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會長的話

11月16日晚，香港大學陸佑堂“星光熠熠”，但卻教追星一族非常失望，因為他們不是一般的明星，他們是“守護婦女健康之星”，今夜他們難得聚首一堂，是為了慶祝香港大學婦產科成立90週年。

90年前，香港的醫療還非常落後，孕婦主要在家中分娩，孕產婦及新生兒死亡率很高，就是因為有了香港大學婦產科，有了一群為了維護婦女健康而默默耕耘的婦產科醫生，他們日以繼夜、夜以繼日，數拾年如一日的忘我工作。無論是在資源貧乏或物資富裕的年代，無論是在日寇侵華、香港淪陷的時期或

太平盛世，他們都無改初衷，他們雙手迎接了無數個健康小生命，保護了無數產婦，為無數家庭帶來歡樂。他們與時並進，他們薪火相傳，使香港成為世界上新生兒及孕產婦死亡率最低的地區之一。正因為前輩們的努力，今天我們才能在良好的環境下工作及接受系統性的專科培訓。

24年前，我有幸在香港大學婦產科接受訓練，雖然只是短短的七個月，但他們敬業樂業的精神對我影響深遠，從馬鍾可璣教授及其團隊身上，我明白了“醫者父母心”的真諦。執筆之時感恩節剛過，我謹代表後學者向醫學界的前輩們致敬，也希望後學者能效法他們全心全意為維護市民健康而奮鬥。



陳潔霜醫生(左)與馬鍾可璣教授(右)

陳潔霜醫生
香港女醫生協會會長

Female Doctor at Work

Interview with Dr. Helen Tinsley

Born in England and growing up in Aberdeen in the north of Scotland, Dr. Tinsley graduated from the University of St Andrews in 1972. After having trained in paediatrics in the UK, she moved to Hong Kong in 1978, where from 1979 she served mainly in the Department of Paediatrics (also involved in Infection Control) at Caritas Medical Centre until 1992. Following the setting up of Hong Kong Hospital Authority (HKHA) at that time, she was appointed as Hospital Chief Executive (HCE) there.

With the foundation of the Hong Kong Academy of Medicine and its component Colleges, in 1993, she became a Fellow of the Hong Kong Academy of Medicine in Paediatrics, and later a Fellow in Community Medicine (AM) in 2001. From 2004 until retirement from HKHA in 2008, she also served as the HCE for Our Lady of Maryknoll Hospital, as well as Caritas Medical Centre. She is currently the Honorary Clinical Associate Professor of Department of Paediatrics & Adolescent Medicine and the School of Public Health in HKU.

Dr. Tinsley is still an active member in the medical field after retirement and continues to make a lot of valuable contributions.

In person, Dr. Tinsley is genial, approachable, and is eager to share her many illuminating stories. We are very honoured to have a chance to speak with her for this issue of our newsletter.

Can you tell us what it was like when you studied medicine in the UK?

At the time, although medical schools were open to women, there was still a maximum quota of about twenty-five percent, although this all changed in 1970s, there were not many of us at all, and so it was important to form a sisterhood and support each other. During my early university years, I stayed at a hall of residence, where I made many non-medical and some life-long friends. It was a good experience for me, and it also expanded my social circle.

After graduation, there were very few formal training programmes for specialties, and our subsequent studies were all self-arranged. I spent time in hospitals all over the UK, working under a range of paediatric specialties. My term in paediatric cardiology/cardiothoracic surgery was especially hard - at worst, we were on call two days out of three! More than that, women doctors were often judged differently from men. When we went for job interviews, it was not uncommon for some of us to take off our wedding rings beforehand. Some interviewers even had the gall to ask whether we were on the oral contraceptive pills. Some people were very discriminatory in the UK back then, but I am glad to say I have never experienced anything of this sort in Hong Kong over all these years.



Amy Keung (left) with Dr. Helen Tinsley (right)



Can you share with us some of your experiences as a Hospital Chief Executive?

Work at an administrative level is very different from that of a clinician. After I took up the position, I certainly missed the one-on-one relationship with patients, and being able to spend my time individually with them. However, as much as I wanted to do both clinical and administrative work, it simply wasn't possible for me—I could not split myself between an important meeting and a patient who needed my urgent attention. As a Hospital Chief Executive, I seldom dealt with patients directly except when managing crises/complaints and doing safety rounds, but it didn't mean I switched off my caring. It simply meant that I had to pay more attention to the greater good.

The public sector for healthcare is built upon teamwork. And as a leader, it was my role to enable collaboration between everybody on my team in trying to put patient and community well-being at the heart of decision making. However, different people will always want different things, and most of the time you won't be able to please all of them. So you must find out their wishes, manage their expectations, and coax them into co-operating. Trust and respect are very important; without them, communication and relationships break down and no progress can be made.

And now a question that every working woman with a family gets asked: how do you do it all?

My husband and I have three children. Taking care of them was not something we could do all on our own. He was a businessman, often out of town more than a quarter of the time, and my work was very demanding as well. So we hired a helper, who was a very nice lady. She would come in during daytime, take care of the chores, take care of the kids, and she is the one who made it all possible.

As for being a working woman, my husband has always been extremely supportive of me and my career commitment. I remember that when I was deciding whether I should take up the role of Hospital Chief Executive, he encouraged me to go for it. He told me that if I didn't try, I would regret it. I knew he was right, and so I went for the job.

After you retired, what have you been involved in?

With the HKWDA, I helped to plan and organise various leadership and mentorship programmes, because helping and educating the next generation is very important for us. In that same vein, I have been teaching courses in healthcare management and medical ethics for the HKU's Master of Public Health programme since 2009, which serve to enable doctors, nurses and other allied health professionals to tackle health administration issues.

Moreover, in collaboration with a special needs educator and long-time colleague, we set up and now maintain the OneClick project (oneclick@hku.hk). This project set up was funded by charity and is now hosted by Community Child Health Unit of the Department of Paediatrics & Adolescent Medicine in HKU. The bilingual website is aimed at children, carers and healthcare professionals, as a Hong Kong platform for resources that may come in useful when caring for children with special needs. Apart from these, I also serve as a Council Member of the Caritas Institute of Higher Education and other governance committees within Hong Kong Caritas.

As for positions overseas, I am a surveyor for the Australian Council on Healthcare Standards, an organization for hospital accreditation, and I am also a trainer at the Royal Australasian College of Medical Administrators.

Sounds like you're really busy! What kind of hobbies do you take part in when you aren't working?

I read a lot, mainly about current affairs, but I enjoy novels too. Also, I like to go hiking—it's my way of staying fit.

Lastly, do you have any advice for those of us who are just getting started in the medical profession?

As a doctor, you definitely have to like people, because you have to work with them. This includes your patients and your colleagues. You must respect them in order to understand them, so that you can then partner with them to achieve good results together. Also, you have to remember that being a doctor isn't about you and your ego—it is ultimately about your patients. You have to put their best interests first.

Compared to when I first started, medicine has seen huge changes. In the past, we used very primitive drugs, and advanced imaging was not so much a luxury—it simply didn't exist. I have seen the emergence of CT scans, MRIs, and now the PET scan; it's amazing how far things have come. So another thing I would advise you to do is to keep an open mind, make sure that you have the ability to embrace change and develop the skills to make the most of it.

We would like to express our sincere thanks to Dr. Tinsley for her precious time and sharing.

Amy Keung (HKU Medical Student)



Female Doctors in the Community

HPV Vaccination Project Update

It was almost one decade ago when human papilloma virus (HPV) vaccine was approved by the FDA in the United States in 2006. Since then, 86 million doses of HPV vaccine have been administered in the US. Approximately 50 countries have introduced the vaccine into their national immunization programme including developed countries such as Australia and lower income countries such as Bhutan. In 2014, the WHO has reiterated its recommendation that HPV vaccines should be included in national immunization programme. However, this is not the case in Hong Kong.

With funding from Zonta Kowloon, we have conducted HPV vaccination projects since 2013 for girls from low income families. In the 2013-2014 project, 77 girls from Sham Shui Po were vaccinated. 76 girls completed the 3 dose regime while one girl did not receive the 3rd dose as the social worker has lost contact with her. In the 2014-2015 project, 100 girls from Tin Shui Wai were recruited. Due to modification in dose schedule for girls aged 9-13 when the 3 dose regime was changed to 2 dose regime, there was surplus funding to purchase more vaccines. An extended programme was launched to recruit 38 girls from Sham Shui Po. Altogether there were 2 reports of skin



Nurse volunteers at the vaccination station

rash after the first dose of vaccine and subsequent doses were not administered. The cumulative adverse reaction rate is 0.9%. In the 2015-2016 project, there will be funding to vaccinate 100 girls for a 3 dose regime. 50 girls from low income families in Kwai Chung region will be recruited. Another 50 will include girls from ethnic minority groups in Wan Chai region and girls residing in "Small group homes" which provide residential service for girls deprived of family support. We have support from a dedicated team of volunteer nurses in all the HPV vaccination events. We need support from members including doctors and medical students to provide counselling for consent from parents and assist in questionnaire survey after the injection.



Doctor volunteers were assessing the girls with the parents before vaccination

Dr. Tse Hei Yee



Volunteers and participants

Health Update

Contamination by Lead in Drinking Water

Interview with Dr. Lau Fei-Lung on 18/11/2015

Dr. Lau Fei-Lung

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Director, Hong Kong Poison Information Centre
Director, Toxicology Training Centre
Founding President of the Hong Kong Society of Clinical Toxicology*

In light of the recent contamination of drinking water by lead in Hong Kong housing estates, we were very keen to find out more information with regard to lead exposure, poisoning and treatment.

Fortunately, we were given the rare opportunity of interviewing Dr. Lau Fei-Lung, who provided us with ample insight into the ins and outs of lead exposure.

What is lead?

Lead is a naturally occurring heavy metal, which can enter the human body via ingestion, inhalation or skin absorption. It and its compounds are easily found in our everyday environment, making exposure to it inevitable. Unlike calcium or iron, it is totally useless

(or even harmful in any amount) in our bodies and therefore its level should always be kept at a minimum. When lead exposure is not that high, our bodies can maintain an equilibrium state with a steady rate of lead excretion. It is when lead exposure persistently exceeds safe limits that lead levels in the body start rising, leading to potential lead toxicity and poisoning.

What are some common sources of lead encountered in everyday life?

These can be divided into occupational and environmental sources. Occupational sources with high lead exposure include construction work with lead welding and soldering, the manufacture of radiators and car batteries, and working at firing ranges. Environmental sources can be wide-ranging and unpredictable: food (e.g. game birds, thousand year eggs), water (related to lead piping), traditional medicines, ethnic make-up, paint, toys, food containers, foil encasing the corks from wine bottles, pottery glazing, crystal glasses and smoke from cigarettes, incense or candles – to name but a few! This list helps to demonstrate the great importance of a thorough social history in cases of suspected lead poisoning.



Dr. Tsoi Wai Ki (left), Dr. Lau Fei-Lung (right)



What are the harmful effects / manifestations of lead poisoning?

Lead exerts its harm by mimicking other metals (e.g. calcium, iron, zinc) and binding to sulfhydryl groups located on enzymes in the body. This leads to inactivation of enzymes and macromolecules throughout the body, potentially resulting in multi-system and multi-organ manifestations of toxicity (e.g. neurological – convulsions, headaches, peripheral neuropathy; gastrointestinal – colic, anorexia; haematological – anaemia, basophilic stippling).

What are some interesting cases of lead poisoning that you have come across?

A 15-year-old boy once presented with malaise, epigastric pain and orange urine. Blood tests revealed a mild anaemia with basophilic stippling on blood smear. Further testing revealed a blood lead level of 74µg/dL. It was later discovered that he had been ingesting traditional Chinese medicine powders for months prior to admission. Another interesting case involved a 41-year-old lady with motor neuron disease who presented with rapidly worsening limb weakness. History revealed that she had been ingesting burnt Chinese spells written in lead oxide (鉛丹) for a month. Her blood lead level was 54µg/dL; she was given dimercaptosuccinic acid (DMSA) chelation therapy.

What duration or level of lead exposure would lead to organ impairment?

This would depend on the amount of lead absorbed into and excreted from the body. As mentioned previously, if the body's excretion was exceeded by absorption, blood lead level would rise. Persistently raised blood lead levels would increase likelihood of organ impairment and symptoms. There are no guaranteed "safe" levels of lead exposure and blood lead levels, but cut off value for adults is widely accepted to be 10µg/dL; for children, pregnant or lactating women, it is 5µg/dL.

Are there known harmful effects of lead poisoning in pregnancy / child development?

Lead poisoning in pregnancy has known associations with intrauterine death and pre-eclampsia. In child development, it can cause growth retardation, decreased IQ levels and impaired hearing.

What are the acceptable levels of lead in drinking water?

According to the World Health Organization Guidelines for drinking-water quality, a level not more than 10µg/L is regarded as acceptable.

Should we be concerned about other heavy metals in drinking water?

There is also concern about detection of nickel in drinking water, though it can be regarded as negligible. Lead in drinking water remains the main concern at present.

What would be your advice to housing estate residents for reducing exposure to lead?

For those living in housing estates with lead in their drinking water (especially infants, young children, pregnant or lactating women), they should use bottled or filtered (certified that can remove heavy metal) water. For other residents who worry about the safety of the water, one can run the tap for a few minutes each time prior to collecting water for drinking purpose. They are also advised to take water from the cold tap only, as hot water can increase lead leaching from pipes. A well balanced diet with food rich in calcium, iron and zinc is also beneficial as deficiencies of these useful metals can increase lead absorption in the body.

Are there domestic water filters that can render lead levels in drinking water safe again?

There are some domestic water filters that can reduce lead levels in drinking water. However, these filters must be replaced regularly in order to maintain their efficiency.

What tests can be done to check the level of lead in the body?

Blood lead level is by far the most objective and useful test. Hair and urine analysis are also available but can be misleading and unreliable and therefore not recommended.

If blood lead levels are too high, what methods are there to reduce them?

Source identification and exposure termination are by far the most important steps. Chelation can be carried out in cases of high blood lead levels, ideally after exposure termination. Clinical picture, presence of symptoms and blood lead level are all taken into account before proceeding to chelation. Chelation can be given orally as dimercaptosuccinic acid (DMSA) in asymptomatic cases and intravenously as ethylenediaminetetraacetic acid (EDTA) or dimercaprol (BAL) in symptomatic cases. In general, blood lead levels $>70\mu\text{g/dL}$ in adults and $>45\mu\text{g/dL}$ in children would require chelation regardless of absence of symptoms. Supplements of calcium, iron and zinc should be given after chelation as useful metals will also be indiscriminately removed in the process. Blood lead level can be rechecked to see the effect of chelation and the process repeated if necessary.

We would like to express our sincere thanks to Dr. Lau.

Dr. Tsoi Wai Ki



HKWDA 9th AGM cum Annual Dinner 2015

Our 9th AGM and Annual dinner was successfully held on 31st July 2015 at Eaton Hotel. This year, our event was sponsored by Janseen, a division of Johnson & Johnson (HK) Ltd. We were honored to have Dr. Carman Ho and Dr. Johnny Chan to be our speakers for the pre-dinner CME-accredited lecture, entitled **Psoriasis vs Psoriatic Arthritis**.

Over 150 members and guests had enjoyed the lecture, the dinner buffet, the mingling and the entertainment. There were a few performances with the first one by Dr. Cissy Yu, our founding chairlady. With accompaniment of acoustic guitar, she sang 2 beautiful songs – *Wiegenlied* and *Se Tu Mami*. It was followed by a group of doctors from the HKMA Choir. We were also honored to invite Dr. Chu Yip and a couple of guests to sing a traditional Chinese folk song “小草”. Lastly, Dr. Wong Kok Sui led a group of talented doctors and nurses dancing for us!

The HKWDA Annual Dinner has successfully engaged our members as well as friends of HKWDA from various sectors and specialties. Looking forward to the annual dinner next year!



Dr. KS Chan presenting our annual report during AGM

Dr. Fiona Luk
Chairlady of Internal Affairs Committee



Welcoming our guests to annual dinner at reception



Dr. KS Chan presenting a token of appreciation to our speakers, Dr. Johnny Chan (left) and Dr. Carmen Ho (right)



All the board members toasting on stage



Performance by Dr. Cissy Yu



Performance by a group from HKMA choir



Dr. Chu Yip singing with our guests, accompanied by Dr. Wong Kok Sui



The Dancing group



Guests in our head table



HKWDA Youth Committee

Mentor Mentee Student Program

The Youth Committee has been established since 2013. The committee has launched the Mentor Mentee Student Program (MMSP) since 2014 and it was of a great success. MMSP aims at providing a platform for communication between HKWDA members and current medical students, determined to allow the younger generation to develop on a professional and personal level. The program allows medical students to apply as Mentees to Mentors from different specialties; it is an annual one-year program allowing Mentors and Mentees to engage into a learning partnership based on specialty interests of the Mentees. In 2014-2015, thanks to our enthusiastic members, we have recruited 31 Mentors ranging from 14 different specialties. After the establishment of the program, we have helped in nurturing over 130 medical students, allowing them to gain access to professionals of their desired specialties, to learn and be inspired by their Mentors.

We have recently launched the program again this year. Thank you for the overwhelming response again. This year, we have also recruited 31 Mentors ranging from 18 different specialties and we have received over 100 Mentee applications. We look forward to an enjoyable and fruitful year ahead with our new Mentors and Mentees.

Sharing from Mentors and Mentees from 2014 - 2015

After thoughts from Mentor Dr. Shiobhon Luk (Radiology)

“Joining the HKWDA Mentor Mentee Student Program has been one of the most enjoyable and rewarding experiences for me personally and professionally. My most memorable moment was when I met my mentees, Shirley, Angela and Brian, for the first time. We had long conversations about the pros and cons of each medical specialty, followed by interesting discussions on the importance of work-life balance and a positive work attitude. I am glad to hear how sharing some of my own experiences and the current trends in the medical profession have helped influence and inspire the younger minds. I appreciate the effort of the HKWDA in organizing this program and I look forward to next year’s program.”

After thoughts from Mentee Jennifer Lee - Mentee of Dr. Belinda Leung (O&G)

“I am lucky to be one of the participants of the Mentor Mentee Student Program. I have benefited a lot from the program by being able to meet my mentor, Dr. Belinda Leung and fellow students. The kindness of Dr. Leung and the small group size encouraged a close and unique bonding between us. Dr. Leung is always welcoming. I am comfortable to approach her on many issues such as puzzles in career path, clinical attachment opportunities and other personal matters. The unique experience of attaching at Dr. Leung’s clinic did not only broaden my medical knowledge. Our discussions on patients’ concerns, attitude through careful observation helped me to enhance communication skills, learn to be more observant in order to understand the background of patients and their concern, and be sensitive to their needs. Dr. Leung’s sharing was inspiring as it brought up a lot of issues that I, as a future-women-doctor-to-be, should think ahead, such as work-life balance, communication skills and ethical issues as a professional.

“Once a mentor, forever a mentor.”, said Dr. Leung. Our mentor-mentee relationship shall be treasured. I would like to thank Dr. Leung for her teachings and care. Special thanks should be given to the Youth Committee for organising the program, which provided us with a platform to meet doctors in our specialty of interests, to exchange ideas and to be inspired in terms of knowledge and their valuable experiences.”

After thoughts from Mentee Roxana Lau - Mentee of Dr. Alice Choy (Anaesthesiology)

Meeting Dr. Alice Choy last year through the mentorship programme was definitely a valuable experience. During many enjoyable lunches, Dr. Choy shared her insights about the field of Anaesthesiology, about its current trends and future directions. Not only did we discuss about her work, but through lots of persistence, Dr. Choy also brought us into the operating theatre so that we could experience the day to day life of an anaesthesiologist first hand!

Career's Talk

The Youth Committee has organized the Career's Talk in 2014 to provide an opportunity for medical students to engage in in-depth discussions with specialists from different specialties to allow them to have an early taste of the professional development and to have a better understanding of the medical field.



Group photo of Mentors and Student Members



Ophthalmology small group discussion by Dr. Victoria Wong and Dr. Carmen Chan



O&G small group discussion by Dr. Lowina Tse and Dr. Julia Mok

BBQ Tea Gathering

A lunch BBQ gathering was successfully held on the 17th October 2015 as a closing party for the Mentor Mentee Student Program 2014 - 2015. Under the perfect weather with great food and enthusiastic participation, the afternoon was well spent with liveliness and joy. It was a wonderful opportunity for all our Mentees and Mentors to get together to share their experience throughout the year round. We have thoroughly enjoyed it!



Group photo of Mentors and Student Members

Dr. Sharon Chow, Dr. Loraine Chow

Co-chairladies, HKWDA Youth Committee



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The excess volume should be expelled before injecting. Refer to full prescribing information for full details. **Adults:** The recommended dose is 2 mg aflibercept, equivalent to 50 microlitres. For wAMD treatment is initiated with one injection per month for three consecutive doses, followed by one injection every two months. No requirement for monitoring between injections. After the first 12 months of treatment, treatment interval may be extended based on visual and anatomic outcomes. In this case the schedule for monitoring may be more frequent than the schedule of injections. For CRVO, after the initial injection, treatment is given monthly at intervals not shorter than one month, and continues until visual and anatomic outcomes are stable for three monthly assessments. Thereafter the need for continued treatment should be reconsidered. Treatment may be continued with gradually increasing treatment intervals to maintain a stable visual and anatomic outcome. Continued treatment is not recommended if no improvement in visual and anatomic outcomes over the first three injections. If treatment is discontinued, monitor visual and anatomic outcomes and resume treatment if these deteriorate. Usually, monitoring should be done at the injection visits. During treatment interval extension until therapy completion, the monitoring schedule should be determined by the treating physician based on the individual patient's response and may be more frequent than the schedule of injections. For DME, initiate treatment with one injection/month for 5 consecutive doses, followed by one injection every two months. No requirement for monitoring between injections. After the first 12 months of treatment, the treatment interval may be extended based on visual and anatomic outcomes. The schedule for monitoring should be determined by the treating physician. If visual and anatomic outcomes indicate that the patient is not benefiting from continued treatment, treatment should be discontinued. **Hepatic and/or renal impairment:** No specific studies have been conducted. Available data do not suggest a need for a dose adjustment. **Elderly population:** No special considerations are needed. Limited experience in those with DME over 75 years old. **Paediatric population:** No data available. **Contra-indications:** Hypersensitivity to active substance or any excipient; active or suspected ocular or periorbital infection; active severe intraocular inflammation. **Warnings & precautions:** As with other intravitreal therapies endophthalmitis has been reported. Aseptic injection technique essential. Patients must report any symptoms of endophthalmitis without delay. Increases in intraocular pressure have been seen within 60 minutes of intravitreal injection; special precaution is needed in patients with poorly controlled glaucoma (do not inject while the intraocular pressure is ≥ 30 mmHg). Immediately after injection, monitor intraocular pressure and perfusion of optic nerve head and manage appropriately. There is a potential for immunogenicity as with other therapeutic proteins; patients should report any signs or symptoms of intraocular inflammation e.g. pain, photophobia or redness, which may be a clinical sign of hypersensitivity. Reports of systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events following intravitreal injection of VEGF inhibitors. Safety and efficacy of concurrent use in both eyes have not been systematically studied. Caution in patients with risk factors for development of retinal pigment epithelial tears including large and/or high pigment epithelial retinal detachment. Withhold treatment in patients with rhegmatogenous retinal detachment or stage 3 or 4 macular holes; with retinal break and do not resume treatment until the break is adequately repaired. Withhold treatment and do not resume before next scheduled treatment if there is: decrease in best-corrected visual acuity of ≥ 30 letters compared with the last assessment; central foveal subretinal haemorrhage, or haemorrhage $\geq 50\%$ of total lesion area. Do not treat in the 28 days prior to or following performed or planned intraocular surgery. Eylea should not be used in pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential have to use effective contraception during treatment and for at least 3 months after the last intravitreal injection. Populations with limited data: There is limited experience of treatment with Eylea in patients with ischaemic, chronic CRVO. In patients presenting with clinical signs of irreversible ischaemic visual function loss, the treatment is not recommended. There is limited experience in DME due to type 1 diabetes or in diabetic patients with an HbA1c over 12% or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections, concurrent eye conditions such as retinal detachment or macular hole, or in diabetic patients with uncontrolled hypertension. This lack of information should be considered when treating such patients. **Interactions:** No available data. **Fertility, pregnancy & lactation:** Not recommended during pregnancy unless potential benefit outweighs potential risk to the foetus. No data available in pregnant women. Studies in animals have shown embryo-foetal toxicity. Women of childbearing potential have to use effective contraception during treatment and for at least 3 months after the last injection. Not recommended during breastfeeding. Excretion in human milk: unknown. Male and female fertility impairment seen in animal studies with high systemic exposure not expected after ocular administration with very low systemic exposure. **Effects on ability to drive and use machines:** Possible temporary visual disturbances. Patients should not drive or use machines if vision inadequate. **Undesirable effects:** *Very common:* conjunctival haemorrhage (phase III studies: increased incidence in patients receiving anti-thrombotic agents), eye pain, visual acuity reduced. *Common:* retinal pigment epithelium tear, detachment of the retinal pigment epithelium, retinal degeneration, vitreous haemorrhage, cataract (nuclear or subcapsular), corneal abrasion or erosion, corneal oedema, increased intraocular pressure, blurred vision, vitreous floaters, vitreous detachment, injection site pain, foreign body sensation in eyes, increased lacrimation, eyelid oedema, injection site haemorrhage, punctate keratitis, conjunctival or ocular hyperaemia. *Uncommon:* Injection site irritation, abnormal sensation in eye, eyelid irritation. *Serious:* Cataract, retinal detachment, vitreous detachment, endophthalmitis, and intraocular pressure increased. Consult the full prescribing information in relation to other side effects. **Overdose:** Monitor intraocular pressure and treat if required. **Incompatibilities:** Do not mix with other medicinal products. **Special Precautions for Storage:** Store in a refrigerator (2°C to 8°C). Do not freeze. Unopened vials may be kept at room temperature (below 25°C) for up to 24 hours before use. **Date of preparation: August 2014**

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VEGF-A = vascular endothelial growth factor, PIGF = placental growth factor

*Neovascular (wet) age-related macular degeneration (wAMD), visual impairment due to macular edema secondary to central retinal vein occlusion (CRVO), visual impairment due to diabetic macular edema (DME).

References:

1. EYLEA® full Prescribing Information, Hong Kong, August 2014.
2. Papadopoulos N, Martin J, Ruan Q, et al. Binding and neutralization of vascular endothelial growth factor (VEGF) and related ligands by VEGF Trap, ranibizumab and bevacizumab. *Angiogenesis*. 2012;15(2):171-185.



Association News

2015西太平洋區世界女醫師大會

2015年4月24至26日，香港女醫生協會應台灣女醫生協會的邀請，組團赴台灣參加了“2015西太平洋區世界女醫師大會”。我會共有九位女醫生參加了會議。

大會在美麗的台北舉行。來自香港、日本、南韓、澳大利亞、紐西蘭、蒙古、菲律賓等地的女醫生和台灣女醫生共聚一堂，切磋現代醫學新知識和醫療技術。并熱情交流各地女醫生協會會務的開展及展望。我會謝喜兒醫生和林慧翔醫生在會場做了發言。香港女醫生協會的代表還應邀參觀了台大醫院兒童醫院，馬偕兒童醫院和台北慈濟醫院。東道主非常熱情好客，盛意拳拳，安排了豐富的文藝節目，最為精彩的是眾人參與的環節，各國與會代表盡情演繹，達至忘我境界，把氣氛推到了高潮。這次大會不僅讓我會重溫了與各地女醫生協會的往日友情，更建立了許多新的友誼，擴大了我會的影響。

下屆大會將在香港舉行，創會會長余詩思接過下屆主辦的重任後，表示任重道遠，香港女醫生協會一定會在現任會長陳潔霜和創會會長帶領下，全力以赴，做好各項準備，辦好會議，讓各國來賓乘興而來，滿載而歸！我們從今天就行動起來！



全體香港女醫生協會代表合照

倪建春醫生



香港女醫生協會代表表演合唱



參觀台北慈濟醫院



參觀台大醫院兒童醫院



廣東省女醫師協會成立二十週年慶典

2015年8月21日陳潔霜會長獲廣東省女醫師協會朱鳳珍會長邀請與本會國際事務委員會主席葉永玉醫生到廣州參加了該會成立二十週年慶典，中國女醫師協會會長何界生部長也專程從北京到賀。我們向何會長及朱會長介紹了國際女醫師協會2017年的西太平洋地區會議將在香港舉行，我們誠意邀請她們出席及組織內地女醫師到港出席會議。這次慶典非常成功，其中由該會女醫師表演的詩朗誦最引能起共鳴，故本期特別轉載以供欣賞。

獻給女醫師的讚歌

- 一. 如果把女人比作花，
女醫師就是開放的臘梅花，
寒梅傲雪，玉潔冰清，
暗香流韻，花開無言。
- 二. 我們樂觀暢達但不張揚，
我們才華橫溢卻低調內斂。
我們風華正茂卻含蓄自謙，
流光溢彩，馥郁矜持。
- 三. 如果把我們比作一爐馥郁的沉香，
那是沉淀五千年的華夏，
那是積淀三萬年的芳華。
優雅於年輪間，
深情於清烟裏。
- 四. 如果把我們比作一段悠揚的琴曲，
那是平沙落雁的高遠，
那是梅花三弄的靈動，
那是陽關三疊的依戀，
那是高山流水的恢宏。
- 五. 如果把我們比作一副精工的國畫，
那是李元嬰筆下的蝴蝶，
那是王冕筆下的梅花，
灼灼冶艷，
骨姿雍雅。
- 六. 如果把我們比作一首抒情的小詩，
那是人文與自然的演譯，
那是時間與智慧的火花，
魅力飛揚，
經典沿革。



- 七. 如果，如果，不是如果，
我們就是天使，神聖的白衣天使。
我們深情於杏林裏，
我們翱翔於醫海中，
我們馳聘在救死扶傷的戰場上。
- 八. 我們敬業，
我們愛崗，
我們勤勞，
我們善良。
- 九. 我們熱愛生命，
我們敬畏生命，
我們善待生命，
我們救治生命。
- 十. 因為有了我們，生命才能延續，
因為有了我們，大地才充滿了生機，
因為有了我們，萬家燈火才會更亮，
親愛的姐妹們，讓我們攜手並肩，再創輝煌！



陳潔霜會長向廣東省女醫師協會致送紀念品“杏林飄香、南粵典範”

Globe-athon

Globe-athon is an international awareness campaign with the mission to educate and support researches for gynaecological cancers. Globe-athon was launched in 2013 and has been held for 2 years with over 70 countries worldwide participating. Continuing this success, The Hong Kong Anti-Cancer Society and the LKS Faculty of Medicine, The University of Hong Kong organised the Globe-athon Hong Kong 2015 on 20 Sept 2015 (Sunday).

HKWDA is proud to be one of the “Supporting Organizations of the Globe-athon Hong Kong 2015”. Globe-athon is the only walkathon focusing on gynaecological cancers in Hong Kong. This year’s walk took place in Central, along the harbour on Central-Western Promenade (Central section). It was great to see our members turned up with family to support this meaningful event. It drizzled momentarily during the ceremony but rain quickly stopped and became sunny. It was an easy 3.6km walk and we were pleasantly surprised to have complimentary ice cream mid-way.



Ready to go!



Mission accomplished!

Feedback from:

Dr. Fiona Luk: excellent event!

Dr. Callie Ko: very well organized!

Website of Globe-athon:

<http://www.globeathonhk.org.hk/最新消息/>

Photos of the event:

<https://www.facebook.com/media/set/?set=a.488696137969004.1073741861.155220021316619&type=3>

Dr. Jane Yeung



Getting ready!



Charity Bowling Fun Day

On Saturday 4 July 2015 (Saturday), International Social Service (ISS) Hong Kong held a Charity Bowling Fun Day, to raise funds to supplement their social assistance services for families, children, youths and the elderly in Hong Kong, Mainland China and beyond. Once again HKWDA was invited to participate in the event to support ISSHK and to have a day of fun in bowling games.

HKWDA partnered with ISS in the past few years to reach out to disadvantaged women in various districts in Hong Kong through Ripple Action activities e.g. Pap smear screening.

HKWDA formed one team to participate in this event.

Participant Dr. Lowina Tse's feeling:

Event was well organised by staff of ISSHK, just like the case with our community service events in collaboration with them. ISSHK has been a good collaborating partner of HKWDA in community service activities all these years. It's nice to participate in this meaningful event with dual purpose of raising fund for ISSHK and having fun ourselves. All three of us (Carmen, Sergio and I) enjoyed the Bowling event.



ISSHK Charity Bowling Fun Day

Dr. Jane Yeung

Board Member on Duty

Dear Members,

To enhance communication between members and our Board and Committees, you are invited to share your comments with us. Please feel free to contact our Board Members on Duty so that we can improve our services and most importantly, cater for your needs. Our email is hkwda@hkwda.com

1st November 2015 - 31st January 2016: Dr. Jane Yeung

1st February 2016 - 30th April 2016: Dr. Janice Tsang



Dr. Jane Yeung



Dr. Janice Tsang

HKWDA Charitable Foundation

香港女醫生協會慈善基金會成立於2013年，依據公司條例註冊為獲豁免繳稅的慈善團體。

成立慈善基金會的重要使命包括：

- 組織社區活動，為香港、中國內地及世界各地弱勢人士服務
- 凝聚各界女醫生之專業所長，鼓勵女醫學生的參與，透過社會服務致力扶助貧困和病患的人士
- 與不同團體合作，組織醫療與扶貧的公益活動
- 支持及推廣醫學知識，促進香港社會健康

慈善基金會第一屆董事會由七位成員組成，主席是香港女醫生協會創會主席余詩思醫生。

香港女醫生協會慈善基金會協助「四川布拖縣合并鄉曙光女子班助學計劃」，並資助四川布拖縣醫院兩位護士長來港接受香港護士及教育基金會的短期培訓。九龍崇德社及美國默沙東藥廠亦透過慈善基金會，贊助低收入家庭的女童免費接受子宮頸癌疫苗注射。



**Hong Kong Women Doctors Association
Charitable Foundation**

香港女醫生協會慈善基金會的會徽，乃是由香港女醫生協會的會徽作基礎，除了以紅色和粉紅色主調的「HKWDA」，旁邊加上藍色和粉藍色的「CF」(Charitable Foundation)，代表著慈善基金會並無性別上的限制，只要三年內累積捐款超過港幣 \$3,000便有資格成為香港女醫生協會慈善基金會會員。



HKWDA Charitable Foundation would like to thank the following donors:

Au Ying Kit	*Lee Chin Peng
Chan Kar Lin	Lee Ka Yin
*Chan Kit Sheung	*Leong Philip
Chan Lau Kuen	*Leung Fung Ha Belinda
Chan Man Yee	Leung Pui Ling
*Chau Chun Han Kenneth	*Li Chee Lan Lina
Chen Siu Wai Ivo	Liu Mei Ling Rhoda
Cheuk Kwan Yiu	Luk Ka Ling Medical Center
Cheung Ting Kin	*Luk Oi Jing Fiona
Cheung Yuk Tong and Cheung Bik Wah Andrea	Merck Sharp & Dohme (Asia) Ltd
*Choi Lai Yin Catherine	Mo Siu Chee Liza
*Chow Man Kei Anita	Mok Wing Yee Winnie
*Choy Lai Keung Alice	Ng Mang Ting
Chu Yip	*Siu Catherine
*Chung Lai San Rose	*Tsang Janice
# David Yurman Retail HK Ltd	*Tsang Wan Man
ECOe (Tianjin) Agricultural products Co. Ltd.	*Tse Hei Yee
*Fang David	Tso Mun Yee Elisa
*Fung Sau Ying	Tung Hiu Fong
Ho Chi Hang Assunta	Wellex Consultancy Limited
*Ho Tze Kwan Carmen	*Wong King Ying
Ho Yuen Ha	*Wong Mon Ching
*Hung Wan Hoi Gilbert	*Wong Shun Man Irene
Joeng Henry	Wong Wing Yee Victoria
Kong Man Yee Amy	Wong Yuen Kwan Alice
Kwan Wing Kai	Yam Yin Chun Loretta
Lam Kwong Chin and Huen Kwai Fun	*Yeung Chun Chun Jane
*Lam Wai Cheung	*Yu Cissy
Lau Elim	Yu Oi Ha
*Lau Kwan Kit Wah	*Yuen Shi Yin Nancy
Lau Kwok Kwong & Lau Chan Yu Ying	# Zonta Club of Kowloon Charitable Trust
Lee Allie and Ni Michael Yuxuan	

*Full Member of HKWDA Charitable Foundation (as at 6 July 2015)

Corporate Member of HKWDA Charitable Foundation (as at 6 July 2015)

Welfare for HKWDA Members



SPECIAL OFFERS FOR HKWDA MEMBERS

HKWDA proudly offers members various discounts and offers throughout the year*. Members just need to refer to their e-mails for individual claiming instructions and offer updates. Below is an overall view of the benefits currently enjoyed by our members, but more is coming along the way so stay tuned!

FASHION AND BEAUTY		
	MIRABELL	Offer 10% off on regular-priced items
	HUSH PUPPIES	Offer 10% off on regular-priced items
	JIPI JAPA	Free Jipi Japa membership with any purchase and enjoy member privileges immediately: 10% off on regular-priced items & extra 5% off on discount items
	JOY & PEACE	Offer 10% off on regular-priced items
LIFESTYLE		
	KEYPAD LUXURY MAGAZINE	FREE subscription
DEPARTMENT STORES		
	YUE HWA CHINESE PRODUCTS	10% discount upon any purchase
INSURANCE		
	UNION FAITH INSURANCE	Up to 70% off selected products

*All Offers valid till 31 Dec 2016

伴侶 *Soulmate*

Dr. Florence Cheung 張意靈醫生
www.florencecheung.com

病了年多時，有一天被葯物弄到昏昏沉沉的我猛然發覺外子KK的塑膠拖鞋非常殘破，他因為無暇更換，那拖鞋的帶子只能用釘書釘勉強連接起來，我心碎了...

這個可愛的男人，日間忙著工作照顧病人，工餘又要全時間照顧我這個嚴重長期痛患者，沒有埋怨，沒有失去信心。

因此當他令你不開心的時候，請停一停，想想他的種種優點。

但有時他不合情理的固執使我很生氣。

世上那有完美的人？你自己完美嗎？

我需要學習互相扶持、學習、包容和寬恕。

維繫一個美好的關係是需要雙方共同努力的。



拼貼：至死不渝 *Collage: Love till we die*

快樂 Happiness

Dr. Florence Cheung 張意靈醫生

www.florencecheung.com

從電台的情緒講座學來的：

一個人是否快樂是要靠自己塑造的，也就是要自己持續努力才能維持的。

如何塑造一個快樂的我 ----- 要時刻活在「現在」(being)、要有輕鬆的心境、知足、放下和寬恕、不執著、不追求完美及有好奇心。

使自己快樂也需要做以下的事情 (doing) ----- 多運動、多玩、多笑 (幽默感)、自己動手做事情 (DIY)、持續學習、助人及多接近大自然。

我發覺自己在「做事情使自己快樂」方面還算可以，但在「塑造一個快樂的我」方面則遠不及格。當自己的健康面臨越來越多挑戰而群醫無法幫我時，要保持一個輕鬆的心境談何容易！若能積極叫自己活在現在這一刻，則可減少追悔過去和憂慮未來，才可以享受身邊的人與物！

我要努力學習知足、常存感恩的心、放下、寬恕別人和自己、凡事從多些角度分析來減少執著、並要認識「完美」在這世界並不存在，若堅持追求事事完美只會令別人吃不消和自己心力交瘁。

喜樂的心，乃是良藥；憂傷的靈，使骨枯乾。 聖經箴言17章22節



蠟筆紙本：快樂
Crayon on Papere: Happiness



Members List

The Board of Directors approved, on recommendation of the Membership Committee, the following applications for membership on 26/6/2015, 27/8/2015 and 29/10/2015 with Directors' Board Meetings:

Name in English	Name in Chinese	Specialty	Employment
Life Member:			
LAM Stacey Carolyn	林懿德	Ophthalmology	HA
From Full Members to Life Members:			
LOK Siu Wai	駱兆偉	GP	Private
KWOK Lan	郭蘭	FM	Private
Full Members:			
CHEUNG Lap	張嵐	GI & Hepatology	Private
CHAN Wai Ling	陳惠玲	Cardiology	Private
LAI Sau Fai	賴秀輝	GP	Private
SUNG Kei Yu	宋奇瑜	GP	Private
CHAI Lai Ting	柴麗婷	O&G Trainee	HA
CHEUNG Chee Ying	張紫瑛	GP	Private
CHEUNG Yuet Chow Gloria	張月秋	GP	Private
CHENG Chi Wai	鄭慈偉	GP	Private
Student Members:			
CHENG Miu Yee Nicole	鄭妙怡		CUHK Medical Student - Year 5
CASTILHO Antonia Genevieve	郝翎		CUHK Medical Student - Houseman
CHAN Po Ling	陳寶玲		CUHK Medical Student - Houseman
CHAN Sin Ting	陳善婷		CUHK Medical Student - Houseman
CHAN Yan Hei	陳欣禧		CUHK Medical Student - Houseman
CHAN Yik Shuen	陳奕璇		CUHK Medical Student - Houseman
CHAN Wai Hung	陳慧紅		CUHK Medical Student - Houseman
CHAN Wing Yan	陳穎欣		CUHK Medical Student - Houseman
CHAU Chuen	周全		CUHK Medical Student - Houseman
CHEUNG Wing Yan Shirley	章穎恩		CUHK Medical Student - Houseman
CHOW Che Ying Maria Bernadette	周祉盈		CUHK Medical Student - Houseman
CHOW Kei Yan	周琪忻		CUHK Medical Student - Houseman
CHENG Yee Laam	鄭綺嵐		CUHK Medical Student - Houseman
CHUNG Chi Yee Vivian	鍾致怡		CUHK Medical Student - Houseman
CHUNG Hoi Ki	鍾凱琪		CUHK Medical Student - Houseman
FUNG Ching Ki	馮靖淇		CUHK Medical Student - Houseman
FUNG Ka Yi	馮嘉怡		CUHK Medical Student - Houseman
HAU Melanie	侯蔓伶		CUHK Medical Student - Houseman
HO Ka Ki	何嘉琪		CUHK Medical Student - Houseman
HO Po Lai	何寶麗		CUHK Medical Student - Houseman
HO Si Lyn	何詩林		CUHK Medical Student - Houseman
HUNG Ka Ki	孔嘉琪		CUHK Medical Student - Houseman
HUNG Man Wai Catherine	孔敏惠		CUHK Medical Student - Houseman
KWAN Tan Sui	關丹萃		CUHK Medical Student - Houseman
KWOK Tsz Kiu	郭芷喬		CUHK Medical Student - Houseman
KWOK Sze Chai Stacey	郭思齊		CUHK Medical Student - Houseman
LAM Ching Man	林靜雯		CUHK Medical Student - Houseman
LAM Wing Ki	林穎琪		CUHK Medical Student - Houseman
LAI Pui Si Percy	賴佩詩		CUHK Medical Student - Houseman
LAU Siu Ting	劉肇庭		CUHK Medical Student - Houseman
LAU Wan Hang	劉蘊珩		CUHK Medical Student - Houseman
LEE Carolyn	李柏儀		CUHK Medical Student - Houseman
LEE Tsz Ching	李自菁		CUHK Medical Student - Houseman
LEE Tsz Shun Tina	李梓淳		CUHK Medical Student - Houseman
LEE Wing Chi	李詠芝		CUHK Medical Student - Houseman
LEUNG Cassie	梁若蘅		CUHK Medical Student - Houseman
LEUNG Cheuk Yin	梁卓妍		CUHK Medical Student - Houseman
LEUNG Lok Ling	梁樂羚		CUHK Medical Student - Houseman
LEUNG May Sum Joyce	梁美心		CUHK Medical Student - Houseman
LI Pui Ling	李佩玲		CUHK Medical Student - Houseman

Name in English

Name in Chinese

Employment

Student Members:

NG Pui Yee Beatrice	吳劭昕	CUHK Medical Student - Houseman
NG Shiu Yan	吳詠祈	CUHK Medical Student - Houseman
NG Wing Kei Vikki	石詠顏	CUHK Medical Student - Houseman
SHEK Wing Ngan Jade	蕭穎怡	CUHK Medical Student - Houseman
SIU Wing Yee	鄧瑤徽	CUHK Medical Student - Houseman
TANG Yiu Fai Hanen	曾名翠	CUHK Medical Student - Houseman
TSANG Ming Cui Michelle	甄 矜	CUHK Medical Student - Houseman
YAN Ling Caryssa	丁杰洋	CUHK Medical Student - Houseman
YU Jieyang		CUHK Medical Student - Houseman
YU Suk Woon		CUHK Medical Student - Houseman
YUEN Carmen Michelle	袁家雯	CUHK Medical Student - Houseman
YUEN Lok Yan Louisa	袁樂殷	CUHK Medical Student - Houseman
YUNG Man San Caroline	翁文珊	CUHK Medical Student - Houseman
YUNG Hoi Wing Minnie	翁愷穎	CUHK Medical Student - Houseman
WAI Chi San	衛芷珊	CUHK Medical Student - Houseman
WAI Lok Kiu	惠樂翹	CUHK Medical Student - Houseman
WAT Hong Kei Noel	屈匡祈	CUHK Medical Student - Houseman
WONG Ching Yee	黃靜儀	CUHK Medical Student - Houseman
WONG Ka Yan	黃嘉恩	CUHK Medical Student - Houseman
WONG Pui Ying	黃霈澄	CUHK Medical Student - Houseman
WONG Tin Wai	黃天慧	CUHK Medical Student - Houseman
WONG Tsz Kei Sani	王子琦	CUHK Medical Student - Houseman
WONG Yun Yi	黃潤怡	CUHK Medical Student - Houseman
CHAN Yan Yu	陳欣遇	HKU Medical Student - Houseman
CHAN Yi Lok Charis	陳伊樂	HKU Medical Student - Houseman
CHEUNG Yan Shi Clara	張燕詩	HKU Medical Student - Houseman
CHIU Hoi Woon Tiffany	趙凱媛	HKU Medical Student - Houseman
CHUNG Hiu Tung Iris	鐘曉彤	HKU Medical Student - Houseman
HAU Man Nga	侯文雅	HKU Medical Student - Houseman
HO Ka Wun Karen	何嘉縉	HKU Medical Student - Houseman
KAM Tsoek Man Janice	甘卓敏	HKU Medical Student - Houseman
LAI Victoria		HKU Medical Student - Houseman
LIU Katherine		HKU Medical Student - Houseman
LEE Andrea	李展彤	HKU Medical Student - Houseman
MAK Renata Kiri		HKU Medical Student - Houseman
NG Hoi Yan Julie	吳愷欣	HKU Medical Student - Houseman
TSAI Kuo Ywe	蔡軾瑤	HKU Medical Student - Houseman
TSUI Lok Yee		HKU Medical Student - Houseman
YEUNG Wai Yue Gloria	楊瑋瑜	HKU Medical Student - Houseman
YIM Wing Lam		HKU Medical Student - Houseman
YU Hui Tung Chloe	余煦彤	HKU Medical Student - Houseman
YUNG Kar Kei	翁嘉琦	HKU Medical Student - Houseman
WOO Snaolin Charlene Jane	賀曉琳	HKU Medical Student - Houseman
WONG Ka Wai		HKU Medical Student - Houseman
HO Man Yan Audrey	何文昕	HKU Medical Student - Year 4
LEE Min Yao Cynthia	李敏瑤	HKU Medical Student - Year 4

The Board of Directors approved, on the recommendation of the Membership Committee, the following applications for "Friends of HKWDA" on 27/8/2015 and 29/10/2015 with Directors' Board Meetings:

Name in English

Name in Chinese

Friends of HKWDA:

CHAN Cheuk Ming	陳倬銘
CHENG Chun Heng Gareth	鄭頌恒
TSE Daryl Andrew	謝育堅
YEUNG Yin Kei	楊彥驥
NG S Y Des	吳 志
AU Fong Wing Justin	區晃榮
CHING Hiu Lam	程曉琳
WAN Tze Kit	尹梓傑
CHEUNG Lee	張 莉
CHONG Yee Ming	莊義銘
LAI Hei Ming	黎曦明
LEI Qinyang	劉青陽
SETO Alfred	司徒漢輝



Year Planner

Date	Event
26 May 2015	HKWDA Doctors Lunch Gathering
9-15 June 2015	香港專業女性甘肅考察團
26 June 2015	59 th HKWDA Board Meeting
4 July 2015	Charity Bowling Fun Day
11 July 2015	HPV Vaccination Program - Tin Shui Wai
28 July 2015	2015粵港經濟技術貿易合作交流會之粵港合作座談會
31 July 2015	HKWDA AGM cum Annual Dinner
27 August 2015	60 th HKWDA Board Meeting
27 August 2015	HKWDA Charitable Foundation Directors Meeting
4 September 2015	Supporting Organization of the FIDA x YO Elite Challengers Thai Boxing Competition (Charity)
17 September 2015	Special (61 st) HKWDA Board Meeting
20 September 2015	Supporting Organization of the Globe-athon Hong Kong 2015 Charity Walk
30 September 2015	HKWDA Charitable Foundation Directors Meeting
September/October 2015	Caritas Secondary School Onsite HPV Vaccination Program - Education Talks
October/November 2015	Caritas Secondary School Onsite HPV Vaccination Program - Vaccination
17 October 2015	Youth Committee BBQ Gathering
25 October 2015	Voluntary Medical Service of Tzu Chi Foundation (HK) in Tung Chung
29 October 2015	62 nd HKWDA Board Meeting
14 November 2015	HPV Vaccination Program - Sham Shui Po
21 November 2015	Ripple Action - Presentation & Sharing Session
11 December 2015	HKWDA Doctors Casual Lunch
12 December 2015	Ripple Action at Yuen Long
16 December 2015	63 rd HKWDA Board Meeting
16 January 2016	HPV Vaccination Program - Kwai Chung
24 January 2016	Nature Health Qi-Gong Association Grass Island outing
28-31 July 2016	30 th International Congress of the Medical Women's International Association (MWIA) - Vienna, Austria

News from Internal Communication Committee

Farewell

Dr. Catherine Ng has resigned from the posts of Chairlady of the Internal Communication Committee and Chief Editor of the newsletter. We would like to express our sincere thanks for her contribution.

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Email: hkwda@hkwda.com

Dear Members,

If you are interested or have talents in editing or computers, you are most welcomed to join our Internal Communication Committee.

Please contact hkwda@hkwda.com



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