared decision-making, brain MRI was deferred after a robust clinical response to Levodopa, prioritizing symptom relief and reduction of patient anxiety.

Conclusions:
This case highlights the importance of a biopsychosocial framework in managing chronic neurodegenerative disease and underscores the pivotal role of family physicians as clinical navigators, care coordinators, and advocates within fragmented health systems.

Keywords: Early-Onset Parkinson's Disease, Family systems, Continuity of care

Free Paper Competition –
Poster Presentation

Poster 29

Category 1: Primary Care Interventions and Advances

When Love and Hate Collide: A Patient-Centered, Family-Focused, and Community-Oriented Case Report of a Couple Facing Psychological Challenges

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Introduction:
This case report presents a female, middle-aged adult, victim of sexual abuse who engaged in risk-taking behaviours and was subsequently diagnosed with Bipolar I disorder. Her psychological distress was exacerbated by family neglect, restricted emotional expression within the household, and sociocultural pressures to preserve family ties and reputation, which contributed to the suppression of the sexual assault experience. The case also highlights the psychological burden experienced by the patient's live-in partner, who served as the primary therapeutic support within a family system characterized by pathological disequilibrium.

Methods:
Biopsychosocial interventions were implemented over one year, including pharmacological management guided by the World Health Organization mhGAP Intervention Guide and family-centered approaches such as family meeting and counselling. A collaborative referral network among local stakeholders was established as part of the community-oriented care approach.

Results:
Positive outcomes from the case management demonstrated the important role of grassroots-level primary care family physicians in addressing mental health disorders within the context of dysfunctional family dynamics. Marked improvements were observed in the patient's biopsychosocial well-being, functional family relationships, and community reintegration. Strengthened intersectoral community stakeholders' involvement contributed to health policy measures and initiatives advocating for mental health programs.

Conclusions:
This study underscores the importance of holistic, patient-centered, family-focused, and community-oriented care in enhancing community-based mental health services and ensuring continuity of care.

Keywords: Bipolar I disorder, Family-focused, Community-oriented care

Free Paper Competition –
Poster Presentation

Poster 30

Category 1: Primary Care Interventions and Advances

Role of Family Physicians as Families Navigate the Illness Trajectory: A Case of Rare Pleomorphic Dermal Sarcoma in a Dementia Patient

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Introduction:
People living with dementia (PLWD) are particularly vulnerable to health disparities and poor outcomes when faced with comorbid conditions such as cancer. Cognitive and functional decline may impair symptom recognition, delay consultation, and limit participation in shared decision-making. In this setting, the primary care physician plays a critical role as the first point of contact and a consistent figure in early detection, longitudinal monitoring, and timely referral. The family physician's role extends beyond clinical care to include psychosocial guidance, anticipatory planning, and coordination across multidisciplinary teams, helping families navigate the illness trajectory.

Methods:
Cutaneous mesenchymal tumors are rare, accounting for about 1% of adult malignancies. Pleomorphic dermal sarcoma (PDS) typically affects elderly males, with a median age of 80, and arises in sun-exposed areas such as the scalp, face, and neck, often presenting as a rapidly enlarging, ulcerated nodule. We present a case of an 84-year-old male with Alzheimer's disease who developed a solitary erythematous chest nodule. Clinical, histopathologic, and immunohistochemical findings confirmed PDS. The patient underwent wide local excision with clear margins and keystone flap reconstruction. To our knowledge, this is the first reported case of chest wall PDS in a patient with dementia in the Philippines.

Results:
PLWD are less likely to receive curative therapies and more often undergo conservative or palliative management. Primary care physicians are essential in aligning treatment decisions with the patient's goals, cognitive status, and quality of life, while supporting caregivers. Using the Patient-centered, Family-focused, and Community-oriented (PFC) Approach, care can be extended beyond the patient to the caregiving unit.

Conclusions:
This case highlights the need for continuity of care, including caregiver support, family counseling, and linkage to community resources, areas where primary care physicians are uniquely positioned to bridge gaps between specialized care and the home.

Keywords: Pleomorphic dermal sarcoma, Caregiver burden, Family physicians

Free Paper Competition –
Poster Presentation

Poster 31

Category 1: Primary Care Interventions and Advances

Kumusta?: Evaluating the Impact of Mental Health Screening in a Primary HIV Treatment Hub

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Introduction:
Mental Health (MH) and Human Immunodeficiency Virus (HIV) share a bidirectional relationship. Psychosocioeconomic stress, stigma, and discrimination contribute to MH conditions among people living with HIV (PLHIV), while MH disorders can delay treatment access, reduce adherence, and lower retention in HIV care. Despite this, routine MH screening is not standard in HIV care in the Philippines.

Methods:
An MH screening tool incorporating GAD-2 and PHQ-2 was administered to all PLHIV clients seen at a primary HIV treatment hub in Metro Manila. Its impact on identifying depression and anxiety was evaluated using a quasi-experimental design with pseudo-interrupted time series analysis. Prior to implementation, no standardized MH screening was conducted; the baseline rate was estimated using a proxy indicator (percentage of clients on psychiatric medications). For the succeeding nine months post-intervention, the proportion of clients screening positive for depression or anxiety was recorded. Regression analysis assessed immediate level change and post-intervention trends.

Results:
Between August 2024 to April 2025, 489 clients were seen. The proportion of those screening positive for MH conditions increased immediately after implementation: +17% (β = 0.17, SE = 0.03, 95% CI: 0.09-0.25, p=0.001) for depression and +22% (β = 0.22, SE = 0.06, 95% CI: 0.08-0.37, p=0.007) for anxiety. On the other hand, post-intervention trends showed a decline of 2% per month (β = 0.02, SE = 0.003, 95% CI: -0.03 to -0.01, p=0.001) for depression and an increase by 2% per month (β = 0.02, SE = 0.06, 95% CI: 0.08 to 0.37, p=0.007) for anxiety.

Conclusions:
Standardized MH screening in HIV care improved the detection of depression and anxiety, with strong immediate effects. However, diverging trends in depression and anxiety highlight the need to look further at the impact of screening in the early detection and prevention of MH conditions.

Keywords: Mental Hhalth, HIV, Mental health screening

Free Paper Competition –
Poster Presentation

Poster 32

Category 1: Primary Care Interventions and Advances

Effectiveness of Family Planning Seminar in the Awareness, Attitude, and Practices of Pantawid Pamilyang Pilipino Program (4Ps) Male Partner Beneficiries in the Utilization of Family Planning Commodities in Banate, Iloilo

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Introduction:
The primary focus of this investigation is to assess how family planning seminars affect the awareness, attitudes, and practices of 4Ps male partner beneficiaries in Banate, Iloilo in adopting family methods, particularly on their current practice of family planning methods (FPMs). It also investigates the influence of demographic, economic, and cultural circumstances of the respondents on their acceptance on FPMs, and how the seminars change these pre-existing conceptions on FPMS.

Methods:
This study followed a quasi-experimental research design to determine the level of knowledge, attitude, and practices of family planning among 4Ps male partner beneficiaries. Data were gathered through a questionnaire, focus group interview, pre-test – post-test evaluation, and key informant interview with all 180 who had met the criteria. Descriptive statistics was used to analyze the data.

Results:
The data reported that after attending the seminar, the respondents' knowledge and appreciation of FPMs increased. Both the male 4P attendees and their wives have reported to have adopted at least one form of family planning after attending the seminar. They have also generally accepted the benefits of FPMs after attending the seminar.

Conclusions:
The data shows despite the membership of the respondents to the 4Ps, the respondents have accepted the benefits of FPMs. In addition, their demographic circumstances influenced, but did not inhibit, their appreciation of the benefits of FPMs. FPM seminars can be an effective method for propagating the benefits of controlled, planned, and organized family planning in rural communities such as Banate.

Keywords: Family planning, Male partner, 4Ps Beneficiaries

Free Paper Competition –
Poster Presentation

Poster 33

Category 1: Primary Care Interventions and Advances

Community-based Interventions for Stroke in Resource-limited Primary Care Settings: A Systematic Review

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Introduction:
Stroke continues to be a major contributor to global mortality and long-term disability. The burden of the disease is particularly pronounced in low- and middle-income countries (LMICs) where access to specialized stroke care services remains limited. Community-based interventions may provide practical strategies for improving stroke prevention and management in such settings.

Methods:
A systematic review was conducted following PRISMA guidelines. Relevant studies were identified through multiple electronic databases including PubMed, MEDLINE, Embase, the Cochrane Central Register of Controlled Trials, ClinicalTrials.gov, and the WHO International Clinical Trials Registry Platform. Eligible studies included randomized controlled trials and observational studies evaluating multidisciplinary community-based interventions.

Results:
Nine studies comprising 2,519 participants were included. Interventions included health education, rehabilitation services, care coordination, and mobile health (mHealth) strategies. These interventions demonstrated improvements in blood pressure control, medication adherence, quality of life, and healthcare utilization.

Conclusions:
Community-based interventions represent promising strategies for addressing stroke prevention and recovery in resource-limited primary care settings. Strengthening primary care systems and implementing community-focused programs may contribute to improved health outcomes and reduced stroke burden in underserved populations.

Keywords: Community-based interventions, Stroke, Primary care

Free Paper Competition – Poster Presentation

Poster 34

Category 1: Primary Care Interventions and Advances

Designing a Safe and Ethical AI-Enabled Mental Health Chatbot for Younger Adults: Exploring Its Potential for First-Contact Support in Family Medicine

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Introduction:
Mental health concerns are frequently encountered in primary care, particularly within family medicine, where early engagement and continuity of care are essential. Among younger adults in university settings, help-seeking is often delayed due to stigma, limited access to services, and concerns about confidentiality. Artificial intelligence (AI)-based conversational tools offer a scalable approach to support early engagement; however, their use raises concerns regarding safety, inappropriate responses, and a lack of clinical boundaries. This study aimed to develop a context-aware AI mental health chatbot with embedded safeguards and to explore its potential role in supporting early help-seeking and care navigation within family medicine pathways.

Methods:
A natural language processing (NLP)-based chatbot was developed using a large language model (LLM) framework. The development process followed staged phases, including preparation, primary data collection, model training, and iterative refinement. A structured dataset was derived from 125 counselling session recordings, resulting in over 7,800 labelled conversational entries representing student-relevant mental health interactions. Ethical safeguards were operationalized through expert-informed design, including prompt-constrained responses, rule-guided interaction boundaries, safety keyword detection, and predefined escalation protocols for high-risk situations. Clinician oversight was incorporated as part of the safeguarding mechanism for high-risk interactions. A pilot evaluation using scenario-based testing was conducted to assess response appropriateness, safety trigger activation, and boundary adherence.

Results:
The chatbot generated contextually appropriate and empathetic responses aligned with non-diagnostic mental health support. Safety mechanisms were consistently activated in predefined high-risk scenarios, enabling appropriate escalation and redirection to professional care. The system maintained clear functional boundaries by avoiding diagnostic or therapeutic claims while encouraging help-seeking behaviour. Scenario-based testing demonstrated that the chatbot can function as an initial engagement tool, supporting safe interactions and facilitating navigation toward appropriate care pathways.

Conclusions:
An AI-enabled mental health chatbot with embedded safeguards demonstrates potential to support early mental health engagement among younger adults and may be further developed to support first-contact care within family medicine settings. By facilitating safe initial interactions and guiding users toward professional care, such systems may complement primary care services without replacing clinical judgment. Further development requires expansion of datasets to better capture cultural context, language variability, interaction patterns, and psychological guidance frameworks. Ensuring safe implementation will also require clinician oversight as part of a broader safeguarding approach, alongside ethical design and clear role delineation.

Keywords: Ethical AI, Mental health, Digital health

Free Paper Competition –
Poster Presentation

Poster 35

Category 1: Primary Care Interventions and Advances

Application of iBreastExam as an Adjunct to Clinical Breast Examination for Breast Cancer Screening in Sabah, Malaysia

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Introduction:
In Sabah, breast cancer is the most common cancer among women, with an age standardised incidence rate of 24.5 per 100,000 (2012-2016). Despite national recommendations for biennial mammography in women aged 50-74 years, access to screening remains limited due to geographical barriers and socioeconomic constraints. iBreastExam (iBE), a portable handheld breast examination device, was introduced in 16 rural primary care clinics as an adjunct to clinical breast examination (CBE). This study aimed to evaluate the diagnostic performance of iBE compared with CBE, using mammography as the reference standard.

Methods:
This prospective cross-sectional study was conducted from January to October 2025 across 16 rural health clinics and Hospital Queen Elizabeth II. Asymptomatic women aged 40–74 years who consented to iBE, CBE and mammography were recruited. Exclusion criteria included pregnancy, lactation, history of breast cancer, or breast symptoms. Sociodemographic data were collected, followed by CBE and iBE performed by trained healthcare professionals. Participants were subsequently scheduled for mammography. The diagnostic performance of iBE and CBE was evaluated against mammography as the reference standard by calculating sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV).

Results:
A total of 179 participants were recruited, of whom 167 underwent both iBE and CBE, and 132 completed mammography. Among these, iBE demonstrated a sensitivity of 5.0%, specificity of 94.6%, PPV of 28.6%, and NPV of 69.6%. CBE showed a sensitivity of 2.5%, specificity of 96.7%, PPV of 25.0%, and NPV of 69.5%. Agreement with mammography was poor for both iBE ($\kappa = -0.006$) and CBE ($\kappa = -0.010$), while moderate agreement was observed between iBE and CBE ($\kappa = 0.441$).

Conclusions:
iBE demonstrated low sensitivity but high specificity in an asymptomatic screening population, performing similarly to CBE but remaining inferior to mammography. While not a replacement for mammography, it may serve as a complementary tool in resource-limited and ruralsettings where trained healthcare personnel to perform CBE is limited.

Keywords: Breast cancer screening, iBreastExam, Rural health

Free Paper Competition –
Poster Presentation

Poster 36

Category 1: Primary Care Interventions and Advances

Primary Care–Led Cognitive Stimulation Therapy: An Innovative, Collaborative Model for Sustainable Dementia Care in Malaysia

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Introduction:
Population ageing is placing increasing pressure on primary care systems, with dementia contributing significantly to morbidity and healthcare burden. Sustainable primary care requires innovative, community-based models that move beyond hospital-centric care. Cognitive Stimulation Therapy (CST) is an evidence-based non-pharmacological intervention; however, its integration into primary care remains limited. This study evaluates a primary care–led CST programme as a model of innovation, multidisciplinary collaboration, and clinical leadership in dementia care.

Methods:
This pilot study involved 11 older adults with cognitive impairment who participated in a structured 14-session CST programme over 14 weeks (August–December 2025) in a community elderly care centre. The intervention was led by a Family Medicine Specialist and delivered by a multidisciplinary team comprising occupational therapists, nurses, physiotherapists, and a dietitian. Cognitive outcomes were assessed using the Montreal Cognitive Assessment (MoCA) pre- and post-intervention. Engagement outcomes (interest, communication, enjoyment, and mood) were evaluated using structured observational scales.

Results:
All participants completed the programme (100% retention), indicating excellent feasibility and acceptability. Mean MoCA scores improved from 15.2 (SD ±3.1) to 17.1 (SD ±3.4) (+1.9 points). High engagement was observed, with ≥85% of sessions rated as moderate-to-high interest and enjoyment. Communication improved in 73% of participants, while positive mood was observed in 82% of sessions.

Conclusions:
Primary care–led CST is an innovative, feasible, and scalable model for sustainable dementia care. Through multidisciplinary collaboration and strong primary care leadership, this approach improves cognitive and psychosocial outcomes while addressing the growing challenges of ageing populations. It supports the shift towards community-oriented, preventive, and integrated primary healthcare.

Keywords: Cognitive Stimulation Therapy (CST), Dementia care, Primary care innovation

Free Paper Competition –
Poster Presentation

Poster 37

Category 1: Primary Care Interventions and Advances

Effectiveness of Development of Telemedicine Service Among Patients with Type 2 Diabetes in Primary Care Settings, Island Region in Thailand

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Introduction:
Patients with diabetes living in geographically challenging areas, such as islands in Thailand, face significant barriers to accessing care. Telemedicine has been implemented in this setting since 2023 to provide healthcare services in remote areas. This research aimed to evaluate the effectiveness of telemedicine on glycemic control in patients with type 2 diabetes in a primary care setting in the island region.

Methods:
A retrospective cohort study analyzed the data of 116 patients with type 2 diabetes in a telemedicine clinic (synchronous video conference via application) and an in-person visit. HbA1c, FPG level, blood pressure, and serum lipid profile were assessed periodically after 36 months of follow-up. Data were analyzed using analytical statistics, including percentages and an independent t-test.

Results:
At 36 months of follow-up, telemedicine was superior to in-person care in improving HbA1c levels, with a mean difference (MD) of -0.65, $p < 0.001$. Mean HbA1c reduced from 8.21 ± 0.96% to 7.13 ± 0.84% ($p < 0.001$) in the telemedicine group; patients also showed a statistically significant reduction ($p < 0.001$) in FPG and LDL-C. The proportion of good glycemic control (HbA1c < 7.0) was 42.10% in the study group and 28.57% in the control group. Patients with telemedicine visits had lower odds of uncontrolled diabetes compared to in-person care (OR: 0.81; 95% CI: 0.45–1.46). Patients reported a high level of satisfaction of telemedicine. ($\bar{x} = 4.91$, SD = 0.28). Telemedicine reduced direct and indirect patient costs for patients in remote areas by 17.12 USD per visit.

Conclusions:
Telemedicine is effective in improving glycemic outcomes and medical adherence; broadens access to healthcare, particularly for vulnerable populations; and reduces patient costs. The Ministry of Public Health should promote wider adoption of telemedicine in diabetes care and integrate with relevant stakeholders to provide better-quality diabetes services

Keywords: Telemedicine, Type 2 diabetes, Primary care

Free Paper Competition –
Poster Presentation

Poster 38

Category 1: Primary Care Interventions and Advances

Family Structure and Its Role in Type 2 Diabetes Remission: A Case–Control Study in Primary Care, Ubon Ratchathani, Thailand

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Introduction:
Type 2 diabetes mellitus (T2DM) remission has emerged as an important clinical goal, particularly through intensive lifestyle modification and sustained behavioral change. However, self-management behaviors occur within the context of family life. Family structure, caregiving roles, and functional support may significantly influence the sustainability of behavioral change and clinical outcomes. Despite the central role of family in primary care, empirical evidence examining its association with diabetes remission in Thai primary care settings remains limited.

Methods:
A case–control study was conducted among 111 patients with T2DM receiving care in primary care settings in Ubon Ratchathani, Thailand. Participants were categorized into remission (n=37) and non-remission groups (n=74). Family factors were assessed across structural dimensions (family type, primary caregiver, role clarity) and functional support domains (emotional, informational, instrumental, and appraisal support). Self-management behaviors were also evaluated. Descriptive statistics were reported as medians and interquartile ranges. Group differences were analyzed using the Mann–Whitney U test. Logistic regression analyses (univariate and multivariable) were performed to identify independent associations, adjusting for age, sex, and duration of diabetes.

Results:
Univariate analysis demonstrated significant positive associations between several family support domains, self-management behaviors, and remission status ($p < .05$). In multivariable analysis, independent factors associated with remission included having a spouse as the primary caregiver (aOR 5.69; 95% CI 1.93–16.72) and clear role allocation within the family (aOR 5.10; 95% CI 1.41–18.49). Overall family support score did not retain statistical significance after adjustment.

Conclusions:
Structural and role-based family factors appear to play a critical role in T2DM remission in primary care. These findings support a family-centered approach in diabetes management and highlight the importance of systematically assessing family roles and caregiving structures to promote sustainable behavioral change and improved clinical outcomes.

Keywords: T2DM remission, Family / social factors, Case–control

Free Paper Competition –
Poster Presentation

Poster 39

Category 1: Primary Care Interventions and Advances

Implementation of Multimodal Exercise Programs in Community-Dwelling Older Adults at Risk of Sarcopenia and Frailty: A Community-Based Project

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Introduction:
Thailand has entered a fully aged society, with older adults comprising over 20% of the population. Aging is associated with increased risks of chronic diseases, frailty, sarcopenia, falls, and malnutrition. This project aimed to screen for frailty and sarcopenia and promote appropriate exercise among community-dwelling older adults.

Methods:
Older adults aged ≥60 years were screened using SPPB, FRAIL scale, SARC-F, MSRA-5, and calf circumference. Participants were categorized as robust, pre-frail, frail, or disabled. Individualized Vivifrail exercise programs were implemented for 12 weeks.

Results:
A total of 28 participants (mean age 67 years) completed the study, with nearly half reporting a history of falls. Frailty prevalence was 3.6% (frail) and 25% (pre-frail), while sarcopenia prevalence was 17.9%. Calf circumference demonstrated the best diagnostic performance, with the highest AUC (0.87), indicating good discrimination in community settings. Handgrip strength significantly improved from 19.8 to 22.1 kg ($p < 0.05$), while muscle mass showed a slight increase from 6.0 to 6.15 kg/m^2.

Conclusions:
Community-based screening combined with tailored exercise programs may help reduce the risk of frailty and sarcopenia among older adults.

Keywords: Frailty, Sarcopenia, Exercise

Free Paper Competition –
Poster Presentation

Poster 40

Category 1: Primary Care Interventions and Advances

The Result of Diabetic School Program to Reduce HbA1c in Diabetic Patients in Muang Phatthalung Health Provider Network

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Introduction:
Diabetes mellitus remains a critical global non-communicable disease. Poor glycemic control leads to severe complications, often rooted in inappropriate dietary habits, medication use, and physical inactivity. This study aimed to implement a behavior modification program to enhance self-management and clinical outcomes in patients with type 2 diabetes (T2DM).

Methods:
This quasi-experimental study was conducted over six months (January 6 – June 27, 2025). The participants included 146 patients with T2DM from a community medical center and primary health care centers in Muang District, Phatthalung Province, Thailand. The intervention, "Diabetic School", involved multidisciplinary behavior modification, capillary blood glucose monitoring, and home visits. Changes in BMI, HbA1c, FBS, lipid profiles, and creatinine levels were evaluated.

Results:
After 6 months, 104 participants (71.23%) achieved a reduction in HbA1c. Medication dosage was reduced in 65 patients (44.5%), discontinued in 23 patients (15.8%), and 9 patients (6.2%) achieved diabetes remission. Statistically significant improvements were observed in mean HbA1c reduction of 0.61% [95% CI: 0.43-0.79, $p < 0.001$], mean BMI reduction of 0.2 [95% CI: 0.03-0.37, $p = 0.025$], and a mean increase in GFR of 2.06 mL/min/1.73m^2 [95% CI: 0.46-3.66, $p = 0.012$]. After adjusting for baseline factors, initial HbA1c was a significant predictor of medication discontinuation [adj. OR 0.35, 95% CI: 0.13-0.92, $p = 0.034$]. Furthermore, the program resulted in a cost saving of 440,130 THB/year.

Conclusions:
The Diabetic School program, focusing on intensive lifestyle modification and home visits, is effective in improving glycemic control, facilitating medication reduction/discontinuation, and promoting diabetes remission.

Keywords: Diabetic school program, Lifestyle modification, Diabetes remission

Free Paper Competition –
Poster Presentation

Poster 41

Category 1: Primary Care Interventions and Advances

Unified for Every Child: A Collaborative Framework for Special Needs Detection in Remote Regions, Sabah, Malaysia

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Introduction:
Primary care systems in resource-constrained settings such as Sabah, Malaysia, face challenges in the early identification of neurodevelopmental disorders due to fragmented services and limited access to specialist care. The Screening Programme for the Determination of Students with Special Educational Needs (PROSPER) was established through collaboration between the Sabah State Education, Health, and Welfare Departments to address this gap using a multidisciplinary, school-based approach.

Methods:
PROSPER targets students in remedial classes to identify conditions including autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), learning disabilities, and developmental delays. The programme integrates Family Medicine Specialists, school health teams, audiologists, speech therapists, clinical psychologists, and education and welfare representatives. This coordinated model facilitates on-site screening, comprehensive multidisciplinary assessment, appropriate placement in the Special Education Integration Programme (PPKI) or inclusive education, and continuity of care through structured medical follow-up.

Results:
From 2023 to 2025, student screening fluctuated (n=467, 392, 454), while diagnosed cases increased from n=341 to n=404. Specific learning disabilities remained predominant (n=220, 172, 220). ADHD cases rose steadily (n=21–56), whereas ASD (n=14–37–32) and intellectual disability (n=84–114–96) showed variability. Placement in full inclusive education declined markedly (69% to 63.5% and 35.5%), while placement in PPKI increased (n=17–23–58), reflecting shifting patterns in educational placement.

Conclusions:
PROSPER demonstrates the value of integrated, multidisciplinary primary care in improving early identification and access to services in rural settings. However, challenges remain, including limited diagnostic diversity, time constraints affecting assessment quality, the need to strengthen screening tools, and the need for enhanced teacher training in assessment. Increasing demand for PPKI placements and declining inclusive placement rates highlight capacity constraints, underscoring the importance of strengthening inclusive education as a sustainable long-term approach.

Keywords: Multidisciplinary approach for PROSPER, Resource-constrained settings, Filling gap via school based approach

Free Paper Competition –
Poster Presentation

Poster 42

Category 1: Primary Care Interventions and Advances

LiverOmicScore: Integrative Multi-Omics Profiling Enables Personalized Prediction of Six Major Liver-Related Clinical Endpoints

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Introduction:
Proteomics and metabolomics offer complementary molecular insights into metabolic dysfunction-associated steatotic liver disease (MASLD) and its progression to advanced liver-related complications. However, the incremental predictive value of integrated multi-omics profiling for major liver-related events remains incompletely defined.

Methods:
Using UK Biobank data (Research Ethics Committee reference: 21/NW/0157; Application Number: 1164182), we developed LiverOmicScore, a multitask deep learning framework to derive disease-specific proteomic (ProScore) and metabolomic (MetScore) risk scores. The model simultaneously predicted six major liver-related events: liver-related mortality, alcoholic liver disease, fibrosis or cirrhosis, compensated cirrhosis, decompensated cirrhosis, and liver cancer. A total of 2,727 plasma proteins and 251 metabolites were profiled.

Participants were randomly split into a training set (85%) and an independent hold-out test set (15%). Five-fold cross-validation was applied within the training set for model optimization and internal tuning. Model discrimination was assessed using Harrell's C-index.

Results:
In the independent test set, proteomic profiling substantially improved risk discrimination beyond age and sex, increasing the C-index from 0.587 (95% CI, 0.547–0.627) to 0.713 (95% CI, 0.673–0.753).
Among participants with available metabolomic data (n = 182), the metabolomics-augmented model achieved a C-index of 0.667 (95% CI, 0.561–0.806). Integration of proteomic and metabolomic data further improved performance to a C-index of 0.693 (95% CI, 0.580–0.825). Proteomic signatures provided the most robust incremental predictive value, with additional gains observed from multi-omics integration.

Conclusions:
Multi-omics profiling significantly enhances risk stratification for MASLD-related liver events. The LiverOmicScore framework demonstrates that proteomic signatures provide strong incremental predictive value beyond traditional demographic factors, while integration with metabolomics may further refine prediction. These data-driven molecular signatures warrant external validation and may facilitate biomarker discovery and precision prevention strategies for liver disease.

Keywords: MASLD, Deep learning, Multi-omics

Free Paper Competition –
Poster Presentation

Poster 43

Category 1: Primary Care Interventions and Advances

Comparative Effectiveness of Group-Based Cognitive Stimulation and Home-Based Self-Practice Cognitive Exercises in Community-Dwelling Older Adults with Mild Neurocognitive Disorder

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Introduction:
This study aimed to compare the effectiveness of group-based cognitive stimulation and home-based self-practice cognitive exercises on cognitive function among community-dwelling older adults with mild neurocognitive disorder.

Methods:
This research employed a community-based quasi-experimental design with two groups and repeated measurements at three time points. The participants were 57 older adults aged 60 years and above who had been diagnosed with mild neurocognitive disorder. They were recruited using purposive sampling and assigned to a control group (n = 28) and an intervention group (n = 29). The control group received dementia education, bilateral brain exercises, and home-based cognitive stimulation worksheets. The intervention group received the same components together with six group-based cognitive stimulation sessions over a 12-week period. Data were collected at baseline, 3 months, and 6 months using a demographic questionnaire, activities of daily living assessment, and the Montreal Cognitive Assessment (MoCA). Data were analyzed using descriptive statistics, independent t-tests, chi-square tests/Fisher's exact tests, and mixed-design repeated measures ANOVA.

Results:
The findings showed that most baseline characteristics were not significantly different between the two groups, except for marital status, alcohol consumption, and social participation. Overall MoCA scores improved significantly over time in both groups ($p < 0.001$). However, no statistically significant difference was found in the pattern of score changes between the groups ($p = 0.258$). Nevertheless, the intervention group demonstrated significantly higher overall mean MoCA scores than the control group ($p = 0.041$). Domain-specific analysis revealed that memory scores increased significantly over time ($p < 0.001$), and the intervention group had significantly higher mean memory scores than the control group ($p = 0.027$). In contrast, no significant differences were observed in attention, executive function, or visuospatial ability. Responder analysis at 6 months showed no statistically significant difference between groups ($p = 0.113$), although the intervention group had a lower proportion of participants with cognitive decline than the control group.

Conclusions:
Both group-based cognitive stimulation and home-based cognitive exercises contributed to improvements in cognitive function over time among older adults with mild neurocognitive disorder, particularly in the memory domain. However, there was insufficient evidence to conclude that group-based cognitive stimulation was significantly superior to home-based self-practice exercises. These findings support the feasibility of implementing cognitive stimulation programs at the primary care and rural community levels.

Keywords: Mild neurocognitive disorder, Group-based cognitive stimulation, Home-based exercises

Free Paper Competition –
Poster Presentation

Poster 44

Category 1: Primary Care Interventions and Advances

Improving Efficiency in Primary Care: A Skill-Augmented Large Language Agent Model for Risk Stratification and Medical Report Generation for Diabetes Mellitus

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Introduction:
With the global aging population, diabetes mellitus has become a major public health threat. Recent data shows that the prevalence of diabetes among individuals aged 15 to 84 in Hong Kong is approximately 8.5%. Primary care settings in Hong Kong face high patient volumes and strict time constraints. Consequently, family doctors struggle to efficiently integrate complex physiological data and medical histories. We developed the "Cloud-Edge Collaborative OpenClaw Framework" to reduce this clinical burden and improve screening accuracy. This system automates cardiovascular disease (CVD) risk stratification and comorbidity analysis. It utilizes patient physiological indicators, complications, and medical histories to optimize clinical management efficiency.

Methods:
We built and validated an OpenClaw agent system based on Large Language Models (LLMs). The system operates collaboratively across two dimensions. (1) Edge Agent: This module handles data anonymization and preprocessing. It uses "Function Calls" to trigger local scripts for deterministic CVD risk stratification. (2) Cloud Agent: This module integrates Retrieval-Augmented Generation (RAG) technology. It aligns patient data, such as BMI and glucose levels, with the latest local and international clinical guidelines. This mechanism ensures that the reasoning process remains transparent and traceable. Furthermore, the system uses OpenClaw skill orchestration to generate personalized medical reports for both doctors and patients. We evaluated the system's performance using a real-world dataset from the Hong Kong Hospital Authority (HKHA).

Results:
Guided by the Hong Kong Risk Assessment and Management Programme for Diabetes Mellitus (RAMP-DM), we developed distinct functional modules for comprehensive risk stratification and diagnosis. The developed Claw agent can be seamlessly embedded into the family doctor's daily workflow with these modules, automatically generating fluent and customized medical reports tailored for both physicians and patients. Based on this framework, the system analyzed 33,900 subjects from the HKHA cohort and identified 14,059 patients with diabetes. Among these patients, the average fasting glucose was 8.05 mmol/L, and the average HbA1c was 7.53%. For CVD risk stratification, the system categorized patients as follows: high risk (6,675, 47.48%), very high risk (3,449, 24.53%), medium risk (3,198, 22.75%), and low risk (737, 5.24%). Comorbidity analysis showed that 60.59% of patients had dyslipidemia and 53.76% had hypertension. Notably, 33.42% of patients presented with diabetes, hypertension, and dyslipidemia simultaneously. Additionally, 20.66% of patients showed heart-related risks, and 5.14% had a documented history of stroke or transient ischemic attack (TIA).

Conclusions:
The cloud-edge collaborative OpenClaw framework effectively automates clinical decision-making for diabetes and complex comorbidities. The system combines local deterministic calculations with cloud-based guideline reasoning. This dual approach minimizes hallucination risks and ensures clinical safety. Results demonstrate that the system rapidly performs risk stratification and generates precise reports. This improves clinical efficiency and enhances patient understanding. Future work will focus on validating the OpenClaw agent at the Ap Lei Chau Clinic in Hong Kong. We will implement a multi-dimensional evaluation framework. This will include physician feedback (report quality and saved consultation time), hospital performance (missed diagnosis rates and economic benefits), and patient outcomes (misdiagnosis and readmission rates). This subsequent research will further verify the system's generalizability and practical value in real-world clinical practice.

Keywords: Large Language Agent Model, Diabetes Mellitus, Cardiovascular Disease Risk Stratification

Free Paper Competition –
Poster Presentation

Poster 45

Category 1: Primary Care Interventions and Advances

Let's DO IT: A Multidisciplinary Lifestyle-Based Diabetes Intervention in Primary Care

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Introduction:
Type 2 diabetes mellitus (T2DM) remains suboptimally controlled in primary care despite pharmacotherapy, with rising prevalence in Malaysia. Lifestyle-based, multidisciplinary team (MDT) interventions may improve metabolic outcomes and reduce long-term complications. This study evaluates the effectiveness of a structured MDT programme (Let's DO IT) in improving glycaemic control, anthropometric measures, and cardiometabolic parameters in a primary care setting.

Methods:
A pre-post intervention study was conducted at Klinik Kesihatan Bangi. Adults with T2DM (HbA1c 7-10%, age <70 years, overweight/obesity) were recruited into small groups (n=26). The 6-month programme included monthly follow-up with MDT involvement (family medicine specialists, medical officers, diabetes educators, pharmacists, physiotherapists, occupational therapists, and wellness coaches). Interventions comprised dietary modification, physical activity, behavioural therapy (motivational interviewing), and structured monitoring (SMBG/CGM). Outcomes measured were fasting blood sugar (FBS), HbA1c, weight, BMI, waist circumference, lipid profile, and blood pressure. Wilcoxon signed-rank test was used for analysis.

Results:
Participants (50% male, mean age 50 years) had a baseline mean HbA1c of 8.69%. Significant improvements were observed post-intervention in HbA1c (reduced to 7.88%), triglycerides, weight, BMI, waist circumference, and both systolic and diastolic blood pressure ($p<0.05$). These findings indicate improved glycaemic control, reduced adiposity, and better cardiovascular risk profiles. No statistically significant changes were observed in FBS, LDL, or HDL levels.

Conclusions:
A structured, lifestyle-based MDT intervention in primary care significantly improved glycaemic and cardiometabolic outcomes in patients with T2DM. This model demonstrates the feasibility and effectiveness of integrating behavioural, clinical, and multidisciplinary strategies in routine primary care, with potential scalability to reduce diabetes-related burden.

Keywords: Type 2 diabetes mellitus, Lifestyle intervention, Primary care

Free Paper Competition –
Poster Presentation

Poster 46

Category 1: Primary Care Interventions and Advances

Rethinking the Food Insecurity - Diet Link in Type 2 Diabetes: A Primary Care Perspective from Urban Malaysia

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Introduction:
Food insecurity (FI) is widely presumed to contribute to unhealthy dietary behaviour and poor metabolic outcomes in type 2 diabetes mellitus (T2DM). However, evidence from multiethnic Asian primary care populations remains limited. Understanding whether FI independently influences dietary patterns is crucial for designing targeted, cost-effective interventions in routine diabetes care.

Methods:
A cross-sectional study was conducted among 107 adults with T2DM attending two urban primary care clinics in Klang Valley, Malaysia. Sociodemographic, anthropometric, biochemical, and dietary data were collected. FI was assessed using the validated Malaysia Food Insecurity Experience Scale (M-FIES). Dietary patterns were derived from 24-hour dietary recall using Principal Component Analysis. Multivariable logistic regression was used to examine associations between FI, dietary patterns, and clinical variables.

Results:
FI was prevalent in 41.1% of participants. Three dietary patterns were identified: Healthy, Unhealthy, and Mixed. Contrary to conventional expectations, FI was not independently associated with any dietary pattern after adjustment for gender, ethnicity, education, and income. Instead, socioeconomic disadvantage strongly predicted FI, with B40 and M40 groups showing significantly higher odds compared with T20. Low HDL was independently associated with lower adherence to the Healthy dietary pattern (aOR=0.37, p=0.035).

Conclusions:
This study highlights a practice-relevant finding: FI alone may not be a reliable proxy for poor dietary behaviour among urban T2DM patients. For primary care clinicians, this supports a more nuanced, risk-stratified approach integrating socioeconomic screening, lipid profile review, and culturally tailored dietary counselling rather than relying solely on FI assessment. These findings are directly applicable to strengthening multidisciplinary, sustainable diabetes care pathways in primary care settings.

Keywords: Food insecurity, Diet link, Type 2 diabetes

Free Paper Competition –
Poster Presentation

Poster 47

Category 1: Primary Care Interventions and Advances

Rethinking Diabetes Diets in Primary Care: From Red Rice to Real-World Practice - A RICH-Informed 3W Framework for Cardiometabolic Risk Reduction

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Introduction:
Calorie-focused dietary advice remains the cornerstone of type 2 diabetes mellitus (T2DM) management in primary care, yet cardiometabolic outcomes remain suboptimal. Findings from the Rice Intervention in Chronic Health (RICH) study challenge this paradigm, demonstrating that carbohydrate quality - particularly low glycaemic index, anthocyanin-rich rice (UKMRC9) - alongside meal timing may be more impactful. This study translates RICH findings into a novel, clinician-oriented framework for real-world practice.

Methods:
A pooled synthesis of interventional and cross-sectional analyses from multi-ethnic Asian adults with T2DM (n>180) in the RICH programme was conducted. Dietary exposures included two rice types (polished white rice vs a wholegrain red rice (UKMRC9), portion size, and time-restricted eating (TRE). Outcomes included HbA1c, adiposity indices, and 10-year cardiovascular disease (CVD) risk. Generalised linear models adjusted for confounders were evaluated using Akaike Information Criterion (AIC), with calibration assessed via Hosmer-Lemeshow testing. Implementation barriers were integrated into a pragmatic care model.

Results:
Substitution with UKMRC9 red rice significantly improved glycaemic and cardiometabolic outcomes, with reductions in HbA1c and CVD risk markers ($p<0.05$). Compared to polished rice, wholegrain red rice intake was associated with lower HbA1c (7.0% vs 8.5%, $p=0.006$). Portion size ≥255 g/day predicted poor glycaemic control ($p=0.011$; AIC=412.6). TRE was associated with lower HbA1c versus non-TRE (6.9% vs 7.8%, $p=0.037$; AIC=398.2); calorie and carbohydrate intake were not significant ($p>0.05$). Early TRE improved adiposity (BMI $p=0.03$; waist circumference $p=0.01$). A refined dietary pattern increased 10-year CVD risk ($P_{trend}=0.001$), with good model fit (Hosmer-Lemeshow $p=0.48$). Key barriers included cultural reliance on white rice, low adherence, and limited consultation time.

Conclusions:
RICH findings highlight UKMRC9 red rice as practical and culturally relevant therapeutic substitute in T2DM. This study proposes a novel "3W framework" (What - quality, When - timing, Weight - portion) anchored in red rice substitution and counselling. Moving beyond calorie-centric advice, this offers a scalable, primary care-ready strategy to improve glycaemic control and reduce cardiovascular risk.

Keywords: Wholegrain red rice (UKMRC9), Diabetes mellitus (T2DM), Primary care

Free Paper Competition –
Poster Presentation

Poster 48

Category 2: Healthcare System Improvements

Measuring Enterprise Community Involvement in Workplace Well-Being Instruments: Implications for Sustainable Primary Care Organizations

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Introduction:
Enterprise Community Involvement (ECI) refers to an organization's contribution to the welfare, sustainability, and equity of their communities. ECI is one of four avenues in the World Health Organization's (WHO) Healthy Workplace Framework for fostering workers' well-being. However, its representation in workplace well-being (WWB) instruments remains unexplored. This review maps ECI in WWB tools and identifies a four-subtheme framework to guide future measurements.

Methods:
A systematic review was conducted following PRISMA-ScR guidelines across six databases (1960-2022), identifying 886 WWB instruments. Items were screened for ECI content and categorized into four inductively derived subthemes: Societal Philanthropy, Corporate Social Responsibility (CSR) in Products/Strategy/Service, Employee–Family Well-being, and Protection for Underrepresented Groups, and their relevance to sustainable primary care practice was noted.

Results:
Only 13 instruments (1.5%) contained ECI-related items, predominantly focusing on Employee–Family Well-being and CSR in Products/Strategy/Service. Societal Philanthropy and Protection for Marginalized Groups were notably underrepresented, including tools used in healthcare settings. Few studies reported ECI-specific psychometric data.

Conclusions:
ECI is a crucial but often overlooked aspect of workforce well-being (WWB) measurement. Current instruments focus more on internal support and eco-CSR than on community outreach and equity protections, which are equally essential for sustainable primary care. ECI can enhance staff trust, well-being, and retention in primary care settings. Therefore, the proposed framework suggests ways to create thorough ECI scales and incorporate them into holistic WWB assessments to empower primary care organizations in promoting community well-being. It provides practical advice for leaders to innovate, collaborate with communities, and implement measurement-driven interventions to support a healthy and engaged workforce.

Keywords: Workforce, Well-being, Community-Involvement

Free Paper Competition –
Poster Presentation

Poster 49

Category 2: Healthcare System Improvements

Implementation of a Comprehensive Preventive Care Programme in Three Primary Care Clinics: Early Detection of Women's Health Conditions and Chronic Diseases

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Introduction:
Early disease detection enables timely intervention and prevents complications. Historically, Hospital Authority (HA) primary care clinics provided smoking cessation and influenza vaccination as key preventive measures. From 28 March 2025, HA primary care clinics commenced structured disease screening services for the underprivileged. This paper describes the implementation and first-year outcomes of a preventive care programme across three family medicine clinics, focusing on women's health and chronic disease detection.

Methods:
Initiated in March 2025, the programme comprises: (1) women's health services including cervical cancer screening (Pap smears) and breast cancer screening (clinical examination and imaging for high-risk groups); and (2) chronic disease screening for hypertension (HT), diabetes mellitus (DM), and dyslipidaemia via blood pressure measurement and blood tests. All eligible clients were offered screening per age-appropriate guidelines.

Results:
From March 2025 to February 2026, 907 clients participated (? How many women's health and how many 3Hs?). For women's health, 76 (13.5%) out of 607 Pap smear showed abnormal results requiring further evaluation. From breast screening, six clients were found to have palpable lumps during examination and two out of 64 mammograms showed high-risk breast lesions. For chronic disease, 513 clients were screened, identifying 10 HT (1.9%), 1 DM (0.2%), and 19 dyslipidaemia cases (3.7%). A further 33 clients (6.4%) were diagnosedwith pre-diabetes and enrolled in lifestyle modification programmes. Total 49 clients were referred to SOPC for further management.

Conclusions:
Integrating systematic preventive care into routine family medicine practice successfully identified significant numbers of undiagnosed chronic diseases and women's health conditions. These findings support routine implementation of structured screening protocols in primary care to reduce undiagnosed disease burden and improve population health outcomes.

Keywords: Preventive care service, Women health service, Chronic disease screening service

Free Paper Competition –
Poster Presentation

Poster 50

Category 2: Healthcare System Improvements

Service Impact of Lower ALT Upper Limits of Normal on Chronic Hepatitis B Management in Primary Care: Insights from Lek Yuen Family Medicine Clinic

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Introduction:
Chronic hepatitis B (CHB) remains a major cause of cirrhosis and hepatocellular carcinoma in Hong Kong, making early identification of patients with active hepatic inflammation crucial for antiviral treatment. Viral Hepatitis Control Office (VHCO) and primary care guideline recommends lower alanine aminotransferase (ALT) upper limits of normal (ULN)—35 U/L for males and 25 U/L for females—than Hospital Authority (HA) thresholds to improve detection of clinically significant liver injury. This study evaluated the impact of adopting VHCO-recommended ALT cut-offs on detection of elevated ALT and antiviral eligibility in a family medicine clinic (FMC).

Methods:
We conducted a retrospective cross-sectional study of adults with CHB who attended Lek Yuen FMC between 1/12/2024 and 1/12/2025. Among 951 CHB patients without specialist hepatology follow-up, 193 underwent HBV DNA testing. ALT elevation was defined using either HA ULN (males 53 U/L; females 47 U/L) or VHCO ULN (males 35 U/L; females 25 U/L). Antiviral eligibility was defined as ALT above the respective ULN plus HBV DNA >2,000 IU/mL. Antiviral eligibility difference between HA and VHCO thresholds was compared with Fisher's exact test.

Results:
Using HA ULN, elevated ALT was observed in 4.2% of males and 3.9% of females, whereas applying VHCO ULN identified elevated ALT in 11.9% and 23.1%, respectively. Among 193 patients with HBV DNA results, 27 (13.8%) met VHCO defined antiviral eligibility versus 6 (3.1%) using HA thresholds ($P < 0.001$). Extrapolation suggests that approximately 140 per 1,000 CHB patients are potentially eligible for antiviral treatment under VHCO guidelines.

Conclusions:
Adopting VHCO-recommended lower ALT ULN values substantially increases the number of CHB patients identified for earlier fibrosis risk stratification and antiviral consideration, particularly among women. Implementing these thresholds requires careful planning of clinic capacity, triage pathways, and primary care–hepatology collaboration to ensure timely treatment.

Keywords: Hepatitis B, Primary care, Alanine aminotransferase

Free Paper Competition –
Poster Presentation

Poster 51

Category 2: Healthcare System Improvements

Association Between Multimorbidity and Mortality, Length of Stay and 30-day Unplanned Readmission in Hong Kong: A Retrospective Longitudinal Study

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Introduction:
Unplanned readmission is a commonly used indicator of inpatient care quality and health system performance. Multimorbidity is increasingly prevalent and may increase unplanned readmission, yet Hong Kong-specific evidence quantifying its associations with unplanned readmission and related outcomes remains limited.

Methods:
We conducted a retrospective longitudinal study including patients admitted to all public hospitals using Hong Kong hospital authority data (2019–2021). Outcomes included unplanned 30-day readmission, length of stay (LOS), 30-day mortality, and in-hospital mortality. The characteristics of hospitalized patients and their multimorbidity burden were described and compared between those with and without unplanned readmission. We estimated risk-adjusted odds ratios (ORs) of different number of chronic conditions for unplanned readmission using logistic regression and incidence rate ratios (IRRs) for LOS using log-link generalized linear models, overall and within 10 disease subgroups. Hospital-associated burden attributable to unplanned readmissions was summarized by multimorbidity level.

Results:
Across 2019-2021, unplanned readmissions accounted for approximately 15% of all hospital admissions. Patients with one chronic condition represented the largest share of unplanned readmissions (about 30%). Both 30-day mortality and in-hospital mortality increased with the number of chronic conditions. Increased number of chronic conditions demonstrated a clear association with unplanned readmission, with progressively higher ORs as the number of chronic conditions increased. This pattern was consistent across disease subgroups. Multimorbidity was associated with longer LOS among those with heart diseases in 2020 and 2021 (IRR > 1). Unplanned readmissions contributed substantial bed-day burden, which increased with chronic disease count.

Conclusions:
Increasing multimorbidity burden is consistently associated with higher odds of 30-day unplanned readmission, and greater mortality and bed-day burden in Hong Kong. The findings support multimorbidity-informed risk stratification and targeted integrated transitional care for high-burden patients to reduce downstream pressure on the public hospital system, while LOS impacts may be disease-specific.

Keywords: Multimorbidity, Unplanned readmission, Mortality

Free Paper Competition –
Poster Presentation

Poster 52

Category 2: Healthcare System Improvements

Evaluating the Effectiveness of Cryotherapy Service in HA Staff Clinic and Family Medicine Specialty Clinic

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Introduction:
Wart and skin tag are common problems encountered in primary care. Cryotherapy is safe and easy to use in primary care setting. In general, it is highly effective treatment with successful rate around 50-70% for few sessions. The waiting time for dermatological clinic would be very long. As such, cryotherapy service was started from 2023 in staff clinic (HASC) and later the service was implemented in family medicine specialist clinic (FMSC) from 2024 onward. It aimed to shorten the waiting time and reduce disease burden to patients.

Methods:
Cryotherapy service of two clinics (HASC and FMSC) were reviewed. Liquid nitrogen spray was used to provide cryotherapy service. Staff clinic cryotherapy clinic received patients from staff clinic and FMSC received patients from all family medicine clinics of Shatin district. Both clinics provided one session per month. All patients attended cryotherapy clinic of HASC from Jan 2023 to Dec 2025 and attended cryotherapy clinic of FMSC from Jan 2024 to Dec 2025 were reviewed. The health service outcome such as waiting time, discharge rate and referral rate was calculated. The clinical efficacy outcome like number of treatment session with cryotherapy received, and cure rate will be calculated. Local reaction like blistering, dyspigmentation and scar will be recorded.

Results:
The total attendance of two clinics were 443. It served 199 individuals. The new case proportion would be 44.9%. As at January 2026, the waiting time of these clinics were 4-16 weeks whereas waiting time for dermatology clinic would be 75 weeks.

For the health service review, 166 cases were discharged, 16.2% (26) of patients required to refer to SOPC and 6.6% (11) of patients required to seek podiatry service. 57.9% (96) could be case closed without follow up. There were 19.3% (32) of default rate. There were 102 patient received cryotherapy. 62.7% were females and 37.2% were males. The mean treatment session with cryotherapy was 2.76 (minimum 1, maximum 13) The complete cure rate, partial cure rate and no response rate would be 79.4%,12.7%,4.9%. If calculated for cases with skin tag and wart only, the cure rate would be even higher, the complete cure rate, partial curse and no response rate would be 91.8%, 8.1% and 1.1%. Only 15.6% developed side effect. 8.8% (9) developed some pigment change, 4.9% (5) developed small blister and 1.9% (2) developed minimal scar.

Conclusions:
Family Medicine clinic is able to provide safe and effective cryotherapy service for treatment of minor skin problems especially wart and skin tag. It also reduced the waiting time of dermatology clinic.

Keywords: Cryotherapy service, Effectiveness, HA staff clinic

Free Paper Competition –
Poster Presentation

Poster 53

Category 2: Healthcare System Improvements

Strengthening Multidisciplinary Primary Care: Barriers and Facilitators for Doctor–Physiotherapist Collaboration - Findings from a Mixed Methods Study on Direct Access to Physiotherapy

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Introduction:
Multidisciplinary collaboration is increasingly recognized as essential in contemporary primary care-led health systems, driven by ageing populations, chronic disease burden, and the need for team based, patient centred care. In Hong Kong, primary care has traditionally operated under a doctor led, referral based system. As part of broader primary healthcare reforms, the Hong Kong Government has passed legislative amendments enabling direct access to physiotherapists, marking a significant shift in professional roles and care pathways. Understanding how doctors and physiotherapists collaborate, and the factors that enable or hinder effective teamwork is critical. This abstract draws on a government funded study examining the direct access policy design and contextual factors affecting implementation of the policy, with a specific focus on the qualitative study findings of the barriers and facilitators which affect collaboration of the two professions.

Methods:
This abstract synthesises collaboration related findings from a sequential mixed methods study, involving four focus groups and 10 individual interviews with key stakeholders. Transcripts were thematically analysed to identify themes related to interprofessional collaboration.

Results:
Doctors and physiotherapists reported limited mutual understanding of each other's roles. Doctors described minimal exposure to physiotherapy during training, and physiotherapists perceived professional hierarchy and misconceptions about their diagnostic and screening capabilities. Both groups identified communication gaps, including unclear referral expectations as barrier to coordinated care. System level challenges such as fragmented health records, limited shared care pathways, and variation in referral content further hindered collaboration. Differences in risk perception also emerged. Facilitators included shared guidelines, routine case communication, joint continuing professional development, and interoperable eHealth systems, which help build trust and support co management.

Conclusions:
As Hong Kong transitions toward a multidisciplinary primary care model, strengthening structured communication mechanisms, shared care pathways, and electronic health records, and opportunities for joint professional development to enhance interprofessional understanding will be vital for safe, efficient, and effective integration in primary care.

Keywords: Collaboration, Multidisciplinary team, Communication

Free Paper Competition –
Poster Presentation

Poster 54

Category 2: Healthcare System Improvements

Reframing Digital Transformation: Structural Barriers and Global Lessons for Accelerating Health System Digital Adoption

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Introduction:
Digital transformation is a strategic priority for modern health systems, yet adoption remains slow and uneven. Many jurisdictions—including Hong Kong—have invested in electronic records, telehealth, and data driven care, but digital tools often fail to integrate into clinical workflows, align with incentives, or support clinicians effectively. This study examines systemic barriers to digital health adoption and synthesises lessons from high performing international systems.

Methods:
A narrative policy analysis and comparative case study approach were used to examine six digitally advanced health systems: Estonia, Denmark, Singapore, the United Kingdom (NHS), Australia, and Israel. The cases were analysed across four domains: governance and standards, interoperability, incentives and financing, and workforce and organisational readiness. Findings were compared against common adoption barriers observed in Hong Kong.

Results:
Four structural barriers consistently hinder digital adoption: misaligned incentives, poor workflow integration, workforce pressures and medico legal concerns, and variation in leadership capacity. International exemplars demonstrate effective strategies to overcome these barriers. Estonia and Denmark highlight the importance of interoperability and national coordination; Singapore and the NHS show how embedding digital tools into workflows and providing clear regulatory frameworks support adoption; Australia demonstrates the impact of incentives and opt out models; and Israel illustrates how aligned financial incentives enable preventive, data driven care.

Conclusions:
Digital transformation is fundamentally a governance and system design challenge. Centralised digital governance, incentive realignment, and strengthened workforce and leadership capacity are essential to accelerate meaningful digital adoption and unlock the full potential of data driven healthcare.

Keywords: Digital health transformation, Digital adoption barriers, Interoperability and governance

Free Paper Competition –
Poster Presentation

Poster 55

Category 2: Healthcare System Improvements

A Retrospective Analysis of Changes in Tuberculosis Cases in Hong Kong Following the COVID-19 Pandemic

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Introduction:
Tuberculosis (TB) is one of the most common infectious diseases in Hong Kong. During the COVID-19 pandemic, Hong Kong implemented strict measures including mask mandates and social distancing. These measures not only affected the transmission of respiratory viruses but may also have disrupted the transmission chain of tuberculosis and healthcare diagnostic services. This study aims to review the impact of different pandemic phases on the epidemiological trends of tuberculosis in Hong Kong by analysing data from 2020 to 2025.

Methods:
Data for this study were obtained from the monthly and annual tuberculosis statistics published by the Centre for Health Protection, Department of Health, Hong Kong, for the period 2020-2025. Year was set as the independent variable (X), and the annual number of cases as the dependent variable (Y). Linear regression analysis was performed using Microsoft Excel to derive the regression equation $Y = a + bX$ and the coefficient of determination R^2, in order to evaluate the rate of long-term trend change and the goodness-of-fit of the model.

Results:
A total of 19,930 newly diagnosed tuberculosis cases were reported in Hong Kong between 2020 and 2025. The annual caseload fell from 3,656 in 2020 to 2,936 in 2025, representing an overall six-year decrease of 19.7%. Linear regression analysis showed a consistent annual decline in cases, with the equation: $Y = 3688.67 - 146.8 \times (\text{Year}-2020)$ The model indicates an average annual reduction of approximately 147 cases. The coefficient of determination $R^2 = 0.827$, meaning that 82.7% of the variation in case numbers can be explained by year, indicating a good model fit.

Conclusions:
Between 2020 and 2025, tuberculosis cases in Hong Kong followed a steady downward trend, reaching a historic low of 2,936 in 2025. This reflects the resilience of the healthcare system and the continued efficacy of the directly observed treatment policy. Although a sharp decline to 3,200 cases in 2022 may partly reflect mask-wearing effects, it may also indicate diagnostic delays during the pandemic. Overall, these short-term fluctuations did not alter the long-term trajectory, and Hong Kong remains on track to meet the WHO End TB targets.

Keywords: Epidemiology, Health care system, Tuberculosis

Free Paper Competition – Poster Presentation

Poster 56

Category 2: Healthcare System Improvements

Outcome and Training Insights of a Structured Cryotherapy Program in the New Territories West Cluster (NTWC) for Common Warts

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Introduction:
Common warts are a frequent concern in primary care, often causing pain, infectivity, and psychosocial distress. Patients who failed to respond with topical therapy are typically referred to Dermatology Specialist Outpatient Clinics (SOPC), where the waiting time is lengthy. To improve accessibility, NTWC established a structured cryotherapy program. The objectives were to enhance community-based care, reduce waiting times, and strengthen procedural competence among family doctors.

Methods:
Adult patients with suspected common warts attending NTWC Family Medicine Clinics or the Staff Clinic were referred to TMH Family Medicine Specialist Clinic to receive cryotherapy. Assessments and treatments were conducted by family doctors, with cryotherapy performed by junior doctors under specialist supervision. Clinical outcomes and training experience from January 2023 to June 2025 were reviewed.

Results:
Thirty patients (14 males, 16 females; aged 17–86, mean age 56.4 years) were referred, with an average waiting time of four weeks. Four were diagnosed with alternative conditions, including callus, skin tag, eczema, and seborrheic keratosis, and were treated accordingly. Among 26 confirmed wart cases, lesions were located on the face (1), upper limb (13), and lower limb (12). Two patients required SOPC referral due to facial or large lesions, and one chose to continue topical therapy. The remaining 23 patients underwent cryotherapy, requiring 1–7 sessions (average 2.7), all achieving complete resolution with no complications. Six family doctors successfully acquired cryotherapy skills during the program.

Conclusions:
The NTWC cryotherapy program demonstrated that trained family doctors can safely and effectively manage common warts. This initiative reduced specialist referrals, improved service accessibility, and strengthened procedural capability in primary care.

Keywords: Family medicine career, Cryotherapy, Training skills

Free Paper Competition –
Poster Presentation

Poster 57

Category 2: Healthcare System Improvements

A Pilot Evaluation of a New Family Medicine-Breast Collaborative Model for Managing Probably Benign Breast Lesions

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Introduction:
The demand for surgical breast clinic services has grown due to enhanced screening programs, increased patient awareness, and advanced imaging technologies. Some breast lesions are probably benign but still require structured follow-up for potential malignancy. Traditional reliance on surgical clinics is inefficient and may delay care for higher-risk patients. To address this, a Family Medicine-Breast Collaboration clinic was launched in September 2025 at NTWC. The current study aims to evaluate a novel family medicine-breast collaborative model designed to reduce the burden on surgical breast clinics and strengthen the gatekeeper role of family physicians in managing probably benign breast lesions.

Methods:
Standardized triage criteria and workflows were established. Eligible patients included those with BIRADS 3 lesions, incidental low-to-intermediate risk breast findings detected on non-breast imaging, and biopsy-confirmed benign BIRADS 4A lesions. Family physicians conducted comprehensive clinical assessments. Patients would be referred back to surgery if lesions were upgraded to BIRADS 4 or above; or if new symptoms developed (e.g., nipple discharge, palpable lumps). A retrospective analysis was conducted on patients enrolled between September 1 and November 30, 2025.

Results:
1. Patient demographics: A total of 143 patients were enrolled, with a mean age of 54.7 years.
2. Referral reasons: BIRADS 3 lesions (58.7%), incidental findings on non-breast imaging (39.9%), and benign BIRADS 4A lesions (1.4%). Most patients (46.9%) were referred from the SOPD.
3. Among 49 patients with available MMG/USG results arranged at the collaboration clinic, 49.0% had BIRADS 3 lesions, 30.6% had BIRADS 4 lesions, and 20.4% had BIRADS 2 lesions.
4. Management outcome: 6.3% of the patients had benign lesions and did not need follow-up. 23.8% were referred back to surgery due to BIRADS 4 lesions (47.1%), palpable mass (44.1%), nipple discharge (5.9%) or confirmed breast cancer (2.9%).

Conclusions:
This collaborative model effectively manages probably benign breast cases in primary care settings. It ensures diagnostic safety by early detection of BIRADS4 or higher lesions that require timely surgical intervention. This approach represents a promising strategy for optimizing resource utilization and strengthening the role of family medicine in breast care.

Keywords: Breast lesions, Primary care, Gatekeeper role

Free Paper Competition –
Poster Presentation

Poster 58

Category 2: Healthcare System Improvements

Medico-Social Collaboration in a Family Medicine Clinic

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Introduction:
There is a well-documented connection between health (and mental health) outcomes and social factors. This abstract presents how family physicians worked with social worker interns in a family medicine clinic to solve the patients' problems.

Methods:
The Department of Family Medicine and Primary Care of The University of Hong Kong (HKU) collaborated with the Department of Social Work and Social Administration, HKU during the period from September 2025 to March 2026 to host the placement of two Master of Social Work students. During the placement, these two social worker interns received referrals from family physicians working in a public family medicine clinic to provide individual counselling service for patients in need in the same clinic building.

Results:
A total of 14 patients were successfully engaged to the counselling service. Their problems include carer stress, adjustment to illness & aging, family relationship problems, mood problems, bereavement, financial difficulties, social services enquiries, etc. These patients' problems were tackled within 1 to 12 sessions of counselling throughout the 6 months' period with significant drops in many of their problem rating scores.

Conclusions:
Family physicians are the first points of contact when patients have health problems. It is well known that bio-psycho-social issues are interconnected. Family physicians sometimes may feel helpless when social problems in patients are identified, due to a lack of convenient referral channels to appropriate services that can alleviate the patients' distress. Providing preliminary social service counselling near the clinic has been welcomed by patients and has proven to be effective in supporting patients to a certain extent.

Keywords: Medico-social collaboration, Social service counselling, Primary care service advancement

Free Paper Competition –
Poster Presentation

Poster 59

Category 2: Healthcare System Improvements

Validation of the Hospital Frailty Risk Score and Comparison with Other Comorbidity Measure for Prediction of Adverse Outcomes among Older Patients in Hong Kong: A Retrospective Cohort Study

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Introduction:
The Hospital Frailty Risk Score (HFRS) is an automated frailty assessment instrument derived from International Classification of Diseases diagnostic codes. No studies have been conducted to examine its applicability in Hong Kong. We aim to measure the association between HFRS and a range of frailty-related adverse outcomes among older patients in public hospitals and to assess its incremental predictive value compared with Charlson Comorbidity Index (CCI), a traditional comorbidity metric.

Methods:
We conducted a retrospective cohort study using territory-wide electronic health records from public hospitals in Hong Kong. Patients aged 75 or above between 2015 and 2019 were included, and were categorized into low (<5), intermediate (5-15), and high (>15) risk levels based on their HFRS. Outcomes comprised three in-hospital outcomes (i.e., in-hospital mortality, prolonged length of stay, and non-home discharge) and four 30-day post-discharge outcomes (i.e., all-cause mortality, overall readmission, emergency readmission, and emergency department attendance). Logistic regression models were used to estimate the association between HFRS categories and outcomes. Subgroup analyses were performed by age group, sex, living status (i.e., in elderly home or community), and admission pathway (i.e., via emergency department or not). Incremental predictive value was evaluated by comparing model performance with and without HFRS against CCI.

Results:
The analysis included 360,737 older patients. After adjustment, higher HFRS categories demonstrated significant, graded associations with in-hospital outcomes, but showed inconsistent correlations with post-discharge outcomes. The associations appeared stronger among younger patients, community-dwelling patients, and those admitted through emergency department. Compared with CCI, incorporating HFRS resulted in only modest improvements in predictive performance, particularly for mortality-related outcomes.

Conclusions:
Due to its lack of robust correlations and limited incremental predictive value for adverse events, our findings raise concerns regarding the generalizability and utility of the HFRS as a frailty measure in Hong Kong healthcare setting.

Keywords: Frailty, Hospitalization, Older people

Free Paper Competition –
Poster Presentation

Poster 60

Category 2: Healthcare System Improvements

Connecting Primary Care with Community Support: A Co-productive Social Prescribing Model for Healthy Ageing and Sustainable Primary Healthcare

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Introduction:
Hong Kong's rapidly ageing population and increasing chronic disease burden are placing growing pressure on primary care services. Many patients attending Family Medicine Out-patient services present with complex needs driven by social determinants of health such as social isolation, caregiving stress and functional decline. In alignment with Hong Kong's Primary Care Blueprint, community-based collaborative models are needed to strengthen preventive care and support sustainable primary healthcare.

Methods:
An implementation feasibility pilot of a community-integrated social prescribing model was conducted across NTWC Family Medicine Clinics and Patient Resource Centres (PRCs). Family doctors and nurses performed structured biopsychosocial assessments and initiated referrals through a standardised pathway. Nurses led care coordination and case management, while PRC link workers connected patients with community resources such as caregiver support and social engagement mappings. Implementation strategies included workflow integration into routine clinic services, staff training, standardised referral protocols, shared documentation and multidisciplinary case review. Feasibility was evaluated by indicators such as referral number, contact success rate and intervention completion.

Results:
Between May and December 2025, 289 referrals were initiated and contact success rate 95%. 267 (92%) had received social interventions. Among these, 54% had completed and case closed, while 46% remained under active follow-up. Main needs included caregiving stress, social isolation and functional limitations affecting wellbeing and independence.

Conclusions:
This pilot was delivered within existing primary care workflows, demonstrating feasibility for wider implementation across primary care services. Social prescribing can be integrated into family doctor services through nurse-led coordination and community partnerships, addressing social determinants of health and strengthening sustainable, community-oriented primary healthcare delivery.

Keywords: Social prescribing, Primary care, Healthy ageing

Free Paper Competition – Poster Presentation

Poster 61

Category 2: Healthcare System Improvements

Chinese Newcomers' Perceptions of Preventive Health Care in Ontario, Canada: A Mixed-Methods Approach (The CHaMPION Study)

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Introduction:
A large number of newcomers to Canada identify as Chinese. Chinese newcomers to Canada, defined as having arrived within the last 5 years, may face barriers to accessing preventative health services. The aim of this study is to explore Chinese newcomers' perceptions and knowledge about preventative health care in Ontario, Canada.

Methods:
The CHaMPION study is a mixed-methods study including a cross-sectional survey with planned semi-structured interviews. This preliminary analysis included completed responses from Simplified and Traditional Chinese REDCap surveys.

Results:
Twelve completed surveys were analyzed as part of a preliminary analysis. Mean age was 44.0 years and two-thirds of respondents were female. All respondents reported having a primary care provider. Healthcare professionals were the most common source of health information (100%), followed by the internet (66.7%) and family or friends (58.3%). Participants demonstrated variability in preventative health understanding. While most associated prevention with screening tests (83.3%) and routine physician visits (75.0%), half of respondents (50%) reported expecting diagnostic testing even when asymptomatic, suggesting expectations of more frequent testing than guideline-based screening. Screening awareness varied, with higher recognition of cervical cancer and lipid screening and lower awareness of bone density, abdominal aortic aneurysm, and colorectal cancer screening. Lack of awareness of screening programs was the most frequently selected explanation for lower screening uptake among newcomers, followed by fear of testing and diffi culty navigating the healthcare system. The majority reported acceptance of recommended vaccinations for infants, adolescents, and older adults except in pregnancy where participants requested receiving additional information before making a decision.

Conclusions:
Chinese newcomers demonstrated access to primary care but variable preventative health literacy and expectations of testing. Respondents generally supported preventive care but often associated prevention with broader diagnostic testing beyond guideline-based screening. These findings highlight the need for culturally and linguistically tailored education to improve preventative health understanding.

Keywords: Preventative healthcare, Overseas Chinese residents, Cancer screening

Free Paper Competition –
Poster Presentation

Poster 62

Category 2: Healthcare System Improvements

Improving Care Coordination in Community Palliative Care: A Primary Care Quality Improvement Initiative

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Introduction:
In the UK, Primary care plays a central role in coordinating end-of-life care across community and specialist services. Breakdowns in communication or role clarity between teams may delay essential interventions such as anticipatory medication prescribing. This quality improvement initiative was prompted by a clinical case highlighting delays in anticipatory medication prescribing for a patient receiving community palliative care.

Methods:
A structured reflective case review was undertaken following a patient complaint regarding delayed access to anticipatory medications. Clinical records, consultation notes, hospital correspondence and home-visit documentation were reviewed. The clinical trajectory was reconstructed using electronic health record data and discussed with a supervising GP partner and subsequently at a multidisciplinary practice meeting. Contributing factors relating to communication pathways, prescribing responsibility and coordination between general practice, community palliative care teams and district nursing services were explored using a systems perspective.

Results:
The review identified ambiguity regarding responsibility for initiating anticipatory medication prescriptions when recommendations were made by community palliative care teams. Prescribing responsibility had been assumed to lie with the community team, resulting in delay before escalation within the practice. Following review by a GP partner, anticipatory medications were prescribed within 24 hours. The patient subsequently died peacefully at home accompanied by friends. The case prompted clarification within the practice that community palliative and district nursing teams are often responsible for initiating anticipatory medications, with the GP practice providing support during working hours if delays arise. Hospice participation in monthly multidisciplinary meetings was also re-established to strengthen communication and care coordination.

Conclusions:
This case illustrates how reflective review of clinical events can highlight vulnerabilities in cross-service coordination in community palliative care. Quality improvement discussions within primary care teams may help clarify roles, strengthen communication pathways and support a culture of open learning when system gaps are identified.

Keywords: Palliative care, Quality improvement, Care coordination

Free Paper Competition –
Poster Presentation

Poster 63

Category 2: Healthcare System Improvements

HABI: Weaving Governance, Compassion, and Community for Urban Health Equity

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Introduction:
In urban poor communities like Baseco, Manila, the government primary care system (Manila Health Department) provides a critical foundation but struggles with structural rigidity, supply constraints, and severe workforce shortages (far exceeding the WHO's 1:1,000 physician-to-population standard). To address these inequities, we evaluated the "HABI" (Weaving) framework to operationalize Universal Health Care (UHC) by integrating public governance (MHD - the "Warp"), NGO resources (Caritas Manila - the "Weft"), and grassroots community agency (KABALIKAT - the "Hand").

Methods:
From 2024 to 2025, 22 Family and Community Medicine residents rotated across District V health centers, Klinika Caritas, and KABALIKAT. Interventions included augmenting primary care delivery, facilitating PhilHealth Yakap (Konsulta) First Patient Encounters (FPE) via caravans, conducting targeted home visits for immobile patients, and implementing community health literacy programs covering nutrition and gender-based safe spaces.

Results:
Residents augmented the overstretched public workforce by consulting 3,622 patients, primarily for communicable, non-communicable, and maternal conditions. Klinika Caritas provided vital financial risk protection by subsidizing out-of-stock medicines, though its census halved (81 to 42 patients/month) following a new hospital's opening, prompting community-guided strategic repositioning. Crucially, KABALIKAT bridged the UHC policy-to-practice gap by translating health rights into action, ensuring marginalized residents—and working poor constrained by rigid 8-to-5 clinic hours—were registered, educated, and protected.

Conclusions:
Achieving urban health equity demands more than facilities or laws. A resilient UHC system requires the precise interweaving of public mandate, NGO flexibility, and community empowerment to create a safety net strong enough to carry the people.

Keywords: Urban health equity, Universal health care, Integrated health systems

Free Paper Competition –
Poster Presentation

Poster 64

Category 2: Healthcare System Improvements

Clinico-demographic Profile of Emergency Department Patients with Unmet Palliative Care Needs in a Private Tertiary Hospital in Manila: A Retrospective Study

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Introduction:
Palliative care is a recognized human right, yet access in the Philippines remains limited. The emergency department (ED) frequently serves as a primary entry point for patients with advanced illness, making it a critical setting for timely identification of unmet palliative care needs.

Methods:
A retrospective chart review was conducted among all adult non-pregnant patients seen at the ED of AMOSUP - Seamen's Hospital, Manila from January 1 to June 30, 2025. Eligible consultations were screened using the P-CaRES tool to identify patients with life-limiting illness and two or more unmet palliative care needs. Descriptive statistics were used.

Results:
Out of 1,677 eligible ED consultations, 237 (14%) met the criteria for unmet palliative care needs. The most frequently identified life-limiting condition was advanced cancer (47.1%), while uncontrolled symptoms (94.9%) were the most commonly identified unmet palliative care need. After excluding duplicate visits, 123 unique patients were identified. Most patients were older than 60 years (52.0%) and female (57.7%). Advanced malignancy (37.4%) was the most common diagnosis, followed by end-stage renal disease (19.5%) and advanced cardiovascular disease (14.6%). More than half (56.9%) had three or more comorbidities, and nearly half (48.0%) had two or more ED visits during the study period. The majority required hospital admission (76.4%).

Conclusions:
Approximately one in seven ED consultations involved patients with unmet palliative care needs, indicating a substantial burden of serious illness. Many of these encounters may be preventable through earlier identification and management in outpatient settings. Strengthening outpatient and community-based palliative care may reduce avoidable emergency visits, hospital admissions, and overall healthcare burden.

Keywords: Palliative care, Emergency department, Philippines

Free Paper Competition –
Poster Presentation

Poster 65

Category 2: Healthcare System Improvements

Beyond Screening: A Community-Based Approach to Sarcopenia Prevention, Rehabilitation and Its Real-World Challenges

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Introduction:
Sarcopenia is a major contributor to frailty, falls, and loss of independence among older adults. While early detection using simple screening tools is recommended, translating screening into sustained intervention remains challenging. Community platforms such as Senior Citizens Activity Centres (PAWE) provide opportunities to deliver multidisciplinary, holistic healthy ageing programmes addressing physical, cognitive, and psychosocial domains alongside targeted sarcopenia screening.

Methods:
A community-based programme was conducted at PAWE Ampang involving 23 community-dwelling older adults aged ≥60 years. Active sarcopenia screening was performed using handgrip strength and SARC-F. The programme adopted a multidisciplinary approach, including a Family Medicine Specialist-led health talk on healthy ageing and sarcopenia awareness, physiotherapist-led chair-based aerobic and strengthening exercises, occupational therapy cognitive training (memory and visuospatial activities), and social engagement sessions. Participants identified with probable sarcopenia (handgrip <18 kg) were referred to primary care for structured intervention using the OPSarcoPE 12-week programme.

Results:
Five participants (21.7%) were identified with probable sarcopenia. However, none attended follow-up intervention (0% uptake). Identified barriers included uncontactable participants (n=2), transportation limitations (n=2), and concerns about burdening family members (n=1). Despite high engagement during the programme, there was complete failure in transition from community screening to clinic-based rehabilitation.

Conclusions:
Community-based multidisciplinary programmes addressing holistic healthy ageing are feasible and well-received. However, reliance on clinic-based follow-up limits effectiveness due to accessibility and social barriers. A hybrid model incorporating community-delivered, home-based, and telehealth-supported rehabilitation may improve participation, adherence, and patient retention. Shifting rehabilitation closer to where older adults live is essential to prevent frailty and maintain independence.

Keywords: Sarcopenia, Primary care, Community rehabilitation

Free Paper Competition –
Poster Presentation

Poster 66

Category 2: Healthcare System Improvements

Decentralizing Neonatal Care: Expanding Daycare Phototherapy in Resource-Limited Primary Health Clinics in Sabah, Malaysia

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Introduction:
In Sabah, Neonatal Jaundice (NNJ) is a critical health priority, affecting an extraordinary 95.5% of newborns in 2023. While phototherapy remains the gold-standard treatment, Sabah's vast geography and rugged terrain often render the 22 existing hospital-based units inaccessible to rural families. To bridge this gap, the Sabah State Health Department pioneered a revolutionary decentralization program. By providing structured daycare phototherapy within primary health clinics (Klinik Kesihatan), Sabah has become the first state in Malaysia to bring this essential neonatal service directly to the community.

Methods:
The program was launched in 2017 at Nabawan Primary Health Clinic and provided four-to-eight-hour daycare phototherapy sessions for low-risk NNJ cases. Admission criteria included term infants (≥37 weeks), birth weight ≥2.5kg, and age ≥48 hours with specific Total Serum Bilirubin (TSB) thresholds. Clinics were equipped with essential monitoring tools, including TSB and Transcutaneous Bilirubinometers (TcB). Additionally, a standardized manual was developed in 2025 to ensure clinical safety and uniform protocol execution across primary care settings.

Results:
By 2024, the service expanded to 11 primary health clinics across nine districts using 20 phototherapy machines. The number of cases managed at the primary level grew significantly; formal state data from January 2019 to December 2025 showed that a total of 3,072 newborns received daycare phototherapy services, of which 96.5% were successfully discharged. This expansion successfully reduced the burden on tertiary centers, where the annual NNJ treatment load ranges from 6,000 to 7,500 cases.

Conclusions:
Decentralizing phototherapy to primary care clinics is a feasible and innovative strategy for resource-limited regions. This model improves healthcare accessibility, reduces travel burdens for rural families, and optimizes hospital bed utilization. Standardized clinical guidelines remain essential to maintain safety and high-quality care in community-based neonatal management.

Keywords: Total Serum Bilirubin (TSB), Neonatal Jaundice (NNJ), Transcutaneous Bilirubinometers (TcB)

Free Paper Competition –
Poster Presentation

Poster 67

Category 2: Healthcare System Improvements

From Fragmentation to Integration: A Shared Consultation Model for Seamless Geriatric Care in Malaysian Primary Care

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Introduction:
In Malaysia, 4.1 million individuals are aged ≥60 years in 2025. Penang has the fourth highest proportion of older adults (13.2%), with 12.2% in Seberang Perai Utara (SPU). In the absence of local geriatric specialist services, patients are referred to Seberang Jaya Hospital (HSJ) in a neighbouring district, contributing to high default rates, delayed diagnoses and increased caregiver burden.

Methods:
The Seamless Geriatric Care Clinic (SGC), established in May 2025, integrates geriatricians from HSJ with family medicine doctors at Kepala Batas Health Clinic to deliver joint comprehensive assessments during monthly visits. A multidisciplinary team including allied health professionals (AHP), dentist, and pharmacist provides coordinated same-day assessments, supported by pre-clinic interdisciplinary discussions for shared decision-making and care planning. Initial service delivery was limited by space constraints, requiring patients to attend multiple units dispersed within the facility, resulting in missed assessments and suboptimal care integration. This was addressed by co-locating all team members within a shared consultation space.

Results:
Forty patients were reviewed between May 2025 and April 2026. Cognitive impairment was the most common referral (75%), followed by Parkinson's disease (15%) and mood disorders (5%), with falls and insomnia each at 2.5%. Prior to redesign, 41.67% of patients were not reviewed by any AHP, with low dental (5%) and pharmacy (17.5%) review rates. Following co-location, 100% of patients were reviewed by at least one AHP, with all patients also receiving dental and pharmacy assessments during SGC sessions.

Conclusions:
The SGC demonstrates effective integration of primary and tertiary care through a community-based model. Co-locating multidisciplinary teams within a shared consultation space enables real-time collaboration, improves care coordination and ensures comprehensive same-day assessments. This model offers a scalable approach to strengthening geriatric services in primary care. However, referral numbers remain low, highlighting the need to enhance awareness and utilisation of SGC services within the SPU community.

Keywords: Primary–tertiary care integration, Seamless geriatric care, Multidisciplinary care model

Free Paper Competition –
Poster Presentation

Poster 68

Category 2: Healthcare System Improvements

Determinants of Poor Resilience among Frontline Primary Healthcare Workers in an Urban Malaysian Setting

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Introduction:
Frontline primary healthcare workers (HCWs) operate in high-demand, resource-constrained environments, predisposing them to psychological strain and reduced adaptive capacity. Resilience is a critical determinant of workforce sustainability and quality of care. This study aimed to estimate the prevalence of low resilience and delineate its associated factors among HCWs in urban public primary care settings.

Methods:
A cross-sectional study was conducted involving 430 HCWs from government primary healthcare facilities in Kuala Lumpur. Standardised instruments were utilised, including the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder-7 (GAD-7), and the Wagnild-Young 25-item Resilience Scale. Simple logistic regression was utilise to select variables for multiple logistic regression analysis. Variables with p-values of < 0.250 from the simple logistic regression analysis, as well as clinically significant variables were included in the multiple logistic regression analysis.

Results:
A total of 415 HCWs were analysed (response rate: 96.5%). The prevalence of low resilience was 31.6% (95% CI: 27.2–36.3). Female HCWs demonstrated significantly higher odds of low resilience (adjusted OR 1.87; 95% CI 1.05–3.32; p=0.033), as did those reported <10 years of service (adjusted OR 1.94; 95% CI 1.20–3.16; p=0.007). Depressive symptoms were the strongest factor (adjusted OR 2.53; 95% CI 1.46–4.41; p=0.001), conferring over a twofold increased in odds of poor resilience. Anxiety was not independently associated with low resilience after adjustment (p>0.05).

Conclusions:
Low resilience affects nearly one third frontline HCWs, underscoring a critical occupational health challenge. Depression, early-career status, and female gender are factors identified in the local context. These findings advocate for integrated, targeted resilience-enhancing and mental health interventions to safeguard workforce wellbeing and optimise primary healthcare delivery.

Keywords: Primary healthcare workers, Resilience, Determinants

Free Paper Competition –
Poster Presentation

Poster 69

Category 2: Healthcare System Improvements

Bridging Policy and Practice: Implementation of the Stroke Rehabilitation Continuum Program (PKRS) in a Malaysian Primary Care Setting

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Introduction:
Stroke remains a leading cause of global disability. While Malaysia's PKRS was originally hospital-designed, this study details its novel adaptation into primary care at Bandar Alor Setar Government Health Clinic to enhance community-based accessibility. This study aim to evaluate the execution of the PKRS in a primary care setting, focusing on increasing access to post-stroke rehabilitation and improving clinical outcomes through standardized protocols.

Methods:
This study utilized a retrospective review of clinical outcomes following the phased implementation of the PKRS at the Bandar Alor Setar Government Health Clinic. The facility adapted hospital-centric modules to bridge the gap between Tier 1 (inpatient) and Tier 2 (outpatient) care. A multidisciplinary team provided structured, sequential care to post-stroke patients. Quantitative functional outcomes were monitored using the National Institutes of Health Stroke Scale (NIHSS) and Modified Rankin Scale (mRS), which were integrated directly into existing primary care clinical workflows to ensure standardized data collection and longitudinal tracking.

Results:
The clinic transitioned 31.3% of eligible Tier 1 patients into community-based Tier 2 care within six months, significantly reducing post-acute default rates. Clinical effectiveness was evidenced by objective functional regain in patient mobility and independence. Notably, a 0% recurrent stroke rate was achieved during the 12-month follow-up, highlighting the efficacy of the program's secondary prevention strategies.

Conclusions:
Successful implementation requires phased adaptations to align multidisciplinary schedules amidst primary care service congestion. Future phases will integrate formal Interdisciplinary Rounds (IDR) to optimize service delivery. This model demonstrates that primary healthcare facilities are vital in translating national policies into healthcare equity by serving as a bridge for the rehabilitation continuum.

Keywords: Stroke rehabilitation, Primary care, Modified Rankin Scale (mRS)

Free Paper Competition –
Poster Presentation

Poster 70

Category 2: Healthcare System Improvements

From 70% to 99%: Revolutionizing Diabetic Retinopathy Screening Through Digital and System Redesign in Primary Care

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Introduction:
The global burden of Diabetes Mellitus (DM) continues to rise, with over 800 million adults affected worldwide. Consequently, the prevalence of diabetic retinopathy (DR) is expected to increase. Despite the availability of effective screening methods, suboptimal screening uptake remains a key barrier to early detection and timely intervention. This study aimed to evaluate the impact of a multi-component quality improvement initiative on DR screening uptake and detection in a primary care setting.

Methods:
A quality improvement program for DR screening was conducted over three years (2023-2025) at Pendang Health Clinic, Kedah, Malaysia. A series of system-level interventions were implemented, including healthcare workforce capacity building, integration of fundus image display via a local area network system, development of a standardized care model aligned with national clinical practice guidelines, procurement of a fully automated non-mydriatic fundus camera, and implementation of artificial intelligence-assisted fundus image reporting. Data on DR screening coverage and prevalence were obtained retrospectively from the annual national diabetes audit conducted among randomly sampled patients with DM attending the clinic.

Results:
The proportion of patients undergoing DR screening increased substantially from 70.7% in 2023 (n = 420) to 99.1% in 2025 (n = 426). Concurrently, the prevalence of DR (all stages) rose from 10.7% to 23.5%, likely reflecting improved detection following expanded screening coverage. Identified cases were managed with appropriate interventions, including optimization of glycaemic and blood pressure control, initiation of fenofibrate therapy, and referral to tertiary care for advanced management where indicated.

Conclusions:
This quality improvement initiative achieved near-universal DR screening in a primary care setting through integrated system redesign and digital innovation. The findings highlight the potential for scalable, technology-enabled approaches to enhance early detection and management of DR, particularly in resource-constrained settings.

Keywords: Diabetic retinopathy, Primary health care, Quality improvement

Free Paper Competition –
Poster Presentation

Poster 71

Category 2: Healthcare System Improvements

Clinical Audit of Community-Based Pediatric Palliative Home Care Services in Yayasan Orang Kurang Upaya Malaysia

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Introduction:
Pediatric palliative care within Malaysian primary care plays a vital role in supporting children with life-limiting conditions and their families at home. As the first point of contact, primary care ensures continuity of care, early identification of needs, holistic family-centred management, and coordination with multidisciplinary and tertiary services. Ensuring quality requires adherence to clinical standards, effective documentation, and strong collaboration. However, local data on service quality in primary care settings remain limited.

Methods:
A retrospective clinical audit was conducted on pediatric palliative home visits delivered through a Yayasan Orang Kurang Upaya (YOKUK) between January and March 2026. Records were reviewed using a structured audit tool adapted from Ministry of Health Malaysia guidelines. Domains assessed included documentation, safety and environmental assessment, nursing and allied health interventions, caregiver communication, and interdisciplinary coordination. Compliance rates were benchmarked against predefined standards with a target of ???90%.

Results:
A total of 30 home visits were audited. Overall compliance was 92%, meeting the audit target. Documentation of clinical assessments achieved 95% compliance, while nursing interventions reached 94%. Physiotherapy input demonstrated 93% compliance, indicating effective multidisciplinary involvement. Caregiver communication and education were documented in 96% of visits. Areas for improvement were identified in environmental and safety assessments (85%) and structured interdisciplinary communication (88%).

Conclusions:
Community-based pediatric palliative care in within Malaysian primary care demonstrates high adherence to clinical standards and strong multidisciplinary delivery. Given its central role in accessible, continuous, and family-centred care, strengthening primary care capacity is essential. Targeted improvements in safety documentation and interdisciplinary communication, alongside ongoing quality improvement, will further enhance care outcomes.

Keywords: Palliative care, Child, Home care services

Free Paper Competition –
Poster Presentation

Poster 72

Category 2: Healthcare System Improvements

From Paper to Pixel: Transforming Autism Screening in Malaysia Primary Care through Digital M-CHAT

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Introduction:
Early identification of Autism Spectrum Disorder (ASD) in primary health care remains suboptimal due to reliance on manual screening, limited caregiver awareness, and workflow constraints. The COVID-19 pandemic since 2020 further reduced screening uptake in Malaysia, highlighting the need for innovative, accessible solutions.

Methods:
A web-based Digital Modified-Checklist Autism Toddlers (M-CHAT) system was developed and implemented at a primary care clinic in Kuala Lumpur and Putrajaya. It enables caregivers of children aged 18, 24, and 36 months to complete screening remotely. The system incorporates automated scoring and structured referral pathways, where children with positive results undergo verification by medical officers and are referred for specialist assessment and multidisciplinary management.

Results:
The digital innovation reduced screening time from approximately 100 minutes (manual) to 10 minutes per child. User feedback (n=100) demonstrated high satisfaction and usability. Screening uptake increased by more than 50% compared to pre-implementation levels. The system also reduced clinic congestion, improved data management, and achieved cost savings through reduced printing and administrative burden.

Conclusions:
Digital M-CHAT is a feasible and scalable innovation that enhances early ASD detection in primary care. It improves efficiency, accessibility, and care coordination, supporting timely intervention and better developmental outcomes. This model aligns with national digital health transformation strategies and has potential for wider implementation.

Keywords: Primary health care, Autism spectrum disorder, Early screening

Free Paper Competition –
Poster Presentation

Poster 73

Category 3: Medical Education

Factors Influencing the Hong Kong Reference Framework (rf) for Common Musculoskeletal Problems in Primary Care: A Qualitative Study Using the Consolidated Framework for Implementation Research

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Introduction:
No study has systematically evaluated the level of adoption and relevant implementation determinants of the Hong Kong Reference Framework (RF) for Common Musculoskeletal Problems in Primary Care. Systematic examination of its adoption will inform dissemination strategies and potential revision for utilization by Primary Care Physicians (PCPs). This study aimed to explore primary care physicians' perceptions of and factors influencing the adoption of RF for Common Musculoskeletal Problems in Primary Care in Hong Kong.

Methods:
A qualitative study was conducted among 48 primary care physicians using semi structured interviews. Data were thematically analyzed and mapped to the Consolidated Framework for Implementation Research (CFIR), encompassing innovation, outer setting, inner setting, individual, and process domains.

Results:
Participants were predominantly male (62.5%), aged 41–50 years, with 21–30 years of practice, and mostly Academy fellows. Facilitators of RF adoption for common musculoskeletal problems included trust in the framework's government-backed source, its evidence-based development, standardized and systematic structure, alignment with local Hong Kong practice contexts, compatibility with existing workflows, peer influence, leadership support, and physicians' self-confidence in clinical capability. Regular training, professional communication channels, and patient engagement further promoted uptake. Key barriers spanned multiple domains. In the innovation domain, physicians noted oversimplified content, limited flexibility, and insufficient incorporation of diverse frontline perspectives. Outer setting barriers included patients' financial constraints, low perceived urgency of musculoskeletal conditions, and the absence of policy mandates or reimbursement mechanisms. Within the inner setting, insufficient resources.

Conclusions:
Adoption of the RF for Common Musculoskeletal Problems in primary care is shaped by a complex interplay of innovation-related features, organizational context, individual attitudes, and implementation processes. Strengthening policy endorsement, enhancing clinical relevance and adaptability, improving training and dissemination strategies, aligning incentives, and establishing feedback mechanisms may support more effective and sustained RF implementation in primary care settings.

Keywords: Common musculoskeletal problems, Reference framework, Implementation determinants

Free Paper Competition –
Poster Presentation

Poster 74

Category 3: Medical Education

Integrating Generative AI Literacy into Family Medicine Training: Early Lessons from a Trainee-Led Educational Initiative

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Introduction:
Generative artificial intelligence (AI) tools such as large language models are rapidly entering clinical and educational environments. Structured opportunities for family medicine residents to explore these tools critically remain limited. This educational initiative aimed to introduce generative AI concepts and prompt-engineering skills within postgraduate family medicine training.

Methods:
Two interactive teaching sessions were delivered within a UK GP Vocational Training Scheme (VTS) programme in 2024 and in 2025. The sessions were attended by 63 GP trainees and 3 training programme directors and clinicians from primary care, hospital and hospice settings. The first session introduced prompt engineering and incorporated live demonstrations and small-group exercises using generative AI tools. The second session, delivered a year later, provided an update on emerging applications of generative AI in GP training, including simulated exam preparation, professional communication and reflective learning tasks. Both sessions incorporated discussion of ethical considerations such as hallucination, bias and data governance.

Results:
Participant feedback demonstrated strong engagement. In the initial session, which included live demonstrations and small-group experimentation, 75% of attendees rated the session as excellent, with the remainder rating it very good or good. In the follow-up session, 60% rated the session excellent and 35% very good. Participants valued the practical examples and interactive discussion. Suggested improvements included incorporating additional live demonstrations and further exploration of governance and regulatory considerations.

Conclusions:
Introducing generative AI literacy within postgraduate family medicine training is feasible and well received. These experiences highlight the potential role of trainee-led innovation in helping postgraduate programmes respond to rapidly evolving digital technologies. Clinicians may increasingly require opportunities to develop critical AI literacy in order to engage responsibly with emerging tools in healthcare.

Keywords: Generative AI, Medical education, Family medicine training

Free Paper Competition – Poster Presentation

Poster 75

Category 3: Medical Education

Information Needs and Information-Seeking Behavior Among Resident Physicians in a Tertiary Hospital in Iloilo City

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Introduction:
The aim of this study was to determine the information needs and information-seeking behavior among resident physicians in a tertiary hospital in Iloilo City.

Methods:
This study used a survey method with descriptive and analytical design. All fifty-seven resident physicians of the different residency training programs of Iloilo Mission Hospital answered a twenty-minute self-administered questionnaire on May 2019. Descriptive statistics and correlational analysis were applied to identify the information needs and information-seeking behavior of the respondents. Pearson Chi Square and Gamma tests at alpha level 0.05 were used to assess the association between a factor and an outcome variable.

Results:
Majority (80.7%) of resident physicians needed access to health information resource to update knowledge to support daily medical queries. Respondents encounter an average of 4.7 questions per patient per meeting and were able to pursue and successfully answer around 60.9% of clinical questions encountered. Their preferred health information resources are fellow residents, online journals, Medscape, consultants, and Google. The top three barriers to information seeking are lack of time, forgetting the question, and difficulty in finding answers in selected health resource. All respondents exhibit a positive attitude towards pursuing evidence-based answers. There is no relationship between age, gender, specialty, and attitude towards pursuing answers.

Conclusions:
The resident physicians of Iloilo Mission Hospital pursue answers to about 6 of every 10 questions encountered. The respondents believe that using health information resources can improve patient care and update one's medical knowledge.

Keywords: Information need, Information seeking behavior, Information source

Free Paper Competition –
Poster Presentation

Poster 76

Category 3: Medical Education

Self-assessed Active Listening Skills and Attitude Among Resident Physicians in a Tertiary Hospital in Iloilo City

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Introduction:
The aim of this study was to determine the self-assessed active listening skills and attitude among resident physicians in a tertiary hospital in Iloilo city.

Methods:
This is a cross sectional study using a survey method with descriptive and analytical design. All sixty-two resident physicians of the different residency training programs of Iloilo Mission Hospital answered a self-administered questionnaire on January 2020. All respondents agreed and signed the informed consent form prior to answering the questionnaire. Data entry and data analysis were done using Microsoft Excel and SPSS. Descriptive statistics and correlational analysis were applied to identify the active listening skills and attitude of the respondents. ANOVA, T-test, and Pearson Chi Square at alpha level 0.05 were used to assess the association between the variables.

Results:
Majority (87%) of resident physicians had medium level of active listening skills and attitude based on their Active Listening Attitude Scale (ALAS) score. The remaining 13% had high ALAS score. Seventy-one percent of the resident physicians felt they have not received sufficient listening skills during medical school. No socio-economic profile variable showed any significant difference in ALAS score. Hence, no single socio-economic profile variable determined in this study is associated with a better or worse ALAS score.

Conclusions:
The resident physicians of Iloilo Mission Hospital have a medium to high level of active listening skills and attitude. The respondents believe that having good active listening skills will help them deal with their patients and honing such skills should be encouraged during residency training.

Keywords: Active listening skills, Communication skills, Listening attitude

Free Paper Competition –
Poster Presentation

Poster 77

Category 3: Medical Education

Pruritus in Palliative ESRF Patients: Uraemic Pruritus or Something Else? A Case Series Relevant to Primary Care

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Introduction:
Pruritus is a common and distressing symptom in end-stage renal failure (ESRF), often attributed to uraemia. However, alternative dermatological diagnoses may be overlooked, particularly in patients with multiple comorbidities. This case series highlights the importance of reassessment and diagnostic vigilance in primary care.

Methods:
Case Series
Case 1: Typical uraemic pruritus: An 80-year-old woman with conservatively managed ESRF developed generalised pruritus with xerosis. Symptoms were refractory to emollients and antihistamines but improved with gabapentin. Dose adjustment balanced efficacy and tolerability, and she remained comfortable until death.
Case 2: Not straightforward uraemic pruritus: A 62-year-old woman with ESRF (declined dialysis) presented with severe itch despite gabapentin. Examination revealed multiple symmetrical hyperpigmented nodules over the trunk and limbs, consistent with nodular prurigo. Topical corticosteroids and sedating antihistamines were initiated, but symptoms persisted until death.
Case 3: Missed diagnosis (scabies infestation): A 64-year-old woman with ESRF treated for presumed uraemic pruritus had worsening symptoms. Home assessment revealed similar symptoms among household contacts. Examination findings were consistent with scabies. The patient passed away shortly after, but follow-up ensured appropriate management of close contacts at primary care.

Results:
This report discusses pruritus in ESRF in relation to the cases presented.

Conclusions:
These cases challenge the assumption that itch in ESRF is uniformly uraemic pruritus. The cases illustrates the importance of reconsidering alternative dermatological diagnoses in ESRF patients presenting with pruritus, particularly when symptoms are refractory to standard uraemic treatments. They highlight the role of primary care in reframing diagnostic thinking through continuity, context, clinical reassessment and holistic management in primary care settings, particularly in end-of-life care.

Keywords: Uraemic Pruritus, Itch in ESRF, Pruritus in advanced CKD

Free Paper Competition –
Poster Presentation

Poster 78

Category 4: Primary Care Epidemiology

Prevalence and Predictors of Self-Compassion in Children: A Cross-Sectional Study

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Introduction:
Children need resilience to navigate the challenges they encounter in their lives. Self-compassion has emerged as a promising inner strength that can enhance resilience and support psychological well-being. However, the prevalence of self-compassion in children remain poorly understood. This study aimed to estimate the prevalence of self-compassion and identify child and parent predictors of self-compassion in school-aged children.

Methods:
A cross-sectional design was employed. Parent-child dyads were recruited from primary schools/ community centres. Children and parents' variables were measured using validated questionnaires. Children completed the questionnaires with the researchers' assistance. Data were analysed using Pearson correlation and multiple linear regression.

Results:
106 parent-child dyads (child: mean age = 8.34 years, 44.3% female; parents: 54.7% aged 41-50 years, 87.7% female) were enrolled in the study. Suboptimal self-compassion was common among children (81.9%). Children's self-compassion was negatively correlated with children's age ($r = -0.18$, $p = .063$) and positively associated with parents' self-compassion ($r = 0.13$, $p = .194$). Parent gender appeared to be a significant predictor of children's self-compassion, with children of female parents showing higher self-compassion ($\beta = -0.25$, $p = .013$). Higher child self-compassion was significantly associated with higher psychological well-being ($r = 0.49$, $p < .001$).

Conclusions:
Our findings show a substantial proportion of children experience suboptimal self-compassion, underscoring the need for further target interventions in this area. The observed association between parent and child self-compassion indicates that interventions actively involving both parents and children may optimise the interventions' impacts on the children's wellness.

Keywords: Self compassion, Children, Prevalence

Free Paper Competition – Poster Presentation

Poster 79

Category 4: Primary Care Epidemiology

Kidney Outcomes of Dapagliflozin-10mg Versus Empagliflozin-10mg Versus Empagliflozin-25mg: Propensity-matched Cohort Study

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Introduction:
Sodium-glucose cotransporter 2 inhibitor (SGLT2i) can improve kidney outcomes beyond glycemic control, yet head-to-head comparison across common SGLT2i drugs and regimens is mixed and insufficient. This study aims to compare kidney outcomes among patients with type 2 diabetes (T2D) initiating Dapagliflozin-10mg (DAPA-10), Empagliflozin-10mg (EMPA-10), or Empagliflozin-25mg (EMPA-25) daily.

Methods:
We performed a territory-wide retrospective cohort study of T2D patients in Hong Kong (2000-2019) initiating DAPA-10, EMPA-10, or EMPA-25, matched 1:1:1 by propensity score. Annual post-index eGFR slopes were estimated using linear mixed-effects models adjusted for pre-index eGFR changes. The primary outcome was a composite of sustained ≥40% eGFR decline, ESKD, or cardiovascular-renal related death. The secondary outcome was hospitalization due to acute kidney injury (AKI). Risks were compared using Cox regression with 'intention-to-treat' approach. 'As treated' (similar to per-protocol analysis) and Censoring at switching or discontinuation approach were adopted as sensitivity analyses.

Results:
Among 20,259 patients (6,753 per group), mean age was 59.5±10.8 years with 57.6% male and median follow-up of 18 months. EMPA-10 and DAPA-10 had comparable mean [95%CI] eGFR slopes (-1.89 [-2.09 to -1.68] versus -1.77 [-1.89 to -1.65] mL/min/1.73m^2/year, fixed-effect p=0.312), whereas EMPA-25 exhibited the slowest eGFR decline (-1.35 [-1.51 to -1.19] mL/min/1.73m^2/year, fixed-effect p<0.001). Compared to EMPA-10, DAPA-10 had similar hazard ratios (HR, 95% CI) for the kidney composite endpoint (0.98, 0.84-1.15) and AKI (0.89, 0.60-1.32), while EMPA-25 reduced the risks for the respective events (0.62, 0.52–0.73 and 0.43, 0.27–0.69). These findings were consistent in sensitivity analyses. The greater effect sizes of EMPA-25 were consistent regardless of heart failure status, KDIGO risk categories, renin-angiotensin system inhibitor use, or baseline HbA1c.

Conclusions:
EMPA-25 confers greater renoprotection than EMPA-10 and DAPA-10. Further mediation analysis is needed to explain these differences accompanied by economic analysis.

Keywords: Empagliflozin, Dapagliflozin, SGLT2i inhibitor

Free Paper Competition –
Poster Presentation

Poster 80

Category 4: Primary Care Epidemiology

Differential Prevalence and Determinants of Mental Health Problems Among Young and Older Gay, Bisexual, and Other Men Who Have Sex with Men (GBMSM) in Hong Kong

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Introduction:
Gay, bisexual, and other men who have sex with men (GBMSM) are more prone to mental health problems. Young GBMSM, which is defined as those aged ≤24 years, were more vulnerable than their older counterparts. This study aimed at investigating the prevalence and determinants of depression and anxiety among young and older GBMSM in Hong Kong.

Methods:
A cross-sectional study was conducted between April 2020 and July 2021 in Hong Kong, China. A total of 528 Chinese speaking GBMSM aged 18 years or above recruited through multiple sources completed a telephone survey, including 166 young GBMSM and 362 older GBMSM. Multivariate linear regression analyses were fitted.

Results:
As compared to older GBMSM, young GBMSM had higher prevalence of probable depression (CES-D-10 score ≥10, 65.7% vs 47.8%, p<.001) but similar prevalence of probable anxiety (GAD-7 score ≥10, 24.7% vs 21.0%, p=.341). After adjusting for covariates, perceived self-stigma was positively associated with depressive and anxiety symptoms for both young and older GBMSM. Furthermore, perceived social support from family members and friends were inversely associated with depressive symptoms in both groups. However, for anxiety symptoms, significant association was only found on perceived social support from family for young GBMSM and perceived social supprot from friends for older GBMSM. Family acceptance on sexual orientation was not correlated to depression or anxiety symptoms.

Conclusions:
Young GBMSM were having higher prevalence of probable depression than older GBMSM. Determinants of probable depression and anxiety were similar in both groups. Similar mental health promotion strategies might be applicable to both groups.

Keywords: Gay, bisexual, and other men who have sex with men (GBMSM), Depression, Anxiety

Free Paper Competition –
Poster Presentation

Poster 81

Category 4: Primary Care Epidemiology

Prevalence of Diabetes and Pre-diabetes Among Hepatitis B Carriers in a Local Primary Care Setting

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Introduction:
Current evidence reveals a bidirectional relationship between chronic hepatitis B (HBV) infection and glucose dysregulation, which synergistically worsens liver prognosis and heightens hepatocellular carcinoma risk. However, data on the metabolic burden among local HBV carriers in primary care are limited. This study examines the prevalence of diabetes mellitus (DM) and pre-diabetes (pre-DM) among HBV carriers in a public Family Medicine Clinic (FMC).

Methods:
A retrospective cross-sectional study was conducted on the HBV carriers attending Lek Yuen FMC between March 2025 and February 2026. Data were retrieved from the Clinical Data Analysis and Reporting System. DM and pre-DM patients were identified based on the International Classification of Primary Care 2 (ICPC-2) codes. Descriptive statistics were used to analyse prevalence and clinical characteristics.

Results:
A total of 1,440 HBV patients (55.3% females; mean age 66 ± 10.4) were included. Among them, 33.4% were diagnosed with DM (n = 481; 49.5% females; mean age 68 ± 9.4), with a mean glycated haemoglobin (HbA1c) level of 7.0 ± 0.9%. Above one-third (36.8%) had suboptimal DM control (HbA1c ≥ 7%). An additional 12.4% were pre-diabetic (n = 179; 55.3% females; mean age 68 ± 8.7), with a mean HbA1c of 5.9 ± 0.4% and a mean fasting glucose level of 5.8 ± 0.5 mmol/L.

Conclusions:
Nearly half of the HBV carriers attending Lek Yuen FMC were diabetic or pre-diabetic, underscoring a substantial metabolic burden. Integrating routine glucose screening and metabolic risk management in HBV care may improve long-term outcomes. Extending analyses to more local FMCs is recommended.

Keywords: Hepatitis B, Diabetes mellitus, Metabolic risk screening

Free Paper Competition –
Poster Presentation

Poster 82

Category 4: Primary Care Epidemiology

A Significant Decrease in All-cancer and Lung Cancer Mortality among Hong Kong Silicotic Workers with Smoking Cessation: A Longitudinal Study from 1981 to 2019

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Introduction:
Silicotic workers exposed to both tobacco and crystalline silica, resulting in synergistically higher lung cancer mortality. This study aimed to quantify the long-term effect of smoking cessation on all-cancer and lung cancer mortality in this high-risk population.

Methods:
We conducted an updated historical cohort study of 3,625 silicotic workers (3,606 males, 19 females) in Hong Kong by extending the follow-up from 1981–2014 to 2019. Socio-demographics, smoking habits at the baseline and changes during follow-up, occupational history, and medical history were collected from medical records. The association between smoking cessation and all-cancer and lung cancer mortality was estimated using subdistribution hazard ratios (SHR) from Fine-Gray competing risk models adjusting for age, tuberculosis history, cumulative silica exposure, place of birth, and radiographic severity.

Results:
During the entire follow-up, a total of 354 cancer deaths occurred, including 179 lung cancer deaths. Compared with persistent smokers, persistent quitters had significantly reduced all-cancer (SHR 0.73, 95% CI 0.57–0.94) and lung cancer mortality (SHR 0.61, 95% CI 0.43–0.86). Never smokers had the lowest lung cancer mortality (SHR 0.19, 95% CI 0.07–0.48 vs. persistent smokers). Quitting over 10 years reduced lung cancer mortality by 69% (SHR 0.31, 95% CI 0.13–0.71) compared with continuing smokers. Smoking reduction offered potential protection for lung cancer mortality but not significantly (SHR 0.85, 95% CI 0.56–1.29 vs. persistent smokers).

Conclusions:
Smoking cessation substantially reduces all-cancer and lung cancer mortality in silicotic workers, confirming and extending previous findings. Long-term abstinence confers a marked reduction in lung cancer death. This study underscores the urgent need for targeted smoking cessation interventions in silica-exposed occupational populations. (Pneumoconiosis Compensation Fund Board 2005, 2013, 2021) (*shelly@cuhk.edu.hk)

Keywords: Silicosis, Smoking cessation, Lung cancer

Free Paper Competition – Poster Presentation

Poster 83

Category 4: Primary Care Epidemiology

Development and Validation of 10-year Cardiovascular, Renal, and Metabolic Risk Prediction Tools in Chinese Patients with Prediabetes Mellitus

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Introduction:
People with pre-diabetes [Pre-DM] are at increased risk of cardiovascular-kidney-metabolic (CKM) diseases, yet practical tools to stratify long-term CKM risk in Chinese populations are lacking. This study aimed to develop and validate 10-year risk prediction models for cardiovascular diseases (CVD) and other CKM outcomes (hypertension, type 2 diabetes [T2DM], chronic kidney disease [CKD], and all-cause mortality) to facilitate clinical decision-making.

Methods:
In this retrospective, population-based cohort study, 129,834 patients diagnosed with Pre-DM in 2012 (Hong Kong Clinical Management System) were randomly allocated 2:1 to derivation and validation cohorts. Missing data were imputed using multiple chained equations. For each outcome, multivariable Cox proportional hazards models were derived by backward stepwise selection. Base models used demographics, the Charlson Comorbidity Index, and physical measures; extended models added laboratory values, medications, and selected interactions. Performance in the validation cohort was assessed using Harrell's C, Brier score, calibration plots, and decision curve analysis.

Results:
During a median follow-up of 10.4 years, 19.4% of patients developed incident CVD. Key predictors across outcomes included age, sex, smoking status, body mass index, systolic blood pressure, total cholesterol/high-density lipoprotein cholesterol [HDL-C] ratio, HDL-C, CCI, estimated glomerular filtration rate, anti-hypertensive and lipid-lowering drugs. The addition of laboratory variables most improved T2DM prediction. In the validation sample, model discrimination was good to excellent for most outcomes: 0.703 (95% confidence interval: 0.697–0.708) for CVD; 0.701 (0.699–0.709) for T2DM; 0.793 (0.787–0.798) for CKD; 0.817 (0.812–0.822) for mortality, with adequate calibration and positive net benefits.

Conclusions:
Using routinely collected clinical data, we developed and validated practical 10-year prediction models for multiple CKM outcomes in Chinese patients with Pre-DM. These tools enable the identification of high-risk individuals for personalized preventive interventions in primary care.

Keywords: Prediabetes mellitus, Cardiovascular diseases, Risk prediction

Free Paper Competition –
Poster Presentation

Poster 84

Category 4: Primary Care Epidemiology

Epidemiological Trends and Future Prediction of Colorectal Cancer Burden in Hong Kong Population: A Territory-wide Analysis and Modelling Study

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Introduction:
Colorectal cancer (CRC) is one of the most common types of cancer, with an expanding burden in Asia. This study aims to provide a comprehensive analysis over the CRC burden in Hong Kong, with projections to 2050.

Methods:
Sex-specific incidence and mortality data of CRC in Hong Kong between 1990 and 2022 were retrieved from the Hong Kong Cancer Registry. Hong Kong population data and future projection was obtained from regular government population census and Hong Kong Population Projections programme, respectively. Decomposition analysis was conducted to decompose CRC burden by population age structure, population growth, and epidemiologic changes. Joinpoint regression analysis was performed to assess the trend of CRC burden, in terms of average annual percentage change (AAPC). A Bayesian age-period-cohort model was utilized to predict the CRC burden to 2050.

Results:
In 2022, Hong Kong reported 5,190 incident CRC cases, 2,270 deaths, and 37,455 DALYs (95% CI : 37,310 to 37,612). Between 1990 and 2022, a 156.7% increase in the number of CRC incident cases was observed, with population aging accounting for 82.0% increase, population growth responsible for 27.9% increase, and epidemiological changes contributing 9.9% decrease. Trend analysis showed a significant increase in the incidence of early-onset colorectal cancer among individuals aged 45–49 (AAPC: 0.54%, 95% CI: 0.09 to 0.99, p=0.020), whereas declining trends were observed among those aged 80–84 (AAPC: –0.46%, 95% CI: –0.73 to –0.21, p<0.002) and 85 years or older (AAPC: –0.83%, 95% CI: –1.16 to –0.48, p<0.001). The number of incident cases was predicted to increase to 5,943 (5,455 to 6,450) cases, deaths to 3,376 (3,083 to 3,683), DALYs to 50,405 (49,000 to 51,826) in 2050.

Conclusions:
While aging and population growth contributed substantially to the increasing CRC burden in Hong Kong, a considerable share was attributable to early-onset cases. This pattern highlights that demographic changes alone cannot account for the increase, underscoring the need to reconsider the recommended screening age and to implement targeted prevention strategies for early-onset CRC.

Keywords: Colorectal cancer, Hong Kong, Future prediction

Free Paper Competition –
Poster Presentation

Poster 85

Category 4: Primary Care Epidemiology

Burden of Gastrointestinal Cancers Attributable to Dietary Risk Factors in Asian Population: A Population-based Study

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Introduction:
Gastrointestinal (GI) cancer is one of the most common cancers and the leading cause of cancer-related death worldwide, especially in Asia. This study aims to evaluate the disease burden of GI cancers due to different dietary risk factors in Hong Kong and other Asian countries.

Methods:
Data used in this study were generated from the Global Health Data Exchange and local household survey from Hong Kong and 35 other Asian, and the High-income Asia Pacific region. The diet-attributable GI cancer death, disability-adjusted life year (DALYs), years of life lost (YLLs), and years lived with disability (YLDs) were measured for each country.

Results:
In 2021, a total of 12,751.8 years of DALYs loss due to diet-attributable GI cancer as estimated in Hong Kong, with an age-standardized rate (ASR) of 90.9 per 100,000 population. The leading dietary risk factors include diet low in milk, followed by diet low in whole grains, and diet high in red meat. Furthermore, males reported a heavier burden of diseases than the female population, while the burden of GI cancer attributed to dietary exposure was increased with age, with an ASR ranging from 19.8 for the population aged 25-29 to 1120.4 for those aged 85 or above.

Conclusions:
The study highlighted the burden of GI cancers attributable to dietary risks in Hong Kong and Asia. A significant difference regarding region, sex, and age was observed among the Asian population. These findings underscore the urgent need for more targeted intervention strategies.

Keywords: Gastrointestinal cancers, Dietary risk factors, Asian population

Free Paper Competition – Poster Presentation

Poster 86

Category 4: Primary Care Epidemiology

No Genetic Evidence for an Association of Apolipoprotein A-I with Cardiovascular Outcomes at Differing LDL Cholesterol Level: A Drug-target Mendelian Randomization

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Introduction:
Exploratory post-hoc analyses of the AEGIS-II trial suggested that the efficacy of CSL112 (an apolipoprotein A-I [apoA-I] infusion) may be greater in patients with high baseline low-density lipoprotein cholesterol (LDL-C). However, as LDL-C levels were not randomized, attributing LDL-C as an effect modifier could be problematic due to confounding. We conducted a drug target Mendelian randomization analysis to assess whether LDL-C levels modify the effect of apoA-I on cardiovascular outcomes.

Methods:
We performed a drug target Mendelian randomization study in 339,210 UK Biobank participants of European-ancestry. Genetic proxies for apoA-I elevation (using cis-acting variants within APOA1 gene) were used to mimic the effect of CSL112 therapy. The primary outcome was a composite of ischemic heart disease, myocardial infarction, and stroke; secondary outcomes were the individual components. To mitigate collider bias, we stratified by residual LDL-C levels, derived from a model adjusting LDL-C for the genetic instrument, age, sex, genotyping array and top 40 genetic principal components. Sensitivity analyses included alternative genetic instruments and formal tests for effect modification.

Results:
Genetically proxied apoA-I elevation associated with elevated circulating apoA-I and high-density lipoprotein cholesterol levels, but there was no concomitant association with any cardiovascular outcome. Null findings were consistent across strata of residual LDL-C ($\square$ mean vs. < mean). Sensitivity analyses with alternative instrument sets and formal interaction tests uniformly confirmed the absence of any association or effect modification.

Conclusions:
This genetic study found no evidence that elevating apoA-I reduces the risk of major cardiovascular events, either in the overall population or in individuals with high LDL-C. The suggested subgroup effect from the AEGIS-II trial is likely attributable to residual confounding associated with LDL-C in the post-hoc analysis rather than a true biological interaction. These findings do not support the therapeutic targeting of apoA-I for cardiovascular risk reduction.

Keywords: Apolipoprotein A-I, Cardiovascular disease, Cholesterol efflux capacity

Free Paper Competition –
Poster Presentation

Poster 87

Category 4: Primary Care Epidemiology

Epidemiological Trends of Breast Cancer Burden in Hong Kong Population: Future Prediction to 2050 Using Negative Binomial GLM with Bootstrap Modelling Study

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Introduction:
In 2022, breast cancer caused 2.3 million new cases and 670,000 deaths globally, while Hong Kong reported crude incidence and mortality rates of 136.2 and 20.7 per 100,000 women, respectively, in 2023, reflecting a unique dual burden. To directly inform healthcare planning and policy, this study aimed to project breast cancer incidence and mortality up to 2050.

Methods:
Breast cancer data for Hong Kong (1983–2023) were obtained from the Hong Kong Cancer Registry (ICD-10 C50). Joinpoint regression identified trend changes and inflection points, calculating segment-specific annual percentage change (APC) and overall average annual percentage change (AAPC). An age-period-cohort (APC) model disentangled independent effects of age, period, and birth cohort. Future burden (2023–2050) was projected using a negative binomial generalized linear model to account for overdispersion.

Results:
In 2023, 5,585 new cases and 834 deaths were recorded. Joinpoint regression revealed a significant upward trend in age-standardized incidence (AAPC=1.89). Projections also indicate continued steep increases, with the age-standardized incidence rate reaching 132.8 per 100,000 women (95% PI: 125.1–140.5) by 2050. Annual new cases will rise from 852 (1983) to >22,896 (2050). Similarly, the crude death rate will increase from 20.3 (2023) to 33.8 per 100,000 (95% PI: 31.6–36.1) by 2050, with annual deaths growing from 219 (1983) to 2,058 (2050).

Conclusions:
Breast cancer burden in Hong Kong has risen significantly over four decades and will steeply increase through 2050 (annual cases >22,900; deaths >2,000). Urgent proactive interventions are needed, strengthening primary prevention of modifiable risk factors, expanding screening capacity, enhancing healthcare infrastructure, and using projection-based evidence to guide long-term resource allocation and policy development.

Keywords: Breast cancer, Trends, Prediction

Free Paper Competition –
Poster Presentation

Poster 88

Category 4: Primary Care Epidemiology

Women Wellness at the Workplace: Receptiveness of Women to Free Cervical and Breast Cancer Screening in a Government Hospital in Antique Province, Philippines

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Introduction:
Women wellness at the workplace is an advocacy set to encourage working women to get into the habit of cancer screening. To pilot this advocacy, a level II-government hospital created an initial run of offering free breast and cervical cancer screening to its employees. The aim is to observe the receptiveness of women towards screening and to look into the barriers that hinders this early detection initiative before transforming it into a community-wide advocacy.

Methods:
A workplace-based health initiative was implemented at a Level II government hospital offering free Pap smear and clinical breast exam to female employees 30-65 years old and free sonomammogram to women above 44 years old. Regardless of age, women with palpable breast mass or strong family history of breast cancer can avail of these tests. A memorandum regarding the free cancer screening for women was disseminated to every department beginning May 1, 2024. After six months, we tabulated the number of employees who availed of the free tests.

Results:
Among the 416 eligible female hospital employees, only 86 (20.7%) availed the free screening. Of those who availed, 69 (80.2%) underwent Pap smear only, 15 (17.4%) underwent both Pap smear and sonomammogram, and 2 (2.3%) had a sonomammogram only. Participation by age group were as follows: 5 (5.8%) for 20-29, 47 (54.7%) for 30-39, 14 (16.3%) for 40-49, 17 (19.8%) for 50-59, and 2 (2.3%) for 60-65 years.

Conclusions:
Despite offering free screening, hesitancy for the tests is observed. The low turnout could indicate that employees did not see themselves as at risk for cancer or did not deem early detection important. Free screening tests must be coupled with awareness campaigns. Without proper education on cervical and breast cancer, promotion of free screening programs would be futile.

Keywords: Workplace cancer screening, Breast and cervical cancer prevention, Free cancer screening

Free Paper Competition –
Poster Presentation

Poster 89

Category 4: Primary Care Epidemiology

Sexual Attitudes and Sexual Behaviors of Adolescents in a Community Setting in Iloilo, Philippines

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Western Visayas Sanitarium and General Hospital

Introduction:
Adolescence is a critical developmental stage marked by increased curiosity and vulnerability to sexual and reproductive health risks. Sexual attitudes formed during this period influence sexual behaviors and long-term health outcomes. Understanding these factors in community-based settings is essential for developing appropriate interventions.

Methods:
A descriptive-correlational study was conducted among 138 adolescents residing in the adopted community of Western Visayas Sanitarium and General Hospital, Sta. Barbara, Iloilo. Data were collected using a self-administered questionnaire adapted from a validated instrument, translated into Hiligaynon, and pre-tested for clarity and cultural appropriateness. Sexual attitudes and sexual behaviors were measured using Likert-type scales. Descriptive statistics, including frequency, percentage, and weighted mean, were used to summarize data, while Pearson correlation analysis determined the relationship between sexual attitudes and sexual behaviors.

Results:
Overall sexual attitudes were neutral among female (weighted mean = 3.18) and male (weighted mean = 3.29) respondents. Sexual behaviors were generally infrequent, with females (weighted mean = 2.03) and males (weighted mean = 2.31) indicating minimal prior engagement in sexual activities, although some expressed openness to future engagement. Male adolescents consistently reported higher involvement in intimacy-related behaviors. A strong positive and statistically significant relationship was found between sexual attitudes and sexual behaviors ($r = 0.714$, $p < 0.001$).

Conclusions:
Adolescents showed openness to expressions of affection and consensual relationships but remained cautious toward explicit sexual behaviors. Sexual attitudes significantly influenced sexual behaviors, highlighting the importance of age-appropriate sexual health education, strengthened parental involvement, and community-based interventions in family and community practice.

Keywords: Adolescents, Sexual attitudes, Sexual behavior

Free Paper Competition –
Poster Presentation

Poster 90

Category 4: Primary Care Epidemiology

Acceptance of HIV Testing and Screening among Pregnant Patients during Prenatal Care in Western Visayas Sanitarium and General Hospital, STA. Barbara, Iloilo

Sarah Mae D. DACULA
Western Visayas Sanitarium and General Hospital

Introduction:
HIV counselling and testing are essential for prevention, empowering uninfected individuals and enabling HIV-positive pregnant women to prevent mother-to-child transmission (MTCT) via antiretroviral therapy. This study aimed to assess the acceptability of pregnant patients towards the recommended practices on HIV testing and screening done during the prenatal check-up.

Methods:
This prospective cross-sectional study surveyed 369 pregnant patients at Western Visayas Sanitarium and General Hospital (WVSGH) using a validated questionnaire on socio-demographics, HIV testing history and beliefs, healthcare-provider perceptions and risk-related behaviors. Data were analyzed using SPSS with descriptive statistics, including frequency, percentage, mean and standard deviation.

Results:
In a study of 369 pregnant patients, mean age was 26.80 years, all female, with 35.2% college-educated and more than half 58.5% were uninsured. Only 42% received HIV testing during prenatal visits, mainly due to recent tests (n=163), not being asked (n=44, or low perceived risk (90.5%). Low-risk behaviors prevailed: 82.9% had one partner, minimal injection drug use (1.08%) or STD history (0.82%). Patients somewhat disagreed with stigmatizing provider attitudes (M=2.13). Post-negative test, 48.67% intended future testing. Findings highlight low perceived risk and testing gaps despite favorable provider preceptions.

Conclusions:
Overall, acceptance of antenatal HIV testing in this setting is hampered by low perceived risk, inadequate health education, inconsistent provider-initiated testing, and structural barriers such as privacy and resource constraints. While overall satisfaction with testing is generally positive among those who are tested, the majority of pregnant women either decline or are not offered testing, leaving substantial opportunities for undiagnosed infection and missed prevention of mother-to-child transmission.

Keywords: HIV, WVSGH, MTCT

Free Paper Competition –
Poster Presentation

Poster 91

Category 4: Primary Care Epidemiology

Efficacy of Written Asthma Action Plan (AAP) in the Management of Children 5-18 Years Old Diagnosed with Asthma in the Primary Care Setting: A Randomized Conrolled Study

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Introduction:
Asthma remains a significant global public health concern, particularly in low- and middle-income countries such as the Philippines, where it affects approximately one in ten children and contributes to preventable morbidity and mortality. In primary care settings, poor asthma control, impaired quality of life, and frequent exacerbations continue to pose a substantial burden. Evaluating clinical outcomes and management strategies among pediatric patients is essential to better understand disease patterns and improve asthma control at the population level.

Methods:
A community-based, open-label randomized controlled trial was conducted among 72 children aged 5–18 years with partly controlled and uncontrolled asthma. Participants were randomly assigned to receive either a written AAP plus standard asthma education (n=36) or standard asthma education alone (n=36). Outcomes assessed at baseline and after 6 months included asthma symptom control, HRQOL, and hospitalization rates.

Results:
At 6 months, the AAP group demonstrated significantly better asthma symptom control (0.31 ± 0.52 vs 1.22 ± 0.75; p<0.001) and higher HRQOL scores (2.72 ± 0.14 vs 1.79 ± 0.15; p<0.001) compared to controls. Within-group analysis showed greater improvement in the AAP group for asthma symptom control ($\bar{D}$=2.08; 95% CI: 1.80–2.37; p<0.001) compared to the control group ($\bar{D}$=1.22; 95% CI: 0.88–1.55; p<0.001). HRQOL significantly improved in the AAP group ($\bar{D}$=0.44; 95% CI: 0.22–0.67; p<0.001) but not in the control group ($\bar{D}$=0.05; 95% CI: −0.26 to 0.15; p=0.594). However, there was no significant difference in hospitalization rates between groups (1.50 ± 0.51 vs 1.57 ± 0.50; p=0.569).

Conclusions:
The use of a written AAP significantly improves asthma symptom control and HRQOL but does not reduce hospitalization rates over six months.

Keywords: Pediatric asthma, Primary care, Health outcomes

Free Paper Competition –
Poster Presentation

Poster 93

Category 4: Primary Care Epidemiology

Prevalence and Factors Associated with Depression in Elderly Patients with Chronic Diseases in Primary Care Unit, Khon Kaen Province

Kanad KOSITPAWIT

Kittiphat Suwanlert, Kanittakan Daengwibool, Pimpakan Virakul, Arkhom Bunloet

Introduction:
The prevalence of depression among elderly individuals in Thailand in 2025 was 0.08 percent. However, this prevalence demonstrated a notable increase among elderly populations with chronic diseases in Thailand, reaching 22-37 percent. Depression may significantly impact the quality of life and healthcare management of elderly individuals. This study aims to determine the prevalence of depression and factors associated with depression in elderly patients with chronic diseases receiving care at primary healthcare facilities in Khon Kaen Province.

Methods:
A descriptive cross-sectional study was conducted among 300 patients aged 60 years or older with chronic diseases who received care at primary healthcare units in Khon Kaen Province. Data were collected using questionnaires that assessed personal information, physical health, health behaviors, activities of daily living, the patient health questionnaire (PHQ-2 and PHQ-9), and family and social health. Data were analyzed using descriptive statistics, chi-square tests, and multiple logistic regression analysis.

Results:
The response rate was 99.3%, with 69.8% female (208 individuals) and 30.2% male (90 individuals). The prevalence of depression among the participants was 13.8%. Significant factors associated with depression included poor health status (adjusted odds ratio (AOR) = 5.05, 95% CI = 1.91 - 13.20), family conflict (AOR = 3.14, 95% CI = 1.16 - 8.52), and lack of participation in social activities (AOR = 4.73, 95% CI = 1.89 - 11.86).

Conclusions:
Approximately one in seven elderly patients with chronic diseases receiving services at primary care units experiences depression. The statistically significant factors influencing depression were poor health status, family conflict, and lack of participation in social activities. Therefore, public health personnel should prioritize screening, prevention, assessments, and management of depression in elderly patients with chronic diseases, especially in those having health and/or social problems.

Keywords: Depression, Elderly, Chronic diseases

Free Paper Competition –
Poster Presentation

Poster 94

Category 4: Primary Care Epidemiology

Beyond the Liver: Comorbidity Patterns Refine Risk Stratification for Liver-related Events in Patients with Metabolic Dysfunction-associated Steatotic Liver Disease

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Introduction:
Metabolic dysfunction-associated steatotic liver disease (MASLD) is increasingly recognized as a multisystem condition, yet current risk stratification remains largely liver-centric, overlooking the combination and clustering of comorbidity.

Methods:
This study included 115,845 eligible participants with MASLD from the UK Biobank (Research Ethics Committee reference: 21/NW/0157, Application Number: 1164182). We analyzed 52 distinct comorbidities using three complementary approaches: (1) Cox proportional hazards models for comorbidity count and Charlson Comorbidity Index (CCI). (2) Exhaustive analysis of 52 individual comorbidities and their pairwise combinations. (3) Latent class analysis for comorbidity patterns.

Results:
Among all MASLD patients (65% male; median follow-up 14.7 years), 8,341 individuals (7.2%) developed liver-related events (LREs). Compared with the lowest tertile group, patients in the highest tertile of CCI (HR 1.43, 95% CI 1.32-1.54, P < 0.001) and of comorbidity count (HR 1.34, 95% CI 1.25-1.43, P < 0.001) had a higher risk of LREs. Solid organ cancers (HR 1.48, 95% CI 1.38-1.59, P < 0.001), diabetes (HR 1.34, 95%CI 1.24-1.45; P<0.001) were most strongly associated with LRE risk. Substance use disorder+hypertension (HR 1.51, 95%CI 1.37-1.67; P<0.001), solid organ cancers+hypertension (HR 1.46, 95%CI 1.33-1.61; P<0.001), and chronic kidney disease+hypertension (HR 1.40, 95%CI 1.23-1.60; P<0.001) were the comorbidity pairs with higher risk. Latent class analysis identified four distinct comorbidity patterns: (1) Minimal comorbidity group (28,202, 24.3%). (2) Class 1 (51,718, 44.6%): a multimorbidity class defined by younger age, higher educational attainment, lower adiposity. (3) Class 2 (25,016, 21.6%): characterized by the clustering of diabetes and hypertension, which was distinguished by male predominance, lower CCI, lower smoking prevalence. (4) Class 3 (10,909, 9.4%): marked by higher prevalence of chronic kidney disease, cardiocerebrovascular disease and hyperlipidemia.

Conclusions:
These findings reveal substantial heterogeneity in the MASLD population and support the integration of comorbidity assessment to improve risk stratification and guide targeted interventions.

Keywords: Metabolic dysfunction-associated steatotic liver disease, Liver-related events, Risk stratification

Free Paper Competition – Poster Presentation

Poster 95

Category 5: Others

A Standardized Basic Wound Management Training Workshop to Empower Nurses' Competency on Basic Wound Care at Primary Health Care Setting

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Introduction:
Nurses at Primary Health Care (PHC) Setting deal with large amounts of wounds every day. New nurses sometimes spend extra time in providing wound care due to insufficient wound care knowledge. To optimize time and enhance the new nurses' competency and consistency in wound management, it is necessary to develop a standardized wound management training workshop to guide the new staffs' wound practice at PHC.

Methods:
Before the start of the workshop, a focus group interview was held to interview their difficulties faced on wound care at PHC. Based on the interview results, the content of the basic wound training workshop would then be developed. The content of the workshop includes: Common wound types at PHC with relevant signs and symptoms; wound assessment; TIME management; selection of dressing materials; wound documentation; patients' education. All the contents were explained elaborately in a 3-hours staff training section on 19th December 2025. 16 questions with clinical photos attached would be distributed to nurses as pre-and-post test (same questions) in order to test their wound management competency before and after the program. A 7-questions staff evaluation was designed to evaluate the new staffs' satisfaction to the workshop.

Results:
There were 11 participants attending the workshop. They demonstrated significant gains in knowledge, with 81.8% showing improvement in wound assessment and 72.7% in wound management. The highest improvement rate observed among 16 questions was about 43.8%. All participants agreed that the training enhanced nursing comptency on basic wound care and would be useful in clinical practice. Few comments claimed the time length of the workshop should be lengthened sine the content was informative.

Conclusions:
A standardized basic wound management training workshop not only enhances new staffs' competency on wound care, but also supports wound care consistency within the department. It is recommended that a periodically audit to ensure staffs' adherence on wound practice. Finally, it is advised to explore strategies for ongoing evaluation on basic wound care program in the future to match with rapid changing healthcare system.

Keywords: Wound management training, Wound care training, Wound care workshop

Free Paper Competition – Poster Presentation

Poster 96

Category 5: Others

Soothe with Words, Reassure with Silence: A Reflective Commentary on Nursing Communication in Singapore and Hong Kong

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Introduction:
Language and tone at the bedside shape patient experience as much as clinical skill. In Singapore, nurses often employ Singlish—a multilingual blend enriched with particles like lah and lor—to soften procedures through gentle narration ("sorry, sorry," "needle coming out soon"). In Hong Kong, nurses adopt a brisk, silent style where efficiency signals confidence. These contrasting approaches highlight how cultural norms influence patient comfort, satisfaction, and complaint behavior in primary care settings. This commentary reviews how Singlish narration in Singapore Polyclinics and Cantonese silence in Hong Kong Family Medicine Clinics affect patient satisfaction, exploring cultural differences in communication and complaint pathways through a reflective lens.

Methods:
A reflective commentary framework was applied, combining field observation of nurse–patient interactions with a review of institutional complaint records. Communication styles were reviewed for tone, language choice, and narration. Patient responses were interpreted through cultural narratives and satisfaction surveys, comparing Singapore's Ministry of Health feedback channels with Hong Kong's Hospital Authority complaint system.

Results:
Singapore's narrated style enhanced patient comfort, with verbal empathy perceived as humanizing. Dissatisfaction was typically expressed through structured, written complaints, reflecting trust in systems. In Hong Kong, silent efficiency reassured patients through speed and confidence, but excessive verbalization sometimes provoked anxiety. Complaints were immediate, verbal, and emotionally charged, mirroring a cultural preference for direct confrontation and rapid resolution. These findings underscore how linguistic practices directly shape patient satisfaction and complaint culture.

Conclusions:
Nursing communication is culturally embedded. What comforts patients in Singapore may unsettle those in Hong Kong. This commentary demonstrates that bedside language—whether "sorry lah" or silent confidence—is central to care quality. Recognizing these differences enables nurses to adapt communication strategies, strengthen trust, and improve patient satisfaction across diverse cultural contexts.

Keywords: Narrative inquiry, Patient satisfaction, Nursing communication

Free Paper Competition –
Poster Presentation

Poster 97

Category 5: Others

The Impact of Living Environment and Perceived Environmental Quality on Mild Depression among Youth: A Structural Equation Modeling Approach

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Introduction:
Despite established links between environmental factors and mental health, the interaction between residential environment and subjective environmental quality remains poorly understood. This study examines how these aspects independently and collectively influence mild depression risk among youth.

Methods:
Data were collected from a sample of N = 443 participants (aged 14–24) between June 2023 and January 2024. A Structural Equation Model (SEM) was employed to examine the effects of residential environment (living region, property age, and living area per capita) and demographics on mild depression (PHQ-9 ≥ 5). Environmental dissatisfaction was modeled as a latent construct comprising seven indicators (e.g., air, light, and noise quality). Due to the categorical nature of the outcome variable, a Diagonally Weighted Least Squares (DWLS) estimator was utilized.

Results:
The structural model demonstrated excellent fit (CFI = 0.968, TLI = 0.988, RMSEA = 0.030). Environmental dissatisfaction was a significant predictor of mild depression (b = 0.146, p = .035). Among the latent indicators, air quality (λ = 0.832) and noise levels (λ = 0.681) were the strongest contributors to environmental dissatisfaction. Living region significantly influenced dissatisfaction levels (p = .044), while exercise and household income showed marginally significant trends. No significant mediation effects were observed, suggesting that environmental dissatisfaction and housing factors act as independent risk factors for depressive symptoms.

Conclusions:
Findings suggest that public health interventions and urban planning should prioritize the reduction of air and noise pollution as a key strategy to mitigate mild depression among young populations.

Keywords: Urban health, Environmental dissatisfaction, Depression

Free Paper Competition –
Poster Presentation

Poster 99

Category 5: Others

Real-World Effectiveness of Tirzepatide Among Individuals with Obesity or Overweight

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2. *Tigermed-BDM Inc., Somerset, NJ, US*

Introduction:
This study characterized the real-world effectiveness of tirzepatide in individuals without diabetes eligible for obesity management medications (OMM).

Methods:
Inclusion: age ≥18years on index date (tirzepatide initiation); ≥12-months pre-index and ≥6-months post-index continuous medical/pharmacy enrollment (≤30-day gap); no diabetes diagnosis, HbA1c≥6.5%, or diabetes medication except metformin during pre-index. Clinical characteristics and effectiveness were assessed among OMM-eligible individuals (BMI: ≥30kg/m2; 27-29.9kg/m2 with ≥1obesity-related complication [ORC]), persistent on tirzepatide ≥6-months (no ≥45-day gap).

Results:
Of 390 individuals (mean age 49.5years, 71.3% females) at baseline, 83.8% had ≥1 ORC; 64.1% had ≥2 ORCs; most frequent were dyslipidemia (42.6%), hypertension (38.7%), and prediabetes (24.9%). At index, 85.1% received 2.5mg tirzepatide. ~72.6% had a sixth prescription fill, and 50.2% received tirzepatide <10mg. Mean(SD) changes from baseline to post-index: weight: -11.6 (8.0)kg (weight reduction: overall: 11.0%; GLP-1 RA-naive: 12.5%; GLP-1 RA-experienced: 7.4%); BMI: -4.1(2.7) kg/m2; HbA1c: -0.3%(0.3); systolic BP: -7.0(14.1)mmHg; diastolic BP: -2.5(9.1)mmHg; total cholesterol: -11.2(33.5)mg/dL; LDL: -2.8(21.2)mg/dL; HDL: -0.5(8.3)mg/dL; non-HDL: -11.0(15.3)mg/dL; triglycerides: -51.5(109.7)mg/dL.

Conclusions:
Clinically meaningful weight reduction, and improvements in cardiometabolic outcomes, were observed in individuals with obesity or overweight who used Tirzepatide for ≥6-months, with greater weight reduction in the GLP-1 RA-naive subset.

Keywords: Tirzepatide, Individuals with obesity or overweight, Real world evidence

Free Paper Competition –
Poster Presentation

Poster 100

Category 5: Others

Determinants of Digital Health Technology Literacy Among Patients with Chronic Diseases

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Introduction:
Digital health literacy enhances patient engagement, reduces healthcare costs, and increases access to medical services, especially in remote or underserved areas. Addressing gaps in digital health literacy and ensuring equitable access to digital health resources are essential to promoting patient empowerment, improving health outcomes, and achieving sustainable health and development goals. This study aimed to assess digital health technology literacy and its determinants among patients with chronic diseases at the outpatient clinic at Universiti Sains Malaysia Specialist Hospital.

Methods:
A cross-sectional study was conducted between June 2025 and December 2025 using the Digital Health Technology Literacy-Assessment Questionnaire (DHTL-AQ), which was translated into Malay. It consists of 34 items in 2 domains: digital function (29 items) and digital critical literacy (5 items).

Results:
A total of 218 patients participated, yielding 100% response rate. The mean age was 54.4 (SD = 13.9), with females (53.5%), married (83.5%), and unemployed (72.1%). Most patients rated their skill with digital gadgets as good (91.3%). A total of 86 (39.4%) patients exhibited poor digital health literacy. Significant factors associated with digital literacy were age, education level, experience with digital technology, and self-assessment of skill level in using gadgets.

Conclusions:
Despite high self-reported competency with digital devices, a substantial proportion of patients still demonstrated poor digital health literacy. This suggests that basic familiarity with technology does not necessarily translate into the ability to effectively access, understand, and use digital health information.

Keywords: Digital health literacy, Chronic diseases, Outpatient clinic

Free Paper Competition –
Poster Presentation

Poster 101

Category 5: Others

Caregiver Needs and Family Perception of Palliative Care Patients: A Comparison of Cancer and Non-cancer Patients

Nutruja ANANBOONTHARIK
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Introduction:
Family members are integral to palliative care, serving as both impacted individuals and primary caregivers. This study explored the supportive care needs and perception of family members regarding the needs of patients receiving palliative care.

Methods:
This cross-sectional analytical study was conducted from September 2025 to January 2026. Data were collected from 160 family caregivers at the Palliative Care Unit, Nakornping Hospital in Thailand, including caregivers of patients with cancer (n=80) and non-cancer (n=80). The sample included caregiver of patients in transitional and end-of-life stages according to PPS levels. Data were analyzed using independent t-test and Wilcoxon Rank-Sum test.

Results:
Caregivers' average age was 47.82 (cancer) and 51.58 (non-cancer) years, mostly female. While overall supportive care needs did not differ significantly between cancer and non-cancer groups, caregivers of patients in the end-of-life stage (PPS 10–30%) had significantly higher needs than those in the transitional stage (PPS 40–60%) ($P < 0.001$). Regarding living will, treating complications via intravenous medication was the top priority ($P = 0.147$), followed by the desire to die at home ($P = 0.054$). Notably, the cancer group expressed a significantly higher desire for parenteral nutrition ($P = 0.010$). Top spiritual needs for all groups included Being with loved ones, valuing dignity, and adhering to religious/philosophical beliefs, with no significant differences between groups.

Conclusions:
Even though palliative patients and their families may decline life-sustaining treatments, they still require management of complications, symptomatic relief, nutrition, hydration, and other care aligned with their goals of care, including spiritual support. Furthermore, support should be extended to family caregivers, particularly as the patient approaches the end of life, when caregiving demands increase. A vital component of this process is high-quality palliative communication. Through Advance Care Planning (ACP), the family and healthcare team should involve the patient in treatment decision-making. Target groups for these discussions include patients with advanced cancer, end-stage chronic diseases, and the elderly.

Keywords: Supportive care needs of caregivers, Living will, Spiritual needs of palliative care patients

Free Paper Competition –
Poster Presentation

Poster 102

Category 5: Others

A Prediction Model for Hospital Death Among Palliative Care Patients Preferring Home Death: A Retrospective Cohort Study in Thailand

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Introduction:
Most palliative care patients prefer to die at home; however, a substantial proportion ultimately die in hospital, reflecting incongruence between preferred and actual place of death. Early identification of high-risk patients may improve advance care planning and end-of-life outcomes.

Methods:
A retrospective observational cohort study was conducted among palliative care patients preferring home death at a university hospital in Thailand between October 2019 and December 2024. Multinomial logistic regression was used to identify predictors ($p<0.05$). Patients who had not yet died were included in the analysis to reduce selection bias. Regression coefficients were transformed into a scoring system. Model performance was evaluated using discrimination, calibration, decision curve analysis, and confusion matrix.

Results:
Among 483 patients, 199 (41.2%) died in hospital, 266 (55.1%) died at home, and 18 (3.7%) were alive. Five predictors were retained, with preference for life-sustaining treatment showing the strongest association with hospital death (RRR 67.90; 95% CI 8.05–572.76), followed by uncontrollable symptoms (RRR 23.73; 95% CI 11.44–49.22), number of family members (RRR 8.41; 95% CI 1.97–35.91), comorbidities (RRR 2.85; 95% CI 1.49–5.47), and discordance between caregiver and surrogate decision maker (RRR 2.76; 95% CI 1.37–5.56). The model showed excellent discrimination (AUROC = 0.918) and good calibration (slope = 1.000). The prediction score (0–45) stratified patients into low (0–4.5), moderate (5–17), and high risk (17.5–45), with hospital death rates of 4.1%, 9.3%, and 29.7%, and positive likelihood ratios of 0.1, 0.9, and 20.5, respectively. These risk groups informed clinical action plans: continuation of home care (low risk), counselling and close monitoring (moderate risk), and proactive hospital care planning (high risk).

Conclusions:
This prediction model identifies patients at risk of hospital death despite preferring home death and provides clinically actionable risk stratification. By incorporating both clinical and decision-making factors, its application in primary care enables earlier and more targeted advance care planning, improving alignment between patient preferences and end-of-life outcomes.

Keywords: Palliative care, Patient preference, Prediction model

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CI=confidence interval; CKD=chronic kidney disease; CKM=cardio-kidney-metabolic; CV=cardiovascular; eCVD=established cardiovascular disease; eGFR=estimated glomerular filtration rate; HFpEF=heart failure with preserved ejection fraction; HFrEF=heart failure with reduced ejection fraction; HHF=hospitalisation for heart failure; HR=hazard ratio; RRR=relative risk reduction; SGLT2i=sodium-glucose cotransporter 2 inhibitor; T2DM=type 2 diabetes mellitus.

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References: 1. Pradaxa Hong Kong prescribing information. **2.** Pollack CV, *et al. N Engl J Med* 2017; 377: 431–41. **3.** Connolly SJ, *et al. N Engl J Med* 2009; 361: 1139–51. **4.** Larsen TB, *et al. BMJ* 2016; 353: i3189 (and supplementary material). **5.** Nielsen PB, *et al. BMJ* 2017; 353: j510. **6.** Rogers KC, *et al. Cardiol Rev* 2016; 24(6): 310–15.

Abbreviated Prescribing Information PRADAXA® (aPI-PRA-20-21-23-V1)

Presentation: Dabigatran etexilate (Hard Capsules; 75mg, 110mg, 150mg). **Indications:** Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischemic attack (TIA); age ≥ 75 years; heart failure (NYHA Class ≥ II); diabetes mellitus; hypertension. **Dosage and administration:** The recommended daily dose of PRADAXA® is 300 mg taken as one 150 mg capsule twice daily. Therapy should be continued long term. For patients aged ≥80 years or patients who receive concomitant verapamil, the recommended daily dose of PRADAXA® is 220 mg taken as one 110 mg capsule twice daily. 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Lesion or condition, if considered a significant risk factor for major bleeding, which may include current or recent gastrointestinal ulceration, presence of malignant neoplasms at high risk of bleeding, recent brain or spinal injury, recent brain, spinal or ophthalmic surgery, recent intracranial haemorrhage, known or suspected oesophageal varices, arteriovenous malformations, vascular aneurysms or major intraspinal or intracerebral vascular abnormalities. Concomitant treatment with any other anticoagulants e.g. unfractionated heparin (UFH), low molecular weight heparins (enoxaparin, dalteparin etc), heparin derivatives (fondaparinux etc), oral anticoagulants (warfarin, rivaroxaban, apixaban etc) except under specific circumstances of switching anticoagulant therapy or when UFH is given at doses necessary to maintain an open central venous or arterial catheter. Hepatic impairment or liver disease expected to have any impact on survival. Concomitant treatment with the following strong P-gp inhibitors: systemic ketoconazole, cyclosporine, itraconazole, dronedarone and the fixed-dose combination glecaprevir/pibrentasvir. Prosthetic heart valves requiring anticoagulant treatment. **Special warnings and precautions:** PRADAXA® should be used with caution in conditions with an increased risk of bleeding or with concomitant use of medicinal products affecting haemostasis by inhibition of platelet aggregation. In clinical trials, PRADAXA® was associated with higher rates of major gastrointestinal (GI) bleeding. An increased risk was seen in the elderly (≥ 75 years) for the 150 mg twice daily dose regimen. The presence of lesions, conditions, procedures and/or pharmacological treatment (such as NSAIDs, antiplatelets, SSRIs and SNRIs), which significantly increase the risk of major bleeding requires a careful benefit-risk assessment. 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Direct acting oral anticoagulants (DOACs) including PRADAXA® are not recommended for patients with a history of thrombosis who are diagnosed with antiphospholipid syndrome, in particular for patients that are triple positive (for lupus anticoagulant, anticardiolipin antibodies, and anti-beta 2-glycoprotein I antibodies) Myocardial infarction. **Interactions:** Dabigatran etexilate is a substrate for the efflux transporter P-gp. Concomitant administration of P-gp inhibitors is expected to result in increased dabigatran plasma concentrations. There is no or only limited experience with the following treatments which may increase the risk of bleeding when used concomitantly with PRADAXA®: anticoagulants such as unfractionated heparin (UFH), low molecular weight heparins (LMWH), and heparin derivatives (fondaparinux, desirudin), thrombolytic medicinal products, and vitamin K antagonists, rivaroxaban or other oral anticoagulants, and antiplatelet aggregation medicinal products such as GPIIb/IIIa receptor antagonists, ticlopidine, prasugrel, ticagrelor, dextran, and sulfinpyrazone. **Adverse reactions:** Common: Anaemia, Epistaxis, Gastrointestinal haemorrhage, Abdominal pain, Diarrhoea, Dyspepsia, Nausea, Skin haemorrhage, Genitourological haemorrhage including haematuria. Uncommon: Haemoglobin decreased, Thrombocytopenia, Drug hypersensitivity, Rash, Pruritus, Intracranial haemorrhage, Haematoma, Haemorrhage, Haemoptysis, Rectal haemorrhage, Haemorrhoidal haemorrhage, Gastrointestinal ulcer including oesophageal ulcer, Gastroesophagitis, Gastroesophageal reflux disease, Vomiting,Dysphagia, Hepatic function abnormal/ Liver function Test abnormal, Alanine aminotransferase increased, Aspartate aminotransferase increased. Rare: Haematocrit decreased, Anaphylactic reaction, Angioedema, Urticaria, Hepatic enzyme increased, Hyperbilirubinaemia, Haemarthrosis, Injection site haemorrhage, Catheter site haemorrhage, Traumatic haemorrhage, Incision site haemorrhage. **Storage conditions:** Store in the original package in order to protect from moisture. Store below 30°C. Do not remove capsules from blister pack until just before use. **Note:** Before prescribing, please consult full prescribing information.

Abbreviated Prescribing Information PRAXBIND® (aPI-PRAX-03-V1)

Presentation: Idarucizumab (solution for injection/infusion; vial of 2.5g/50mL). **Indications:** Praxbind is a specific reversal agent for dabigatran and is indicated in adult patients treated with Pradaxa (dabigatran etexilate) when rapid reversal of its anticoagulant effects is required: For emergency surgery/urgent procedures; In life-threatening or uncontrolled bleeding. **Dosage and administration:** Restricted to hospital use only. The recommended dose of Praxbind is 5 g (2x2.5 g/50 mL), administered intravenously as two consecutive infusions over 5 to 10 minutes each or as a bolus injection. No dose adjustment is required in renally impaired patients, patients with hepatic injury, and in elderly patients aged 65 years and above. **Contraindication:** None. **Special warnings and precautions:** Idarucizumab binds specifically to dabigatran and reverses its anticoagulant effect. It will not reverse the effects of other anticoagulants. Praxbind treatment can be used in conjunction with standard supportive measures, which should be considered as medically appropriate. If an anaphylactic reaction or other serious allergic reaction occurs, administration of Praxbind should be discontinued immediately and appropriate therapy initiated. The recommended dose of Praxbind contains 4 g sorbitol as an excipient. Therefore, in patients with hereditary fructose intolerance the risk of treatment with Praxbind must be weighed against the potential benefit of such an emergency treatment. Patients being treated with dabigatran have underlying disease states that predispose them to thromboembolic events. Reversing dabigatran therapy exposes patients to the thrombotic risk of their underlying disease. To reduce this risk, resumption of anticoagulant therapy should be considered as soon as medically appropriate. Praxbind causes transient proteinuria, which is not indicative of renal damage. This medicinal product contains 50 mg sodium per dose, equivalent to 2.5% of the WHO recommended maximum daily intake of 2 g sodium for an adult. **Interactions:** No formal interaction studies with Praxbind and other medicinal products have been performed. Based on the pharmacokinetic properties and the high specificity in binding to dabigatran, clinically relevant interactions with other medicinal products are considered unlikely. **Adverse reactions:** No adverse reactions have been identified. **Storage conditions:** Store in a refrigerator (2°C - 8°C). Do not freeze. **Note:** Before prescribing, please consult full prescribing information.

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↓ 24% risk of COPD exacerbation

↓ 26% risk of pneumonia requiring hospitalization

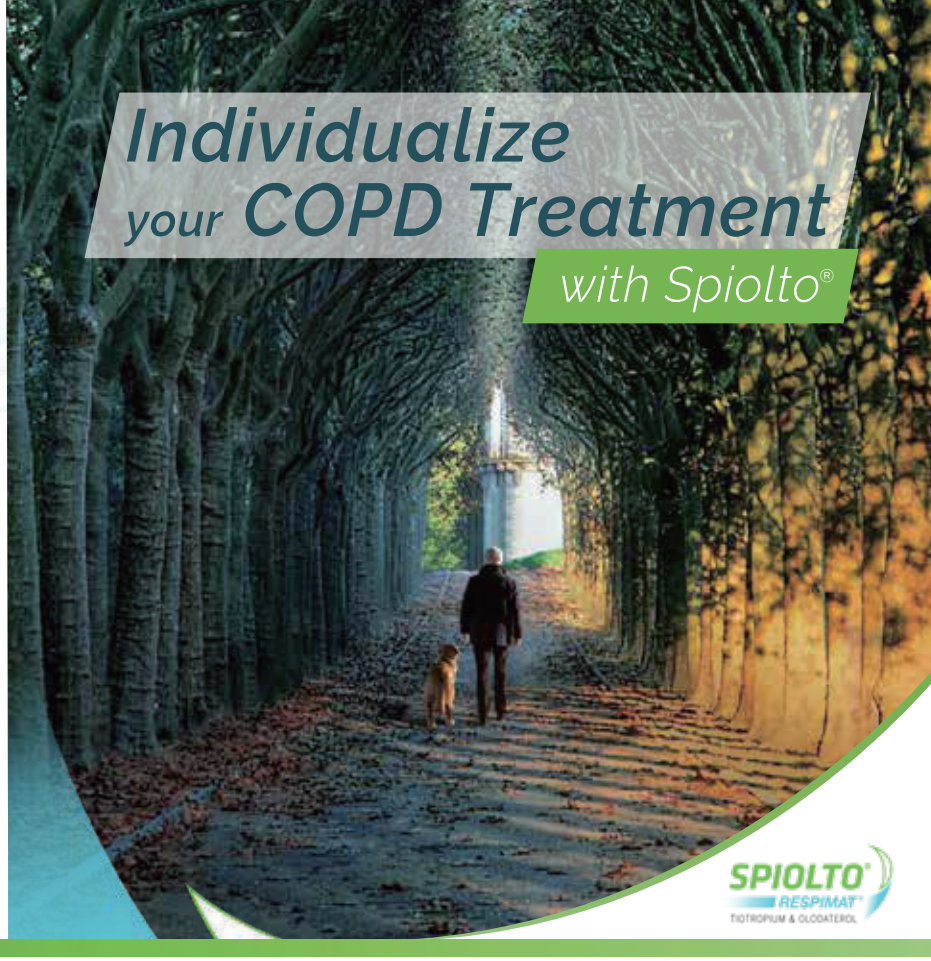
COPD: chronic obstructive pulmonary disease; ICS: inhaled corticosteroid; LABA: long-acting beta$_2$ agonist; LAMA: long-acting muscarinic antagonist.

Reference: 1. Quint JK, et al. Adv Ther. 2021;38:2249-2270.

SPIOLTO API [API_SPIO_02&04_V1]

Presentation: 2.5 microgram tiotropium (as bromide monohydrate) and 2.5 microgram olodaterol (as hydrochloride) per puff. Indications: Maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). Dosage and administration: The recommended dose is 5 microgram tiotropium and 5 microgram olodaterol given as two puffs from the Respimat inhaler once daily, at the same time of the day. Contraindication: Hypersensitivity to the active substances, atropine or its derivatives, e.g. ipratropium or oxitropium, or any of the excipients. Special warnings and precautions: Should not be used in asthma. Not for the treatment of acute episodes of bronchospasm, i.e. as rescue therapy. Inhaled medicines may result in paradoxical bronchospasm and should be discontinued immediately and alternative therapy substituted. Caution in patients with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction. Caution to avoid getting the spray into their eyes. Dry mouth, which has been observed with anti-cholinergic treatment, may in the long term be associated with dental caries. In patients with moderate to severe renal mpairment (creatinine clearance of ≤ 50 ml/min), use only if the expected benefit outweighs the potential risk. Caution in patients with a history of myocardial infarction during the previous year, unstable or life-threatening cardiac arrhythmia, hospitalized for heart failure during the previous year or with a diagnosis of paroxysmal tachycardia (> 100 beats per minute). Beta2-adrenergic agonists may produce a clinically significant cardiovascular effect as measured by increases in pulse rate, blood pressure and/or symptoms. Caution in patients with cardiovascular disorders, especially ischaemic heart disease, severe cardiac decompensation, cardiac arrhythmias, hypertrophic obstructive cardiomyopathy, hypertension, and aneurysm, in patients with convulsive disorders or thyrotoxicosis, in patients with known or suspected prolongation of the QT interval (e.g. QT > 0.44 s), and in patients who are unusually responsive to sympathomimetic amines. Beta2-adrenergic agonists may produce significant hypokalaemia in some patients, which has the potential to produce adverse cardiovascular effects. Inhalation of high doses of beta2-adrenergic agonists may produce increases in plasma glucose. Caution needs to be taken in case of a planned operation with halogenated hydrocarbon anaesthetics. Should not be used in conjunction with any other medications containing long-acting beta2-adrenergic agonists. As with all medications, immediate hypersensitivity reactions may occur after administration. Should not be used more frequently than once daily. Interactions: Concomitant administration of other adrenergic agents (alone or as part of combination therapy) may potentiate the undesirable effects. Concomitant treatment with xanthine derivatives, steroids, or non-potassium sparing diuretics may potentiate any hypokalemic effect of adrenergic agonists. Beta-adrenergic blockers may weaken or antagonise the effect of olodaterol. Monamine oxidase inhibitors or tricyclic antidepressants or other drugs known to prolong the QTc interval may potentiate the action of SPIOLTO RESPIMAT on the cardiovascular system. Adverse reactions: Uncommon: Dizziness, headache, tachycardia, cough, dysphonia, dry mouth. Rare: Insomnia, vision blurred, atrial fibrillation, palpitations, supraventricular tachycardia, hypertension, laryngitis, pharyngitis, epistaxis, bronchospasm, constipation, oropharyngeal candidiasis, gingivitis, nausea, stomatitis, hypersensitivity, angioedema, urticaria, pruritus, rash, arthralgia, back pain, joint swelling, urinary retention, urinary tract infection and dysuria. Storage conditions: Please refer to outer packaging. Note: Before prescribing, please consult full prescribing information (SPIO_02&04_V1).

Boehringer Ingelheim (HK) Ltd. Suites 1504-9, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong
Tel: (852) 2596 0033 Fax: (852) 2827 0162 www.boehringer-ingelheim.com.hk



Boehringer Ingelheim

Partner with

Spiriva to Combat Asthma

for Your Patients

SPIRIVA® RESPIMAT® (tiotropium)

Recommended in GINA 2021[1] & the Single LAMA Indicated for Severe Asthma in Hong Kong[2]

Improved Peak FEV Up to 152mL[3,*,†,1]

Well Tolerated Safely Profile[3,4]

*Adjusted mean difference peak FEV$_1$ versus placebo. †Duplicated PrimoTinA-asthma study[3].
LAMA: long-acting muscarinic antagonist; peak FEV$_1$: peak forced expiratory volume in 1 second.

References: 1. GINA Main Report 2021. Available at: https://ginasthma.org/wp-content/uploads/2021/04/GINA-2021-Main-Report_FINAL_21_04_28-WMS.pdf. Accessed on: 05 May 2021. **2.** Spiriva Respimat Hong Kong Prescription Information. 16 Dec 2022. **3.** Kerstjens, HAM, et al. N Engl J Med 2012;367:1198-1207. **4.** Hamelmann E. et al. Journal of Allergy and Clinical Immunology 2016;138(2):441-50. e8.

SPIRIVA® RESPIMAT® API [aPI-SPIR-RMT-01]

Presentation: 2.5 microgram tiotropium (as bromide monohydrate) per puff. **Indications:** COPD: SPIRIVA® RESPIMAT® is indicated for the long term maintenance treatment of bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease (COPD). SPIRIVA® RESPIMAT® is indicated for the reduction of COPD exacerbations.Asthma: SPIRIVA® RESPIMAT® is indicated as add-on maintenance bronchodilator treatment in patients aged 6 years and older with severe asthma. **Dosage and administration:** The recommended dose is 5 microgram tiotropium given as two puffs from the Respimat inhaler once daily, at the same time of the day. Contraindication: Hypersensitivity to the tiotropium bromide, atropine or its derivatives, e.g. ipratropium or oxitropium, or any of the excipients. **Special warnings and precautions:** Should not be used for the treatment of acute episodes of bronchospasm or for the relief of acute symptoms. Should not be used as (first- line) monotherapy for asthma. Asthma patients must be advised to continue taking anti-inflammatory therapy, i.e. inhaled corticosteroids, unchanged after the introduction of SPIRIVA® RESPIMAT®. Immediate hypersensitivity reactions may occur after administration of tiotropium bromide solution for inhalation. Should be used with caution in patients with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction. Inhaled medicines may cause inhalation-induced bronchospasm. Should be used with caution in patients with recent myocardial infarction < 6 months; any unstable or life threatening cardiac arrhythmia or cardiac arrhythmia requiring intervention or a change in drug therapy in the past year; hospitalisation of heart failure (NYHA Class III or IV) within the past year. Should be monitored closely in COPD and asthma patients with moderate to severe renal impairment (creatinine clearance ≤ 50 mL/min). Patients should be cautioned to avoid getting the spray into their eyes. Dry mouth, which has been observed with anti-cholinergic treatment, may in the long term be associated with dental caries. Should not be used more frequently than once daily. Interactions: Although no formal drug interaction studies have been performed, tiotropium bromide has been used concomitantly with other drugs commonly used in the treatment of COPD and asthma, including sympathomimetic bronchodilators, methylxanthines, oral and inhaled steroids, antihistamines, mucolytics, leukotriene modifiers, cromones, anti- IgE treatment without clinical evidence of drug interactions. Use of long-acting beta- agonist (LABA), inhaled corticosteroids (ICS) and their combinations were not found to alter the exposure to tiotropium. Limited information about co-administration of SPIRIVA® RESPIMAT® with other anticholinergic containing drugs is available from a clinical trial and therefore is not recommended. **Adverse reactions:** COPD: Common: Dry mouth, usually mild. Uncommon: Dizziness, cough, pharyngitis, dysphonia, constipation, oropharyngaeal candidiasis, rash, pruritus, urinary retention and dysuria. Rare: Insomnia, glaucoma, intraocular pressure increased, vision blurred, atrial fibrillation, palpitations, supraventricular tachycardia, tachycardia, epistaxis, bronchospasm, laryngitis, dysphagia, gastrooesophageal reflux disease, gingivitis, glossitis, angioneurotic oedema, urticaria, skin infection/skin ulcer, dry skin and urinary tract infection. Asthma: Uncommon: Dry mouth, dizziness, insomnia, palpitations, cough, pharyngitis, dysphonia, bronchospasm, oropharyngaeal candidiasis and rash. Rare: Epistaxis, constipation, gingivitis, stomatitis, pruritus, angioneurotic oedema, urticaria, hypersensitivity (including immediate reactions) and urinary tract infection. **Special precautions for storage:** Do not freeze. **Note:** Before prescribing, please consult full prescribing information (SPI-RES_11 & 12_V1).

Boehringer Ingelheim

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PC-HK-101618 (May 2025)

Can be initiated at an eGFR of [1,2]

≥30 mL/min/1.73m²

Glyxambi®
(empagliflozin/
linagliptin)

SECURING BETTER CARDIORENAL OUTCOMES WITH GLYXAMBI®:

EXTRA POWER FOR YOUR HIGH RISK DKD PATIENTS[3]

Abbreviations: DKD: Diabetic kidney disease; eGFR: Estimated glomerular filtration rate

References: 1. Glyxambi 10mg/5mg Hong Kong Prescribing Information. **2.** Glyxambi 25mg/5mg Hong Kong Prescribing Information. **3.** Wanner C et al. Diabetes Obes Metab. 2020;22(12):2335-2347.

Please scan the QR code to access the abbreviated prescribing information of GLYXAMBI®

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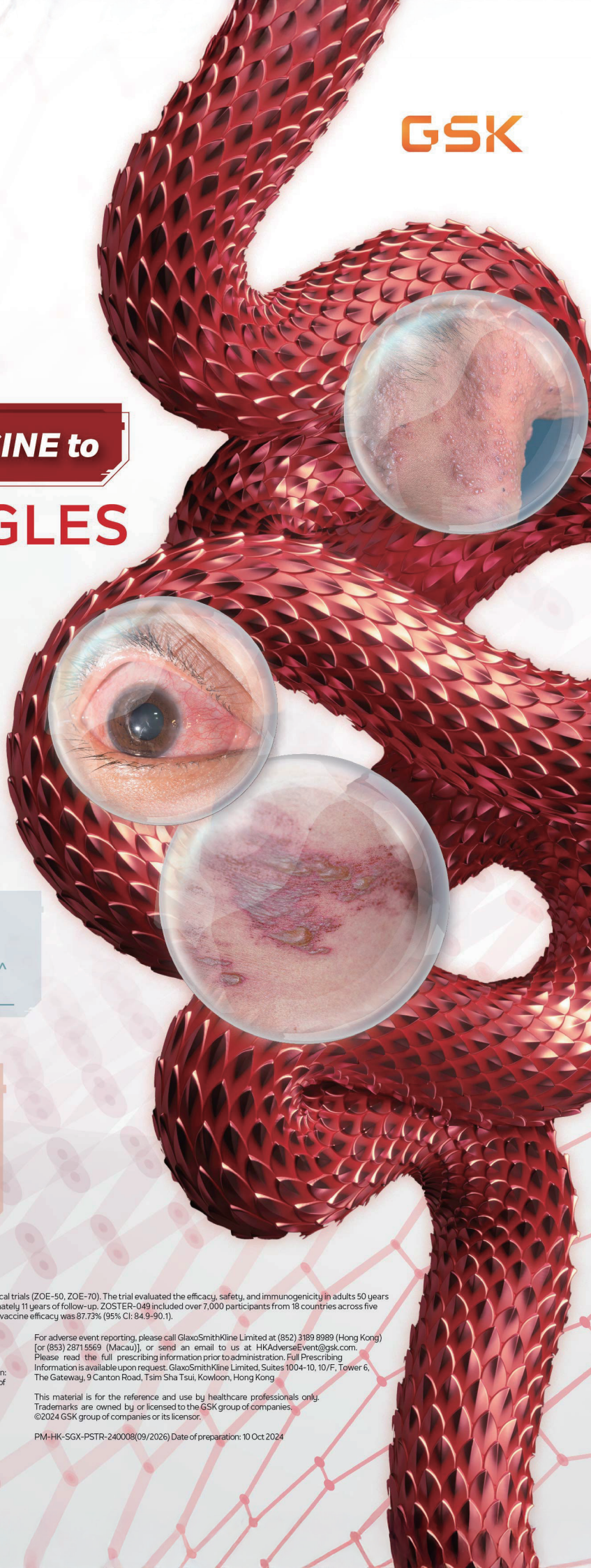
PC-HK-101845 (May 2026)

SHINGRIX
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)

GSK



NEW GENERATION VACCINE to PREVENT SHINGLES

INDICATED FOR[1]

18+ YEARS OLD WITH INCREASED RISK

50+ YEARS OLD

≥90% EFFICACY[1^]

Long-term protection of Shingrix reached*

87.7%[2]
(95% CI: 84.9-90.1)

Efficacy lasts for

11 YEARS[2]

HZ = Herpes zoster
HZV = Herpes zoster vaccine

^ Efficacy adults aged 50 years or above
* Study design: ZOSTER-049 is a phase III open-label, long-term follow-up trial from two pivotal phase III randomised clinical trials (ZOE-50, ZOE-70). The trial evaluated the efficacy, safety, and immunogenicity in adults 50 years and over at time of vaccination, for six additional years after completion of the ZOE-50 and ZOE-70 trials, up to approximately 11 years of follow-up. ZOSTER-049 included over 7,000 participants from 18 countries across five continents, with vaccine recipients compared to historical controls. From 1 month after the second dose of Shingrix, the vaccine efficacy was 87.73% (95% CI: 84.9-90.1).

For Shingrix Full Prescribing Information, please scan the below QR code

References: 1. GlaxoSmithKline. Shingrix Hong Kong Prescribing Information. GDS06.
2. Abstract;Strezova A;ECCMID;2024;1-5.

Indication statement[1]:
Shingrix is indicated for prevention of herpes zoster (HZ) and post-herpetic neuralgia (PHN), in: adults 50 years of age or older; adults 18 years of age or older at increased risk of HZ. The use of Shingrix should be in accordance with official recommendations.

Safety information
Shingrix has clinically acceptable safety and tolerability profile. Contraindications: Hypersensitivity reactions to the active substances or other components of the vaccine.
Adverse reactions:
Local reactions at the injection site (pain, redness, swelling, itching) and systemic symptoms such as headache, gastrointestinal symptoms, muscle and joint pain, fatigue, shivering, fever, malaise. You are advised to read the full safety information in the Shingrix Full Prescribing Information before prescribing.

For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3189 8989 (Hong Kong) [or (853) 2871 5569 (Macau)], or send an email to us at HKAdverseEvent@gsk.com. Please read the full prescribing information prior to administration. Full Prescribing Information is available upon request. GlaxoSmithKline Limited, Suites 1004-10, 10/F, Tower 6, The Gateway, 9 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong

PM-HK-SGX-PSTR-240008(09/2026) Date of preparation: 10 Oct 2024

AREXVY 保肺苗

(RESPIRATORY SYNCYTIAL VIRUS VACCINE RECOMBINANT, ADJUVANTED)
重組佐劑呼吸道合胞病毒疫苗

The ONLY adjuvanted RSV vaccine for adults ≥60 years old and

50-59 YEARS OLD

who are at increased risk of RSV disease[1,2*]

NOW APPROVED

94.6% **Efficacy** in protecting against RSV-LRTD[1#]

At least **3 RSV Seasons**

Longest protection duration among RSV vaccines[3,4]
(Median follow up of 30.6 months)

A B

High prevention efficacy against both RSV subtypes[1]

AREXVY had an acceptable safety profile over 3 RSV seasons[3]

Protect your 50+ high-risk patients NOW

Arexvy is the ONLY adjuvanted RSV Vaccine specially designed for older adults[1,2]

* Medical conditions such as: chronic pulmonary disease, chronic cardiovascular disease, diabetes, chronic kidney or liver disease
# For patients aged ≥60 with at least 1 comorbidity of interest[1]. Comorbidity of interest: COPD, asthma, any chronic respiratory/pulmonary disease and chronic heart failure (cardiorespiratory), and diabetes mellitus and advanced liver or renal disease
COPD=Chronic obstructive pulmonary disease; LRTD=Lower respiratory tract disease; RSV=Respiratory syncytial virus

References: 1. Hong Kong Arexvy Prescribing Information **2.** Drugs Database, Drug Office, Hong Kong. Accessed 25 Jan 25. Available at https://www.drugoffice.gov.hk/eps/do/tc/consumer/search_drug_database2.html. **3.** Ison MG, et al. CHEST, Oct 6-9 2004:3391 **4.** Walsh EE;NEJM;2024;391;1459-1461

For Arexvy Prescribing Information, please scan the QR code

Safety Information: Contraindications: Hypersensitivity to the active substances or to any of the excipients. **Special warnings and precautions for use:** Do not administer the vaccine intravascularly or intradermally. As with other intramuscular injections, Arexvy should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following intramuscular administration to these individuals. Patients receiving immunosuppresive treatment or patients with immunodeficiency may have a reduced immune response to Arexvy. **Undesirable effects:** The most commonly reported adverse reactions were injection site pain, fatigue, myalgia, headache, and arthralgia.

Please read the full prescribing information prior to administration. Full prescribing information is available on request.

GlaxoSmithKline Limited - Suites 1004-10, 10/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong Kong.

For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3189 8989 (Hong Kong), or send an email to us at HKAdverseEvent@gsk.com.

The material is for the reference and use by healthcare professionals only.

PM-HK-RSA-DPB-250002 (Jan 27) Date of preparation: 1 Feb 25

GSK

博力加®
prolia®
denosumab

A widely used, trusted injection treatment for osteoporosis – globally[1,2] and locally[3]

- **Well tolerated** with consistently low rates of AEs up to **10 years**[4,5]
- Continues to **improve BMD** over the course of **10 years**[4,5]

>20
years
of Amgen's dedication to bone health expertise[6-9] *

~30
million patients
treated with Prolia® worldwide[1]

>80
countries with Prolia® approval:
Widely used, globally trusted[2]

*The first clinical trial with patients began in 2001.
AE=adverse event; BMD=bone mineral density.

References: 1. Amgen, Data on file, REF-113306, **2.** Amgen, New data from Amgen's Prolia® (denosumab) demonstrates significant reduction in osteoporotic fracture risk compared to alendronate, Available at: https://www.amgen.com/newsroom/press-releases/2023/05/new-data-from-amgens-prolia-denosumabdemonstrates-significant-reductionin-osteoporotic-fracture-risk-compared-to-alendronate, Published May 2023, Accessed on 11 Nov 2025, **3.** IQVIA MIDAS MAT sales data up to 2025 Q3 (G03J, H04E, M05E), **4.** Bone HG, et al, Lancet Diabetes Endocrinol, 2017;5:513–23, **5.** Ferrari S, et al, J Clin Endocrinol Metab, 2019, **6.** Curtis JR, et al, J Bone Miner Res, 2024;39:826–34, **7.** Amgen, Therapeutic areas, Available at: https://www.amgen.eu/therapeutic-areas/, Accessed on 11 Nov 2025, **8.** Evenity® (romosozumab) Summary of Product Characteristics, Amgen, Last revised May 2025, **9.** Bekker PJ, et al, J Bone Miner Res, 2004;19:1059–66.

Prolia® (Denosumab) Abbreviated Prescribing Information
PRESENTATION: Solution for Injection in Pre-filled Syringe 60 mg/mL INDICATIONS: Prolia is indicated for: i) treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; ii) treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; iii) treatment of glucocorticoid-induced osteoporosis in men and women at high risk of fracture who are either initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and expected to remain on glucocorticoids for at least 6 months; iv) treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. In these patients Prolia also reduced the incidence of vertebral fractures; v) treatment to increase bone mass in women at high risk for fracture receiving adjuvantaromatase inhibitor therapy for breast cancer. **DOSAGE AND ADMINISTRATION:** The recommended dose of Prolia is 60 mg administered as a single subcutaneous injection once every 6 months. Administer Prolia via subcutaneous injection in the upper arm, the upper thigh, or the abdomen. All patients should receive calcium 1000 mg daily and at least 400 IU vitamin D daily. **CONTRAINDICATIONS:** Hypocalcemia and pregnancy, as well as hypersensitivity to any component of the product. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** Hypersensitivity: Clinically significant hypersensitivity including anaphylaxis has been reported with Prolia. Symptoms have included hypotension, dyspnea, throat tightness, facial and upper airway edema, pruritis, and urticaria. Hypocalcemia and Mineral Metabolism: Hypocalcemia may be exacerbated by the use of Prolia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with Prolia. Hypocalcemia following Prolia administration is a significant risk in patients with severe renal impairment (creatinine clearance < 30 mL/min) or receiving dialysis. Concomitant use of calcimimetic drugs may worsen hypocalcemia risk and serum calcium should be closely monitored. Osteonecrosis of the Jaw (ONJ): ONJ has been reported in patients receiving Prolia. The start of treatment or of a new course of treatment should be delayed in patients with unhealed open soft tissue lesions in the mouth. A dental examination with preventive dentistry and an individual benefit-risk assessment is recommended prior to treatment with Prolia in patients with concomitant risk factors. All patients should be encouraged to maintain good oral hygiene, undergo routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain or swelling, or non-healing of sores or discharge during treatment with Prolia. While on treatment, invasive dental procedures should be performed with caution and avoided in close proximity to Prolia treatment. Atypical Subtrochanteric and Diaphyseal Femoral Fractures: Atypical low-energy or low trauma fractures of the shaft have been reported in patients receiving Prolia. Patients should be advised to report new or unusual thigh, hip, or groin pain. Multiple Vertebral Fractures (MVF) Following Discontinuation of Prolia Treatment: Following discontinuation of Prolia treatment, fracture risk increases, including the risk of multiple vertebral fractures. If Prolia treatment is discontinued, patients should be transitioned to an alternative antiresorptive therapy. Serious Infections: Serious infections leading to hospitalization were reported in clinical trial. Dermatologic Adverse Reactions: Dermatitis, eczema, and rashes. Most of these events were not specific to the injection site. Musculoskeletal Pain: Severe and occasionally incapacitating bone, joint, and/or muscle pain. Suppression of Bone Turnover: In clinical trials treatment with Prolia resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. Osteonecrosis of the external auditory canal: Possible risk factors include steroid use and chemotherapy and/or local risk factors such as infection or trauma. Hypercalcemia in Pediatric Patients with Osteogenesis Imperfecta: Prolia is not approved for use in pediatric patients. Hypercalcemia has been reported in pediatric patients with osteogenesis imperfecta treated with denosumab products. **PREGNANCY AND LACTATION:** Pregnancy: Contraindicated. Breast-feeding: No information regarding the presence of denosumab in human milk, the effects on the breastfed infant, or the effects on milk production. **UNDESIRABLE EFFECTS:** Back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, arthralgia, nasopharyngitis, hypertension, bronchitis, headache, constipation, and cystitis. Abbreviated Prescribing Information Version: HKPROPI04.

Please read the full prescribing information prior to administration and full prescribing information is available on request.

AMGEN
Amgen Hong Kong Limited
Suites 407-10, 4/F, One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong
Tel: (852) 2843 1178 Fax: (852) 2808 2820

HKG-162-26-80013 Apr 2026

EVENITY®
(romosozumab) injection

prolia®
(denosumab)

Every patient has a different starting point

MEET HER THERE

and help make her bones stronger

For your patients with very low T-score (e.g. less than -3.0) or with other serious risk factors, start with EVENITY® followed by PROLIA® to help build and protect her bones.[1]

For your partients with history of fragility fracture or low T-score (e.g. less than -2.5) with other risk factors, start with PROLIA® to help strengthen her bones.[2,3]

* The risk of hip fracture was lowered by 38% (41 of 2046 patients [2.0%] vs. 66 of 2047 patients [3.2%]; P = 0.02) in the romosozumab-to-alendronate group than in the alendronate-to-alendronate group in ARCH Study.[1]

† Indicators of very high fracture risk in patients with low bone density would include advanced age, frailty, glucocorticoids, very low T-scores, or increased fall risk. Patients who have been diagnosed with osteoporosis but are not at very high fracture risk are defined as high risk.[3]

ARCH=Active-Controlled Fracture Study in Postmenopausal Women with Osteoporosis at High Risk; BMD=Bone mineral density.

References: 1. Evenity (romosozumab) Hong Kong prescribing information. March 2020. **2.** Prolia (denosumab) Hong Kong prescribing information. Jun 2022. **3.** Camacho PM, et al. Endocr Pract. 2020;26(Suppl 1).

Prolia® (Denosumab) Abbreviated Prescribing Information

PRESENTATION: Solution for Injection in Pre-filled Syringe 60 mg/ml.**INDICATIONS:** Prolia is indicated for: i) treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; ii) treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; iii) treatment of glucocorticoid-induced osteoporosis in men and women at high risk of fracture who are either initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and expected to remain on glucocorticoids for at least 6 months; iv) treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. In these patients Prolia also reduced the incidence of vertebral fractures; v) treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. **DOSAGE AND ADMINISTRATION:** The recommended dose of Prolia is 60 mg administered as a single subcutaneous injection once every 6 months. Administer Prolia via subcutaneous injection in the upper arm, the upper thigh, or the abdomen. All patients should receive calcium 1000 mg daily and at least 400 IU vitamin D daily. **CONTRAINDICATIONS:** Hypocalcemia and pregnancy, as well as hypersensitivity to any component of the product. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** Hypersensitivity: Clinically significant hypersensitivity including anaphylaxis has been reported with Prolia. Symptoms have included hypotension, dyspnea, throat tightness, facial and upper airway edema, pruritis, and urticaria. Hypocalcemia and Mineral Metabolism: Hypocalcemia may be exacerbated by the use of Prolia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with Prolia. Hypocalcemia following Prolia administration is a significant risk in patients with severe renal impairment (creatinine clearance < 30 mL/min) or receiving dialysis. Concomitant use of calcimimetic drugs may worsen hypocalcemia risk and serum calcium should be closely monitored. Osteonecrosis of the Jaw (ONJ): ONJ has been reported in patients receiving Prolia. The start of treatment or of a new course of treatment should be delayed in patients with unhealed open soft tissue lesions in the mouth. A dental examination with preventive dentistry and an individual benefit-risk assessment is recommended prior to treatment with Prolia in patients with concomitant risk factors. All patients should be encouraged to maintain good oral hygiene, undergo routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain or swelling, or non-healing of sores or discharge during treatment with Prolia. While on treatment, invasive dental procedures should be performed with caution and avoided in close proximity to Prolia treatment. Atypical Subtrochanteric and Diaphyseal Femoral Fractures: Atypical low-energy or low trauma fractures of the shaft have been reported in patients receiving Prolia. Patients should be advised to report new or unusual thigh, hip, or groin pain. Multiple Vertebral Fractures (MVF) Following Discontinuation of Prolia Treatment: Following discontinuation of Prolia treatment, fracture risk increases, including the risk of multiple vertebral fractures. If Prolia treatment is discontinued, patients should be transitioned to an alternative antiresorptive therapy. Serious Infections: Serious infections leading to hospitalization were reported in clinical trial. Dermatologic Adverse Reactions: Dermatitis, eczema, and rashes. Most of these events were not specific to the injection site. Musculoskeletal Pain: Severe and occasionally incapacitating bone, joint, and/or muscle pain. Suppression of Bone Turnover: In clinical trials treatment with Prolia resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. Osteonecrosis of the external auditory canal: Possible risk factors include steroid use and chemotherapy and/or local risk factors such as infection or trauma. Hypercalcemia in Pediatric Patients with Osteogenesis Imperfecta: Prolia is not approved for use in pediatric patients. Hypercalcemia has been reported in pediatric patients with osteogenesis imperfecta treated with denosumab products. **PREGNANCY AND LACTATION:** Pregnancy: Contraindicated. Breast-feeding: No information regarding the presence of denosumab in human milk, the effects on the breastfed infant, or the effects on milk production **UNDESIRABLE EFFECTS:** Back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, arthralgia, nasopharyngitis, hypertension, bronchitis, headache, constipation, and cystitis. Please read the full prescribing information prior to administration and full prescribing information is available on request. Version: HKPROPI104
Prolia® is a registered trademark owned or licensed by Amgen Inc., its subsidiaries, or affiliates.

EVENITY® (Romosozumab) Abbreviated Prescribing Information
EVENITY® Solution for Injection in Prefilled Syringe 105 mg/1.17 ml

INDICATIONS EVENITY is indicated in treatment of severe osteoporosis in postmenopausal women at high risk of fracture. **DOSAGE AND ADMINISTRATION** The recommended dose is 210 mg romosozumab (administered as two subcutaneous injections of 105 mg each) once monthly for 12 months. Patients should be adequately supplemented with calcium and vitamin D before and during treatment. Following completion of romosozumab therapy, transition to antiresorptive therapy is recommended in order to extend the benefit achieved with romosozumab beyond 12 months. Missed doses: If the romosozumab dose is missed, administer as soon as it can be feasible. Thereafter, the next romosozumab dose should not be given earlier than one month after the last dose. Elderly: No dose adjustment is necessary in elderly patients. Renal impairment: No dose adjustment is required in patients with renal impairment. Serum calcium should be monitored in patients with severe renal impairment or receiving dialysis. Hepatic impairment: No clinical trials have been conducted to evaluate the effect of hepatic impairment. Paediatric population: The safety and efficacy of romosozumab in paediatric patients (age <18 years) have not yet been established. No data are available. Method of administration: Subcutaneous use. To administer the 210 mg dose, 2 subcutaneous injections of romosozumab should be given into the abdomen, thigh, or upper arm. The second injection should be given immediately after the first one but at a different injection site. Administration should be performed by an individual who has been trained in injection techniques. **CONTRAINDICATIONS** Hypersensitivity to the active substance(s) or to any of the excipients. Hypocalcaemia. History of myocardial infarction or stroke. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE** Myocardial infarction and stroke: In randomised controlled studies, an increase in serious cardiovascular events (myocardial infarction and stroke) has been observed in romosozumab treated patients compared to controls. When determining whether to use romosozumab for an individual patient, consideration should be given to her fracture risk over the next year and her cardiovascular risk based on risk factors (e.g. established cardiovascular disease, hypertension, hyperlipidaemia, diabetes mellitus, smoking, severe renal impairment, age). Romosozumab should only be used if the prescriber and patient agree that the benefit outweighs the risk. If a patient experiences a myocardial infarction or stroke during therapy, treatment with romosozumab should be discontinued. Hypocalcaemia: Transient hypocalcaemia has been observed in patients receiving romosozumab. Hypocalcaemia should be corrected prior to initiating therapy with romosozumab and patients should be monitored for signs and symptoms of hypocalcaemia. If any patient presents with suspected symptoms of hypocalcaemia during treatment, calcium levels should be measured. Patients with severe renal impairment (estimated glomerular filtration rate [eGFR] 15 to 29 ml/min/1.73 m²) or receiving dialysis are at greater risk of developing hypocalcaemia and the safety data for these patients is limited. Calcium levels should be monitored in these patients. Hypersensitivity: Clinically significant hypersensitivity reactions, including angioedema, erythema multiforme, and urticaria occurred in the romosozumab group in clinical trials. If an anaphylactic or other clinically significant allergic reaction occurs, appropriate therapy should be initiated and use of romosozumab should be discontinued. Osteonecrosis of the jaw: Osteonecrosis of the jaw (ONJ), has been reported rarely in patients receiving romosozumab. All patients should be encouraged to maintain good oral hygiene, receive routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain or swelling or non-healing of sores or discharge during treatment with romosozumab. Patients who are suspected of having or who develop ONJ while on romosozumab should receive care by a dentist or an oral surgeon with expertise in ONJ. Discontinuation of romosozumab therapy should be considered until the condition resolves and contributing risk factors are mitigated where possible. Atypical femoral fractures: Atypical low-energy or low trauma fracture of the femoral shaft, which can occur spontaneously, has been reported rarely in patients receiving romosozumab. Any patient who presents with new or unusual thigh, hip, or groin pain should be suspected of having an atypical fracture and should be evaluated to rule out an incomplete femur fracture. Patient presenting with an atypical femur fracture should also be assessed for symptoms and signs of fracture in the contralateral limb. Interruption of romosozumab therapy should be considered, based on an individual benefit-risk assessment. Sodium content: This medicinal product contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially sodium-free. **INTERACTIONS** No drug interaction studies have been performed with romosozumab. No pharmacokinetic drug interactions are expected with romosozumab. **PREGNANCY AND LACTATION** Pregnancy: Romosozumab is not indicated for use in women of child-bearing potential or in pregnant women. There are no data from the use of romosozumab in pregnant women. A risk for malformations of developing digits in the human foetus is low following romosozumab exposure due to the timing of digit formation in the first trimester in humans, a period when placental transfer of immunoglobulins is limited. Breast-feeding: Romosozumab is not indicated for use in breast-feeding women. No data are available on excretion of romosozumab in human milk. Human IgGs are known to be excreted in breast milk during the first few days after birth, which is decreasing to low concentrations soon afterwards; consequently, a risk to the breast-fed infant cannot be excluded during this short period. Fertility: No data are available on the effect of romosozumab on human fertility. Animal studies in female and male rats did not show any effects on fertility endpoints. **ADVERSE REACTIONS** The most common adverse reactions were nasopharyngitis (13.6%) and arthralgia (12.4%). Hypersensitivity-related reactions occurred in 6.7% of patients treated with romosozumab. Hypocalcaemia was reported uncommonly (0.4% of patients treated with romosozumab). In randomised controlled studies, an increase in serious cardiovascular events (myocardial infarction and stroke) has been observed in romosozumab treated patients compared to controls. Adverse reactions are presented in order of decreasing seriousness by System Organ Class: *Infections and infestations:* Nasopharyngitis, Sinusitis; *Immune system disorders:* Hypersensitivity, Rash, Dermatitis, Urticaria, Angioedema. Erythema multiforme; *Metabolism and nutrition disorders:* Hypocalcaemia; *Nervous system disorders:* Headache, Stroke; *Eye disorders:* Cataract; *Cardiac disorders:* Myocardial infarction; *Musculoskeletal and connective tissue disorders:* Arthralgia, Neck pain, Muscle spasms; *General disorders and administration site conditions:* Injection site reactions **OVERDOSE** There is no experience with overdose in clinical trials.

Abbreviated Prescribing Information Version No.: HKEVEPI01

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MAC-785-1124-80002 Mar 2025

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CAPVAXIVE™
Pneumococcal 21-valent
Conjugate Vaccine

CAPVAXIVE (PCV21): A New Generation Pneumococcal Vaccine Aligned to Evolving Serotypes, Focused on IPD Prevention[1-3]

- **100%** coverage of the **top 3 serotypes (3, 15A and 23A)** causing IPD in adults **aged ≥65 years in 2025 in Hong Kong**[2,3,*]
- **22** ***Streptococcus pneumoniae*** **serotypes** are covered by PCV21 for the prevention of **invasive disease in adults**[2]

- According to a phase 3 trial in adults (n=717), PCV21 demonstrated **comparable immunogenicity against ST3** compared with PCV15[4]
- **Established safety profile:** Most adverse events were mild-to-moderate injection-site pain, and fatigue, typically resolving within 3 days. The proportion of participants with solicited injection-site and systemic AEs were generally similar between vaccine groups within each cohort. Serious adverse events were experienced by 1.8% of all participants, including 1.2% of those who received PCV21, 3.4% of those who received PCV15, and 3.5% of those who received PPSV23. No deaths occurred during the study[4]

*Coverage percentage refers to the proportion of observed IPD serotypes included in the vaccine formulation and does not account for immunogenicity or effectiveness.

Study design (Scott P, et al. 2024): This was a phase 3, double-blind (cohorts 1 and 2), open-label (cohort 3), multicenter, active comparator, parallel assignment study. A total of 717 adults (vaccine-experienced adults ≥50 years of age) were enrolled to receive a single dose of pneumococcal vaccine as follows: cohort 1 (n = 350) previously received PPSV23 and were randomized 2:1 to receive PCV21 or PCV15, respectively; cohort 2 (n = 261) previously received PCV13 and were randomized 2:1 to receive PCV21 or PPSV23, respectively; cohort 3 (n = 106) previously received PPSV23 + PCV13, PCV13 + PPSV23, PCV15 + PPSV23, or PCV15, and all received open-label PCV21. Immunogenicity was evaluated 30 days postvaccination using opsonophagocytic activity geometric mean titers and immunoglobulin G geometric mean concentrations for all PCV21 serotypes. The primary immunogenicity objective was to evaluate the serotype-specific opsonophagocytic activity (OPA) geometric mean titers (GMTs) at 30 days postvaccination for all V116 serotypes. Secondary objectives were to evaluate the serotype-specific IgG geometric mean concentrations (GMCs), as well as the geometric mean fold rise (GMFR) and proportion of participants with a ≥4-fold rise in serotype-specific antibodies from baseline (day 1) to 30 days postvaccination for all V116 serotypes. Safety was evaluated as the proportion of participants with adverse events.[4]

Abbreviations: AEs=adverse events; CHP=Centre for Health Protection; CI=confidence interval; GMCs=geometric mean concentrations; GMT=geometric mean titre; IPD=Invasive Pneumococcal Disease; OPA=opsonophagocytic activity; PCV15=15-valent pneumococcal conjugate vaccine; PCV21=21-valent pneumococcal conjugate vaccine; ST3=serotype 3

References: 1. The Government of the Hong Kong Special Administrative Region. Department of Health. Drug Office. CAPVAXIVE 21. Available from: https://www.drd.gov.hk/eps/drug/productDetail/en/pharmaceutical_trade/160367. Accessed on 8 Jun 2026. **2.** CAPVAXIVE. Hong Kong Product Circular. MSD. **3.** Centre for Health Protection. Report on IPD. Available from: https://www.chp.gov.hk/en/resources/29/636.html. Accessed on 8 Jun 2026. **4.** Scott P, et al. A Phase 3 Clinical Study to Evaluate the Safety, Tolerability, and Immunogenicity of V116 in Pneumococcal Vaccine-Experienced Adults 50 Years of Age or Older (STRIDE-6). Clin Infect Dis. 2024 Dec 17;79(6):1366-1374.

CAPVAXIVE Selected Safety Information

Indications: • CAPVAXIVE is indicated for active immunisation for the prevention of invasive disease and pneumonia caused by *Streptococcus pneumoniae* in individuals 18 years of age and older. • The use of CAPVAXIVE should be in accordance with official recommendations. **Dosing:** Vaccination with CAPVAXIVE is recommended for selected individuals as follows: Individuals 18 years of age and older •1 dose (0.5 mL). • The need for revaccination with a subsequent dose of CAPVAXIVE has not been established. **Paediatric population** • The safety and efficacy of CAPVAXIVE in children younger than 18 years of age have not been established. No data are available. **Contraindications:** Hypersensitivity to the active substances including diphtheria toxoid, or to any of the excipients. **Precautions:** • In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. • As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of a rare anaphylactic event following the administration of the vaccine. • Vaccination should be postponed in individuals suffering from acute severe febrile illness or acute infection. The presence of a minor infection and/or low-grade fever should not delay vaccination. • As with other intramuscular injections, the vaccine should be given with caution in individuals receiving anticoagulant therapy or those with thrombocytopenia or any coagulation disorder (such as haemophilia) because bleeding or bruising may occur following an intramuscular administration in these individuals. • Anxiety-related reactions, including vasovagal reactions (syncope), hyperventilation or stress-related reactions may occur in association with vaccination as a response to the needle injection. Stress-related reactions are temporary and resolve on their own. It is important that precautions are in place to avoid injury from fainting. • Safety and immunogenicity data on CAPVAXIVE are not available for individuals in immunocompromised groups. Vaccination should be considered on an individual basis. Based on experience with pneumococcal vaccines, immunocompromised individuals, including those receiving immunosuppressive therapy, may have a reduced immune response to CAPVAXIVE. • As with any vaccine, vaccination with CAPVAXIVE may not protect all vaccine recipients. This vaccine will only protect against *Streptococcus pneumoniae* serotypes included in the vaccine and to the cross-reactive serotype 15B. • This medicinal product contains less than 1 mmol sodium (23 mg) per dose, that is to say, essentially 'sodium-free'. • This medicinal product contains 0.5 mg of polysorbate 20 in each dose. Polysorbates may cause allergic reactions. **Adverse events:** The most frequently reported adverse reactions following vaccination with CAPVAXIVE in individuals 18 years of age and older were solicited. Overall, the most frequently reported adverse reactions were injection-site pain, fatigue, headache, and myalgia. The majority of local and systemic adverse reactions for individuals who received CAPVAXIVE were mild or moderate (based on intensity or size) and of short duration (≤ 3 days); severe reactions (defined as an event that prevents normal daily activity or size > 10 cm) occurred in ≤ 1.0% of adults. • For detailed side effects, please consult the full prescribing information. **Drug interactions:** • Different injectable vaccines should always be administered at different injection sites. • CAPVAXIVE can be administered concomitantly with quadrivalent influenza vaccine (split virion, inactivated). There are no data on the concomitant administration of CAPVAXIVE with vaccines other than influenza vaccines. **Pregnancy:** • There are no data on the use of CAPVAXIVE in pregnant women. • Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development. • Administration of CAPVAXIVE in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and the foetus. **Breast-feeding:** • It is unknown whether CAPVAXIVE is excreted in human milk. **Fertility:** • No human data on the effect of CAPVAXIVE on fertility are available. Animal studies in female rats do not indicate harmful effects.
Before prescribing, please consult the full prescribing information.

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HK-PCN-00003 Jun/2026

MSD | 瞄準肺

Vaxneuvance® Pneumococcal 15-valent Conjugate Vaccine

Consider PCV15 to help prevent IPD in view of rising ST3 IPD disease burden in Hong Kong[1,*]

Adults ≥50 years old

According to a phase 3, randomized, double-blind study (n=1202)

PCV15 was non-inferior to PCV13 for all 13 shared serotypes, superior for unique serotypes, and demonstrated superior immunogenicity against ST3[2]

60% **higher immunogenicity against ST3 vs PCV13**[2]
GMT ratio (PCV15/PCV13): 1.60 (95% CI 1.38-1.85) at day 30

The most frequently reported AEs (>5% of participants in either group) were the solicited events of injection-site pain, injection-site erythema, injection-site swelling, arthralgia, fatigue, headache, and myalgia. Most of the AEs were assessed as mild[2]

Infants

According to a phase 3, randomized, double-blind study (n=1720)

PCV15 was non-inferior to PCV13 for all 15 shared serotypes based on IgG response rates at PD 3 and demonstrated superior immunogenicity against ST3[3]

73% **higher immunogenicity against ST3 vs PCV13**[3,4]
GMC ratio (PCV15/PCV13): 1.73 (95% CI 1.61-1.87) P<0.001

>92% of participants experienced at least one AE. The most common AEs were those solicited in the trial, with the 3 most frequently reported AEs being irritability, somnolence, and injection-site pain[3]

ST3: 41% of total IPD cases in Hong Kong in 2025[1,*]

ST3 has a thick polysaccharide capsule, **making it highly virulent**[5]

ST3: ~40% of AMR serotypes based on epidemiological analyses of medical records in IPD adult (n=425) and pediatric patients (n=37661)[6,7]. (AMR narrows treatment options, making treatment more challenging![8])

*According to data from CHP

Study design (Platt HL, et al. 2022): This was a phase 3, randomized, double-blind, active comparator-controlled study in which pneumococcal vaccine-naïve adults 50 years of age or older were randomized to receive either VAXNEUVANCE (N=604) or PCV13 (N=601). The study was conducted from June 2019 through March 2020, enrolled 1,202 participants. The primary immunogenicity objectives were to compare VAXNEUVANCE to PCV13 for noninferiority of immune responses at 30 days postvaccination for shared serotypes (noninferiority met when lower bound of the 2 sided 95% CI of the OPA GMT ratio >0.5) and superiority of immune response at 30 days postvaccination for serotypes unique to VAXNEUVANCE (superiority met when lower bound of the 2-sided 95% CI of the OPA GMT ratio >2, and the lower bound of the 2-sided 95% CI of the difference between the proportions of participants with a > 4-fold rise >0.1). The secondary immunogenicity objective was to assess superiority of immune response for serotype 3 at 30 days postvaccination (superiority met when lower bound of the 2-sided 95% CI of the OPA GMT ratio >1.2, and the lower bound of the 2-sided 95% CI of the difference between the proportions of participants with a >4-fold rise >0).[2]
Study design (Luppinacci R, et al. 2023): This study was a phase 3, randomized, active comparator-controlled, double-blind study to evaluate the safety, tolerability, and immunogenicity of a 4-dose regimen of Vaxneuvance in healthy infants (protocol V114-029). It was conducted from June 2019 to May 2021. The study enrolled 1720 participants randomized in a 1:1 ratio to receive a 4-dose vaccination regimen of Vaxneuvance (n=858) or PCV13 (n=856). Primary immunogenicity objectives were to compare Vaxneuvance to PCV13 for non-inferiority for all serotypes using anti-PnPs serotype-specific IgG response rates (proportion of participants meeting the serotype-specific IgG threshold value of > 0.35 (g/ml) at 30 days PD3 and IgG geometric mean concentrations (GMCs) at 30 days PD3 and 30 days PD4. Serotypes 22F and 33F were compared to the lowest response rate or IgG GMC for any of the 13 shared serotypes among recipients of PCV13, excluding serotype 3. For IgG GMCs, the lower bound of the 2-sided 95 % CI for the Vaxneuvance/ PCV13 GMC ratios needed to be > 0.5 to meet non-inferiority criteria. Secondary objectives were to compare Vaxneuvance to PCV13 for superiority for IgG against serotypes 3, 22F, and 33F using anti-PnPs serotype-specific IgG response rates at 30 days PD3 and IgG GMCs at 30 days PD3 and 30 days PD4. For IgG response rates and IgG GMCs to serotypes 22F and 33F, the lower bound of the 2-sided 95 % CI for the between-group differences needed to be > 10 percentage points and > 2.0, respectively, to meet superiority criteria. For shared serotype 3, superiority based on IgG response rates and IgG GMCs was demonstrated if the lower bound of the 2-sided 95 % CI for the between-group was > 0 percentage points and > 1.2, respectively.[3]
Study design (Lau JCH, et al. 2022): Data were retrieved from the population-wide CDARS, for all adult IPD specific hospitalization episodes from 2012 – 2019. Hospitalized patients aged ≥18 years with IPD diagnosis defined by International Classification of Diseases, 9th Revision, Clinical Modification were included. 432 episodes were identified from 425 patients with IPD. Collected data include patient demographics, diagnoses, and microbiological culture and laboratory test results – including antimicrobial sensitivity and serotyping. Descriptive statistics were tabulated by each hospitalisation episode for (1) antimicrobial susceptibility (Sensitive/Intermediate/Resistance); and (2) serotype of the isolate.[6]
Study design (Lau JCH, et al. 2023): Data were retrieved from the population-wide CDARS, for hospitalisation episodes with IPD, invasive infections, and OM from 2012-2019 for patients aged <18 years. Diagnosis were defined by International Classification of Diseases, 9th Revision, Clinical Modification. 40503 episodes were identified from 37661 patients. Collected data include patient demographics, diagnoses, and microbiological culture and laboratory test results – including antimicrobial sensitivity and serotyping. Descriptive statistics were tabulated by each hospitalisation episode for (1) antimicrobial susceptibility(Sensitive/Intermediate/Resistance); and (2) serotype of the the isolate.[7]
Abbreviations: AE=adverse events; AMR=antimicrobial resistance; CDARS=clinical data analysis and reporting system; CHP=Centre for Health Protection; CI=confidence interval; GMC=geometric mean concentration; IgG=immunoglobin G; IPD=invasive pneumococcal disease; GMT=geometric mean titer; OM=otitis media; OPA=opsonophagocytic assay; PCV13=13-valent pneumococcal conjugate vaccine; PCV15=15-valent pneumococcal conjugate vaccine; PD=post-dose; PnPs=pneumococcal polysaccharide; ST3=serotype 3

References: 1. Centre for Health Protection. Communicable Disease Watch. Report on IPD. **2.** Platt HL, et al. A phase 3 trial of safety, tolerability, and immunogenicity of V114, 15-valent pneumococcal conjugate vaccine, compared with 13-valent pneumococcal conjugate vaccine in adults 50 years of age and older (PNEU-AGE). Vaccine. 2022;40(1):162-172. **3.** Lupinacci R, et al. A phase 3, multicenter, randomized, double-blind, active-comparator-controlled study to evaluate the safety, tolerability, and immunogenicity of a 4-dose regimen of V114, a 15-valent pneumococcal conjugate vaccine, in healthy infants (PNEU-PED). Vaccine. 2023;41(5):1142-1152. **4.** VAXNEUVANCE Product Circular, MSD. **5.** Hammerschmidt S, et al. Illustration of Pneumococcal Polysaccharide Capsule during Adherence and Invasion of Epithelial Cells. Infect Immun. 2005;73(8):4653-4667. **6.** Lau JCH, et al. ANTIMICROBIAL RESISTANCE IN ADULT PATIENTS WITH INVASIVE PNEUMOCOCCAL DISEASE IN HONG KONG - EPIDEMIOLOGICAL ANALYSIS OF MEDICAL RECORDS 2012-2019 (Poster #14895), Abstract Book of 7th World One Health Congress (2022). 7th World One Health Congress (miceapps.com). Accessed on Nov 21, 2022. **7.** Lau JCH, et al. PV0695 - Antimicrobial resistance in paediatric patients with pneumococcal infection in Hong Kong - epidemiology analysis of medical records 2012-2019 (ID 620) (Poster 0310) - E-poster viewing: AS08.b Bacterial pneumonia (ID 167). ESPID 2023. **8.** Subramanian R, et al. Persistence of Pneumococcal Serotype 3 in Adult Pneumococcal Disease in Hong Kong. Vaccines (Basel). 2021;9(7):756.

VAXNEUVANCE Selected Safety Information Indications: •Vaxneuvance is indicated for active immunisation for the prevention of invasive disease, pneumonia and acute otitis media caused by Streptococcus pneumoniae in infants, children and adolescents from 6 weeks to less than 18 years of age. •Vaxneuvance is indicated for active immunisation for the prevention of invasive disease and pneumonia caused by Streptococcus pneumoniae in individuals 18 years of age and older. •The use of Vaxneuvance should be in accordance with official recommendations. **Dosing:** Vaccination with Vaxneuvance is recommended for selected individuals as follows: Individuals 18 years of age and older •1 dose (0.5 mL). •The need for revaccination with a subsequent dose of Vaxneuvance has not been established. Paediatric population •The safety and efficacy of Vaxneuvance in children and adolescents less than 18 years of age please consult the full prescribing information. Special populations •One dose of Vaxneuvance may be given to individuals who have one or more underlying conditions predisposing them to an increased risk of pneumococcal disease (e.g., adults living with human immunodeficiency virus (HIV) or immunocompetent adults 18 to 49 years of age with risk factors for pneumococcal disease). **Contraindications:** Hypersensitivity to the active substances, to any of the excipients, or to any diphtheria toxoid-containing vaccine. **Precautions:** •In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. •Vaxneuvance must not be administered intravascularly. •As with all injectable vaccines, appropriate medical treatment and supervision should always be readily available in case of a rare anaphylactic event following the administration of the vaccine. •Vaccination should be postponed in individuals suffering from acute severe febrile illness or acute infection. The presence of a minor infection and/or low-grade fever should not delay vaccination. •As with other intramuscular injections, the vaccine should be given with caution to individuals receiving anticoagulant therapy, or to those with thrombocytopenia or any coagulation disorder such as haemophilia. Bleeding or bruising may occur following an intramuscular administration in these individuals. •The potential risk of apnoea and the need for respiratory monitoring for 48-72 hours should be considered when administering the primary immunisation series to very premature infants (born ≤ 28 weeks of gestation) and particularly for those with a previous history of respiratory immaturity. As the benefit of vaccination is high in this group of infants, vaccination generally should not be withheld or delayed. •Immunocompromised individuals, whether due to the use of immuno-suppressive therapy, a genetic defect, HIV infection, or other causes, may have reduced antibody response to active immunisation. Safety and immunogenicity data for Vaxneuvance are available for individuals living with HIV infection. Safety and immunogenicity data for Vaxneuvance are not available for individuals in other specific immunocompromised groups (e.g., haematopoietic stem cell transplant) and vaccination should be considered on an individual basis. •As with any vaccine, vaccination with Vaxneuvance may not protect all vaccine recipients. Vaxneuvance will only protect against Streptococcus pneumoniae serotypes included in the vaccine. •This medicinal product contains less than 1 mmol sodium (23 milligrams) per dose, i.e. essentially 'sodium-free'. **Adverse events:** The most frequently reported adverse reactions following vaccination with Vaxneuvance were solicited. The most frequent adverse reactions were pyrexia, injection-site pain, fatigue, myalgia, headache, injection-site swelling, injection-site erythema and arthralgia. The majority of solicited adverse reactions were mild (based on intensity or size) and of short duration (≤ 3 days); severe reactions (defined as being extremely distressed or unable to do usual activities or size > 7.6 cm) occurred in ≤4.5% of children and adolescents; severe reactions (defined as an event that prevents normal daily activity or size > 10 cm) occurred in ≤1.5% of adults across the clinical program. •Older adults reported fewer adverse reactions than younger adults. •For detailed side effects, please consult the full prescribing information. **Drug interactions:** •Different injectable vaccines should always be administered at different injection sites. •Immunosuppressive therapies may reduce the immune responses to vaccines. Infants and children aged 6 weeks to less than 2 years •Vaxneuvance can be given concomitantly with any of the following vaccine antigens, either as monovalent or combination vaccines: diphtheria, tetanus, pertussis, poliomyelitis (serotypes 1, 2 and 3), hepatitis A, hepatitis B, Haemophilus influenzae type b, measles, mumps, rubella, varicella and rotavirus vaccine. Children and adolescents 2 to less than 18 years of age •There are no data on the concomitant administration of Vaxneuvance with other vaccines. Data from a post-marketing clinical study evaluating the impact of prophylactic use of antipyretics (ibuprofen and paracetamol) on the immune response to other pneumococcal vaccines suggest that administration of antipyretics concomitantly or within the same day of vaccination may reduce the immune response after the infant series. Responses to the booster dose administered at 12 months were unaffected. The clinical significance of this observation is unknown. Adults •Vaxneuvance can be administered concomitantly with seasonal quadrivalent influenza vaccine (split virion, inactivated). There are no data on the concomitant administration of Vaxneuvance with other vaccines. **Pregnancy** •There is limited experience with the use of Vaxneuvance in pregnant women. •Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development. •Administration of Vaxneuvance in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and the foetus. **Breast-feeding** •It is unknown whether Vaxneuvance is excreted in human milk. **Fertility** •No human data on the effect of Vaxneuvance on fertility are available. Animal studies in female rats do not indicate harmful effects.
Before prescribing, please consult the full prescribing information.

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HK-PVC-00325 Jun/2026

References: 1. O'Byrne PM et al. N Engl J Med 2018; 378: 1865-76. **2.** Bateman ED et al. N Engl J Med 2018; 378: 1877-87. **3.** Beasley R et al. N Engl J Med 2019; DOI: 10.1056/NEJMoa1901963. **4.** Hardy J et al. Lancet 2019; Published online Aug 23, 2019; http://dx.doi.org/10.1016/S0140-6736(19)31948-8. **5.** Kuna P et al. Int J Clin Pract 2007 (May); 61(5): 725 – 36. **6.** Bousquet J et al. Respir Med 2007; 101: 2437 – 46. **7.** Sobieraj DM et al. JAMA 2018; doi: 10.1001/jama.2018.2769. **8.** Symbicort Hong Kong Package Insert. Feb 2021.

Presentation: Budesonide/Formoterol Turbuhaler. **Indications:** In adults and adolescents (12 years and older), for the treatment of asthma, to achieve overall asthma control, including the relief of symptoms and the reduction of the risk of exacerbations. Symptomatic treatment of moderate to severe COPD in adults. **Dosage:** Asthma ***1) Symbicort anti-inflammatory reliever therapy (patients with mild disease) 160/4.5 mcg Turbuhaler*** *Adult & Adolescent ≥ 12yr:* 1 inhalations as needed in response to symptoms. If symptoms persist after a few minutes, 1 additional inhalation should be taken. No more than 6 inhalations should be taken on any single occasion. A total daily dose of more than 8 inhalations is normally not needed, however a total daily dose of up to 12 inhalations can be used temporarily. ***2) Symbicort maintenance and reliever therapy*** *Adult & Adolescent ≥ 12yr:* Patients should take 1 inhalation of Symbicort Turbuhaler 160/4.5 mcg as needed in response to symptoms to control asthma. If symptoms persist after a few minutes, 1 additional inhalation should be taken. No more than 6 inhalations should be taken on any single occasion. Recommend maintenance dose is 1 inhalation b.d. and some may need 2 inhalations b.d.. A total daily dose of more than 8 inhalations is normally not needed, however a total daily dose of up to 12 inhalations can be used temporarily. ***3) Symbicort maintenance therapy 160/4.5 mcg Turbuhaler*** *Adult & Adolescent ≥ 12yr:* 1-2 inhalations b.d.. Max daily dose is 4 inhalations. **COPD *160/4.5 mcg Turbuhaler*** *Adult:* 2 inhalations b.d.. Max daily dose is 4 inhalations. **Contraindications:** Hypersensitivity to budesonide, formoterol or lactose. **Precautions:** Should be used for the shortest duration of time required to achieve control of asthma symptoms. Should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications. Not be used to initiate treatment with inhaled steroids in patients being transferred from oral steroids. It is recommended that the maintenance dose be tapered when long-term treatment is discontinued. Potential systemic effects of ICS, HPA axis suppression and adrenal insufficiency, bone density, growth, visual disturbance, infections/tuberculosis, sensitivity to sympathomimetic amines, cardiovascular disorders, hypokalaemia, diabetes, pneumonia, lactose, pregnancy & lactation. Not recommended for children below 12 years of age. Incidence of candidiasis can be minimized by having patients rinse their mouth out with water after inhaling their maintenance dose. **Interactions:** CYP3A4 inhibitors, beta-receptor blocking agents, other sympathomimetic agents, Xanthine derivatives, mineralocorticosteroids and diuretics, Monoamine oxidase inhibitors, tricyclic antidepressants, quinidine, disopyramide, procainamide, phenothiazines and antihistamines. **Undesirable effects:** Palpitations, Candida infections in the oropharynx, headache, tremor, mild irritation in the throat, coughing, hoarseness. **Full local prescribing information is available upon request.** API.HK.SYM.0721

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HK-12369 27/10/2025

Symbicort® budesonide/formoterol **EFFICACY WHEN IT MATTERS**

forxiga (dapagliflozin)

ONCE-DAILY xigduo XR (dapagliflozin/metformin HCl extended-release) tablets

LIVE BETTER, LONGER

FORXIGA - your choice of SGLT2i with mortality benefits in CKM management[1*]

CKD:

Forxiga reduces kidney function decline, ESKD, and renal or CV death

39% RRR[2]

vs placebo
(HR 0.61 (95% CI:0.51, 0.72); P<0.001; N=4304)

Heart failure:

Forxiga reduces time to the first occurrence of hospital admission for worsening HF or death from CV causes **across the range of EF**[3]

22% RRR[3]

vs placebo
(HR 0.78 (95% CI 0.72–0.86); P < 0.001)

T2D:

Xigduo XR provides powerful glycaemic control in **once daily combination**

1.9%[4]

HbA1C from baseline

*Forxiga (dapagliflozin) is indicated for chronic kidney disease, heart failure and type 2 diabetes

CI=Confidence interval; CKD=Chronic kidney disease; CKM=Cardiovascular-kidney-metabolic; CV=Cardiovascular; EF=Ejection fraction; ESKD=End-stage kidney disease; HbA1C=Glycated Hemoglobin; hHF=hospitalization for heart failure; HF=heart failure; HR=Hazard ratio; RRR=Relative risk reduction; SGLT2i=sodium-glucose co-transporter 2 inhibitors; T2D=Type 2 diabetes.

References: 1. Forxiga Hong Kong Prescribing Information December 2023 **2.** Heerspink HJL, et al. N Engl J Med. 2020 Oct 8;383(15):1436-1446. **3.** Jhund PS, et al. Nat Med. 2022;28(9):1956–1964 **4.** Henry RR, et al. Int J Clin Pract. 2012 May:66(5):446-56.

Intended for Healthcare professionals only.

Please visit contactazmedical.astrazeneca.com, for (1) enquiring Medical Information (MI), (2) reporting Individual Case Safety Report (ICSR) and/or (3) reporting Product Quality Complaint (PQC) to AstraZeneca Hong Kong Limited.

HK-11317 (03/2025)

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FORXIGA XIGDUO XR

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10 YEARS ANNIVERSARY forxiga

once weekly

mounjaro®

(tirzepatide) injection

A Lilly Medicine

TOGETHER, REACHING WEIGHT LOSS GOALS IS POSSIBLE[1]

Actor portrayals. Not actual patients or healthcare providers.

A novel mechanism of action: The first-and-only approved GIP/GLP-1 receptor agonist[1,2]

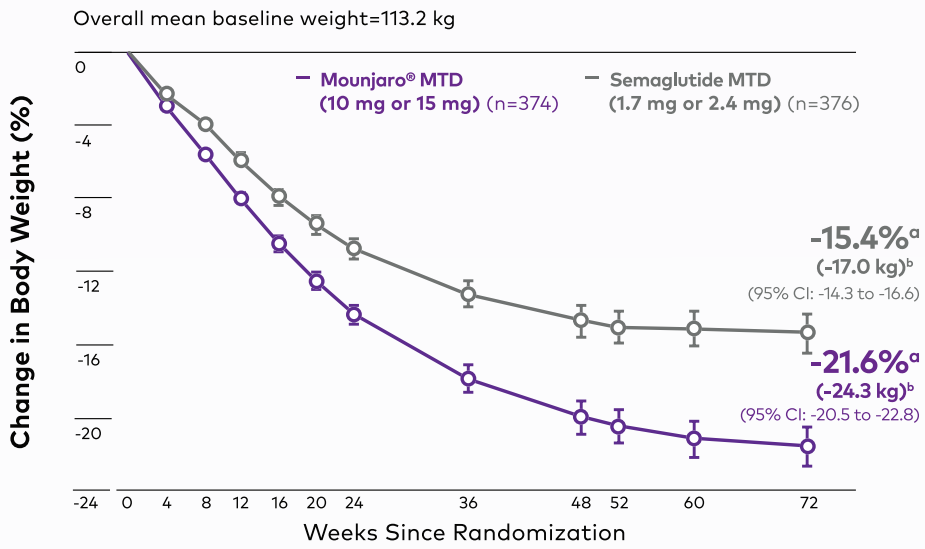
Significant weight loss: Up to 22.5% (-23.6 kg) average body weight reduction[1,3,*,†]

Cardiometabolic improvement: As demonstrated across key parameters, including blood pressure, waist circumference, triglycerides, HDL and LDL cholesterol[3,‡,§]

Mounjaro® vs semaglutide

40% greater relative reduction in body weight[4,‖]

Mean Percentage Change in Body Weight Over Time From Randomization to Week 72[4]



[a]I bars indicate 95% confidence intervals, adjusted for multiplicity.[4]
[b]Not adjusted for multiplicity.[4]

*In SURMOUNT-1 efficacy estimand, the weight loss of Mounjaro® was superior and clinically meaningful compared to placebo (p<0.001). The mean change at end of treatment (week 72) was -16.0% (a reduction of 16.1 kg) with Mounjaro® 5 mg dose; -21.4% (a reduction of 22.2 kg) with Mounjaro® 10 mg dose; -22.5% (a reduction of 23.6 kg) with Mounjaro® 15 mg dose and the mean change with placebo was -2.4% (a reduction of 2.4 kg), and included a reduced-calorie diet and increased physical activity.[1,3]
†Efficacy estimand, MMRM analysis, MITT population (efficacy analysis set).[1,3]
‡Mounjaro® is not indicated to reduce cardiometabolic parameters. In SURMOUNT-1 trial, reductions in blood pressure, waist circumference, triglycerides, HDL cholesterol and LDL cholesterol were secondary endpoints.[1,3]
§The efficacy estimand for individual doses was not adjusted for multiplicity, with the exception of waist circumference 10 mg and 15 mg.[3]
‖SURMOUNT-5 was a 72-week, phase 3b, multicenter, randomized, parallel-arm, open-label, comparator-controlled study that evaluated the efficacy and safety of Mounjaro® MTD (10 mg or 15 mg) compared with semaglutide MTD (1.7 mg or 2.4 mg) in adults with obesity (BMI ≥ 30 kg/m²) or overweight (BMI ≥ 27 kg/m²) with at least one weight-related complication, excluding diabetes. The study included a 2-week screening period. Mean baseline weight was 112.7 kg for Mounjaro® MTD (10 mg or 15 mg) and 113.4 kg for semaglutide MTD (1.7 mg or 2.4 mg). Participants in both the Mounjaro® and semaglutide treatment arms received lifestyle intervention, including a reduced-calorie diet and increased physical activity. Primary endpoint was mean percentage change in body weight from baseline to 72 weeks. Secondary endpoints were body weight reductions of 10%, 15%, 20%, and 25% from baseline to 72 weeks and change in waist circumference (cm) from baseline to 72 weeks. Primary and key secondary endpoints were adjusted for multiplicity. Limitation of an open-label study may be related to a bias in evaluation of the outcomes, efficacy, and/or safety, and analysis was not tested against a placebo-controlled comparison group.[4]

BMI = body mass index; GIP = glucose-dependent insulinotropic polypeptide; GLP-1 = glucagon-like peptide-1; HDL = high-density lipoprotein; LDL= low-density lipoprotein; mITT = modified intent-to-treat; MMRM = mixed model for repeated measures; MTD = maximum tolerated dose.

INDICATION[1]

Mounjaro® is indicated:

1. For the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:
   - as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
   - in addition to other medicinal products for the treatment of diabetes
2. For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of ≥ 30 kg/m² (obesity) or ≥ 27 kg/m² to < 30 kg/m² (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

SAFETY PROFILE[1,3,5-10]

Type 2 diabetes mellitus:
In 7 completed phase 3 studies, 5119 patients were exposed to Mounjaro® alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhea (very common), constipation (common), and vomiting (common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.

Weight management:
In 2 completed phase 3 studies, 2519 patients were exposed to Mounjaro® alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhea (very common), constipation (very common), and vomiting (very common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.

References: 1. Mounjaro® Hong Kong Prescribing Information. **2.** Willard FS, et al. JCI Insight. 2020;5(17):e140532. **3.** Jastreboff AM, et al. N Engl J Med. 2022;387(3):205-216. **4.** Aronne LJ, et al. N Engl J Med. 2025;393(1):26-36. **5.** Garvey WT, et al. Lancet. 2023;402(10402):613-626. **6.** Frias JP, et al. N Engl J Med. 2021 Aug 5;385(6):503-515. **7.** Rosenstock J, et al. Lancet. 2021 Jul 10;398(10295):143-155. **8.** Ludvik B, et al. Lancet. 2021 Aug 14;398(10300):583-598. **9.** Del Prato S, et al. Lancet. 2021 Nov 13;398(10313):1811-1824. **10.** Dahl D, et al. JAMA. 2022 Feb 8;327(6):534-545.

Scan to Access the Full Prescribing Information of Mounjaro®

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PP-TR-HK-0340 10/2025

FreeStyle
Libre 2 PLUS

For all patients living with diabetes.

Libre systems positively leading to Meaningful Behavior Change & A1c Reduction.[1]

GLP1 - RA = Glucagon like peptide 1 reception agonist

The Libre system works seamlessly to offer easily shared data & insights.

FOR PATIENTS

LibreLink app*
Libre 2 Plus sensor

FOR HEALTHCARE PROFESSIONALS

LibreView†

FOR CAREGIVERS

LibreLinkUp app‡

The FreeStyle Libre 2 Plus System is indicated for measuring interstitial fluid glucose levels in people (aged 2+) with diabetes.

Images are for illustrative purposes only. Not real data.

1. Soriano EC, et al. Presented at ATTD Conference; Mar 19-22, 2025; Amsterdam, Netherlands.

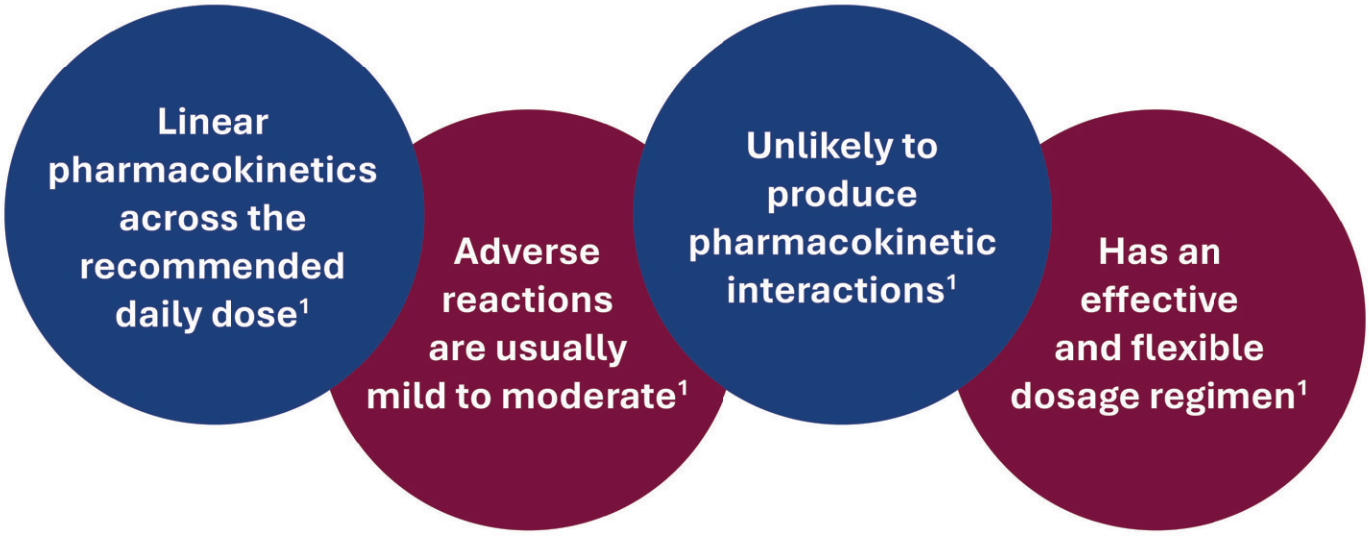
*The FreeStyle LibreLink app is only compatible with certain mobile devices and operating systems. Please check the website for more information about device compatibility before using the app. Sharing of glucose data requires registration with LibreView.

†The LibreView data management software is intended for use by both patients and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis, and evaluation of historical glucose device data to support effective diabetes management. The LibreView software is not intended to provide treatment decisions or to be used as a substitute for professional healthcare advice.

‡The LibreLinkUp app is only compatible with certain mobile devices and operating systems. Please check www.librelinkup.com for more information about device compatibility before using the app. Use of the LibreLinkUp app requires registration with LibreView. Dosing decisions should not be made based on this device. The user should follow instructions on the continuous glucose monitoring system. This device is not intended to replace self-monitoring practices as advised by a physician. 4. The user's device must have internet connectivity for glucose data to automatically upload to LibreView and to transfer to connected LibreLinkUp app users.

Abbott

LYRICA® is well tolerated for the management of neuropathic pain[1-3]



LYRICA® is indicated for neuropathic pain, epilepsy, generalised anxiety disorder and fibromyalgia[1]

Choose LYRICA® for rapid and effective relief of neuropathic pain

Refer below for dosing guidance (or dosage information) by indication[1]

References: 1. Lyrica (pregabalin) Prescribing Information: Version October 2024. **2.** Stacey BR, et al. Pregabalin for postherpetic neuralgia: placebo-controlled trial of fixed and flexible dosing regimens on allodynia and time to onset of pain relief. *J Pain* 2008;9(11):1006-1017. **3.** Taguchi T, et al. Effectiveness of pregabalin for the treatment of chronic low back pain with accompanying lower limb pain (neuropathic component): a non-interventional study in Japan. *J Pain Res* 2015;8:487-497.

LYRICA SUMMARY OF PRODUCT INFORMATION

TRADE NAME: LYRICA. **PRESENTATION:** Each Lyrica hard capsule contains 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg or 300 mg of pregabalin. (Not all strengths may be marketed). **INDICATIONS**: Treatment of peripheral and central neuropathic pain in adults; adjunctive therapy in adults with partial seizures with or without secondary generalisation; treatment of Generalised Anxiety Disorder (GAD) in adults; management of fibromyalgia. **DOSAGE**: 150 to 600 mg/day given in either two or three divided doses. For neuropathic pain: start at 150 mg/day, may be increased to 300 mg/day after interval of 3 to 7 days, if needed, to a maximum of 600 mg/day after an additional 7-day interval. For epilepsy: start with 150 mg/day, may be increased to 300 mg/day after 1 week. The maximum dosage of 600 mg/day may be achieved after an additional week. For GAD: start with 150 mg/day, may be increased to 300 mg/day after 1 week. Following an additional week, dosage may be increased to 450 mg/day. The maximum dosage of 600 mg/day may be achieved after an additional week. For fibromyalgia: The recommended dose is 300 to 450 mg/day. Dosing should begin at 75 mg BID (150 mg/day) and may be increased to 150 mg BID (300 mg/day) within 1 week based on efficacy and tolerability. Patients who do not experience sufficient benefit with 300 mg/day may be further increased to 225 mg BID (450 mg/day). Treatment with doses above 450mg/day is not recommended. Renal impairment: Dosage reduction in patients with compromised renal function must be individualized according to creatinine clearance. Paediatric population: No recommendation on posology can be made. Elderly population: Elderly patients may require a dose reduction due to decreased renal function. **CONTRAINDICATIONS**: Hypersensitivity to active substance or to any of the excipients. **WARNINGS & PRECAUTIONS**: Some diabetic patients who gain weight on pregabalin treatment may need to adjust hypoglycaemic medicinal products. Hypersensitivity reactions: Pregabalin should be discontinued immediately if symptoms of angioedema, such as facial, perioral, or upper airway swelling occur. Severe cutaneous adverse reactions including Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported rarely in association with pregabalin treatment. Pregabalin treatment has been associated with dizziness and somnolence, and therefore, may influence the ability to drive or use machines. There have been post-marketing reports of loss of consciousness, confusion, mental impairment, visual adverse reactions, and congestive heart failure. Cases of renal failure, misuse, abuse, encephalopathy, suicidal ideation and behavior have been reported. Drug dependence may occur at therapeutic doses. Withdrawal symptoms have been observed in some patients after discontinuation of short-term and long-term treatment of pregabalin. Caution is advised when prescribing pregabalin concomitantly with opioids due to risk of CNS depression. Dose adjustment may be necessary in patients with compromised respiratory function, respiratory or neurological disease, renal impairment, concomitant use of CNS depressant and elderly due to risk of severe respiratory depression. Lyrica contains lactose monohydrate. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucosegalactose malabsorption should not take this medicinal product. **INTERACTIONS**: Pregabalin may potentiate the effects of ethanol and lorazepam. **PREGNANCY AND BREAST-FEEDING**: Studies in animals have shown reproductive toxicity. Lyrica use in the first trimester of pregnancy may cause major birth defect in the unborn child. The risk of major congenital malformation among the paediatric population exposed to pregabalin in the first trimester was slightly higher compared to unexposed population. Pregabalin should not be used during pregnancy unless clearly necessary. Effective contraception must be used in women of childbearing potential. Pregabalin is excreted into human milk. A decision must be made whether to discontinue breast-feeding or to discontinue pregabalin therapy. **SIDE EFFECTS**: Very common: Dizziness, somnolence, headache. Common: nasopharyngitis, appetite increased, euphoric mood, confusion, irritability, disorientation, insomnia, libido decreased, ataxia, coordination abnormal, tremor, dysarthria, amnesia, memory impairment, disturbance in attention, paraesthesia, hypoesthesia, sedation, balance disorder, lethargy, vision blurred, diplopia, vertigo, vomiting, nausea, constipation, diarrhoea, flatulence, abdominal distension, dry mouth, muscle cramp, arthralgia, back pain, pain in limb, cervical spasm, erectile dysfunction, oedema peripheral, oedema, gait abnormal, fall, feeling drunk, feeling abnormal, fatigue, weight increased. Reference: HK PI (Oct 2024) Date of preparation: Aug 2025 Identifier number: LYRI0825 **FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST**.

For healthcare professionals only.

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VIATRIS™

PM-LYR-25-091703 SEPT 2025

One Target, Dual Action, Six Indications

DUPIXENT targets IL-4Ra with dual action on both IL-4 & IL-13 to reduce Type 2 inflammation[1,2]

DUPIXENT - your versatile biologic that targets six conditions[3]

Atopic Dermatitis (AD)
- Moderate-to-severe AD in adults and adolescents ≥12 years old†
- Severe AD in children 6 months to 11 years old†

6+ months

Asthma
- In adults and adolescents ≥12 years old as add-on maintenance treatment for severe asthma with Type 2 inflammation*
- In children 6 to 11 years old as add-on maintenance treatment for severe asthma with Type 2 inflammation^

6+ years

Chronic rhinosinusitis with nasal polyposis (CRSwNP)
- As an add-on therapy with intranasal corticosteroids for the treatment of adults with severe CRSwNP#

18+ years

Prurigo Nodularis (PN)
- Moderate-to-severe PN in adults who are candidates for systemic therapy

18+ years

Eosinophilic Esophagitis (EoE)
- In adults and adolescents ≥12 years old weighing ≥40 kg‡

12+ years

Newly approved

Chronic Obstructive Pulmonary Disease (COPD)
- As add-on maintenance treatment with other medicines for adults with uncontrolled COPD§

18+ years

† Candidates for systemic therapy
* Characterised by raised blood eosinophils and/or raised FeNO, who are inadequately controlled with high dose ICS plus another medicinal product for maintenance treatment.
^ Characterised by raised blood eosinophils and/or raised FeNO, who are inadequately controlled with medium to high dose ICS plus another medicinal product for maintenance treatment.
# For whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control.
‡ Those who are inadequately controlled by, are intolerant to, or who are not candidates for conventional medicinal therapy.
§ Characterised by raised blood eosinophils, on a combination of an inhaled corticosteroid (ICS), a long acting beta2-agonist (LABA), and a long-acting muscarinic antagonist (LAMA), or on a combination of a LABA and a LAMA if ICS is not appropriate.

Abbreviations: AD=atopic dermatitis; COPD = chronic obstructive pulmonary disease; CRSwNP= chronic rhinosinusitis with nasal polyps; EoE= eosinophilic esophagitis; FeNO=fractional exhaled nitric oxide; ICS=inhaled corticosteroids; LABA = long acting beta2-agonist; LAMA = long acting muscarinic antagonist; PN=prurigo nodularis.

References:
1. Guttman-Yassky E, et al. J Allergy Clin Immunol. 2019;143(1):155-172. 2. Gandhi NA, et al. Nat Rev Drug Discov. 2016;15(1):35-50 3.DUPIXENT® Hong Kong Prescribing Information

Presentation: Dupilumab solution for injection in a pre-filled syringe with needle shield. **Indications:** Atopic Dermatitis (AD): Moderate-to-severe AD in adults and adolescents ≥12 years who are candidates for systemic therapy; severe atopic dermatitis in children 6 months to 11 years old who are candidates for systemic therapy. Asthma: In adults and adolescents ≥12 years as add-on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised FeNO, who are inadequately controlled with high dose ICS plus another medicinal product for maintenance treatment. In children 6 to 11 years old as add-on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised FeNO, who are inadequately controlled with medium to high dose ICS plus another medicinal product for maintenance treatment. For 300 mg only – Chronic rhinosinusitis with nasal polyposis (CRSwNP): As an add-on therapy with intranasal corticosteroids for the treatment of adults with severe CRSwNP for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control. Prurigo Nodularis (PN): Moderate-to-severe PN in adults who are candidates for systemic therapy. Eosinophilic esophagitis (EoE): In adults and adolescents ≥12 years, weighing ≥40 kg, who are inadequately controlled by, are intolerant to, or who are not candidates for conventional medicinal therapy. Chronic obstructive pulmonary disease (COPD): In adults as add-on maintenance treatment for uncontrolled COPD characterised by raised blood eosinophils on a combination of ICS, LABA, and LAMA, or on a combination of LABA and LAMA if ICS is not appropriate. **Dosage & Administration:** Subcutaneous injection. AD adults: Initial dose of 600 mg (two 300 mg injections), followed by 300 mg Q2W. AD adolescents (12-17y/o): Body weight <60 kg- initial dose of 400 mg (two 200 mg injections), followed by 200 mg Q2W. Body weight ≥60 kg- same dosage as adults. AD children (6-11y/o): Body weight 15kg-<60 kg- initial dose of 300 mg on Day 1 follow by 300 mg on Day 15, then 300mg Q4W. Body weight ≥60 kg- same dosage as adults. * The dose may be increased to 200 mg Q2W in patients with body weight of 15 kg-< 60 kg based on physician's assessment. AD children (6 months-5y/o): Body weight 5kg-<15 kg- initial dose of 200 mg, then 200 mg Q4W. Body weight 15kg-<30 kg- initial dose of 300 mg, then 300 mg Q4W. Dupilumab can be used with or without topical corticosteroids. Topical calcineurin inhibitors may be used, but should be reserved for problem areas only, e.g. face, neck, intertriginous and genital areas. Consider discontinuing treatment in patients who have shown no response after 16 weeks. Asthma adults and adolescents: Initial dose of 400 mg, followed by 200 mg Q2W. For patients with severe asthma and on oral corticosteroids or with severe asthma and co-morbid moderate-to-severe AD or adults with co-morbid severe CRSwNP- initial dose of 600 mg, followed by 300 mg Q2W. Asthma children (6-11y/o): Body weight 15kg-<30 kg- 300 mg Q4W. Body weight 30kg-<60 kg- 200 mg Q2W; or 300 mg Q4W. Body weight ≥60 kg- 200 mg Q2W. For paediatric patients (6-11y/o) with asthma and co-morbid severe atopic dermatitis, as per approved indication, the recommended dose should follow AD children (6-11y/o). Patients receiving concomitant oral corticosteroids may reduce steroid dose gradually once clinical improvement with dupilumab has occurred. The need for continued dupilumab therapy should be considered at least annually as determined by a physician. CRSwNP: Initial dose of 300 mg, followed by 300 mg Q2W. Consider discontinuing treatment in patients who have shown no response after 24 weeks. PN: Initial dose of 600 mg (two 300 mg injections), followed by 300 mg Q2W. Dupilumab can be used with or without topical corticosteroids. Consider discontinuing treatment in patients who have shown no response after 24 weeks. EoE: 300 mg QW. Dupilumab 300 mg QW has not been studied in patients with EoE weighing <40 kg. Dosing beyond 52 weeks has not been studied. COPD: 300 mg Q2W. Consider discontinuing treatment in patients who have shown no response after 52 weeks. For Missed dose instructions, please refer to the full prescribing information. **Contraindications:** Hypersensitivity to dupilumab or any of the excipients. **Precautions:** Not be used to treat acute symptoms, acute exacerbations of asthma or COPD, acute bronchospasm or status asthmaticus. Do not discontinue corticosteroids abruptly upon start of dupilumab. Reduction should be gradual and performed under supervision of a physician; it may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy. Biomarkers of type 2 inflammation may be suppressed by systemic corticosteroid use. If systemic hypersensitivity reaction occurs, discontinue dupilumab and initiate appropriate therapy. Be alert to vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in patients with eosinophilia. Treat pre-existing helminth infections before initiating dupilumab. If patients become infected while receiving dupilumab and do not respond to anti-helminth treatment, discontinue dupilumab until infection resolves. Cases of enterobiasis were reported in children 6 to 11 years old in the paediatric asthma development program. Advise patients to promptly report new onset or worsening eye symptoms. Patients who develop conjunctivitis, dry eye and keratitis that does not resolve following standard treatment should undergo ophthalmological examination. Sudden changes in vision or significant eye pain that does not settle warrant urgent review. Patients with comorbid asthma should not adjust or stop asthma treatments without consultation with physicians. Carefully monitor patients after discontinuation of dupilumab. Avoid using live and live attenuated vaccines concurrently with dupilumab. Patients should be brought up to date with immunisations before starting dupilumab. **Drug Interactions:** Immune responses to TdaP vaccine and meningococcal polysaccharide vaccine were assessed. Patients receiving dupilumab may receive concurrent inactivated or non-live vaccinations. **Pregnancy and lactation:** Should be used during pregnancy only if potential benefit justifies potential risk to foetus. Unknown whether dupilumab is excreted in human milk or absorbed systemically after ingestion. Decision must be made whether to discontinue breast-feeding or dupilumab taking into account benefit of breast feeding for the child and benefit of therapy for the woman. **Undesirable effects:** Most common adverse reactions reported- injection site reactions, conjunctivitis, conjunctivitis allergic, arthralgia, oral herpes, eosinophilia and injection site bruising. Safety profile observed in adolescents and children 6 months to 11 years old consistent with that seen in adults. For other undesirable effects, please refer to the full prescribing information. **Preparation:** 2 x 300mg/2ml in pre-filled syringe with needle shield, 2 x 200mg/1.14ml in pre-filled syringe with needle shield. **Legal Classification:** Part 1, First & Third Schedules Poison **Full prescribing information is available upon request.**

MAT-HK-2400891-1.0-12/2024

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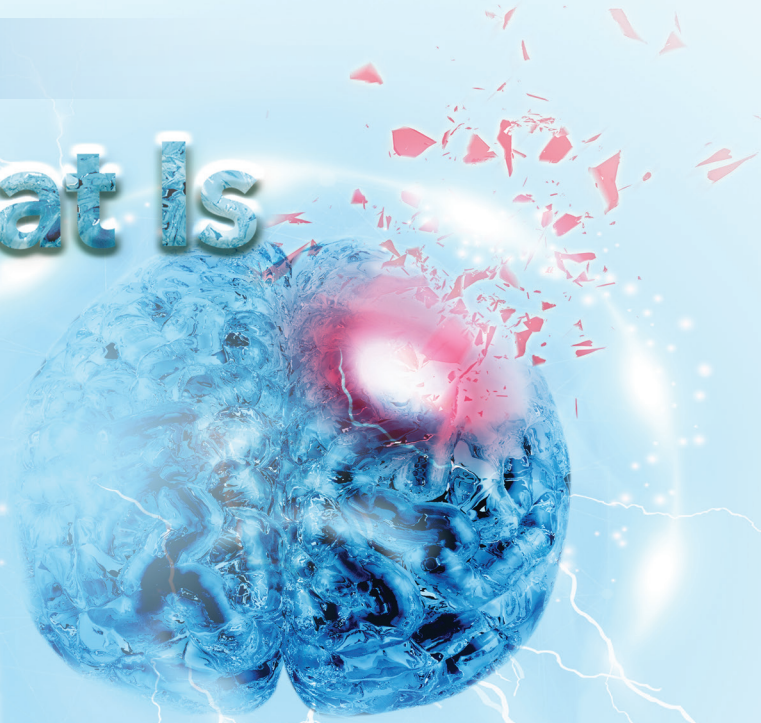

Somazina® shows proven efficacy in:

STROKE

- Prevents infarct growth[1]
- Increases probability of complete recovery in patients with moderate-to-severe ischemic strokes[2]

PSCI

- Prevents cognitive decline in patients with cerebrovascular disease[3]
- Improves executive functions after first-ever ischemic stroke[4]

Favorable tolerability profile[6]

TBI

- Enhances capacity to resume normal occupational and social activities[5]

TBI = traumatic brain injury. PSCI = poststroke vascular cognitive impairment.

References
1. Secades JJ. Citicoline: pharmacological and clinical review, 2010 update. Rev Neurol 2011;52:S1-S62. 2. Davalos A, Castillo J, Alvarez-Sabin J, et al. Oral citicoline in acute ischemic stroke: an individual patient data pooling analysis of clinical trials. Stroke 2002;33:2850-2857. 3. Almeria M, Alvarez I, Molina-Seguin J, et al. Citicoline May Prevent Cognitive Decline in Patients with Cerebrovascular Disease. Clin Interv Aging. 2023 Jul 19;18:1093-1102. 4. Alvarez-Sabin J, Ortega G, Jacas C, et al. Long-term treatment with citicoline may improve poststroke vascular cognitive impairment. Cerebrovasc Dis 2013;35:146-154. 5. Calatayud Maldonado V, Calatayud Pérez JB, Aso Escario J. Effects of CDP-choline on the recovery of patients with head injury. J Neurol Sci 1991;103:S15-18. 6. Cho HJ, Kim YJ. Efficacy and safety of oral citicoline in acute ischemic stroke: drug surveillance study in 4,191 cases. Methods Find Exp Clin Pharmacol 2009;31:171-176.

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somazina® citicoline

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