President’s Jottings

Dr. Lilian Leong

SARS

It has been a very hectic time for the healthcare profession recently, especially for those working in the public sector.

This new syndrome named by WHO as Severe Acute Respiratory Syndrome (SARS) has taken Hong Kong by surprise. Globally case numbers are growing every day. In Hong Kong, we are facing a situation and hardship which we had never anticipated, nor had the experience to deal with. How much do we know by now? There had been question like: Is the virus a mutant from the common virus? The answer we now have is NO. Thanks to our clinicians/scientists, in a short period of 3 weeks after the outbreak, they gave us the information on the pathogen: This is a coronavirus and is a novel virus with very different genetic sequences from all the existing human and animal coronavirus. The new coronavirus is strongly associated with SARS.

Though there is continuous revelation of new information and new measures to the healthcare workers and the public, many questions are yet to be answered. So far, at the time of writing, we have little success in tracking down where the disease originated: somewhere in the mainland? Does the coronavirus infect via droplets only? How sensitive and specific is a particular diagnostic test? Is the virus stable enough for vaccine production? How significant is the role played by animal and insect vectors? Is infection control the most important factor to prevent an epidemic or is it the population density in the long term? The epidemiology, the disease spectrum, the diagnosis, the treatment, the long-term management, the economic implication………

The healthcare profession, the public, the administrators and the world want answers to the many questions and solution to the problem. As of today, most of the questions are at best only partly answered. Furthermore, the more information we gain from experience with management and control of this disease, the more questions we are likely to raise. For healthcare workers, many are working hard to tackle the disease in order to save lives; meanwhile, they themselves are dangerously exposed to the pathogen and may become infected.

Though in the first instance, clinical alertness and assessment are of prime importance, we radiologists indeed play a very essential role in the diagnosis and management of SARS. Plain chest radiographs remain the most commonly used modality of investigation and management. Apart from the suspected and indexed cases, our colleagues and staff who are working at high-risk zone and have mild respiratory symptoms or generally feeling unwell will usually have their chest films taken. That Chest X-ray can serve as a baseline film even if the individual is not a case of SARS.
Direct digital radiography allows immediate image viewing by radiologists, especially for those attending the A & E department. There has been an escalating need for portable service. The portable service includes setting up of a temporary area for taking films for patients located in an isolated zone. This service comprises the portable machine, mobile chest stand and a team of staff highly trained in infection preventive measures. HRCT can be the investigation used for early determination of pulmonary involvement. All personnel have to prepare to go to the frontline to fight this battle. Most importantly, one has to learn to protect oneself and to teach others how to protect themselves. For our profession, cleaning the equipment and protecting the equipment from contamination are also mandatory measures.

For the last few weeks, I have witnessed our colleagues, radiologists, radiographers, nursing staff, supporting staff and our supply companies all devoting their utmost dedication to combat SARS. From those who work in the frontline, I have heard little complaints. Yes, we all are worried, we all are anxious but I have not heard complaints about overwork. For those involved in management, I see the sharing of useful working tips, valuable personal experience through conversation, telephone communication, e-mails and task force meetings. Radiological findings and equipment are shared, operative protocols are disseminated, teaching courses are convened and useful details on protection for our daily activities are dispensed. Though it is a time of turmoil, SARS has also given the opportunity for us to demonstrate how cohesive and helpful we can be. Personally, I am very proud to be one of us.

I have asked Dr. Ahuja to share his experience with us. For this he has written a short article, which I have included here. I am grateful for his contribution.

Lastly, may all of you enjoy good health and maintain your high spirits! And may this SARS be controlled in no time!

Dr Lilian Leong
11th April, 2003

The current crisis of Severe Acute Respiratory Syndrome (SARS) has brought out a few important and perhaps neglected points about modern radiology. First, radiology is still frontline medicine and is an integral part of clinical practice. The profession has periodically taken a back seat to other disciplines, being regarded by some as non-clinical or purely technical. Its indispensable role in the diagnosis and management of SARS has shown our non-radiological colleagues, young and old, how much we contribute to medicine. Second, in the recent years, high-tech imaging such as magnetic resonance imaging, computed tomography, ultrasound etc., have taken away most if not all interest from radiographs. This epidemic has shown why radiography is still the core of our practice. It is fast, cheap, widely available and, most importantly in an epidemic, not labor intensive. We, as radiologists, must maintain our expertise with radiographs, as we will no doubt need to rely on it over and over again. Third, we must acknowledge the tremendous efforts made by our radiographers. They have exhibited great professionalism and selflessness in the way they have accepted the challenge in front of them. They have remained calm while working in a high-risk environment, and are truly a credit to the society. Last but not least, this crisis has shown how radiology can be adapted to excel in the present Age of Information.

The primary role of all medical professionals is clinical and, especially at a time of crisis, has
traditionally taken precedence over education and academia. However, it is also our role to educate the community about the disease, particularly as imaging plays a vital role in the diagnosis and management of this disease. In the very early days of this epidemic, the Department of Diagnostic Radiology and Organ Imaging of the Chinese University of Hong Kong set up a webpage about SARS (http://www.droid.cuhk.edu.hk). This webpage was continually updated with the latest images and information as the crisis went on. It served as an effective interface to educate the worldwide community about the disease, disseminating important information literally at the speed of light. This was not previously possible with print or any other means. At the time of writing this article, 18 days after its launch, this SARS webpage has played host to over 55000 visitors.

In summary, this crisis has bought the old and the new in radiology together, emphasizing the importance of retaining radiographic skills, being professional, and moving with the times. The future of radiology continues to shine.

Exit Assessment in January 2003

Date: 20 January 2003 (Radiology) and 21 January 2003 (Clinical Oncology and Nuclear Medicine)

Venue: Room 10, 2/F, Hong Kong Academy of Medicine Jockey Club Building 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

**RADIOLOGY**

<table>
<thead>
<tr>
<th>Chairman of Assessment Panel</th>
<th>Dr. F.L. Chan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessors</td>
<td>Dr. Susan Chan</td>
</tr>
<tr>
<td></td>
<td>Dr. K.H. Fung,</td>
</tr>
<tr>
<td></td>
<td>Dr. Philip Kwok</td>
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<tr>
<td></td>
<td>Dr. H.S. Lam</td>
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**CLINICAL ONCOLOGY**

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<th>Dr. W.H. Lau</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessors</td>
<td>Dr. Gordon Au</td>
</tr>
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<td></td>
<td>Dr. Anne Lee</td>
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**NUCLEAR MEDICINE**

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</thead>
<tbody>
<tr>
<td>Assessors</td>
<td>Dr. W.Y. Ho</td>
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<td></td>
<td>Dr. C.M. Tong</td>
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</tbody>
</table>

There were 14 successful candidates, including 3 from Clinical Oncology, 9 from Clinical Radiology and 2 from Nuclear Medicine.
Changes in HKCR Subscription and Fees

Hong Kong College of Radiologists
Subscription and Fees
(Effective 21 January 2003)

<table>
<thead>
<tr>
<th>Subscription and Fees</th>
<th>Admission Fee HK$</th>
<th>Annual Subscription HK$</th>
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<tbody>
<tr>
<td>(A)  <strong>Full Subscription</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Fellows*</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td>2) Members*</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>3) Trainee Members*</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>* The admission fees are applicable if normal pathway is followed, otherwise additional admission fees will apply as described in the following notes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Associate Members</td>
<td>5,000</td>
<td>2,000</td>
</tr>
</tbody>
</table>

| (B)  **Reduced Subscription**                                                        |                   |                         |
| 5) Fellows reaching the age of 65 or more                                           | N/A               | 1,000                   |
| 6) Retired Fellows                                                                  | N/A               | 1,000                   |
| Have reached the age of 55 and retired from remunerative radiological practice      |                   |                         |
| 7) Fellows/Members/Trainee Members/Associate Members residing overseas              | Subscription as Cat. A 1, 2, 3 & 4                                              |
| Treated as local                                                                    |                   |                         |

| (C)  **9) Reinstatement of Fellowship**                                              | Reinstatement fee of 3,000 |

*Notes:

1. This table of subscription and admission fees are subject to the additional conditions as follows:
   a. **Additional** admission fee will be applied if:
      (i) Trainee Member applies to be a **Member** more than 2 months after passing Part I Examination: the admission fee will be **HK$2,000.00**
      (ii) Trainee Member applies to be a **Member** after passing Part II Examination: the admission fee will be **HK$10,000.00**
      (iii) Trainee Member applies to be a **Fellow directly**: the admission fee will be **HK$15,000.00**

   b. **Additional** admission fee will be applied if **Non-member** applies to be a **Member** directly:
      (i) For candidate holding Part I but not yet obtaining Part II, the admission fee will be **HK$4,000.00**
      (ii) For candidate holding Part II, the admission fee will be **HK$10,000**

   (i) **Fellow** directly. The admission fee will be **HK$15,000.00**

2. All applications for reduced rates will be considered only upon formal written request.
3. Age will be counted to 31 December of the current year.
4. All reduced rates will be effective from the next subscription year after approval of application.
5. All subscriptions will be subject to a surcharge of 5% if settled after 31st March of the subscription year.
6. Any amendments in fees and subscription can be made according to the Constitution-by-laws without prior notification of those affected.
Joint Examination Schedule

THE ROYAL COLLEGE OF RADIOLOGISTS AND HONG KONG COLLEGE OF RADIOLOGISTS

JOINT EXAMINATIONS FOR THE FELLOWSHIP

CLINICAL RADIOLOGY

EXAMINATION DATES 2003

JOINT FINAL EXAMINATION FOR THE FELLOWSHIP - PART B

<table>
<thead>
<tr>
<th>Autumn 2003</th>
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<tbody>
<tr>
<td>Examination Dates</td>
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<tr>
<td>Application Closing Date</td>
</tr>
<tr>
<td>Examination Fee</td>
</tr>
<tr>
<td>Venue</td>
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<tr>
<td>Apply to</td>
</tr>
</tbody>
</table>

NOTES

1. Please read Guidance Notes for Examination Candidates carefully before submitting an application. This document contains important information to assist with submission of an acceptable application.

2. Cheques for the Joint Examination for the Fellowship should be made payable to “Hong Kong College of Radiologists”.

3. Please address any queries, correspondence and application forms concerning the Joint Examinations for the Fellowship to the Hong Kong College of Radiologists.

4. The Royal College of Radiologists will additionally hold its own examinations as detailed below.

- Final FRCR Examination Part A in Clinical Radiology Spring 2003 and Autumn 2003
- Final FRCR Examination Part B in Clinical Radiology Spring 2003 and Autumn 2003

It will be possible to sit Part A of the Final FRCR Examination in Clinical Radiology in Hong Kong at both the Spring and Autumn 2003 sittings. Full details of all 2003 FRCR Examinations may be obtained from the Examinations Secretary at the Royal College of Radiologists, to whom applications must be submitted.

Hong Kong College of Radiologists
Room 909, 9/F, The Hong Kong Academy of Medicine
Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, HONG KONG
Telephone: +852-2871 8830
Facsimile: +852-2554 0739
E-mail: enquiries@hkcr.org

The Royal College of Radiologists
38 Portland Place, London, W1B 1JQ
UNITED KINGDOM
Telephone: +44-20-7636 4432
Facsimile: +44-20-7631-4257
E-mail: enquiries@rcr.ac.uk
THE ROYAL COLLEGE OF RADIOLOGISTS AND HONG KONG COLLEGE OF RADIOLOGISTS

JOINT EXAMINATIONS FOR THE FELLOWSHIP

CLINICAL ONCOLOGY

EXAMINATION DATES 2003

JOINT FINAL EXAMINATION FOR THE FELLOWSHIP

<table>
<thead>
<tr>
<th>Autumn 2003</th>
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<tbody>
<tr>
<td><strong>Written Papers</strong></td>
</tr>
<tr>
<td><strong>Oral and Clinical Examinations</strong></td>
</tr>
<tr>
<td><strong>Application Closing Date</strong></td>
</tr>
<tr>
<td><strong>Examination Fee</strong></td>
</tr>
<tr>
<td><strong>Written Paper Venues</strong></td>
</tr>
<tr>
<td><strong>Oral and Clinical Examinations Venue</strong></td>
</tr>
<tr>
<td><strong>Apply to</strong></td>
</tr>
</tbody>
</table>

**NOTES**

1. Please read Guidance Notes for Examination Candidates carefully before submitting an application. This document contains important information to assist with submission of an acceptable application.

2. Cheques for the Joint Examination for the Fellowship should be made payable to “Hong Kong College of Radiologists”.

3. Please address any queries, correspondence and application forms concerning the Joint Examinations for the Fellowship to the Hong Kong College of Radiologists.

4. The Royal College of Radiologists will additionally hold its own examinations as detailed below.

   - First FRCR Examination in Clinical Oncology: Spring 2003 and Autumn 2003
   - Final FRCR Examination in Clinical Oncology: Spring 2003 and Autumn 2003

It will be possible to sit the First FRCR Examination in Clinical Oncology and the written papers of the Final FRCR Examination in Clinical Oncology in Hong Kong at both the Spring and Autumn 2003 sittings. Full details of all 2003 FRCR Examinations may be obtained from the Examinations Secretary at the Royal College of Radiologists, to whom applications must be submitted.

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Hong Kong College of Radiologists
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UNITED KINGDOM
Telephone: +44-20-7636 4432
Facsimile: +44-20-7631 4257
E-mail: examinations@rcr.ac.uk
Teaching Ultrasound to Non-radiologists – after a referendum
Hong Kong College of Radiologists

In response to the request from Accident & Emergency physicians for training in Ultrasound examination, a work group was commissioned by the Council of Hong Kong College of Radiologists in December 2001. The members were: Dr W Foo, Dr YL Chan, Dr MT Chau, Dr J Khoo, Dr BM Lai, Dr HS Lam, and Dr CK Law. They were given the task of looking into this issue and define a position for the College.

There has been so far no restriction, by law or otherwise, on non-radiologists to perform and interpret Ultrasound examination. The need and application of Ultrasound is growing in many specialties of Medicine. Colleges of radiology in the USA, the UK, Australia and New Zealand all have provisions for non-radiologists to perform and interpret Ultrasound examination. Policies in these radiology colleges all depicted and emphasized that adequate training was essential for anyone to practice diagnostic ultrasound. Details of the required training to attain a certain level of competence were spelled out in the policy statements in these Colleges. The common ground is that the standard must be attained and maintained.

There was no consensus in the working group on whether radiologists should teach non-radiologists to perform and interpret Ultrasound examination. The Council members also had different opinions. A referendum was organized to compile the views of members of the College. The questionnaires were distributed in late September 2002.

Out of the 369 questionnaires sent, there were 128 returns (34% response rate). Among the 128 respondents, there were 103 Fellows, 18 Members and 6 Trainees (one did not specify). By specialty 108 were from Radiology, 17 from Clinical Oncology and 1 from Nuclear Medicine (two did not specify). Of all the respondents, 119 (93%) showed their full names and signed on the questionnaire.

Most (96%) agreed that radiologists were the best-qualified personnel to perform and interpret diagnostic Ultrasound.

Opinion was divided on whether there should be 24-hour radiological coverage in Accident & Emergency departments. 46% percent agreed while 35% disagreed. 19% percent had no preference. Still on this issue, most (65%) did not think that 24-hour radiological coverage was feasible in Hong Kong.

66% percent thought that it was not appropriate for Accident & Emergency physicians to perform and interpret general diagnostic Ultrasound. 18% percent thought it was appropriate. A slightly high proportion (38%) thought that it was appropriate for them to perform and interpret targeted or focused diagnostic Ultrasound. However the majority (48%) still disagreed on this idea on targeted / focused Ultrasound.

The majority (63% vs 25%) thought that appropriately trained Accident & Emergency physicians would be able to perform and interpret targeted / focused Ultrasound.

On the issue of whether specialist radiologists have the responsibility to teach Accident & Emergency physicians to perform targeted / focused Ultrasound, most (49% vs 28%) disagreed while 23% had no preference.

On a similar issue of whether specialist radiologists have the responsibility to teach non-radiologists to use Ultrasound, 74% disagreed while 11% agreed.
Most (95%) thought that there was a higher priority to teach trainee radiologists than non-radiologists. Only 5% agreed that specialist radiologists in their hospital had the time to teach Ultrasound to both trainee radiologists and non-radiologists.

**Conclusion:**

Specialist radiologists are the best-qualified personnel to use Ultrasound as a diagnostic tool.

There should be 24-hour radiological coverage in Accident & Emergency departments, although most thought that this was not currently feasible in Hong Kong.

In general it would be inappropriate for any physician, without appropriate training, to use Ultrasound, both general and targeted / focused as a diagnostic tool.

However, a fair proportion of radiologists believed that appropriately trained A&E physicians would be able to perform targeted / focused diagnostic Ultrasound in A&E departments.

The majority believed that it was not their responsibility to teach non-radiologists to perform diagnostic Ultrasound; nor that specialist radiologists have the spare capacity to do so. Teaching trainee radiologists and radiographers have a much higher priority.

**Membership Status**

Please be informed that the College has the following numbers of members as at 27 March 2003:

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honorary Fellow</td>
<td>8</td>
</tr>
<tr>
<td>Fellow</td>
<td>299</td>
</tr>
<tr>
<td>Member</td>
<td>62</td>
</tr>
<tr>
<td>Trainee Member</td>
<td>14</td>
</tr>
<tr>
<td>Associate Member</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>379</strong></td>
</tr>
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</table>

List of Trainee Members admitted from 21 December 2002 till 27 March 2003:

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<tr>
<th>Admission date</th>
<th>Name</th>
<th>Specialty</th>
<th>Training Center</th>
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<tbody>
<tr>
<td>21 Jan 2003</td>
<td>LUI, Cheuk Yu</td>
<td>CO</td>
<td>QMH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>NG, Wan Ying Alice</td>
<td>CO</td>
<td>TMH</td>
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</tbody>
</table>
List of Members admitted 21 December 2002 till 27 March 2003:

<table>
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<tr>
<th>Admission date</th>
<th>Name</th>
<th>Specialty</th>
<th>Training Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Jan 2003</td>
<td>CHU, Leysia</td>
<td>DR</td>
<td>PYNEH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>HUI, Wai Yi Joyce</td>
<td>DR</td>
<td>NDH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>KAN, Yee Ling Elaine</td>
<td>DR</td>
<td>PMH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>LAM, Suk Yee Judy</td>
<td>DR</td>
<td>PWH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>SIU, Chi Wai Jimmy</td>
<td>DR</td>
<td>TMH</td>
</tr>
<tr>
<td>25 Feb 2003</td>
<td>LO, Shing Wai Sherwin</td>
<td>DR</td>
<td>PYNEH</td>
</tr>
<tr>
<td>25 Feb 2003</td>
<td>SIU, Yung Woon</td>
<td>DR</td>
<td>PWH</td>
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<td>25 Feb 2003</td>
<td>SO, Chiu Kui</td>
<td>DR</td>
<td>KWH</td>
</tr>
<tr>
<td>25 Feb 2003</td>
<td>TAM, Hiu Tung</td>
<td>DR</td>
<td>PWH</td>
</tr>
<tr>
<td>25 Feb 2003</td>
<td>TSANG, Tsz Kan</td>
<td>DR</td>
<td>QEH</td>
</tr>
<tr>
<td>25 Mar 2003</td>
<td>TSANG, Hin Ling Abby</td>
<td>CO</td>
<td>PYNEH</td>
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<tr>
<td>25 Mar 2003</td>
<td>WONG, Ka Kin</td>
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<td>QMH</td>
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<td>25 Mar 2003</td>
<td>WU, Ka Pik</td>
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List of Fellows admitted from 5 October 2002 till 27 March 2003:

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<th>Training Center</th>
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<tbody>
<tr>
<td>21 Jan 2003</td>
<td>KWAN, Chung Kong</td>
<td>CO</td>
<td>QEH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>LO, Sing Hung</td>
<td>CO</td>
<td>TMH</td>
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<tr>
<td>21 Jan 2003</td>
<td>YEUNG, Wing Kay</td>
<td>CO</td>
<td>PWH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>CHAN, Hei Lun Helen</td>
<td>DR</td>
<td>QMH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>CHEUNG, Chi Wai Stephen</td>
<td>DR</td>
<td>QMH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>HO, Wing To</td>
<td>DR</td>
<td>QMH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>IP, Chei Bing</td>
<td>DR</td>
<td>PWH</td>
</tr>
<tr>
<td>21 Jan 2003</td>
<td>LEE, Raymand</td>
<td>DR</td>
<td>QMH</td>
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<tr>
<td>21 Jan 2003</td>
<td>LEUNG, Lai Yin John</td>
<td>DR</td>
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<tr>
<td>21 Jan 2003</td>
<td>WONG, Yuen Yee</td>
<td>DR</td>
<td>PWH</td>
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<td>21 Jan 2003</td>
<td>WONG, Ka Tak</td>
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<td>21 Jan 2003</td>
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<td>DR</td>
<td>QMH</td>
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<td>21 Jan 2003</td>
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<td>NM</td>
<td>TMH</td>
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<tr>
<td>21 Jan 2003</td>
<td>LOK, Chiu Ming</td>
<td>NM</td>
<td>PYNEH</td>
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</table>

**Announcement**

Please note that in the future, educational material will be put up on MLMS for the education and self-study CME by our fellows. There will be MCQs for the case of the month and CME Points will be awarded. The details of such arrangement will be announced later. Please look out for this.
The opening the Academy Lounge & Leung Kau Kui Medical Library was officiated by Dr. Zhang Wenkang, Minister of Health, PRC and Dr. Annie Wong, donor of the Leung Kau Kui Medical Library, on 22 March 2003.

The tastefully decorated lounge area on the 3rd floor of the Hong Kong Academy of Medicine Jockey Club Building serves snacks and drinks, and opens from 12 noon to 10pm on Mondays to Saturdays, and 9am to 10pm on Sundays and Public Holidays. Other facilities include a fitness centre, the Leung Kau Kui Medical Library, a VIP room which is available for private functions, a sauna room, and the Fellows Garden whereby barbecue services are available on advance booking.

The decorative partitions of the Leung Kau Kui Medical Library consist of hugely magnified radiological images, including angiography of a multifocal hepatocellular carcinoma, three-dimensional MR image of a human brain, and a three-dimensional reconstructed image of a large coeliac artery aneurysm.

Academy Fellows / members, and family members holding a supplementary HKAM / Manhattan Platinum Visa Card, are eligible to use the premises.
As in previous years, RSNA 2002 was held at the McCormick Place in Chicago. The conference was of interest to everyone related to the practice of radiology. There were different activities to suit the different needs of the participants. There were formal lectures delivered by experts from all over the world. For those interested in keeping up with the newest research developments in the field, there were many scientific and poster sessions covering many areas in radiology. For those who would like to refresh their knowledge, the education exhibit area opened until late everyday allowing people to visit them a time that was convenient to them. New technologies and applications of information technology in radiology were shown in the infoRAD area. Equipment and products related to radiology were on display in the two technical exhibit halls by different vendors. Shuttle buses transported the attendees to and from the hotel and the venue everyday. On the last day of the conference, the presenters of the technical exhibits and some of the presenters of the education exhibits and infoRAD exhibits would be removing their material, so those attending on the last day of the conference could be missing out on some of the presented material. Overall, the conference would be a valuable experience to those in training as well as those who were trained. But the weather could be a bit too cold for those not accustomed to the sub-zero temperature.
My Overseas Training

Dr. Andrew Chan

My overseas training in the US was well spent. During the summer last year, I went to the Abdominal Imaging (AI) and Radiology Informatics Division of the University of Pittsburgh Medical Center (UPMC) Radiology Department, and the Jefferson Ultrasound Research and Educational Institute of the Thomas Jefferson University Hospital Radiology Department.

The UPMC health system was a large facility consisting of more than 10 hospitals, with most of the activities taking place at the Presbyterian University Hospital (PUH). The PUH radiology department was staffed with more than 40 consultant radiologists, 7 CT and 3 MR scanners, and the AI division faculty consisted of 8 consultants. Organ transplantation, hepatobiliary disease and trauma represent the major emphasis of research for the division. It was both my pleasure and honour to have the opportunity to learn from prominent radiologists in abdominal imaging, including Prof. Michael Federle (Chief of AI division), Prof. Richard Baron (presently the Chairman of the University of Chicago Radiology Department), and Prof. Scott Mirowitz (Chair of the UPMC Radiology Department). In addition to CT & MR imaging, I also had the chance to learn about the abdominal applications of PET/CT, since UPMC Radiology was also one of the pioneers in clinical PET/CT imaging.

Radiology informatics has always been one of my interests. UPMC is a completely filmless facility. It was exciting to see a filmless enterprise PACS system in action. The PACS system that they used was unique among the various PACS systems available on the market. The main difference was that it allowed the distribution of original fidelity medical images throughout the enterprise using relatively modest network and remote client resources. This was possible because of a novel lossless wavelet-based image distribution mechanism, Dynamic Transfer Syntax (DTS), which was first developed within the UPMC Radiology Informatics Division. The technology has been licensed to and commercialized by Stentor (www.stentor.com), Inc.

I also underwent a one-month training programme in vascular and abdominal Doppler ultrasound imaging at the Thomas Jefferson University under the supervision of Prof. Barry Goldberg, Alfred Kurtz, and others experts in the field. The time spent in their vascular laboratory with experienced vascular technologists was certainly rewarding, and highly applicable to my daily practice.
Our College President, Dr. L. Leong was awarded honorary membership of European Congress of Radiology (ECR) for her outstanding contribution to radiology on 7th March in Vienna, Austria.

The honorary membership conferment took place after the opening ceremony of ECR. Dr. Leong was honoured for her devotion to the promotion of radiology and her outstanding contributions to Asia-Oceanian radiology throughout her illustrious career as a respected radiologist, administrator, educator, presidents and key figures of various influential regional radiological organizations. The famous Vienna Boys’ Choir then paid tribute to Dr. Leong by singing the Chinese folk song “Jasmine Flower”. This was followed by presentation of the diploma of Honorary Membership to Dr. Leong by Prof. Dr. Gourtsoyiannis, the president of the European Congress of Radiology. Dr. R. Nick Bryan, the president of RSNA, Dr. Morton Meyers, the founding editor of renowned journal “Abdominal Imaging “, and the late Dr. Yuji Itai, a well-known researcher in abdominal imaging were also awarded the honorary membership in the same session.

Honorary membership of ECR is awarded to individuals who have made exceptional contribution the field of radiology. Only twenty-seven radiologists have received this honour, including Prof. Alexander Marguilis and Prof. Li Guozhen. As an internationally renowned radiologist, Dr. Leong has earned the admiration from his colleagues in this field worldwide, which extends far beyond Hong Kong and Asia-Pacific region. The Chinese Society of radiologists awarded honorary membership to Dr. Leong in year 2001. The Radiological Society of North America has also nominated Dr. Leong as honorary member this year.
## Conferences

### UK Radiological Congress 2003 (UKRC)

**Organizers:** British Institute of Radiology, The College of Radiographers, The Institute of Physics & Engineering in Medicine, and The Royal College of Radiologists

**Date:** 15-17 June 2003  
**Venue:** International Convention Centre, National Indoor Arena & Austin Court, Birmingham, UK

**Enquiry:** UKRC 2003 Registration, 19 Stoney Street, The Lace Market, Nottingham NG1 1LP, UK  
**Tel:** +44 (0)870 873 0338  
**Fax:** +44 (0)870 873 0337  
**Web:** www.ukrc.org.uk

### Royal Australian & New Zealand College of Radiologists – Annual Scientific Meeting

**Date:** 18-21 September 2003  
**Venue:** Brisbane Convention & Exhibition Centre

**Enquiry:** Web: www.ranzcr.edu.au

### Asian Chapter Congress – International Union of Angiology

**Organizer:** Department of Surgery, The University of Hong Kong and International Union of Angiology (I.U.A.)

**Date:** 25-26 November 2003  
**Venue:** Hong Kong Convention and Exhibition Centre

**Enquiry:** 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:** iuahko3@hkucc.hku.hk  
**Web:** www.hku.hk/surgery

### Musculoskeletal Trauma - 26th Annual General & Scientific Meeting (College of Radiology, Academy of Medicine of Malaysia) and 5th Annual Scientific Meeting (Asian Musculoskeletal Society)

**Date:** 19-22 June 2003  
**Venue:** Berjaya Langkawi Beach Resort, Langkawi, Malaysia

**Enquiry:** The Secretary, College of radiology, Academy of Medicine of Malaysia, c/o Department of Radiology, University of Malaya Medical Centre, 59100 Kuala Lumpur, Malaysia  
**Tel:** 603-7950 2069  
**Fax:** 603-7958 1973  
**E-mail:** secretariat@radiologymalaysia.org  
**Web:** www.radiologymalaysia.org

### 1st Asian Pacific Conference Against Stroke

**Organizer:** Hong Kong Stroke Society  
**Date:** 12-22 June 2003  
**Venue:** Kowloon Shangri-La Hong Kong  
64 Mody Road, Kowloon

**Enquiry:** The Federation of Medical Societies of Hong Kong  
**Social Service Building**  
**Telephone:** (852) 2527 8898  
**Fax:** (852) 2866 7530  
**E-mail:** cos@fmshk.com.hk  
**Web:** www.stroke.org.hk

### The 4th Biennial meeting of Asian Breast Cancer Society & The 2nd Taipei International Breast Cancer Symposium

**Date:** 28-31 August 2003  
**Venue:** The Grand Hotel, Taipei, Taiwan

**Enquiry:** Congress Secretariat  
8/F, No. 245, Sec. 3, Roosevelt Rd., Taipei, Taiwan 106, R.O.C  
**Tel:** 886-2-23637980  
**Fax:** 886-2-23657770  
**E-mail:** 2003abcc@kungtai.org.tw  
**Web:** www.abcc.org.tw

### 10th Asian Oceanian Congress of Radiology

**Date:** 16-19 July 2003  
**Venue:** Raffles City Convention Centre, Singapore

**Enquiry:** Ms. Wai-Mui Kwok  
Secretariat, 10th AOCR, c/o MP Conventions Pte Ltd, 20 Kallang Avenue, Singapore 339411  
**Tel:** (65) 6297 2822  
**Fax:** (65) 6292 7577  
**E-mail:** aocr@mpgroupasia.com  
**Web:** www.aocr2003.org

### New Challenges in Healthcare

**Organizer:** Hong Kong Academy of Medicine  
**Date:** 28-30 November 2003  
**Venue:** Hong Kong Academy of Medicine  
HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

**Enquiry:** Ms. Lenora Yung / Ms. Mimi Ng  
Congress Secretariat  
**Tel:** (852) 2871 8787  
**Fax:** (852) 2871 8898  
**E-mail:** confdept@hkam.org.hk  
**Web:** www.hkam.org.hk
1st Asian Society of Breast Disease – Teaching Course 2003

Organizer: Indonesian Society of Oncologic Imaging
Date: 1-2 October 2003
Venue: Menara Peninsula Hotel, Jakarta, Indonesia
Enquiry: Ms. Maria
Tel: (62-21) 723 2623
Fax: (62-21) 722 4375
E-mail: d_m@cbn.net.id

2nd Beijing International Stroke Forum Bisf 2003
Date: 13-15 June 2003
Venue: Beijing, China
Enquiry: C.X. Wang
Neurology Department of Tiantan Hospital
No 6 Tiantan Xili 100050
Beijing PRC
E-mail: neuroclub2002@yahoo.com

Meetings of North American Spine Society
(1) Spine Across the Sea 2003
Date: 27-31 July 2003
Venue: The Ritz Carlton Kapalua
Maui Hawaii USA
Enquiry: North American Spine Society
22 Calandar Court, 2nd Floor, LaGrange, Illinois 60525 USA
Tel: (312) 656 1234
Fax: (312) 565 2648

(2) World Spine II
Date: 10-13 August 2003
Venue: Hyatt Regency Chicago, Chicago USA
Enquiry: North American Spine Society
22 Calandar Court, 2nd Floor, LaGrange, Illinois 60525 USA
Tel: (312) 656 1234
Fax: (312) 565 2648

Rehearsal Courses for Final Fellowship Examination in Clinical Oncology
1. Course in Canterbury, Kent, London
Enquiry: Ms. Sandra Lines
Postgraduate Centre, Kent and Canterbury Hospital, Ethelbert Road, Canterbury, Kent, CT1 3NG, England
E-mail: sandra.lines@ekht.nhs.uk

2. Course in Velindre, Cardiff, Wales
Enquiry: Ms. Alison Brewster
Velindre Hospital, Velindre Road, Whitchurch, Cardiff, CF4 7XL, Wales
E-mail: alison.brewster@velindre-tr.wales.nhs.uk

ESNR- European Society of Neuroradiology
XXVIII Congress & Advanced Course
Date: 11-14 September 2003
Venue: Istanbul
Enquiry: E-mail: ckorkmaz@dedeman.com.tr
Fax: www.dedeman.com.tr

ECNR-European Course in Neuroradiology
Date: 24-31 October 2003
Venue: Malta
Enquiry: m.carletti@mgr.it

III International fMRI Meeting and Autumn School
Date: 31 October- 2 November 2003
Venue: Sorrento Massalubrense
Enquiry: E-mail: g.p.congress@napoli.com
Fax: www.fmri.unina.it

Erratum
In the Winter Issue of the Newsletter, there is an erratum in the Newsletter, January 2003 issue. In page 15, under the "list of Trainee Members admitted from 6 October 2002 till 21 December 2002", Dr. Leung Kwong Chuen should be in Clinical Oncology specialty.

Acknowledgement
We would like to thank Kodak Company in sponsoring the publication of this newsletter