Hong Kong Society of Nephrology
Annual Scientific Meeting
2023
8 October 2023 (Sunday)
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Welcome Message

Last year, I mentioned a myth in the Welcome Message: “We learn medicine by on-the-job training.” The point is that we need knowledge for us to learn medicine, and it is never easy to build up knowledge by patient encounter alone. I won’t object that “To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.” With this in mind, we hope the CME Course, co-organized with the Asian Pacific Society of Nephrology APSN, will be practical for nephrologists who need to see consultations. That can be consultation from an oncology ward, or from the liver transplant team. Topics from the CME Course will also cover organ shortage from overseas speakers and nephrology case presentation by local nephrologists.

We are also privileged to have invited Prof. Morgan Grams and Prof. Wayne Hawthorne, awardees of the Richard Yu Endowment Fund Award Lecture and Chan Woon Cheung Memorial Fund Award Lecture respectively. The lectures on chronic kidney disease and xenotransplantation are highlights of the Annual Scientific Meeting.

We are also looking forward to the Keynote Lectures. The theme of our Keynote Lecture in 2023 is the emerging distinct disciplines of artificial intelligence and big data. Prof. Szeto and Dr. Ching Lung Cheung from the two universities will discuss what make them such powerful approach.

In addition, we have addressed real world nephrology issues such as vascular access problems, gender disparities and environmental challenges for nephrologists.

We are also looking forward to the HKSNRG Research Grant result announcement and the sharing of Hong Kong Renal Registry data by Dr. John Chan.

Let’s join hands to thank all the chairpersons, speakers and industrial sponsors to make this Annual Scientific Meeting possible and thrive.

KM

Dr. Kai Ming CHOW
Chairman, Hong Kong Society of Nephrology
## Programme

### Annual Scientific Meeting

**8 October 2023**

Kowloon Shangri-La, Hong Kong

<table>
<thead>
<tr>
<th>Time</th>
<th>Programme</th>
<th>Speaker Information</th>
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<tbody>
<tr>
<td>08:00 – 08:30</td>
<td><strong>Registration</strong></td>
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</table>
| 08:30 – 08:35   | **Opening Address**
                                Chairman, Hong Kong Society of Nephrology   | Dr. Kai Ming CHOW                                                                      |
| 08:35 – 09:20   | **Richard Yu Endowment Fund Award Lecture**
                                *Chairs: Prof. Richard Yue Hong YU and Dr. Kai Ming CHOW*   | Prof. Morgan GRAMS
                                New York University, USA                                                                   |
| 09:20 – 10:05   | **Chan Woon Cheung Memorial Fund Award Lecture**
                                *Chairs: Dr. Wai Kong CHAN and Prof. Philip Kam Tao LI*   | Prof. Wayne HAWTHORNE
                                The University of Sydney, Australia                                                             |
| 10:05 – 10:40   | **Group Photo and Coffee Break / Exhibition**                             |                                                                                     |
| 10:40 – 11:40   | **Keynote Lecture**
                                *Chairs: Dr. Sunny Sze Ho WONG and Dr. Desmond Yat Hin YAP*   | Prof. Cheuk Chun SZETO
                                The Chinese University of Hong Kong                                                                  |
|                 | **Is ChatGPT good news for the kidney?**                                 | Dr. Ching Lung CHEUNG
                                The University of Hong Kong                                                                     |
| 11:40 – 12:00   | **Annual General Meeting of Hong Kong Society of Nephrology / Exhibition** |                                                                                     |
| 12:00 – 13:00   | **Lunch / Exhibition**                                                    |                                                                                     |
| 13:00 – 14:25   | **Nephrology Epidemiology Session**
                                *Chairs: Dr. Sze Kit YUEN and Dr. Andrew Kui Man WONG*   | Prof. Morgan GRAMS
                                New York University, USA                                                                   |
|                 | **Multi-modal data approaches to CKD prognosis**                        |                                                                                     |
|                 | **Report on Hong Kong Renal Registry 2022**                             | Dr. John Yiu Han CHAN
                                Hong Kong Renal Registry                                                                  |
| 14:25 – 14:35   | **HKSN and HKKF Research Grant Awards 2023**
                                *Chairs: Prof. Siu Fai LUI and Dr. Vincent Chik Cheung CHOW*   |                                                                                     |
| 14:35 – 14:50   | **Coffee Break / Exhibition**                                             |                                                                                     |
| 14:50 – 15:30   | **Real World Nephrology Session**
                                *Chairs: Dr. Ping Nam WONG and Ms. Maggie LEE*   | Ms. Dorothy SUNG
                                KCC Nursing Consultant                                                             |
|                 | **Strategy to prevent blockage of haemodialysis catheter**              | Dr. Lorraine KWAN
                                APSN Diversity and Equity Committee Member                                                  |
|                 | **Gender disparities in nephrology**                                     | Dr. Winston FUNG
                                ISN Emerging Leader                                                                   |
|                 | **Green nephrology: the time is now**                                    |                                                                                     |
| 15:30 – 15:35   | **Closing Remarks**                                                      | Chairman                                                                            |

*The programme is subject to change without prior notice.*
Dear Members

It is the second year since I took up the chairmanship of the Hong Kong Society of Nephrology HKSN. I would like to take this opportunity to thank all of you wholeheartedly for supporting the HKSN. There are many seniors and colleagues I have to thank. Mentions of some and not others is invidious; however, I’d like to appreciate the support from Prof. Richard Yu, past Chairman Dr. YL Cheng, and HKSN advisors Dr. SF Lui, Dr. Andrew Wong and Prof. Sydney Tang.

As of September 2023, the Hong Kong Society of Nephrology has 839 members (202 full members and 637 associate members). Instead of narrating landmark activities in this Chairman’s report, I wish to group them into three visions of mine in the HKSN initiatives.

I have reflected on three key milestones or primary objectives of HKSN: (1) to serve our members, (2) to promote the education of healthcare professional, public and patients, and (3) to serve our patients.

[1] Serving HKSN Members

Launched in 2021, the HKSN Membership Portal has served the members-only functions (membership fee payment, education materials, conference sponsorship and reimbursement application).

HKSN full members, subjected to HKSN’s joining the ISN International Society of Nephrology and ISPD International Society Collective Membership, have been entitled to have free online access to the Asian Pacific Society of Nephrology APSN Journal – Nephrology, Kidney International, Kidney International Reports and Peritoneal Dialysis International.

From the perspective of an academic society, the priorities are always education and research. The number of members who received conference sponsorship exceeds 100 each year. We hope our electronic banking system has made the reimbursement process less tedious for our members.

<table>
<thead>
<tr>
<th>Date</th>
<th>Conference</th>
<th>Format</th>
<th>Number of HKSN members</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-27 February 2022</td>
<td>World Congress of Nephrology 2022, Kuala Lumpur</td>
<td>Virtual</td>
<td>5</td>
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<tr>
<td>19-22 May 2022</td>
<td>59th ERA EDTA Congress, Paris</td>
<td>Virtual</td>
<td>13</td>
</tr>
<tr>
<td>3 – 6 November 2023</td>
<td>ASN Kidney Week 2022, Orlando</td>
<td>Virtual</td>
<td>32</td>
</tr>
<tr>
<td>30 March to 2 April 2023</td>
<td>World Congress of Nephrology 2023, Bangkok</td>
<td>Hybrid</td>
<td>13</td>
</tr>
<tr>
<td>15 – 18 June 2023</td>
<td>59th ERA EDTA Congress, Paris</td>
<td>Hybrid</td>
<td>16</td>
</tr>
<tr>
<td>35-28 August 2023</td>
<td>18th Congress of Asian Society of Transplantation</td>
<td>Physical</td>
<td>30</td>
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<tr>
<td>1 – 5 November 2023</td>
<td>ASN Kidney Week 2023, Philadelphia</td>
<td>Physical</td>
<td>8</td>
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<tr>
<td>2022 to 2023</td>
<td>Total</td>
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<td>117</td>
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Much has been said about the merits of collaboration in research. In fact, the HKSN Educational Symposium 2022 on COVID-19 has been the catalyst for three articles (see below) jointly authored by different chairpersons and speakers of the Symposium. Hopefully, we can have more activities, similar to ours in 2022, as a springboard for HKSN members to put our heads together for better research ideas.
HKSN Research Grant

There is still much to be achieved in embracing research. We are delighted to announce the results of the 2023 HKSN Research Grant (with up to 6 awards under the categories of clinical, basic science and nursing research) for full and associate members.

<table>
<thead>
<tr>
<th>Award Holder</th>
<th>Project Title</th>
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<tbody>
<tr>
<td>Dr. Wong Cheuk-Yin, The University of Hong Kong</td>
<td>CD44 and pathogenesis of lupus nephritis</td>
</tr>
<tr>
<td>Dr. Zhu Litong, Queen Mary Hospital</td>
<td>Elucidating the role of classical memory B cells, exhausted memory B cells and related genes in lupus nephritis</td>
</tr>
<tr>
<td>Miss Liu Dan, The University of Hong Kong</td>
<td>The role of the C5a/C5aR axis in lipid dysregulation during diabetic nephropathy</td>
</tr>
<tr>
<td>Miss Xie Ruiyan, The University of Hong Kong</td>
<td>The role of neutrophil extracellular traps (NETs) in the pathogenesis of diabetic kidney disease – an ex vivo study</td>
</tr>
<tr>
<td>Dr. Tsang Suet-Yee Zoe, Caritas Medical Centre</td>
<td>A prospective, single-centre study to determine the relationships between microbiomes, metabolomes and renal outcomes</td>
</tr>
</tbody>
</table>
Congratulations to all the successful candidates, and our gratitude to the reviewers (Prof. Talat Ikizler, Prof. Adrain Liew, Dr. Elaine Ho, Achilles Lee) under the coordination of Dr. CC Chow. Obviously, research grant is simply a means to encourage members, and we shall continue to provide guidance and practical tips for this to happen.


HKSN Newsletters
After the session “What’s New in Nephrology – Literature Digest” in our first Newsletter issue in December 2021, I have prepared a total of five issues, including one issue in December 2022 showcasing the top ten peer-reviewed publications that are relevant to kidney diseases. We think a selection of high-impact papers would help to guide the young nephrologists how to choose and where to focus.

HKSN Inter-Hospital Renal Meeting
After the pandemic, we are glad to revert the format of inter-hospital renal meetings to physical, face-to-face one, in which colleagues get chance to meet each other and have more interaction after the case presentation.

We also understand the heavy workload of doctors who might have missed the chance to attend. Presentation slides are now regularly uploaded to the HKSN Membership Portal.

Chairman’s Report

| Dr. Tao Wing Lam Vanessa, Prince of Wales Hospital | The association of iron status on clinical outcomes in patients receiving peritoneal dialysis: a retrospective study over 10 years |
HKSNN Educational Events for Doctors and other Healthcare Professionals
At the same time, we have arranged regular continuing medical education events including lectures. Besides evening scientific symposiums as listed below, we have also been the supporting organization for the KDIGO Implementation Summit on Diabetes Management in Chronic Kidney Disease in July 2023, and co-organized the 25th anniversary Automated Peritoneal Dialysis Program Symposium in March 2023.

<table>
<thead>
<tr>
<th>Date</th>
<th>CME Lectures for Members</th>
<th>Speakers</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 November 2022</td>
<td>Update on SGLT2 Inhibitors: Insights from ASN Kidney Week 2022</td>
<td>Prof. David Cherney</td>
<td>302</td>
</tr>
<tr>
<td>8 December 2022</td>
<td>Current situation of dialysis treatment including CKD-MBD and anemia</td>
<td>Dr. Shunsuk Yamada, Dr. Desmond Yap</td>
<td>62</td>
</tr>
<tr>
<td>21 February 2023</td>
<td>Overview of renal involvement and diagnosis of Fabry disease</td>
<td>Prof. Fellype Barreto</td>
<td>64</td>
</tr>
<tr>
<td>7 March 2023</td>
<td>New horizons in renal innovations: common, rare and more</td>
<td>Dr. Tseng Min Hua, Dr. Adrian Liew, Dr. Elaine Chow</td>
<td>209</td>
</tr>
<tr>
<td>17 April 2023</td>
<td>Clinical Perspective on HIF-PHIs for the management of anaemia in CKD</td>
<td>Dr. Surya Mishra, Prof. Vlado Perkovic, Dr. Desmond Yap, Prof. Gabriella Moroni</td>
<td>53</td>
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</table>

For the education of healthcare professionals in general, we have been organizing the Federation of Medical Societies of Hong Kong FMSHK Certificate Course on Renal Medicine.

<table>
<thead>
<tr>
<th>Date</th>
<th>Certificate Course on Renal Medicine for Healthcare Professionals</th>
<th>Speakers</th>
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</thead>
<tbody>
<tr>
<td>21 September 2023</td>
<td>Common investigation tests for renal disease including approach to proteinuria and haematuria Update and management of acute kidney injury</td>
<td>Dr. Ronald Lin Dr. Chun Hay Tam</td>
</tr>
<tr>
<td>28 September 2023</td>
<td>Update and management of glomerular disease ABC of haemodialysis therapy</td>
<td>Dr. Jason Ip Dr. Connie Ping Kwan Chan</td>
</tr>
<tr>
<td>5 October 2023</td>
<td>Nutritional management in kidney diseases Kidney involvement in multi-system disorders</td>
<td>Ms. Cherry Pui Yee Law Dr. Benjamin So</td>
</tr>
<tr>
<td>12 October 2023</td>
<td>Drug prescribing in renal failure ABC of peritoneal dialysis therapy</td>
<td>Dr. Andrew Luk Dr. Joseph Ho Sing Wong</td>
</tr>
<tr>
<td>19 October 2023</td>
<td>Update on diabetic kidney disease Update and management of chronic kidney disease</td>
<td>Dr. Sam Lik Fung Lau Dr. Lorraine Kwan</td>
</tr>
<tr>
<td>26 October 2023</td>
<td>Update and management of hypertension ABC of renal transplantation</td>
<td>Dr. Lo Yi Ho Dr. Ivy Lok Yan Wong</td>
</tr>
</tbody>
</table>
Public Education and World Kidney Day

The World Kidney Day is an opportunity to raise public awareness of the kidney health and preventive measures.

With a view of public education, we have a series of radio talk on the RTHK: 精靈一點 [香港腎科學會系列].

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic of Radio Talk</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 March 2023</td>
<td>健康護腎尋四隱患</td>
<td>Dr. Lui Siu Fai</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Chow Kai Ming</td>
</tr>
<tr>
<td>29 March 2023</td>
<td>預防腎衰竭、飲食、生活注意點</td>
<td>Dr. Wong Sze Ho Sunny</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Lam May Ki</td>
</tr>
<tr>
<td>22 March 2023</td>
<td>腎臟移植</td>
<td>Dr. Yap Yat Hin Desmond</td>
</tr>
<tr>
<td>5 April 2023</td>
<td>多囊腎「泡泡腎」是甚麼？</td>
<td>Dr. Chow Kai Ming</td>
</tr>
</tbody>
</table>

For those of you who remember our collaboration with Hong Kong Kidney Foundation to produce the platform Kidney Talk, HKSN shall keep the momentum in the year to come: to disseminate up-to-date and down-to-earth knowledge on kidney health.

In addition to radio program, we launched a series of video clips broadcast in TVB news Channel 83 between June and July 2023; we have engaged nephrologist fellows across the territory for the production of the education clips. Despite the ever-increasing knowledge on kidney health, we are having constant search for the optimized length of video length. Instead of being die-hard fans of long format of video (such as video podcasts or webinars), we made use of shorter length in the seven TV video clips – 30 seconds each – to engage the audience for key messages.

<table>
<thead>
<tr>
<th>Topic of TV Video Clip</th>
<th>Speakers</th>
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</thead>
<tbody>
<tr>
<td>尋找四隱者</td>
<td>Dr. Ng Kit Chung Jack, PWH</td>
</tr>
<tr>
<td>血壓少少高不是問題？</td>
<td>Dr. Wong Yik Ming, TMH</td>
</tr>
<tr>
<td>血糖少少高不是問題？</td>
<td>Dr. Chan Ka Lok Samuel, UCH</td>
</tr>
<tr>
<td>膽固醇少少高不是問題？</td>
<td>Dr. Andrew Luk, POH</td>
</tr>
<tr>
<td>體重少少過重不是問題？</td>
<td>Dr. Chan Koon Ming Terry, QEH</td>
</tr>
<tr>
<td></td>
<td>Dr. Cheng Hiu Man Jaimie, PMH</td>
</tr>
<tr>
<td>不常做運動不是問題？</td>
<td>Dr. Au Wing Han Christy, PYNEH</td>
</tr>
<tr>
<td></td>
<td>Dr. Chow Kai Ming, PWH</td>
</tr>
<tr>
<td>小便少少不正常不是問題？</td>
<td>Dr. Kwok Wing Tung Candy, KWH</td>
</tr>
<tr>
<td></td>
<td>Dr. Gary Chan, QMH</td>
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Besides the usual media channel, Hong Kong Society of Nephrology has launched a broadcast message function to disseminate kidney health-related information since June 2023. Public, and especially patients with kidney disease, are invited to sign up and join the WhatsApp broadcasting list.
Chairman’s Report

Feel free to invite your patients or friends to complete the online registration (by the QR code or link listed below).

The materials sent to participants include video clip, link to publication, promotion for tools such as the Hospital Authority’s personalized one-stop management app “HA Go.”

Participants can opt for information with themes related to chronic kidney disease, dialysis and/or kidney transplantation. To quote an example, we came across the topic of polypharmacy in the JAMA Patient Page, which is a public service of the medical journal. Since the page is allowed to be downloaded or copied non-commercially by physicians and other healthcare professionals to share with patients, we made good use of this highly relevant page.

認識多重用藥

誠意介紹《美國醫學會雜誌》（JAMA）醫學期刊新近一篇文章，讓大家認識多重用藥的問題。

多重用藥是指過度或不必要的使用藥物，這種情況在長者或腎病患者尤其常見。

多重用藥的後果可能包括：
- 副作用（例如噁心、意識混亂和出血）
- 活動能力下降和增加跌倒次數
- 藥物不依從性（不按處方服藥）
- 藥物間相互作用或藥性相沖

防止多重用藥的方法包括：
- 每次見醫生攜帶所有藥物的最新清單
- 和醫生討論新的藥物
- 在開始治療前諮詢您的醫生，詢問新藥物需要服用多久，以及是否有任何潜在的副作用
- 如果可能，避免同時看多位醫生治療相似的病
- 考慮取消處方，這是減少或停止不再需要（或可能造成傷害）的藥物的過程
Activities for Patients
In addition to patient education or empowerment, promoting patient well-being is another key objective of the Hong Kong Society of Nephrology.

As ambassadors for patients’ rehabilitation, HKSN has been (and will be) organizing activities for patients. In terms of exercise program, HKSN keeps the tradition of yearly gateball activity. What’s more, we decide to promote table tennis exercise, which can be enjoyed by patients regardless of their stage of kidney disease or age. We arranged a tournament in September 2023 (which is rescheduled to October because of tropical cyclone) and wished that more patients will take part in this exercise of agility and fun.

For the past several years, we have also been searching for the answers to live better with kidney disease. Musical or drama appreciation, like what we arranged with the Hong Kong Repertory Theatre for the “The Impossible Trial” at the beautiful Xiqu Centre in 2022, is one of them. More and more, this is what we have been embracing.

To live with kidney disease, we don’t have to let go of leisure and pastime. Instead of gritting our teeth and forcing our body to slow down, we believe in getting new consideration of leisure. To lift our patients’ mood, we have started activities such as photograph workshop and Instagram photo post competition. Meanwhile, we are planning for more patient-centric activities such as yoga class.

So, if you have ideas to break free of the obsession with idleness for our patients with kidney disease or even on dialysis, feel free to let us know. We shall work together to help them live happier and be healthier.
Humans are biologically social animals. So it is difficult, if not impossible, for patients with kidney disease to navigate their ways without family support. Family support is certainly good for them, and should be recognized. With this theme in mind, HKSN has launched a program for family portrait photograph (either outdoor shooting or studio photo) catering for patients with end-stage kidney disease, who are receiving palliative or conservative care. We then extended the service to patients receiving dialysis therapy in early 2023. Over 80 patients’ families have benefitted from this free-of-charge professional photography service; each of them received 20 photograph copies and an 8R photograph framed.
Acknowledgement
I happen to have the best team over the last two years, and wish to recognize for the work of HKSN internationally and locally.

Asian Pacific Society of Nephrology (APSN)
Prof. Sydney Tang serves as the President of the Asian Pacific Society of Nephrology APSN. With close collaboration with APSN and other national societies, we have CME courses with complimentary registration mutually. Our Council member Dr. Jack Ng is also serving as the representative in the APSN Young Nephrologists’ Committee, whereas Dr. Gary Chan is the member of the APSN Continuing Medical Education (CME) Committee. Dr. Lorraine Kwan represents HKSN in the APSN Diversity and Equity Committee (DEC).

For the official journal of APSN, Nephrology with impact factor of 2.5, HKSN is one of the sponsoring societies. Besides Editor-in-Chief Emeritus (Prof. Sydney Tang), our current HKSN member Prof. CC Szeto serves as the Associate Editor. Other Subject Editors from HKSN include Dr. KM Chow (Transplantation) and Dr. Desmond Yap (Clinical Glomerulonephritis).

International Association of Chinese Nephrologists (IACN)
Prof. Philip Li serves as the President of the International Association of Chinese Nephrologists IACN, as established in 2016. Other key members include Prof. CC Szeto (Secretary), Dr. KM Chow (Treasurer), Prof. Richard Yu (Honorary Advisor). HKSN representatives for the IACN Executive Committee Members include Prof. Sydney Tang, Dr. YL Cheng, Prof. HY Lan.

International Society for Peritoneal Dialysis (ISPD)
Prof. Sydney Tang serves as the Committee Member of the International Society for Peritoneal Dialysis ISPD Publications Committee. Dr. Jack Ng is currently the Committee Member of the ISPD International Liaison Committee. Prof. Philip Li and Dr. KM Chow have been the writing team core members for the ISPD Peritonitis Guideline Recommendations: 2022 Update on Prevention and Treatment, as well as the ISPD Catheter-related Infection Recommendations: 2023 Update.

HKSN Subcommittees
Young Nephrologist Committee (led by Dr. Gary Chan and Dr. Jack Ng)

<table>
<thead>
<tr>
<th>HKEC</th>
<th>Dr. Christy Wing Han Au</th>
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<tbody>
<tr>
<td>HKWC</td>
<td>Dr. Gary Chi Wang Chan</td>
</tr>
</tbody>
</table>
| KCC  | Dr. Candy Wing Tung Kwok  
      | Dr. Terry Koon Ming Chan |
| KEC  | Dr. Samuel Ka Lok Chan  
      | Dr. Ivy Lok Yan Wong |
| KWC  | Dr. Jaimie Hiu Man Cheng |
| NTEC | Dr. Ching Kit Wan |
| NTWC | Dr. Daniel Yick Ming Wong  
      | Dr. Andrew Luk |
Chairman’s Report

Education Committee (led by Dr. John Chan)

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dr. Koon Ming Chan</td>
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<td>Dr. Winston Wing Shing Fung</td>
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<td>Dr. Maggie Kam Man Ma</td>
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<td>Dr. Ivy Lok Yan Wong</td>
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<td>Dr. Patrick Yick Hei Wong</td>
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<td>Dr. Sze Kit Yuen</td>
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Scientific Committee (led by Dr. Desmond Yap)

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<tr>
<th>Name</th>
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<tr>
<td>Dr. Gordon Chun Kau Chan</td>
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<td>Dr. Simon Chi Yuen Cheung</td>
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<td>Dr. Maggie Ming Yee Mok</td>
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<tr>
<td>Dr. Will Wai Lun Pak</td>
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<tr>
<td>Dr. Gary Tung Sen Shum</td>
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<td>Dr. Ping Nam Wong</td>
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Last but not least, I would like to thank you all for your support and trust in me during my chairmanship.

Dr. Kai Ming CHOW
Chairman (2021-2023)
Hong Kong Society of Nephrology
The high attendance for our Annual Scientific Meeting in 2022 - over 260 participants - speaks for the surefire value for the physical face-to-face meeting format even during the pandemic. Having said that, we weren’t able to have overseas speakers coming physically last year. That’s the reason Prof. Richard Yu (above) had to present the medal to the awardee “remotely”.

We are pleased to have invited Prof. Michelle Josephson (Richard Yu Endowment Fund Award) and Prof. Olivier Devuyst (Chan Woon Cheung Memorial Fund Award) to deliver the named lectures in 2022.

To offer more learning experience and guidance for our young HKSN members and nursing colleagues who might be interested to have research, we dedicated a session named “enlightening young fellows and nurse members”.

Countless friends and senior provided support this event in many ways. Thanks to Dr. Gary Chan and Jack Ng who have played a huge role in developing the scientific program.
Our partnership with other organizations, including Asian Pacific Society of Nephrology, allows 11 APSN young nephrologists to join our CME online education in 2022. This year, we are delighted to invite APSN members to join us physically.

During the CME course 2022, two speakers, Dr. Alison Ma and Dr. Gary Chan, gave us the complement-make-easy lectures. Another highlight is the lively debate on using immunosuppressive therapy for IgA nephropathy, elegantly tackled by Dr. Muh Geot Wong and Prof. Sydney Tang.
During the CME course 2022, two speakers, Dr. Alison Ma and Dr. Gary Chan, gave us the complement-make-easy lectures. Another highlight is the lively debate on using immunosuppressive therapy for IgA nephropathy, elegantly tackled by Dr. Muh Geot Wong and Prof. Sydney Tang.

The keynote lectures were delivered by two knowledgeable nephrologists, one from Dr. PN Wong (left) and another from Prof. Szeto (right).
For two consecutive years during the pandemic, HKSN strives for ongoing gateball activity at the Kowloon Park Sports Centre. We have 14 teams from different hospitals, and one from Hong Kong Transplant Sports Association HKTSA – with a total of 142 participants – joining the 2022 event.

Big round of applause for the champion team from Princess Margaret Hospital during the 2022 Gateball Competition. The first runner-up goes to United Christian Hospital team.

Dr. Simon Tang Yiu Hang, the Director of Cluster Services, had joined our gateball event as the guest of honour. It turns out, that was one day after Dr. Tang’s busy work to materialize the life-saving heart transplant for the four-month-old Cleo Lai receiving the precious organ from a brain death donor in mainland China.
Stay tuned for the 2023 event scheduled to be this month, on 22 October 2023. Finally, thanks to Dr. Lorraine Kwan and Clara Poon who have made the activity possible and smooth.
World Kidney Day Events 2023

There is a whirlwind of people who have contributed to the World Kidney Day events. The success relies heavily on the leadership of Dr. SF Lui, Dr. YL Cheng and Dr. Chun Sang Li, and those joint efforts of the Hong Kong Kidney Foundation and the Hong Kong Association of Renal Nurses.

The support from volunteers, including but not limited to HKSN members, medical students, nurses, pharmaceutical partners, is the key to making health check booths possible. Running booths in five shopping malls (Lok Fu Place, Kai Tin Shopping Centre, Hoi Fu Shopping Centre, Heng On Commercial Centre, and Tin Shui Shopping Centre) won’t be accomplished without their helping hands in February 2023.
To be precise, World Kidney Day events aren’t happening on a single day, but spanning weeks if not months.

The highlight of the events, of course, is the one held in an open public area in Stanley on 5 March 2023. That’s highly covered in the media, highlighting how big an issue kidney disease is. A disease, in short, affecting nearly one in ten.
We have come up with a drama to deliver key message about non-communicable disease prevention during the event. The cast consisted of nephrologists, nurses and industrial partners.

The message from us is clear: early recognition of risk factors that can be modified. Shortly after our event, we are glad to see strong evidence of our message. In the recent New England Journal of Medicine article based on the Global Cardiovascular Risk Consortium (harmonized individual-level data from 1,518,028 participants in 112 cohort studies), five factors – namely, body-mass index, systolic blood pressure, non-HDL cholesterol, current smoking, and diabetes – can account for at least 50% of incident cardiovascular disease and 20% of all-cause deaths.
Our message to the public is indeed practical as the risk factors are all modifiable. As a matter of fact, the population-attributable fraction for 10-year all-cause mortality is highest in Asia region according to the abovementioned publication in *N Engl J Med*. 
Obituary

Dr. Tong Kwok Lung Matthew

The Hong Kong Society of Nephrology is deeply saddened to learn of Dr. Tong Kwok Lung Matthew’s passing on 21st September 2023.

Dr. Matthew Tong received training in Nephrology and Internal Medicine in Princess Margaret Hospital, Hong Kong, Royal Infirmary, Newcastle Upon Tyne, UK and Toronto Western Hospital, Canada. From as early as 1991, Dr. Tong had served as Council Member in the Hong Kong Society of Nephrology. He was the Chairman of the Hong Kong Society of Nephrology from 1996 to 1998, after his serving as Treasurer (1992 to 1994) and Secretary (1994 to 1996).

As one of the most senior nephrologist specialists in Hong Kong, Dr. Tong was instrumental in chairing the Hospital Authority Drug Formulary Committee from 2007 to 2013. Many of us bear witness to the wisdom of his foresight and his initiatives to improve availability of effective drugs in the public sector.

He has also contributed to the nephrology society by serving important positions: Chairman of the Central Renal Committee from 2010 to 2013, President of the Hong Kong Society of Transplantation from 2005 to 2007 and the Chairman of the Specialty Board in Nephrology from 2002 to 2007.

Dr. Tong was a prominent figure in the field of nephrology, serving as a clinical leader, teacher, and mentor, leaving a lasting impact on countless nephrologists and inspiring a whole generation. His legacy will continue to resonate in the field and beyond.

Dr. Chow Kai Ming, Chairman, Hong Kong Society of Nephrology
Dr. Fung Ka Shun Samuel, Past Chairman, Hong Kong Society of Nephrology

Many of us remember vividly how Dr. Tong led us in organizing conferences including the Asian Pacific Congress of Nephrology in 1995, the 11th Congress of the ISPD in 2006, the 2nd Congress of ISHD in 2009, and the World Congress of Nephrology in 2013.

Dr. Tong had also been the champion in promoting patients’ rehabilitation and exercise. He will be remembered forever by nephrologists and patients of kidney disease.
Chronic kidney disease (CKD) is a global public health concern, affecting millions of individuals worldwide. This scientific program aims to provide an overview of the latest developments in the diagnosis and management of CKD, with a focus on advancements in early detection, risk stratification, and therapeutic interventions.

The program will commence by highlighting the epidemiology and burden of CKD, underlining the imperative need for timely diagnosis and effective management. It will delve into recent advancements in diagnostic tools, emphasizing the role of cystatin C and genetic profiling in early detection and determination of cause. Participants will gain insights into how these tools can aid in identifying high-risk individuals and tailoring personalized treatment strategies.

The program will then explore the latest therapeutic modalities, including pharmacological interventions, lifestyle modifications, and dietary considerations, with attention to the recent release for public review of the CKD guidelines by KDIGO. Attendees will gain an understanding of the evolving landscape of pharmacotherapy, including the use of renin-angiotensin-aldosterone system (RAAS) inhibitors, SGLT-2 inhibitors, and emerging drug classes. will discuss strategies for enhancing patient engagement, adherence, and self-management, as well as the integration of telemedicine and digital health tools in CKD care delivery.

The goal is to equip healthcare professionals with the most up-to-date information and strategies to enhance CKD diagnosis and management, ultimately improving patient outcomes and reducing the global burden of this condition.
This past year we have seen the advent of world firsts, with clinical xenotransplantation of several hearts and kidney xenotransplants being performed in patients in the USA. However, for xenotransplantation to be safely introduced for widespread clinical application we require continued guidance and close interaction between the international guiding bodies, the International Xenotransplantation Association (IXA), The Transplantation Society (TTS) and the World Health Organization (WHO). This is essential to ensure oversight of what is required; to ensure appropriate safety measures are taken and safety monitoring is undertaken. This is particularly relevant with the current pandemic where the introduction of potential unknown viruses could play a role in immunosuppressed patients. We require long-term monitoring of xenotransplantation trials, with established outcomes and a registry which is updated regularly, in line with the current IXA recommendations. Additionally, continuous updates to world guidelines and regulatory guidance documents are required, in line with the ongoing technological advancements and findings from current pre-clinical and clinical studies, to ensure the most up-to-date implementation of guidance at a global level. This is clearly crucial, as evidenced from the outcomes of the Changsha Global Consultation, with the continued involvement of representatives from all disciplines essential to discuss progress and innovations in the field. It is essential to mirror this progress with respect to regulatory oversight and foster this at the global level under the umbrella of the three international guiding organizations; the IXA, TTS and WHO. This lecture will provide an update on how these processes have been undertaken and provide data from both the most recent clinical xenotransplant trials and underpinning preclinical cases in Xenotransplantation.
Is ChatGPT good news for the kidney?

ChatGPT is one of the large language models, which have shown remarkable capabilities in generating human-like text and engaging in conversational interactions. However, when it comes to its impact on the medical and nephrology practice, its role remains to be defined. While ChatGPT can provide valuable information and support in areas such as healthcare and medical research, its accuracy and exact role in the healthcare system are still being evaluated.

The potential benefits of ChatGPT in clinical practice include assisting healthcare professionals in diagnosing and treating kidney diseases, providing educational resources for patients, and facilitating research collaboration. On the other hand, concerns arise regarding the accuracy and reliability of information generated by ChatGPT, as well as the potential risks of relying solely on an AI model for clinical decisions.

This lecture aims to present a balanced view of the topic, discussing both the opportunities and challenges associated with large language models in the context of clinical medicine and nephrology.
Big data for nephrologists and beyond

Big data in the biomedical field is now an important research area. It is defined based on four dimensions: variety, velocity, veracity, and volume. The most commonly used big data are from electronic medical records or claim data obtained from daily clinical practice. These data are also known as real-world data. Real-world big data coupled with proper statistical analyses often provide evidence complementary to clinical trials, which could have low external validity. In addition, the emulating trial approach is now an emerging topic in using real-world big data to emulate a trial that could provide good internal and external validity. Thus, the international health authorities (e.g., US FDA) are open to accepting real-world evidence to support its assessment of medical products. In this lecture, I will review real-world big data, the use of big data in addressing clinical problems, and some successful examples.
Multi-modal data approaches to CKD prognosis

Prof. Morgan GRAMS
New York University, USA

This scientific program, titled "Multi-Modal Data Approaches to CKD Prognosis," offers an exploration of novel techniques and technologies that may aid CKD prediction and patient outcomes. The program will unveil how the analysis and/or integration of diverse data streams, such as clinical, omics (genomic, proteomic, and metabolomic), imaging, and wearable sensor data, can be harnessed to construct robust prognostic models. Attendees will gain insights into the power of machine learning in extracting actionable knowledge from these heterogeneous data sources. This program will spotlight the clinical translation of multi-modal data approaches, showcasing real-world examples of how models could transform clinical decision-making, risk stratification, and patient management in CKD. The goal is to demonstrate how data-driven insights could inform early intervention and precision medicine in CKD care.
The Hong Kong Renal Registry (RR) is an integrated on-line computerized system developed by the Central Renal committee of the Hospital Authority in 1995 for the collection of longitudinal data of patients on renal replacement therapy (RRT) for the management of renal replacement therapy service in Hong Kong. The success of RR depends on the dedicated and concerted effort of all the Renal units in Hong Kong in providing timely and updated data.

In this session, the report of the 2022 Renal Registry will be presented. In the year of 2022, compared to 2021, there was a 0.34% increase in the number of newly treated end-stage renal failure (ESRF) patients (1471 patients) reaching an incidence rate of 197.5 ppm. Diabetes mellitus continued to be the number one cause of ESRF accounting for 52% of all new cases in 2022, followed by glomerulonephritis (19%) and hypertension (12%). There was a gender discrepancy in our incident ESRF patients with a male to female ratio of 1.8 to 1. The median age of the incident patient was 63.4. The prevalence of treated ESRF patients dropped by 0.4% in 2022 down to 1492 ppm with the most significant drop in the prevalence of transplant population (-4.3%) down to 3515 patients at the end of December 2022. The distribution of RRT modality in 2022 was peritoneal dialysis (48.2 %), transplantation (34.1%) and hemodialysis (17.6 %) respectively. In Hong Kong, 70.6% of our dialysis patients were receiving home-based therapy (PD and home HD). The proportion of PD patients receiving APD therapy further increased to 25.8% in the year of 2022. The CAPD peritonitis rate continued to improve with the latest peritonitis rate of 0.27 episode/patient-year, while the APD peritonitis rate now came down to 0.23 episode / patient-year. We recorded 1551 RRT patients’ death in the year of 2022 resulting in a crude annual mortality rate of 147.9 / 1000-patient year, and the leading cause of mortality was due to infective cause accounting for 46.0% of all the mortality in 2022.
Real World Nephrology Session

Strategy to prevent blockage of haemodialysis catheter

At QEH, the surveillance program data revealed that 30% of patient with tunneled CVAD experienced partial or complete blockage that required treatment. Additionally, 5 patients experienced repeated blockage of the tunneled CVAD. Flushing is a routine nursing care in all catheter care to maintain its patency. An EBP program was initiated to prevent the CVAD blockage by modifying the flushing technique, from bolus flushing to pulsatile flushing.

EBP in nursing aims to bridge the gap between evidence and practice by integrating the best available evidence with clinical expertise. The ultimate goal is to enhance patient safety and treatment outcomes through a high standard of nursing care. The core value of EBP is to consolidate the clinical practice based on the best available scientific evidence instead of inherited or personal preference.

The EBP program involves setting up a research question, followed with an evidence or literature search. Next step is to design the program and implantation plan. Final with the data collection and analysis report. There are numerous EBP models which serve as a directorial guide from planning to final report.

Our EBP program integrates simulation training because it involves skill transfer. The technique was first practiced and evaluated on the simulator before being administered to patients. The practice will be changed once all nurses pass all assessments.

The existing surveillance program provide data for analysis and but has no specific alignment to this EBP program. Therefore, the data collection begins after the practice change. A mid-term report will be generated to evaluate the implantation plan, along with the patient outcomes. The final report will show the outcomes to the stakeholders and disseminate findings.
Gender disparities in nephrology

Male and female are different biologically and also have different cultural and social frame roles.

Gender disparities refer to differences in women’s and men’s access to health care, disease prevalence, progression rate and treatment outcome.

It is increasingly recognized that women face more barriers because of their cultural roles, family responsibilities and economic dependence. By looking into gender disparities in patients with chronic kidney disease, on dialysis and those with kidney transplant; the nephrology community hopes to dissect out factors contributing to the gap and improve equity in access to nephrology care and outcome in patients with kidney disease.
Green nephrology: the time is now

Dr. Winston FUNG  
ISN Emerging Leader

Climate change is the biggest health threat humanity is currently facing [1]. Its impact on health is devastating and we are already experiencing a surge of heat stress related acute kidney injury and kidney diseases from vector-borne diseases across the globe. Extreme weather has also caused extensive damages and significant disruption to our healthcare services.

The best way to avert this disaster is to reduce carbon emissions, the primary driver of global warming [2]. Ironically, the healthcare sector is an important contributor to climate change and environmental decline. The sector has a large carbon footprint, as it contributes an estimated 4% - 6% of global greenhouse gas emissions. Medical supply chains also account for a large proportion of this carbon footprint. Kidney care is certainly no different and contributes significantly to the carbon footprint. As one example of kidney care service, hemodialysis requires high usage of energy power, water supply, and consumables, making dialysis a significant contributor, considering its repeated nature.

“Green nephrology” is an emerging movement that aims to improve the environmental sustainability of kidney care through changing practices and utilizing available resources in a more environmentally friendly way [3]. For example, the environmental profile of hemodialysis can be improved in several ways, such as recycling reverse osmosis reject water; utilizing renewable energy; improving waste management and potentially reducing dialysate flow rates [4]. It is imperative that we urgently reduce the carbon footprint in healthcare and the International Society of Nephrology Emerging Leaders Program 2022 cohort are committed to promoting Green nephrology in the fight against climate change. This lecture aims to increase the awareness of Green Nephrology and its practices. The clock is ticking, and the time is now.

Reference:
Exhibition Floorplan

Venue: Grand Ballroom, Kowloon Shangri-la Hong Kong

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<tr>
<th>Company</th>
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Stand alongside people facing CKD. In the past, and the future.

Abbreviated Package Insert of NESP injection plastic syringe 20 μg/0.5mL, 40 μg/0.5mL, 120 μg/0.5mL or 180 μg/0.5mL

Composition: Darbepoetin α. Indication: Renal anemia. Dosage and Administration: <HD patients>: initial dose: 20 μg single IV inj q1w. (when switching from erythropoietin prep, initial dose: 15-60 μg single IV inj q1w.); maintenance dose: 15-40 μg single IV inj q1w. If alleviation of anemia is maintained by q1w inj, dose can be changed to 2-fold of the initial dose as IV inj q2w. Max: 180 μg single inj. <PD patients & patients w/ CKD not on dialysis>: initial dose: 30 μg single SC or IV inj q2w. (when switching from erythropoietin prep, initial dose: 30-120 μg single SC or IV inj q2w.); maintenance dose: 30-120 μg single SC or IV inj q2w. If alleviation of anemia is maintained by q2w inj, dose can be changed to 2-fold of the initial dose q4w. Max: 180 μg single inj. Contraindication: Hypersensitivity. Precautions: Patients w/ MI, pulmonary infection, cerebral infection or those w/ history of these conditions who may experience thromboembolism; HTN; history of hypersensitivity; allergic predisposition; Start therapy when Hb conc is <10-11 g/Dl; Confirm the diagnosis of renal anemia; Assess risk of shock; Monitor Hb conc, Hct, Hct, BP, (fluid & electrolyte balance and renal function for patient with CKD not on dialysis) at regular intervals; hyperkalaemia; pure red cell aplasia; hyperkalaemia; Fe should be administered w/ Fe deficiency; Shunt occlusion or residual blood in hemodialyzer; Blistering & skin exfoliation reactions; Concomitant use w/ erythropoiesis-stimulating agents. Pregnancy & lactation; Children; Elderly. Clinically significant adverse reactions: cerebral infarction; cerebral hemorrhage; hepatic function disorder &/or jaundice; hypertensive encephalopathy; shock & anaphylactoid reactions; pure red cell aplasia; myoclonal &/or encephalopathy. P/P: Inj (pre-filled syringe): 20 μg /0.5 mL, 40 μg /0.5 mL, 120 μg /0.5 mL or 180 μg /0.5 mL. Approved version of package insert: Nov 2019.

Please refer to the full prescribing information before prescribing. Further information is available upon request

Abbreviated Package Insert of REGPARA 25mg Tablet

Composition: Cinacalcet HCl. Indication: Secondary hyperparathyroidism in patients undergoing maintenance dialysis (SHPT), Hypercalcemia patients with parathyroid carcinoma, Hypercalcemia patients with primary hyperparathyroidism who are unable to undergo parathyroidectomy or relapse after parathyroidectomy (PHPT). Dosage & Administration: <SHPT>: Initially 25 mg once daily, may be adjusted to 25-75 mg once daily. Increase dose by 25 mg at 3-wk intervals up to 100 mg once daily if required or if there is no improvement on the parathyroid hormone (PTH). <PHPT>: Initially 25 mg twice daily, may be adjusted to 25-75 mg twice daily. Increase dose by 25 mg at 2-wk intervals up to 75mg three or four times daily. Contraindications: History of hypersensitivity to any of the ingredients in Regpara. Precautions: Determine serum Ca & PTH level prior to & periodically during therapy. Decrease dose as needed if serum Ca level is ≤8.4 mg/dL or if above if ≤7.5 mg/dL. Hypocalcemia, seizures, hepatic dysfunction, Gl hemorrhage &/or ulcer: Pregnancy & lactation, infant, children, elderly, patients not on dialysis, aldosterone bone disease, hungry bone syndrome. Common adverse reactions: Gl disturbances, hypercalcemia, prolonged QT interval. Clinically significant adverse reactions: hypocalcemia; prolonged QT interval; Gl hemorrhage &/or ulcer, decreased level or temporary loss of consciousness. Interaction: Azole antifungals, macrolides, amiodarone HCl, grapefruit juice, TCAs, butyrophenone antipsychotics, fexofenadine, vinblastine, calcitonin, bisphosphonates, corticosteroids, diasprenal, P/P; FC tab 25 mg x 100's. Approved version of package insert: May 2023.

Please refer to the full prescribing information before prescribing. Further information is available upon request

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\text{ADVAGRAF}^{\text{R}} & : 0.741 \quad (95\% \text{ CI: } 0.647; 0.813) \\
\text{PROGRAF}^{\text{R}} & : 0.667 \quad (95\% \text{ CI: } 0.536; 0.798)
\end{align*}

Proportion of patients experiencing efficacy failure\(^3 \)

\begin{align*}
\text{ADVAGRAF}^{\text{R}} & : 25.9\% \quad (28/108) \\
\text{PROGRAF}^{\text{R}} & : 32.8\% \quad (21/64) \\
& \quad p=0.041
\end{align*}

^2 \text{Kuypers D. et al. Transplant Direct 2023;9:e1465.} \\
^3 \text{E-mail us at PV@hk.astellas.com} \\
\text{When there is any Adverse Event}

\( ^{\text{R}} \text{Abbreviated prescribing information} \)
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**Therapeutic Indication:** Treatment of hyperkalemia in adults patients.

**Dosage and Administration:** Lokelma should not replace emergency treatment for life-threatening hyperkalemia. Before initiating Lokelma, other treatment modalities (e.g., insulin, NaCl, NaOH) should be used if possible. Give 1 sachet 3 times daily as a single administration. Do not exceed 12 sachets daily. Do not exceed 60 sachets total for adults and 30 sachets total for pediatric patients.

**Precautions:** The safety and efficacy of Lokelma have not been established in patients with hyperkalemia due to acute renal failure. Patients with acute renal failure may require more frequent or extended treatment with Lokelma. Monitor serum potassium levels closely in these patients.

**Contraindications:** Lokelma is contraindicated in patients with a known hypersensitivity to sodium zirconium cyclosilicate. Use Lokelma cautiously in patients with hypokalemia, hypomagnesemia, or dehydration. Use Lokelma with caution in patients with a predisposition to hyperkalemia, such as those with reduced renal function or impaired renal perfusion.

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References:
1. Lokelma® Hong Kong Prescribing Information. AstraZeneca Hong Kong Limited. 2022

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CV, cardiovascular; RRR, relative risk reduction; ADA, American Diabetes Association; EASD, European Association for the Study of Diabetes; CVD, cardiovascular disease; DAD, oral antidiabetic drug; T2DM, type 2 diabetes mellitus


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**HbA1c** is measured as part of standard of care.

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**Drug Interactions:** Concomitant use of SGLT2 inhibitors is contraindicated in patients with a history of diabetic ketoacidosis.

**Empagliflozin** is contraindicated in patients with a history of diabetic ketoacidosis.

**Hypoglycaemia:** Concomitant use of SGLT2 inhibitors is contraindicated in patients with a history of diabetic ketoacidosis.

**Hypotensive effect:** Concomitant use of SGLT2 inhibitors is contraindicated in patients with a history of diabetic ketoacidosis.

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**Hypoglycaemia:** Concomitant use of SGLT2 inhibitors is contraindicated in patients with a history of diabetic ketoacidosis.

**Hypotensive effect:** Concomitant use of SGLT2 inhibitors is contraindicated in patients with a history of diabetic ketoacidosis.

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**Diabetic ketoacidosis:** Concomitant use of SGLT2 inhibitors is contraindicated in patients with a history of diabetic ketoacidosis.
MIRCERA MONTHLY IS FOR:

MINIMISING NEEDLES†
†Fewer injections with monthly dosing vs more frequently dosed ESAs.1–3

Mircera Abbreviated Prescribing Information

Indications: Treatment of anemia associated with chronic kidney disease (CKD). Dosage & administration: Can be administered subcutaneously or intravenously in order to increase haemoglobin (Hb) to not greater than 12 g/dl (7.45 mmol/l). Subcutaneous use is preferable in patients who are not receiving haemodialysis to avoid puncture of peripheral veins. Hb variability should be addressed through dose management, with consideration for the Hb target range of 10 g/dl (6.12 mmol/l) to 11 g/dl (7.45 mmol/l). A rise in Hb of greater than 2 g/dl (1.24 mmol/l) over a four-week period should be avoided. Recommend to monitor Hb level every 2 weeks until stabilized and periodically thereafter. Patients not currently treated with an ESA: 1.2 mcg/kg every month or 0.6 mcg/kg every 2 weeks in order to increase the Hb level to > 10 g/dl (6.21 mmol/l). May increase dose by approximately 25% of previous dose if Hb rise < 1.0 g/dl (0.621 mmol/l) over 1 month. Further increases of approximately 25% may be made at monthly intervals until the individual target Hb level is attained. Patients treated once every two weeks whose Hb level is above 10 g/dl (6.21 mmol/l) may receive Mircera administered once monthly using the dose equal to twice the previous once every 2 weeks dose. Patients currently treated with an ESA: Patients currently treated with an ESA can be switched to Mircera administered once a month. Starting dose of Mircera is based on previous weekly dose of darbepoetin alfa or epoetin at the time of substitution. Start the first injection at the next scheduled dose of previously administered darbepoetin alfa or epoetin. Monthly Mircera dose is 120 mcg if the previous weekly dose of darbepoetin alfa or epoetin is < 40 mcg/wk or <8000 IU/wk respectively. Monthly Mircera dose is 200 mcg if the previous weekly dose of darbepoetin alfa or epoetin is 40-80 mcg/wk or 8000-16000 IU/wk respectively. Monthly Mircera dose is 360 mcg if the previous weekly dose of darbepoetin alfa or epoetin is > 80 mcg/wk or > 16000 IU/wk respectively. If dose adjustment is required to maintain the target Hb concentration above 10 g/dl (6.21 mmol/l), increase the monthly dose by approximately 25%. For both situations: If rate of rise in Hb is greater than 2 g/dl (1.24 mmol/l) in 1 month or if the Hb level is increasing and approaching 12 g/dl (7.45 mmol/l), reduce dose by approximately 25%. If Hb level continues to rise, interrupt therapy until Hb level begins to decrease, at which point therapy should be restarted at a dose approximately 25% below the previously administered dose. Dose adjustments should not be made more frequently than once a month. Contraindications: Patients with uncontrolled hypertension or known hypersensitivity to the active substance or to any of the excipients. Warnings & Precautions: Evaluate iron status for all patients prior to and during treatment and administer supplementary iron therapy if necessary to ensure effective erythropoiesis. Consider diagnosis of Pure Red Cell Aplasia (PRCA) if all the possible causative factors excluded. Discontinue Mircera and do not switch to another ESA in case PRCA is diagnosed. PRCA caused by anti-erythropoietin antibodies has been reported in association with ESAs and these antibodies have been shown to cross-react with all ESAs. Epoetins are not approved in the management of anemia associated with hepatitis C. Adequately control blood pressure in all patients before, at initiation of, and during treatment with Mircera. Consider dose reduction or withhold treatment if high blood pressure is difficult to control by drug treatment or dietary measures. Withdraw Mircera immediately and an alternative treatment considered if signs and symptoms of skin reactions appear. Discontinue Mircera if SCARs have developed and ESA must not be restarted. In patients with chronic kidney disease, maintenance Hb concentration should not exceed the upper limit of the target haemoglobin concentration. As with all growth factors, there is a concern that ESAs could stimulate the growth of any type of malignancy. Caution in patients with haemoglobinopathies, seizures or with platelet levels > 500 x 10^9/l. Misuse of Mircera may lead to an excessive increase in Hb. This may be associated with life-threatening cardiovascular complications. Drug Interactions: No interaction studies have been performed. There is no evidence that MIRCERA alters the metabolism of other medicinal products. Use in Pregnancy & Lactation: There are no adequate data from the use of Mircera in pregnant women and caution should be exercised when prescribing to pregnant women. It is unknown whether Mircera is excreted in human breast milk. Risk-benefit ratio should be considered when used in nursing mothers. Undesirable effects: Common: Hypertension. Uncommon: Vascular access thrombosis, headache. Rare: Hypersensitivity, hypertensive encephalopathy, rash (maculo-papular), hot flush.

Date of preparation: Sept 2021 M-HK-00005346

Full prescribing information should be viewed prior to prescribing.

The right therapy at the right time and place
Hyperphosphataemia Control

Absorption

Phosphate

Binding

Abbreviated prescribing information:

Presentation: Sevelamer carbonate film-coated tablets. Indications: Control of hyperphosphataemia in adult patients receiving haemodialysis or peritoneal dialysis or with chronic kidney disease patients not on dialysis with serum phosphorus >1.75 mmol/L. Dosage and Administration: Patients with serum phosphorus >1.75 to 2.25 mmol/L: 3.6 g divided three times daily with meals. Patients with serum phosphorus >2.25 mmol/L: 4.8 g divided three times daily with meals. Serum phosphorus levels should be monitored and the dose of sevelamer carbonate titrated by 0.8 g three times per day (2.4 g/day) increments every 2.4 weeks until an acceptable serum phosphorus level is reached, with regular monitoring thereafter. Not recommended in children below the age of 18 years. Tablets should be swallowed intact, not to be crushed, chewed or divided. Contraindications: Hypersensitivity to sevelamer carbonate or excipients. Hyperphosphataemia: Renal obstruction. Precautions: Patient below the age of 18 years. Patient with chronic kidney disease not on dialysis with serum phosphorus >1.75 mmol/L. Dysphagia, swallowing disorders, severe GI motility disorders, active inflammatory bowel disease, major GI tract surgery, intraabdominal infection, nausea, vomiting, ulcer, abdominal pain, constipation, diarrhoea, dyspepsia, flatulence, and abdominal pain. Pregnancy and lactation: Inflammatory gastrointestinal disorders. Interactions: Cisplatin, antiarrhythmics, anticoagulants, bisphosphonates, calcium, corticosteroids, and sympathomimetics. Adverse effects: Nausea, vomiting, upper abdominal pain, constipation, diarrhoea, dyspepsia, flatulence, and abdominal pain. For warnings, rare and very rare adverse effects, please refer to the full prescribing information. Precautions: Boxed warning: 180mg x 180’s. Legal Classification: Part 1, First & Third Schedule - P1. Full prescribing information is available upon request. A001170/7059

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VIATRIS

暉致

誰能代替您地位

於2020年由輝瑞普強及邁蘭合併成立。

致力原廠生產，

包括全球知名處方、非處方藥及保健產品。
Darbepoetin α.

Indication:
Renal anemia.

Dosage and Administration:
<HD patients>: initial dose: 20 µg single IV inj q1w. (when switching from erythropoietin prep, initial dose: 15-60 µg...by q1w inj, dose can be changed to 2-fold of the initial dose, q2w inj, and then 4-fold, q4w inj. Max: 180 mcg single inj.

<PD patients & patients w/ CKD not on dialysis>: initial dose: 30 µg single SC or IV inj q2w. (when switching from erythropoietin prep, initial dose: 20-90 µg single inj q2w. If alleviation of anaemia is maintained by q2w inj, dose can be changed to 2-fold of the initial dose q4w. Max: 180 mcg single inj.

Contraindication:
Hypersensitivity.

Precautions:
Patients w/ myocardial infarction, cerebrovascular or peripheral artery disease of these conditions who may experience intravascular thrombosis, severe hypertension, acute trauma, acute pancreatitis, peritonitis, intra-abdominal surgery, intramural hemorrhage, shock, hyperpermeation, shock, hyperviscosity, or acute respiratory distress syndrome, must be avoided.

Clinically significant adverse reactions:
Cerebral infarction; cerebral hemorrhage; hepatic function disorder &/or jaundice; hypertensive encephalopathy; shock & anaphylactoid reaction; pure red cell aplasia; myocardial &/or pulmonary infarction; PPH (primary pulmonary hypertension); children and young adults; pregnancy & lactation; children; elderly.

P/P:
Inj (pre-filled syringe): 20 µg /0.5 mL, 40 µg /0.5 mL, 120 µg /0.5 mL or 180 µg /0.5 mL.

Approved version of package insert: Nov 2019.

Refer to the full prescribing information before prescribing. Further information is available upon request.
The ONE & ONLY approved biologic for both Systemic Lupus Erythematosus (SLE) and Lupus Nephritis (LN)²³

**Benlysta (belimumab) SUCCINCT SAFETY INFORMATION**

**CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any excipient of BENLYSTA®. BENLYSTA® is contraindicated in patients with severe active central nervous system lupus, SLE with hypercortisolemia (e.g., < 400 mg/day or 30 mg/dl or < 10 mg/dl), a history of, or current, hepatic, renal, B or C, or a history of major organ transplant or hematopoietic stem cell/marrow transplant or renal transplant. Caution should be exercised if BENLYSTA® is co-administered with other B cell targeted therapies (e.g., BENLYSTA® should not be initiated in patients with active serious infections including sepsis/chronic infections). Patients who develop an infection while undergoing treatment with BENLYSTA® should be monitored closely and careful consideration given to interrupting immunosuppressant therapy including BENLYSTA® until the infection is resolved. If progressive multifocal leukoencephalopathy (PML) is suspected, further dosing must be suspended until PML has been excluded. Live vaccines should not be given for 30 days before or concurrently with BENLYSTA®. Caution should be exercised when considering BENLYSTA® therapy for patients with a history of malignancy or when considering continuing treatment in patients who develop malignancy.

**ADVERSE REACTIONS:** Bacterial infections • Diarrhea • Nausea • Viral upper respiratory tract infection • Leucopenia • Hypersensitivity reactions • Pain in extremity • Pyrexia • Pruritus

Please refer to the full prescribing information for further information and prior to administration. Integrated Safety Information based on PI version: BENLYSTA® for infusion - HKS2021 (G0517/E2012010519) and BENLYSTA® for injection - HKS2021 (G0517/E2012010519).

Reference:
1. Benlysta solution for injection Hong Kong Prescribing Information. Version number: HKS2021 (G0517/E2012010519)
2. Benlysta powder for concentrate for solution for infusion Hong Kong Prescribing Information. Version number: HKS2021 (G0517/E2012010519)

The material is for the reference and use by healthcare professionals only. For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3189 8989 (Hong Kong) or send an email to us at HKAdverseEvent@gsk.com. Full Prescribing Information is available upon request. Please read the full prescribing information prior to administration, available from GlaxoSmithKline Limited. Trade marks are owned by or licensed to the GSK group of companies. ©2023 GSK group of companies or its licensor.
Ketosteril®
GAIN PRECIOUS TIME

- Delays the start of dialysis\(^1,2\)
- Reduces nitrogenous waste\(^3\)
- Preserves renal status\(^1,4\)
- Ensures safe CKD nutrition therapy\(^1,5\)
- Good patient adherence & high quality standards

References:

Fresenius Kabi Hong Kong Ltd.
Room 5001-5016, SOFIT, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, Hong Kong  Tel: (852) 2152 1330 Fax: (852) 2119 0815 www.fresenius-kabi.com/hk

Start your patient with TRESIBA®:
Ultra-long duration of action\(^2\)

- Successful reductions in HbA\(_1c\)\(^3,4\)
- Significantly lower risk of hypoglycaemia versus glargine U100 \(^3\)
- Flexibility in day-to-day dosing time when needed\(^1\)
- Significantly lower day-to-day variability in glucose-lowering effect vs glargine U100 and U300 \(^5\)
- Approved for a broad range of patients\(^1\)
Choose both efficacy and safety with ELIQUIS™

- The ONLY NOAC to offer both superior risk reduction in stroke/SE and major bleeding over warfarin in NVAF1,2^.

- Continued efficacy, with favorable bleeding profile regardless of bleeding endpoint, for the treatment of DVT/PE6.

References:
3. NOAC Summary and Detailed Medical Data. Q4’21.
4. NOAC recommended administration within 24 hour period [apixaban BID, dabigatran BID, edoxaban QD, rivaroxaban QD].
5. VTE, venous thromboembolism; NVE, nonvalvular atrial fibrillation; MACE, major adverse cardiovascular events; GI, gastrointestinal; CR, cardiovascular risk; PEs, pulmonary embolus; VKA, vitamin K antagonist; DVT/PE, deep vein thrombosis/PE; NOS, not otherwise specified; ICD, International Classification of Diseases; ICD, International Classification of Diseases; IMPACT, International Multicenter Atrial Fibrillation; GI, gastrointestinal; CR, cardiovascular risk; PEs, pulmonary embolus; VKA, vitamin K antagonist; DVT/PE, deep vein thrombosis/PE; NOS, not otherwise specified; WHO, World Health Organization.
Acknowledgement

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