



FROM THE CHIEF EDITOR

Dear Fellows and Members,

Happy New Year! Time flies, and here is another issue of Pathologue.

In the Message from the President, Dr. NG Wing Fung shared with us his vision regarding the future of pathology practice and the College.

The 17th Annual General Meeting (AGM) and the 17th T.B. Teoh Foundation Lecture were well attended. As in previous years, we have captured the happy and exciting moments for your memory. The 17th T.B. Teoh Foundation Lecture was delivered by Professor KAN Yuet Wai and entitled "Haemoglobin Genetics, from Diagnosis to Treatment". The 4th Trainee Presentation Session took place on the same day of the AGM. The winner this year, Dr. Doris CHING, presented the detective work undertaken by the Toxicology Reference Laboratory of Princess Margaret Hospital in identifying the local Outbreak of Hypoglycaemia: Sexual Enhancement Products Containing Oral Hypoglycaemic Agent.

In the Topical Update, Prof. Margaret IP highlighted an important aspect in the current practice of medicine: Antimicrobial Resistance – the Challenge Ahead. On a lighter side, Dr. Florence Cheung shared her passion on vocal and choral music in Out of the Whitecoat section, inviting all interested to join in.

I would like to take this opportunity to welcome our new Editorial Board member, Dr. POON Wai Ming, who is also our new College Spokesperson and the new Chairman of the Professional and General Affairs Committee. His infusion of fresh ideas will help to make the newsletter a continuous success.

Please continue to provide us with news and achievements of our Fellows and Members to enrich the Fellows' Laurels and Out of the Whitecoat sections.

Enjoy reading! Your feedback is most welcome.

Dr. Alexander C.L. Chan
Chief Editor

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Message from the President

Technology has advanced rapidly in the recent years. Looking into the development of molecular biology and genetic testing, molecular testing has left its traditional role as a diagnostic tool and has assumed a new role in directing the choice of treatment modality. It has also become essential for monitoring disease progress and alerting to disease recurrence.

Another important trend is that the patients' demand is escalating. Patients expect increasing details as well as reliable and relevant information from pathology specimens for optimal treatment.

Looking forward to the future development, the upcoming issue of genomic personalized medicine may transform the practice of medicine. In addition, digital slide and other imaging technologies will make telepathology another form of Pathology practice.

What is the role of the pathologist in these rapidly changing times? As pathologists we must re-educate and re-invent ourselves if we are to maintain our central role as the ultimate arbiters of disease treatment. Otherwise, we will be left behind since others are waiting in the wings to take our places. We should re-emphasize our role as a physician in patient treatment. On the other hand, we should also be a scientist and play an active part in the evaluation, development, and performance of genotypic and phenotypic analyses of pathology specimens.

The traditional division of pathology into various specialties is being undermined by advances in molecular biology. Molecular techniques such as PCR, ISH, FISH, gene sequencing are common to all pathology specialties. We should make use of this common platform to re-unite the divided specialties in Pathology.

The College should lead and support the Fellows to cope with the changing times. The training programme should enable the new trainees to survive into the future. New programmes like molecular pathology, common to all specialties, should be set up. We welcome comment and suggestion to the Council so as to help ourselves to advance Pathology practice into the future.



*Dr. W.F. Ng,
the President*

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**OUR
18TH
ANNUAL
GENERAL
MEETING**

**will take
place on 21
November 2009
(Saturday).**

**Mark it
on your diary
now!**

TOPICAL UPDATE

Editorial note:

In this issue of Topical Update, Prof. Margaret IP discusses the current problem of antimicrobial resistance in both the global and local perspective. We welcome any feedback or suggestions. Please direct them to Dr. Janice Lo (e-mail: janicelo@dh.gov.hk) of Education Committee, the Hong Kong College of Pathologists. Opinions expressed are those of the authors or named individuals, and are not necessarily those of the Hong Kong College of Pathologists.

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Antimicrobial Resistance – The Challenge Ahead



IP, Margaret
*Professor, Department of Microbiology,
the Chinese University of Hong Kong*

Introduction - Global Concerns and Challenges

Throughout the world, healthcare professionals are concerned at the growing problem of antimicrobial resistance and the global emergence of multi-drug-resistant organisms (MDROs) in the healthcare setting and in the community. The use of penicillin in early 1940s on a wider scale, and the subsequent newly-introduced antimicrobials, was soon followed by the emergence of resistant microbes. Some of these resistant organisms in relation to the introduction of antimicrobial agents are listed in Table 1. The prevalence of MDROs has increased dramatically worldwide during the last decades [1]. Most alarmingly this is in infections caused by MDROs whereby resistance has developed for virtually all currently available drugs and no effective therapies are available. This is compromised by the lack of new discovery of potent classes of antimicrobials in recent times, with shortfalls in funding for the development of new drugs which often relies on interests and support from pharmaceutical industries.

In a wider context, this threat to treatment and control of infectious diseases ranges beyond that of common bacterial pathogens. Drug resistance to infectious agents causing tuberculosis, malaria, pandemics of HIV, and influenza including H5N1, is also increasingly recognized, affecting treatment and hampering their containment. Antimicrobial resistance makes infections more difficult to treat, prolongs duration and increases severity of illness. This

lengthens the period of infectivity, enhances spread and poses the added challenge to infection control. In effect, this translates to increases in direct and indirect healthcare costs and a higher morbidity and mortality.

To combat the emerging resistance problem, organizations including the Centers for Disease Control and Prevention, US, and the UK Department of Health, in the late 1990s have published recommendations and guidelines for the management of antimicrobial resistance [2-3]. In 2001, the World Health Organization (WHO) launched the first global strategy for combating problems caused by the emergence and spread of antimicrobial resistance [4]. Six key interventions have been suggested; namely, reducing the disease burden and prevention of spread, access to appropriate antimicrobials and appropriate use, improvement of surveillance systems, application of relevant regulations and legislation, and development of appropriate new antimicrobials and vaccines [4]. The strategy recognizes that antimicrobial resistance is a global problem that must be addressed in all countries. The stakeholders include all whose practices and behaviours contribute to resistance and where changes are judged likely to have a significant impact at both national and international levels. These include consumers, prescribers and dispensers, veterinarians, managers of hospitals and diagnostic laboratories as well as national governments, the pharmaceutical industry, professional societies, and international agencies.

It is well recognized from findings on the resistance rates for many bacterial species in countries in the Western Pacific region that these are among the highest in the world [5-12]. Examples include that of methicillin-resistant *Staphylococcus aureus* in hospitals in the Asia-Pacific [5, 6], and fluoroquinolone- and penicillin-resistant *Streptococcus pneumoniae* in Hong Kong [7]. Fluoroquinolone-resistant *E. coli* was reported at 64.9% [8], whilst the incidence of extended-spectrum beta-lactamase (ESBL) production among *Escherichia coli* isolates was up to 35% in a report from China [9]. One study reported a 68% prevalence of ESBL phenotypes among *E. coli* and *Klebsiella pneumoniae* from the Indian subcontinent [10]. Outbreaks due to MDROs such as pandrug-resistant *Acinetobacter baumannii* are also increasingly reported in hospitals from Thailand [11] and Taiwan [12]. Sadly, despite WHO recommendation to call for implementation of evidence-based containment strategies in 2001, up until 2005, many member states have not yet established comprehensive national antimicrobial resistance surveillance programmes [13].

Antimicrobial resistance makes infections more difficult to treat, prolongs duration and increases severity of illness In effect, this translates to increases in direct and indirect healthcare costs and a higher morbidity and mortality.

Local Efforts

In Hong Kong, the establishment of the Centre for Health Protection (CHP) of the Department of Health in Hong Kong [14] in 2004 facilitated the network organization for a comprehensive territorial-wide antimicrobial resistance containment strategy. Under the Infection Control Branch of the CHP, a platform for an ongoing antimicrobial resistance surveillance programme was formalized, using standardized laboratory testing. Antimicrobial susceptibility rates of a number of common bacterial organisms against set panels of antimicrobials are collected from major public hospital laboratories into a central information technology (IT) system and are monitored real-time. An antibiotic stewardship programme (ASP) was instituted in large, public hospitals to review and monitor antimicrobial use, and to implement strategies for improving antimicrobial prescribing practices [15]. Within the hospital, a multidisciplinary antimicrobial management team is established, comprising infectious disease (ID) physicians, clinical microbiologists and pharmacists, who reviews and provides timely feedback on targeted broad spectrum antimicrobial agents [15]. The programme also incorporates a platform that enables real-time monitoring of the utilization

of major broad-spectrum antimicrobials according to WHO standardized units of antibiotic consumption in defined daily dose (DDD)/ 1000 bed days occupied (BDO). This provides a means of benchmarking and quantifying use of different classes of antimicrobials in various specialties within hospitals. Evidence from published studies clearly indicated the positive impact of ASPs [15, 16], although they do not always result in decreased level of resistance. The ASP is still in its infancy, and one awaits the long term effects of its establishment and its sustainability.

At the community level and in the private sector, campaigns and educational activities have been put in place to improve rational use of antibiotics. It is generally believed that the major consumption of antimicrobials is by the primary healthcare. An Antibiotic Resistance Surveillance on community isolates was initiated by the Department of Health since July 1999 and is regularly updated and is published on the website [17]. The local surveillance data on the organisms involved and their susceptibility patterns are essential to guide the best choice of treatment.

The CHP, via its various branches, plays the lead role in achieving the other complementary tasks of improving local infectious disease epidemiology, surveillance, prevention and control, in the combat and containment of spread of antimicrobial resistance.

The stakeholders include consumers, prescribers and dispensers, veterinarians, managers of hospitals and diagnostic laboratories as well as national governments, the pharmaceutical industry, professional societies, and international agencies.

Future Strategies

Successful implementation of the strategies for antimicrobial resistance containment depends on high-level commitment and sustained support from national ministries of health and ongoing multi-sectoral collaboration.

In Europe, in line with the Council Recommendations on Prudent Use of Antibiotics, a European Antimicrobial Resistance Surveillance System (EARSS) [18] was established since 1999, and has become one of the most successful infectious disease surveillance systems in Europe. However, accumulated data brings an important message that antimicrobial resistance is becoming a larger public health problem year after year, and demands further concerted efforts. Besides selective pressure from human consumption, animal husbandry and agriculture are also

major target areas for widespread use of antimicrobials in many countries. The data highlights that, in addition to the classical human pathogens, many of the MDROs that are 'environmental' organisms contribute significantly to morbidity and mortality of healthcare-associated infections in Europe. Thus, both prudent use of antibiotics and compliance with hand hygiene and infection control measures are pertinent to reduce selection and spread of these MDROs.

These issues are now placed at a high priority at the EU level. A European Antibiotic Awareness Day took place across Europe on 18th November 2008 (<http://antibiotic.ecdc.europa.eu/>), and will be an annual recurring event to raise awareness about the risks associated with inappropriate use of antibiotics. Under the Council Recommendation on Patient Safety and Quality of Health Services, national infection control programmes will be strengthened [19]. In April 2009, a conference on the 'Microbial Threat to Patient Safety in Europe', organized by the Czech Presidency of the EU, will be held, followed by the organization by the Swedish Presidency of the EU of a follow-up conference, focusing more specifically on gaps between increasing multidrug resistance, the need for new antibiotics with novel mechanism of action, and incentives for research and development of such antibiotics.

The WHO, at the World Alliance for Patient Safety, will address on Antimicrobial Resistance at the Third Global Safety Challenge to be launched in 2010 [20]. The previous two Global Challenges encompassed areas on hand hygiene and safe procedures in the prevention of healthcare-associated infections, including safe surgery. Already, core groups have

met to discuss on the work plan, aiming at quantifying the problem of resistance to antibacterial drugs, its burden of diseases including the financial costs, and focusing on areas for control, research and development.

Hong Kong, after the experience of the SARS outbreak, has taken a major reform in strengthening the structure of Public Health [14]. With its reputation of being in the forefront in medical science and research in many aspects of infectious diseases, it should be well placed and equipped to take on this challenge in the Asia Pacific region.

The development of antimicrobial resistance is inevitable when antimicrobials are used. The aim is to minimize the selective environment for these bacterial pathogens to develop resistance by optimizing the antimicrobial usage and reducing the potential for any genetic variability and spread of these organisms. A concerted effort is vital from all stakeholders in preserving the efficacies of these antimicrobials, once known to us as the 'magic bullets' of the twentieth century.

Successful implementation of the strategies for antimicrobial resistance containment depends on high-level commitment and sustained support from national ministries of health and ongoing multi-sectoral collaboration A concerted effort is vital in preserving the efficacies of these antimicrobials, once known to us as the 'magic bullets' of the twentieth century.

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Table 1. Emergence of resistant organisms in relation to the introduction of major antimicrobial classes/groups.

Antimicrobial group	Year introduced	Resistant organism	Year appeared
Penicillins (susceptible to β-lactamases) Penicillin Ampicillin	1940s	Penicillin-resistant <i>Staphylococcus aureus</i> Penicillin-resistant <i>Streptococcus pneumoniae</i> Ampicillin-resistant <i>Escherichia coli</i>	1950s 1967 1965
Tetracyclines	1948	Tetracycline-resistant Group A streptococcus	1952
Glycylcyclines Tigecycline	2005	Tigecycline-resistant <i>E. coli</i>	2007
Penicillins (β-lactamase-stable) Methicillin	1960	Methicillin-resistant <i>S. aureus</i> (MRSA) Community-acquired MRSA (CA-MRSA)	1960s 1999
Cephalosporins Cefazolin	1962		
Extended-spectrum cephalosporins Cefotaxime	Early 1980s	Extended spectrum beta-lactamase (ESBL)- <i>Klebsiella pneumoniae</i>	1983
Glycopeptides Vancomycin	1956	Vancomycin-resistant enterococci (VRE) Vancomycin-intermediate <i>S. aureus</i> (VISA) Vancomycin-resistant <i>S. aureus</i> (VRSA)	1988 1997 1998
Carbapenems Imipenem	1975 1986	Imipenem-resistant <i>Acinetobacter sp.</i> Imipenem-resistant <i>Pseudomonas aeruginosa</i> Imipenem-resistant <i>E. coli</i>	1990s 2001
Fluoroquinolones	1982	Ciprofloxacin-resistant <i>E. coli</i> Levofloxacin-resistant <i>S. pneumoniae</i>	1980s 2002
Oxazolidinones Linezolid	2000	Linezolid-resistant <i>Enterococcus sp.</i>	2001
Cyclic lipopeptides Daptomycin	2003	Daptomycin-resistant <i>Staphylococcus sp.</i>	2007

The Fourth Trainee Presentation Session (2008)

The 4th Trainee Presentation Session was held before the 17th Annual General Meeting of the College on 22 November 2008. We originally had six trainees registering for the event. However, one of the trainees delivered a baby in the morning of the presentation day, and could not participate this year – Congratulations to Dr. Emily HUNG on the safe arrival of a new family member! Five trainees from various specialties delivered presentations which were of uniform high standard as agreed by both judges and those in the audience. Special thanks are due to our panel of five judges from different specialties (Prof. Annie CHEUNG, Prof. Rossa CHIU, Dr. HAU Kong-Lung, Dr. Clarence LAM and Dr. QUE Tak-Lun) for their time and generosity in sharing with the trainees suggestions for



The plaque for the winning trainee

enhancement. The winner of the Best Presentation Prize this year is Dr. Doris CHING from the Department of Pathology, Princess Margaret Hospital. The prize included a plaque, a certificate of Best Presentation and HK\$1,000. Each participant was awarded a Certificate of Appreciation.



Group photo of judges, trainees and organizers

Recently, the College and the Hong Kong Academy of Medicine have endorsed the requirement that all trainees registered on or after 16 October 2008 are required to make two presentations within their six years of recognized training, at least one of which must be at the Trainee Presentation Session or conferences organized by the College. We would like to invite all trainees and Fellows to support this meaningful activity. The next Trainee Presentation Session will again take place before the College Annual General Meeting. Please reserve the afternoon of 21 November 2009.

Experience on participation in the 4th Trainee Presentation Session by the winning trainee

It is my honour to receive the Best Presentation Prize at the 4th Trainee Presentation Session organized by the Hong Kong College of Pathologists. It is really a wonderful and memorable experience to participate in the Trainee Presentation Session. It is a good opportunity to share our work with colleagues from different branches of pathology, and also to polish our presentation skills. I am sure trainees who participate in this event would find it interesting and rewarding. In the presentation, I have summarized the investigation of the outbreak of drug-induced hypoglycaemia caused by sexual enhancement products containing both sildenafil and glibenclamide. This outbreak posed a big challenge

to our laboratory, but we finally accomplished this task with concerted efforts of all colleagues. Our work has highlighted that pathologists can play an important role in toxicovigilance and public health. Lastly, I would like to take this opportunity to thank all my colleagues and seniors at the Princess Margaret Hospital for their support and valuable advice.

Dr. Doris Chor-Kwan CHING
Toxicology Reference Laboratory
Department of Pathology
Princess Margaret Hospital

Outbreak of Hypoglycaemia: Sexual Enhancement Products Containing Oral Hypoglycaemic Agent

Doris C K Ching,¹ WT Poon,¹ Y H Lam,¹ Hencher H C Lee,¹ Wendy WT Chan,¹ Suzanne S S Chan,¹ C K Lai,¹ M L Tse,² Albert Y W Chan,¹ Tony W L Mak¹

¹Hospital Authority Toxicology Reference Laboratory, Princess Margaret Hospital, Hong Kong Special Administrative Region, China

²Hong Kong Poison Information Centre, United Christian Hospital, Hong Kong Special Administrative Region, China



Dr. Doris Ching receiving the prize from the Chairman of the Education Committee

Objective To investigate an outbreak of unexplained drug-induced hypoglycaemia in patients taking various sexual enhancement products in Hong Kong.

Design Retrospective study.

Patients All male patients, with or without history of taking sexual enhancement products, referred to Hospital Authority Toxicology Reference Laboratory (TRL) for investigation of suspected drug-induced hypoglycaemia from December 2007 to September 2008.

Main outcome measures Rate of hypoglycaemia cases caused by sexual enhancement products containing both sildenafil and glibenclamide; the characteristics of these patients, including the clinical presentation, outcome, drug history and the toxicology analysis results in their urine specimens and in some unused products.

Results A total of 144 male patients were referred to TRL for suspected drug-induced hypoglycaemia. Sildenafil and glibenclamide, or their metabolites, were detected in the urine specimens of 68 patients (47.2%) who had not been prescribed with the two drugs. Among them, 24 patients denied any use of sexual enhancement products despite repeated questioning. Eight patients had repeated exposure resulted in re-admission. The sources of these sexual enhancement products included pharmacies in mainland China, friends, local pharmacies, peddlers, or unknown. Three patients died, one remained in a vegetative state and three had cognitive impairment; the remaining 61 patients recovered fully. In 25 unused sexual enhancement products of seven different kinds, the median (range) content of sildenafil and glibenclamide was 64 mg (0.05 – 198) and 70 mg (0 – 158) respectively.

Conclusion We report the first outbreak of hypoglycaemia caused by sexual enhancement products containing both sildenafil and glibenclamide. With the concealed drug history and the unusual co-existence of sildenafil and glibenclamide in these products, target toxicology investigation played an important role in confirmation of the diagnosis. Similar cases were discovered subsequently in Singapore and Japan. These illegal products pose a severe threat worldwide; more widespread alert and public education is warranted.

The 17th Annual General Meeting 2008 and the 17th T.B. Teoh Foundation Lecture

The College held the 17th Annual General Meeting (AGM) on 22 November 2008. The sequence of events was different from that of the previous AGM, with the hope to better streamline the programmes. The College welcome any feedback and suggestion on the new arrangement.

The AGM followed the 4th Trainee Presentation Session. Three new Council Members, Dr. CHAN Kui Fat, Dr. TSANG Yick Woon William and Dr. TSE Wing Sze Cindy, were elected. Dr. TSE took the seat of Honorary Treasurer while Dr. POON Wai Ming continued to serve as Council Member. We would like to take this opportunity to thank the immediate past Council Members Dr. CHAN Chak Lam Alexander, Prof. NG Lui Oi Lin Irene and Dr. SHUM Shui Fung Bobby for their contribution to the College.

the field. The subsequent College banquet dinner provided a relaxed environment for reunion and socialization for the guests, senior fellows and junior members.



▲ A snap shot of the AGM. From left to right: Dr. W.M. Poon, Dr. Michael Suen, President Dr. W.F. Ng, Dr. Raymond Yung and Dr. H.M. Chan.



▲ Lecturing is the second nature of Prof. Kan.

The conferment ceremony started after a brief break. One Honorary Fellow, 8 Fellows and 7 Members were admitted to the College. The honourable guests included Prof. Grace TANG (President of the Hong Kong Academy of Medicine) and Dr. Hon. K.L. LEUNG (Member of the Legislative Council of Hong Kong, Medical Functional Constituency).

The 17th T.B. Teoh Foundation Lecture was delivered by Professor KAN Yuet Wai (Louis K. Diamond Professor In Haematology, University of California, San Francisco, California, U.S.A.). In the lecture "Haemoglobin Genetics, From Diagnosis to Treatment", Prof. Kan shared with the audience the knowledge as well as his personal wisdom in

We would like to take this opportunity to thank Dr. Edmond MA for his help with the AGM. Dr. Ma, our renowned Master of Ceremonies, should receive the applause for his contribution to the College all these years. We thank Dr. K.F. CHAN and Dr. Victor TANG for capturing the special moments by the cameras. We would also like to express our gratitude towards our College Secretary, Ms. Adrienne YUNG, as well as Ms. Mazie CHAN and Ms. Heidi CHU, for their support in organizing the AGM.

Looking forward to seeing you all in the coming AGM on 21 November 2009 (Saturday).



▲ *Guests at the reception right before the conferment.*



Guests of honour at the conferment ceremony: Dr. K.C. Lee (front row, left 1st), Dr. Raymond Yung (front row, left 3rd), Dr. Hon. K.L. Leung (front row, left 4th), President Dr. W.F. Ng (front row, left 5th), Prof. Y.W. Kan (front row, left 6th), Prof. Grace Tang (front row, right 5th), Dr. Michael Suen (front row, right 4th) and Dr. H.M. Chan (front row, right 1st). Council members at rear row, from left to right: Dr. W.M. Poon, Dr. K.F. Chan, Dr. Y.W. Tsang, Dr. W.S. Tse, Dr. W.K. Luk, Prof. Margaret Ng, Prof. P.L. Ho, Prof. Annie Cheung and Dr. S.C. Luk.



◀ *President Dr. W.F. Ng presented the souvenir to Prof. Kan after the enlightening talk.*



▲ *Congratulations to the Fellows on their achievement!*



◀ *Leisure time for the detective-minded pathologists.*



▶ *The audience enjoyed in listening to the lecture.*



▲ *Relaxing moment for dinner and chat.*

▶ *A good opportunity to have reunion with acquaintance.*



◀ *The Smile of the wise Four.*

▼ *President and Vice-Presidents proposed a toast to bless the College.*



Out of the Whitecoat:

Hark! The Virtuoso Pathologist Sings!

Quite a few of our Fellows are fans of classical music. But do you know that some of us even make music? And the virtuoso is none other than one of our editors, Dr. Florence CHEUNG. During the Hong Kong Medical Association (HKMA) Choir Family Concert on 27 February 2009 held at the Hong Kong City Hall Theatre, she presented a solo recital of the song "Plaisir D'amour" by Martini, accompanied by Jeffrey CHAN, 4th year medical student. The audience was no doubt thoroughly enchanted.

If you rate your own voice as mellow or above, you may be a potential recruit for the HKMA choir. The HKMA Choir was founded in 1997 and staged its first fund-raising concert, together with the HKMA Orchestra, in December of that year. Since then, the Choir has participated in many concerts, singing a variety of songs including sacred music, operatic pieces, Chinese art songs, Christmas carols, Broadway musicals and pop songs.

The HKMA Choir aims at improving members' vocal techniques, refining their choral qualities and enriching their repertoires while at the same time serving the community by means of fund-raising concerts and bringing music to hospitals, convalescent homes and other charitable organizations. The Choir welcomes membership application from doctors, nurses, health workers and anyone who is interested in singing and who shares the vision. For HKMA members, there is no audition required. Non-HKMA members (medical students exempted) would need to have a proposer who is an HKMA member for reference and to attend a short audition. It would be up to the conductor to decide on members' SATB position. For more information, please contact HKMA at telephone 2527 8285, or Dr. Florence CHEUNG at 2595 5254 or cheungmf@ha.org.hk.



Dr. Florence Cheung solo-singing, accompanied by Jeffrey Chan



Performance by the HKMA Choir Ensemble with conductor Daniel Lam at the extreme right

Fellows' Laurels



▲ Dr. Hon. David Kwok-Po Li (left) presented the award to Prof. L.C. Chan (right).

At the recent Award Presentation Ceremony for Excellence in Teaching and Research held by the University of Hong Kong, **Prof. CHAN Li Chong** received the Outstanding Teaching Award 2008, and **Prof. Irene NG Oi Lin** the Outstanding Research Student Supervisor Award 2008. We take this opportunity to congratulate Prof. Chan and Prof. Ng for their remarkable achievement in teaching and mentoring the younger generation.



▲ Prof. Irene Ng (left) received the award from Prof. Amy Tsui (right), Pro-Vice-Chancellor of the University of Hong Kong.



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ADDENDUM ON REGULATIONS ON POSTGRADUATE TRAINING AND EXAMINATIONS (OCTOBER 2008)

PRESENTATIONS IN CONFERENCE

Trainees are required to make two presentations, which can be either on-stage or poster presentation, within their six years of recognized training. The presentation should be at local or overseas conference endorsed by the Training and Examinations Committee of the College. At least one of the presentations must be at the Trainee Presentation Sessions or conferences organized by the College. This requirement is mandatory and the principles are applied to all trainees of all disciplines registered on or after 16 October 2008.

Training and Examinations Committee

CALL FOR APPLICATION FOR CHAN WOON CHEUNG EDUCATION AND RESEARCH FUND IN PATHOLOGY

In 1991, friends, colleagues and former students of the late Dr. CHAN Woon Cheung endowed a fund in his memory to promote education, training and research in Pathology. This fund shall only be applied towards the promotion of education, training and research in Pathology, such as research grants for studies in Pathology, or grants to support training in Pathology, including passage fees and subsistence, where the training is conducted in Hong Kong or the applicant is currently working in Hong Kong. Local and overseas workers in Pathology, both members and non-members of the Hong Kong College of Pathologists, may apply for the grants for the purposes set out above.

*For those who are interested, please download the application form from our College website (www.hkcpath.org) and return the completed application form to the Registrar. **The deadline for application submission is 31 May 2009.***