

THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS



HKCOG 30th



Anniversary Symposium

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

Theme:
**Major O&G Advances in
the Recent Ten Years and
the Way Forward**

Programme and Abstracts
9-10 June 2018

1988 – 2018



30
Anniversary

The Hong Kong College of Obstetricians and Gynaecologists
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TABLE OF CONTENTS

2	30th Anniversary Organising Committee and HKCOG Council 2018
3	Message from the President
5	Congratulatory Messages
37	Our Founding President
39	Messages from Past Presidents
47	Scientific Programme
49	Invited Speakers
50	Abstracts – Invited Speakers
72	Young Investigators’ Presentation
73	Abstracts – Young Investigators
83	About Our College – The Challenges Ahead
87	Honorary Fellows
89	Prize Winners
92	Photo Archive of the Third Decade
100	Exhibit Floorplan

30TH ANNIVERSARY ORGANISING COMMITTEE

Chairman: Dr. Wing-Cheong LEUNG

Members: Dr. Sidney K.C. AU YEUNG, Dr. Karen K.L. CHAN,
Dr. Yvonne K.Y. CHENG, Dr. Mona W.C. LAM, Dr. Raymond H.W. LI,
Dr. Tsz-Kin LO, Dr. Paulin W.S. MA, Dr. Vivian K.S. NG,
Dr. Kwok-Keung TANG, Dr. William W.K. TO, Dr. Assumpta S.M. WONG

HKCOG COUNCIL 2018



(Front row from left)
Dr. Sidney K.C. AU YEUNG
(HON SECRETARY),
Dr. Karen K.L. CHAN
(JUNIOR VICE-PRESIDENT),
Dr. Wing-Cheong LEUNG
(PRESIDENT),
Prof. Tak-Yeung LEUNG
(SENIOR VICE-PRESIDENT),
Dr. Chong-Pun CHAN
(HON TREASURER)

(Second row from left)
Dr. Wing-Shan KONG *,
Dr. Raymond H.W. LI *,
Prof. Ernest H.Y. NG *,
Dr. Vivian K.S. NG †,
Dr. Ares K.L. LEUNG †

(Third row from left)
Dr. Symphorosa S.C. CHAN *,
Dr. Wai-Lam LAU *,
Dr. Kai-Bun CHEUNG †,
Dr. Kwok-Yin LEUNG *,
Dr. Wilfred S.H. WONG †

(Back row from left)
Dr. Yuk-Tong CHEUNG †,
Dr. Kwok-Keung TANG †,
Dr. Tse-Ngong LEUNG *,
Dr. Wing-Wa GO †,
Dr. Kai-Man YU †

(Absent in the photo)
Dr. Kar-Fai TAM *,
Dr. Tak-Hong CHEUNG †

MESSAGE FROM THE PRESIDENT



Dr. Wing-Cheong LEUNG

*President, The Hong Kong College of
Obstetricians and Gynaecologists*

Dear Fellows, Members and Trainees,

It is my great honour to present the President's message on the 30th Anniversary of our College. A two-day Symposium has been organised to celebrate the Anniversary. Thank you very much for joining. The theme of this Anniversary Symposium is **Major O&G advances in the recent ten years and the way forward**.

We are most honoured to have Sir Arulkumaran to open our Symposium with his talk on 'Global health care for women - where do we stand?' Will antiviral therapy and long-term follow up for HBsAg-positive pregnant women with a high viral load become an important public health care programme in Hong Kong? Professor Terence Lao will give us a hint about this. Medical indemnity is an area of great concern to our profession. Dr. Ares Leung will give us the latest update on indemnity insurance.

The development of non-invasive prenatal testing with maternal plasma cell-free fetal DNA has revolutionised our practice in prenatal diagnosis. Professor Rossa Chiu will tell us the story and I will present a new algorithm for prenatal diagnosis. Professor TY Leung will update us on the advances in fetal therapy in our locality. And Dr. KY Leung will update us on fetal imaging.

The pyramid of antenatal care is going to become inverted. Professor Liona Poon and Dr. Annie Hui will explain this using the pre-eclampsia



and preterm birth models, respectively. On the other hand, modern labour ward management has also been revolutionised to further improve the safety of mothers and their newborns. Dr. WL Lau will speak on the intrapartum ultrasound and Dr. WK To will discuss the various new treatment modalities for postpartum haemorrhage.

Professor PC Ho will share with us his 30 years' experience in Reproductive Medicine. Professor TC Li will enlighten us on the role of reproductive surgery in the era of in-vitro fertilisation. Professor Ernest Ng will explain how clinical trials can guide subfertility management.

The world trend is minimally invasive surgery and O&G is no exception. Dr. KK Tang will review the development of minimally invasive hysterectomy in Hong Kong while Dr. TC Pun will focus on vaginal hysterectomy and the way forward. Dr. Symphorosa Chan will enlighten us on the role of perineal ultrasound in Urogynaecology while Dr. Cecilia Cheon will provide an answer to the dilemma 'to mesh or not to mesh?' in pelvic organ prolapse.

Dr. Karen Chan will provide an update on the role of robotic surgery in Gynaecological Oncology. Dr. KY Tse will talk about precision medicine in managing ovarian cancer. Dr. WH Li will tell us whether HPV and cervical cancer screening is successful.

Last but not the least, the final session will be dedicated to our trainees who are the future of our College. Let's listen to our young investigators' presentations and decide who is going to be the Prize Winner.

On behalf of our College, I would like to thank all the invited speakers, chairpersons, our Organising Committee members and our sponsors. Let's enjoy the Symposium.



Dr. Wing-Cheong LEUNG
President, HKCOG

CONGRATULATORY MESSAGE



Professor Sophia CHAN, JP
*Secretary for Food and Health,
Food and Health Bureau*

香港婦產科學院三十周年誌慶

培賢三秩
功著杏林

食物及衛生局局長陳肇始



CONGRATULATORY MESSAGE



Dr. P.Y. LEUNG
*Chief Executive,
Hospital Authority*

I am delighted to convey my heartiest congratulations to the Hong Kong College of Obstetricians and Gynaecologists and its dedicated members for their remarkable achievements over the years.

The College plays a pivotal role in nurturing proficient and compassionate specialists in obstetrics and gynaecology (O&G) by rendering unique opportunities of structured, subspecialty together with special skills training to its members. In addition, the College contributes great effort in the development of postgraduate and continuing medical education for the practising specialists with a view to promoting medical advancement and new knowledge.

I look forward to the further cooperation of the Hong Kong College of Obstetricians and Gynaecologists and Hospital Authority in advancing the professional standard of O&G services towards a better serving to the community.

The two-day scientific symposium demonstrates the significance and value of O&G in the healthcare system. I wish the Symposium every success and all participants a fruitful and inspiring experience.

A handwritten signature in black ink, appearing to be 'P.Y. Leung', written in a cursive style.

Dr P Y Leung
*Chief Executive
Hospital Authority*



醫院管理局
**HOSPITAL
AUTHORITY**

CONGRATULATORY MESSAGE



Dr. Constance CHAN

*Director of Health,
Department of Health*

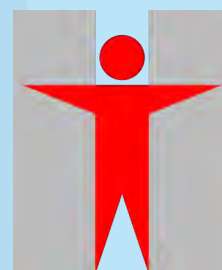
It is my great pleasure to send my best wishes on the occasion of the 30th Anniversary of the Hong Kong College of Obstetricians and Gynaecologists.

Over the last three decades, the College has played an imperative role in promoting woman and maternal health and contributed to the high standard of health status among women in Hong Kong. Apart from supervising and accrediting specialist training in Obstetrics and Gynaecology, the College endeavors to deliver quality medical education, set up guidelines and standards, conduct audits and encourage researches in Obstetrics and Gynaecology. In addition, the College collaborates with various health professional organisations and community partners on projects for the good of our community. One gratifying collaboration is that the College is actively participating in the initiatives on promotion and support of breastfeeding promulgated by the Department of Health. I look forward to further collaborations with the College to meet the changing needs of women in Hong Kong.

On this very special occasion, I would once again like to congratulate the College on its outstanding achievements. I am confident that the College will achieve new heights of excellence for the benefits for all women and the community of Hong Kong.

A handwritten signature in black ink, appearing to be 'Chan' with a stylized flourish.

Dr Constance CHAN
*Director of Health
Department of Health*



CONGRATULATORY MESSAGE



Professor Joseph W.Y. LAU

Chairman, The Medical Council of Hong Kong

On behalf of the Medical Council of Hong Kong, I wish to extend my warmest congratulations to the Hong Kong College of Obstetricians and Gynaecologists on its 30th Anniversary.

Over the past three decades, the College has been playing a vital role in nurturing professionals and imparting knowledge in the field of obstetrics and gynaecology in Hong Kong. It is commendable for its untiring efforts and remarkable achievements in ensuring the highest professional standards of competence and ethical integrity, and scaling up excellence of the obstetrical and gynaecological services in Hong Kong. Its invaluable contributions to the medical profession and to the community have been well recognized.

30 years is an important landmark. On this memorable occasion, may I wish the College every success in its future endeavours to scale new heights.

A handwritten signature in black ink, appearing to read 'Joseph Lau'.

Professor LAU Wan-ye, Joseph, SBS

Chairman

The Medical Council of Hong Kong



CONGRATULATORY MESSAGE



Professor Gabriel M. LEUNG

*Dean, Li Ka Shing Faculty of Medicine,
The University of Hong Kong*

祝賀香港婦產科學院成立三十週年

迄立香江三十載
孕育世代婦產科
嘉惠婦嬰宏醫道
神醫妙手暖杏林

香港大學李嘉誠醫學院院長梁卓偉



敬賀



CONGRATULATORY MESSAGE



Professor Francis K.L. CHAN

*Dean, Faculty of Medicine,
The Chinese University of Hong Kong*

It has been a great pleasure to be asked to write this message on the occasion of the 30th anniversary of the Hong Kong College of Obstetricians and Gynaecologists. One could have imagined the huge amount of work involved in establishing a College in Hong Kong from scratch. Since its establishment, the College has made tremendous contributions to promoting the science and practice of obstetrics and gynaecology in Hong Kong.

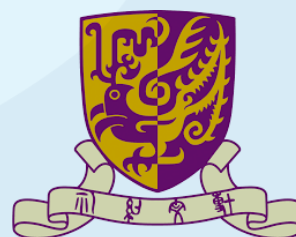
Organizing various training programmes to cater for the educational needs of members has ensured practitioners to maintain the highest standards of professionalism. The College is also to be highly commended for having completed five quality assurance audits. These exercises have provided valuable information on the trends and changing patterns of practice, enabling the College to lobby key decision-makers to support positive changes.

The Hong Kong community is deeply indebted to members of all past and present Council and Committees for their vision and leadership. On this auspicious occasion when it enters the fourth decade of development, I wish the College continued success.

A handwritten signature in black ink, appearing to read 'Francis Chan', written in a cursive style.

Professor Francis K L Chan

*Dean, Faculty of Medicine
The Chinese University of Hong Kong*



CONGRATULATORY MESSAGE



Professor Lesley REGAN

*President, Royal College of
Obstetricians and Gynaecologists*

On behalf of the Royal College of Obstetricians and Gynaecologists, I would like to congratulate the Hong Kong College on its 30th Anniversary. Over these three decades of profound changes and challenges in Hong Kong, you have maintained the highest standards of clinical care for girls and women, and have been a beacon of good practice for women's health care. Your teaching and training continue to be recognised by consistently high pass rates in the MRCOG examination. As ambassadors you have inspired new generations of specialists in Hong Kong and across the region. The research and clinical audit in Hong Kong's hospitals benchmark standards and outcomes that compare with best practice worldwide. Over these 30 years the partnership with the RCOG has remained strong and is today more active than ever. Our two Colleges are working to support developments in women's health care in China. The RCOG also looks forward to joining the Hong Kong College for a World Congress in Hong Kong in the near future. As such we anticipate many more years of creative interchange between our two Colleges for the benefit of girls and women's health care everywhere.

A handwritten signature in black ink, appearing to read 'Lesley Regan'.

Professor Lesley Regan MD DSc FRCOG

President

Royal College of Obstetricians and Gynaecologists



Royal College of
Obstetricians &
Gynaecologists

CONGRATULATORY MESSAGE



Professor Steve ROBSON

President, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Professor Steve Robson

President



The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Excellence in Women's Health

5 April 2018

Dr Leung Wing Cheong
President
Room 805, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, HONG KONG

Dear Professor Leung

Re: HKCOG 30th Anniversary

On behalf of the Board and Council of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) it is my pleasure to send a message of congratulations to the Hong Kong College of Obstetricians & Gynaecologists (HKCOG) on the occasion of your 30th Anniversary.

Our three countries have a proud tradition of common values and our colleges share a long history of commitment to excellence in women's health.

I wish you and our colleagues in Hong Kong the very best for a successful event and look forward to welcoming you to the Southern Hemisphere in the not too distant future.

Yours sincerely

Professor Steve Robson
President

CONGRATULATORY MESSAGE



Associate Professor Tze-Tein YONG
*President, College of Obstetricians and
Gynaecologists, Singapore*



College of Obstetricians and
Gynaecologists, Singapore

College of Obstetricians and Gynaecologists, Singapore

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Academy of Medicine,
Singapore

CONGRATULATORY MESSAGE TO THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

On behalf of the fellows of the College of Obstetricians and Gynaecologists, Singapore, I would like to extend our heartfelt congratulations on your 30th anniversary. This is a milestone which surely deserves recognition. From its founding, the Hong Kong College has always been innovative and forward looking. Your founders saw the importance of having a local body for postgraduate medical education and training and took the bold and brave move to establish an entirely new College. Since then your College has been instrumental in overseeing the organization, assessment and accreditation of specialists.

In addition, it has been a leading advocate for research and continuing medical education, whilst upholding high standards in the profession. It was also the first to blaze the trail in holding the MRCOG postgraduate exams outside of the UK. It is no wonder then that your membership grew, and many of your fellows are distinguished clinicians and researchers in the field of Obstetrics & Gynaecology. You have every reason to be proud and we feel privileged to share such close ties with your college.

Wishing you success for many more years to come.

Yours sincerely

A/Prof Yong Tze Tein
President
College of Obstetricians and Gynaecologists, Singapore

CONGRATULATORY MESSAGE



Dr. Keong WONG

*President, Association of Obstetric and
Gynecology of Macao*

8th March 2018

Dr. LEUNG Wing Cheong
President
The Hong Kong College of
Obstetrician and Gynaecologists

Dear Dr. Leung,

Ref: Congratulatory Message

It is my great honor to serve as the President of Association of Obstetric and Gynecology of Macao. I would like to extend my congratulation to the 30th anniversary of the incorporation of Hong Kong College of Obstetrician and Gynaecologists. Building on the three decades of hard work and experience, HKCOG, is poised to move to another chapter of history.

In 2018, is a year of change to be better and created a better community for us. With the advent of the advantages which closer integration of the Hong Kong and Macao, we should join hands with our compatriots and explore opportunities. Therefore, I am sure that is not only a new horizon of HKCOG in 2018, but will be an impactful year. We strongly believe, the more active, training event and exchange experience for the positive change on professional impact to our society.

Last but not least, please accept my gratitude congratulation and believe all the incoming event have a very fruitful and successful in year 2018.

Dr. WONG Keong



President of
Association of
Obstetric and Gynecology of Macao.



澳門婦產科學會
Associação de Obstetrícia
e Ginecologia de Macau

CONGRATULATORY MESSAGE



Professor Chak-Sing LAU
President, Hong Kong Academy of Medicine



弘醫道 育專才 建未來
MEDICAL EXCELLENCE FOR A HEALTHY FUTURE

COUNCIL 12 March 2018

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Prof. C.S. Lau
Vice-Presidents
Dr. C.C. Lau
Prof. Gilberto Leung
Honorary Secretary
Prof. Henry Chan
Honorary Treasurer
Dr. Y.F. Chow
Editor
Prof. Martin Wong

Dr. LEUNG Wing Cheung
President
The Hong Kong College of Obstetricians and Gynaecologists
Room 805, HKAM Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

EX OFFICIO MEMBERS

Presidents of the Academy Colleges of
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Associate Prof. C.W. Cheung
Community Medicine
Dr. Thomas Tsang
Dental Surgeons
Dr. Robert Ng
Emergency Medicine
Dr. Axel Sin
Family Physicians
Dr. Angus Chan
Obstetricians and Gynaecologists
Dr. W.C. Leung
Ophthalmologists
Prof. Jimmy Lai
Orthopaedic Surgeons
Prof. Patrick Yung
Otorhinolaryngologists
Dr. Victor Abdullah
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Prof. Y.L. Lau
Pathologists
Dr. Michael Chan
Physicians
Prof. Philip Li
Psychiatrists
Prof. Eric Chen
Radiologists
Dr. C.K. Law
Surgeons
Prof. Paul Lai

Dear Dr. Leung, WC

On behalf of the Hong Kong Academy of Medicine, it gives me great pleasure to offer my sincerest congratulations to The Hong Kong College of Obstetricians and Gynaecologists, one of our constituent Colleges, on its 30th Anniversary.

For three decades, the College has been devoted to maintaining the good practice of obstetrics and gynaecology by ensuring the highest professional standards of competence and ethical integrity. The College's tremendous contributions, for example in setting standards and guidelines on various clinical procedures, developing accreditation systems for obstetrical and gynaecological services as well as nurturing young specialists to serve our community, have brought significant impacts on the progressive development of the specialty in Hong Kong. The College has also taken initiatives to safeguard the sustainability of the specialty, such as helping Fellows to explore alternative professional indemnity insurance packages in view of the escalating insurance costs for obstetricians and gynaecologists in the recent years.

On this auspicious occasion, I would like to congratulate The Hong Kong College of Obstetricians and Gynaecologists on her achievements over the years. I am confident that the College will continue to thrive and scale new heights in the years to come.

Yours sincerely,

ELECTED COUNCIL MEMBERS

Dr. P.P. Chen
Prof. Gabriel Leung
Dr. H.T. Luk
Dr. W.L. Tang
Dr. Clara Wu

Honorary Legal Advisor
Mr. Jacob Tse

Auditor
Crowe Horwath (HK) CPA Ltd

Chief Executive Officer
Mr. Aaron Cheng

CS
Professor LAU Chak-sing
President
Hong Kong Academy of Medicine

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CONGRATULATORY MESSAGE



Professor Chi-Wai CHEUNG

*President, The Hong Kong College
of Anaesthesiologists*

It is with the greatest of pleasure to express on behalf of the Hong Kong College of Anaesthesiologists congratulations to the Hong Kong College of Obstetricians and Gynaecologists on the 30th anniversary of their incorporation.

Since 1988, the HKCOG has been at the forefront of advances in foeto-maternal medicine, maintenance of women's health and reproductive medicine. The results of this are evident. In the last 30 years, despite the significant challenges faced including a rising number of older, obese parturients with complex medical diseases presenting in pregnancy and increasing demand for medical interventions in labour, Hong Kong health statistics reveal an impressive low maternal mortality rate despite the steep increase in the caesarean section rate, number of multiple births and proportion of parturients who are over 40. In surgery, gynaecologists were pioneers in the use of laparoscopic surgery long before it became mainstream and many patients have benefited from these minimally invasive techniques.

Anaesthesiologists have long been collaborating with obstetricians and gynaecologists, working closely together as a team to enable the provision of safe and high quality services. This teamwork is most apparent on the labour ward, with most delivery units having 24 hour anaesthesia cover providing epidurals on demand, high risk obstetric anaesthesia pre-operative assessment and a dedicated anaesthesia service. In recent years, multidisciplinary drills in the management of acute obstetric emergencies have been held which can only enhance patient safety.

Once again, very best wishes from the HKCA to the continuing success of the HKCOG.

A handwritten signature in black ink that reads "Chi-Wai".

Professor Chi-Wai Cheung

President

The Hong Kong College of Anaesthesiologists



CONGRATULATORY MESSAGE



Dr. Thomas H.F. TSANG

*President, Hong Kong College of
Community Medicine*

Congratulations to the Hong Kong College of Obstetricians and Gynaecologists (HKCOG) on its 30th anniversary this year (2018)!

Hong Kong is blessed with world-class women health and reproductive health indicators such as one of the lowest maternal and infant mortality rates in the world. Our highly skilled medical workforce exemplified by O&G specialists lies at the heart of this achievement.

Since its incorporation in May 1988, the HKCOG has excelled in its objects to encourage the study and advancement of the science and practice of obstetrics and gynaecology in Hong Kong, as well as to develop and maintain the good practice of obstetrics and gynaecology by ensuring the highest professional standards of competence and ethical integrity.

Growing from strength to strength in the past three decades, the HKCOG made great strides in fostering the development of postgraduate medical education and continuing medical education, quality assurance programs, professional guidelines, and the promulgation of medical and technological advancements. All these contribute greatly to better health for the Hong Kong community.

I wish the HKCOG every success in its future mission and endeavors, staying forever fresh and vibrant as it has been since its gestational period some 30 years ago.

A handwritten signature in black ink, appearing to read 'Thomas H.F. Tsang', written in a cursive style.

Dr TSANG ho-fai Thomas
*President
Hong Kong College of Community Medicine*



CONGRATULATORY MESSAGE



Dr. Robert P.Y. NG

*President, The College of Dental Surgeons
of Hong Kong*



賀香港婦產科學院三十周年紀念誌慶

德術並彰
雋賢同心

香港牙科醫學院主席吳邦彥敬題



CONGRATULATORY MESSAGE



Dr. Axel Y.C. SIU

*President, Hong Kong College of
Emergency Medicine*

This year marks the 30th Anniversary of the incorporation of the Hong Kong College of Obstetricians and Gynaecologists. On behalf of the Hong Kong College of Emergency Medicine, I would like to express our heartiest congratulation to all of the pioneers to the establishment of the college, the current fellows who have committed to uphold the professionalism of Obstetricians and Gynaecologists in Hong Kong and the future new generation of the young talent trainee. I wish everyone will enjoy this memorable moment of the college in 2018.

We will be much delighted to continue the current collaboration with the Hong Kong College of Obstetricians and Gynaecologists including the Advanced Life Support in Obstetrics course and looking forward for further liaison to benefit both our fellows and trainees in future.

A handwritten signature in black ink, consisting of stylized, overlapping loops and lines, representing the name Dr. Axel Y.C. SIU.

Dr. Axel Y.C. SIU

President

Hong Kong College of Emergency Medicine



CONGRATULATORY MESSAGE



Dr. Angus M.W. CHAN

*President, Hong Kong College of
Family Physicians*

On behalf of the Hong Kong College of Family Physicians, I would like to express our sincerest congratulations to the Pearl celebration of the Hong Kong College of Obstetricians and Gynaecologists.

The Hong Kong College of Obstetricians and Gynaecologists has in the past 30 years dedicated to the advancement of knowledge in the field of women's health and has trained high quality Obstetricians and Gynaecologists for the benefit of the Hong Kong healthcare system. The College has successfully promoted the specialist standard and set up benchmarks not just for Hong Kong but for the wider international medical community.

On this joyful occasion of 30th Anniversary, I would like to congratulate The Hong Kong College of Obstetricians and Gynaecologists for her distinguished achievements in the past and wish her every success in the years to come.



Dr Angus MW CHAN

President

Hong Kong College of Family Physicians



CONGRATULATORY MESSAGE



Professor Jimmy LAI

*President, The College of
Ophthalmologists of Hong Kong*

The College of Obstetricians and Gynaecologists has committed to the provision of high quality training programmes to nurture professionals. Life-long education would be difficult to achieve without the organizational energy and hard work of the College of Obstetricians and Gynaecologists.

I am confident in the years ahead, the College of Obstetricians and Gynaecologists will continue to strive for excellence in training and education and achieve greater success in professional development.

I would like to congratulate the College of Obstetricians and Gynaecologists on its 30th anniversary and wish the College every success in enhancement of knowledge and skills of obstetricians and gynaecologists in Hong Kong.

A handwritten signature in black ink that reads "Jimmy Lai". The signature is fluid and cursive.

Professor Jimmy Lai

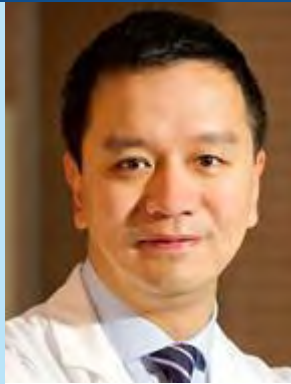
President

The College of Ophthalmologists of Hong Kong



香港眼科醫學院

CONGRATULATORY MESSAGE



Professor Patrick S.H. YUNG
*President, The Hong Kong College of
Orthopaedic Surgeons*



The Hong Kong College of Orthopaedic Surgeons
香港骨科醫學院



President
Prof. Patrick S H YUNG
容樹桓教授

Vice-President
Dr. Chin-hung HO
何展雄醫生

President-Elect
Dr. Wai-pan YAU
丘偉國醫生

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Congratulations to The Hong Kong College of Obstetricians and Gynaecologists for its 30th Anniversary and for its achievements and dedications to professionalism and training in O&G for the past decades. Year 2018 is definitely another busy year for the college, and I believe that all our Obstetricians and Gynaecologists in Hong Kong certainly take the pride to be able to serve every single human and HKCOG has been the engine behind in the professional advancement, and in maintaining the good practice of obstetrics and gynaecology.

I would like to take this opportunity to wish the HKCOG 30th Anniversary Congress a great success, and HKCOG would have many more fruitful years ahead!

Prof Patrick S.H YUNG

President

The Hong Kong College of Orthopaedic Surgeons

(Incorporated with limited liability)

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CONGRATULATORY MESSAGE



Dr. Victor J. ABDULLAH

President, The Hong Kong College of Otorhinolaryngologists



香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

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(2017-2019)

President
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CPA LIMITED
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Congratulatory Message

30th Anniversary of the Hong Kong College of Obstetricians and Gynaecologists

On behalf of the Fellows and members of the Hong Kong College of Otorhinolaryngologists, I would like extend our heartiest congratulations to the Hong Kong College of Obstetricians and Gynaecologists on this auspicious occasion.

The founding of the Hong Kong College of Obstetricians and Gynaecologists in 1988 has seen the standard and practice of Obstetrics and Gynaecology gone from strength to strength. Her Fellows are of the highest of standard in competence and professionalism. In addition, the Hong Kong College of Obstetricians and Gynaecologists has spared no energy in the advancement of science and in the frontier practice of obstetrics and gynaecology in Hong Kong.

I have every confidence that with the dedicated support from your Fellows and the able leadership of the Council of the Hong Kong College of Obstetricians and Gynaecologists, achievements will tower new heights. I wish the College every success in all her future endeavours.

Dr Victor James ABDULLAH
President
The Hong Kong College of Otorhinolaryngologists



A Constituent College of the
Hong Kong Academy of Medicine

CONGRATULATORY MESSAGE



Professor Yu-Lung LAU
*President, Hong Kong College
of Paediatricians*



Hong Kong College of Paediatricians
香港兒科醫學院
(Incorporated in Hong Kong with Limited Liability)



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Prof. Yu-lung LAU
劉宇隆教授

Vice President

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謝詠儀醫生

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Dr. Patrick IP
葉柏強醫生

Hon Treasurer

Dr. Wai-hung LAU
劉衛紅醫生

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陳志豪教授

Dr. Hin-biu CHAN
陳汗標醫生

Dr. Chun-fai CHENG
鄭俊輝醫生

Dr. Nai-chung FONG
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李偉航醫生

Prof. Ting-fan LEUNG
梁廷勳教授

Prof. Chi-kong LI
李志先教授

Dr. Lok-ye SO
蘇樂儀醫生

Immediate

Past President
Dr. Sik-nin WONG
黃錫年醫生

Hon Legal Advisor
Mr. Kenneth SIT

Auditor
Walter Ma & Co.

23 March 2018

Dr. LEUNG Wing Cheong
President
Hong Kong College of Obstetricians
and Gynaecologists
Room 805, HKAM Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

Dear Dr. Leung

On behalf of the Hong Kong College of Paediatricians, I extend our warmest wishes and congratulation to you on this auspicious occasion of the 30th Anniversary of the Hong Kong College of Obstetricians and Gynaecologists. Our two Colleges are connected with a very special and unique relationship among the 15 Colleges in the Hong Kong Academy of Medicine. Our relationship is that of mother and child which is the fundamental relationship of life in general. Needless to say, members of our two Colleges have collaborated with one another closely on many fronts, including prenatal diagnosis, perinatology, newborn screening, and genetics & genomics. We look forward to the outstanding achievement of your College in the next 30 years.

Warmest Regards,

Yu Lung LAU
President

Address: Room 801, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Hong Kong
E-mail: enquiry@paediatrician.org.hk
Home page: www.paediatrician.org.hk

Tel: (852) 2871 8871 / 2871 8842
Fax: (852) 2785 1850

CONGRATULATORY MESSAGE



Dr. Michael CHAN

*President, The Hong Kong College
of Pathologists*

Congratulations to The Hong Kong College of Obstetricians & Gynaecologists for your 30th Anniversary!

In the past decade, the development of molecular biology technologies has adopted an ultra-high flying trajectory. Recently, these technologies have been adopted in pathology laboratories to tackle a wide variety of obstetrical problems including non-invasive prenatal diagnosis of Rhesus incompatibility as well as Down syndrome. The collaboration between Obstetricians and Pathologists has created new diagnostic pathways for common obstetric conditions. With their worldwide implementation, pregnant ladies can be offered a better choice of treatment and management safely and accurately.

Now, the practice of clinical medicine has entered a new era - an era of technology advancement, an era of collaboration, and an era of translation of research into routine clinical practice. We can expect more to come in the near future, which will require a close linkage between our colleges. We are looking forward to these excitements!

Once again, Happy Birthday to The Hong Kong College of Obstetricians and Gynaecologists!

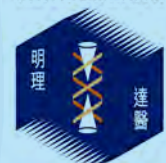
A handwritten signature in black ink, appearing to read 'Michael Chan'.

Dr Michael CHAN

President

The Hong Kong College of Pathologists

THE HONG KONG COLLEGE OF
PATHOLOGISTS



SCHIENTIA ILLUMINAT MEDICINAM
香港病理學專科學院

CONGRATULATORY MESSAGE



Professor Philip K.T. LI

President, Hong Kong College of Physicians



President
Prof Philip K T Li
李錦濤

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Hon Secretary
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Hon Treasurer
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馬青雲
Dr Francis C K Mok
莫俊榮
Dr P W Ng
吳煥榮
Dr Doris M W Tse
謝文華
Dr Shirley K Y Ying
英煥儀
Prof M F Yuen
袁志偉
Dr Heyson C H Chan
(co-opted)
陳晉儀
Dr C H Choi
(co-opted)
蔡澤樂
Dr Alexander C B Law
(co-opted)
羅抗邦

Hon Legal Advisor
Mr Jacob Y S Tse
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Patrick Wong C.P.A. Limited
吳國華會計師事務所有限公司

Past President
Dr Patrick C K Li
李錦基

Senior Advisor
Prof Richard Y H Yu
余宇璋



HONG KONG COLLEGE OF PHYSICIANS

香港內科醫學院

(Incorporated in Hong Kong with limited liability)

30th Anniversary for the Hong Kong College of Obstetricians and Gynaecologists

On behalf of the Council of the Hong Kong College of Physicians, it gives me great pleasure in congratulating the Hong Kong College of Obstetricians and Gynaecologists on its 30th anniversary.

The Hong Kong College of Obstetricians and Gynaecologists had been encouraging the study and advancement of the science and practice of Obstetrics and Gynaecology in Hong Kong. Over the years the Hong Kong College of Obstetricians and Gynaecologists has demonstrated its commitments to uphold the highest standards of professional competence.

Once again, congratulations to the Hong Kong College of Obstetricians and Gynaecologists on its 30th anniversary of achievement and excellence.

Prof LI Kam Tao Philip
President
Hong Kong College of Physicians

Room 603, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: 2871 8766 Fax: 2556 9047
Website: <http://www.hkcp.org>

CONGRATULATORY MESSAGE



Professor Eric CHEN

*President, The Hong Kong College
of Psychiatrists*

**Congratulatory message from The Hong Kong College of Psychiatrists on the
30th Anniversary of the establishment of the Hong Kong College of Obstetricians
and Gynaecologists**

On behalf of the Hong Kong College of Psychiatrists, it gives me immense pleasure on this very special occasion to convey our warmest congratulations to the Hong Kong College of Obstetricians and Gynaecologists on its 30th Anniversary. Since its establishment in May 1988, the Hong Kong College of Obstetricians and Gynaecologists, has endeavoured to provide professional specialists training and continuing professional development for Obstetricians and Gynaecologists clinicians in Hong Kong.

Over the years, the College has been playing a pivotal and active role in enhancing professional standards in the practice of Obstetricians and Gynaecologists and setting up benchmarking for the profession. In addition, the establishment of the four subspecialties is another commendable achievement which has widened and deepened the scope of quality health services to further improve care for women and newborns. Psychiatrists and clinicians in Obstetricians and Gynaecologists have been working joined hands in prevention and fighting against postnatal depression. We look forward to further strengthening our partnership in promoting quality health care services to the needs of our community and wish the Hong Kong College of Obstetricians and Gynaecologists every success in all its future endeavours.

A handwritten signature in black ink, appearing to be 'Eric Chen', written over a horizontal line.

Prof Eric CHEN
President,
The Hong Kong College of Psychiatrists



CONGRATULATORY MESSAGE



Dr. Chun-Key LAW

President, Hong Kong College of Radiologists



HONG KONG COLLEGE OF RADIOLOGISTS

香港放射科醫學院

Founder College of the Hong Kong Academy of Medicine
(Incorporated in Hong Kong with limited liability)



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VICE-PRESIDENT

Prof. Anne W.M. Lee
李詠梅教授

WARDEN

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王耀忠醫生

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IMMEDIATE PAST PRESIDENT**

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梁馮令儀醫生

EXECUTIVE OFFICERS

Ms. Karen Law
羅麗儀小姐

Ms. Phyllis Wong
黃詩汝小姐

15th March 2018

Dr. LEUNG Wing Cheong

President

The Hong Kong College of Obstetricians and Gynaecologists

Dear Dr. Leung,

Congratulatory Message from Hong Kong College of Radiologists

On behalf of Hong Kong College of Radiologists, it is my great pleasure to congratulate The Hong Kong College of Obstetricians and Gynaecologists (HKCOG) on her 30th Anniversary.

The incorporation of HKCOG in May 1988 marked a milestone in the establishment of a local professional body for the promotion of training and development in obstetrics and gynaecology (O&G), and for consultation on related matters of educational or public interest. HKCOG has accomplished the mission of advancement of knowledge in the field of O&G and its associated disciplines in Hong Kong.

I would also like to congratulate HKCOG in the provision of specialist training in O&G. In particular, the participation in Conjoint Examination with the Royal College of Obstetricians and Gynaecologists (UK) has demonstrated the commitment to high standards in education and training of young O&G specialists. The Hong Kong public and the wider healthcare profession have witnessed and benefited from the highest standard of practice of O&G.

The immense contributions of your esteemed College, no doubt, are the results of the enthusiastic and concerted efforts of your members and your committed Council. My warmest congratulations to you all and my best wishes on all your endeavours in the coming years.

Yours sincerely,

Dr. Law Chun Key

President

Hong Kong College of Radiologists

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Secretariat Office: Room 909, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8788 Fax: (852) 2554 0739 E-mail: Enquiries@hkcr.org Homepage: <http://www.hkcr.org>

CONGRATULATORY MESSAGE



Professor Paul B.S. LAI

*President, The College of Surgeons
of Hong Kong*

On behalf of the College of Surgeons of Hong Kong, I would like to extend our heartiest congratulations to the Hong Kong College of Obstetricians and Gynaecologists on the occasion of its 30th Anniversary.

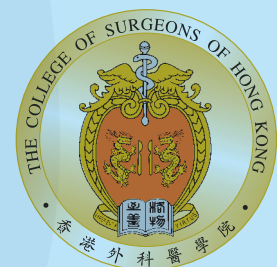
Since its establishment in 1988, the College has been devoting to safeguard the professional standards and competence of medical advancement of Obstetrics and Gynaecology via its sound and substantial training and accreditation system. It is assured to observe the ease of pressure from patients and the thrilling of pleasure from parents by virtue of its members' excellent skills and thorough care in perpetuum.

On this auspicious occasion, may I once again congratulate the College on reaching this important milestone and I wish the College every success in its future endeavours.

A handwritten signature in black ink, consisting of the Chinese characters '賴寶山' (Lai Bo-san).

Prof. Paul Bo-san LAI

*President
The College of Surgeons of Hong Kong*



CONGRATULATORY MESSAGE



Dr. Kin CHOI

President, The Hong Kong Medical Association



香港醫學會
The Hong Kong Medical Association

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MEMBER OF WORLD MEDICAL ASSOCIATION AND COOPERATION OF MEDICAL ASSOCIATIONS IN ASIA & OCEANIA
5th Floor, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong
Tel: (852) 2527 8285 (6 lines) Fax: (852) 2965 0943 E-mail: hkma@hkma.org Website: www.hkma.org
香港軒尼詩道十五號達芬公署社會服務大樓五樓

香港婦產科學院卅周年誌慶

婦幼平安家和樂
丁財興旺國太平

香港醫學會會長蔡堅題賀
戊戌年春

CONGRATULATORY MESSAGE



Dr. Mario W.K. CHAK

*President, The Federation of
Medical Societies of Hong Kong*

It is a great pleasure to write this congratulation message to The Hong Kong College of Obstetricians and Gynaecologists on the occasion of its 30th Anniversary of the incorporation of The Hong Kong College of Obstetricians and Gynaecologists.

The Hong Kong College of Obstetricians and Gynaecologists was incorporated on 14th May 1988. The first council consisted of members of the Hong Kong representative committee of Royal College of Obstetricians and Gynaecologists and other co-opted members. The Hong Kong College of Obstetricians and Gynaecologists aims to encourage the study and advancement of the science and practice of Obstetrics and Gynaecology in Hong Kong and to develop and maintain the good practice of Obstetrics and Gynaecology by ensuring the highest professional standards of competence and ethical integrity.

The Federation of the Medical Societies of Hong Kong, as umbrella organisation of present 141 members societies with the missions to promote a high standard of practice by medical, dental, nursing and allied health professionals in Hong Kong. We would like to take this opportunity to convey our warmest congratulation to the organising committee for their dedication in preparing the 30th anniversary congress to advocate advancement of science and standard practice of Obstetrics and Gynaecology among medical professionals and the public in Hong Kong. Under the capable leadership of President Dr Leung Wing Cheong and his council, I am sure The Hong Kong College of Obstetricians and Gynaecologists will surely continue to flourish in years to come.

A handwritten signature in black ink, appearing to read 'Chak', written in a cursive style.

Dr Mario Wai-kwong CHAK

President

The Federation of Medical Societies of Hong Kong



CONGRATULATORY MESSAGE



Dr. Vincent Y.T. CHEUNG

President, Obstetrical and Gynaecological Society of Hong Kong

On behalf of the Obstetrical and Gynaecological Society of Hong Kong (OGSHK), I would like to extend my warmest congratulations to the Hong Kong College of Obstetricians and Gynaecologists (HKCOG) on the 30th anniversary.

Over the years, a strong and rewarding relationship has been established between OGSHK and HKCOG. Through training and education, we share similar missions, and most important of which is to ensure a high professional standard in our specialty. I trust this relationship and friendship will continue to flourish to maintain our excellence and leading role in clinical service, training and research in women's health in the coming years, despite all the difficulties and challenges ahead of us.

I am confident that this milestone will just mark the beginning of further growth and success for the College. I wish you great success for the Anniversary Congress and look forward to more achievements and celebrations from the College in the coming decades.

With kind regards,



Dr. Vincent Y.T. Cheung

President

Obstetrical and Gynaecological Society of Hong Kong



CONGRATULATORY MESSAGE



Professor Hextan Y.S. NGAN

*President, The Family Planning
Association of Hong Kong*

Congratulations to the Hong Kong College of Obstetricians and Gynaecologists on your 30th Anniversary! The staff and volunteers of The Family Planning Association of Hong Kong join me in sending our warmest wishes to all Fellows and Members of the College. Let us continue to work towards the betterment of the sexual and reproductive health of all women and girls in Hong Kong.

A handwritten signature in black ink, appearing to read 'Hextan Ngan'.

Professor Hextan Ngan

*President
The Family Planning Association of Hong Kong*



CONGRATULATORY MESSAGE



Professor Agnes TIWARI
Chairman, Nursing Council of Hong Kong

On such a jubilant occasion to celebrate the 30th anniversary of the incorporation of the Hong Kong College of Obstetricians and Gynaecologists, I am most delighted to extend my warmest congratulations to the College on its remarkable achievements.

Since its incorporation in 1988, the College has played an active and important role to promote and sustain high quality women's health care by encouraging the study and advancement of the science and practice of Obstetrics and Gynaecology in Hong Kong. Through the promotion of quality assurance, continuing medical education and research, the College has ensured the highest professional standards of competence and ethical integrity in the practice of Obstetrics and Gynaecology.

On behalf of the Nursing Council of Hong Kong, I would like to wish the College continued success in all its future endeavours.

A handwritten signature in black ink, appearing to read 'A. Tiwari'.

Professor Agnes TIWARI
Chairman
Nursing Council of Hong Kong



CONGRATULATORY MESSAGE



Ms Alice SHAM

President, Hong Kong College of Midwives

It gives me great pleasure to extend my warmest congratulations to the Hong Kong College of Obstetricians and Gynaecologists on its 30th anniversary. Since the incorporation in 1988, the HKCOG has been dedicated in equipping competent O&G practitioners, promoting the advancement of the art and science of medicine, foster the development of postgraduate medical education and continuing medical education; as well as advocating the improvement of healthcare for Hong Kong citizen. The many achievements and endeavors of the HKCOG are successful in upholding its Objects to develop and maintain the good practice of obstetrics and gynaecology by ensuring the highest professional standards of competence and ethical integrity.

Obstetricians, Gynaecologists and Midwives are close working partners. We have very good collaborations and mutual support in our professional practice. Hong Kong College of Midwives always learns from the exemplary model and leadership of the HKCOG in pursuing the best practice and professional improvement for the education and training of midwives in Hong Kong.

30 years of dedication to professionalism is an excellent reason to celebrate. On behalf of HKCMW, I wish all members of the HKCOG a very happy, health and prosperous new year.

A handwritten signature in black ink, appearing to read 'Alice Sham'.

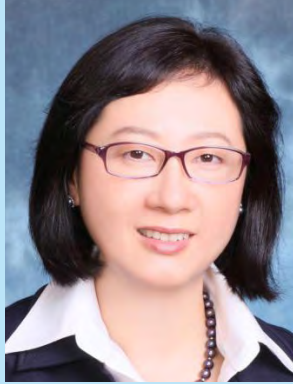
Ms Alice SHAM

President

Hong Kong College of Midwives



CONGRATULATORY MESSAGE



Dr. Irene L.Y. LEE

*Chairman, The Midwives Council of Hong Kong;
President, Hong Kong Midwives Association*

It is my great pleasure to congratulate the HK College of Obstetricians and Gynaecologists on their 30th anniversary.

The college uphold professionalism and expertise with a will to provide high standard care to the public. I am confident that the college will continue to be an excellent exemplar of the superb work in the O&G field. May I express my sincere gratitude to the college and wish the college every success in continuing leading the development of good practices of Obstetrics and gynaecology in the future!

Dr Irene L.Y. LEE

*Chairman, The Midwives Council of Hong Kong
President, Hong Kong Midwives Association*



OUR FOUNDING PRESIDENT



Professor Ho-Kei MA CHUNG

Founding President, HKCOG

Professor MA CHUNG Ho-Kei is the Founding President of the Hong Kong College of Obstetricians and Gynaecologists (HKCOG). She graduated from the University of Hong Kong in 1958, became a Lecturer in Obstetrics and Gynaecology at the University, and subsequently Professor and Head of the Department in 1972. She was the Dean of the Faculty between 1992 and 1995, and was appointed Professor Emeritus on her retirement in 1995. She was appointed Justice of Peace in 1978 and awarded the CBE in 1996 for her services to the development of medicine in Hong Kong.

Professor Ma was the Chair of the Working Party on Future Postgraduate Training in Obstetrics and Gynaecology, which subsequently led to incorporation of the HKCOG. She nursed the HKCOG through the early stages and ensured its healthy and vibrant development. This was an extremely difficult task, with complex interwoven problems of legal issues, personalities, competing priorities of different sectors of the specialty, and the need for international recognition. She went on to become the Founding President of the College, and did much to ensure the good financial standing and international recognition of the College. Working with her at the time, many of her colleagues came to appreciate the enormous foresight and wisdom she displayed, and the stamina with which she applied herself to



the task. The current success of the College, particularly the cohesiveness and enthusiasm of its members, owes much to her wisdom and hard work.

Professor Ma also established the Hong Kong Obstetrical & Gynaecological Trust Fund, which supports research in O&G specialty in Hong Kong. This has been one of the few sources of research funding for the less experienced researcher. It has greatly stimulated interests in clinical research, particularly amongst the trainees and the younger doctors in the non-academic sectors.

More important for the medical community in Hong Kong, Professor Ma was a key founding member of the Hong Kong Academy of Medicine (HKAM), and was responsible for the drafting of its constitution, particularly in the areas of training and standards of practice. She chaired many task forces to resolve difficult problems encountered during the formative stages, and became the Vice-President (Education and Examinations) until 1995. Her early guidance, especially regarding training and standards of practice, earned the Academy much respect and trust from the government and the community. The prestige and legal status the Academy enjoys today owes much to these early efforts.

Being an Obstetrician and Gynaecologist of great stature, Professor Ma was conferred the Honorary Fellowship of the HKCOG in 1998 and the HKAM in 2001, the highest honour that the College and the Academy can bestow.

*~ An excerpt from the citation by Professor Allan Chang
when Professor Ma Chung was conferred the
Honorary Fellow in 1998*



Professor Allan M.Z. CHANG

The Second President of HKCOG

Since its formation, the Hong Kong College of Obstetricians and Gynaecologists has done much to enhance the standing of those in our specialty in the community, and improve the welfare of women and babies we serve, with our contributions to knowledge and innovation everywhere, and our services to those we look after locally.

Every President and Council have left their imprint of dynamism and achievements, and the College committees have continued to innovate, organise and guide our Fellows to improve the quality and professionalism of their practices. Our training units continue to produce a stream of competent and dedicated specialists for the community. The research and innovation of our Fellows have greatly contributed to the overall pool of knowledge and improvement in our specialty.

As a result, the reputation and standing of the College and its Fellows are on a par with those in the best of similar institutions, both in Hong Kong and internationally.

As one of the founding Fellows of the College, I follow the achievements of the College with enormous pride. I heartily congratulate the College and all those involved in its activities for their success, and am confident that these will continue.

A handwritten signature in black ink, appearing to read 'A. Chang'.

Professor Allan M.Z. CHANG

Honorary Fellow

Past President (1992-1994)



MESSAGE FROM THE PAST PRESIDENT



Dr. Pamela M.K. LEUNG
The Third President of HKCOG

On the 30th Anniversary of the Hong Kong College of Obstetricians and Gynaecologists, it gives me great pleasure to offer my heartiest congratulations on the College's achievements over the past years. This milestone provides a wonderful opportunity to reflect upon the successful specialty and subspecialty training and continuous professional development of the College's Members and Fellows. May the HKCOG grow from strength to strength in the years to come.

A handwritten signature in black ink that reads "Pamela Leung".

Dr. Pamela M.K. LEUNG
Honorary Fellow
Past President (1995-1997)





Professor Pak-Chung HO
The Fourth President of HKCOG

Our College was incorporated on 14 May 1988 with 41 First Fellows and 124 First Members. In the last 30 years, our College has grown and we now have 13 Honorary Fellows, 486 Fellows and 55 Members. With the concerted effort and support of our Fellows and Members, our College has established a specialty training programme in Obstetrics and Gynaecology, and four subspecialty training programmes. Our College has also accredited O&G units in Hong Kong, conducted territory-wide audits, issued guidelines for clinical practice, organised scientific meetings, given advice to government on issues relevant to our specialty and established itself as an authority in Obstetrics and Gynaecology in Hong Kong. I would like to congratulate our College on all its achievements over these 30 years and hope that it will continue its excellent work in future.

Ho Pak Chung

Professor Pak-Chung HO
Honorary Fellow
Past President (1998-2000)





Dr. Lau-Cheung HO
The Fifth President of HKCOG

祝賀香港婦產科學院三十周年誌慶

婦女健康 學院重中之重

產子醫術 院士精益求精

前香港婦產科學院院長

何樓章

二〇一八年

Dr. Lau-Cheung HO
Past President (2001-2003)



MESSAGE FROM THE PAST PRESIDENT



Dr. Lawrence C.H. TANG
The Sixth President of HKCOG

My sincere congratulations to our College on its 30th Anniversary celebrating three decades of excellence in the pursuits of the Objectives of:

“To encourage the study and advancement of the science and practice of Obstetrics and Gynaecology in Hong Kong”; and,

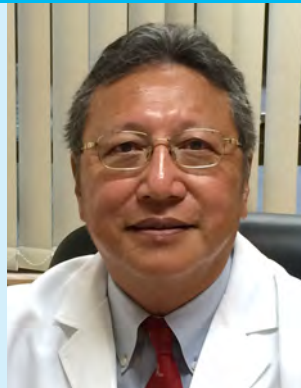
“To develop and maintain the good practice of Obstetrics and Gynaecology by ensuring the highest professional standards of competence and ethical integrity”!

三十而立
銘記初心

A handwritten signature in black ink, appearing to read 'Lawrence C.H. Tang'.

Dr. Lawrence C.H. TANG
*Honorary Fellow
Past President (2004-2006)*





Professor Tony K.H. CHUNG

The Seventh President of HKCOG

On this occasion of the 30th anniversary of the establishment of the Hong Kong College of Obstetricians and Gynaecologists, may I offer my heartiest congratulations and best wishes for the future. The College can justifiably look back on an excellent record of achievement since its inception. Many challenges lie ahead but with the good will and collegiality that have characterised the College, I am confident that the future is bright.

A handwritten signature in black ink that reads "Tony Chung". The signature is fluid and cursive.

Professor Tony K.H. CHUNG

Honorary Fellow

Past President (2007-2009)





Professor Hextan Y.S. NGAN

The Eighth President of HKCOG

The HKCOG is one of the founding Colleges of the Hong Kong Academy of Medicine. Through the hard work and wisdom of our predecessors and current Council, the College has provided not only high standards in the training of specialists and subspecialists in O&G but also of service to the community of Hong Kong. The support and unity of our College members are key to the many successes of the College.

My congratulations to the HKCOG for their many achievements over the past 30 years and I am sure that there will be more to come.

Happy Anniversary!

A handwritten signature in black ink that reads "Hextan Ngan".

Professor Hextan Y.S. NGAN

Honorary Fellow

Past President (2010-2012)





Dr. Ares K.L. LEUNG
The Ninth President of HKCOG

Congratulations to MY college on its 30th anniversary. May you continue to enjoy good support from fellows, members and trainees, and to shine for our specialty and Hong Kong.

Our college has achieved much over the three decades. Early leaders laid down the foundations for conjoint examinations with overseas colleges. Therefore our training standards continued to parallel international levels. Our college smoothly introduced continuing medical education and continuous professional development, showing that public expectations are fulfilled alongside busy schedules. We installed territory-wide audits and competency-based assessment. After the abrupt end to the mainland obstetric influx saga, the College was instrumental in bringing about harmony inside our specialty.

It might be fair to describe the recent indemnity saga as an ambush, and we were unsupported. Our College was the only organisation in the old British Commonwealth which cried aloud a meaningful no. In slightly more than a year, we successfully supported our insurance indemnity. HKCOG taught everyone that impossible problems were solved through rational interaction with friends under mutual respect. We shall adapt our solution to all specialties, and HKCOG stands forever tall and proud in medical history.

After serving the College non-stop for more than 25 years, old Ares humbly appeals to all our fellows to continue to support the College for the next 30 years.

A handwritten signature in black ink, appearing to read 'Ares Leung'.

Dr. Ares K.L. LEUNG
Past President (2013-2015)



SCIENTIFIC PROGRAMME

Time	Topic	Speaker
9 June 2018 (Saturday)		
09:30 – 09:50	Registration	
09:50 – 10:00	Opening address	Dr. Wing-Cheong LEUNG
Session 1	Overseas Speakers' Session / Medical indemnity / Public Health	
(10:00 – 12:00)	<i>Chairpersons: Dr. Wing-cheong LEUNG and Professor Tak-yeung LEUNG</i>	
10:00 – 10:40	Global health care for women – where do we stand?	Sir Sabaratnam ARULKUMARAN
10:40 – 11:20	Hepatitis B and pregnancy	Professor Terence LAO
11:20 – 12:00	Medical indemnity, our hardship and the future of HK	Dr. Ares LEUNG
12:00 – 13:00	Lunch	
Session 2	Maternal and Fetal Medicine	
(13:00 – 15:00)	<i>Chairpersons: Dr. William TO and Dr. Chong-Pun CHAN</i>	
13:00 – 13:30	From revolution to evolution: realising the full diagnostic power of NIPT	Professor Rossa CHIU
13:30 – 14:00	New algorithms in prenatal diagnosis – the way forward	Dr. Wing-Cheong LEUNG
14:00 – 14:30	Fetal therapy in HK: what we have achieved and the challenges ahead	Professor Tak-yeung LEUNG
14:30 – 15:00	Advancement in fetal imaging – improving diagnostic possibilities and accuracy	Dr. Kwok-Yin LEUNG
15:00 – 15:30	Tea break	
Session 3	Obstetrics	
(15:30 – 17:30)	<i>Chairpersons: Dr. Sidney AU YEUNG and Dr. Helena LAM</i>	
15:30 – 16:00	Screening and prevention of pre-eclampsia – expectations for the next 10 years	Dr. Liona POON
16:00 – 16:30	Assessment and prevention of preterm birth – what have we done, and can we do better?	Dr. Annie HUI
16:30 – 17:00	Intrapartum ultrasound – a tool to improve perinatal outcomes in the future?	Dr. Wai-Lam LAU
17:00 – 17:30	Management of massive postpartum haemorrhage – an alternative to hysterectomy	Dr. William TO
18:30 – 19:00	Cocktail & Robing	
19:00 – 20:00	Admission of New Members and Fellows & Certificates/Award Presentation Ceremony	
20:00	Conference Dinner	

SCIENTIFIC PROGRAMME

Time	Topic	Speaker
10 June 2018 (Sunday)		
Session 4	Reproductive Medicine	
(09:00 – 10:30)	<i>Chairpersons: Dr. Raymond LI and Dr. Grace KONG</i>	
09:00 – 09:30	Thirty years in reproductive medicine: what have I learned?	Professor Pak-Chung HO
09:30 – 10:00	The place of reproductive surgery in the modern era	Professor Tin-Chiu LI
10:00 – 10:30	How does clinical research guide us in infertility management?	Professor Ernest NG
10:30 – 11:00	Tea break	
Session 5	Gynaecology and Urogynaecology	
(11:00 – 13:00)	<i>Chairpersons: Dr. Wing-Wa GO and Dr. Wilfred WONG</i>	
11:00 – 11:30	Vaginal hysterectomy – the way forward	Dr. Ting-Chung PUN
11:30 – 12:00	Development of minimally invasive hysterectomy in Hong Kong	Dr. Kwok-Keung TANG
12:00 – 12:30	Role of perineal ultrasound in urogynaecology	Dr. Symphorosa CHAN
12:30 – 13:00	To mesh or not to mesh? Current update on the treatment for pelvic organ prolapse	Dr. Cecilia CHEON
13:00 – 14:00	Lunch	
Session 6	Gynaecological Oncology	
(14:00 – 15:30)	<i>Chairpersons: Dr. Wai-Hon LI and Dr. Nelson SIU</i>	
14:00 – 14:30	Robotic surgery in gynaecological cancers: what have we accomplished in the last 10 years?	Dr. Karen CHAN
14:30 – 15:00	Precision medicine in ovarian cancer	Dr. Ka-Yu TSE
15:00 – 15:30	HPV and cervical cancer screening	Dr. Wai-Hon LI
15:30 – 16:00	Tea break	
Session 7	Young Investigators' Presentation	
16:00 – 18:00	<i>Chairpersons: Professor Tony CHUNG and Professor Ernest NG</i> <i>Panel of Judges: Sir Sabaratnam ARULKUMARAN, Professor Tony CHUNG, Dr. Ares LEUNG, Professor Ernest NG, Dr. William TO</i>	
18:00 – 18:05	Closing address	Dr. Wing-Cheong LEUNG

INVITED SPEAKERS

International Faculty	
Sir Sabaratnam ARULKUMARAN	Professor Emeritus of Obstetrics & Gynaecology, St George's University of London
Local Faculty	
Dr. Karen CHAN	Clinical Associate Professor, Department of Obstetrics and Gynaecology, The University of Hong Kong
Dr. Symphorosa CHAN	Chief of Service, Department of Obstetrics and Gynaecology, Prince of Wales Hospital
Dr. Cecilia CHEON	Consultant, Department of Obstetrics and Gynaecology, Queen Elizabeth Hospital
Professor Rossa CHIU	Professor of Chemical Pathology and Assistant Dean (Research), Faculty of Medicine, The Chinese University of Hong Kong
Professor Pak-Chung HO	Emeritus Chair Professor, Department of Obstetrics and Gynaecology, The University of Hong Kong
Dr. Annie HUI	Associate Consultant, Department of Obstetrics and Gynaecology, Prince of Wales Hospital
Professor Terence LAO	Professor, Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong
Dr. Wai-Lam LAU	Consultant, Department of Obstetrics and Gynaecology, Kwong Wah Hospital
Dr. Ares LEUNG	Past President, The Hong Kong College of Obstetricians and Gynaecologists; Deputy Medical Director, Union Hospital
Dr. Kwok-Yin LEUNG	Chief of Service, Department of Obstetrics and Gynaecology, Queen Elizabeth Hospital
Professor Tak-Yeung LEUNG	Chairman, Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong
Dr. Wing-Cheong LEUNG	President, The Hong Kong College of Obstetricians and Gynaecologists
Professor Tin-Chiu LI	Professor, Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong
Dr. Wai-Hon Li	Consultant, Department of Obstetrics and Gynaecology, Queen Elizabeth Hospital
Professor Ernest NG	Clinical Professor, Department of Obstetrics and Gynaecology, The University of Hong Kong
Dr. Liona POON	Associate Clinical Professor, Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong
Dr. Ting-Chung PUN	Consultant, Department of Obstetrics and Gynaecology, Queen Mary Hospital
Dr. Kwok-Keung TANG	Chief of Service, Department of Obstetrics and Gynaecology, Pamela Youde Nethersole Eastern Hospital
Dr. William TO	Chief of Service, Department of Obstetrics and Gynaecology, United Christian Hospital
Dr. Ka-Yu TSE	Consultant, Department of Obstetrics and Gynaecology, Queen Mary Hospital



Sir Sabaratnam ARULKUMARAN

*Professor Emeritus of Obstetrics & Gynaecology,
St George's University of London, United Kingdom*

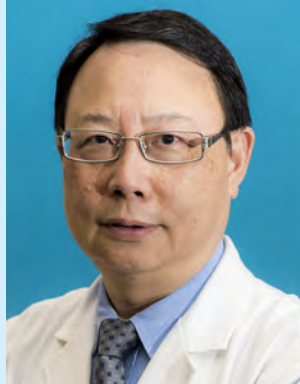
Global health care for women – where do we stand?

MDG had eight goals and goal 5 focused on maternal mortality and sexual and reproductive health. SDGs have expanded to 17 and women's health needs, gender equality and health-related non-communicable diseases are included. In this context women's health is best considered and managed as a life cycle approach i.e. the child, adolescent girl, woman in the reproductive age, older age woman at climacteric and elderly woman in the last phase of life when they face more issues with non-communicable diseases. In each phase from the girl child to a woman they face different and unique problems. This is compounded by prejudice and lack of opportunities based on their education, respect in the society and socio-economic situation. Health promotion, illness prevention, screening, early treatment and social support should improve women's health. Prevention strategy starts

from immunisation in the young age to human papilloma virus vaccination at the adolescent age. Prevention of pregnancy and sexually transmitted disease, good nutrition and avoidance of habits of the use of alcohol and smoking is an excellent health promotion strategy. Good pre, intra and post pregnancy care is vital not only for the mother but the future health of the offspring. As life expectancy has increased significantly in the last century, menopause, which was an end life episode has become a midlife event. While in the beginning of the last century people died from **communicable** diseases within days or weeks, today many of these illnesses can be prevented by vaccination and treated with antibiotics. In the current and future era with increased life expectancy, frailty will be a problem and many would succumb to **non-communicable** diseases. This shift to an increased healthy life

expectancy demands a deeper understanding of the ageing process by the medical profession, to shift from treating disease to preventive strategies. Attention should be focused on lifestyle modifications and medical care needed in the management of women when they progress through the inevitable ageing process. Primary and secondary prevention of illness to help preserve health, zest and vitality for the next phase of life should be our goal. Health promotion, early diagnosis of pathology and appropriate treatment in time will enhance the life quality. Women outlive men in any part of the world but are struck by more morbidity with increasing age. We should focus on social, economic and clinical consequences of an ageing world; brain health

and cognitive disorders; musculo-skeletal ageing and primary prevention; ischaemic heart disease in women; urogenital consequences in the ageing female; glucose homeostasis; obesity and diabetes; skin and connective tissue; age-adjusted nutrition; physical fitness; surgery in the elderly and understanding and managing medication in the elderly. Increased understanding of the ageing process will help us to better serve our ageing patients. A life-time approach should be considered by National Societies in order to provide good adolescent health, reduce maternal mortality and unsafe abortion, provide contraception and screening to prevent cancer and to care for the elderly. We need to provide the best care to our children, wives and mothers.



Professor Terence LAO

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

Hepatitis B and pregnancy

The hepatitis B virus (HBV) has co-evolved within its human host coming out of Africa 100,000 years ago to the current pandemic alongside the global population explosion. In Hong Kong, the maternal carriage rate is around 7-9% overall and correlated with the number of prior pregnancies. Among carriers, circulating HBV DNA was detected in 48% at <16 weeks and 61% at six weeks postpartum, while 5% had an elevated transaminase level. Some studies reported no association with adverse obstetric outcome, but others reported increased complications ranging from hypertensive disorders, gestational diabetes mellitus, preterm birth/labour, to fetal loss, perinatal mortality, congenital malformation, and neonatal unit admission. Increased gestational diabetes is the most consistent finding while reduced pregnancy hypertension was also found. The conflicting findings are probably related to racial/ethnic differences, different HBV genotypes, the actual prevalence of HBV infection, the inclusion of mothers with recent or acute infection, and the

proportion in different phases of chronic HBV infection. The main concern is maternal-to-child-transmission (MTCT), which is influenced by viral factors, obstetric complications and invasive procedures, presence of labour and mode of delivery, maternal antiviral treatment, neonatal immunisation, and possibly breastfeeding. Timely postnatal immunisation with complete coverage is most effective in preventing MTCT, and the majority of immunoprophylaxis failures were related to failed completion or non-compliance with the immunisation regimen. The recently advocated maternal antiviral treatment commenced in the third trimester on the basis of maternal viral activity appears a promising adjunct, but there are potential problems for both the mother and offspring and it should be regarded as experimental until safety issues are clarified. The importance of follow-up of the mother for postpartum flares and evidence of hepatic fibrosis, and the child with serological testing for confirmation of development of immunity, are vital to optimise their short- and long-term outcome.

Dr. Ares LEUNG

*Past President, The Hong Kong College of
Obstetricians and Gynaecologists;
Deputy Medical Director, Union Hospital, Hong Kong SAR*



Medical indemnity, our hardship and the future of HK

O&G nearly became unsustainable in 2014 when MPS unilaterally changed its coverage without long-term planning after doctors' retirement. All attempts to negotiate ended without effect and HKCOG had to identify an alternative provider. Major efforts were spent to adopt an overseas insurance indemnity product for local use, and the product was widely accepted by obstetricians.

HK was the only territory in the old Commonwealth which stood up effectively against the change. We managed to do so partly because the finance with medical indemnity was still sustainable, and the difficulty faced by the conventional provider seemed at least partly related to detached management of a complex business. A lot of effort is necessary in the immediate and short-term future to ensure sustainability. Probably effective directions include risk management in clinical consultation and patient management, as well as management of society expectation on the outcome. Efforts

will also be spent on general applicability and acceptance of the product across Hong Kong.

In our quest for sustainability, it may be necessary for us doctors to take the lead on innovation, combining functionality of both occurrence and claims-made basis products, as well as incorporating financial preservation models. It may be necessary to provide limited discretion so as to reach fluid flexibility pictured under flowery mutual fund oral concepts. Simultaneously there is an absolute need for concrete promises on sustainability and continuation of cover by a written insurance policy. Financing source is another taxing consideration to our intelligence.

The saga in 2015 demonstrated clearly that it took a heavy blow to the public sector immediately while strangulating the private sector gradually. It is a matter that affects every doctor, and every patient. There remains a huge volume of work ahead and young souls are called to participate.



Professor Rossa Chiu

Professor of Chemical Pathology and Assistant Dean (Research), Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong SAR

From revolution to evolution: realising the full diagnostic power of NIPT

Soon after the discovery of cell-free fetal DNA in the maternal circulation, non-invasive prenatal testing (NIPT) for sex-linked diseases and fetal rhesus D status became clinically available in the late 90s. A decade later, in 2011, NIPT for the screening of fetal chromosomal aneuploidies became a clinical reality. NIPT for aneuploidy screening was rapidly adopted by many centres around the world. After a steep learning curve, it is now appreciated that much additional information about the pregnancy can be captured from the current NIPT, including rare autosomal trisomies, subchromosomal aneuploidies, the

clinical burden of fetal mosaicism and confined placental mosaicism. At the same time, scientific efforts have continued to push the envelope regarding the technical capabilities of NIPT. To date, NIPT approaches have been developed to assess zygosity of twins, fetal inheritance of single-gene disease mutations, fetal de novo mutations, the fetal genome and placental function. To further expand the clinical utility of NIPT, concerted efforts will be needed to investigate how best should the newer applications be incorporated into antenatal care to achieve maximal patient benefit and cost-effectiveness.

Dr. Wing-Cheong LEUNG
*President, The Hong Kong College of
 Obstetricians and Gynaecologists*



New algorithms in prenatal diagnosis – the way forward

The approach to prenatal diagnosis has been revolutionised by advances in prenatal molecular diagnostics. The most important breakthrough in prenatal screening using maternal plasma cell-free fetal DNA as a non-invasive prenatal testing (NIPT) for fetal chromosomal abnormalities was discovered by Professor Dennis Lo from Hong Kong. Polymerase chain reaction (PCR) as a rapid aneuploidy test, and chromosomal microarray (CMA) for molecular karyotyping are going to replace traditional karyotyping. Whole exome sequencing (WES) and whole genome sequencing (WGS) are coming soon. Ultrasound does maintain a pivotal role, being the strongest link between the various tests in the new algorithms.

New algorithms in prenatal diagnosis are evolving and becoming increasingly complicated (Figure 1). The goal is to maximise the prenatal information for pregnant women and their families to make choices for their next generations.

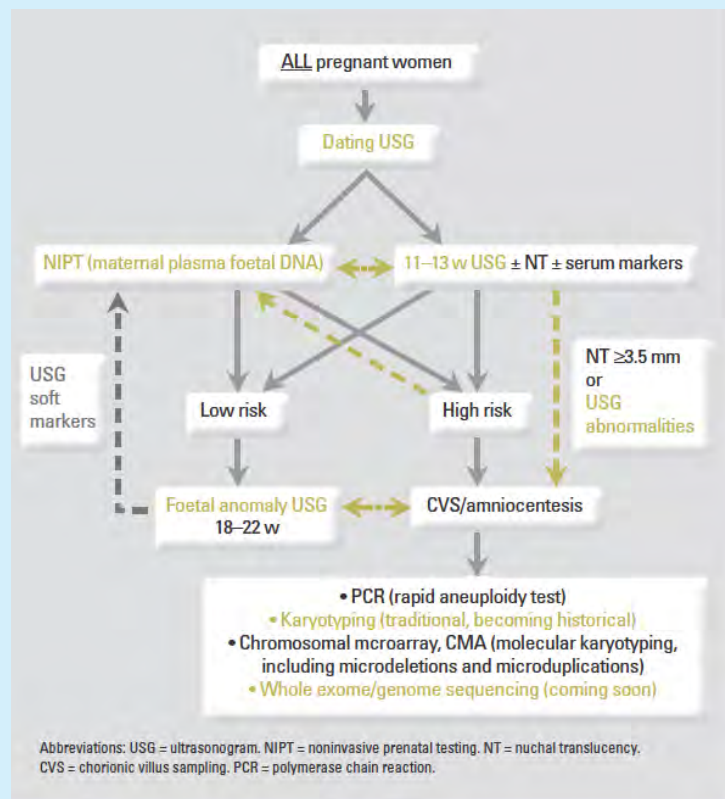


Figure 1. New Algorithms in Prenatal Diagnosis 2017

Leung WC. New algorithms in prenatal diagnosis. Reuse with permission from MIMS JPOG 2017;43(2):81-8.



Professor Tak-Yeung LEUNG

Chairman, Department of Obstetrics and Gynaecology, The Chinese University of Hong Kong, Hong Kong SAR

Fetal therapy in HK: what we have achieved and the challenges ahead

Fetoscopic laser coagulation therapy for twin-twin transfusion syndrome is the most evidence-based effective in-utero treatment. Cord coagulation or selective feticide may be indicated in MC twins complicated by discordant malformations, TRAPS, sIUGR, or some TTTS, and both bipolar coagulation and radiofrequency can achieve a similarly high success rate. In primary hydrothorax, pleural shunting is the first-line treatment but it is not always successful because of dislodgement or blockage of the shunts, or suboptimal fetal position. Pleurodesis using OK432 may be a feasible alternative treatment.

Massive cystadenoid malformations or lung sequestrations may also cause cardiothoracic compression so that shunting of the cyst or coagulation of the feeding artery may be indicated. Fetal anaemia caused by parvoviral infection or isoimmunisation can be treated

by repeated intra-uterine blood transfusion to prevent progression to cardiac failure and death. Fetal tumours are still therapeutic challenges, but placental chorioangioma can be successfully treated by embolisation of its feeding artery.

Severe diaphragmatic hernia may lead to pulmonary hypoplasia that makes the fetus incompatible with life after birth. Fetoscopic endotracheal balloon occlusion may help to reserve the lung growth and volume. Myelomeningocele is associated with neurological damage. While in-utero repair has been proven to reduce the neurological risk, the open surgical approach is also associated with perinatal and maternal complications. Further research is required to investigate whether the endoscopic approach is a better option. Besides fetal surgeries, fetal medication is useful in various situations, such as anti-arrhythmic drugs for fetal arrhythmias, and anti-viral agents for fetal CMV infection.

Dr. Kwok-Yin LEUNG

*Chief of Service, Department of Obstetrics and
Gynaecology, Queen Elizabeth Hospital,
Hong Kong SAR*



Advancement in fetal imaging – improving diagnostic possibilities and accuracy

Over the years, technological advancement in two-, three- and four-dimensional (D) ultrasound has resulted in an improvement in the quality of fetal images. With the advancement in 2D ultrasound technology, about half of the prenatally detectable structural anomalies can be detected by a high-quality detailed scan at 12-13 weeks' gestation. Transvaginal sonography may enhance imaging of the fetus in the first trimester and the brain when transabdominal approach is suboptimal. The use of 3D/4D ultrasonography can provide additional views of fetal structures including multiplanar, multislice and rendered images. They can be used to assess the facial cleft, neural tube defect and other anomalies. Although 3D ultrasound can facilitate the detection of a cleft palate in more than 80% of high-risk cases, the false-negative rate can be 5% and false-positive rate 22%. Spatiotemporal

image correlation (STIC) has the potential to increase the detection rate of congenital heart disease. The benefits of using high-frequency linear transducers in ultrasound examination of the fetal spinal cord have been described, but the depth of imaging is limited. Fetal magnetic resonance imaging (MRI) can provide additional information over sonography in fetuses with central neurological system anomalies.

Because each of the prenatal imaging modalities including 2D, 3D/4D ultrasound and MRI has its own benefits and limitations, a combination of two or more of these modalities in selected cases can improve the diagnosis and assessment of the severity of fetal abnormalities, and counselling of the parents. Recent developments in the various modalities of fetal imaging and their indications will be discussed and illustrated by interesting cases with fetal images.



Dr. Liona POON

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

Screening and prevention of pre-eclampsia – expectations for the next 10 years

There is now substantial evidence from the ASPRE trial that the rate of delivery with preterm preeclampsia (PE) can be reduced by >60% by aspirin started at 11-14 weeks' gestation in high-risk women. The ASPRE trial was designed to test the hypothesis that aspirin at a dose of 150 mg per night from 11-14 until 36 weeks' gestation, as compared with placebo, would result in halving the incidence of preterm-PE. In this multicentre, double-blind, placebo-controlled trial, women with a singleton pregnancy and identified as being at high risk of preterm-PE, by means of the first-trimester combined test were randomised to receive aspirin (150 mg per night) or placebo from 11-14 until 36 weeks' gestation. Preterm-PE occurred in 1.6% (13/798) of participants in the aspirin group, as compared with 4.3% (35/822) in the placebo group (odds ratio in the aspirin group, 0.38). However, there was no significant reduction in the rate of term-PE with the use of aspirin prophylaxis (odds ratio in the aspirin group, 0.95).

A secondary analysis of data from the ASPRE trial evaluated the effect of prophylactic use of aspirin during pregnancy in women at high risk of PE on length of stay in the neonatal intensive care unit (NICU). In the trial, 1571 of 1620 neonates

were liveborn. The total length of stay in NICU was substantially longer in the placebo than the aspirin group (1696 vs. 531 days). This is a reflection of a significantly shorter mean length of stay for babies admitted to the NICU in the aspirin than the placebo group (11.1 vs. 31.4 days; a reduction of 20.3 days). In the total population, including those who were not admitted to the NICU, the mean length of stay was longer in the placebo than the aspirin group (2.06 vs 0.66 days; a reduction of 1.4 days). This corresponds to a reduction in length of stay by 68%.

Results from the ASPRE trial provide definitive proof that effective screening for preterm-PE can be achieved with a combined test of maternal factors and biomarkers at 11-13 weeks and that high-risk women can take aspirin at 150 mg per night from the first trimester of pregnancy to significantly reduce their chances of developing preterm-PE, which is associated with a 70% reduction in the length of stay in the NICU for the neonates. In the next 5 years, there will be widespread uptake of the first-trimester screening and prevention programme for preterm-PE that will lead to a substantial reduction in the rate of iatrogenic preterm birth and the associated complications and costs.

Dr. Annie HUI

*Associate Consultant, Department of Obstetrics
and Gynaecology, Prince of Wales Hospital,
Hong Kong SAR*



Assessment and prevention of preterm birth – what have we done, and can we do better?

In almost all countries, the preterm birth rate is increasing, and prematurity remains the leading cause of newborn death worldwide. Despite the publication of the global action report 'Born too soon' by the WHO and its partners, the situation is not improving. This leads to many questions: Are we doing a good job to assess the women at risk? Are the prevention strategies we are

currently offering effective enough? What are we missing?

In this presentation, my aim is to explore the contemporary available data on the causes of preterm birth, the interventions available to reduce preterm delivery rates and their use in current practice, and research for future applications.



Dr. Wai-Lam LAU

Consultant, Department of Obstetrics and Gynaecology, Kwong Wah Hospital, Hong Kong SAR

Intrapartum ultrasound – a tool to improve perinatal outcome in the future?

Ultrasonnd has been extensively used in various medical fields including prenatal diagnosis and antepartum surveillance in obstetrics. Intrapartum ultrasound as an extension of antepartum obstetric ultrasound, has become more popular in the last decade. Findings from transabdominal and transperineal scans could provide more objective assessment of fetal head position and station as well

as caput, moulding and asynclitism than traditional abdominal plus digital vaginal examination. Correct identification of the fetal head position and station is particularly useful during the second stage prior to a decision about appropriate instrumental delivery. We believe that intrapartum ultrasound is a promising diagnostic tool that will ultimately improve the wellbeing of mothers and babies.

Dr. William TO

Chief of Service, Department of Obstetrics and Gynaecology, United Christian Hospital, Hong Kong SAR



Management of massive postpartum haemorrhage – an alternative to hysterectomy

Severe bleeding continues to be one of the leading causes of maternal mortality. Primary postpartum haemorrhage (PPH) is the most common form of major obstetric haemorrhage, and accounts for up to one third of all direct obstetric mortalities in many countries. Currently, PPH is often classified into minor (500-1000 mL) or major (>1000 mL), and major haemorrhage can be divided into moderate (1000-2000 mL) or severe (>2000 mL). Traditionally, peripartum hysterectomy is performed in patients with severe PPH as a life-saving rescue procedure in those who have failed to respond to uterotonics. However, due to the high morbidity associated with peripartum hysterectomy, various conservative surgical procedures have been developed to reduce the need for hysterectomy, including external compression sutures, selective de-vascularisation by surgical ligation or radiological

embolisation of the uterine and pelvic arteries. In addition, intrauterine balloon tamponade (IUBT) has now emerged as one of the most commonly used second-line procedures that is associated with minimal morbidities and the lowest risk of complications. The insertion of an IUBT is also technically the least demanding amongst the other second-line procedures with a very short learning curve. High success rates of at least 80-90% have generally been reported worldwide, and have been confirmed by our own local experience. There is also good evidence from our own data as well as from the literature that the increasing use of IUBT has led to a reduction in the incidence of other second-line surgical procedures as well as a decrease in peripartum hysterectomy rates. Based on such data, IUBT should indeed be the most appropriate first-line 'surgical' intervention for most women with severe PPH.



Professor Pak-Chung HO

Emeritus Chair Professor, Department of Obstetrics and Gynaecology, The University of Hong Kong, Hong Kong SAR

Thirty years in reproductive medicine: what have I learned?

Many significant innovations have been made over the last 30 years in the area of assisted reproduction. It is important for clinical or scientific researchers to have an open mind and correct mind-set to develop new concepts and new methods of treatment. Revolutionary new concepts often meet with skepticism and it will take time to gain acceptance. In the development of new concepts and treatment methods, the researchers often encounter problems and obstacles. However, there may be new opportunities arising from the obstacles and problems, enabling the researchers to find alternative new treatment methods. For example, the lack of general anaesthesia facilities for oocyte retrieval in our assisted reproduction programme led to the development of a local anaesthesia regimen as an effective method for

pain control in oocyte retrieval while the lack of mifepristone in Hong Kong led to the development of other methods to improve the efficacy of misoprostol regimens in a number of obstetric and gynaecological problems. Preliminary results of new methods of treatment often appear to be favourable because of the phenomenon of regression to the mean. Whenever possible, new treatment methods should be tested with properly conducted randomised controlled trials (RCTs) before introduction into routine clinical service. The use of fluorescent in-situ hybridisation (FISH) for pre-implantation genetic screening (PGS) is a good example. While the preliminary results of PGS with FISH are very encouraging, a meta-analysis of the relevant RCTs showed that PGS with FISH led to a significant reduction in live birth rates.

Professor Tin-Chiu LI

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



The place of reproductive surgery in the modern era

Reproductive surgery continues to play an important role in the modern era in which the success rate of IVF is steadily increasing. Reproductive surgery encompasses surgery not only of the fallopian tube but also of the ovary and the uterus. It aims not only to improve fertility but also to preserve it. Reproductive surgery is not only an alternative to IVF treatment but may from time to time be complementary to it in that it could improve the success rate of the latter. Reproductive surgery in the modern era involves (1) the adoption of microsurgical

principles including gentle tissue handling and accurate anatomical reconstruction; (2) the use of micro-instruments and the lowest effective energy to achieve objectives, thereby minimising tissue injury; (3) precision surgery to avoid collateral damage to surrounding tissue; and (4) careful case selection. Structured training in reproductive surgery should be an integral part of the curriculum for specialists in reproductive medicine as well as general gynaecology who wish to provide care for women in the reproductive age group.



Professor Ernest NG

Clinical Professor, Department of Obstetrics and Gynaecology, The University of Hong Kong, Hong Kong SAR

How does clinical research guide us in infertility management?

Clinical research refers to studies involving human subjects and can evaluate various aspects including diagnosis, treatment, prevention, screening etc. It is a systematic way to find better methods to diagnose, treat or prevent diseases and translate the results of basic scientific research into clinical use. Most of the current best treatments are based on the results of clinical trials.

Both retrospective and prospective cohort studies have been carried out in patients with hydrosalpinx, very high serum oestradiol levels, uterine fibroids etc. These studies helped to understand the different factors that may affect the outcome of in-vitro fertilisation (IVF). The roles of ovarian reserve markers including antral

follicle count and serum anti-Mullerian hormone and endometrial vascularity measured by three-dimensional ultrasound with Power Doppler were evaluated in a large group of patients with adequate sample sizes. This provides the basis for individualising the FSH dose in IVF.

A few randomised trials have been conducted to find out the optimal pain relief for egg retrieval performed under conscious sedation. More importantly, many randomised trials have been performed to evaluate the effectiveness of some alternative treatments such as acupuncture, endometrial scratch and atosiban. The results are important for not providing ineffective therapy to infertile patients.

Dr. Ting-Chung PUN

*Consultant, Department of Obstetrics and Gynaecology,
Queen Mary Hospital, Hong Kong SAR*



Vaginal hysterectomy – the way forward

Vaginal hysterectomy is the preferred route of hysterectomy. The development of vaginal hysterectomy in patients without genital prolapse in our Department can be traced back to the development of diagnostic laparoscopy, laparoscopic sterilisation in the 1960s and laparoscopic aspiration of follicles in the 1980s. Albeit further development of laparoscopic surgery was delayed, the first laparoscopic assisted vaginal hysterectomy was performed in 1995. We started doing vaginal hysterectomy in patients without genital prolapse as a natural progression from laparoscopic assisted vaginal hysterectomy. The first procedure was performed in 1999. Vault haematomas were encountered in the initial attempts and ways to avoid these complications were adopted. Techniques like bisection or morcellation are

employed when the uterus is relatively big. For patients with endometrial hyperplasia and a relatively big uterus, coring can be done if necessary to facilitate histological examination of the specimen. The need to perform bilateral salpingo-oophorectomy should not affect the choice of route for hysterectomy. More recently, vaginal bilateral salpingectomy is more commonly done prophylactically. Vaginal hysterectomies were also performed in more challenging situations such as patients who were never sexually active, and in patients with a deficient cervix. Perhaps the next steps will include patients with a really 'big' uterus, patients with pelvic adhesions and patients with gynaecological malignancy. To pass on the skills is probably the biggest challenge in the way forward.



Dr. Kwok-Keung TANG

Chief of Service, Department of Obstetrics and Gynaecology, Pamela Youde Nethersole Eastern Hospital, Hong Kong SAR

Development of minimally invasive hysterectomy in Hong Kong

Hysterectomy is among the commonest gynaecological surgery with more than 2700 hysterectomies performed in public hospitals every year. Traditionally hysterectomy has been performed abdominally via a laparotomy. However with the advances in minimally invasive surgery in the 80s and 90s, studies and review proved that vaginal and laparoscopic hysterectomies were superior to abdominal hysterectomy in many outcomes. Laparoscopically assisted vaginal hysterectomy was first introduced to Hong Kong around 1993. In the following two decades the technique and technology evolved a lot and the safety and performance of the surgeries improve

significantly. However the uptake of minimally invasive hysterectomy was not as rapid as expected. Before 2013, the proportion of minimally invasive hysterectomy performed in small-size uteri with benign pathology varied from 10% to 40% only. In 2013 the O&G central coordinating committee of the Hospital Authority launched a programme to increase the uptake of minimally invasive hysterectomy for benign pathology with uterine size of 10 weeks or below. The programme included funding to update equipment and instruments. There were also structured training programmes. The ratio of minimally invasive hysterectomy was successfully raised to over 85% in 2016-17.

Dr. Symphorosa CHAN

Chief of Service, Department of Obstetrics and Gynaecology, Prince of Wales Hospital, Hong Kong SAR



Role of perineal ultrasound in urogynaecology

Translabial ultrasound, also called perineal ultrasound, in the evaluation of urinary tract and pelvic floor dysfunction was documented in the 1980s. Compared with other imaging modalities, it is more easily accessible, non-invasive, and less expensive. The safety of ultrasound assessment during pregnancy is confirmed. It is also well tolerated by women.

Perineal ultrasound can be used to assess the pelvic floor of women and includes the urethra, bladder neck, vagina, uterus and ano-rectum. Therefore, the degree of descent of the pelvic organs can be measured and the compartments of prolapse can be confirmed. Conditions such as vaginal cyst or diverticulum can also be assessed by perineal ultrasound.

Perineal ultrasound can also be used to detect levator ani muscle (LAM) avulsion which is detachment of the LAM from the pubic bone. This condition may not be easily diagnosed by physical examination. Local studies found that the prevalence was 21% in primiparous women

after their first vaginal delivery and 39% in women with pelvic organ prolapse. Women who suffer from this condition are not only associated with more advanced stage of pelvic organ prolapse, but are also more likely to be unable to retain a vaginal ring pessary, and at a higher risk of recurrence of pelvic organ prolapse even after a primary surgical repair. This may affect the choice of primary surgery. If treatment of this condition is available, the role of perineal ultrasound will be of ultimate importance.

Endoanal ultrasound has been the gold standard in studying anal sphincter injury. However, it is relatively not easily available. Recently, perineal anal ultrasound has been increasingly used to study the anal sphincter.

Tension-free vaginal tape and vaginal mesh can be identified by ultrasound but may not be possible by other imaging modalities. This is helpful to understand the success and failure, or even complications arising from the surgeries.



Dr. Cecilia CHEON

Consultant, Department of Obstetrics and Gynaecology, Queen Elizabeth Hospital, Hong Kong SAR

To mesh or not to mesh? Current update on the treatment for pelvic organ prolapse

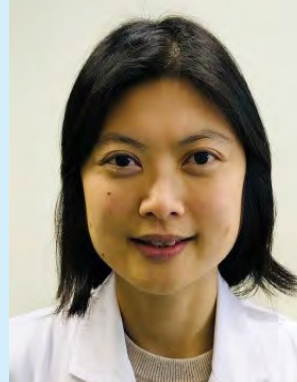
Pelvic organ prolapse (POP) is a common condition affecting 50% of our parous female population with 10-20% reporting troublesome symptoms. It represents a medium or long-term failure of the supporting mechanism. The occurrence of POP is multifactorial with predisposing / congenital factors and many acquired / promoting factors. Symptoms include local irritative / pressure symptoms, urinary / bowel symptoms and sexual dysfunction which warrant treatment for symptomatic individuals. Treatment can be conservative with the use of ring pessaries with or without local oestrogen to relieve discomfort due to atrophic vaginitis. Surgical treatment can be offered in case of failed conservative treatment. The decision on the type of surgical procedure should be individualised and should take into account of the severity / type of POP, patient's wish / preference, sexual activity, other

LUTS / anorectal function, risk of recurrence, previous POP surgery and surgeon's opinion / experience. An abdominal approach for POP surgery includes sacrocolpopexy, hysteropexy with or without mesh and lines-round ligament suspension not found. Vaginal procedures include pelvic floor repair, uterosacral ligament suspension, sacrospinous ligament fixation, and colpocleisis etc. Currently mesh is being used widely in POP surgeries but with many complications.

The FDA has advised that surgeons who perform transvaginal placement of mesh for POP should undergo training specific to each device and have experience with the surgical procedure. Transvaginal placement of mesh for POP should be reserved for high-risk individuals in whom the benefits of mesh placement may justify the risk. Adequate informed consent is of paramount importance.

Dr. Karen CHAN

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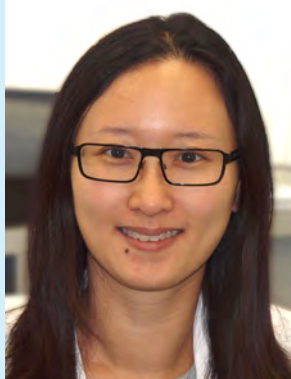


Robotic surgery in gynaecological cancers: what have we accomplished in the last 10 years?

The da Vinci robotic system was first approved by the FDA in the US in 2000 and has been approved for use in gynaecological surgery since 2005. By 2016, there were more than 3500 units installed worldwide. The first unit was introduced in Hong Kong in 2005; currently, the system is available in 5 public hospitals and 3 private hospitals.

The robotic system offers the advantage of 3D vision, camera stability, wristed instruments allowing greater degrees of movement and hence dexterity and better ergonomics for the surgeon. These benefits allow a shorter learning curve compared with conventional laparoscopy and encourage the adoption of a minimally invasive approach in operations that would otherwise be performed via laparotomy. The advantages

are more obvious in complex gynaecological oncology surgery such as radical hysterectomies or high para-aortic lymph node dissections. With these advantages, robotic surgery has been widely adopted by the gynae-oncology community. The surgical and oncological safety has been continuously evaluated in the last 10 years. Retrospective and observational studies in general suggest that robotic surgery offers equivalent or superior surgical and short-term outcome compared with open or conventional laparoscopic surgery. Oncological outcomes require longer-term follow up and results from randomised trials are emerging. To further optimise its use, ways to lower the cost as well as to decrease the operating time would need to be explored.



Dr. Ka-Yu TSE

Consultant, Department of Obstetrics and Gynaecology, Queen Mary Hospital, Hong Kong SAR

Precision medicine in ovarian cancer

Ovarian cancer is the fifth leading cause of cancer death among women in developed countries. Since the late 1970s, the gold standard treatment for advanced disease has been surgery and platinum-based chemotherapy. However it remains a lethal disease. More than half of the patients with advanced ovarian cancer develop recurrence and about 25% of cases are resistant to platinum at first relapse.

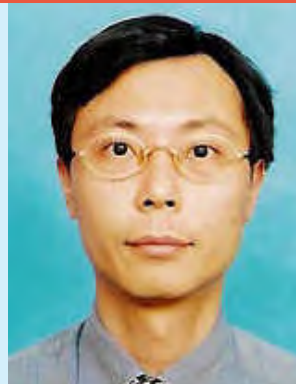
With advances in technology and knowledge, many cancers can now be treated based on their genetic profile. According to the National Cancer Institute (NCI), the definition of precision medicine is 'an approach to patient care that allows doctors to select treatments that are most likely to help patients based on a genetic understanding of their disease.' In other words, instead of using origin and histology of the tumour to guide treatment, the cancer is now treated according to the genetic mutation or other changes to the tumour using the

corresponding kinds of targeted therapeutic agents. This is why precision medicine is also called 'personalised medicine'.

Precision medicine in ovarian cancer is still largely a research undertaking. Currently there are two approved targeted therapies available in Hong Kong, bevacizumab and olaparib, both poly-ADP-ribose polymerase inhibitors (PARPi). The latter is most effective in patients with mutation of the *BRCA 1* and *BRCA 2* genes. Recently the US Food and Drug Administration (FDA) also approved the use of one immunotherapy agent in patients with DNA mismatch repair deficiency. These can be regarded as some examples of precision medicine in ovarian cancer. In this lecture, the current status of precision medicine in ovarian cancer, the methods of guiding this approach, as well as their pitfalls and challenges, will be discussed in an understandable manner for specialists and non-specialists.

Dr. Wai-Hon LI

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Queen Elizabeth Hospital, Hong Kong SAR*



HPV and cervical cancer screening

Cervical cancer screening has been largely dependent on the use of cytology over the past 50 years. Given the inherited deficiencies of cytology screening and the discovery of the causal association between HPV and cervical cancer, cervical cancer screening has gradually evolved into a more complex process incorporating

HPV testing as an adjunct to cytology or even HPV testing alone. Different algorithms have been developed for the management of various abnormal results based on large clinical trials. There are even more new challenges ahead for cervical cancer screening in the era of HPV vaccination.

		Page
1.	Pre-induction transperineal ultrasonographic assessment for the prediction of labour outcome <i>Dr. Winnie W.Y. CHAN, Prince of Wales Hospital</i>	73
2.	Neonatal and maternal outcomes of previable preterm prelabour rupture of membranes: a retrospective 10-year cohort study <i>Dr. Mung-Yuen HE, Princess Margaret Hospital</i>	74
3.	Influence of smoking cessation at different trimesters on pregnancy outcome <i>Dr. Carina KWA, United Christian Hospital</i>	75
4.	Use of intravenous iron infusion with a simplified dose-standardised protocol in menorrhagic patients with severe iron-deficiency anaemia: a retrospective pilot cohort study <i>Dr. Samson C.H. LAU, Kwong Wah Hospital</i>	76
5.	Recent trends in massive primary postpartum haemorrhage and peripartum hysterectomy in Hong Kong in relation to use of second-line therapies <i>Dr. Ka-Wing LAU, Kwong Wah Hospital (on behalf of Hospital Authority (HA) O&G Quality Assurance Subcommittee)</i>	78
6.	Evaluating the risk factors for Caesarean delivery after induction of labour in nulliparous women at term <i>Dr. Tsz-Ching LEE, Queen Elizabeth Hospital</i>	80
7.	A pilot study of the patients' acceptability of using a Word catheter in treating Bartholin's cyst or abscess in a local population <i>Dr. Yu-Wing TONG, Queen Mary Hospital</i>	81
8.	Trends in serum human chorionic gonadotropin levels 0-4 days after methotrexate administration for predicting tubal ectopic pregnancy treatment success <i>Dr. Lo WONG, Prince of Wales Hospital</i>	82

Winnie W.Y. CHAN

Piya CHAEMSAITHONG, Wen-Teng LIM,
Ada W.T. TSE, Angel H.W. KWAN,
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Pre-induction transperineal ultrasonographic assessment for the prediction of labour outcome

Objectives: To examine (i) the concordance of manual and automated measurements of para-sagittal angle of progression (psAOP), (ii) the repeatability of psAOP, head-symphysis distance (HSD), head-perineum distance (HPD) and sonographic cervical dilatation (SCD), and (iii) the value of transperineal ultrasound (TPU) in predicting outcome following induction-of-labour (IOL).

Methods: This was a prospective study of 308 women with a singleton pregnancy who underwent IOL at term. Logistic regression analysis was used to determine which maternal factors, Bishop score, method of IOL, and TPU parameters were significant predictors of Caesarean section (CS) and CS for no progress (CS-NP).

Results: Vaginal delivery was performed in 225 (83.0%) and CS in 46 (17.0%) women. The intra-class correlation coefficient (ICC) between manual and automated measurement of psAOP was 0.866, but automated measurement of psAOP was 4.6° wider than the manual one. Inter-observer ICC for all TPU parameters was >0.800. Maternal factors, previous vaginal delivery and psAOP were significant independent predictors of CS and CS-NP. There was no improvement in area under receiver-operating-characteristics curve with the addition of psAOP to maternal factors.

Conclusions: All TPU parameters are reproducible. Comparison of the three TPU parameters for fetal head station revealed that only psAOP is a significant independent predictor of CS; however, it is unlikely to be useful in predicting IOL outcome.



Mung-Yuen HE

Tsz-Kin LO, Chun-Hong SO,
Yun-Ting LEE

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Princess Margaret Hospital, Hong Kong SAR*

Neonatal and maternal outcomes of previable preterm prelabour rupture of membranes: a retrospective 10-year cohort study

Objectives: To evaluate the neonatal and maternal outcomes of previable preterm prelabour rupture of membranes (PPROM) before 24 weeks.

Methods: We performed a retrospective cohort study of all deliveries with PPRM before 24 weeks at Princess Margaret Hospital from 1 April 2007 to 31 March 2017. All patients who delivered within 12 hours of rupture of membranes or who had unknown timing of rupture of membranes were excluded. We analysed the data by dividing the patients into two groups based on the gestational age at PPRM, i.e. before 20 weeks and between 20 and 23+6 weeks.

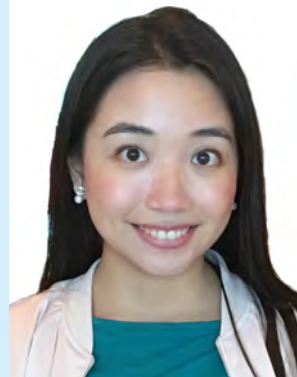
Results: A total of 80 patients with previable PPRM were identified after exclusion. Of them, 30 patients opted for termination of pregnancy; 50 patients opted for conservative management and were included in the data

analysis. The mean gestational age at PPRM was 20.2 weeks and the mean latency period was 16 days. The overall infant survival rate till discharge was 32.1% (n=17). Survival was much lower in those with membrane rupture before 20 weeks (10.5%, n=2), compared with those who had PPRM between 20 and 23+6 weeks (44.1%, n=15). The surviving infants suffered from various neonatal complications, including respiratory distress syndrome (100%), probable or confirmed neonatal sepsis (81.8%), bronchopulmonary dysplasia (59.1%) and intraventricular haemorrhage (31.8%). Maternal complications included Caesarean section (71.4%) and chorioamnionitis (26%).

Conclusions: Infant survival remained low in previable PPRM before 24 weeks. Gestational age at PPRM was a strong predictor of survival. Most mothers and surviving infants suffered from major maternal and neonatal complications.

Carina KWA

Daniel L.W. CHAN

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United Christian Hospital, Hong Kong SAR*

Influence of smoking cessation at different trimesters on pregnancy outcome

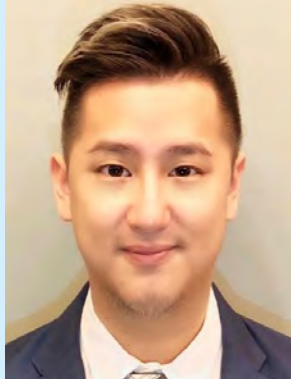
Objectives: To compare smoking cessation rates of pregnant women at various trimesters of pregnancy and their pregnancy outcome, and to identify the factors leading to smoking cessation based on demographic characteristics.

Methods: This was a retrospective review of smoking pregnant women in a cluster of public hospitals in Hong Kong between April 2011 and May 2015. Women were categorised into the following groups based on their self-reported smoking behaviour: quitting smoking in the first, second or third trimester; or smoking throughout pregnancy. The smoking cessation rates, maternal characteristics and pregnancy outcomes were compared between the groups.

Results: In our study, 1.7% of pregnant women (314 in 18,816) were still smokers during the late first or second trimester. Quitting smoking at a later gestation or continuing to smoke

throughout pregnancy resulted in a significantly lower birth weight. There was a 7% reduction in birth weight for those who continued smoking throughout pregnancy (2915 ± 562 g) compared with those who quit during the first trimester (3118 ± 450 g) [$p < 0.05$]. Women who smoked 5 cigarettes or less per day were significantly more likely to stop smoking at an earlier gestation ($p < 0.001$). Three-quarters of women received advice on smoking cessation during pregnancy. About 1 in 10 women were offered referral to smoking cessation services although half declined.

Conclusions: This local study showed that the later pregnant women quit smoking, the lower the birth weight of their babies. More efforts should focus on providing smoking cessation advice to pregnant women, especially those who continue to smoke 6 or more cigarettes per day in early pregnancy.

**Samson C.H. LAU**

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Use of intravenous iron infusion with a simplified dose-standardised protocol in menorrhagic patients with severe iron-deficiency anaemia: a retrospective pilot cohort study

Background: Patient blood management (PBM), with the principles of optimising erythropoiesis, minimising blood loss and optimising physiological reserve of anaemia, plays an increasingly important role in the management of menorrhagia. Although the efficacy and safety of intravenous (IV) iron therapy in general medical patients with iron-deficiency anaemia have been well documented, the optimal protocol of IV iron therapy among menorrhagic patients, who have cyclical blood loss due to menses compared with general patients, has yet to be established. A relatively simple protocol for IV iron therapy for menorrhagic patients, without complicated dose calculation or prolonged hospitalisation, is worth exploring.

Objectives: To evaluate the (1) efficacy, (2) safety and (3) patient acceptability of IV iron infusion in menorrhagic patients with severe iron-deficiency anaemia using a simplified dose-standardised protocol.

Methods: A retrospective cohort analysis was performed in haemodynamically stable menorrhagic patients suffering from iron-deficiency anaemia with haemoglobin (Hb) level of 6-8 g/dL, who were admitted to Kwong Wah Hospital between October 2017 and February 2018. Patients were given the choice of a blood transfusion versus an iron infusion. All patients who chose IV iron therapy received 2 doses of IV iron (Venofer®), 200 mg each, within 2 weeks, together with an oral iron supplement. Outcome criteria included Hb, ferritin and total

iron-binding capacity (TIBC) levels measured before treatment and 4 weeks after the first dose of IV iron infusion, as well as resolution of anaemia symptoms.

Results: A total of 41 patients were counselled for IV iron therapy versus blood transfusion. The majority chose IV iron infusion (30/41, 73.2%), whereas 10 (24.4%) opted for blood transfusion and one opted for oral iron. Among the 30 patients receiving IV iron included in the analysis, a significant rise in the mean Hb level (3.4 g/dL, from 7.1 ± 0.6 to 10.5 ± 1.1 g/dL; $p < 0.001$) was observed at 4 weeks after starting IV iron infusion. Ferritin level was also significantly increased (from 5.8 ± 5.8 to 56.1 ± 29.5 ng/mL; $p < 0.001$) and TIBC significantly reduced (from 74.1 ± 8.9 to 61.2 ± 11.3 μ mol/L; $p < 0.001$). Among the 25 patients

with anaemia symptoms prior to IV iron therapy, 24 (96%) reported resolution of symptoms after treatment. There was no correlation between increased Hb level and body weight, menstrual duration and interval between the two IV iron doses. No adverse side-effects were reported. No patient declined continuation of treatment after the first dose of Venofer®.

Conclusions: In this study, IV iron infusion using a simplified, dose-standardised protocol is an effective, safe and well-accepted treatment for selected group of menorrhagic patients with severe iron deficiency. Further study with a larger sample size and more detailed subgroup analysis is warranted to delineate the characteristics of patients who will benefit most from this treatment modality.



Ka-Wing LAU

Lai-Ling CHAN, Tsz-Kin LO, Wai-Lam LAU,
Wing-Cheong LEUNG

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(on behalf of Hospital Authority (HA)
O&G Quality Assurance Subcommittee)*

Recent trends in massive primary postpartum haemorrhage and peripartum hysterectomy in Hong Kong in relation to use of second-line therapies

Introduction: Massive primary postpartum haemorrhage (PPH; ≥ 1500 mL within the first 24 hours following delivery) has been chosen as the clinical indicator for obstetric performance in HA Units as an important cause of maternal morbidity and mortality. Different measures have been proposed to reduce its incidence and complications such as hysterectomy, but their effects vary in different populations and clinical scenarios.

Objectives: To describe the trends of massive PPH and peripartum hysterectomy in all HA obstetric units from 2014 to 2017 after the territory-wide survey in 2013 of the use of second-line therapies (balloon tamponade, compression sutures and uterine artery/internal iliac artery embolisation).

Methods: Data were extracted from the HA OBstetric Specialty Clinical Information System (OBSCIS) which has been systematically maintained since 2014 and includes common variables regarding massive PPH. Data on blood product transfusion were retrieved from Hong Kong Red Cross Blood Transfusion Service. Incidence rates of massive PPH, use of second-line therapies, blood product transfusion and hysterectomy were studied. Correlation coefficients were calculated for any consistent trends.

Results: Massive PPH occurred in 0.68-0.88% (n=265-328) of all maternities (n=37,314-40,180) per year. Of them, second-line therapies were used in 18.6-34.1% (n=60-112) per year and emergency hysterectomy was required in 4.0-7.3% (n=13-24) per year. The trend of massive

PPH, blood product transfusion, peripartum hysterectomy and use of second-line therapies over the four years generally increased. Rate of hysterectomy was lower in obstetric units with a higher rate of using second-line therapies. The inverse correlation between rate of hysterectomy and use of second-line therapies for massive PPH was moderate ($r=-0.35$, $p=0.05$), although inclusion of all second-line therapies performed regardless of blood loss in the analysis weakened the correlation ($r=-0.29$, $p=0.11$). Nevertheless, hysterectomy was more likely when second-line therapies were not administered.

Conclusions: We hypothesise that the increasing trend of PPH and hysterectomy may be related to more high-risk obstetric cases, inadequate resources, or knowledge and skill deficiencies of medical frontline staff in the use of second-line therapies. More data are required to delineate the associations. Further study is needed to understand the causes of PPH, patient characteristics and interaction with medical therapies, and role of early use of second-line therapies. We recommend more resources for the provision of equipment and facilities for second-line therapies, and training of obstetric personnel.

**Tsz-Ching LEE**

Wai-Yan YEUNG

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Evaluating the risk factors for Caesarean delivery after induction of labour in nulliparous women at term

Objectives: To identify independent risk factors for Caesarean delivery after induction of labour (IOL) and to develop a nomogram for predicting Caesarean delivery in nulliparous women undergoing IOL at term.

Methods: This was a retrospective cohort study of nulliparous women with singleton, term (≥ 37 weeks of gestation), and cephalic pregnancy who underwent IOL from 1 January 2017 through 31 December 2017 at a local tertiary obstetric centre with an annual delivery of around 6000. Inductions were identified using ICD-9 codes. Demographic, delivery and outcome data were retrieved manually from the computerised record. Women with a contraindication to vaginal delivery were excluded. Independent risk factors for Caesarean delivery were identified using univariable (Chi-square or Mann Whitney test) analysis, followed by multivariable logistic regression which included all factors with $p < 0.22$.

Results: Of 1557 women who underwent IOL, 473 (30.4%) subsequently underwent Caesarean delivery because of failed induction (322) or other indications (151). Using univariable

analysis, compared with vaginal delivery, a higher proportion of women with Caesarean delivery were shorter (159.2 vs 157.4 cm; $p < 0.001$), heavier (54.0 vs 55.9 kg; $p < 0.001$), of a higher baseline body mass index (BMI) [27.0 vs 28.8 kg/m²; $p < 0.001$], of a higher final BMI (28.8 vs 27.0 kg/m²; $p < 0.001$), required cervical priming by proppess for cervical score ≤ 3 (4.7% vs 1.3%; $p < 0.001$). However, there were no differences in maternal age, weight change during pregnancy, group B streptococcus carrier status, or gestational age at IOL between women who underwent Caesarean delivery and vaginal delivery. Logistic regression analysis showed that the independent risk factors (odds ratio; 95% confidence interval) associated with an increased risk of Caesarean delivery included baseline height (0.95; 0.93-0.97), baseline BMI (1.12; 1.08-1.16), weight change during pregnancy (1.05; 1.02-1.07), and use of proppess (5; 2.26-10.99). A nomogram was constructed based on the final model.

Conclusions: We identified the independent risk factors that can be utilised to predict Caesarean delivery in nulliparous women who undergo IOL at term.

Yu-Wing TONG

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A pilot study of the patients' acceptability of using a Word catheter in treating Bartholin's cyst or abscess in a local population

Objective: Traditionally, marsupialisation under general anaesthesia has been offered to women with Bartholin's cyst or abscess. Insertion of a Word catheter is a well-described and accepted treatment option for Bartholin's cyst or abscess. As a local procedure that can be carried out in an outpatient environment, it has the advantages of cost savings and other patient benefits. This study aimed to evaluate patients' acceptability of using a Word catheter in treating Bartholin's cyst or abscess in a local population.

Methods: Patients admitted to the general gynaecology division of Queen Mary Hospital from May 2016 to December 2017 with a diagnosis of Bartholin's cyst or abscess were offered the choice of marsupialisation under general anaesthesia or Word catheter insertion under local anaesthesia. Patients with Word catheter insertion were followed up at four weeks for catheter removal. Patients' experience

was recorded using a standard questionnaire.

Results: A total of 55 patients were admitted for Bartholin's cyst or abscess; 18 (40%) patients elected to undergo Word catheter insertion, of whom 16 (89%) reported the procedure to be tolerable. Pain score (measured on a 10-point scale) with the catheter in-situ was reported with a median of 2. Most (83% and 72%) patients did not encounter difficulties during or after the procedure, respectively. Four (22%) patients had sex with the catheter in-situ without problems. Five (28%) patients retained their catheter until follow up. In the presence of cyst recurrence, 12 (67%) patients would still elect treatment with the Word catheter, and 16 (89%) patients would recommend the treatment to others with Bartholin's cyst or abscess.

Conclusions: Word catheter insertion is a well-tolerated and acceptable treatment for Bartholin's cyst or abscess in the local population.



Lo WONG

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Terence T.H. LAO

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Prince of Wales Hospital, Hong Kong SAR*

Trends in serum human chorionic gonadotropin levels 0-4 days after methotrexate administration for predicting tubal ectopic pregnancy treatment success

Objective: To evaluate serum human chorionic gonadotropin (HCG) levels 0-4 days following administration of a single dose of methotrexate for tubal ectopic pregnancy.

Methods: This retrospective study included women with tubal ectopic pregnancy treated with methotrexate at a tertiary hospital in Hong Kong SAR, China, between 1 January 2007 and 31 December 2016. Patients were stratified according to whether serum HCG levels rose or fell from day 0-4 post-administration. The trend in day 0-4 serum HCG level to predict treatment success was compared with that of day 4-7 serum HCG level. The optimal drop in HCG level was

identified using receiver-operating-characteristic curve analysis.

Results: A total of 102 patients were included. The positive predictive value (PPV) of day 0-4 serum HCG level for treatment success was 91% (95% confidence interval [CI], 82-96), which was comparable to the current criterion of a 15% drop in day 4-7 serum HCG level (PPV 91%; 95% CI 84-95). A 6% drop in day 0-4 serum HCG level was the best predictor of treatment success (PPV 96%; 95% CI 86-99).

Conclusions: A drop in day 0-4 serum HCG level provided earlier prognostic information and was not inferior to the current criterion.

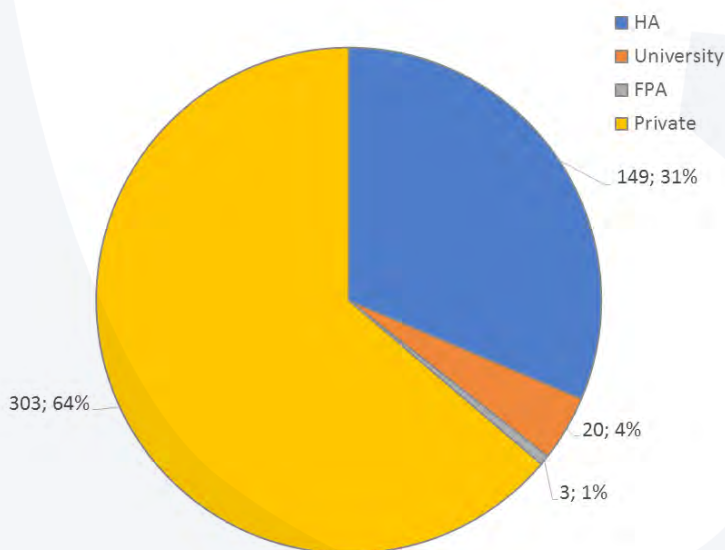
The Challenges Ahead

Founded in 1988, the HKCOG is celebrating its 30th Anniversary this year. Our College is established to:

- encourage the study and advancement of the science and practice of Obstetrics and Gynaecology in Hong Kong; and
- develop and maintain the good practice of Obstetrics and Gynaecology by ensuring the highest professional standards of competence and ethical integrity.

Over the years, with the efforts of our past Presidents and Council Members, our College has developed a very comprehensive and efficient infrastructure of committees and subcommittees. Nevertheless, human resources with continuous recruitment of trainees to receive good education and training are vital to continue the mission and success of our College.

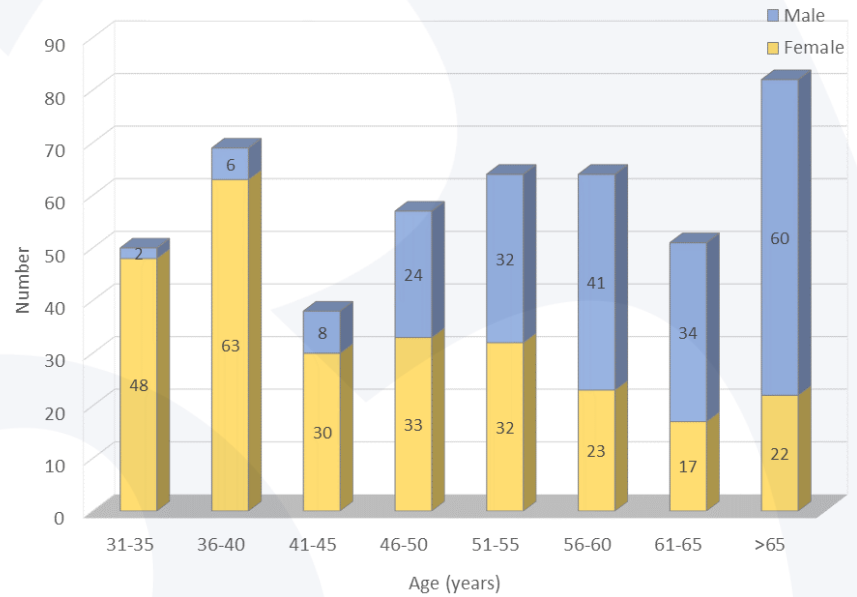
Currently we have 13 Honorary Fellows, 486 Fellows and 55 Members. The distribution of 475 practising O&G specialists shows that 35% of them are working in the Hospital Authority (HA) or University. They are the major trainers of our trainees.



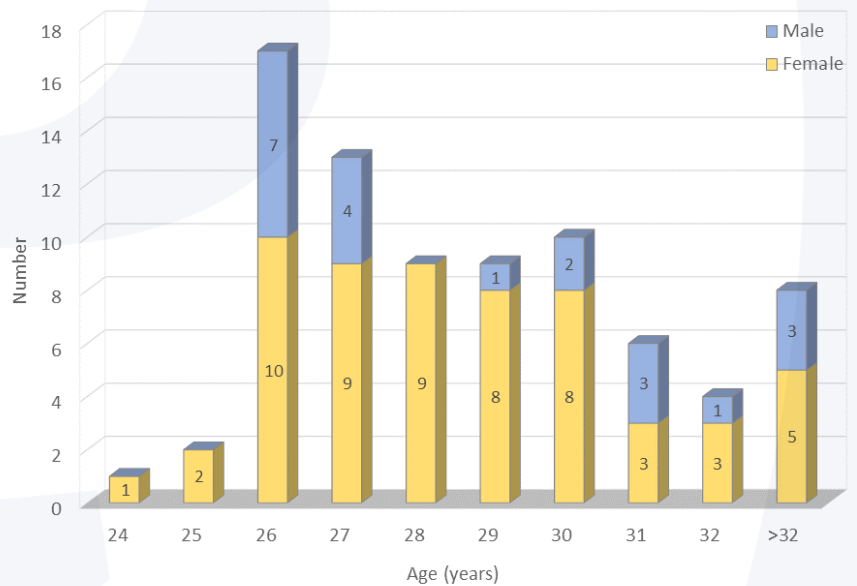
Distribution of practising O&G specialists in various sectors in 2018

More than 50% of our specialists are female. This gender predilection becomes more notable in the younger specialists.

As expected, there is an even **higher female:male ratio** among our trainees.



Distribution of age and gender of practising O&G specialists in 2018



Distribution of age and gender of O&G trainees in 2018

A questionnaire study published in the *Hong Kong Medical Journal* (2016;22:138-43) suggested a low level of career interest in Obstetrics and Gynaecology among medical graduates and a decreasing popularity of our Specialty as a career choice. The three key influential factors for career interest in Obstetrics and Gynaecology and career choice were working style, clerkship experience and career prospects. Despite this, there is continuous **recruitment of new trainees** as shown in the following table. Eventually in 2018, for the first time in recent years, all vacant resident posts in all of our eight training units will be filled in July.

	2013	2014	2015	2016	2017	2018 (as of July)
New Trainees	9 (2 males)	10 (2 males)	11 (5 males)	22 (5 males)	19 (6 males)	22 (5 males)

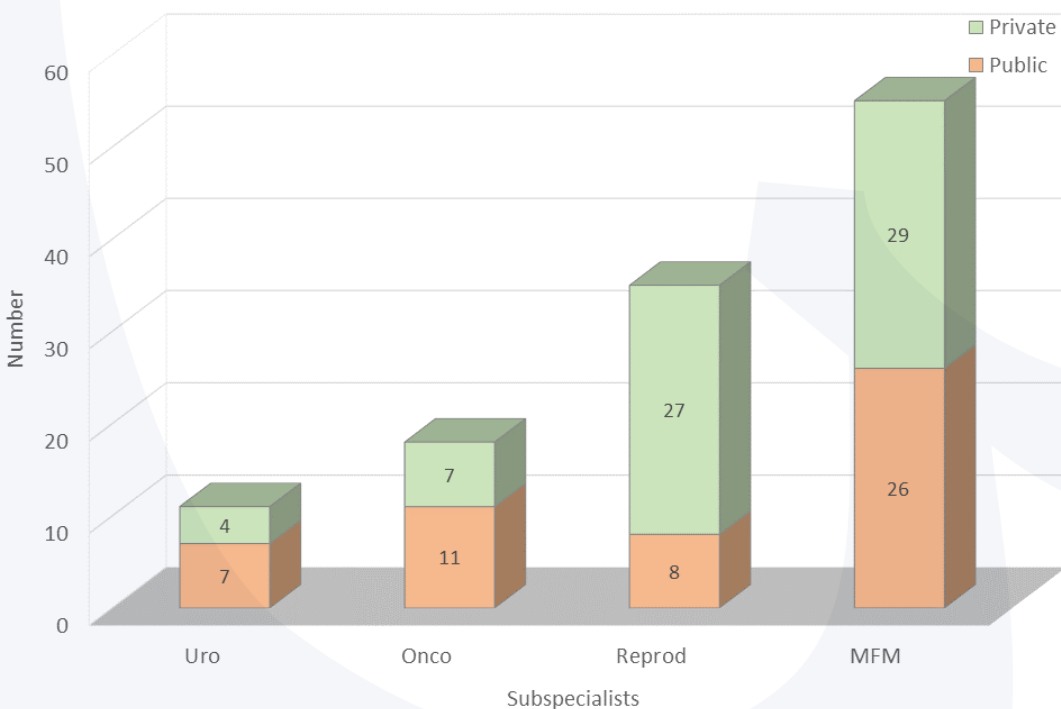
Our long-term goal in manpower planning over the next few years is to recruit more trainees from the HA when there is an increasing number of medical graduates. A more flexible training and working schedule would be welcomed by our female trainees, who might be better able to manage childcare and other family responsibilities.

A **new Part 3 MRCOG examination** was introduced by the RCOG in November 2016, replacing the original Part 2 OSCE. It is a new examination format that assesses clinical knowledge, skills, attitudes and competencies. After much preparatory work, the new Part 3 examination was first run in Hong Kong in November 2017. Prior to this, a training course organised with the RCOG for our local clinical examiners and lay examiners (newly introduced) was conducted in October 2017 to prepare for the examination. A new memorandum of understanding (MoU) was signed with the RCOG. The pass rate for our local candidates in the first Part 3 MRCOG in Hong Kong was an impressive 100% (all our 8 trainees passed). Special thanks are due to our College secretary, Ms Winnie Choi, for her coordination, which requires great organisational skills and hard work.

Apart from Specialty training, our Subspecialty training continues with the following distribution of subspecialists. A revised subspecialist training programme and assessment methods were endorsed by the HKAM in 2016.



Lay Examiners Team (newly introduced in MRCOG Part 3)



Number of subspecialists and their distribution in public and private sectors in 2018



Our MRCOG Part 3 Examination Faculty on 13 November 2017 (first MRCOG Part 3 in Hong Kong)

In 2015, the change from occurrence-based to claims-based indemnity for Obstetrics by the Medical Protection Society (MPS) caused much uncertainty and anxiety. With the tremendous efforts of our Immediate Past President, Dr. Ares Leung, the unfriendly atmosphere of our **medical indemnity** has improved. We now have the new Medical Professional Indemnity (MPI) that was launched by Aon in 2016, which offers cover for an unlimited extended period following one's permanent retirement at age 55 at no cost, provided that the insured has been with MPI for a minimum of 5 years immediately prior to retirement. In addition, since 2016 the MPS has offered the opportunity to make a single payment for extended reporting benefits when one retires. More medical insurance competitors are coming. We have choices now. Whatever our choice is, risk management and credentialing are the way forward. We should not be too relaxed because more work is required to ensure the sustainability of our medical indemnity system.

Since the last RCOG Congress held in Hong Kong in 1993, we have been planning to bid for the **RCOG World Congress 2021** to be held in Hong Kong once again. This would be a joint effort of our College, The Obstetrical and Gynaecological Society of Hong Kong, the two Universities and various working partners. Professor TY Leung, our 2019 College President-Elect, is the Chairman of our Local Organising Committee leading this important project. There are many hurdles to overcome but we look forward to a successful bid.

Dr. Wing-Cheong LEUNG
President, HKCOG

H O N O R A R Y F E L L O W S



1998 Professor Ho-Kei MA CHUNG (middle)



2005 Professor Kin-Hung LEE (left)



2006 Professor Grace W.K. TANG (left)



2006 Professor Allan M.Z. CHANG (left)



2009 Professor Pak-Chung HO (left)



2009 Dr. Pamela M.K. LEUNG (left)



2013 Professor Dennis Y.M. LO (right)



2013 Dr. Lawrence C.H. TANG (right)



2014 Sir Sabaratnam ARULKUMARAN (right)



2014 Professor Tony K.H. CHUNG (right)



2015 Professor Terence T.H. LAO (left)



2016 Professor Hextan Y.S. NGAN (middle)



2017 Professor William S.B. YEUNG (left)

Dr LC HO Award

Generously donated by Dr. L.C. HO, the Award is given annually to the trainee with the highest score in the Structured Oral Examination of the HKCOG. Congratulations to all the recipients of the Dr LC HO Award!

** Same highest scores*



Dr. Karen K.L. CHAN (2003)



Dr. Edith O.L. CHENG (2004)



Dr. Alice W.Y. WONG (2005)



Dr. Irene M.L. CHEUNG (2006)



Dr. Mei-Yun CHAN (2007)



*Dr. Kit-Tong LEUNG (2008)**



*Dr. Helen H.M. WOO (2008)**



Dr. Ka-Wang CHEUNG (2009)



Dr. Tiffany H.L. WAN (2010)



Dr. Yuk-Ki LAM (2011)



Dr. So-Ling LAU (2012)



Dr. Suet-Ying YEUNG (2013)



Dr. Lo WONG (2014)



Dr. Joyce C.Y. CHAN (2015)



Dr. Siu-Chun WONG (2016)



Dr. Po-Ming YU (2017)

Other Awards

Various awards are given to our young investigators to encourage and recognise their work. Congratulations to all the winners!

Best Papers in Young Investigators' Presentation (1998)



Dr. Carina C.W. CHAN Dr. Tak-Yeung LEUNG Dr. Wai-Hon LI Dr. Evelyn L.K. YEO

Young Investigators' Presentation (1999)



Dr. Edmund H.C. HON Dr. Pui-Shan NG

Trainees' Presentation (2003)



Dr. Louis Y.S. CHAN

Young Investigators' Presentation (2008)



Dr. Joyce CHAI



W E S H A R E T H E K N O W L E D G E







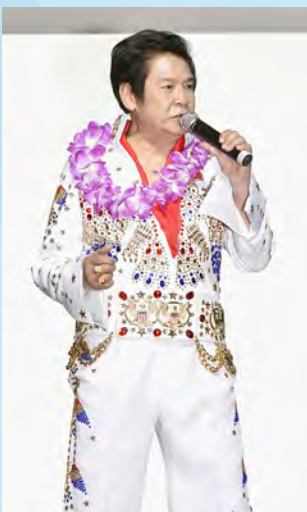
WE SHARE THE FUN AND FRIENDSHIP !







W E ' V E G O T T A L E N T !







T O G E T H E R W E T H R I V E !

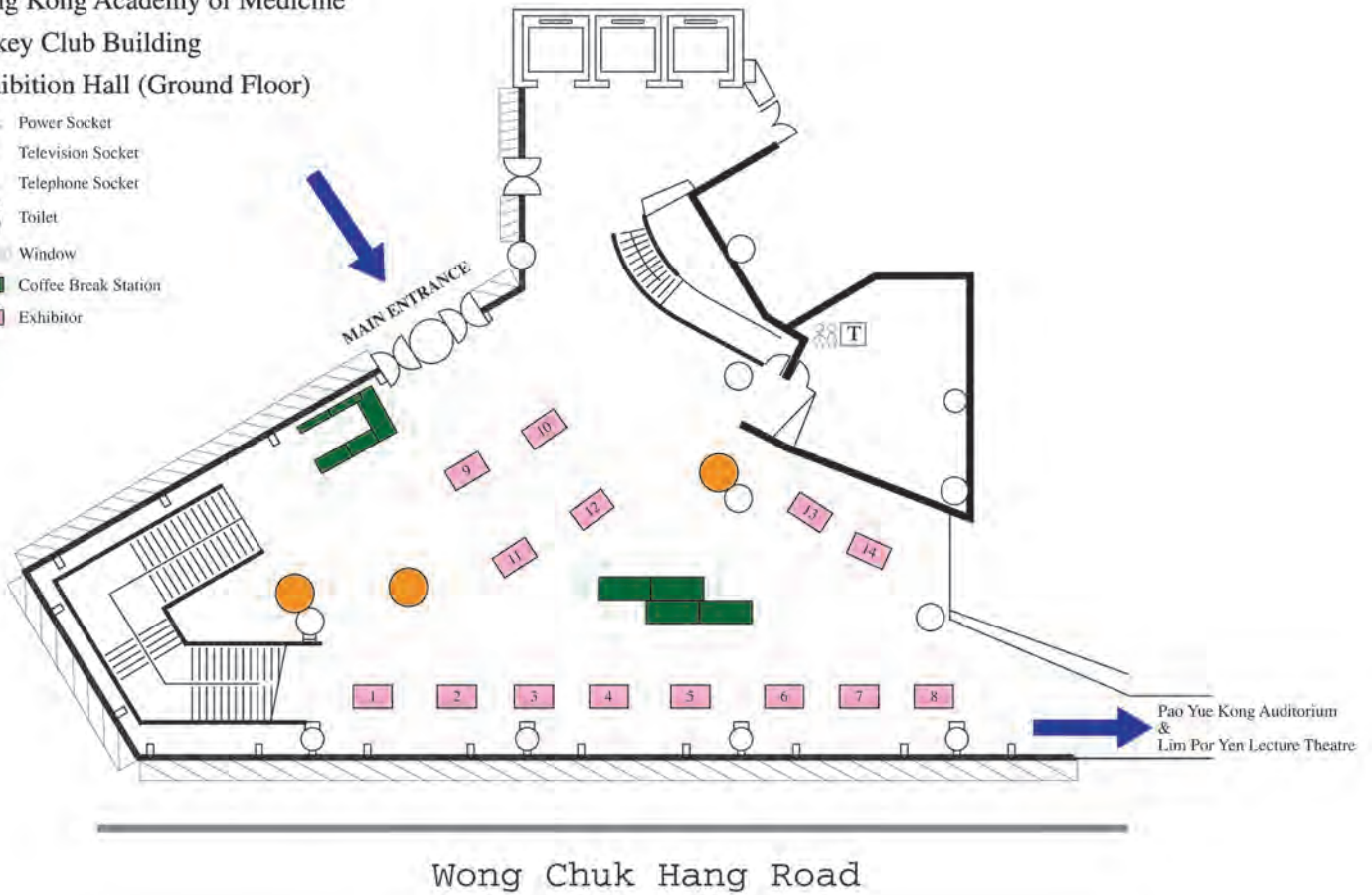




EXHIBIT FLOOR PLAN

Hong Kong Academy of Medicine
Jockey Club Building
Exhibition Hall (Ground Floor)

-  Power Socket
-  Television Socket
-  Telephone Socket
-  Toilet
-  Window
-  Coffee Break Station
-  Exhibitor



1
Tristel

2

XCELOM


3
PHILIPS

4
FERRING
PHARMACEUTICALS

5
smartCells
baby

6

Nestlé
Start Healthy
Stay Healthy.
1st 1000 Days Allergy
Prevention Program

7
 Shun On Healthcare Limited

8
BGI & **DX**

9
Wyeth | Nutrition

10
Market Expansion
Services by
www.dksh.hk

DKSH

11

zenfields

12

BAYER

13
OLYMPUS
Your Vision, Our Future

14

MSD

NESTLÉ MOM

— Vitamins and Minerals with DHA —

An All-In-One maternal supplement to help moms-to-be meet their nutritional needs from pre-pregnancy to lactation



Multi Vitamins and Minerals



DHA*



Folic Acid



Iron with Patented Technology



UNIQUE

Trio-Pro

3-Layer Nutrient Lock Technology

NEWLY LAUNCHED

MADE IN ITALY

NESTLÉ MOM All-In-One capsule has a unique Trio-Pro 3-layer nutrient lock technology to protect nutrients from being broken down in the stomach before they can be absorbed in the intestines with maximum efficacy.

One NESTLÉ MOM capsule a day helps to bring a healthy foundation to the mother's immune system.^

*Each capsule contains 200mg DHA, helping adult pregnant/ lactating moms to meet the daily recommended intake by World Health Organization (WHO) / Food and Agriculture Organization (FAO)

^Along with balanced diet and regular exercise


Nestlé
Start Healthy
Stay Healthy™

1st 1000 Days Allergy Prevention Program

Information for medical profession only

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THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

