

Newsletter

Summer Issue, September 2004



Official Publication of Hong Kong College of Radiologists

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HS LAM
J CHAN
W FOO
J KHOO
TL KWAN
CY LUI
Y WONG

President's Jottings

Dr. Lilian Leong

Letter to Members of Hong Kong College of Radiologists

Dear members of the College,

It is with deep sorrow to inform you that our Warden, Dr. CHAN Fu Luk passed away suddenly on Saturday night, 14 August 2004.

Dr Chan served Radiology for more than 35 years. He was one of the members of the preparatory committee in the setting up of the Hong Kong College of Radiologists and was our Warden since the inception of our College in September 1991. Even before the founding of our College, Dr. Chan had already been responsible to oversee the training, to liaise with Royal College of Radiologists for the FRCR examination and to spearhead the rapid development of radiology in Hong Kong in his posts with the public medical service and the Hong Kong Society of Diagnostic Radiologists.

As our Warden, Dr. Chan was responsible for the educational and scientific programs and had laid down all the foundation blocks in building up our training system and curriculum of our specialties and subspecialties. He was our officer in liaising with The Royal College of Radiologists and other sister organisations. He represented our College both in Hong Kong and internationally. He was the Chairman of the Education Committee; the Board of Examination, Joint Fellowship Examination of the Royal College of Radiologists and the HKCR and the Education & Research Fund Subcommittee.

Dr. Chan had contributed, in various capacities, in many other organisations. These included the Asian and Oceanian Society of Radiology, The Chinese Journal of Radiology of the Chinese Medical Association, the Hong Kong Academy of Medicine and the University of Hong Kong.

Dr. Chan was well known to all of us as a renowned radiologist, an excellent teacher, a prolific author, a keen researcher, a visionary educator and a dedicated professional. He was the mentor and friend of many of our colleagues. He had contributed immensely to the development of Radiology in Hong Kong and in the region. He will be greatly missed for his warm and wonderful personality, and for his great contributions.

His sudden departure will leave a void in numerous circles in Hong Kong and abroad. This is especially true for our College.

Despite the deeply regrettable situation, the College must continue with its paramount functions in training and education. The Council is thus thankful to Dr. Peter Choi for agreeing to take up the Warden's duties in the interim period until the next Annual General Meeting. The Council is confident that Dr. Peter Choi can man this very difficult task, as more than a year ago, on the recommendation from Dr. F.L. Chan and agreed by the Council, Dr. Choi has been "understudy" for the Warden's duties. He has followed closely Dr. Chan's different College activities. In addition, our Executive Officer, Ms Diane Lee, who is very familiar with our College operations, will be on hand to assist Dr. Choi in all matters. I will not elaborate here on other issues. But on behalf of the College, I am grateful to all the warm messages received and assistance offered to our College during this very sad period.

Our College extends our deepest condolences to Dr. Chan's family and will assist in the funeral arrangements.

Lilian Leong
President
18 August 2004

Radiology

Date: 14 July 2004
Venue: Room 10, 2/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Chairman of Assessment Panel: Dr. FL Chan
Assessors: Prof. Anil Ahuja, Dr. Susan Chan, Dr. KH Fung, Dr. H.S. Lam
Total number of candidates: 6
Total number of passing candidates: 6

Royal College of Radiologists Examination Dates 2004/2005

6-7 Sept 2004	FRCR First Examination – Clinical Oncology
27-28 Sept 2004	FRCR Final Part A Examination – Clinical Radiology
4 Oct 2004	FRCR Final Examination Written Papers – Clinical Oncology
11-15 Oct 2004	FRCR Final Part B Examination – Clinical Radiology
25-28 Oct 2004	FRCR Final Oral and Clinical Examinations – Clinical Oncology
7-8 Mar 2005	FRCR First Examination – Clinical Oncology
14 Mar 2005	FRCR First Examination – Clinical Radiology
21-22 Mar 2005	FRCR Final Part A Examination – Clinical Radiology
4 Apr 2005	FRCR Final Examination Written Papers – Clinical Oncology
18-22 Apr 2005	FRCR Final Part B Examination – Clinical Radiology
25-28 Apr 2005	FRCR Final Clinical & Oral Examinations – Clinical Oncology
13 Jun 2005	FRCR First Examination – Clinical Radiology
5-6 Sept 2005	FRCR First Examination – Clinical Oncology
19 Sept 2005	FRCR Final Examination Written Papers – Clinical Oncology
26-27 Sept 2005	FRCR Final Part A Examination – Clinical Radiology
10-14 Oct 2005	FRCR Final Part B Examination – Clinical Radiology
17-20 Oct 2005	FRCR Final Clinical & Oral Examinations – Clinical Oncology
12 Dec 2005	FRCR First Examination – Clinical Radiology

Dirty Bomb

Because of recent terrorist events, people have expressed concern about the possibility of a terrorist attack involving radioactive materials, possibly through the use of a “dirty bomb”, and the harmful effects of radiation from such an event. The long-term socio-economical impacts to the community should also be evaluated.

What is a “dirty bomb”?

A dirty bomb, or a radiological dispersion device, is a bomb that combines conventional explosives, such as dynamite, with radioactive materials in the form of powder or pellets. The idea behind a dirty bomb is to blast radioactive material into the area around the explosion. This could possibly cause buildings and people to be exposed to and contaminated with radioactive material. The main purpose of a dirty bomb is to frighten people and make buildings and public areas unusable for a long period of time because of the existence of radiation contamination.

Dirty bomb versus atomic bombs in Hiroshima and Nagasaki

The atomic explosions that occurred in Hiroshima and Nagasaki were conventional nuclear weapons involving a fission reaction. On the other hand, a dirty bomb does not include the fission products necessary to create a large blast like those seen in Hiroshima and Nagasaki. Therefore dirty bomb is not a nuclear weapon.

How much expertise does it take to make a dirty bomb?

A dirty bomb is not much more difficult to make compared with a conventional bomb. Indeed, it is not necessary for the bomb maker to have knowledge in radiation as no special assembly is required in the bomb-making. The regular explosive would simply disperse the radioactive material packed into the bomb. The main or perhaps the most difficult part is to acquire the radioactive material.

Is a dirty bomb a weapon of mass destruction?

Yes, the destruction is more on its capacity to cause terror and disruption than its ability to inflict heavy casualties. Depending on the sophistication of the bomb, wind conditions, and the speed with which the attacked area is evacuated, the number of deaths and injuries from a dirty bomb explosion might not be substantially greater than from a conventional bomb explosion. But panic over radioactivity and evacuation measures could paralyse a city before the radiation contamination has been cleaned up. Moreover, the area under attack would be under quarantine for at least several months—possibly years.

Sources of the radioactive material for the dirty bomb

The common radioactive materials for the dirty bomb are ¹³⁷Caesium¹ and ⁹⁰Strontium² based reactor fuel rods obtainable from nuclear plants and nuclear weapon sites.

¹³⁷Cs releases beta particles with maximum energies up to 1.17 MeV and ⁹⁰Sr releases beta particles with maximum energies up to 0.55 MeV as well as the ⁹⁰Y daughter nucleus which also emits maximum beta energy of 2.274 MeV. In addition ¹³⁷Cs would also release gamma ray of energy 0.662 keV. The beta particles cause external hazard at closer distance within one meter and internal radiation hazard if contaminated. The gamma ray causes not only internal hazard but also external radiation hazard even at distance of a few meters away from the contaminant.

¹ ¹³⁷Cs can be absorbed into the human body analogous to the body absorption of potassium.

² ⁹⁰Sr can be absorbed by human skeleton similar to the absorption of calcium.

Because of the difficult aspects of obtaining high-level radioactive materials from a nuclear facility, there is a greater chance that the radioactive materials used in a dirty bomb would come from low-level radioactive sources in hospitals, on construction sites, and at food irradiation plants. The sources in these areas are used to diagnose and treat illnesses, sterilize equipment, inspect welding cracks and irradiate food to kill harmful microbes.

What people should do following the explosion of a dirty bomb

People present at the scene of a dirty bomb explosion will not know whether radioactive materials were involved. Because of this, law enforcement agencies should include radiation monitoring at all sites of explosions.

If people are not too severely injured by the initial blast, they should take the following actions:

- Leave the immediate area on foot. Do not panic. Do not take public or private transportation such as buses, subways, or cars because of the possible contamination to cars or the public transportation system.
- Go inside the nearest building. Staying inside will reduce people's exposure to any radioactive material from a dirty bomb that may be in the form of powder or contaminated dust at the scene.
- Remove their clothes as soon as possible, place them in a plastic bag and seal it. Removing clothing will remove most of the contamination caused by external exposure to radioactive materials. Saving the contaminated clothing would allow assessment to the dosage and identification of the radioactive substances used in the bomb.
- Take a shower or wash themselves as best they can. Washing will reduce the amount of radioactive contamination on the body and will effectively reduce total exposure.
- Be on the lookout for information through public broadcast. Once emergency personnel can assess the scene and the damage, they will be able to inform people whether radiation was involved. If a radioactive material was released, people will be informed where to report for radiation monitoring and blood tests to determine whether they were exposed to the radiation as well as what steps to take to protect their health.

Risk of cancer from a dirty bomb

Some cancers can be caused by exposure to radiation. Being at the site where a dirty bomb exploded does not mean that people were exposed to the radioactive material. Until doctors are able to check people's skin with sensitive radiation detection devices, it will not be clear whether they were exposed. Just because people are near a radioactive source for a short time or get a small amount of radioactive material on them does not mean that they will get cancer. Doctors will be able to assess risks after the exposure level has been determined.

Can it happen in Hong Kong?

Possibly. The reasons are:

- Significant stock of low level industrial radioactive waste throughout various locations in Hong Kong.
- Collected stock of radioactive sources, namely ^{137}Cs , ^{226}Ra , ^{90}Sr for cancer treatment and ^{99}Mo for nuclear medicine diagnosis in HA and private hospitals.
- Existence of criminal element in Hong Kong – local and international.

With the population density in Hong Kong, potential targets areas include all public venues as well as high rise residential buildings.

How to cope with the dirty bombing in Hong Kong?

Colleagues from the Radiation Health Unit of Department of Health and medical physicists in major HA hospitals are professionals who have extensive knowledge and experience in handling radioactive material and dealing with radiation contamination, including contingency plans for dealing with the Daya Bay emergency.

Hong Kong Observatory also has facility to monitor the radiation level at various locations of Hong Kong.

People involved in the emergency:

1. Police, Fire Service Department
2. HAHO
3. Radiation Health Unit
4. Others?

Obituary - Dr Wally Wong



Dr. William Liege Wong (Dr. Wally Wong)

2 Nov 1914 – 8 Dec 2003

Dr. Wally Wong was fondly known to the medical profession as “Ah Ye (Grandpa)” or “阿爺”. He was the mentor and the much-respected teacher of many of the local radiologists. In fact, he had motivated many who knew little about radiology, to take up radiology as their profession.

Dr. Wong was born in Hong Kong on 2nd November 1914. He went to Mainland China for his medical education and obtained his medical degree at Aurora University (震旦大學), Shanghai. He was then outstanding not only as a bright medical student but also for his image of “wild driving” on his motorcycle all over the city.

During the Second World War, he served in the Army Reserve as army doctor in China and later, stationed in Calcutta under the British Army.

After the war in 1947, he returned to Shanghai. He married his longtime love, Violet and joined the Civil Aviation Administration of China (中國航空) and Zong Tian Airline (中天航空) as Company Doctor. In fact, he was the first Chinese to be offered that position. During those days in Shanghai, Dr. Wong’s clinic was in fact at the Airport, the Long Hua Airport (龍華機場). He needed to travel a long way to go to work. Instead of using a sedan car, he chose an open top jeep for his transportation, more conforming to his style.

His job took him and his family to Hong Kong. Through Dr. C.P. Wong, the lady boss well known to the senior radiologists in Hong Kong, Dr. Wally Wong was introduced to Prof. John H.C. Ho. It did not take long for Prof. Ho to persuade Dr. Wong to take up radiology, a choice that had benefited both Hong Kong Radiology and many of us.

The first thing after his decision to become a radiologist was to pursue further study in the United Kingdom and to sit the licensing examination and the radiology qualifying examination. The goals accomplished, he returned to Hong Kong in the early fifties and worked in Queen Mary Hospital, taking charge of the Diagnostic Radiology service in Hong Kong. After retirement from the Government Service in 1974, he continued his radiological career in private practice for a couple of years, and then in Kwong Wah Hospital. He was elected in 1978 by the radiologists, most of them his previous trainees, to be the first Chairman of the Hong Kong Society of Diagnostic Radiologists. In 1981, he was awarded an Honorary Fellow of the Royal College of Radiologists.

In 1987, Dr. Wong finally decided to retire. With Mrs. Wong, he later emigrated to Vancouver to join his children and their families. He enjoyed very much his retirement in Canada.

Dr. Wong passed away peacefully on the 8th of December 2003.

Dr. Wong trained many radiologists for Hong Kong. I was very lucky to be one of the trainees under him. In fact, Dr. Wally Wong was very well known to us even when we were medical students and interns. As interns, our seniors insisted that we should get the final opinion from "Ah Ye" before significant clinical decisions were to be made. He was always so kind to junior grades. We used to form an *intern queue* every evening in front of his room to solicit his opinions on the different radiological examinations performed during the day. After the consultation, we all left the radiology department, went back to the wards, armed with the answers and the happy feeling of mission accomplished. Like many, Dr. Wong was definitely the reason why I had eventually chosen radiology as my lifetime career.

As a trainee radiologist, I was most impressed by his cheerful and supportive attitude. He made radiology such an interesting and useful specialty. He was very learned, well experienced and was always keen to introduce new techniques. However, it was not an easy duty to be his assistant in all those imaging sessions. He was very committed and would go to all length to get all the cases done and the examinations performed successfully. The sessions could last for hours. It was not unusual to see a very worn-out darkroom technician standing at the doorway trying to alert him that the session was overdue many hours. Dr. Wong usually took no hint from such gesture.

Dr. Wong took teaching and training young radiologists seriously. He devoted a lot of time on that. We all enjoyed sitting behind him in his reporting sessions, watching him using a big magnifying glass to move over those tiny bones. He liked to relate a lot of interesting clinical stories as part of his teaching tools. And if he came across good articles, he would direct us to go over them as "must read" articles. All these kept us very busy.

His professionalism, friendliness and supportive attitude had earned him a lot of friends, and high respects from his colleagues. And most importantly, he had made great contribution to the education and development of radiology in Hong Kong. To us who had the privilege of knowing him in person, we greatly admire and respect him. His friendly image and his work will always be remembered.

Lilian Leong
5th August 2004

'Paper Boat' Messages from King Li

"A brief introduction to Professor King Li :

Professor King Li is the Associate Director of the National Institutes of Health (NIH) Clinical Center in the U.S. His research is mainly on Molecular Imaging, which has emerged as a focal point in the NIH Roadmap for medial research in the 21st century. He is actively involved in the education of radiologists on Molecular Imaging. In May this year, a scientific seminar was organized by the Hong Kong College of Radiologists and the Department of Diagnostic Radiology, University of Hong Kong, during which he delivered a lecture entitled "Biomedical Imaging in the Genomic Era: Opportunities and Challenges", highlighting the impact of Molecular Imaging on the role of radiologists in the future.

Professor Li graduated from Form 5 at King's College in Hong Kong in the mid-1970's, and many of our colleagues may actually have been his classmates. In a series of articles which he has prepared for our College newsletter, Professor Li shares with us his fond memories of Hong Kong, and his vision for Radiology in the future."

*“That sign of old age, extolling the past at the expense of the present.” Sydney Smith
1771-1845*

These words ring true as I begin writing this series of messages. Looking back to my time in Hong Kong, where I was born and raised and left 30 years ago, brought back many sweet memories. Even though I am thousands of miles away physically I feel I am still pretty well connected to Hong Kong in spirit through reading Mingpao on line and watching Hong Kong soap operas and movies with my wife, who is also from Hong Kong. My two sons, aged 23 and 21, are pretty fluent in Cantonese, thanks to all the Cantonese shows that they have watched over the years and the multiple trips that we have made to Asia as a family.

Since I moved to Canada after finishing Form 5 in King’s College, the foundation of my education was rooted in Hong Kong. On paper, I was a good student, always amongst the top in class academically, became the captain of the school quiz team that went on TV and did well in public exams with a record of 5 distinctions and 4 credits in the public exam at the end of Form 5. In real life, I was active, talkative but sometimes had short attention spans in class. Some of it stemmed from the study habits that I formed early on from the home teachings I received. I always read and tried to understand teaching materials prior to classes. That way I could have time to really listen and think during classes. On the other hand I lost concentration when the teacher merely repeated or summarized what’s already in books. Even though it was as much a curse as a blessing in the beginning it turned out to be a great tool in my later education. I loved sports, played basketball or volleyball almost everyday, participated in many clubs and did volunteer work outside of school. Through extra-curricular activities, I met many interesting people, boys and girls from other schools, government workers volunteer workers of different ages and unfortunate souls who needed our help.

Life seemed so idyllic in Hong Kong so why did I move away and how was the transition. I will tell you about this soon.



King Li, 1964, naïve and happy.



King Li, 1974, weeks before leaving Hong Kong for Canada, still naïve and ready to take on the world.

“Life is pleasant. Death is peaceful. It’s the transition that’s troublesome.” – Isaac Asimov, American science-fiction writer, born 1920.

As I am writing this article, the image of the 17 year old Maria Sharapova winning her first Wimbledon is still fresh in my mind since I just watched the match on TV hours ago. Maria was born in Siberia and moved at the age of 7 to Florida with her father to pursue their dreams of her reaching the pinnacle of tennis. They had only US \$700 in their pockets and Maria’s mother had to stay behind in Russia for 2 years due to visa problems. Maria did not speak a word of English when she first immigrated to the U.S. and picked up the language within 4 months while trying to prove that she had great talent in tennis.

Compared to Maria’s transition my move from Hong Kong to Canada was an extremely easy one. Weeks after immigrating to Canada with my family I attended a public high school in Toronto with many immigrants including a sizable contingent from Hong Kong. The first person I met in school, Keith Wong, was also a new immigrant from Hong Kong at the time. We soon became great friends and were classmates all the way through high school, college and medical school, all in Toronto. He is now a successful gastroenterologist.

Even though I did not encounter much difficulty in my transition I did make some useful observations.

First, language skill is of paramount importance. I benefited enormously throughout my entire career from my solid foundation in English acquired during my education in Hong Kong. Most science students focus on acquiring technical knowledge too early and neglect to develop their language skills. It is often too late to learn that successful scientists need to communicate effectively in scientific presentations, publications and grant proposals. Poor language skills can definitely handicap a scientific career especially at the international level.

Second, adaptability benefits from an open mind and cultural sensitivity. It is important to observe and respect differences between different cultures. What is common practice in one culture may be unacceptable in another culture and vice versa. If one can keep an open mind a lot of conflicts can be avoided. This applies to academic culture, institutional culture and group dynamics as well.

Third, the ability to make friends quickly helps in any transition especially when one is separated from one’s close friends and family.

Fourth, mental preparation of the transition benefits greatly from detailed knowledge of the new environment. It is very disappointing when one finds out that reality is much different from one’s expectation. Luckily, that did not happen to me. I was eager to experience Canada when I moved away from Hong Kong 30 years ago and the transition was indeed exciting and smooth.

Next time, I will share with you why I chose medicine and then Radiology as a career.



It is really our great pleasure to participate in the 15th Annual Meeting of European Society of Gastrointestinal and Abdominal Radiology (ESGAR 2004) in Geneva Switzerland.

The ESGAR 2004 Postgraduate Course and Annual Meeting were held from June 15 to June 18, 2004 in Geneva. The congress venue is the Centre International de Conférences Genève (CICG). It is situated close to the United Nations building, on the northern side of Lake Geneva. Being a three-stories building, there are two large conference halls, two medium-sized conference rooms and 14 smaller rooms so that various workshops and sessions can be held in parallel. The electrical plugs for laptop computers, earphones and microphones are available on every seat of the main lecture rooms. Participants do not have to worry about missing anything due to interfering noise.

This year, the meeting was devoted to imaging and image-guided intervention on an organ-to-organ basis. The course addressed the technical state-of-the-art of US, CT and MRI of the pancreas, gastrointestinal tract, liver and biliary tract, and peritoneum in the form of plenary sessions, lectures, scientific papers, and workshops. Since many lectures and seminars ran in parallel, and were overtime, participants like us had to go quickly to different rooms in order to listen to our favourite topics.

Satellite Symposia, organized at lunchtime in collaboration with industry, gave us an additional update on advances and challenges such RF-mediated thermotherapy and new MR contrast materials, PET/CT and RIS/PACS. The lunch was provided which included a fresh fruit, a bar of chocolate, some sandwiches and a drink. This saved us from buying expensive meals in Switzerland.

Like ECR 2003 in Vienna, the Geneva Meeting featured a fully digital scientific exhibition, using EPOS™ instead of the traditional poster exhibition. As the authors of three electronic posters, we are pleased that one of us (S Lau) was honored one of the ESGAR “Top 50” presenters. These electronic posters would also be available to the ESGAR web site. Another new feature was learning centres which offered the opportunity for us to interact closely with.

Besides ESGAR 2004, the city of Geneva with its lake is well worth a visit. In summer, Geneva has a fine weather with a long day with sunrise at 5:45am and sunset at 9:45pm. We spent an evening in the historic centre of Geneva, beginning with the Cathedral St. Pierre from where the Calvinist Reformation spread over a large part of Europe in the 16th century, followed by a lakeside walk overlooking the famous fountain of Geneva lake.

In summary, the ESGAR 2004 offers us an exciting scientific and teaching event as well as an enjoyable traveling experience.



From left to right: Dr Lau Shun, Dr Kwan Wing Ho at the front door of the Centre International de Conférences Genève (CICG) in Geneva



Sunrise at Geneva Lake

Emergency Radiology: What We Cannot Afford to Miss

The workshop on Emergency Radiology was successfully held on 17 July 2004 at Pamela Youde Nethersole Eastern Hospital, with more than 150 registrants, including radiologists, radiographers, and emergency medicine physicians. The programme ran from 2pm to 7pm on a Saturday afternoon. Six radiologists gave lectures on conditions which may be encountered in an emergency setting, with special emphasis on those that we cannot afford to miss. Dr. H.F. Ho, Chief of Service of the Accidents & Emergency Department of Queen Elizabeth Hospital, gave a lecture on "Trauma Audit".

The speakers and their lecture titles are as follows:

Dr. Khong Pek Lan	Pediatric Emergencies
Dr. S.J. Shu	Musculoskeletal Emergencies
Dr. Lawrence Tan	Abdominal Emergencies
Dr. K.T. Wong	Thoracic Emergencies
Dr. H. F. Ho	Trauma Audit
Dr. Joanne Tsao	Vascular Emergencies
Dr. P.W. Cheng	Neurological Emergencies

The Slide and Film Quiz organizing team comprised of Dr. Chan Tin Lock, Dr. Chan Kam Wai, Dr. Ronee Chan, Dr. Lai Kwok Chung and Dr. John Leung. The two slide quiz sessions generated a lot of enthusiasm due to its interactive approach. The review of the Film Quiz brought the workshop to an exciting conclusion.



Dr. F.L. Chan, Warden of Hong Kong College of Radiologists, presenting a souvenir to our guest speaker, Dr. H.F. Ho, Chief of Service of Accidents and Emergency Department, Queen Elizabeth Hospital.



Dr. Lilian Leong, President of Hong Kong College of Radiologists, presenting a souvenir to Dr. Ronee Chan, representing the Slide Quiz organizing team.



Speakers of the first session, during "Q & A". From left to right: Dr. P.L. Khong, Dr. S.J. Shu, and Dr. Lawrence Tan

Update on Colorectal Cancer – Multidisciplinary Forum

The Colorectal Symposium was held at Queen Elizabeth Hospital on 12 June 2004, a sunny and hot Saturday afternoon. Over 150 registrants attended the event, including radiologists, clinical oncologists, radiographers and surgeons. Emphasizing on a multidisciplinary approach, four speakers delivered lectures, presenting the topic from different perspectives. Dr. Hector Ma gave the first lecture on the imaging aspects, focusing on the role of Computed Tomography. Dr. Samuel Kwok, our surgeon guest speaker, lectured on the various surgical approaches. The video clips of his surgery were great eye-openers. Dr. Y.T. Fu lectured on the oncological treatment of the disease, and Dr. K.C. Cheng presented the role of Nuclear Medicine. It was indeed an enlightening educational activity which had focussed on an important disease.



Dr. Jennifer Khoo presenting a souvenir to our surgeon guest speaker, Dr. Samuel Kwok.

Membership Status

Our College has the following number of members as at 17 August 2004:

<i>Status</i>	<i>Number</i>
Honorary Fellow	8
Fellow	318
Member	69
Trainee Member	11
Associate Member	1
<i>Total</i>	<i>407</i>

List of Trainee Members admitted from 1 June till 17 August 2004:

<i>Admission date</i>	<i>Name</i>	<i>Specialty</i>	<i>Training Center</i>
27 July 2004	LEUNG Hoi Leung	CO	QEH

List of Member admitted from 1 June till 17 August 2004:

<i>Admission date</i>	<i>Name</i>	<i>Specialty</i>	<i>Training Center</i>
15 June 2004	SUN Man Kin, Michael	DR	QMH
15 June 2004	WONG Ho Man, Simon	DR	QMH

List of Fellows admitted from 1 February till 17 August 2004:

<i>Admission date</i>	<i>Name</i>	<i>Specialty</i>	<i>Training Center</i>
27 July 2004	CHAN Tin Lock, Andrew	DR	TMH
27 July 2004	CHAN Yip Fai	DR	PYNEH
27 July 2004	CHAN Yun Yee, Ronee	DR	TKOH
27 July 2004	HO Sze Ming, Simon	DR	PWH
27 July 2004	TSUI Ka Man, Albert	DR	Private Practice
27 July 2004	TUNG Kin Shan, Helen	DR	QMH

Conferences

First Global Conference on Cardiovascular Clinical Trials and Pharmacotherapy

Organizers: International Society of Cardiovascular Pharmacotherapy, World Heart Federation, and Hong Kong College of Cardiology
Date: 1-3 October 2004
Venue: Conrad & JW Marriott Hotel, Hong Kong
Enquiry: Web: www.cctap.com

6th Hong Kong Diabetes and Cardiovascular Risk Factors – East Meets West Symposium

Organizers: Hong Kong Atherosclerosis Society, Department of Medicine & Therapeutics, The Chinese University of Hong Kong, The Hong Kong Foundation for Research and Development in Diabetes, Hong Kong Association for the Study of Obesity
Date: 2-3 October 2004
Venue: Hong Kong Convention & Exhibition Centre, Hong Kong
Enquiry: Conference Secretariat, Meeting Planners International (HK) Ltd.
Tel: (852) 2509 3430
Fax: (852) 2667 6927
E-mail: emw2004@med.cuhk.edu.hk
Web: <http://hkfrdd.org/emw>

8th Asia & Oceania Congress of Nuclear Medicine & Biology

Organizers: Asia & Oceania Federation of Nuclear Medicine & Biology, Hong Kong Society of Nuclear Medicine, and Hong Kong College of Radiologists
Date: 16-17 October 2004
Venue: JW Marriott Hotel, Hong Kong SAR, China
Enquiry: *Secretariat of Hong Kong Satellite Meeting:* Nuclear Medicine Unit, Queen Elizabeth Hospital, Kowloon, Hong Kong
Tel: (852) 2958 6437
Fax: (852) 2780 4451
E-mail: chosl@ha.org.hk
Secretariat of China:
CICCST, Room 717, 86 Xueyuan Nanlu, Haidian District, Beijing 100081, China
Fax: +86 (10) 6218 0142
E-mail: info@aofnmb.net
Web: www.aofnmb.net
www.fmshk.com.hk/hksnm
www.hkcr.org

HKCR – 12th Annual Scientific Meeting

Organizer: Hong Kong College of Radiologists
Date: 30-31 October 2004
Venue: Hong Kong Academy of Medicine Jockey Club Building, Hong Kong SAR
Enquiry: Tel: (852) 2871 8788
Fax: (852) 2554 0739
E-mail: enquiries@hkcr.org
Web: www.hkcr.org

11th Hong Kong International Cancer Congress

Date: 10-12 November 2004
Venue: Cheung Kung Hai Conference Centre, Faculty of Medicine Building, The University of Hong Kong
Enquiry: Congress Secretariat, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital, Hong Kong
Tel: (852) 2818 0232 / 2855 4235
Fax: (852) 2818 1186
E-mail: hkicc04@hku.hk
Web: www.hkicc.org

4th International Meeting: Hepatocellular Carcinoma: Eastern and Western Experiences

Organizer: The University of Hong Kong, Centre for the Study of Liver Disease
Date: 14-16 December 2004
Venue: Hong Kong Convention & Exhibition, Hong Kong
Enquiry: Conference Secretariat, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital, Hong Kong
Tel: (852) 2818 0232 / 2855 4235
Fax: (852) 2818 1186
E-mail: hccewe04@hku.hk
Web: www.hcc-ewe.org

1st Annual Conference of OOTR COX-2 and Angiogenesis in Oncology

Organizer: Organisation for Oncology and translational Research
Date: 15-16 October 2004
Venue: Island Shagri-La Hong Kong
Enquiry: Tel: 2117 8011
Fax: 2117 0021
Email: conference2004@ootr.org

Required by a well-established paramedical service provider.

RADIOLOGIST

- Preferably Full-Time but Part-Time would also be Considered
- Fellowship in Radiology

Please apply with full resume & expected salary to :

5/F., 513 Nathan Road, Kowloon

Attn. : Dr. Wong

(Personal data collected will be used for recruitment purpose only)