Associação de Diagnóstico e de Terapêutica de Intervenção de Macau Annual Scientific Conference

澳門介入診療學會
學術年會 2026

03.08 (Sunday)

MGM Macau, Grand Ballroom

Content 目錄

歡迎辭 Welcoming Speech

各位嘉賓、同仁、朋友們：

歡迎蒞臨澳門介入診療學會2026年年會。春暖花開，我們齊聚濠江，共同見證介入醫學的創新與突破。本次年會旨在搭建高水平學術平台，促進跨學科交流，推動精準診療技術的臨床應用與科研合作。

感謝各位專家的鼎力支持與積極參與。期待大家暢所欲言，分享真知灼見，凝聚共識，為提升介入診療水平、守護民眾健康貢獻智慧。
祝本次年會圓滿成功，祝各位收穫豐碩！謝謝！

澳門介入診療學會會長 梁棋醫生

Dr. LEUNG Ki, Chairperson
梁棋 醫生, 會員大會主席

Organizing Committe 組織委員會

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LEONG Man Kin

LIAO Ting

Mario EVORA

MOK Ka Pou

NG Ka Kei

SI Wai Tat

TAM Man Pan

TAM Weng Chio

WONG U Kam

CONSULTANT

KUOK Cheong U

Agenda

活動議程

AGENDA - Medical

Emcee: Christine PENG, Andrena NG

Macao Valves 2026

• Chairperson: CHANG Tou

09:30 - 10:00

Alan YEUNG
TAVR Tips & Tricks

• Chairperson: TAM Chor Cheung Frankie

10:00 - 10:30

宋光遠
瓣膜病介入治療的安貞優化方案

• Chairperson: Edmundo LAO

10:30 - 11:00

謝謹捷
缺血性二尖瓣返流的超聲評價及其TEER治療

• Chairperson: FAN Sai Hou Alexandre

11:00 - 11:30

LAM Cheung Chi Simon
TAVI and Hypertension:
Integrated Management Approaches

Opening Speech & Group Photo

11:30 - 12:00

LEUNG Ki

Lunch Symposium

• Chairperson: HO Wa

12:00 - 12:30

王嵐
肺動脈高壓藥物治療進展

• Chairperson: Mario EVORA

12:30 - 13:00

CHU Man Fong
Intensive Lipid Management for ASCVD Patients:
How and When?

Lunch

12:00 - 13:30

• Chairperson: Kyi Soe

13:30 - 14:00

Carl WONG
Transforming Heart Failure Outcome:
Implementing a Structured Hospital HF Program

• Chairperson: LEONG Iat Lon

14:00 - 14:30

CHANG Chia Hsiu (Video), LEONG Iat Lon (On-site)
Treating Challenges during
Deteriorationof Acute Heart Failure:
Filling the Gap in Real-World

• Chairperson: TAM Weng Chio

14:30 - 15:00

TSE Hung Fat
A Scientific Approach to Mitigating Clinical Inertia in
Heart Failure Management

• Chairperson: LAM Kuok Wun

15:00 - 15:30

WONG Sai Man, Simon
Early Intervention in the CKM Spectrum:
A Prevention - First Strategy for Better Outcomes

Tea Break

15:30 - 16:00

• Chairperson: CHONG Keng Sang

16:00 - 16:30

狄揚
胰腺疾病的介入治療

• Chairperson: IEONG Chon Man

16:30 - 17:00

許衛國
談談生物膠水在介入手術中的應用

• Chairperson: LEONG Iat Cheng

17:00 - 17:30

周穎
超聲引導下熱消融治療非哺乳期乳腺炎
多學科專家共識(2025版)解讀

• Chairperson: KONG Kuan Kei

17:30 - 18:00

LIAO Ting
Intracranial Hemorrhage
after Endovascular Treatment

18:00

KONG Soi Chau
Closing Remarks

AGENDA - Nursing

Emcee: Winnie WONG

• Chairperson: LEONG Wai Meng

09:30 - 10:00

余海春
子癇前期護理：不止於分娩，關乎女性長期心血管健康

• Chairperson: CHEUNG Shuk Ting Denise

10:00 - 10:30

WONG Kwan Ching Arkers
Making Implementation Science Work in Clinical Settings:
A Practical Roadmap

• Chairperson: WONG Wai Sam Tatiana

10:30 - 11:00

CHAN Kin Hei Anthony
Service Evaluation of an Ambulatory Chest Pain Centre:
Assessing Pathways, Outcomes and Value

Tea Break

11:00 - 11:30

Opening Speech & Group Photo

11:30 - 12:00

LEUNG Ki

Lunch

12:00 - 13:30

• Chairperson: TAM Wai Keong Benny

13:30 - 14:00

楊明珠
TAVR圍手術期的護理

• Chairperson: WANG Yan

14:00 - 14:30

官文娜
經導管主動脈瓣膜置換
術前和術後的護理注意事項

• Chairperson: KOU Ion Pui

14:30 - 15:00

蔡映杰
胸痛中心的建設與管理

• Chairperson: FONG Im Ha

15:00 - 15:30

陳永強
重症監護近年的前沿發展

Summary

KOU Ion Pui

AGENDA - Medical Workshop

09:30 - 18:00

CME and CPD accreditation has been applied

Medical

Macao Values 2026

TAVR Tips & Tricks

CHANG Tou
Chairperson

Dr. Tou Chang is a Cardiology Specialist at the Centro Hospitalar Conde de São Januário (CHCSJ) in Macau and a Fellow of the Macau College of Medical Specialists in Cardiology. He received his medical degree and a Master's in Cardiology from Tongji Medical College.

Dr. Chang undertook advanced cardiology training attachments at Queen Mary Hospital in Hong Kong and Fuwai Hospital, Chinese Academy of Medical Sciences in Beijing.

To further enhance his expertise, he completed a six-month clinical fellowship at the Asan Medical Center in Seoul, South Korea, in 2024. His training focused on critical care cardiology, complex coronary interventions, and transcatheter therapies for structural heart disease, including valvular interventions.

TAVR Tips & Tricks

Alan YEUNG

BIOGRAPHY

Dr. Yeung is a highly experienced, world-renowned interventional cardiologist and cardiologist. He has board certification in interventional cardiology, cardiovascular disease, and internal medicine. He completed fellowship training in cardiology.

He is the Stanford University School of Medicine Li Ka Shing Professor in Cardiology. He is the past chief of the Stanford Medicine Division of Cardiovascular Medicine.

Dr. Yeung provides care for the complete range of cardiovascular conditions such as coronary artery disease and heart valve disease. He performs treatment procedures including transcatheter aortic valve replacement (TAVR), cardiac catheterization, and balloon valvuloplasty.

He has conducted numerous research studies as a principal investigator or co-investigator. He has researched the placement of aortic transcatheter valves, use of a novel device to improve ventricular compliance, use of a vascular scaffold to treat coronary artery lesions, and other advances in techniques and technology. He has received grants supporting his research from industry leaders as well as from the National Institutes of Health.

Dr. Yeung has published his research findings in more than 300 articles in peer-reviewed journals such as the American Heart Journal, International Journal of Cardiology, and Circulation: Cardiovascular Intervention. He is on the editorial board of the Journal of the American College of Cardiology.

He is a reviewer for the Journal of Heart and Lung Transplantation, Journal of Vascular Medicine and Biology, Circulation, New England Journal of Medicine, and Lancet. He was an editor-in-chief of the book Interventional Cardiology and has contributed chapters to many textbooks.

Dr. Yeung plays an integral role in training the interventional cardiologists of the future. He has served as chairman of the board of the Internal Medicine Interventional Board Committee.

He is a fellow of the American College of Cardiology. He has made invited presentations to his peers worldwide at meetings of the American College of Cardiology, Joint Interventional Meeting, Cardiac Intervention Today, and others.

Dr. Yeung holds patents for innovations in cardiac care. His inventions focus on novel solutions in medication delivery to treat arterial sclerosis and vascular injury.

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atorvastatin calcium
tablets

TRUST and PROTECTION

PLACE YOUR TRUST IN LIPITOR® AS A RELIABLE PARTNER

The 2023 NICE Guideline specifically recommends 20mg atorvastatin for primary prevention of CVD in high risk individuals[1]

Rosuvastatin was associated with a 29% increase in the rate of new onset DM than atorvastatin (HR=1.29; 95% CI: 1.01-1.63; *p*=0.04)[2]

Compared to rosuvastatin, atorvastatin was associated with a less rapid eGFR decline among Asian patients with diabetes (*p*=0.029)[3]

Study design[2]: A secondary analysis of the LODESTAR trial was conducted to compare the long-term efficacy and safety of rosuvastatin with atorvastatin treatment in adults with CAD. In the LODESTAR trial, a total of 4,400 patients diagnosed with CAD were assigned to receive either rosuvastatin (n=2,204) or atorvastatin (n=2,196) using 2x2 factorial randomization. The primary outcome was a 3-year composite of all-cause death, myocardial infarction, stroke, or any coronary revascularization. Secondary outcomes were safety endpoints: new onset DM, hospital admissions due to heart failure, deep vein thrombosis or pulmonary thromboembolism, endovascular revascularization for peripheral artery disease, aortic intervention or surgery, end stage kidney disease, discontinuation of study drugs owing to intolerance, cataract surgery, and a composite of laboratory detected abnormalities.

Study design[3]: A single-center study performed in Korea enrolled a total of 484 DM patients treated with moderate-intensity dose statin treatment for >12 months (atorvastatin 10-20mg/day [n=295] or rosuvastatin 5-10mg/day [n=189]) to investigate and compare the renal effects of moderate-intensity doses of statins in Asian patients with diabetes. The primary endpoints included the change in eGFR from baseline during the 12-month statin treatment, and the proportion of patients experiencing rapid renal decline (defined as a >3% reduction in eGFR in a 1-year period).

Abbreviations: CAD: Coronary artery disease; CI: Confidence interval; CVD: Cardiovascular disease; DM: Diabetes mellitus; eGFR: Estimated glomerular filtration rate; HR: Hazard ratio; LDL-C: Low-density lipoprotein-cholesterol.

References: 1. Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE. **2.** Lee YJ, Hong SJ, Kang WC, et al. Rosuvastatin versus atorvastatin treatment in adults with coronary artery disease: secondary analysis of the randomised LODESTAR trial. *BMJ*. 2023;383:e075837. **3.** Han E, Kim G, Lee JY, et al. Comparison between atorvastatin and rosuvastatin in renal function decline among patients with diabetes. *Endocrinol Metab*. 2017;32(2):274-280.

LIPITOR SUMMARY OF PRODUCT INFORMATION 1. TRADE NAME: Lipitor® **2. INDICATIONS: Prevention of Cardiovascular Disease in Adults** - In adult patients without clinically evident coronary heart disease, but with multiple risk factors for coronary heart disease, such as age, smoking, hypertension, low HDL-C, or a family history of early coronary heart disease, LIPITOR is indicated to reduce the risk of myocardial infarction, stroke, revascularization procedures and angina. In patients with type 2 diabetes, and without clinically evident coronary heart disease, but with multiple risk factors for coronary heart disease, such as retinopathy, albuminuria, smoking, or hypertension, LIPITOR is indicated to reduce the risk of myocardial infarction and stroke. In adult patients with clinically evident coronary heart disease, LIPITOR is indicated to reduce the risk of non-fatal myocardial infarction, fatal and non-fatal stroke, revascularization procedures, hospitalization for Congestive Heart Failure and angina. **Hyperlipidemia** - LIPITOR is indicated as an adjunct to diet to reduce elevated total-C, LDL-C, apo B, and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and non-familial) and mixed dyslipidemia (Fredrickson Types IIa and IIb); As an adjunct to diet for the treatment of adult patients with elevated serum TG levels (Fredrickson Type IV); For the treatment of adult patients with primary dysbetalipoproteinemia (Fredrickson Type III) who do not respond adequately to diet; To reduce total-C and LDL-C in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable; As an adjunct to diet to reduce total-C, LDL- C, and apo B levels in pediatric patients, 10 to 17 years of age, with heterozygous familial hypercholesterolemia if after an adequate trial of diet therapy the following findings are present: (a) LDL-C remains ≥ 190 mg/dL or (b) LDL-C remains ≥160 mg/dL and: there is a positive family history of premature cardiovascular disease or two or more other CVD risk factors are present in the pediatric patient. **3. DOSAGE & ADMINISTRATION:** The recommended starting dose is 10 or 20mg once daily. Patients who require a large reduction in LDL-C (more than 45%) may be started at 40mg once daily. The dosage range is 10 to 80 mg once daily. LIPITOR can be administered as a single dose at any time of the day, with or without food. **4. CONTRAINDICATIONS:** Active liver disease, which may include unexplained persistent elevations in hepatic transaminase levels; hypersensitivity to any component of this medication; pregnancy and lactation. **5. WARNINGS & PRECAUTIONS:** Skeletal muscle - Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria. Myopathy. Immune-Mediated Necrotizing Myopathy. Liver dysfunction. Endocrine function - Increase in HbA1c and fasting serum glucose levels. CNS toxicity. Used in patients with recent stroke or TIA. **6. INTERACTIONS:** Cyclosporine, gemfibrozil (and other fibrates), anti-viral medications, azole antifungals or macrolide antibiotics, niacin, Colchicine, Grapefruit juice, rifampin, oral contraceptives, digoxin. **7. PREGNANCY AND LACTATION:** LIPITOR is contraindicated in pregnancy and during breast-feeding. **8. SIDE EFFECTS:** Nasopharyngitis, arthralgia, diarrhea, pain in extremity, urinary tract infection, dyspepsia, nausea, musculoskeletal pain, muscle spasms, myalgia, insomnia, pharyngolaryngeal pain. Reference: HK PI (NOV2020) Date of preparation: JAN 2022 Identifier number: LIPI0122 **FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.**

Viatris Healthcare Hong Kong Limited
Suites 2401-07 & 12, 24/F, One Island East, 18 Westlands Road, Quarry Bay, Hong Kong
Tel: (852) 2290 7100 Fax: (852) 2673 0008

PM-LIP-25-020601 MAR 2025

VIATRIS

瓣膜病介入治療的安貞優化方案

TAM Chor Cheung Frankie

Chairperson

Dr Frankie Tam graduated from the University of Hong Kong in 2005. He received his training in Cardiology in Queen Mary Hospital Hong Kong and went to Harrington Heart and Vascular Institute, Cleveland, USA for overseas training in advanced interventional cardiology. He is currently the Consultant in Queen Mary Hospital and Honorary Clinical Associate Professor in University of Hong Kong. His special interest is in management of acute coronary syndrome, complex coronary intervention and structural heart disease intervention.

瓣膜病介入治療的安貞優化方案

宋光遠

BIOGRAPHY

PROFESSIONAL PROFILE & EXPERTISE

Clinician-scientist in cardiovascular medicine specializing in structural heart disease and transcatheter valve therapy. Research focuses on **multimodality imaging–based precision phenotyping, procedural strategy optimization** for complex valve anatomies, **device/technique clinical evaluation**, and **longitudinal outcomes management** in valvular heart disease.

- **Clinical Volume:** Performed **6,000+** transcatheter valvular interventions, including **>5,000 TAVR, >1,000 TEER, and >200** transcatheter tricuspid/pulmonary procedures; completed **10,000+** complex coronary interventions (PCI). Ranked among the **top three** structural interventional cardiologists in China by cumulative procedural volume.
- **Funding & Programs:** Principal Investigator on **9** nationally funded projects; core member of **10+** additional national-level major initiatives.
- **Innovation: 30+** granted Chinese patents related to structural heart disease.
- **Publications & Books: 93** peer-reviewed papers as **first and/or corresponding author** *(including European Heart Journal, JACC: Cardiovascular Interventions, EClinicalMedicine, EuroIntervention)*; editor-in-chief of 4 monographs and chief translator of 2 books.

EDUCATION

- **Postdoctoral Fellowship in Structural Heart Disease** | 2015 – 2016 *Cedars-Sinai Medical Center, Los Angeles, USA*
- **M.D. & Ph.D. in Cardiology (Combined Program)** | 2004 – 2009 *Fuwai Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College*
- **Bachelor of Medicine** | 1999 – 2004 *Shandong Medical University*

PROFESSIONAL EXPERIENCE

- **Director & Professor** | 2021 – Present *Interventional Center of Valvular Heart Disease, Beijing Anzhen Hospital, Capital Medical University*
- **Associate Chief Physician** | 2018 – 2020 *Department of Cardiology, Fuwai Hospital, Chinese Academy of Medical Sciences*
- **Attending Physician** | 2009 – 2015 *Department of Cardiology, Fuwai Hospital, Chinese Academy of Medical Sciences*

PROFESSIONAL EXPERIENCE

• **Director & Professor** | 2021 – Present *Interventional Center of Valvular Heart Disease, Beijing Anzhen Hospital, Capital Medical University*

• **Associate Chief Physician** | 2018 – 2020 *Department of Cardiology, Fuwai Hospital, Chinese Academy of Medical Sciences*

• **Attending Physician** | 2009 – 2015 *Department of Cardiology, Fuwai Hospital, Chinese Academy of Medical Sciences*

RESEARCH GRANTS

Principal Investigator (PI)

• **Noncommunicable Chronic Diseases-National Science and Technology Major Project** | 2025 – 2029 *(Grant No. 2024ZD0527400)*: Real-world long-term safety, effectiveness, and health economic evaluation of innovative cardiovascular devices based on post-market active surveillance.

• **National Natural Science Foundation of China (NSFC)** | 2021 – 2024 *(Grant No. 82070404)*: Molecular mechanism of high glucose regulating Runx2 signaling pathway through SIRT-1 on osteogenic phenotypic transformation of human aortic valve interstitial cells.

• **Capital's Funds for Health Improvement and Research** | 2022 – 2024 *(Grant No. 2022-2-2065)*: Safety and efficacy of TAVR for severe aortic regurgitation guided by new anatomical classification and dual anchoring theory (AURORA study).

• **Beijing Science and Technology Plan, Beijing Municipal Science & Technology Commission** | 2022 – 2025 *(Grant No. Z221100007422117)*: Safety and effectiveness of temporary-permanent pacemakers for patients with conduction block after TAVR (TPPM study).

• **Beijing Natural Science Foundation** | 2025 – 2027 *(Grant No. 7252037)*: Role and mechanism of PCSK9-regulated macrophage metabolic reprogramming via ACOD1 in aortic valve calcification.

• **Beijing Hospitals Authority's Ascent Plan** | 2024 – Present *(Code: DFL20240604)*

Core Project Member

• **NSFC Major Project (51890891):** Flow and migration mechanisms of liquids/particles in living organisms (2019–2023).

• **National Key R&D Program (2020YFC2008103):** Optimized treatment strategies and clinical pathways for elderly severe aortic stenosis (2020–2023).

REPRESENTATIVE PUBLICATIONS

1. **JACC Cardiovasc Interv** (2025): *Redefining TAVR Valve Sizing: A Validated Multiplanar Approach for Both Bicuspid and Tricuspid Valves.* (Corresponding Author)
2. **EuroIntervention** (2025): *Transcatheter aortic valve implantation in pure aortic regurgitation: oneyear outcomes of the AURORA trial.* (Corresponding Author)
3. **EClinicalMedicine** (2024): *Permanent pacemaker reduction using temporary-permanent pacemaker as a 1-month bridge after transcatheter aortic valve replacement.* (Corresponding Author)
4. **European Heart Journal** (2024): *A patient-tailored clipping strategy of transcatheter edge-to-edge repair as salvage for cardiogenic shock.* (Corresponding Author)
5. **JACC Asia** (2025): *A Novel Morphological Classification to Guide Transcatheter Mitral Valve Edge-to-Edge Repair for Commissural Mitral Regurgitation.* (Corresponding Author)

REPRESENTATIVE PATENTS

1. **Invention Patent:** Aortic valve stent delivery system and aortic valve system (CN201710810761.7).
2. **Utility Model:** Transition pacemaker (CN202220677670.7).
3. **Utility Model:** Transcatheter aortic valve implantation wire (CN202220237516.8).
4. **Utility Model:** Medical catheter (CN202022715077.0).
5. **Utility Model:** Anchoring device (CN202121863759.4).

BOOKS & TRANSLATIONS

- **Comics: Structural Heart Disease** | Lead Editor, 2024 (People's Medical Publishing House)
- **Cardiology Practice: Structural Heart Disease (Vol. 2021-2023)** | Editor-in-Chief
- **Interventions for Structural Heart Disease** | Lead Translator, 2019
- **Manual of Cardiac Catheterization: Diagnosis and Intervention** | Lead Translator, 2015

ACADEMIC APPOINTMENTS & SERVICE

- **Vice Chairman:** Valvular Heart Disease Subgroup, Chinese Society of Cardiology (CSC)
- **Chairman:** Structural Heart Disease Professional Group, Beijing Medical Association
- **Secretary-General:** Asia-Pacific Structural Heart Disease (APSH) Club
- **Secretary-General:** Great Wall International Congress of Cardiology (GW-ICC)
- **Faculty & Proctor:** EUR-PCR, CSI (Germany), TCT (USA), and ACC Complex PCI
- **Global Proctor:** TAVR, TEER, and Left Atrial Appendage Closure (LAAC)

HONORS & AWARDS

- **First Prize,** Beijing Science and Technology Progress Award (Rank 3, 2022)
- **First Prize,** Higher Education Scientific Research Outstanding Achievement Award, Ministry of Education (Rank 7, 2020)
- **Second Prize,** Hubei Provincial Science and Technology Progress Award (Rank 8, 2020)
- **Excellent Paper Award,** Chinese Journal of Cardiology (Venus-A TAVR Study)

Jardiance® (empagliflozin)

ESC Guidelines
1A Recommendation**[1,2]

IMPACT HEART FAILURE LIKE NEVER BEFORE

The first SGLT2i approved to reduce the risk of CV death or HHF in symptomatic heart failure across the LVEF spectrum*‡§[3-5]

25% RRR
LVEF ≤ 40%^[2]

21% RRR
LVEF > 40%‖[1]

Established safety and tolerability profile[3-5]

Simple dosing: oral, 10 mg once daily, no titration#[5]

Recognizing EMPEROR-Reduced and EMPEROR-Preserved trials JARDIANCE is recommended across the LVEF spectrum[1,2]**

** The SGLT2i class, such as Jardiance, has gained a 1A recommendation for HFrEF, HFmrEF and HFpEF in ESC guidelines.[1,2]

* Approved = Jardiance 10mg is indicated in adults for the treatment of symptomatic heart failure in Hong Kong.

‡ Adult patients with chronic heart failure (NYHA class II, III, or IV) and reduced ejection fraction (LVEF≤40%). Adult patients with chronic heart failure (NYHA class II, III, or IV) with mildly reduced and preserved ejection fraction (LVEF > 40%).[3,4]

^ In the EMPEROR-Reduced trial, a randomised, double-blind, parallel-group, placebo-controlled study of 3730 patients with HFrEF, the efficacy and safety of JARDIANCE 10 mg (n=1863) were evaluated vs placebo (n=1867). The primary composite endpoint in the EMPEROR-Reduced trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE experienced a 25% RRR in this endpoint (HR=0.75; 95% CI: 0.65, 0.86; p<0.001).[3]

‖ In the EMPEROR-Preserved trial, a randomised, double-blind, parallel-group, placebo-controlled study of 5988 patients with HFmrEF and HFpEF, the efficacy and safety of JARDIANCE 10 mg (n=2997) were evaluated vs placebo (n=2991). The primary composite endpoint in the EMPEROR-Preserved trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE experienced a 21% RRR in this endpoint (HR=0.79; 95% CI: 0.69, 0.90; p<0.001).[4]

‡ When Jardiance is used in combination with a sulphonylurea or with insulin, a lower dose of the sulphonylurea or insulin may be considered to reduce risk of hypoglycaemia.[5]

ESC=European Society of Cardiology; SGLT2i=sodium-glucose cotransporter 2 inhibitor; CV=cardiovascular; HHF=hospitalisation for heart failure; LVEF=left ventricular ejection fraction; RRR=relative risk reduction; HFrEF=heart failure with reduced ejection fraction; HFpEF=heart failure with preserved ejection fraction; HFmrEF=heart failure with mildly reduced ejection fraction; HR=hazard ratio; CI=confidence interval; NYHA=New York Heart Association

References: 1. McDonagh TA, et al. European Heart Journal 2021; 42(36): 3599-726. **2.** McDonagh TA, et al. European Heart Journal 2023;44:3627. **3.** Packer M, Anker SD, Butler J, et al; EMPEROR-Reduced Trial Investigators. Cardiovascular and renal outcomes with empagliflozin in heart failure. N Engl J Med. 2020;383(15):1413-1424. (EMPEROR-Reduced results and the publication's Supplementary Appendix.) **4.** Anker SD, Butler J, Filippatos G, et al; EMPEROR-Preserved Trial Investigators. Empagliflozin in heart failure with a preserved ejection fraction. N Engl J Med. 2021;385(16):1451-1461. (EMPEROR-Preserved results and the publication's Supplementary Appendix.) **5.** Jardiance Hong Kong Prescribing Information.

Abbreviated Prescribing Information JARDIANCE® (aPI-JARD-05)

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Suites 1504-9, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong Tel: (852) 2596 0033 Fax: (852) 2827 0162 www.boehringer-ingelheim.com.hk

PC-HK-101517 Feb 2025)

Boehringer Ingelheim

References: 1. Hostalek U & Lipp HP (2018) Curr Med Res Opin 35(1):147-50; 2. Euthyrox® Hong Kong Product Insert (refer to the QR code).

HK-EUT-00017 NOV2024

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缺血性二尖瓣返流的超聲評價及其TEER治療

Edmundo LAO
Chairperson

劉百球，研究生學歷，醫學博士。他是澳門特區政府衛生局心臟專科醫生，主治醫生職稱，澳門醫學專科學院院士，香港醫務行政學院院士，澳洲醫務行政學院院士，澳門特區政府衛生局醫學研究專責組組長，《澳門醫學雜誌》編輯部主任，澳門理工大學應用科學學院博士研究生導師，北京大學醫學部-澳門理工大學護理書院教學導師，孝感市中心醫院心血管科顧問，中國國際醫院評審認證實習評審員。

父輩為緬甸華僑，祖籍在廣東台山，是土生土長的澳門人，在澳門粵華中學完成小學、中學課程。大學畢業於中國北京首都醫科大學，先後獲臨床醫學學士、內科學（心血管病）醫學碩士和醫學博士學位，在國際心臟醫學領域首屈一指的北京安貞醫院，國家心血管疾病臨床醫學研究中心完成專科培訓，師從我國著名心臟醫學專家馬長生教授和聶紹平教授。在香港瑪麗醫院接受進階培訓，手術領域是冠狀動脈性心臟病和結構性心臟病的介入治療。

劉百球博士所在醫療團隊分別在2018年、2020年、2021年和2024年獲得澳門特區政府頒授英勇勳章、專業功績勳章、仁愛功績勳章、金蓮花榮譽勳章，並協助衛生局仁伯爵綜合醫院通過2016年和2024年澳洲國際醫療服務標準委員會（ACHSI）認證，其中2024年更獲得“以人為本”標準優異評級，成為亞太首家公立醫院獲此殊榮。

近年，劉百球博士致力於內科和心臟專科的前線臨床工作、教學科研、醫務行政、醫療機構國際認證、公共醫療政策研究、學術期刊的編輯管理，以及學術會議展覽的統籌工作等。

MEDICAL Chairperson: Edmundo LAO

缺血性二尖瓣返流的超聲評價及其TEER治療

謝謹捷

BIOGRAPHY

謝謹捷，醫學博士，主任醫師，首都醫科大學附屬北京積水潭醫院心臟中心超聲心動圖負責人。現任中國超聲心動圖學會第一屆理事會心臟瓣膜病及介入治療組理事，北京市醫學會心血管病分會第十一屆委員會結構性心臟病學組委員，北京市超聲醫學質量控制和改進中心專委會委員，亞太基層衛生協會超聲醫學分會青年委員會副主任委員等。

MEDICAL

TAVI and Hypertension: Integrated Management Approaches

LAM Cheung Chi Simon

Chairperson

LAM, CHEUNG CHI SIMON (林祥智)

MBBS (HK) FRCP (Glas) FHKCP FHKAM (MEDICINE) FACC FESC
Dr. Simon Cheung-Chi LAM (Hong Kong, China)
Consultant
Honorary Clinical Associate Professor
Queen Mary Hospital, The University of Hong Kong

Dr. Simon Cheung-chi Lam is Consultant Cardiologist and Honorary Clinical Associate Professor from Queen Mary Hospital, Hong Kong. He completed his medical degree in the University of Hong Kong and received his post-fellowship training in Structural and Congenital Heart Intervention in Cardiovascular Center Frankfurt, Germany under Prof. Horst Sievert in 2012-2013.

His special interests include transcatheter aortic valve implantation, percutaneous mitral and tricuspid valves repair, TMVR, TTVR, transcatheter electrosurgery, complex percutaneous coronary intervention, intracoronary imaging, and adult congenital heart disease. His latest experiences include transfemoral J-valve for pure aortic regurgitation and LUX Valve Plus Tricuspid Valve Replacement, and bench testing for innovation development and training platforms in transcatheter electrosurgery and heart valve interventions. He is the course director of QMH OCT-COE Course and annual Hong Kong Valves Conference.

MEDICAL Chairperson: LAM Cheung Chi Simon

TAVI and Hypertension: Integrated Management Approaches

CHIU Ho On Alston Conrad

BIOGRAPHY

Dr. Alston Chiu currently works in the Division of Cardiology, Department of Medicine, Queen Mary Hospital. He obtained his Bachelor of Medicine and Bachelor of Surgery degree from the University of Hong Kong in 2019. His field of interest involves structural heart interventions, structural heart imaging, adult congenital heart interventions, and adult congenital heart imaging. Since 2022, Dr. Chiu has served as an organizing committee member of the Hong Kong Valves conference. Dr. Chiu has published articles in peer-reviewed journals, including the Journal of the American College of Cardiology (JACC): Cardiovascular Interventions, JACC: Asia, Catheterization and cardiovascular interventions : official journal of the Society for Cardiac Angiography & Interventions, Journal of the Society for Cardiovascular Angiography & Interventions, and Journal of Invasive Cardiology. Dr. Chiu is actively involved in international congresses and conferences. He has been invited as a faculty member in international conferences, including PCR Tokyo Valves 2026, Seoul Valves 2025, 33rd Annual Scientific Congress of Hong Kong College of Cardiology, 14th Asia Pacific Congenital and Structural Heart Intervention Symposium (APCASH 2024), Xiangya International Cardiovascular Conference, and Insight Forum 2025. He has been awarded the best challenging case award in congenital interventions in APCASH 2025, and best challenging case award in the 32nd and 33rd Annual Scientific Congress of Hong Kong College of Cardiology.

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The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. •A starting dose of 50 mg twice daily is recommended for patients not currently taking an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB), and should be considered for patients previously taking low doses of these agents. **•Geriatric patients:** The dose should be in line with the renal function. **•Pediatric patients:** ENTRESTO has not been studied. Use of ENTRESTO is not recommended. **•Renal impairment:** No dose adjustment is required in patients with mild renal impairment (Estimated Glomerular Filtration Rate (eGFR) 60-90 ml/min/1.73 m²). A starting dose of 50 mg twice daily is recommended in patients with moderate renal impairment(eGFR 30-60 ml/min/1.73 m²). A starting dose of 50 mg twice daily and caution is recommended in patients with severe renal impairment (eGFR <30 ml/min/1.73 m²). Not recommended for patients with end-stage renal disease. **•Hepatic impairment:** No dose adjustment is required in patients with mild hepatic impairment (Child-Pugh A classification). A starting dose of 50 mg twice daily is recommended in patients with moderate hepatic impairment (Child-Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range. In patients with severe hepatic impairment use of ENTRESTO is not recommended. **•Method of administration** For oral use. May be administered with or without food. **Contraindications:** •Hypersensitivity to the active substance, sacubitril, valsartan, or to any of the excipients. •Concomitant use with ACE inhibitors. ENTRESTO must not be administered until 36 hours after discontinuing ACE inhibitor therapy. •Known history of angioedema related to previous ACE inhibitor or ARB therapy. •Concomitant use with aliskiren in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m²). • Second and third trimester of pregnancy. •Hereditary or idiopathic angioedema •Severe hepatic impairment, biliary cirrhosis and cholestasis **Warnings and precautions: •Dual blockade of the Renin-Angiotensin-Aldosterone System (RAAS):** ENTRESTO must not be administered with an ACE inhibitor due to the risk of angioedema. ENTRESTO must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. If treatment with ENTRESTO is stopped, ACE inhibitor therapy must not be initiated until 36 hours after the last dose of ENTRESTO. • The combination of ENTRESTO with direct renin inhibitors such as aliskiren is not recommended. The combination of ENTRESTO with aliskiren-containing products is contraindicated in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m²). • ENTRESTO contains valsartan, and therefore should not be co-administered with another ARB containing product **•Hypotension:** If hypotension occurs, temporary down-titration or discontinuation of ENTRESTO is recommended. Dose adjustment of diuretics, concomitant antihypertensive drugs, and treatment of other causes of hypotension (e.g. hypovolemia) should be considered. Sodium and/or volume depletion should be corrected before starting treatment with ENTRESTO. **•Impaired renal function:** •Evaluation of patients with heart failure should always include assessment of renal function. Down titration of ENTRESTO should be considered in patients who develop a clinically significant decrease in renal function. Caution should be exercised when administering ENTRESTO in patients with severe renal impairment (eGFR <30 ml/min/1.73 m²). **•Hyperkalemia:** Treatment should not be initiated if the serum potassium level is >5.4 mmol/l. Medications known to raise potassium levels (e.g. potassium-sparing diuretics, potassium supplements) should be used with caution. If clinically significant hyperkalemia occurs, measures such as adjustment of concomitant medicinal products, temporary down-titration or discontinuation should be considered. Monitoring of serum potassium is recommended especially in patients with risk factors such as renal impairment, diabetes mellitus, hypoaldosteronism, receiving a high potassium diet or mineralocorticoid antagonists. If serum potassium level is >5.4 mmol/l discontinuation should be considered. **•Angioedema:** If angioedema occurs, ENTRESTO should be immediately discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. ENTRESTO must not be re-administered. Patients with a prior history of angioedema were not studied. As they may be at higher risk for angioedema, caution is recommended if ENTRESTO is used in these patients. ENTRESTO must not be used in patients with a known history of angioedema related to previous ACE inhibitor or ARB therapy. Black patients may have increased susceptibility to develop angioedema. **•Patients with renal artery stenosis:** Caution is required in patients with renal artery stenosis and monitoring of the renal function is recommended. **•Patients with NYHA functional classification IV:** Caution should be exercised. **•B-type natriuretic peptide (BNP):** BNP is not a suitable biomarker of heart failure in patients treated with ENTRESTO. **•Hepatic impairment:** Caution is recommended when using ENTRESTO in patients with moderate hepatic impairment (Child-Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range. ENTRESTO is contraindicated in patients with severe hepatic impairment, biliary cirrhosis or cholestasis (Child-Pugh C classification). **Pregnancy:** The use of ENTRESTO is not recommended during the first trimester of pregnancy and is contraindicated during the second and third trimesters of pregnancy. **Breast-feeding:** It is not known whether ENTRESTO is excreted in human milk. Because of the potential risk for adverse drug reactions in breastfed newborns/infants, ENTRESTO is not recommended during breastfeeding. **Adverse drug reactions:** ***Very common (≥1/10):*** Hyperkalemia, hypotension, renal impairment. ***Common (≥1/100 to <1/10):*** Anaemia, hypokalemia, Hypoglycaemia, Dizziness, Cough, Headache, Syncope, Vertigo, Orthostatic hypotension, Diarrhoea, Nausea, Gastritis, Renal failure (renal failure, acute renal failure), Fatigue, Asthenia ***Uncommon (≥1/1,000 to <1/100):*** Hypersensitivity, Dizziness postural, Pruritis, Rash, Angioedema. **Interactions: •*Concomitant use contraindicated:*** aliskiren in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m²); Use with ACE inhibitors: ENTRESTO must not be started until 36 hours after taking the last dose of ACE inhibitor therapy. ACE inhibitor therapy must not be started until 36 hours after the last dose of ENTRESTO. ***•Concomitant use not recommended:*** ARB containing products ***•Caution when used concomitantly*** with OAT1B1 and OATP1B3 substrates(e.g. statins), PDE5 inhibitors (e.g. sildenafil), lithium, potassium-sparing diuretics (triamterene, amiloride) , mineral corticoid antagonists (e.g. spironolactone, eplerenone), potassium supplements, salt substitutes containing potassium, other agents that may lead to increased serum potassium level (e.g. heparin), non-steroidal anti-inflammatory agents (NSAIDs) including selective cyclooxygenase-2 inhibitors (COX-2 Inhibitors), inhibitors of OATP1B1, OATP1B3, OAT3 (e.g. rifampin, cyclosporine),OAT1 (e.g. tenofovir, cidofovir) or MPR2 (e.g. ritonavir), furosemide, nitrates (e.g. nitroglycerine), metformin. **Packs:** 50mg: 28's; 100mg: 28's and 56's; 200mg: 56's. 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Lunch Symposium

肺動脈高壓藥物治療進展

HO Wa
Chairperson

Dr. Ho Wa finished her medical degree and master of medical sciences at the Medical College of Peking University and her residency training in Internal medicine at the Peking University First Hospital. She finished fellow training in general cardiology in Macau and further training in pulmonary arterial hypertension and advanced echocardiography in Fu Wai Shenzhen Hospital. She is now a fellow in the decipline of Cardiology in the Macau Academy of Medicine and is serving as a cardiologist in the government hospital of Macau.

Lunch Symposium Chairperson: HO Wa

肺動脈高壓藥物治療進展

王嵐

BIOGRAPHY

王嵐，博士，副主任醫師，同濟大學碩士生導師

上海市肺科醫院循環科副主任（主持工作）

中國協和醫科大學醫學博士畢業

美國奧爾巴尼醫學院訪問學者

中華醫學會呼吸病學分會第十一屆委員會肺血管病專業組成員

中國罕見病聯盟呼吸病學分會第一屆委員

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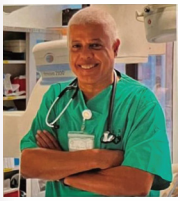
Intensive Lipid Management for ASCVD Patients: How and When?

Mario EVORA
Chairperson



Mario Alberto de Brito Lima Evora

Specialist in Cardiology by Portuguese Cardiology Society

Senior Consultant in Cardiology

Fellow of European Society of Cardiology (ESC)

President of Cardiology College in Medical Academy

President of Macau Association of Cardiology

Lunch Symposium Chairperson: Mario EVORA

Intensive Lipid Management for ASCVD Patients: How and When?

CHU Man Fong

BIOGRAPHY

Dr. Chu Man Fong current serves as a cardiologist in Centro Hospitalar Conde de São Januário since 2024.

He graduated from Sun Yat-sen University in 2009 with a bachelor's degree in clinical medicine. In 2012, he completed a master's degree in internal medicine (cardiovascular disease) at Sun Yat-sen Memorial Hospital of Sun Yat-sen University.

Since 2014, he has been working as a general physician in the emergency department of the CHCSJ. He started his cardiology training from 2017 and he received intervention cardiologist training in Beijing Fu Wai hospital in 2022 and he had finished his cardiology IC training in 2023.

He is personally interested in electrophysiology study, cardiac devices and advanced heart failure management.

ABSTRACT

Intensive lipid management has emerged as a crucial strategy in the prevention and treatment of atherosclerotic cardiovascular disease (ASCVD). This lecture will explore the latest evidence-based guidelines and clinical practices regarding the timing and methods for implementing intensive lipid-lowering therapies in ASCVD patients and discuss the pathophysiology of lipid accumulation and its role in diseases progression, emphasizing the need for personalized treatment approaches.

The lecture will talk about various lipid-lowering agents about their effectiveness in reducing cardiovascular events, and also examine the significance of monitoring lipid levels and adjusting treatment regimens based on patient response and risk factors.

Timing is pivotal in lipid management; thus, the lecture will cover when to initiate therapy, especially in high-risk populations. Additionally, strategies for overcoming adherence challenges and ensuring optimal patient outcomes will be addressed.

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CI=Confidence interval; CKD=Chronic kidney disease; CKM=Cardiovascular-kidney-metabolic; CV=Cardiovascular; EF=Ejection fraction; ESKD=End-stage kidney disease; HbA1C=Glycated Hemoglobin; hHF=hospitalization for heart failure; HF=heart failure; HR=Hazard ratio; RRR=Relative risk reduction; SGLT2i=sodium-glucose co-transporter 2 inhibitors; T2D=Type 2 diabetes.

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Transforming Heart Failure Outcome: Implementing a Structured Hospital HF Program

Kyi Soe
Chairperson

Dr. Kyi Soe

1980 graduated M.B.,B.S from Institute of Medicine (2), Yangon, Myanmar.

2000, finished Cardiology course(include one year training in Santa Mata Hospital, Lisboa, Portugal.)

2000 to 2017 work as Cardiologist in Cardiac department, Centro Hospital Conde Januario, Macau.

Retired July, 2017.

MEDICAL Chairperson: Kyi Soe

Transforming Heart Failure Outcome: Implementing a Structured Hospital HF Program

Carl WONG

BIOGRAPHY

Qualifications

2015 Bachelor of Medicine and Bachelor of Surgery, The University of Hong Kong

2018 Membership of the Royal Colleges of Physicians of the United Kingdom

2020 Membership of the Hong Kong College of Physicians

2023 Fellowship of the Hong Kong College of Physicians (Cardiology)

2023 Fellowship of the Hong Kong Academy of Medicine (Medicine)

Working experience

2015-2016 Intern
- Department of Obstetrics and Gynecology, Queen Mary Hospital
- Department of Medicine and Geriatrics, Ruttonjee Hospital
- Department of Medicine, Queen Mary Hospital
- Department of Surgery, Ruttonjee Hospital

2016-2019 Basic Physician Trainee
- Department of Medicine, Tseung Kwan O Hospital

2019-2023 Higher Physician Trainee

Concurrent training in Cardiology and Advanced Internal Medicine
- Department of Medicine, Tseung Kwan O Hospital
- Department of Medicine and Geriatrics, United Christian Hospital
- Department of Medicine, Queen Elizabeth Hospital
- Department of Medicine and Geriatrics, Our Lady of Maryknoll Hospital

2023-Current Resident Specialist in Cardiology and Advanced Internal Medicine
- Department of Medicine, Tseung Kwan O Hospital

Awards

2015 Certificate of Merit for intern, Department of Medicine, Queen Mary Hospital

2017 Exemplary Teachers' Award, Department of Medicine & Therapeutics, CUHK

Administrative experience

2017, 2019, 2023 Coordinator of heart failure audit
- Division of Cardiology, Department of Medicine, Tseung Kwan O Hospital

2023-Current Coordinator of cardiac tele-consultation service
- Division of Cardiology, Department of Medicine, Tseung Kwan O Hospital

2024-Current Founder and director of cardiogenic shock management protocol
- Division of Cardiology, Department of Medicine, Tseung Kwan O Hospital

2024-Current Founder and director of multidisciplinary heart failure program
- Division of Cardiology, Department of Medicine, Tseung Kwan O Hospital

Publication

2024 YH Hui, CC Kong, CH John Wong, SY Au, CY Leung, SC Arthur Lee, **SH Wong** et al.
- Feasibility and safety of left distal trans-radial approach for coronary angiogram and percutaneous coronary intervention in a center in Hong Kong, The Journal of Vascular Access. 2024;25(5):1553-1559.

Research experience

2024-Current A Retrospective & Prospective, Non-Randomized, Clinical Registry of The Angiolite Durable Fluoroacrylate Polymer-based Sirolimus Eluting Stent in The Treatment of Patients with Left Main Coronary Artery Lesions

2024-Current Dabigatran for Mitral Stenosis Atrial Fibrillation Trial

Academic presentation and education

2021 Coordinator of heart failure audit
- Speaker "IVUS guided antegrade wiring in LAD CTO"

2023 5th Young Cardiologist Club
- Speaker "Catheter based embolectomy in high risk pulmonary embolism"

2023 Taiwan OCT meeting "DOCTOR Club" by Taiwan Society of Cardiovascular Interventions
- Panelist

2024 Peripheral intervention workshop in Sapporo heart centre, Japan
- Invited preceptee

2024 Complex PCI training program in Klinikum Fürth, Germany
- Invited operator

2024 "Heart Protection Project" in 25th anniversary of TKO hospital
- Speaker "Primary prevention of coronary artery disease"

2024 Coronary stimulation training and Hospital attachment in Aichi Medical University Hospital, Japan
- Invited preceptee

2025 Heart Failure Educational Program organised by "Care For Your Heart"
- Speaker "Management of heart failure: Pharmacological treatment"

2025 CU 3D CTO Live with APCTO Club 2025
- Facilitator

2025 Hong Kong Heart Failure Society: Heart Failure Expert Meeting
- Panelist

2025 CUHK and APCTO Club-Advanced CTO workshop
- Operator

2025 Belgium CTO Workshop in ZOL Genk and CHU Marie Curie
- Invited preceptee

2025 3D wiring in CTO intervention Symposium by Dr A. Okamura
- Speaker "CTO fluoroscopic 3D wiring in practice"

2025 CTO 3D wiring proctorship program in TKO hospital by Dr A. Okamura
- Operator

2025 APCTO@CCT2025 Live case from Prince of Wales Hospital
- Operator

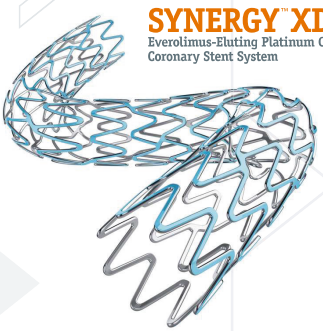
2025 Greater Bay Area- 2025 Macau Medical Forum, Macau
- Speaker "Optimizing Outcomes: A Young Man's Heart Failure Management Trajectory"

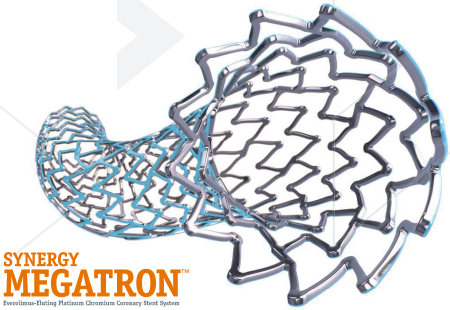
2025 Case observation and hospital attachment in Kyoto Katsura Hospital and Minihara General hospital, Japan
- Invited preceptee

Boston Scientific
Advancing science for life™

A portfolio of distinct treatment options,

indicated for use in STEMI patients





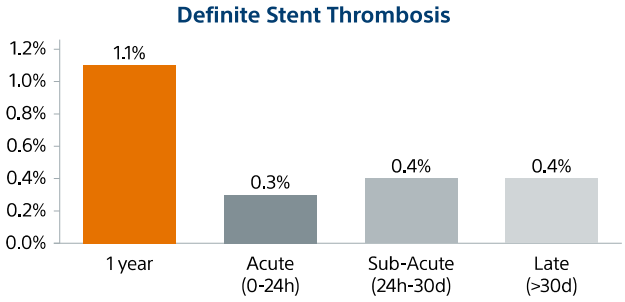
STEMI patients still have a high risk of subsequent adverse events. Additionally, emergent PCI in acute myocardial infarction (acute MI) patients is associated with an increased risk of periprocedural complications, including stent thrombosis (ST).[1]

As the only commercially available DES indicated for treatment of STEMI patients, the SYNERGY platform provides confidence, even in emergency situations.

CLEAR SYNERGY Stent Registry

Evaluated the clinical safety and efficacy of SYNERGY in STEMI patients (n=733).

SYNERGY demonstrated a low rate of definite ST within 24 hours of PCI and through 1-year of follow-up.[2]



[1]Buccheri S, et al. *EuroIntervention*. 2018;14:e562-e569.
[2]Jolly, Sanjit S. et al. *J Am Coll Cardiol*. 2024;220:111-117.

Treating Challenges during Deterioration of Acute Heart Failure: Filling the Gap in Real-World

LEONG Iat Lon
Chairperson

梁逸倫 醫生

澳門科技大學科大醫院 特約專科醫生 2021
澳門醫學專科學院心內科院士 2019
前鏡湖醫院心臟科主治醫生 2018
台北榮民總醫院心內科專科受訓醫師 2014 - 2015
中山大學中山醫學院臨床醫學 2005

臨床經歷

2000 澳門培正中學 高中畢業
2000 – 2005 廣州中山大學中山醫學院臨床醫學 本科
2006 – 2007 澳門科大醫院 全科醫生
2007 – 2012 澳門鏡湖醫院 急診及危急重症部 住院醫生
2012 – 2014 澳門鏡湖醫院 內科部 住院醫生
2014 – 2015 台灣台北榮民總醫院心內科 專科受訓醫生
2014 – 2015 專科指導教授 台灣台北醫學大學
萬芳醫院心血管中心主任 陳保羅教授
2017 – 2018 澳門鏡湖醫院內科部及心血管內科 住院總醫生
2019 澳門鏡湖醫院內科部及心血管內科 主治醫師
2020 澳門醫學專科學院內科部
心血管內科 院士 (全澳共26人)
2021 澳門科大醫院 特約專科醫生 心臟科

專科資格

- 中華人民共和國 執業醫師資格
- 中華人民共和國 專科(心內科) 執業醫師資格
- 澳門醫學專科學院 心內科專科醫師資格
- 澳門介入心血管病學會 學術部部長
- 亞太結構性心臟病青年俱樂部 銀星會員
- 粵港澳大灣區心臟協會 委員

臨床醫學專長:

- 一般內科及危重症常見疾病處理
- 心臟科常見疾病: 高血壓、糖尿病、高脂血症、冠心病、心力衰竭、心肌病、心瓣膜疾病、心律不整管理及治療
- 心血管介入手術治療 及結構性心臟病治療
- 心血管病危急重症處理：前鏡湖醫院ECMO TEAM成員
- 心臟超聲波及食道超聲波檢查, 心臟超聲造影檢查

國際醫學期刊發表文章:

1.Characterization of Ca 2+ -Sensing Receptor-Mediated Ca 2+ Influx in Microvascular bEND.3 Endothelial Cells March 2021 The Chinese journal of physiology
2.Tannic acid, a vasodilator present in wines and beverages, stimulates Ca2+ influx via TRP channels in bEND.3 endothelial cells March 2020 Biochemical and Biophysical Research Communications 526(1)
3.Lysophosphatidylcholine-induced cytotoxicity and protection by heparin in mouse brain bEND.3 endothelial cells July 2018 Fundamental and Clinical Pharmacology 33(1)
4.Valproic acid inhibits ATP-triggered Ca 2+ release via a p38- dependent mechanism in bEND.3 endothelial cells May 2018 Fundamental and Clinical Pharmacology 32(5)
5.Attaining cholesterol goals: will aiming for lower targets improve the score? November 2017 Current Medical Research and Opinion 34(2):1-6
6.Eicosapentaenoic acid triggers Ca2+ release and Ca2+ influx in mouse cerebral cortex endothelial bEND.3 cells November 2016 The Journal of Physiological Sciences 68(1)
7.An Extraordinary Case of Silent Extensive Anterior Wall Myocardial Infarction Complicated with Giant Left Ventricular Aneurysm and Dressler Syndrome January 2014 World Journal of Cardiovascular Diseases 04(06):294-298

MEDICAL Chairperson: LEONG Iat Lon

Treating Challenges during Deterioration of Acute Heart Failure: Filling the Gap in Real-World

CHANG Chia Hsiu

BIOGRAPHY

國泰醫院 心臟內科 張嘉修醫師

現職

國泰綜合醫院心血管中心 心臟內科主治醫師

醫務專長

心血管介入性治療：心導管檢查、冠狀動脈氣球擴張術、冠狀動脈血管支架術。周邊動脈疾病、深層靜脈栓塞、靜脈壓迫症候群、肺栓塞、洗腎動靜脈廔管氣球擴張術等手術。
結構性心臟病：主動脈瓣膜狹窄、二尖瓣膜狹窄、二尖瓣膜逆流、先天性心臟病等介入性治療。
一般心臟學 (高血壓、急性心肌梗塞、冠狀動脈疾病、心臟衰竭、瓣膜性心臟病、心律不整)。

學歷

輔仁大學醫學系畢業自2000至2007年

經歷

日本小倉記念病院循環器內科臨床研究員,2019年
德國萊比錫大學附設醫院介入血管科臨床研究員,2018年
國泰綜合醫院心臟內科主治醫師，自2013迄今
國泰綜合醫院心臟內科研究員，自2012至2013年
國泰綜合醫院內科總住院醫師，自2011至2012年
衛生福利部斐濟行動醫療團隨隊醫師，2016年
台北市醫師工會第一屆青年醫師杏林獎，2014年
中華民國心臟學會副秘書長，自2021年至2023年
中華民國重症醫學會重症醫學專科醫師
台灣內科醫學會內科專科醫師
台灣介入性心血管醫學會週邊血管介入委員會委員
中華民國心臟學會跨領域與合作委員會委員
台灣重症醫學會會員
台灣心臟超音波學會會員
台灣心肌梗塞學會教育委員會副主委
台灣週邊血管介入學會血液透析通路暨靜脈治療委員
衛福部食品藥物管理署醫療器材諮議會委員

ABSTRACT

[Background & Objective]
Acute heart failure (AHF) is characterized by a progressive decline with recurrent hospitalizations. Traditional inotropes (catecholamines) increase myocardial oxygen demand and are arrhythmogenic. This study evaluates Levosimendan's role in filling these real-world therapeutic gaps. **[Results]** Levosimendan is preferred over dobutamine in patients on beta-blockers. Clinical evidence demonstrates its efficacy in managing cardiogenic shock, weaning patients from ECMO, and providing pre-operative protection for fragile patients **[Conclusion]** Levosimendan is an ideal choice for low-output and fragile patients, effectively filling the therapeutic gaps during AHF deterioration and improving quality of life

[Keywords]
急性心衰竭、Levosimendan、強心擴張劑、鈣離子增敏劑、機械性循環輔助。
Acute Heart Failure, Levosimendan, Inodilator, Calcium Sensitizer, Mechanical Circulatory Support (MCS).

[背景與目的]
急性心衰竭 (AHF) 患者的病程呈現持續衰退，並伴隨反覆的失代償住院。傳統強心劑（兒茶酚胺類）會增加心肌耗氧量並誘發心律不整。本研究評估新型強心擴張劑 Levosimendan 填補臨床治療缺口的價值 **[結果]** 對於使用 Beta-blockers 的患者，Levosimendan效果優於 Dobutamine。在心源性休克、輔助 ECMO 脫離及脆弱患者（如合併多重疾病）的術前保護方面，能有效穩定血液動力學並緩解症狀 **[結論]** Levosimendan 是低心輸出量與脆弱患者的理想選擇，能有效填補急性心衰竭 (AHF)惡化期的治療缺口並改善生活品質

[關鍵字]
急性心衰竭、Levosimendan、強心擴張劑、鈣離子增敏劑、機械性循環輔助。

WINREVAIR™—A FIRST-IN-CLASS TREATMENT FOR ADULTS WITH PAH[1]

WINREVAIR
(sotatercept)

WINREVAIR™ is the first and only activin-signaling inhibitor for the treatment of PAH.[2]

The efficacy of WINREVAIR™ was evaluated in STELLAR, a 24-week Phase 3 clinical study of adults with PAH (WHO Group 1, FC II or III) on stable background therapy.[1]

STELLAR TRIAL

Patients with PAH (N=323)

1:1

- WINREVAIR™ (n=163)
- Placebo (n=160)

Subcutaneous injections, Q3W
WINREVAIR™ dosing is body-weight dependent:
- Starting dose: 0.3 mg/kg
- Target dose: 0.7 mg/kg

At Baseline

35% on dual therapy

49% WHO FC II

61% on triple therapy

51% WHO FC III

40% on prostacyclins

PRIMARY ENDPOINT[1]

Placebo-adjusted median change from baseline in 6MWD at Week 24

+40.8 meters (95% CI: 27.5, 54.1; $p<0.001$)[a] In the WINREVAIR™ group

At the next 3–4 months follow-up, consider adding WINREVAIR™ for your appropriate patients with PAH, who have not achieved a low-risk status.[3]

Indication

INDICATIONS AND USAGE

WINREVAIR™, in combination with other pulmonary arterial hypertension (PAH) therapies, is indicated for the treatment of PAH in adult patients with WHO Functional Class (FC) II to III, to improve exercise capacity.

[a]Hodges-Lehmann location shift from placebo estimate (median of all paired differences). Change from baseline in 6MWD at Week 24 for subjects who died was imputed to –2,000 meters to receive the worst rank. Change from baseline in 6MWD at Week 24 for subjects who had missing data due to a nonfatal clinical worsening event was imputed to –1,000 meters to receive the next-worst rank.[2]

6MWD = 6-minute walking distance; CI = confidence interval; PAH = pulmonary arterial hypertension; Q3W = once every 3 weeks; WHO = World Health Organization; WHO FC = World Health Organization functional class.

1. Hoeper MM et al. *N Engl J Med*. 2023;388:1478–1490. **2**. DailyMed database. Drug classes search: activin-signaling inhibitor. National Library of Medicine. Accessed January 29, 2025. https://dailymed.nlm.nih.gov/dailymed/browse-drug-classes.cfm?searchInput=activin+signaling+inhibitor&refine=all&vandf=All+Categories. **3.** Chin KM et al. *Eur Respir J*. 2024;2401325

Selected safety information – WINREVAIR™ (SOTATERCEPT)
Indications WINREVAIR™, in combination with other pulmonary arterial hypertension (PAH) therapies, is indicated for the treatment of PAH in adult patients with WHO Functional Class (FC) II to III, to improve exercise capacity. **Dosage and Method of Use** WINREVAIR™ is administered once every 3 weeks by subcutaneous (SC) injection according to patient weight. The starting dose of WINREVAIR™ is 0.3 mg/kg. Obtain hemoglobin (Hgb) and platelet count prior to the first dose of WINREVAIR™. Three weeks after a single starting dose of 0.3 mg/kg, the dose should be escalated to the recommended target dose of 0.7 mg/kg after verifying acceptable Hgb and platelet count. **Contraindications** Hypersensitivity to the active substance or to any of the excipients listed as follows Citric acid monohydrate (E330) Sodium citrate (E331) Polysorbate 80 (E433) Sucrose Water for injections Patients with platelet counts consistently < 50 x 10^9/L before initiating treatment.

Warnings and Precautions Erythrocytosis: Hgb increases have been observed in patients during treatment with WINREVAIR™. Severe erythrocytosis may increase the risk of thromboembolic events or hyperviscosity syndrome. Monitor Hgb before each dose for the first 5 doses, or longer if values are unstable, and every 3 to 6 months thereafter to determine if dose adjustments are required. **Severe Thrombocytopenia:** Decreased platelet count has been observed in some patients taking WINREVAIR™ and severe thrombocytopenia (platelet count <50,000/mm^3 (<50.0 x 10^9/L)) has been observed. Thrombocytopenia occurred more frequently in patients also receiving prostacyclin infusion. Monitor platelet count before each dose for the first 5 doses, or longer if values are unstable, and every 3 to 6 months thereafter to determine whether dose adjustments are required. **Serious Bleeding:** In clinical studies, serious bleeding events (e.g., gastrointestinal, intracranial hemorrhage) were reported in 4.3% of patients during treatment with Sotatercept. Patients with serious bleeding events were more likely to be on prostacyclin background therapy and/or anti-thrombotic agents, or have low platelet counts, or be 65 years of age or older. Advise patients about signs and symptoms of blood loss. Evaluate and treat bleeding accordingly. Do not administer WINREVAIR™ if the patient is experiencing a serious bleeding event. **Embryo-Fetal Toxicity:** There are no data from the use of Sotatercept in pregnant women. Studies in animals have shown reproductive toxicity (increases in post-implantation losses, reduction in foetal body weights, and delays in ossification) WINREVAIR™ is not recommended during pregnancy and in women of childbearing potential not using contraception. **Impaired Fertility:** Based on findings in animals, WINREVAIR™ may impair female and male fertility. **Adverse Events** The most frequently reported adverse reactions were headache (24.5%), epistaxis (22.1%), telangiectasia (16.6%), diarrhoea (15.3%), dizziness (14.7%), rash (12.3%), and thrombocytopenia (10.4%). The most frequently reported serious adverse reactions were thrombocytopenia (< 1%) and epistaxis (< 1%). The most common adverse reactions leading to discontinuation were epistaxis and telangiectasia. It is unknown whether Sotatercept/metabolites are excreted in human milk. A risk to newborns/infants cannot be excluded. Breast-feeding should be discontinued during treatment and for 4 months after the last dose of treatment. **Before prescribing WINREVAIR™, please consult full prescribing information.**

For Healthcare Professionals Only

MSD

Merck Sharp & Dohme (Asia) Ltd.
27/F Lee Garden Two, 28 Yan Ping Road, Causeway Way, Hong Kong
Tel: (852) 3971 2800 Fax: (852) 2834 0756

HK-SOT-00103 Feb/2026

A Scientific Approach to Mitigating Clinical Inertia in Heart Failure Management

TAM Weng Chio

Chairperson

Tam Weng-Chio, MD
Cardiology Specialist
Hospital Conde de São Januário

Dr. Tam Weng-Chio is currently serving as a Cardiology Specialist at Hospital Conde de São Januário, Macao, China. He graduated from the Taipei Medical University and completed his residency training in Internal Medicine and Cardiology at Wan Fang Hospital and Chang Gung Memorial Hospital. He was certified as a Cardiology Specialist in 2014 and subsequently obtained specialist equivalent recognition from the Health Bureau of the Macao SAR in 2017.

Dr. Tam has published multiple peer-reviewed articles in international medical journals. His primary clinical and research interests include cardiac implantable electronic device implantation (therapy), cardiac arrhythmias, and coronary interventional therapies. He has received awards in recognition of his contributions to community healthcare services and international medical conferences.

MEDICAL Chairperson: TAM Weng Chio

A Scientific Approach to Mitigating Clinical Inertia in Heart Failure Management

TSE Hung Fat

BIOGRAPHY

Prof. Tse Hung-Fat, MBBS, MD, PhD, FACC, FRCP, FESC

Prof. Hung-Fat Tse is Chair Professor of Cardiovascular Medicine, and William MW Mong Professor in Cardiology; Chairpersons and Chief of Service of the Department of Medicine; Chief in the Cardiology Division, Department of Medicine, Queen Mary Hospital; Co-director, Cardiac & Vascular Center, The University of Hong Kong - Shenzhen Hospital. He is also the academic lead, HKUMed Laboratory of Cellular Therapeutics, The University of Hong Kong. He is a clinician scientist and an international expert in cardiovascular medicine, including cardiac pacing, clinical electrophysiology, and cardiovascular regeneration. Prof. Tse is one of the pioneers for novel therapies, including stem cell and devices for treatment of cardiovascular diseases. He has established the large animal laboratory for cardiovascular research as well the "Good Manufacturing Practice" laboratory for human stem cells and biological therapies in the University of Hong Kong. He has been awarded multiple major local grants (including the Theme Based Research Grant, Research Impact Fund and Innohealth) as well as national research grants (National Natural Science Foundation of China and 973 grants) for his researches. He has been participated into many international and regional clinical trials and studies, and is currently the Associate Editors for several international journals, including Cardiovascular Diabetology, Frontier in Cardiovascular Medicine, Journal of Cardiovascular Electrophysiology, Pacing and Clinical Electrophysiology and Journal of Arrhythmia. He has published over 810 scientific publications in international top-ranking scientific journals, including *New England Journal of Medicine, Lancet, Nature Medicine, Nature Cell Biology, Nature Genetic, Nature Protocol, Nature Communication, Nature Biomedical Engineering, Nature Disease Primer, Cell Stem Cell, Circulation, Journal of American College of Cardiology, and European Heart Journal.*

ABSTRACT

Clinical inertia in heart failure management leads to suboptimal treatment and poor patient outcomes. This lecture will explore the causes of clinical inertia, including provider hesitance and patient-related barriers, particularly in those experiencing intolerance to guideline-directed medical therapy (GDMT). We will discuss the implications of underutilization and inadequate titration of GDMT, highlighting the increased risk of morbidity and mortality associated with these challenges.

The lecture will address strategies for optimizing and individualizing GDMT in conjunction with vericiguat, a soluble guanylate cyclase (sGC) stimulator. It is a potential option for patients who cannot tolerate standard GDMT. We will review its pharmacological profile, clinical efficacy from pivotal trials, and its role in improving left ventricular ejection fraction (LVEF) and exercise capacity, supported by cardiopulmonary exercise testing (CPET) results.

MEDICAL

Early Intervention in the CKM Spectrum: A Prevention - First Strategy for Better Outcomes

LAM Kuok Wun

Chairperson

Dr. LAM Kuok Wun graduated from Sun Yat-sen University in 2004 with a bachelor's degree in clinical medicine. He subsequently earned a master's degree in internal medicine (cardiovascular disease) in 2008 from Sun Yat-sen Memorial Hospital of Sun Yat-sen University.

Professionally, he has served as a doctor at the Tap Seac Health Centre of the Health Bureau and as a general practitioner. In October 2016, he began his specialized training in cardiology and completed a six-month fellowship in interventional cardiology at Guangdong Provincial People's Hospital in 2021. Since October 2024, he has been working as an attending cardiologist at the Conde de São Januário General Hospital, where he has accumulated substantial clinical experience.

MEDICAL Chairperson: LAM Kuok Wun

Early Intervention in the CKM Spectrum: A Prevention - First Strategy for Better Outcomes

WONG Sai Man, Simon

BIOGRAPHY

Dr. Simon Wong is an Associate Consultant in the Department of Medicine and Geriatrics at Yan Chai Hospital and a specialist in interventional cardiology with expertise in complex high risk PCI (CHIP), chronic total occlusion (CTO) interventions, and heart failure management. He is an independent operator in percutaneous coronary intervention and advanced techniques including Impella support, rotational and orbital atherectomy, leadless pacemaker implantation (Micra and Aveir), and permanent pacemaker implantation.
Dr. Wong received his medical degree from The University of Hong Kong and completed his MRCP(UK) in 2017 and Cardiology Exit Examination in 2021. His clinical work and research have been featured in leading journals such as JACC and JACC Case Reports, highlighting innovations in laser atherectomy and complex coronary interventions.

He has been recognized to win the 2021 ACC–HKSTENT Young Interventionalist Case Competition and the CIS 2024 PCI Case Competition, and serving as a panelist at forums including the Modern Complex PCI Approach Live Demonstration and INSIGHT Forum 2025.

Current Position

Associate Consultant , Department of Medicine and Geriatrics, Yan Chai Hospital

Work Experience

Medical Officer, Department of Medicine and Geriatrics, Princess Margaret Hospital (2015 -2026)

Associate Consultant , Department of Medicine and Geriatrics, Yan Chai Hospital (since 2026)

Education and Qualifications

Bachelor of Medicine and Bachelor of Surgery, The University of Hong Kong	Jul 2014
Membership of the Royal Colleges of Physicians of the United Kingdom	Oct 2017
Exit examination of Cardiology	Jun 2021

Interventional skills

Percutaneous coronary intervention (Independent Operator)
Impella insertion (Independent Operator)
Rotational Atherectomy Device
Orbital Atherectom Device
Leadless Pacemaker Implantation (Micra)
Leadless Pacemaker Implantation(Aveir)
Permanent Pacemaker Implantation
Right heart catheterization

Sub-Specialty interest

CHIP & CTO
Heart Failure Management

Research/ Case report

Wong, S. TCTAP C-088 Only Light Can Penetrate: Use of Laser Atherectomy in Uncrossable CTO Lesion. JACC. 2025 Apr, 85 (15_Supplement) S225–S227. https://doi.org/10.1016/j.jacc.2025.03.238

Tang, Y, Wong, S, Tsang, I. et al. Dual Looping and Unlooping Wire Technique for Coronary Artery Aneurysm Angioplasty. J Am Coll Cardiol Case Rep. 2025 May, 30 (10)

International Competition/Forum

Modern Complex PCI Approach Live Demonstration – panelist
2021 ACC-HKSTENT Young Interventionalist Case Competition- Winner
Cardiovascular Interventional Summit (CIS) 2024 PCI Case Competition – Winner
INSIGHT FORUM 2025 – panelist

ABSTRACT

Cardio-Kidney-Metabolic (CKM) syndrome represents a continuum that often begins long before the onset of overt heart failure, with accumulating risk across obesity, diabetes, hypertension, and chronic kidney disease. This lecture will explore how a prevention-first mindset, applied early along the CKM spectrum, can delay or avert progression to symptomatic HF and adverse cardiovascular events.

Contemporary evidence and international guidelines will be used to frame opportunities for earlier detection, risk stratification, and initiation of foundational therapies in high-risk CKM populations, rather than waiting for advanced disease to declare itself. A practical clinical framework will be presented, integrating simple risk tools, biomarkers, imaging, and staged introduction of cardioprotective and nephroprotective therapies across outpatient, primary care, and specialist settings. Throughout the session, strategies for tailoring treatment intensity over time, coordinating multidisciplinary care, and embedding prevention-oriented workflows into everyday HF practice will be illustrated.

GO BEYOND LOWERING LDL-C

ADD ON TO REDUCE CV RISK[1,2*]

* Study design: CLEAR OUTCOMES was a double-blind, randomized, placebo-controlled trial involving patients who were unable or unwilling to take statins owing to unacceptable AEs ("statin-intolerant" patients) and had or were at high risk for CVD. Participants were eligible if they had a clinical feature that placed them at high risk for a CV event (30%; n=4,206) or a previous CV event (70%; n=9,764). Patients who were receiving a very low average daily statin dose without unacceptable AEs or other lipid-lowering therapies could be enrolled. A total of 13,970 individuals aged 18 to 85 years were randomly assigned to oral bempedoic acid (180 mg daily; n=6,992) or placebo (n=6,978). Among the patients, 45.6% (n=6,373) had diabetes and 22.7% were taking very low dose statin therapy. The mean LDL-C level at baseline was 3.39 mmol/L for both groups of patients receiving bempedoic acid or placebo. The primary end point was a four-component composite of major adverse CV events, defined as death from CV causes, nonfatal MI, nonfatal stroke, or coronary revascularization.[2]

AEs=adverse events; CV=cardiovascular; CVD=cardiovascular disease; LDL-C=low-density lipoprotein cholesterol; MI=myocardial infarction.

Reference: 1. Parhofer KG, et al. Expert opinion on the integration of combination therapy into the treatment algorithm for the management of dyslipidaemia. Eur Heart J Cardiovasc Pharmacother. 2025: pvaf007, 0,1–13. **2.** Nissen SE, et al. Bempedoic Acid and Cardiovascular Outcomes in Statin-Intolerant Patients. N Engl J Med. 2023;388(15):1353-1364.

Abbreviated prescribing information: Nilemdo

Regulatory Classification (HK): P,S,$_5$ **Registration Holder:** Daiichi Sankyo (HK) Ltd. **Composition:** Bempedoic acid 180 mg **Indications:** • Treatment of adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: in combination with a statin or statin with other lipid-lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin; or alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. • Treatment of adults with established or at high risk for ASCVD to reduce CV risk by lowering LDL-C levels, as an adjunct to correction of other risk factors: in patients on a maximum tolerated dose of a statin with or without ezetimibe; or alone or in combination with ezetimibe in patients who are statin-intolerant, or for whom a statin is contraindicated. **Dosage and administration:** Administer one tablet orally once daily with or without food. Swallow the tablet whole. Coadministration with simvastatin: Limit simvastatin dose to 20 mg daily (or 40 mg for severe hypercholesterolaemia with high CV risk where benefits outweigh risks). **Contraindications:** Hypersensitivity to bempedoic acid or excipients. **Special warnings and precautions for use:** Risk of myopathy with concomitant use of statins: Monitor for unexplained muscle pain, tenderness, or weakness, and elevated CPK. Discontinue treatment if myopathy is confirmed by CPK >10× ULN. Hyperuricemia: May raise uric acid levels and precipitate gout in predisposed patients. Monitor as needed and discontinue if symptomatic. Elevated liver enzymes: Monitor liver function at therapy initiation; discontinue if transaminase elevation >3× ULN persists. Renal impairment: Limited experience in patients with severe renal impairment (eGFR <30 mL/min/1.73 m²); not studied in patients with ESRD on dialysis. Hepatic impairment: Not studied in patients with severe hepatic impairment (Child-Pugh C). Pregnancy: Not recommended in pregnancy; discontinue if planning pregnancy or in case of pregnancy. Lactation: Breastfeeding is not recommended during treatment. Safety and effectiveness have not been established in paediatric patients. **Adverse reactions:** Common: Anaemia, gout, hyperuricaemia, increased AST, pain in extremity, decreased GFR. **Drug interactions:** Statins: Increases exposure to simvastatin, atorvastatin, pravastatin and rosuvastatin; may raise risk of statin-related myopathy. Transporter-mediated drug interactions: May increase plasma concentrations of OATP1B1/1B3 substrates (bosentan, fimasartan, asunaprevir, glecaprevir, grazoprevir, voxilaprevir, and statins such as atorvastatin, pravastatin, fluvastatin, pitavastatin, rosuvastatin, simvastatin). May increase exposure to OAT2 substrates and weakly inhibit OAT3.
Full local prescribing information is available upon request. Please report Individual Case Safety Report (ICSR)/Adverse Event (AE) to Daiichi Sankyo Hong Kong via pv_hk@daiichisankyo.com.

Abbreviated prescribing information: NUSTENDI

Regulatory Classification (HK): P,S,$_5$ **Registration Holder:** Daiichi Sankyo (HK) Ltd. **Composition:** Bempedoic acid 180 mg, ezetimibe 10 mg **Indications:** • Treatment of adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: in combination with a statin in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin in addition to ezetimibe; or alone in patients who are either statin-intolerant or for whom a statin is contraindicated, and are unable to reach LDL-C goals with ezetimibe alone; or in patients already being treated with the combination of bempedoic acid and ezetimibe as separate tablets with or without statin. • Treatment of adults with established or at high risk for ASCVD to reduce CV risk by lowering LDL-C levels, as an adjunct to correction of other risk factors: in patients on a maximum tolerated dose of a statin and not adequately controlled with additional ezetimibe treatment; or in patients who are either statin-intolerant, or for whom a statin is contraindicated, and not adequately controlled with ezetimibe treatment; in patients already being treated with the combination of bempedoic acid and ezetimibe as separate tablets. **Dosage and administration:** Administer one tablet orally once daily with or without food. Swallow the tablet whole. Coadministration with bile acid sequestrants: Administer at least 2 hours before or at least 4 hours after bile acid sequestrants. Coadministration with simvastatin: Limit simvastatin dose to 20 mg daily (or 40 mg for severe hypercholesterolaemia with high CV risk where benefits outweigh risks). **Contraindications:** Hypersensitivity to bempedoic acid or excipients. **Special warnings and precautions for use:** Risk of myopathy with concomitant use of statins: Monitor for unexplained muscle pain, tenderness, or weakness, and elevated CPK. Discontinue treatment if myopathy is confirmed by CPK >10× ULN. Hyperuricemia: May raise uric acid levels and precipitate gout in predisposed patients. Monitor as needed and discontinue if symptomatic. Elevated liver enzymes: Monitor liver function at therapy initiation; discontinue if transaminase elevation >3× ULN persists. Renal impairment: Limited experience in patients with severe renal impairment (eGFR <30 mL/min/1.73 m²); not studied in patients with ESRD on dialysis. Hepatic impairment: Not recommended in patients with moderate or severe hepatic impairment (Child-Pugh B or C). Pregnancy: May cause foetal harm when administered to pregnant women; discontinue in case of pregnancy. Lactation: Breastfeeding is not recommended during treatment. Safety and effectiveness have not been established in paediatric patients. **Adverse reactions:** Common: Anaemia, decreased haemoglobin, hyperuricaemia, decreased appetite, dizziness, headache, hypertension, cough, constipation, diarrhoea, abdominal pain, nausea, dry mouth, flatulence, gastritis, increased liver function test, back pain, muscle spasms, myalgia, pain in extremity, arthralgia, increased blood creatinine, fatigue, asthenia, gout, increased AST, decreased GFR, increased blood CPK. **Drug interactions:** Statins: Increases exposure to simvastatin, atorvastatin, pravastatin and rosuvastatin; may raise risk of statin-related myopathy. Transporter-mediated drug interactions: May increase plasma concentrations of OATP1B1/1B3 substrates (bosentan, fimasartan, asunaprevir, glecaprevir, grazoprevir, voxilaprevir, and statins such as atorvastatin, pravastatin, fluvastatin, pitavastatin, rosuvastatin, simvastatin). May increase exposure to OAT2 substrates and weakly inhibit OAT3. AnticoagAgents: INR should be monitored when Nustendi is co-administered with warfarin, other coumarin anticoagulants, or fluindione. Cyclosporin: Monitor cyclosporin concentrations. Fibrates: If cholelithiasis is suspected in a patient receiving Nustendi and fenofibrate, consider alternative lipid-lowering therapy. Cholestyramine: Administer Nustendi either at least 2 hours before or at least 4 hours after bile acid sequestrants.
Full local prescribing information is available upon request. Please report Individual Case Safety Report (ICSR)/Adverse Event (AE) to Daiichi Sankyo Hong Kong via pv_hk@daiichisankyo.com

NILEMDO® (bempedoic acid)

NUSTENDI® (bempedoic acid and ezetimibe)

Daiichi-Sankyo

Daiichi Sankyo Hong Kong Limited
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HK-DAIJNN-250700 | Approval Date : Jul 2025

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Achieved by ~1 in 3 patients treated over 68 weeks[2,3*]

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vs placebo on top of CV standard of care in adults with established CVD[4†]
(HR=0.80; 95% CI=0.72-0.90; p<0.001)

>20
MILLION
patients treated with semaglutide worldwide since launch[5]

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*__STEP 1__ was a double-blind trial that enrolled 1961 adults with BMI ≥ 30 kg/m² (≥ 27 kg/m² in persons with ≥ 1 weight-related coexisting condition) who did not have diabetes. Participants were randomly assigned in 2:1 ratio to 68 weeks of treatment with once-weekly subcutaneous semaglutide (2.4 mg) or placebo, plus lifestyle intervention. On-treatment data at week 68 showed that 34.8% of the participants on semaglutide had weight loss of ≥ 20%.[2] __STEP 4__ was a randomized clinical trial that evaluated the effect of continued weekly subcutaneous semaglutide vs placebo on weight loss maintenance in adults with overweight or obesity.[3] †__SELECT__ was a multicenter, double-blind, randomized, placebo-controlled, event-driven superiority trial that enrolled patients aged ≥ 45 who had preexisting CVD and BMI ≥ 27 kg/m² but no history of diabetes. Patients were randomly assigned in a 1:1 ratio to receive once-weekly subcutaneous semaglutide (2.4 mg) or placebo. The primary CV end point was a composite of death from CV causes, non-fatal myocardial infarction, or non-fatal stroke in a time-to-first-event analysis.[4] ‡__2024 ESC Guidelines for the management of chronic coronary syndromes:__ semaglutide should be considered in chronic coronary syndrome patients without diabetes, but with overweight or obesity (BMI ≥ 27 kg/m²) to reduce CV mortality, myocardial infarction, or stroke (class of recommendation=IIa; level of evidence=B).[6] BMI=body mass index; CI=confidence interval; CV=cardiovascular; CVD=cardiovascular disease; ESC=European Society of Cardiology; HR=hazard ratio; MACE=major adverse cardiovascular events.

References: 1. Wegovy® Hong Kong Prescribing Information. 2025. **2.** Wilding JPH, et al. N Engl J Med. 2021; 384:989-1002. **3.** Rubino D, et al. JAMA. 2021;325:1414-25. **4.** Lincoff AM, et al. N Engl J Med. 2023;389:2221-32. **5.** Data on File. REF-73669 **6.** Vrints C, et al. Eur Heart J. 2024;45:3415-537.

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MEDICAL

胰腺疾病的介入治療

CHONG Keng Sang
Chairperson

鍾景生 醫生

09/1994 - 06/2003	廣州暨南大學	
02/2001 - 02/2002	內科進修生	廣東省人民醫院
02/2002 - 10/2003	醫生	澳門崔氏X光醫學化驗室
10/2003 - 04/2005	全科實習生	澳門衛生局
06/2005 - 09/2005	影像科醫生	澳門X光室
01/2006 - 08/2011	醫生	仁伯爵綜合醫院急診部
09/2011 - 08/2015	專科實習生	澳門衛生局
09/2015 - 08/2015	醫生	仁伯爵綜合醫院影像科
09/2017 - 現時	影像及介入主治醫生	仁伯爵綜合醫院影像科

胰腺疾病的介入治療

狄揚

BIOGRAPHY

狄揚，外科學博士
復旦大學附屬華山醫院胰腺外科 副主任醫師

中國胰腺病學會會員
上海市醫師協會消化內鏡醫師分會委員
上海市醫學會消化內鏡專科分會委員
上海市抗癌協會神經內分泌腫瘤專業委員會委員
上海市中西醫結合學會胰腺疾病專業委員會常務委員

2001年畢業於上海醫科大學臨床醫學專業，同年進入華山醫院普外科攻讀研究生，2006年獲得博士學位，畢業後在華山醫院胰腺外科工作至今。曾赴德國魯爾大學聖約瑟夫醫院、香港威爾斯親王醫院、韓國延世大學附屬醫院、香港大學李嘉誠醫學院、哈佛大學醫學院訪問學習。近年來主要從事胰腺疾病的綜合診治，擅長各類胰腺手術，ERCP、EUS 等內鏡診療技術，區域動脈灌注化療等介入手術。

談談生物膠水在介入手術中的應用

IEONG Chon Man
Chairperson

Dr. Chon Man Ieong is a distinguished Specialist in Radiology at the Conde S. Januário General Hospital in Macau, where he completed a comprehensive six-year residency training program. He holds the Doctor and Master of Medicine (Ph.D. and MMed) in Radiology from The First Affiliated Hospital of Jinan University and a Bachelor of Medicine (M.B.) from the Medical College of Jinan University in Guangzhou.

Dr. Ieong is a Fellow of the Macau Academy of Medicine in Radiology and holds several key leadership positions within the medical community. He serves as the President of the Macao Radiological Association, the Deputy Secretary-General of the Macao Public Hospital Doctors' Association, and a Council Member of the Macau Society of Interventional Medicine.

In addition to his clinical practice, Dr. Ieong is committed to advancing medical education and research. He is a Visiting Lecturer at the Medical College of Jinan University and a reviewer for the Macau Medical Journal. His pursuit of academic excellence is further highlighted by his experience as a Visiting Scholar at King Chulalongkorn Memorial Hospital in Thailand. Dr. Ieong has contributed to the scientific literature with publications in respected international journals, including the European Journal of Radiology Open, the Korean Journal of Radiology, and Materials Today Bio.

MEDICAL Chairperson: IEONG Chon Man

談談生物膠水在介入手術中的應用

許衛國

BIOGRAPHY

- 醫學博士　博士生導師　博士後合作導師
- 珠海市人民醫院介入醫學科主任
- 廣東省抗癌協會青年委員會副主任委員
- 廣東省醫師協會介入醫師分會青年委員會副主任委員
- 廣東省醫院協會血管疾病診療管理專業委員會副主任委員
- 廣東省精准醫學應用學會周圍血管疾病分會委員會副主任委員
- 廣東省基層醫藥學會腫瘤多學科綜合診治專業委員會副主任委員
- 以通訊作者發表SCI文章十五篇，I區文章七篇。主持國自然重點項目一個，參與國家以及省部級項目二十多個。

超聲引導下熱消融治療
非哺乳期乳腺炎多學科專家共識 (2025版) 解讀

LEONG Iat Cheng
Chairperson

梁溢貞 醫生

澳門醫學專科學院放射分科學院院士

澳門仁伯爵綜合醫院放射科專科醫生

澳門衛生局卒中中心救治小組, 肝癌小組, 乳癌小組
及糖尿病足治療小組成員

澳門介入診療學會 理事

澳門放射醫學會 前理事長

澳門模擬實景技術協會 會長

亞太血管學術聯盟 青年理事

澳門醫學雜誌 審稿

澳門醫護志願者協會成員

瑞士Le Centre Hospitalier Universitaire Vaudois (CHUV)
醫院訪問學者

MEDICAL Chairperson: LEONG Iat Cheng

超聲引導下熱消融治療非哺乳期乳腺炎多學科專家共識(2025版)解讀

周穎

BIOGRAPHY

河北中醫藥大學第一附屬醫院 普外科 副主任醫師 碩士研究生導師

澳門理工大學應用科學學院

中國抗癌協會腫瘤消融治療專業委員會	秘書
中國醫師協會介入醫師分會腫瘤消融治療專業委員會会	委員
中國臨床腫瘤學會 (CSCO) 腫瘤消融治療專家委員會	委員
國家綜合介入技術質控中心專家委員會	委員
中國女醫師協會	委員
中國醫師協會超聲介入專業委員會乳腺介入學組	委員
中國醫師協會超聲介入專業委員會甲狀腺介入學組	委員
第二屆中國研究型醫院學會腫瘤介入專業委員會	青年委員
河北省女醫師協會	常務委員
河北省醫師協會第一屆介入醫學醫師分會	委員
中國醫師學會介入分會 介入醫學雜誌	編委

Intracranial Hemorrhage After Endovascular Treatment

KONG Kuan Kei
Chairperson

Dr. Kong Kuan Kei

Education:

Master of Surgery (Neurosurgery), Huazhong University of Science and Technology, People's Republic of China.
Bachelor of Clinical Medicine, Shantou University, People's Republic of China.

Academic Qualification:

Member of the Macau Academy of Medicine (Neurosurgery).
Practicing Physician Qualification, People's Republic of China.
Specialty and Technology Qualification (Neurosurgery), People's Republic of China.

Biography:

Dr. Kong Kuan Kei works as attending neurosurgeon of Conde S. Januário Hospital, Macau SAR, People Republic of China currently. He has special interest in the interventional radiology and surgical management for cerebrovascular diseases and intraoperative neuromonitoring.

MEDICAL Chairperson: KONG Kuan Kei

Intracranial Hemorrhage After Endovascular Treatment

LIAO Ting

BIOGRAPHY

Dr. Liao Ting

Fellow of Neurosurgery college of Macao Academy of Medicine

Consultant, Department of Neurosurgery, Kiangwu hospital, Macao SAR, China.

Council Member of the following Scientific Societies:

Surgery college of Macao Academy of Medicine

Macau Surgical Association

Macao Neuromedical Society

Macao Clinical Radiology Association

Macao Oncology Association

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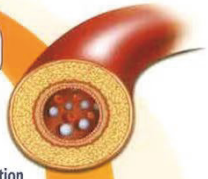
增加細胞內鈣離子與心肌的
troponin C 結合之敏感度

VASODILATION
擴張冠狀動脈與週邊血管

Smooth Muscle KATP channel Activation
打開位於血管平滑肌上對ATP敏感的鉀離子管道



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保護心肌細胞

Mitochondrial KATP channel Activation打開位於心肌細胞的粒腺體 (Mitochondria) 上對 ATP 敏感的鉀離子管道

Molecular targets	Mechanisms of action	Pharmacological Effects
增加細胞內鈣離子與心肌的 troponin C 結合之敏感度	Calcium sensitization	增加心肌收縮力
打開位於血管平滑肌上對 ATP 敏感的鉀離子管道	Hyper-polarization	擴張冠狀動脈與週邊血管
打開位於心肌細胞的粒腺體 (Mitochondria) 上對 ATP 敏感的鉀離子管道	Protection of mitochondria in ischemia-reperfusion	保護心肌細胞

Papp et al. Int J Cardiol 2011 e-pub

Nursing

NURSING

子癇前期護理
不止於分娩，關乎女性長期心血管健康

LEONG Wai Meng

Chairperson

梁偉明 LEONG WAI MENG

曾任職澳門衛生局仁伯爵綜合醫院護士長

現任澳門鏡湖護理學院臨床帶教導師

澳門衛生局醫務委員會委員

專業資格：產科專科護士

公共行政暨管理碩士

護理學學士

子癇前期護理：不止於分娩，關乎女性長期心血管健康

余海春

BIOGRAPHY

澳門科技大學醫學院護理碩士

澳門鏡湖醫院產科資深助產士

澳門鏡湖醫院護理學院臨床導師

澳門婦產科學會理監事

NURSING

Making Implementation Science Work in Clinical Settings: A Practical Roadmap

CHEUNG Shuk Ting Denise

Chairperson

Professor Denise Cheung is currently an Assistant Professor at School of Nursing, The University of Hong Kong (HKU). She is a registered nurse who obtained her BNurs and PhD degrees in School of Nursing from the University of Hong Kong. She has been a tutor from 2013 to 2017 in the School primarily involved in undergraduate teaching in certain clinical and research subjects. Her research work is in the area of complementary and alternative therapy, with particular focus on populations in need of symptom management, such as survivors of intimate partner violence, cancer patients, and caregivers. Denise has successfully accomplished large randomized controlled trials to improve telomerase activity of abused women and stress of caregivers of elderly family members, with main findings published in JAMA Network Open and Journal of the American Geriatrics Society. She also works with community agencies to organize workshops to disseminate the findings as she takes great joy in seeing her work creating a positive impact in the community. She looks forward to informing students not only how to conduct research, but also how their work can echo the School's motto--"Vision to lead, Mission to serve."

NURSING Chairperson: CHEUNG Shuk Ting Denise

Making Implementation Science Work in Clinical Settings: A Practical Roadmap

WONG Kwan Ching Arkers

BIOGRAPHY

Prof. Arkers Wong is an Associate Professor in the School of Nursing, The Hong Kong Polytechnic University and Director of the Joint Research Centre for Primary Health Care, where he leads a research and innovation portfolio advancing evidence-based, technology-enabled primary health care. His work bridges clinical practice, community partnerships, and implementation pathways to improve the prevention and management of chronic conditions at scale.

Recognized for excellence in education and scholarship, Prof. Wong has received major honors including the University Grants Committee (UGC) Teaching Award, International Sigma Emerging Nurse Researcher/Scholar recognition, QS Stars–Wharton Reimagine Education Awards, and multiple faculty- and school-level teaching and research awards. He has secured over HK$62 million (~US$8 million) in external competitive funding as principal investigator, supported by philanthropic and public-sector funders, including the Li Ka Shing Foundation and major Hong Kong competitive schemes (e.g., the Health and Medical Research Fund, General Research Fund, Chinese Medicine Development Fund, and social innovation funding schemes).

Prof. Wong's research focuses on digital innovation in primary health care—spanning telehealth, mobile health, and wearable monitoring devices—and he has published widely in Q1, high-impact journals. He holds editorial leadership roles, including Associate Editor of International Journal of Nursing Studies Advances, Editor roles with Digital Health and Journal of Advanced Nursing, and serves on additional editorial boards (including 高級護理實踐) and as an active peer reviewer across nursing, health services, and multidisciplinary journals.

His research has received substantial public visibility, featured in 40+ media outlets including South China Morning Post, TVB, RTHK, and CCTV. Professionally, he is an Advanced Practice Nurse and a Fellow of the Higher Education Academy, reflecting his commitment to strengthening nursing practice and workforce development. He also serves in key leadership and governance roles, including Chairman of the Young Fellow Chapter of the Hong Kong Academy of Nursing and Midwifery, and contributes to strategic academic governance and international partnership development within the University.

NURSING

Service Evaluation of an Ambulatory Chest Pain Centre: Assessing Pathways, Outcomes and Value

WONG Wai Sam Tatiana

Chairperson

WONG Wai Sam, Tatiana RN, MSc, MBA, PgDip (Infection Control)

Tatiana Wong Wai Sam is a Registered Nurse and a current Doctor of Nursing student at the University of Hong Kong, specializing in nursing education. She holds Master's degrees in Advanced Clinical Nursing and Business Administration. She also holds a Postgraduate Diploma in Infection Control.

Tatiana completed her Bachelor's degree at the Macao Polytechnic Institute, where she received several prestigious awards, including the Scholarship for Outstanding Academic Achievement, Best Performance in Practicum and English, and the Macao Health Bureau Scholarship. Her outstanding performance also earned her a Master's Degree Programme Scholarship, which enabled her to pursue further studies at the University of Edinburgh.
With over a decade of clinical experience, Tatiana has worked in private nursing home, large-scale medical center, and public hospitals. Her roles have included positions in the Emergency Department, Nursing Administration, the COVID-19 Vaccination Team, and the Infectious Disease Ward.

Beyond her clinical and administrative roles, Tatiana is deeply committed to professional development and education. She is a clinical instructor and has been an active member in professional associations, serving as the Secretary of the Sino-Portuguese Nurses' Association of Macau (ALCEM) since 2014 and as a board member of the Macau Nursing Education Association (NEAM).

NURSING Chairperson: WONG Wai Sam Tatiana

Service Evaluation of an Ambulatory Chest Pain Centre: Assessing Pathways, Outcomes and Value

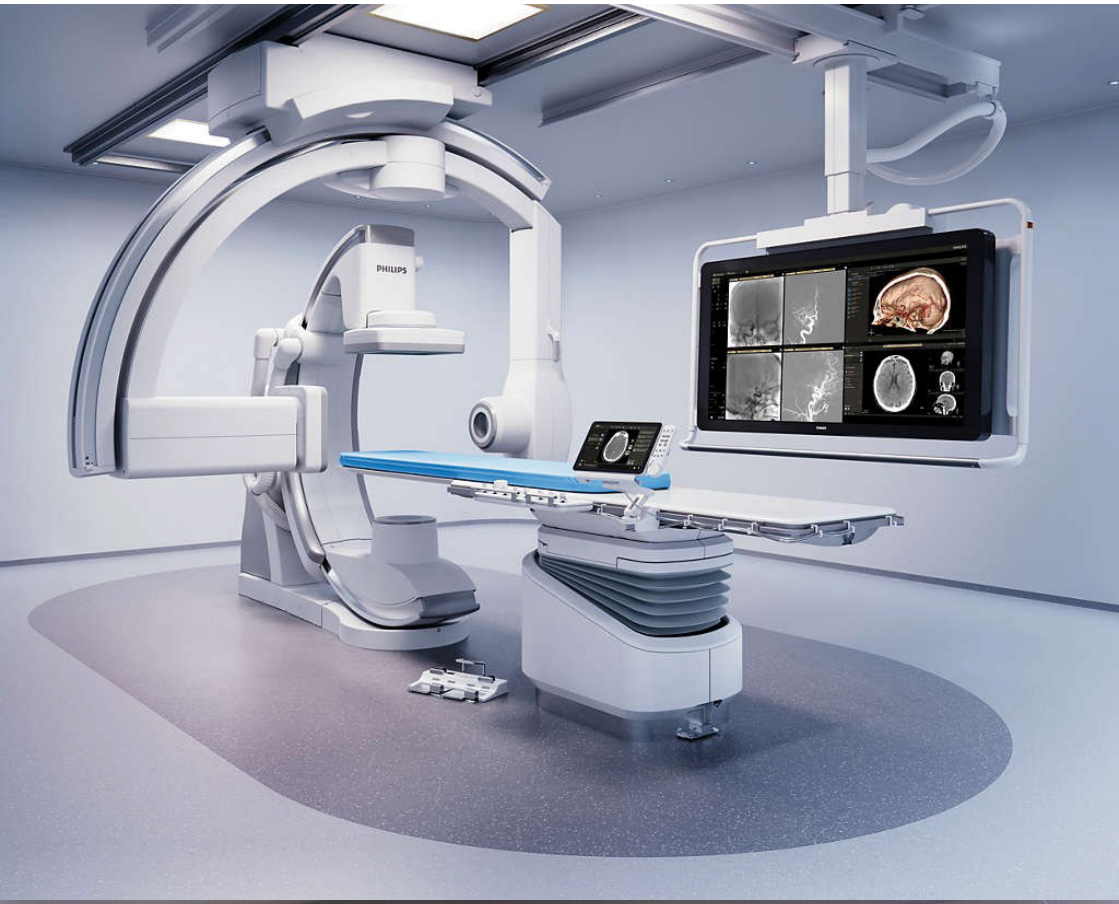
CHAN Kin Hei Anthony

BIOGRAPHY

Anthony Chan 陳健禧

香港心臟科專科護士

陳健禧先生為心臟科專科護士，現職在香港大學護理學院擔任講師。曾在公立和私家醫院任職，擁有豐富的心導管室經驗。


PHILIPS

A ONCE-MONTHLY PEN THAT'S PATIENT FRIENDLY AND QUICK[2,4]

Praluent®
alirocumab

Unique¥ once-monthly pen for your patients requiring >60% LDL-C reduction[2,4]

- **Button-free** device for easier administration[2]

Proven Power and Safety of PRALUENT[1-3]:

- **Intensive, fast, and sustained** LDL-C reduction[1,2*]
  - **>62%** LDL-C reduction
  - Maximum effect at **4 weeks**
  - **Sustained** over 4 years
- **Significantly reduced MACE** risk
  - **15%** MACE reduction[1]
- **Demonstrated** to get patients to LDL-C goal[3†]
  - **95%** of ACS patients reached LDL-C goal[3]
- **Established,** long-term safety profile[1,5]
- **Only 1 injection per month** with 300mg Sydney device[2,4]

*PRALUENT significantly reduced risk of MACE (primary endpoint) in the overall trial population (N=18,924) in the ODYSSEY OUTCOMES trial (15% RRR, HR 0.85 (95% CI 0.78, 0.93), *P*=0.0003). 62.7% LDL-C reduction compared to placebo at 4 months in ODYSSEY OUTCOMES trial. 4 weeks to reach maximal effect based on a summary of ten phase 3 trials (five placebo-controlled, five ezetimibe-controlled) in high and very high-CV-risk patients. LDL-C reduction was sustained at 54.5% relative to placebo at 4 years in patients following an ACS event in the ODYSSEY OUTCOMES trial.[1,2] †A post hoc assessment using data from the ODYSSEY OUTCOMES trial. With PRALUENT, 94.6% of patients achieved LDL-C, 1.4 mmol/L at ≥1 post-baseline measurement vs. 17.3% with placebo.[3] ¥For patients requiring LDL-C reduction >60%, PRALUENT is the only PCSK9i with once-monthly single injection in a pre-filled pen.[2]

ACS = acute coronary syndrome; **CI** = confidence interval; **CVOT** = cardiovascular outcomes trial; **HR** = hazard ratio; **LDL-C** = low-densitylipoprotein cholesterol; **LLT** = lipid-lowering therapy; **MACE** = major adversecardiovascular event; **PCSK9i** = proprotein convertase subtilisin/kexin type 9inhibitor; **RRR** = relative risk reduction.

Reference: 1. Schwartz GG, Steg PG, Szarek M, et al. Alirocumab and cardiovascular outcomes after acute coronary syndrome. N Engl J Med. 2018;379(22):2097-2107. **2.** PRALUENT 300mg Hong Kong Prescribing Information Jun 2022. **3.** Landmesser U, McGinniss J, Steg PG, et al. Achievement of ESC/EAS LDL-C treatment goals after an acute coronary syndrome with statin and alirocumab. Eur J Prev Cardiol. 2022:29(14):1842-1851. **4.** Frias JP, Koren MJ, Loizeau V, et al. The SYDNEY device study: a multicenter, randomized open-label usability study of a 2-mL alirocumab autoinjector device. Clin Ther. 2020;42(1):94-107. **5.** Goodman SG, Steg PG, Poulouin Y, et al. ODYSSEY OUTCOMES Investigators. Long-Term Efficacy, Safety, and Tolerability of Alirocumab in 8242 Patients Eligible for 3 to 5 Years of Placebo-Controlled Observation in the ODYSSEY OUTCOMES Trial. J Am Heart Assoc. 2023 Sep 19;12(18):e029216.

PRALUENT Abbreviated Prescribing Information

Presentation: Alirocumab solution for injection. **Indications:** Primary hypercholesterolaemia (heterozygous familial and non-familial) and mixed dyslipidaemia: In adults as an adjunct to diet, in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with the max. tolerated dose of a statin or, alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. Established atherosclerotic cardiovascular disease: In adults to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors, in combination with the max. tolerated dose of a statin with or without other lipid-lowering therapies or, alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. **Dosage & Administration:** Subcutaneous injection into thigh, abdomen or upper arm. Rotate injection site with each injection. Do not inject into areas of active skin disease, injury, or skin infections. Exclude secondary causes of hyperlipidaemia or mixed dyslipidaemia before initiating alirocumab. 75 mg once every 2 weeks (Q2W). Patients requiring larger LDL-C reduction (>60%) may be started on 150 mg Q2W, or 300 mg Q4W. If additional LDL-C reduction is needed in patients treated with 75 mg Q2W or 300 mg Q4W, dosage may be adjusted to the max. dosage of 150 mg Q2W. If a dose is missed, administer the injection asap and thereafter resume treatment on the original schedule. Alirocumab has not been studied in paediatric patients < 8 years of age. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients (Histidine, Sucrose, Polysorbate 20, Water for injections). **Precautions:** Allergic reactions: If signs or symptoms of serious allergic reactions occur, discontinue alirocumab and initiate symptomatic treatment. Renal or hepatic impairment: Use with caution in patients with severe renal or hepatic impairment. **Drug Interactions:** Statins and other lipid-modifying therapy can lead to increased target-mediated clearance and reduced systemic exposure of alirocumab. **Pregnancy, Lactation and Fertility:** No data from Praluent use in pregnant women. Alirocumab is expected to cross the placental barrier. Praluent use is not recommended during pregnancy unless clinical condition of the woman requires alirocumab treatment. It is not known whether alirocumab is excreted in human milk. IgG is excreted in human milk, in particular in colostrum; Praluent use is not recommended in breast-feeding women during this period. No data on adverse effects on fertility in humans. **Undesirable effects:** Local injection site reactions, upper respiratory tract signs & symptoms, pruritis. For other undesirable effects, please refer to the full prescribing information. **Preparation:** 1 x 75mg/ml, 1 x 150mg/ml, 1 x 300mg/2ml prefilled pen. **Legal Classification:** Part 1, First & Third Schedules Poison **Full prescribing information is available upon request.** API-HK-ALI-22.09

sanofi

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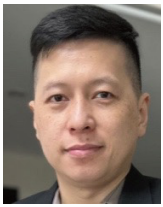
1/F & Section 212 on 2/F, AXA SOUTHSIDE, 38 WONG CHUK HANG ROAD, WONG SHUK HANG, HONG KONG
Tel: (852) 2506 8333 Fax: (852) 2506 2537

MAT-HK-2300853-1.0-08/2024

TAVR圍手術期的護理

TAM Wai Keong Benny
Chairperson



Mr. Tam is a specialist nurse of cardiology, started his nursing career at Kiang Wu Hospital in Macau. After graduation, he gained a specialty training in Cardiac thoracic surgery and Intensive care nursing at Singapore General Hospital. After returning to Macau, he started caring for cardiac surgery patients.

Mr. Tam has extensive nursing experience in Cardiac and Thoracic ICU, CCU and Cardiac Catheterization. He has 18 years of relevant work experience. He is currently a CCU and Cardiac Catheterization Care nurse at Conde S. januario Hospital. He is responsible for nursing care, patient education, nursing management, clinical teaching as instructors, and SOP construction in the clinical field of cardiology.

TAVR圍手術期的護理

楊明珠

BIOGRAPHY

副主任護師

碩士研究生

珠海市人民醫院心血管內科護士長

社會任職：

澳門鏡湖護理學院碩士研究生臨床導師

遵義醫科大學護理學院講師

廣東省護士協會優質護理與服務創新分會常務委員

廣東省護士協會心血管兒科護理專委會常務委員

廣東省護理學會青年工作委員會常務委員

廣東省護理學會學術與對外交流工作委員會委員

廣東省護士協會國際合作交流分會委員

珠海市循證護理護理專業委員會委員

學術成果：

發表中英文學術論文6篇，專利1項，課題立項2項，參與省部級課題1項，參與GCP研究多項。

經導管主動脈瓣膜置換術前和術後的護理注意事項

WANG Yan
Chairperson

Dr. Wang Yan, associate professor, chairman of the Macau Nursing Education Association, has 20 years of experience in teaching and scientific research in universities, and won the "Excellent Teacher Award of Macau Polytechnic Institute".

Dr. Wang Yan focuses research on life and death education, nursing ethics, hospice simulation teaching, and evidence-based nursing. She has published more than 50 academic papers as the first author and participated in editing more than 10 textbooks and monographs.

經導管主動脈瓣膜置換術前和術後的護理注意事項

官文娜

BIOGRAPHY

主管護師

東莞東華醫院心血管內科護士長

2009屆粵港合作心血管及CCU赴港專科護士

廣東省護理學會信息專委會常委

廣東省護理學會教育分會委員

廣東省醫學會心血管病分會護理學組委員

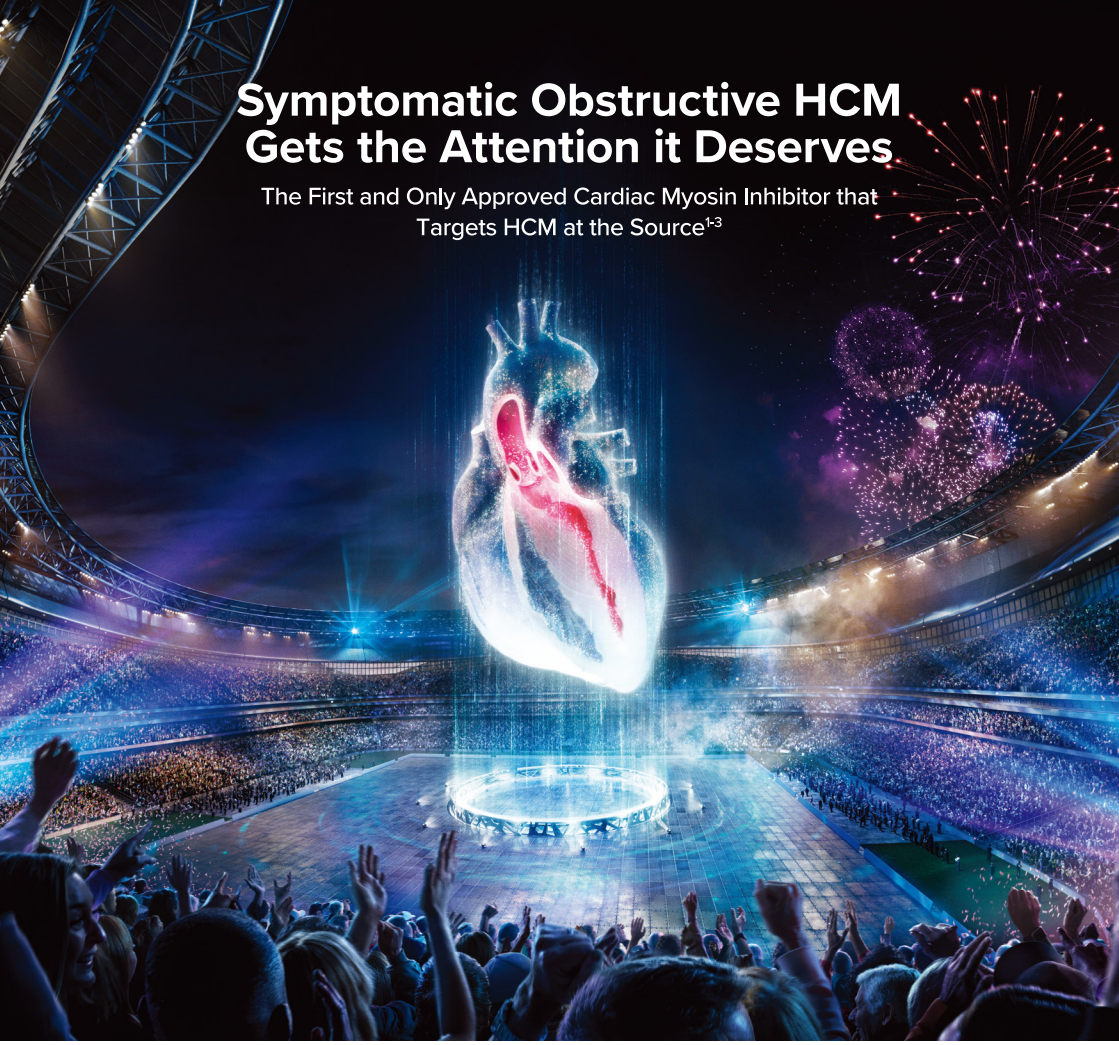
東莞市護理學會科研管理與創新發展工作委員會委員

參與東莞市科學技術項目一項

參與廣東省護理學會一般項目一項

Symptomatic Obstructive HCM Gets the Attention it Deserves

The First and Only Approved Cardiac Myosin Inhibitor that Targets HCM at the Source[1-3]



INDICATION

CAMZYOS® is indicated for the treatment of symptomatic (New York Heart Association, NYHA, class **II-III**) obstructive hypertrophic cardiomyopathy (oHCM) in adult patients.[1]

CAMZYOS® (Mavacamten) Abbreviated Prescribing Information

Contents: Mavacamtern (Capsule 2.5 mg, 5 mg, 10 mg, 15 mg). Indications: CAMZYOS® is indicated for the treatment of symptomatic (New York Heart Association, NYHA, class II-III) obstructive hypertrophic cardiomyopathy (oHCM) in adult patients. **Dosage and method of use:** Before treatment initiation, patients' LVEF should be assessed by echocardiography. If left ventricular ejection fraction (LVEF) is < 55%, treatment should not be initiated. The dose range is 2.5 mg to 15 mg (either 2.5 mg, 5 mg, 10 mg or 15 mg). Please refer to the full prescribing information for the recommended dosing and titration. Patients should be genotyped for Cytochrome P450 (CYP) 2C19 (CYP2C19) to determine appropriate mavacamten dose. If treatment initiation occurs prior to determination of CYP2C19 phenotype, patients should follow dosing instructions for poor metabolisers (starting dose of 2.5 mg once daily) until CYP2C19 phenotype is determined. **Overdosage:** Human experience of overdose with CAMZYOS® is limited. Systolic dysfunction is the most likely result of overdosage of CAMZYOS®. If warranted, discontinue mavacamten treatment and provide medically supportive measures to maintain hemodynamic status, including close monitoring of vital signs and LVEF and management of the clinical status. **Contraindications:** Hypersensitivity to Mavacamten or to any of the excipients. During pregnancy and in women of childbearing potential not using effective contraception. Contraindicated with concomitant use of: - strong CYP3A4 inhibitors in patients with CYP2C19 poor metaboliser phenotype and undetermined CYP2C19 phenotype - strong CYP2C19 inhibitor and a strong CYP3A4 inhibitor. **Special Precautions:** Risk of heart failure – CAMZYOS® reduces LVEF and can cause heart failure due to systolic dysfunction. Assess patient's clinical status and LVEF prior to and regularly during treatment. Treatment interruption may be necessary to ensure LVEF ≥ 50%. Mavacamten is primarily metabolised by CYP2C19 and to a lesser extent by CYP3A4 and mostly by CYP3A4 in CYP2C19 poor metabolisers, which may lead to heart failure or loss of response to Mavacamten due to interactions with medicinal products that are inhibitors of CYP2C19 or CYP3A4 or inducers of CYP2C19 or CYP3A4. Prior to and during treatment, the potential for drug interactions should be considered. The safety of concomitant use of mavacamten with disopyramide, or use of mavacamten in patients taking beta blockers in combination with verapamil or diltiazem has not been established. Close monitoring should be considered. CAMZYOS® may cause embryo-fetal toxicity. Female of childbearing potential must have a negative pregnancy test prior to treatment and must use effective contraception during treatment and for 6 months after treatment discontinuation. **Use in Pregnancy & Lactation:** CAMZYOS® may cause embryo-fetal toxicity, confirm absence of pregnancy prior to treatment and treatment must be stopped for 6 months before planning a pregnancy. It is unknown whether Mavacamten or its metabolites are excreted in human milk. Women must not breastfeed during treatment. **Adverse Reactions:** Very common: dizziness, dyspnoea; Common: systolic dysfunction, syncope. **Drug Interactions:** Co-administration of mavacamten with the combination of a strong CYP2C19 and a strong CYP3A4 inhibitor is contraindicated. Co-administration of mavacamten with strong CYP3A4 inhibitors in patients with CYP2C19 poor metaboliser phenotype or undetermined CYP2C19 phenotype is contraindicated. *Please refer to full prescribing information prior to prescribing. Full prescribing information is available on request. MAVA_API_022024*

NYHA, New York Heart Association; oHCM, obstructive hypertrophic cardiomyopathy.

References: 1. CAMZYOS® Hong Kong Prescribing Information; Sept 2023. **2.** Olivotto I, et al. Lancet. 2020; 396(10253):759-769. **3.** Masri A, et al. J Am Heart Assoc. 2024 Apr 16;13(8):e030607.

3500-HK-2400012 May 2024

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Causeway Bay, Hong Kong
Phone: (+852) 2510 6188 I Fax: (+852) 2510 6199

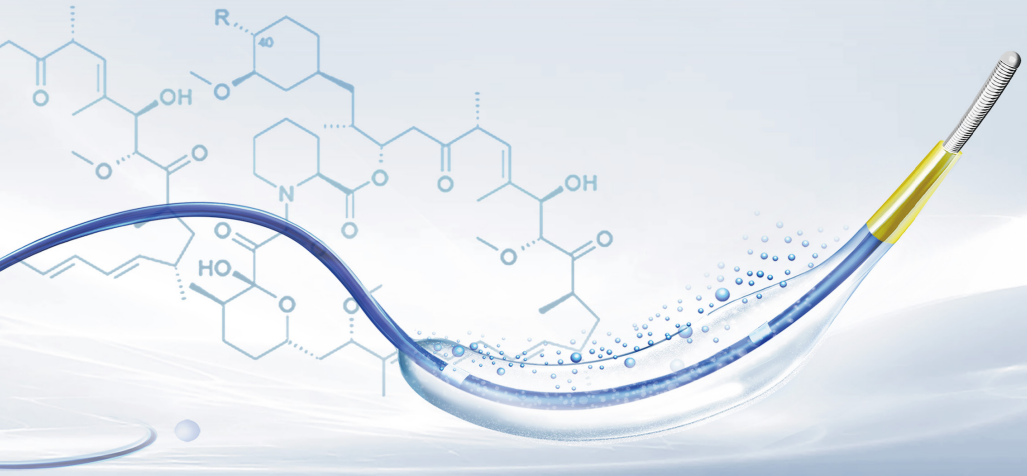
CAMZYOS®
(mavacamten) capsules

BioAscend™

BIOLIMUS A9 DRUG-COATED PTCA BALLOON CATHETER

Biolimus A9 - Coated Balloon Catheter

Your Healing is Our Priority



BIOSENSORS INTERNATIONAL™

bluesail+
A Bluesail Medical Group Company

胸痛中心的建設與管理

KOU Ion Pui
Chairperson

高潤培

1997-1999年 澳門仁伯爵綜合醫院急診科護士

2000-2015年 澳門仁伯爵綜合醫院心臟科護士

2015-2021年 澳門仁伯爵綜合醫院外科一代護士長

2022年至今 澳門仁伯爵綜合醫院內科五及內科七護士長

香港理工學院 -- 學位後專科課程(重急症範疇)

美國心臟協會 (AHA) -- 基礎生命支持BLS 導師

美國心臟協會 (AHA) -- 高級生命支持ACLS 導師

胸痛中心的建設與管理

蔡映杰

BIOGRAPHY

- 廣州醫科大學附屬第二醫院 急診科護士長
- 赴港急診專科護士

- 中華護理學會急診護理專委會 專家庫成員
- 廣東省護士協會急診護士分會 會長
- 廣東省護理學會急診護理專委會 副主任委員
- 廣東省護理學會創傷護理專委會 專家庫成員
- 廣東省護士協會男護士分會 副會長
- 廣東省精准醫學應用學會急診創傷分會護理專委會 副主任委員
- 廣東省基層醫藥學會急診護理專委會 副主任委員
- 廣州護理學會急診護理專業委員 副主任委員

重症監護近年的前沿發展

FONG Im Ha
Chairperson

馮艷霞 護士

教育學博士研究生

專科護理學碩士

社會工作文學碩士

澳門重急症護理專科護士

臨床護理帶教導師

粵港澳失禁專科護理聯盟顧問

香港護理及助產專科學院院士（護理及衛生管理）

橫琴粵澳深度合作區琴澳健康教育專家團成員

澳門醫療人員協會監事長

澳門醫療人員協會青年會理事長

澳門中葡護士會理事會副主席

澳門理工護理學同學會副理事長

澳門醫務界聯合總會青委會副主任

澳門泌尿外科學會護理分會秘書長

重症監護近年的前沿發展

陳永強

BIOGRAPHY

Professor David Chan is a distinguished academic and clinician whose career has been defined by a commitment to advancing intensive care, disaster management, and medical education. He currently serves as Professor of Health Sciences at Saint Francis University, where he teaches courses in intensive care, disaster management, clinical data analysis—including laboratory results, X-rays, and ECG interpretation—and medical simulation. He also contributes to postgraduate education through his teaching in a master's program for nursing and allied health professionals.

Professor Chan began his career in the United Kingdom, where he received intensive care training in the 1990s. Upon returning to Hong Kong, he was appointed Clinical Nurse Specialist in Intensive Care at the Prince of Wales Hospital. His expertise and leadership were soon recognized, and in 2008 he was seconded to the Hospital Authority Head Office to help organize and deliver the Guangdong Specialty Nurse Training Program. Two years later, he joined the Hong Kong Polytechnic University as a Senior Clinical Associate, where he played a pivotal role in teaching critical care and disaster management within the Master of Nursing program.

Beyond his university teaching, Professor Chan has established himself as a versatile instructor across multiple specialties. He is certified to teach Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) under the American Heart Association, as well as disaster and trauma management courses—including AHDR, AMLS, and PHTLS—through the National Association of Emergency Medical Technicians. His expertise extends to Tactical Emergency Medical Support (TEMS) under CIS and Training Qualifications UK, and he is also an instructor in Mental Health First Aid with the Mental Health Association of Hong Kong. In addition, he trains healthcare professionals in medical simulation, advanced mechanical ventilation, trauma makeup, and specialized trauma training for government flying services through the JCIMED of the Hong Kong Academy of Medicine. He has also published more than 10 textbooks related to Critical Care, Disaster Management & Trauma Management in China.

Over the past two decades, Professor Chan has taught and facilitated programs across Hong Kong, Macau, and numerous provinces in China. His influence extends beyond the classroom, as he serves as Vice Chair of several critical care associations in China and holds honorary consultant and professorial appointments at hospitals and universities throughout the region.

Professor Chan's career reflects a rare combination of clinical expertise, academic leadership, and dedication to advancing healthcare education. His contributions have shaped the development of critical care and disaster management training in Hong Kong and mainland China, while his teaching continues to inspire and equip the next generation of healthcare professionals.

Add protection with Verquvo® vericiguat when they need it the most

Verquvo® is indicated for the treatment of symptomatic chronic heart failure in adult patients with reduced ejection fraction who are stablised* after a recent decompensation event requiring IV therapy.[1]

A worsening HF event is defined as a heart failure hospitalization or outpatient IV diuretic use for heart failure.[2]

† Following a worsening HF event.

* Not having administration of any intravenous treatment within 24 hours, and/or systolic blood pressure (SBP) <100 mmHg or symptomatic hypotension[2]

Study design: VICTORIA is a phase 3, randomized, double-blind, placebo-controlled trial involved 5050 patients that evaluated the efficacy and safety of Verquvo® (target dose, 10 mg once daily) versus placebo in patients with symptomatic chronic HF and an ejection fraction of <45%, in addition to guideline-based medical therapy. Patients also had to have worsening heart failure.[2,3] The primary outcome was a composite of death from CV causes or first hospitalization for HF.[2,3] The median follow-up period was 10.8 months.[2]

Verquvo® 2.5 / 5 / 10 mg film-coated tablets
Abbreviated Prescribing Information
(Please refer to the full prescribing information before prescribing)
Indication for Use: Treatment of symptomatic chronic heart failure in adult patients with reduced ejection fraction who are stabilised after a recent decompensation event requiring IV therapy. **Composition:** Active ingredient: 2.5 mg/5 mg/10 mg vericiguat. Excipients: microcrystalline cellulose, croscarmellose sodium, hypromellose 2910, lactose monohydrate, magnesium stearate, sodium laurilsulfate, talc, titanium dioxide (E 171), iron oxide red (E 172) (Verquvo® 5 mg only), iron oxide yellow (E 172) (Verquvo® 10 mg only). **Posology and Method of Administration:** For oral use and should be taken with food. Vericiguat is administered in conjunction with other heart failure therapies after stabilisation. The recommended starting dose is 2.5 mg vericiguat once daily, and should be doubled approximately every 2 weeks to reach the target maintenance dose of 10 mg once daily, as tolerated by the patient. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients; Concomitant use of other soluble guanylate cyclase (sGC) stimulators, such as riociguat. **Warnings and Precautions:** ***Symptomatic hypotension:*** Vericiguat may cause symptomatic hypotension. Patients with SBP <100 mmHg or symptomatic hypotension at treatment initiation were not studied. The potential for symptomatic hypotension should be considered in patients with hypovolaemia, severe left ventricular outflow obstruction, resting hypotension, autonomic dysfunction, history of hypotension, or concomitant treatment with antihypertensives or organic nitrates. If patients experience tolerability issues (symptomatic hypotension or SBP <90 mmHg), temporary down-titration or discontinuation of vericiguat is recommended. Concomitant use of vericiguat and PDE5 inhibitors has not been studied in patients with heart failure and is therefore not recommended due to the potential increased risk for symptomatic hypotension; ***Renal impairment:*** treatment with vericiguat is not recommended in patients with eGFR <15 mL/min/1.73 m^2 at treatment initiation or on dialysis; ***Hepatic impairment:*** treatment with vericiguat is not recommended in patients with severe hepatic impairment; ***Excipients***: This medicinal product contains lactose and sodium (<1 mmol sodium per tablet). **Adverse effects:** Very common (≥1/10): hypotension; *Common* (≥1/100 to <1/10): anaemia, dizziness, headache, nausea, dyspepsia, vomiting, gastro-oesophageal reflux disease. For *uncommon and rare adverse reactions*, please refer to the full prescribing information (Dec 2021). (MA-M_VER-HK-0052-1 Aug 2022)

References
1. Verquvo® 2.5 / 5 / 10mg film-coated tablets Hong Kong prescribing information (Dec 2021). 2. Armstrong PW, et al. NEJM 2020;382(20):1883–1893. 3. Armstrong PW, et al. JACC Heart Fail. 2018;6(2):96-104. 4. Lam CSP, et al. J Am Heart Assoc. 2021 Nov 16;10(22):e021094.

Bayer HealthCare Limited
14/F, Oxford House, Taikoo Place
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Footnotes:
ARR: absolute risk reduction. CV: cardiovascular. HF: heart failure. HFH: heart failure hospitalization. IV: intravenous. MOA: mechanism of action. NO-sGC-cGMP: nitric oxide-soluble guanylate cyclase-cyclic guanosine monophosphate. NNT: number needed to treat.

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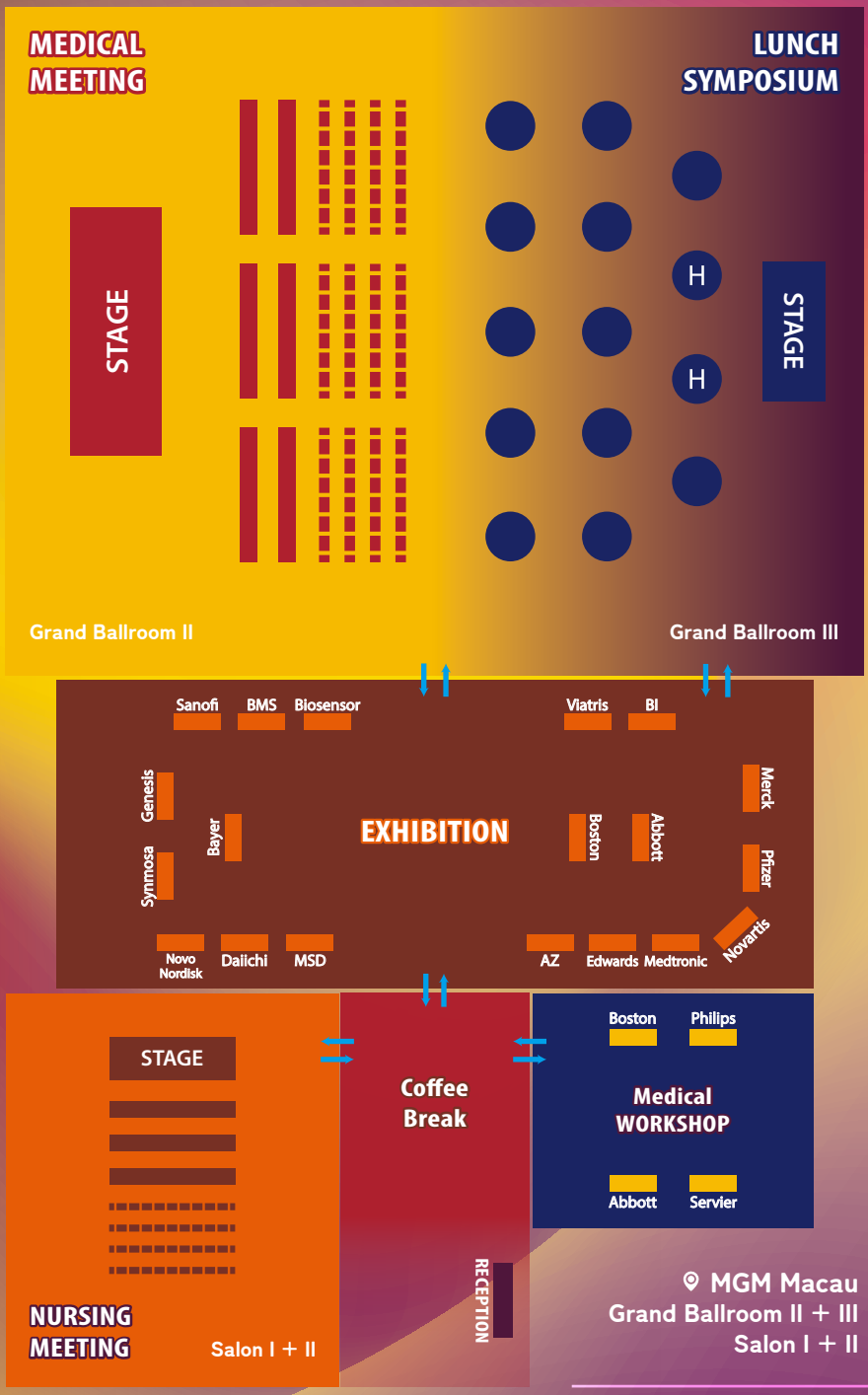
FLOOR PLAN



MGM Macau
Grand Ballroom II + III
Salon I + II


澳門介入診療學會
Associação de Diagnóstico e de Terapêutica de Intervenção de Macau