

11TH JOINT SCIENTIFIC MEETING OF RCR & HKCR AND 33RD ANNUAL SCIENTIFIC MEETING OF HKCR



What's New in Degenerative Diseases?

- Joint Embolisation
- PET/MR for Neurodegenerative Diseases
- Pain Interventions

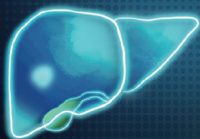


Palliative Medicine

- Challenges & Opportunities

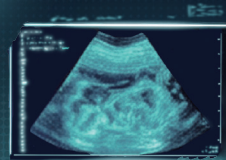


Sustainability



MDT - Hepatocellular Carcinoma & Other Hepatic Malignancies

- Histotripsy
- Immunotherapy
- Radioembolisation & more



Artificial Intelligence

- Navigating the Deployment of AI in Radiology and Oncology: Where We Stand

22 - 23
NOVEMBER 2025
(SAT & SUN)

HONG KONG ACADEMY OF MEDICINE
JOCKEY CLUB BUILDING
HONG KONG SAR, CHINA



 For details
www.hkcr-asm.org

Hong Kong Journal of Radiology

HKJR

香港放射科醫學雜誌

All articles are available in full text on

www.hkjr.org

ISSN 2223-6619

Why HKJR?

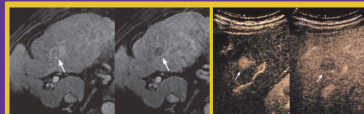
- Publishes review articles, original articles, pictorial essays, case reports, brief communication, and letters to the Editor
- Indexed in EMBASE/Excerpta Medica
- Publishes Chinese abstracts alongside with the English abstracts
- Awards will be presented to the Best Original Article and the Best Case Report of each volume and the awardees will be granted free registration for the annual scientific meeting of the Hong Kong College of Radiologists

VOLUME 20 • NUMBER 3 • 2017

Theme of this issue:
Imaging and Treatment of
Hepatocellular Carcinoma

Highlights of this issue:

- Gadoteric Acid-enhanced
Magnetic Resonance



Multidisciplinary management is the trend of clinical practice

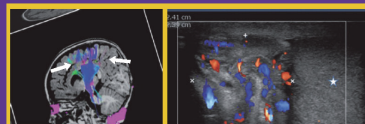
HKJR launches a series of **theme issues** which combine the expertise of **radiologists, oncologists, and nuclear medicine physicians** in the management of clinical problems. This enables in-depth exploration of specific clinical problems from different angles.

VOLUME 19 • NUMBER 3 • 2016

Theme of this issue:
Paediatric Imaging

Highlights of this issue:
Review Articles

- Radiation Protection in
Paediatric Computed



HONG KONG JOURNAL OF RADIOLOGY

Official Publication of the Hong Kong College of Radiologists

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Volume 20 Number 3 2017

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There are two phases to HKMedTrack. In this first phase, authors are able to submit a manuscript electronically, and to check for updates on its status. In the second phase, the peer review process will be conducted online. Authors will be notified when the second phase is available.

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HKAM PRESS



11TH JOINT SCIENTIFIC MEETING OF RCR & HKCR AND 33RD ANNUAL SCIENTIFIC MEETING OF HKCR

22ND- 23RD NOVEMBER 2025 (SATURDAY & SUNDAY)
HONG KONG ACADEMY OF MEDICINE JOCKEY CLUB BUILDING,
HONG KONG SAR, CHINA

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Message from President of The Royal College of Radiologists

It is a great pleasure to welcome you to the 11th Joint Scientific Meeting between The Hong Kong College of Radiologists and The Royal College of Radiologists. I congratulate the conference organising committee for developing a programme of the highest quality with specialty specific sessions on radiology, oncology and nuclear medicine, as well as sessions of broader cross-specialty interest. The collaboration between our Colleges dates back many years and represents a shared determination to drive high standards in education, training, research and clinical practice. It is a privilege to be part of this year's conference, and I look forward to meeting you.

Dr. Stephen HARDEN

President, The Royal College of Radiologists

The Royal College of Radiologists



Message from President of Hong Kong College of Radiologists

It is both my pleasure and honor to welcome you to the **11th Joint Scientific Meeting of The Royal College of Radiologists & Hong Kong College of Radiologists**, as well as the **33rd Annual Scientific Meeting of the Hong Kong College of Radiologists**.

This biennial Joint Scientific Meeting of the two Colleges serves as a vital platform for our members to share transformative innovations and advancements in **radiology, clinical oncology, and nuclear medicine**, with the shared goal of enhancing patient care through evidence-based practices.

This year's meeting will feature a rich scientific program, including the **Multidisciplinary Symposium on Hepatocellular Carcinoma and Other Hepatic Malignancies**, alongside insightful discussions on **Artificial Intelligence, Imaging and Interventions for Degenerative Diseases, Challenges and Opportunities in Palliative Medicine, and Sustainability in Healthcare**. These themes reflect the dynamic evolution of our field and its far-reaching impact.

We are confident that this **two-day event** will inspire and enrich all attendees, fostering collaboration, advancing knowledge, and driving innovation across our profession.

On behalf of the **Hong Kong College of Radiologists**, I would like to express our sincere appreciation to the **Organizing Committee, Secretariat, Audio-Visual Team, dedicated helpers, and generous sponsors** for their tireless efforts in making this event possible.

Dr. Ivan Yiu Chung WONG

President, Hong Kong College of Radiologists

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Dr. Keith Nin Yuan PAN

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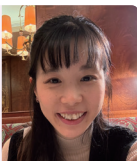
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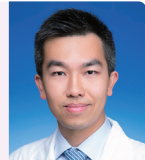
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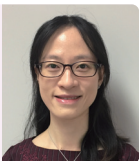
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SPECIAL OCCASIONS, 22nd NOVEMBER 2025

Programme:

5:30pm Reception

6:00pm Joint Ceremonies for Admission of New Fellows

The Royal College of Radiologists and Hong Kong College of Radiologists

7:00pm The 21st Ho Hung Chiu Lecture

7:30pm Cocktail Reception

8:00pm Dinner of the Colleges*

**By invitation and pre-registration is required.*

HIGHLIGHTS OF THE EVENING

The Twenty-fifth Joint Ceremonies for Admission of New Fellows

Conferment of Honorary Membership of HKCR



Dr. Francis Kar-ho LEE, PhD, CMPHy, DABR, DABMP, MHKIE

Department Manager (Medical Physicist),

Department of Clinical Oncology, Queen Elizabeth Hospital

The 21st Ho Hung Chiu Lecture

Hong Kong College of Radiologists
The 21st Ho Hung Chiu Lecture
香港放射科醫學院第二十一屆何鴻超講座

**Conquering Nasopharyngeal Cancer –
The Legend Goes On**



Dr. Anne Wing-mui Lee
李詠梅醫生
MB BS (UK), FRCS (TRC), FRCS (Head&Neck), MD (PhD), D. Sc (UK)
Chief of Service, Clinical Oncology Centre,
The University of Hong Kong; Shenzhen Hospital
香港大學及醫局腫瘤醫學中心主任

7:00pm, 22nd November 2025 (Saturday)
Run Run Shaw Hall, V/F
Hong Kong Academy of Medicine Jockey Club Building

All are welcome



For further information:
Ho Hung Chiu College of Radiologists
Tel: (852) 2211-3971 (HKS)
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Email: ho.hungchiu@hccr.org.hk
Website: www.hccr.org.hk



*Ho's Technique for Nasopharyngeal Carcinoma in the 21st radiotherapy Era:
1960s to mid 1990s*

Dinner of the Colleges

Presentation of Distinguished Contribution Award of HKCR

The Distinguished Contribution Award is established to recognize and honour individuals who have rendered distinguished contribution to the College over a long period of time, and demonstrated tremendous influence on development and advancement of Radiology, Clinical Oncology, and Nuclear Medicine specialties.

The Award recipients in 2025 are



Prof. Winnie Chiu-wing CHU

MB ChB (CUHK), MD (CUHK), FRCR, FHKCR, FHKAM (Radiology)



Dr. Yu-leung CHAN

MB BS (HK), MD (CUHK), FRCR, FHKCR, FHKAM (Radiology)

Hong Kong College of Radiologists Distinguished Contribution Award

The Distinguished Contribution Award is established to recognize and honour individuals who have rendered distinguished contribution to the College over a long period of time and demonstrated tremendous influence on development and advancement of Radiology, Clinical Oncology, and Nuclear Medicine specialties.

The two Award recipients in 2025 are Professor Winnie Chiu Wing CHU and Dr. Yu Leung CHAN.



Professor Winnie Chiu Wing CHU is an outstanding and enthusiastic radiologist. Her longstanding contributions towards the excellence of radiology development and the betterment of healthcare delivery in Hong Kong as well as for her work in Hong Kong College of Radiologists over the past years is exemplary.

Professor Winnie Chu is a devoted educator and an academic radiologist at Prince of Wales Hospital. She is the radiologist-in-charge of general paediatric imaging and team head for ultrasound service.

She plays a significant role in undergraduate and postgraduate education at the Chinese University of Hong Kong (CUHK). She is the Assistant Dean of Admission and Chairman of the Medical Student Admissions Committee at the Faculty of Medicine, CUHK. She served as a committee member of the graduate panel and assessment panel for postgraduate students in the Department of Imaging & Interventional Radiology. She received the 2023 & 2024 Faculty Education Award (Collaborative team) and the 2023 University Education Award (Collaborative team).

Professor Chu's prime interest is Paediatric Imaging; her research areas also include neuroimaging, breast imaging, liver imaging and AI in medical imaging. She has published extensively and co-authored books on paediatric radiology and ultrasound imaging. She is frequently invited as a distinguished speaker at local and international radiology conferences.

At the international level, she is the President and Founding Member of the Asian Oceanic Society of Paediatric Radiology (AOSPR), Honorary Member of the Society of Pediatric Radiology (SPR), Chair of Academic Development for the International Society of Pediatric Thoracic Imaging (ISPTI) and member of Pediatric Imaging Subcommittee of RSNA. She is the representative of Hong Kong College of Radiologists for International consensus guidelines for imaging in suspected child physical abuse (IGISPA).

Professor Chu contributed to the College tremendously in the past two decades. She has served the Editorial Board of Hong Kong Journal of Radiology (HKJR) (formerly titled Journal of the Hong Kong College of Radiologists) for more than 18 years, including Associate Editor in 2007; Deputy Editor-in-Chief from 2007-2010; and Editor-in-Chief since 2011. She is Section Editor for the European Journal of Radiology (EJR) and is on the Editorial Advisory Board for BJR Opens, World Partner Network.

Professor Chu is the Training Head in the Radiology Department of Prince of Wales Hospital and is a

Member of the Education Committee of the Hong Kong College of Radiologists (HKCR) since 2020. She also served in the Accreditation Subcommittee (Radiology) since 2020 and Scientific Subcommittee from 2015-2016. Professor Chu was an Examiner for Joint Final Examination of The Royal College of Radiologists & Hong Kong College of Radiologists (HKCR) in 2021 and 2023.

Her dedication and efforts have contributed to the medical service delivery in Hong Kong and upholding the highest professional standards of competence and good practice in Radiology and the medical profession. Her outstanding, longstanding and immense contributions to radiology are highly recognised.



Dr. Yu Leung CHAN had made tremendous and longstanding contributions towards the excellence of radiology development and the betterment of healthcare delivery in Hong Kong, as well as for his work in Hong Kong College of Radiologists over the past years.

Dr. Chan graduated from University of Hong Kong in 1982 and received his radiology training in Prince of Wales Hospital in Hong Kong. He was Senior Lecturer in the Department of Diagnostic Radiology and Organ Imaging of Prince of Wales Hospital from 1995 to 2005 before he entered private practice in 2005.

Dr. Chan was active academically and specializing in magnetic resonance imaging and neuroradiology. He had numerous publications and presentations – published over 120 journal articles & book chapters and over 130 oral and poster presentations at international conferences and meetings over the past many years.

Dr. Chan contributed to the College tremendously in the past two decades. He served in the College as Council Member from 2000 to 2010. He was member of the College's various Committees and Subcommittees, including the Membership Committee (1992-2005), Scientific Subcommittee (1998-1999), Education and Research Fund Subcommittee (2001-2024), and Accreditation Subcommittee (2000-2004). Dr. Chan was an Examiner for Joint First Examination (2000) & Joint Final (Part B) Examination (2002-2004) of The Royal College of Radiologists (RCR) & Hong Kong College of Radiologists (HKCR), and the Assessor for Exit Assessment of HKCR in 2005 & 2007. He also served in the Editorial Board of the Hong Kong Journal of Radiology (formerly titled Journal of the Hong Kong College of Radiologists) as Associate Editor since 2000 and was the Editor-in-Chief from 2004 to 2007. He has served as the reviewer of our College Journal since the first issue published in 1998 until now.

In the field of Radiology, apart from his contributions in HKCR, Dr. Chan served as Secretary of the Paediatric Interest Group of Hong Kong Society of Diagnostic Radiologists from 2002 to 2004. He was Council Member of the Asian-Oceanian Society of Neuroradiology and Head & Neck Radiology (AOSNHNR) from 2004 to 2006.

Dr. Chan's distinguished and relentless contributions to the College and beyond continues to benefit both our profession and our society alike.

Venue

Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong SAR China

Official Language

English

Registration Entitlement

Entitlement	Full Registration	Day Registration
Scientific Sessions including Lectures, Satellite Symposiums and Proffered Paper Sessions on 22 nd – 23 rd November 2025	2 Days	Registered day only
Technical Exhibitions on 22 nd – 23 rd November 2025	✓	✓
Coffee Breaks and Lunches on 22 nd – 23 rd November 2025	✓	✓
Access to E-Poster Exhibition up to 1 year from 22 nd November 2025	✓	✓
Electronic Programme Book	✓	✓
Online Film Quiz	✓	✓
Conference Kits (including a conference bag, an umbrella and insertions from industry support partners) which can be collected on-site during the meeting period	✓	
Extended access to all recorded sessions on demand, up to 1 year after the meeting	✓	

On-site registration is available on event dates: <https://www.hkcr-asm.org>

Cancellation Policy

In the interest of safety and in accordance with the guidelines of the Hong Kong Observatory, the meeting will be cancelled in the event of the following adverse weather conditions and no refund will be made:

- *if the black rainstorm or Typhoon Number 8 or above warning is still hoisted one hour prior to the commencement of the meeting.*

If the meeting is cancelled due to extenuating circumstances (i.e. outbreak of diseases including highly infectious diseases causing health hazard to human lives, or from other causes [apart from adverse weather conditions] which are beyond reasonable control and could not reasonably be expected by the Hong Kong College of Radiologists), **the registration fee, less the 10% bank charge and administration fee, would be reimbursed at the Hong Kong College of Radiologists' discretion.** Hong Kong College of Radiologists will announce if any refund is available in due course after the announcement of the cancellation of the meeting.

Electronic Posters

Electronic Poster (E-Poster) System is an online presentation submission and viewing application. This is freely accessible to all registrants of the 11th Joint Scientific Meeting of RCR & HKCR and 33rd Annual Scientific Meeting of HKCR using the designated 55" touch screen TV located at the Foyer, First Floor. E-Poster can also be viewed with personal computers using the wireless network or outside the HKAM Jockey Club Building via internet: <https://hkcr-asm.org/index/meeting-information/e-poster-showcase>

Online Film Quiz & Oncology Quiz

Registrants could participate in the Online Film Quiz & Oncology Quiz (One Radiology & Nuclear Medicine Film Quiz and One Clinical Oncology Film Quiz) by logging in to the Event Management system: <https://www.hkcr-asm.org> and click the "Attend Event" tab. **Active CME/CPD point(s)** will be awarded to the participants for completion of the quiz with over 50% of the questions being correct.

The **first 50 participants** will each receive a souvenir upon completion of the Online Film Quiz **before 11:00am on Sunday, 23 November 2025**. Answers will be posted after answers submission deadline. **Prizes for the best 3 answers** will be announced at the Prizes Presentation Session during lunch on Sunday, 23 November 2025.

Preview Room

Computers are provided for presentation preview at AV Centre (Fung Ying Seen Koon Meeting Room 1), Second Floor. Audiovisual technicians will be available during the operation hours as follow:

Saturday, 22 November 2025	08:00 – 13:00 13:45 – 17:30
Sunday, 23 November 2025	08:00 – 13:00 14:15 – 16:00

VIP Room

Invited guests and speakers are welcome to visit the VIP Room which is located at James Kung Meeting Room, Second Floor. A quiet lounge is available for preparation of presentations and networking.

Cell Phones / Pagers / Electronic Devices

As a courtesy to fellow attendees, please turn off cell phones / pagers / electronic devices, or set them to vibration mode. Phone conversations should not be conducted in the lecture rooms.

“No Food / Drink” Policy

In consideration of the environmental cleanliness and comfort of all registrants, food or drinks are not permitted inside the lecture rooms.

Green Policy

The following green measures are adopted:

- Electronic means, such as email, website, e-programme book & electronic display, are used, rather than printed materials for communications.
- Reusable dishes, cutlery, glassware and linens are prioritized over the use of disposable items.
- BYOB (Bring Your Own Bottle) – Water stations are available at the exhibition hall. The use of single use bottles for water is discouraged.
- Lanyards are collected upon participants’ departure for recycling.

Social Event

Dinner of the Colleges

Date : 22nd November 2025 (Saturday)

Time : 20:00 – 22:00

Venue : Run Run Shaw Hall, 1/F, Hong Kong Academy of Medicine Jockey Club Building

Fee : HK\$600

Pre-registration is required. Please register at the Event Management System: www.hkcr-asm.org

HKCR Secretariat

Hong Kong College of Radiologists

Room 909, 9/F,

Hong Kong Academy of Medicine Jockey Club Building

99 Wong Chuk Hang Road, Aberdeen

Hong Kong SAR, China

Tel: (852) 2871 8788 Fax: (852) 2554 0739

Email: asm@hkcr.org

URL: <https://www.hkcr.org>

Event Secretariat

Bonza Meetings & Events Limited

Room 1, 8/F

Charm Centre

700 Castle Peak Road, Kowloon

Hong Kong SAR, China

Tel: (852) 4425 4987

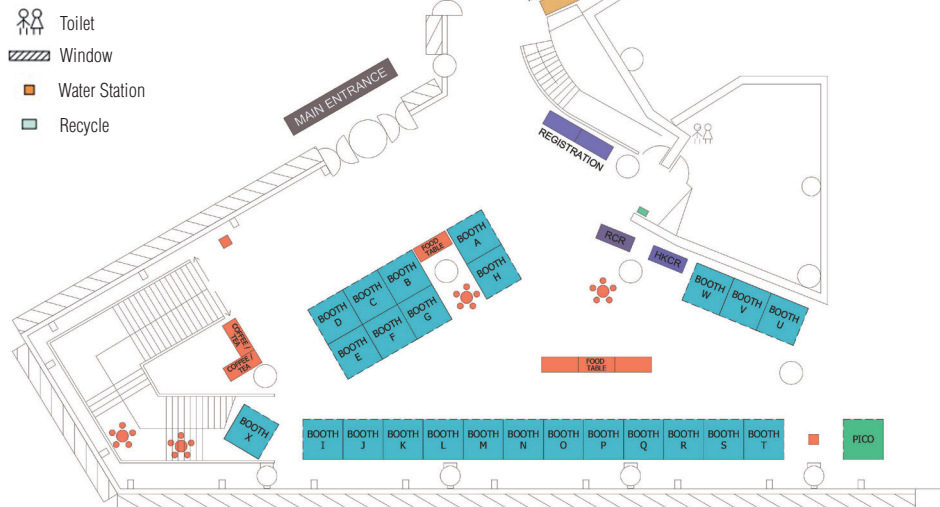
Email: info@hkcr-asm.org

Academic Accreditations	CME/CPD Points		
	22 nd November 2025	23 rd November 2025	Whole Function
The Royal College of Radiologists	7.5	6	13.5
Hong Kong College of Radiologists	7.5 (Cat. A)	6 (Cat. A)	13.5 (Cat. A)
The Hong Kong College of Anaesthesiologists	7.5 (PP-NA)	6 (PP-NA)	13.5 (PP-NA)
Hong Kong College of Community Medicine	6 (PP-PP)	6 (PP-PP)	10 (PP-PP)
The College of Dental Surgeons of Hong Kong	7.5 (PN-PB)	5.5 (PN-PB)	13 (PN-PB)
Hong Kong College of Emergency Medicine	6 (CME-PP)	6 (CME-PP)	12 (CME-PP)
The Hong Kong College of Family Physicians	5 (OEA-5.02)	5 (OEA-5.02)	10 (OEA-5.02)
The Hong Kong College of Obstetricians and Gynaecologists	5 (PP-PN)	5 (PP-PN)	10 (PP-PN)
The College of Ophthalmologists of Hong Kong	7.5 (CME-PP)	6 (CME-PP)	13 (CME-PP)
The Hong Kong College of Orthopaedic Surgeons	Pending		
The Hong Kong College of Otorhinolaryngologists	4 (PP-2.2)	3 (PP-2.2)	7 (PP-2.2)
Hong Kong College of Paediatricians	N/A	N/A	10 (E-PP)
The Hong Kong College of Pathologists	7.5 (CME-PP)	6 (CME-PP)	13 (CME-PP)
Hong Kong College of Physicians	3 (PP-PP)	3 (PP-PP)	6 (PP-PP)
The Hong Kong College of Psychiatrists	6 (PP-OP)	6 (PP-OP)	12 (PP-OP)
The College of Surgeons of Hong Kong	6 (CME-PP)	6 (CME-PP)	12 (CME-PP)
MCHK CME Programme	5 (Passive)	5 (Passive)	10 (Passive)
Radiographer Board of Hong Kong	Pending		

Please remember to register for your CME/CPD points on both days of the meeting.

GROUND FLOOR

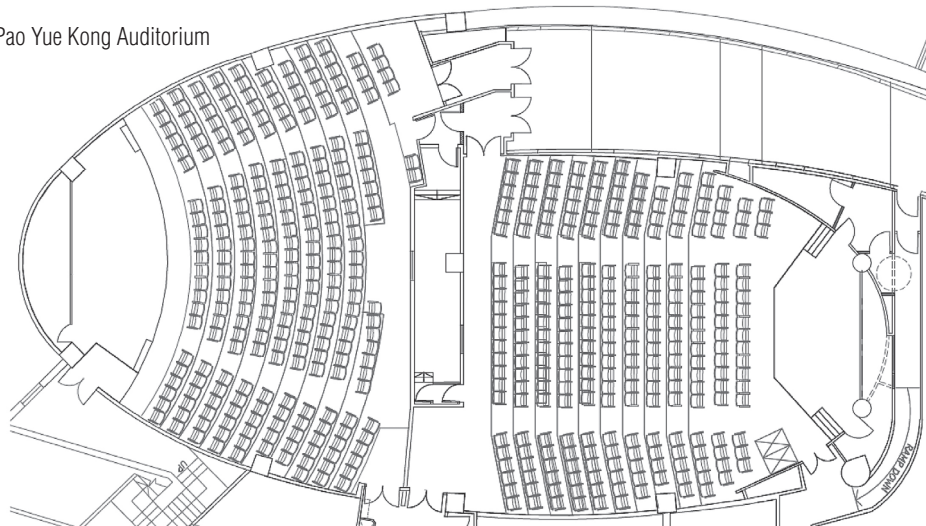
Exhibition Hall



Pao Yue Kong Auditorium
Lim Por Yen Lecture Theatre

Wong Chuk Hang Road

Pao Yue Kong Auditorium

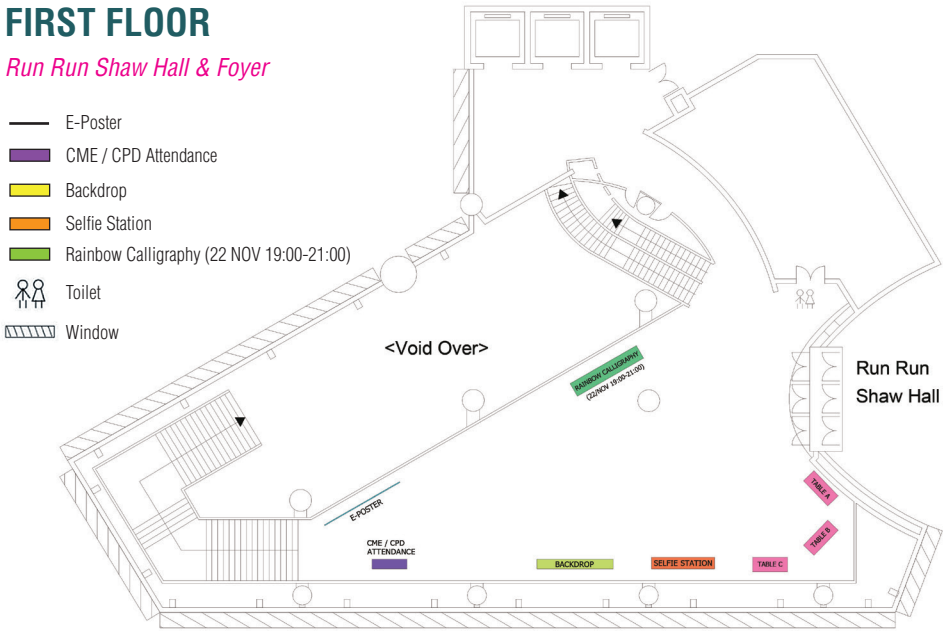


Lim Por Yen Lecture Theatre

FIRST FLOOR

Run Run Shaw Hall & Foyer

- E-Poster
- CME / CPD Attendance
- Backdrop
- Selfie Station
- Rainbow Calligraphy (22 NOV 19:00-21:00)
- ♂ ♀ Toilet
- ▨ Window



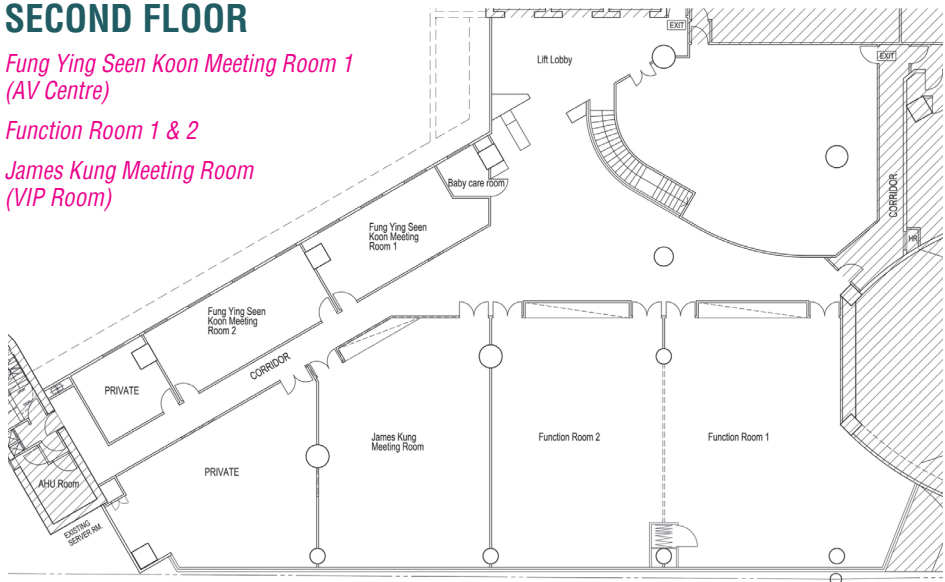
Wong Chuk Hang Road

SECOND FLOOR

Fung Ying Seen Koon Meeting Room 1 (AV Centre)

Function Room 1 & 2

James Kung Meeting Room (VIP Room)



Wong Chuk Hang Road

The Organising Committee would like to thank the following abstract reviewers and judges of various awards:

Dr. Ting Kun AU YONG

Dr. Kuen CHAN

Dr. Tak Kwong CHAN

Dr. Yu Leung CHAN

Prof. Chi Leung CHIANG

Dr. Keith Wan Hang CHIU

Dr. Sonny Sau Hin CHIU

Dr. Danny Hing Yan CHO

Dr. Frankie Pak Tat CHOI

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Dr. Kevin Kin Fen FUNG

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Dr. Angela On Chee LI

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Dr. Kwok Sing NG

Dr. Carol Wing Kei NG

Prof. Roger Kai Cheong NGAN

Dr. Ching Man SITT

Dr. Sunny Kin Sun TSE

Dr. Amy Ho Ching WONG

Dr. Frank Chi Sing WONG

Dr. Sin Man WONG

Dr. Ting WONG

Dr. Peter San Ming YU

Dr. Ming Keung YUEN

We would also like to thank our trainees and Fellows for their support and co-ordination of activities of the 11th Joint Scientific Meeting of RCR & HKCR and 33rd Annual Scientific Meeting of HKCR, Joint Ceremonies for Admission of New Fellows and the 21st Ho Hung Chiu Lecture and the Dinner of the Colleges:

Dr. Lok Yee CHAN

Dr. Allison Hiu Yee TAI

Dr. Jonathan Way Loon CHEN

Dr. Andrew Kwan Pui TANG

Dr. Yee Ming CHONG

Dr. Man Lung TSANG

Dr. Jocelyn Wai-Ling CHU

Dr. Desmond Tak Mong TSE

Dr. Sharon Cheuk Lam HO

Dr. Jeremy Lok WEI

Dr. Anselm Wang Hei HUI

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Dr. Pui Yi WONG

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Dr. Yu Ting WONG

Dr. Pak Lun LAM

Dr. Ryo Wan Lung YEUNG

Dr. Phoebe Hiu Wai LO

Dr. Franco Chi Tat YIP

Dr. Matthew Siu Hin MAK

Dr. Catherine Yee Man YOUNG

Dr. Kar Yan Natalie MOK

Dr. Kelvin Yu Chen ZHENG

Dr. Amrit PUN

The Colleges also wish to extend to Mr. Oliver REICHARDT and Ms. Jennifer JONES our sincere appreciation and gratitude for their kind assistance and support in the co-ordination for this eleventh Joint Meeting.

The programme is at Hong Kong Time (GMT+8)

22 November 2025 (Saturday)					
Date	Radiology		Clinical Oncology		Clinical Oncology / Nuclear Medicine / Radiology
Specialty	Radiology		Clinical Oncology		Clinical Oncology / Nuclear Medicine / Radiology
Time	Venue	Time	Venue	Time	Venue
	Pao Yue Kong Auditorium (G/F)		Function Room 1 (2/F)		Function Room 2 (2/F)
0830 - 1000	RAD Proffered Papers (Session A)	0830 - 0930	ONC Proffered Papers	0830 - 1000	RAD Proffered Papers (Session C)
		0930 - 1000	From Trial to Clinical Practice: Extending Survival in HR+ HER2- High Risk Early Breast Cancer Patients (Dr. Carlos BARRIOS, P100) supported by AbbVie		
1000 - 1030	Coffee Break (Exhibition Hall, G/F)				
	Pao Yue Kong Auditorium (G/F)				
1030 - 1230	Multidisciplinary Symposium: Hepatocellular Carcinoma and other Hepatic Malignancies				
1030 - 1045	LIRADS Update (Dr. Carmen Chi Min CHO, P50)				
1045 - 1100	Advances in IR for HCC and Liver Malignancy (Dr. Vince Wing Hang LAU, P51)				
1100 - 1115	SBRT for HCC and other Hepatic Neoplasms (Prof. Chi Leung CHIANG, P52)				
1115 - 1130	Immunotherapy and other Systemic Treatments for HCC (Prof. Stephen Lam CHAN, P53)				
1130 - 1145	Glass Microsphere Radioembolization - Selective Internal Radiation Therapy (GMR-SIRT) (Dr. Garrett Chi Lai HO, P54)				
1145 - 1200	Surgical Strategies for Hepatocellular Carcinoma and other Liver Malignancies (Prof. Kenneth Siu Ho CHOK, P55)				
1200 - 1230	Discussion				
1230 - 1400			Function Room 1 (2/F)		Function Room 2 (2/F)
		1230 - 1300	Incorporating Immunotherapy in LA HNSCC: A New Era of Treatment (Prof. Roger Kai Cheong NGAN, P95) Case Discussion Dr. Ann CHAN supported by MSD	1230 - 1300	Navigating the Landscape: First-Line Therapies for EGFR-Mutated NSCLC (Dr. Ross SOO, P101) supported by Johnson&Johnson
		1300 - 1330	Strengthening Oncology Care: Strategies for Implementing Herpes Zoster Prevention (Prof. Stephen Lam CHAN and Prof. Alberta HOI, P96) supported by GSK	1300 - 1330	Immunotherapy at the Forefront: Evolving Strategies in Resectable NSCLC (Dr. James Chung Hang CHOW, P102) supported by BeOne
	Lunch Break (Run Run Shaw Hall, 1/F)				
1400 - 1420	"Not Everything is IBD" (Dr. Mong Yang LOH, P56)	1400 - 1420	The UK National Health Service Proton Beam Therapy Programme (Dr. Nicky THORP, P65)	1400 - 1420	PSMA Therapy: Case Sharing (Dr. Kwok Sing NG, P71)
1420 - 1440	Mimics in Biliary Imaging: Diagnostic Pitfalls and Radiological Clues (Dr. Amanda Lun Chu LAW, P57)	1420 - 1440	The Burn Out Challenge - How the RCR is Supporting Doctors' Wellbeing (Dr. Nicky THORP, P66)	1420 - 1440	FAP/ PET/CT in Colorectal Cancer (Dr. Jeremy Hui Yeh LAU, P72)
1440 - 1500	Imaging in Pelvic Exenteration: Guiding Surgical Decision-making in Advanced Rectal Cancer (Dr. Rachel HYLAND, P59)	1440 - 1500	Locoregional and Systemic Therapies in HCC - The Evolving Role of Clinical Oncology (Dr. Owen NICHOLAS, P67)	1440 - 1500	Overview and Updates in PRRT (Dr. Carlos Wai Ip LI, P73)
1500 - 1520	Delivering Radiology Services in UK Healthcare: Challenges and Opportunities (Dr. Stephen HARGREN, P58)	1500 - 1520	Radiotherapy Trials Quality Assurance - Is it an Essential Component of Clinical Trials? (Dr. Owen NICHOLAS, P68)		
1520 - 1540	From Röntgen Rays to Reverse Radiology: The Radiological Diagnosis of Skeletal Dysplasias through the Eras (Prof. Amaka OFFIAH, P61)	1520 - 1540	Real-world Experience of Spatially Fractionated Radiotherapy (Dr. Natalie Sean Man WONG, P69)	1500 - 1600	NM Proffered Papers
1540 - 1600	The Impact of Two Years of Lung Cancer Screening in a Real World Environment in the UK (Dr. Richard HARTLEY, P62)	1540 - 1600	Applications of 3D Printing in Radiotherapy (Dr. Jean Ngan Sum CHENG and Dr. Venus Wan Yan LEE, P70)		
1600 - 1630	Coffee Break (Exhibition Hall, G/F)				
1630 - 1650	New Generation Whole-body PET/CT System - Innovations and Practical Clinical Insights (Dr. Harry Hongwei SUN, P64) supported by Siemens	1630 - 1730	Neoadjuvant and Peri-operative IO: Shaping the Future of Resectable NSCLC Care supported by Novartis/Novo Nordisk		
		1630 - 1650	From Bench to Bedside: Real-world Experience of Neoadjuvant Immunotherapy in Early Resectable NSCLC (Dr. Teddy Hong Yee WONG, P98)		
1650 - 1710	Sustainability in Radiology (Dr. Sarah SHEARD, P63)	1650 - 1715	Optimizing Immunotherapy Strategies in Resectable NSCLC: Current Data and Future Horizons (Dr. Molly Siu Ching LI, P99)	1630 - 1730	RAD Proffered Papers (Session B)
1710 - 1730	Creating ELECTRIKA: A National Suspected Child Physical Abuse AI Support System (Prof. Amaka OFFIAH, P64)	1715 - 1730	Panel Discussion Dr. Jeannie Yin Kwan CHIK, Dr. Molly Siu Ching LI, Dr. Fiona Mei Ying LIM, Dr. Winnie Wing Yan TIN and Dr. Teddy Hong Yee WONG		
	Run Run Shaw Hall (1/F)				
1800 - 1900	The Royal College of Radiologists & Hong Kong College of Radiologists The Twenty-fifth Joint Ceremonies for Admission of New Fellows (for invited guests only)				
1900 - 1930	The 21st Ho Hung Chiu Lecture				
1930 - 2000	Reception (Foyer, 1/F)				
2000 - 2200	The Royal College of Radiologists & Hong Kong College of Radiologists Dinner of the Colleges (pre-registration is required)				

*The programme is subject to change without prior notice.

The programme is at Hong Kong Time (GMT+8)

Date	23 November 2025 (Sunday)			
Specialty	Radiology / Interventional Radiology			Clinical Oncology / Palliative Medicine
Time	Venue	Pao Yue Kong Auditorium (G/F)		
0830 - 0920	Conjoint Session on Artificial Intelligence			
0830 - 0850	Artificial Intelligence: Navigating the Development of AI in Radiology – Where We Stand (Dr. Seung Eun JUNG, P.74)			
0850 - 0910	Integrating AI in Cancer Care: Advances, Opportunities and Challenges (Dr. James Chung Hang CHOW, P.76)			
0910 - 0920	Discussion			
0920 - 1030	Conjoint Session on Sustainability in Healthcare			
0920 - 0940	Environmentally Sustainable Innovation in Radiology (Dr. Charles Xian Yang GOH, P.77)			
0940 - 1000	The Sustainable Radiology Department: A Toolkit for Positive Change (Dr. Sarah SHEARD, P.78)			
1000 - 1020	Healing the Healers: Creating a Sustainable Path to Clinician Well-being (Dr. Albert Kam Ming CHAN, P.79)			
1020 - 1030	Discussion			
1030 - 1100	Coffee Break (Exhibition Hall, G/F)			
	Pao Yue Kong Auditorium (G/F)			Function Room 1 (2/F)
1100 - 1300	Imaging and Interventions for Degenerative Diseases		1100 - 1200	New Advances in Oncology / Dedicated Radiotherapy Session
1100 - 1120	Advances in Imaging Neurodegenerative Disease (Dr. Deyond Yung Woon SIU, P.80)		1100 - 1140	An Update on the Multidisciplinary Management of Upper GI Malignancy (Prof. Dora Lai Wan KWONG, Dr. Ka On LAM, Dr. Emerson Kwan Ho LEUNG, Dr. Stephen Ka Kei NG, P.86)
1120 - 1140	Imaging in Paediatric Neurodegenerative Disease (Dr. Leanne Han Qing CHIN, P.81)			
1140 - 1200	Genuclate Artery Embolisation (Prof. Gerard GOH, P.82)		1140 - 1200	ABCs of AI in Oncology: AI Assisted Research, Better Cancer Screening, Communication Facilitation (Dr. Ka Man CHEUNG, P.87)
1200 - 1220	Thawing the Frozen Shoulder: Establishing an Effective Hydrodilatation Service (Dr. Kenneth King CHEUNG, P.83)		1200 - 1300	Palliative Medicine - Challenges and Opportunities
1220 - 1240	Imaging of the Degenerative Spine (Prof. James Francis GRIFFITH, P.84)		1200 - 1220	Cryotherapy in Breast Cancer - from Early to Late Stage (Prof. Ava KWONG, P.91)
1240 - 1300	Chronic Pain Management for Degenerative Diseases (Dr. Yin Yee LEUNG, P.85)		1220 - 1240	Challenges and Opportunities in Palliative Radiotherapy to Hepatocellular Carcinoma (Dr. Natalie Sean Man WONG, P.92)
			1240 - 1300	Interventional Radiology for Palliation (Prof. Gerard GOH, P.93)
	Function Room 1 (2/F)			Function Room 2 (2/F)
1300 - 1330	Clinical Applications of Gadoteric Acid-Enhanced MRI in the Pre- and Post-Treatment of Hepatocellular Carcinoma (Prof. Lan ZHANG, P.103) supported by 		1300 - 1330	Optimizing Therapeutic Strategies in Unresectable and Metastatic EGFR-Mutated NSCLC (Prof. Rina Yee Man HUI, P.104) supported by 
1300 - 1430	Lunch & Prizes Presentation (Run Run Shaw Hall, 1/F)			
	Function Room 1 (2/F)			Pao Yue Kong Auditorium (G/F)
1430 - 1600	Young Fellows Forum	1430 - 1530	New Advances in Oncology / Dedicated Radiotherapy Session	
		1430 - 1450	From Paper to Patient: Acute Radiation Dermatitis - Now and Next (Dr. Shirley Sze Wa TSE, P.88)	
		1450 - 1510	An Update on the Management of Cholangiocarcinoma (Dr. Landon Long CHAN, P.89)	
		1510 - 1530	Recent Advances in Palliative RT (Dr. Barry Bar Wai WO, P.90)	

*The programme is subject to change without prior notice.

22nd November 2025 (Saturday)

RADIOLOGY PROGRAMME

Pao Yue Kong Auditorium (G/F)

Chairpersons: Beatrice Wing-tung CHENG, John Chun Kit LI

0830-1000		RAD Proffered Papers - Session A	
0830-0840	PP-RAD A1	Potential and Challenges of Ultrafast Dynamic Contrast-Enhanced Breast MRI – Our Initial Local Experience	Lok Yee CHAN
0840-0850	PP-RAD A2	Dual-Energy CT as an alternative to MRI for detecting radiographically occult hip fractures	Yee Ting LEE
0850-0900	PP-RAD A3	Photon-Counting Computed Tomography For TAVI Planning – Is It Ready For Prime-Time?	Victor CHAN
0900-0910	PP-RAD A4	The Indispensable Role of Radiologists in Intraoperative MRI: An Analysis of Interobserver Variability in Detecting Residual Tumors	Gene Chun Ning HO
0910-0920	PP-RAD A5	Establishment and Initial Clinical Evaluation of Hong Kong's First Intraoperative MRI (ioMRI) Service at Tuen Mun Hospital	Kai Tim FONG
0920-0930	PP-RAD A6	What Every Radiologist Should Know: MR-guided Focused Ultrasound Thalamotomy for Essential Tremor — Hong Kong's First Multicenter Experience	Man Lung TSANG
0930-0940	PP-RAD A7	Accuracy of magnetic resonance imaging in diagnosing leptomeningeal metastasis from lung carcinoma – a 10-year retrospective study in a tertiary referral hospital	Tsun Ming MO
0940-0950	PP-RAD A8	Decoding the Shadows: Navigating Diagnostic Traps in Paediatric Maxillo-Mandibular Imaging	Rayya NAFFA
0950-1000	PP-RAD A9	Diagnostic Reference Levels for CT-Guided Bone Biopsies in Paediatric Patients in Hong Kong – A 10-Year Multi-Centre Review	Pak Lun LAM

1000-1030 **COFFEE BREAK (Exhibition Hall, G/F)** ☕

Chairpersons: Justin Chung Yan CHAN, Charles Xian Yang GOH, Tracy Chui Yu SHUM

1030-1230		Multidisciplinary Symposium: Hepatocellular Carcinoma and other Hepatic Malignancies	
1030-1045	MDS-HC 1	LIRADS Update	Carmen Chi Min CHO
1045-1100	MDS-HC 2	Advances in IR for HCC and Liver Malignancy	Vince Wing Hang LAU

Legend:  Coffee Break

1100-1115	MDS-HC 3	SBRT for HCC and other Hepatic Neoplasms	Chi Leung CHIANG
1115-1130	MDS-HC 4	Immunotherapy and other Systemic Treatments for HCC	Stephen Lam CHAN
1130-1145	MDS-HC 5	Glass Microsphere Radioembolization - Selective Internal Radiation Therapy (GMRE-SIRT)	Garrett Chi Lai HO
1145-1200	MDS-HC 6	Surgical Strategies for Hepatocellular Carcinoma and other Liver Malignancies	Kenneth Siu Ho CHOK
1200-1230		Discussion	
1230-1400 LUNCH (Run Run Shaw Hall, 1/F) ☕🍴			
<i>Chairpersons: Esther Hiu Yee HUNG, Brian Kar Ho LEE</i>			
1400-1600 Radiology Lectures			
1400-1420	RAD 1	"Not Everything is IBD"	Mong Yang LOH
1420-1440	RAD 2	Mimics in Biliary Imaging: Diagnostic Pitfalls and Radiological Clues	Amanda Lun Chu LAW
1440-1500	RAD 3	Imaging in Pelvic Exenteration: Guiding Surgical Decision-making in Advanced Rectal Cancer	Rachel HYLAND
1500-1520	RAD 4	Delivering Radiology Services in UK Healthcare: Challenges and Opportunities	Stephen HARDEN
1520-1540	RAD 5	From Röntgen Rays to Reverse Radiology: The Radiological Diagnosis of Skeletal Dysplasias through the Eras	Amaka OFFIAH
1540-1600	RAD 6	The Impact of Two Years of Lung Cancer Screening in a Real World Environment in the UK	Richard HARTLEY
1600-1630 COFFEE BREAK (Exhibition Hall, G/F) ☕			
<i>Chairpersons: Joyce Pui Kwan CHAN, Simon Sin Man WONG</i>			
1630-1650 Satellite Symposium supported by UNITED IMAGING 			
1630-1650	SS 1	New Generation Whole-body PET/CT System - Innovations and Practical Clinical Insights	Harry Hongwei SUN
1650-1730 Radiology Lectures			
1650-1710	RAD 7	Sustainability in Radiology	Sarah SHEARD
1710-1730	RAD 8	Creating ELECTRICA: A National Suspected Child Physical Abuse AI Support System	Amaka OFFIAH

CLINICAL ONCOLOGY PROGRAMME

Function Room 1 (2/F)

Chairperson: Edwin Chun Yin WONG

0830-0920		ONC Proffered Papers	
0830-0840	PP-ONC 1	Radical vs Palliative Radiotherapy in de novo low-burden metastatic hormone-sensitive prostate cancer	Carson Chun Yin YIP
0840-0850	PP-ONC 2	ctDNA Tumor Fraction as a biomarker in advanced NSCLC and its Impact on treatment outcomes: a prospective multi-center study	Man Fei CHEUNG
0850-0900	PP-ONC 3	Comparison of Efficacy and Safety of GP versus PX Induction Chemotherapy for Locoregionally Advanced Nasopharyngeal Carcinoma: A Propensity Score-Matched Analysis	Yutong YIN
0900-0910	PP-ONC 4	Safety of Interim Stereotactic Body Radiotherapy to Intrahepatic Oligoprogression or Persistent Residual Lesions in Unresectable Hepatocellular Carcinoma Undergoing Systemic Therapy	Long CHAN
0910-0920	PP-ONC 5	Investigating Patterns of Clinical Practice in the Diagnosis of Hepatocellular Carcinoma (HCC) at a Single Oncology Center	Yun LI

Chairperson: Kelvin King Hei BAO

0930-1000		Satellite Symposium <i>supported by</i>  Lilly A MEDICINE COMPANY	
0930-1000	SS 9	From Trial to Clinical Practices: Extending Survival in HR+ HER2- High Risk Early Breast Cancer Patients	Carlos BARRIOS

1000-1030 **COFFEE BREAK (Exhibition Hall, G/F)**

Chairperson: Florence Siu Ting MOK

1230-1300		Lunch Symposium <i>supported by</i>  MSD	
1230-1250	SS 2	Incorporating Immunotherapy in LA HNSCC: A New Era of Treatment	Roger Kai Cheong NGAN
1250-1300		Case Discussion	Ann CHAN

1300-1330		Lunch Symposium <i>supported by</i>  GSK	
1300-1330	SS 3	Strengthening Oncology Care: Strategies for Implementing Herpes Zoster Prevention	Stephen Lam CHAN Alberta HOI

Legend:  Coffee Break

1230-1400 LUNCH (Run Run Shaw Hall, 1/F)

Chairpersons: David Ryan JOHNSON, Michael Koon Ming KAM, Sunny Hiu Sang WONG

1400-1600 Clinical Oncology Lectures

1400-1420	ONC 1	The UK National Health Service Proton Beam Therapy Programme	Nicky THORP
1420-1440	ONC 2	The Burn Out Challenge - How the RCR is Supporting Doctors' Wellbeing	Nicky THORP
1440-1500	ONC 3	Locoregional and Systemic Therapies in HCC – The Evolving Role of Clinical Oncology	Owen NICHOLAS
1500-1520	ONC 4	Radiotherapy Trials Quality Assurance – Is it an Essential Component of Clinical Trials?	Owen NICHOLAS
1520-1540	ONC 5	Real-world Experience of Spatially Fractionated Radiotherapy	Natalie Sean Man WONG
1540-1600	ONC 6	Applications of 3D Printing in Radiotherapy	Jean Ngan Sum CHENG Venus Wan Yan LEE

1600-1630 COFFEE BREAK (Exhibition Hall, G/F)

Chairpersons: Jeannie Yin Kwan CHIK, Winnie Wing Yan TIN

1630-1730 Neoadjuvant and Peri-operative IO: Shaping the Future of Resectable NSCLC Care supported by Bristol Myers Squibb

1630-1650	SS 4	From Bench to Bedside: Real-world Experience of Neoadjuvant Immunotherapy in Early Resectable NSCLC	Teddy Hong Yee WONG
1650-1715	SS 5	Optimizing Immunotherapy Strategies in Resectable NSCLC: Current Data and Future Horizons	Molly Siu Ching LI
1715-1730		Panel Discussion	Jeannie Yin Kwan CHIK Molly Siu Ching LI Fiona Mei Ying LIM Winnie Wing Yan TIN Teddy Hong Yee WONG

Legends:  Coffee Break  Lunch Break

CLINICAL ONCOLOGY / NUCLEAR MEDICINE / RADIOLOGY PROGRAMME

Function Room 2 (2/F)

Chairpersons: Justin Chuen Wai CHOI, Calvin Ho Nam HO

0830-1000		RAD Proffered Papers - Session C	
0830-0840	PP-RAD C1	Incremental Value of Time-Resolved Magnetic Resonance Angiography for Indeterminate Soft-Tissue Tumor	Yenpo LIN
0840-0850	PP-RAD C2	MRI Features of Placental Adhesion Disorder: A Retrospective Review and Radio-Clinico-Pathological Correlation	Ho Fei Chloe WONG
0850-0900	PP-RAD C3	A 10-year Retrospective Review of Radiotherapy-Induced Malignancies in Nasopharyngeal Cancer Patients	Wan Kee LEUNG
0900-0910	PP-RAD C4	Local Diagnostic Performance of Artificial Intelligence in Detecting Intracranial Hemorrhage in Plain Computed Tomography of Brain	Chun Lang TANG
0910-0920	PP-RAD C5	Optimizing Liver DWI with Deep Learning Reconstruction: A Comparative Study of Three Respiratory Motion Strategies	Soma KUMASAKA
0920-0930	PP-RAD C6	The First Magnetic Resonance Imaging (MRI)-Guided Transgluteal Prostate Biopsy in Hong Kong: Technique and Initial Experience	Oi Ling CHAN
0930-0940	PP-RAD C7	Embolisation for Colonic Lower Gastrointestinal Bleeding: A Systematic Review of Clinical Outcomes and Complications	Yu Lin HUANG
0940-0950	PP-RAD C8	Initial and Midterm Treatment Outcomes of Aortoiliac Type II Endoleak: a Single-center 8-year Experience	James FUNG
0950-1000	PP-RAD C9	Percutaneous Lung Biopsy: Pneumothorax Rates and Cost-Benefit Implications of Valved versus Non-Valved Biopsy Needles	Jackson PAT

1000-1030 COFFEE BREAK (Exhibition Hall, G/F)

Chairperson: Jeannie Yin Kwan CHIK

1230-1300 Lunch Symposium supported by **Johnson&Johnson**

1230-1300	SS 10	Navigating the Landscape: First-Line Therapies for EGFR-Mutated NSCLC	Ross SOO
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Legend:  Coffee Break

1300-1330

Lunch Symposium supported by  **BeOne**

1300-1330	SS 11	Immunotherapy at the Forefront: Evolving Strategies in Resectable NSCLC	James Chung Hang CHOW
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1230-1400

LUNCH (Run Run Shaw Hall, 1/F) 

Chairperson: Kwok Sing NG

1400-1500

Nuclear Medicine Lectures

1400-1420	NM 1	PSMA Therapy: Case Sharing	Kwok Sing NG
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1420-1440	NM 2	FAPI PET/CT in Colorectal Cancer	Jeremy Hugh Yen-hey LAU
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1440-1500	NM 3	Overview and Updates in PRRT	Carkos Wai Ip LI
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1500-1550

NM Proffered Papers

1500-1510	PP-NM 1	Incremental Diagnostic Value of ¹¹C Choline PET/CT for Detecting Parathyroid Adenomas and its Localisation Accuracy in Minimally Invasive Parathyroidectomy: A Single Centre Retrospective Study	Sze Chai NG
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1510-1520	PP-NM 2	Usefulness of pretreatment FDG PET/CT in predicting HER2-enriched breast cancer axillary pathological outcomes after neoadjuvant treatment.	Pak Lai TSOI
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1520-1530	PP-NM 3	Diagnostic value of 18F-FDG PET in patients with suspected neurodegenerative disease.	Chun Ho CHAN
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1530-1540	PP-NM 4	Resin 90Y microspheres radioactivity measurements for Transarterial Radioembolization : Comparison between two assay methods using dose calibrator and PET/CT system	Kin Keung KWAN
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1540-1550	PP-NM 5	Assessment of Differential Renal Function in Adult [99mTc] Tc-DMSA Scintigraphy: A Comparison of Four Renal Depth Correction Approaches	Cathy SO
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1600-1630

COFFEE BREAK (Exhibition Hall, G/F) 

Chairpersons: Anselm Wang Hei HUI, Pan Pan NG

1630-1730

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1630-1640	PP-RAD B1	Imaging and endovascular treatment for post-irradiation pseudoaneurysms after skull base irradiation for nasopharyngeal carcinoma	Ka Sang YIU
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1640-1650	PP-RAD B2	Non-Dilated PTBD in Liver Transplant Patients: Clinical and Technical Insights From Local Experience and Literature	Ho Ting Christie WONG
1650-1700	PP-RAD B3	Transverse Sinus Stenting in Medically Refractory Idiopathic Intracranial Hypertension: Safety, Efficacy, and Early Outcomes	Shravan REDDY KANKARA
1700-1710	PP-RAD B4	“Renal Interventionist” – Role of Interventional Radiologists in End Stage Renal Failure Patients	Cheuk Lau WONG
1710-1720	PP-RAD B5	The Power of Clinical Interventional Radiology (IR) – streamlining workflow and improving efficiency through IR-led in-patient consultation	Hong Yip LO
1720-1730	PP-RAD B6	Retrospective Review of Portal Vein Interventions at a Tertiary Liver Transplant Centre in Hong Kong	Chun Ting TAM

23rd November 2025 (Sunday)

RADIOLOGY / INTERVENTIONAL RADIOLOGY PROGRAMME

Pao Yue Kong Auditorium (G/F)

Chairpersons: Ka Man CHEUNG, Keith Wan Hang CHIU

0830-0920		Conjoint Session on Artificial Intelligence	
0830-0850	CSAI 1	Artificial Intelligence: Navigating the Development of AI in Radiology – Where We Stand	Seung Eun JUNG
0850-0910	CSAI 2	Integrating AI in Cancer Care: Advances, Opportunities and Challenges	James Chung Hang CHOW
0910-0920		Discussion	

Chairpersons: Milly Tung CHIU, Danny Hing Yan CHO

0920-1030		Conjoint Session on Sustainability in Healthcare	
0920-0940	CSSH 1	Environmentally Sustainable Innovation in Radiology	Charles Xian Yang GOH
0940-1000	CSSH 2	The Sustainable Radiology Department: A Toolkit for Positive Change	Sarah SHEARD
1000-1020	CSSH 3	Healing the Healers: Creating a Sustainable Path to Clinician Well-being	Albert Kam Ming CHAN
1020-1030		Discussion	

1030-1100 COFFEE BREAK (Exhibition Hall, G/F) ☕

Chairpersons: Hoi To LAU, Keith Nin Yuan PAN

1100-1300		Imaging and Interventions for Degenerative Diseases	
1100-1120	ID 1	Advances in Imaging Neurodegenerative Disease	Deiyond Yung Woon SIU
1120-1140	ID 2	Imaging in Paediatric Neurodegenerative Disease	Leanne Han Qing CHIN
1140-1200	ID 3	Geniculate Artery Embolisation	Gerard GOH
1200-1220	ID 4	Thawing the Frozen Shoulder: Establishing an Effective Hydrodilatation Service	Kenneth King CHEUNG
1220-1240	ID 5	Imaging of the Degenerative Spine	James Francis GRIFFITH
1240-1300	ID 6	Chronic Pain Management for Degenerative Diseases	Yin Yee LEUNG

Chairperson: Kenneth Hoi Ming KWOK

1300-1330 Lunch Symposium supported by (Function Room 1 (2/F))

1300-1330 SS 15 **Clinical Applications of Gadoxetic Acid-Enhanced MRI in the Pre- and Post- Treatment of Hepatocellular Carcinoma** Lan ZHANG

1300-1430 LUNCH & PRIZES PRESENTATION (Run Run Shaw Hall, 1/F)

Chairpersons: Wesley Yuen Lum CHOI, Hanson Ho Sang LEUNG

1430-1600 Young Fellows Forum
How will AI Change Your Practice? (Function Room 1 (2/F))

1430-1435 YFF 1 **AI-driven Precision: From Lung Nodule Detection to MR Neurography** Yenpo LIN (Chinese Taipei)

1435-1440 YFF 2 **Artificial Intelligence in Lung Cancer Screening in Macau** Mei Leng IEONG (Macau)

1440-1445 YFF 3 **Automated ASPECT Score** Kam Weng KWOK (Macau)

1445-1450 YFF 4 **AI in Medicine: Opportunities As Well As Challenges** Xiaohui WANG (PPRA-RTOG)

1450-1455 YFF 5 **How Will AI Change Radiological Practice? A Hong Kong Perspective** Hanson Ho Sang LEUNG (Hong Kong)

1455-1500 YFF 6 **From Efficiency to Sustainability: How AI Is Changing Radiology** Soma KUMASAKA (Japan)

1500-1505 YFF 7 **Transforming Clinical Practice Through Artificial Intelligence: The Opportunities** Chan Teng CHONG (Malaysia)

1505-1510 YFF 8 **Transforming Radiology with Artificial Intelligence: From Image Interpretation to Precision Diagnosis and Patient Care** Soo Shu YAP (Malaysia)

1510-1515 YFF 9 **AI as 'Radiologist Assistants'** Jeong Hyun LEE (South Korea)

1515-1520 YFF 10 **AI Won't Take Your Job — But It Might Give You Back Your Weekends — Two True Stories.** Wesley Kin Yiu WONG (Hong Kong)

1520-1525 YFF 11 **Pediatric Radiology in AI Era: Experiences in Children's Hospital, Thailand** Chomanad CHITTCANG (Thailand)

1525-1530 YFF 12 **Beyond the Hype: What Recent Evidence Tells Us About AI in Radiology** Shravan Reddy KANKARA (India)

1530-1535 YFF 13 **AI in Radiology: A Resident's Perspective** Cassandra Yi Xian YANG (Singapore)

1535-1540 YFF 14 **AI in Radiation Oncology: How Easy Will My Job Be, If I Still Have One?** Kiat Huat OOI (Singapore)

1540-1545 YFF 15 **Fetal Imaging - from Blurry to Brilliance** Carol Wing Kei NG (Hong Kong)

1545-1600 **Discussion**

Legends:  Lunch Break  Prizes Presentation  Lucky Draw

CLINICAL ONCOLOGY / PALLIATIVE MEDICINE PROGRAMME

Function Room 1 (2/F)

Chairperson: Ka On LAM

1100-1200 New Advances in Oncology / Dedicated Radiotherapy Session

1100-1140	NAO 1	An Update on the Multidisciplinary Management of Upper GI Malignancy	Dora Lai Wan KWONG Ka On LAM Emerson Kwan Ho LEUNG Stephen Ka Kei NG
1140-1200	NAO 3	ABCs of AI in Oncology: AI Assisted Research, Better Cancer Screening, Communication Facilitation	Ka Man CHEUNG

Chairpersons: Kevin Kin Fen FUNG, Inda Sung SOONG

1200-1300 Palliative Medicine – Challenges and Opportunities

1200-1220	PM 1	Cryotherapy in Breast Cancer - from Early to Late Stage	Ava KWONG
1220-1240	PM 2	Challenges and Opportunities in Palliative Radiotherapy to Hepatocellular Carcinoma	Natalie Sean Man WONG
1240-1300	PM 3	Interventional Radiology for Palliation	Gerard GOH

Chairperson: Gavin Tin Chun CHEUNG

1300-1330 Lunch Symposium supported by AstraZeneca 阿斯利康 (Function Room 2 (2/F))

1300-1330	SS 16	Optimizing Therapeutic Strategies in Unresectable and Metastatic EGFR-Mutated NSCLC	Rina Yee Man HUI
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1300-1430 LUNCH & PRIZES PRESENTATION (Run Run Shaw Hall, 1/F)

Chairperson: Gavin Tin Chun CHEUNG

1430-1530 New Advances in Oncology / Dedicated Radiotherapy Session (Pao Yue Kong Auditorium (G/F))

1430-1450	NAO 4	From Paper to Patient: Acute Radiation Dermatitis - Now and Next	Shirley Sze Wa TSE
1450-1510	NAO 5	An Update on the Management of Cholangiocarcinoma	Landon Long CHAN
1510-1530	NAO 6	Recent Advances in Palliative RT	Barry Bar Wai WO

Legends:  Lunch Break  Prizes Presentation  Lucky Draw

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08:30-10:00

Saturday, 22 November 2025

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3. Comparison of Efficacy and Safety of GP versus PX Induction Chemotherapy for Locoregionally Advanced Nasopharyngeal Carcinoma: A Propensity Score–Matched Analysis <u>Yutong Yin</u> , Li Yang, Yue Xiao, Miaoying Cai, Yifu Wang, Huangrong Ma, Zhiyuan Xu <i>Shenzhen University Medical School, Shenzhen University, Shenzhen, China</i> <i>Department of Clinical Oncology, The University of Hong Kong–Shenzhen Hospital, Shenzhen, China</i>	131
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- 5. Assessment of Differential Renal Function in Adult [$^{99\text{m}}\text{Tc}$] Tc-DMSA Scintigraphy: A Comparison of Four Renal Depth Correction Approaches** **138**

C So, TK Chow, WH Ma
Nuclear Medicine Unit, Department of Radiology and Nuclear Medicine, Tuen Mun Hospital

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All registrants of the 11th Joint Scientific Meeting of RCR & HKCR and 33rd ASM of HKCR can view all Electronic Posters via internet: <https://hkcr-asm.org/index/meeting-information/e-poster-showcase>

E-Poster can be searched according to categories of papers, which are listed as follows:

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- **Artificial Intelligence** (Poster No. 06 – 07)
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MDS-HC 1 10:30 - 10:45 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

LIRADS Update

Dr. Carmen Chi Min CHO

Department of Imaging & Interventional Radiology

Prince of Wales Hospital

Hong Kong SAR, China

The Liver Imaging Reporting and Data System (LI-RADS) has undergone several updates and refinements since its establishment in 2011. It now consists of 6 algorithms for the radiological assessment of patients at risk of HCC covering their journey from surveillance to post-treatment evaluation. It provides a standardized vocabulary for liver imaging, now available in 14 languages, which facilitates clear communication for patient management.

The year 2024 was one with several LI-RADS updates, including the addition of radiation treatment response evaluation for CT/MRI, non-radiation treatment response evaluation for CEUS as well as changes to the 2017 algorithms for non-radiation treatment response for CT/MRI and US surveillance. The major updates concerning treatment response evaluation for CT/MRI will be highlighted with emphasis on the differences between evaluating response from non-radiation and radiation therapies.

MDS-HC 2 10:45 - 11:00 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

Advances in IR for HCC and Liver Malignancy

*Dr. Vince Wing Hang LAU
Department of Radiology
Gleneagles Hospital
Hong Kong SAR, China*

Liver tumors, both primary and metastatic, pose significant challenges in oncology. Traditional treatments such as surgery, percutaneous ablation, and radiotherapy have shown varying degrees of success. A novel non-invasive technique called histotripsy is emerging as a promising alternative. Histotripsy utilizes focused ultrasound waves to mechanically destroy and liquefy tissue, inducing instantaneous cell death with precision and control. This technique offers several advantages, including the ability to target tumors with high accuracy and minimal damage to surrounding healthy tissue.

Clinical trials, such as the #HOPE4LIVER trial, have demonstrated high rates of technical success and safety, with minimal procedure-related complications. The technique has shown efficacy in both curative and palliative settings, offering relief from symptoms and serving as a bridge to transplant or resection.

The unique characteristics of histotripsy, such as its ability to preserve critical structures like bile ducts and vessels, make it a valuable addition to the arsenal of liver tumor treatments. The technique's precision and non-thermal mechanism of action reduce the risk of complications associated with thermal ablation methods. Furthermore, histotripsy has shown potential in treating challenging anatomy and tumors located near critical structures.

As research continues, histotripsy may revolutionize the treatment of liver tumors and other malignancies, offering a non-invasive, precise, and effective solution for patients.

MDS-HC 3 11:00 - 11:15 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

SBRT for HCC and other Hepatic Neoplasms

Prof. Chi Leung CHIANG

Department of Clinical Oncology, Centre of Cancer Medicine

School of Clinical Medicine, LKS Faculty of Medicine, University of Hong Kong

Hong Kong SAR, China

Resection and transplantation remain the primary curative options for patients with hepatocellular carcinoma (HCC). However, for patients who are unresectable or require downstaging at presentation, the landscape of liver-directed therapies has evolved rapidly over the past decade. Traditionally, arterial-based therapies and ablative techniques have been widely employed, while external beam radiotherapy (EBRT) has been considered a secondary option due to limited high-level evidence.

Advancements in technology have led to the emergence of stereotactic body radiotherapy (SBRT) as a safe and effective local treatment modality. SBRT delivers high-dose radiation precisely to liver tumors while sparing surrounding healthy tissue, including the liver parenchyma and adjacent bowel. Recent randomized studies support the use of EBRT including across various stages of HCC to improve survival and quality of life of patients. Furthermore, the role of radiotherapy continues to evolve in the era of immunotherapy. SBRT demonstrated a synergistic effect with checkpoint inhibitors by enhancing host immune response and providing durable tumor control. Early-phase studies highlight the promising potential of combining SBRT with immunotherapies.

In this lecture, I will cover: (1) the latest evidence regarding the role of SBRT across different stages of HCC, (2) recent advances in combining SBRT with systemic treatments, and (3) the indications for SBRT in other hepatic malignancies.

MDS-HC 4 11:15 - 11:30 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

Immunotherapy and other Systemic Treatments for HCC

Prof. Stephen Lam CHAN

Department of Clinical Oncology

The Chinese University of Hong Kong

Hong Kong SAR, China

The landscape of HCC (Hepatocellular Carcinoma) treatment is evolving rapidly, with innovative strategies and targets being actively pursued. Drug development is primarily exploring two pathways based on their mechanisms of action. The first pathway involves novel therapies that aim to modulate the immune system beyond the standard immune checkpoints such as PD-1 (Programmed Death-1) and CTLA-4 (Cytotoxic T-lymphocyte-associated protein 4). This strategy includes the development of antibodies that target emerging immune checkpoints and cytokines crucial in the regulation of tumor immune responses. Ongoing Phase II and III clinical trials are evaluating the efficacy of these antibodies in conjunction with existing immunotherapy treatments. Additionally, cellular therapies such as CAR-T (Chimeric Antigen Receptor-T) cells and tumor-infiltrating lymphocytes are being investigated in preliminary clinical studies for HCC. Progress in bispecific antibodies has paved the way for the creation of bispecific T cell engagers. The second pathway focuses on identifying new targets or reevaluating traditional targets that have been deemed challenging, such as PPAR-alpha (Peroxisome Proliferator-Activated Receptors-alpha), histone deacetylase, and β -catenin. Furthermore, these advancements in treatment options indicate a potential shift in the therapeutic approach for rarer liver cancers, including sarcomatoid HCC and combined HCC-cholangiocarcinoma. Emerging clinical experiences and genomic studies suggest that these tumors might respond to immune checkpoint inhibitors. Incorporating these tumors into clinical trials could play a critical role in developing therapies for these uncommon subtypes.

MDS-HC 5 11:30 - 11:45 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

Glass Microsphere Radioembolization - Selective Internal Radiation Therapy (GMRE-SIRT)

Dr. Garrett Chi Lai HO

Department of Nuclear Medicine & PET

Hong Kong Sanatorium & Hospital

Hong Kong SAR, China

The prescription of ^{90}Y glass microsphere radioembolization (90Y-GMRE) for radionuclide treatment of inoperable hepatocellular carcinoma (HCC) is intended to optimize tumor treatment dosing while limiting exposure to normal liver tissue and other organs. The calculation of a patient's injected dose can be individually adjusted using a dosimetry algorithm that incorporates cytokinetic data from pretreatment dual-tracer (^{11}C -acetate and ^{18}F -FDG) PET/CT scans. This algorithm includes two prerequisite technical validations and two dose boundary conditions. The first validation assesses the reliability of 90Y PET/CT for accurate dosimetry in 90Y-GMRE. The second evaluates the linear correlation between tumor-to-nontumor partition ratios from pretreatment $^{99\text{m}}\text{Tc}$ -MAA SPECT/CT and posttreatment 90Y PET/CT. The two dosimetry boundary conditions applied are 30 Gy for the lungs and 70 Gy for normal liver parenchyma, which are recommended by international guidelines as maximum safe exposure levels. While HCC is recognized as a heterogeneous tumor, much of the existing literature on 90Y-GMRE does not consider tumor heterogeneity or cytokinetic properties. Data indicate that incorporating metabolic heterogeneity and cytokinetic information from dual-tracer PET/CT into individual dosimetry calculations may improve treatment outcomes and patient survival.

Ref: Ho CL, Chen SR, Cheung SK, Leung YL, Cheng KC, Wong KN, Wong YH and Leung WT, "Radioembolization with ^{90}Y glass microspheres for hepatocellular carcinoma: significance of pretreatment ^{11}C -acetate & ^{18}F -FDG PET/CT and post-treatment ^{90}Y PET/CT in individualized dose prescription," *Eur J Nucl Med Mol Imaging*, Vol. 45, No. 12: pp2110-2121, 2018.)

MDS-HC 6 11:45 - 12:00 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

Surgical Strategies for Hepatocellular Carcinoma and other Liver Malignancies

Prof. Kenneth Siu Ho CHOK

Division of Hepato-biliary and Pancreatic Surgery

Department of Surgery

The Chinese University of Hong Kong

Hong Kong SAR, China

Performing hepatectomy is always challenging, not to mention with background history of liver cirrhosis. Patients with compromised liver function and the presence of portal hypertension can have a significant impact on the patient's postoperative outcomes. Preoperative accurate prediction of liver function, precise calculation of the future liver remnant, and judicious use of minimally invasive approach could potentially optimize the outcomes.

Apart from preoperative liver function assessment by the ICG retention test, the use of intraoperative ICG technique can facilitate dissection and identification of the ischemic plane as well.

The use of minimally invasive major hepatectomy is prohibitive in view of the fear of massive intraoperative bleeding and distorted anatomy in last decade. Nonetheless, studies have shown that this approach could minimize the disturbances of portal hypertension (unlike in open surgery, where abdominal wall varices are disrupted) and decrease blood loss in expert hands with comparable short and long-term results.

Conversion therapy, being one of the most important breakthroughs for the management of liver cancers in recent years, provides another new hope for the cure of this group of patients. Nonetheless, with all the input from oncologists, radiologists, hepatologists, and surgeons, the best timing for surgical intervention can be determined.

RAD 1 14:00 - 14:20 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

"Not Everything is IBD"

*Dr. Mong Yang LOH
Radiology Department
Stockport NHS Foundation Trust
United Kingdom*

Significant proportion of small bowel imaging (CT/MR) is done to assess for the presence of inflammatory bowel disease (IBD) in patients who present with symptoms suggestive possible small bowel inflammation.

Crohn's disease is an idiopathic inflammatory condition of the GI tract, which has a predilection to involve the small bowel, and presents as small bowel thickening.

The aim of this lecture to remind to Radiologists to consider other pathologies as a cause of small bowel thickening encountered on cross sectional imaging, which include infection, tumour and iatrogenic causes.

The key learning points:

Multiple pathologies can mimic small bowel Crohns disease.

Comparison with prior imaging studies may help to make the diagnosis.

Good clinic-radiological discussion is often helpful to make the diagnosis, and plan further management.

RAD 2 14:20 - 14:40 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

Mimics in Biliary Imaging: Diagnostic Pitfalls and Radiological Clues

Dr. Amanda Lun Chu LAW
Bolton Hospital NHS Foundation Trust
The Royal College of Radiologists
United Kingdom

Biliary imaging frequently presents diagnostic dilemmas, as a wide variety of benign and malignant processes can share overlapping radiological features. Distinguishing between these entities is crucial, since misinterpretation may lead to inappropriate or delayed management. This lecture will focus specifically on mimics in biliary imaging, highlighting examples where appearances overlap and outlining radiological strategies to avoid common pitfalls.

Among gallbladder lesions, adenomyomatosis and xanthogranulomatous cholecystitis are frequent masqueraders of malignancy. Both may present with wall thickening and mass-like changes, features concerning for gallbladder carcinoma.

For adenomyomatosis, careful evaluation for intramural cystic spaces, comet-tail and twinkling artefacts, utilising multimodality imaging will provide essential clues that support a benign diagnosis. For xanthogranulomatous cholecystitis, unlike gallbladder carcinoma, an intraluminal mass is absent. There can be solitary or multiple intramural nodules with characteristic CT and MRI features.

Along the biliary tree, peribiliary cysts may mimic biliary ductal dilatation and obstructive disease. Recognition of the characteristic round or oval cystic non communicating structures clustered along the biliary tree and stability over time helps avoid unnecessary intervention.

Metastatic disease can also masquerade as primary biliary malignancy. Invasive lobular carcinoma of the breast and oesophago-gastric signet-ring cell carcinoma can have a propensity for periductal infiltration, which may closely mimic hilar cholangiocarcinoma on imaging. Correlation with patient history and scrutinising for extra-biliary disease is essential in narrowing the differential.

For primary neoplasms of the bile duct, adenomas can be smooth and mimic ductal stones. Cholangiocarcinoma may mimic benign cholangitis, as both can appear as ductal wall thickening. Enhancing mural irregularity and focal involvement provide important clues to a malignant diagnosis.

Inflammatory and post infective strictures are another diagnostic challenge. IgG4-related sclerosing cholangitis often produces stricturing and beading that resembles those of primary sclerosing cholangitis, but their management differs significantly given IgG4 disease's responsiveness to corticosteroids. In addition, recurrent pyogenic cholangiohepatitis, HIV-related cholangiopathy and Covid-19 secondary sclerosing cholangitis can also mimic PSC.

In summary, mimics are common in biliary imaging, and failure to recognise them may lead to misdiagnosis or misclassification of benign and malignant disease. Through a case-based approach, this lecture will demonstrate with multimodality examples some key differentiating features to aid accurate diagnosis.

RAD 3 14:40 - 15:00 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

Imaging in Pelvic Exenteration: Guiding Surgical Decision-making in Advanced Rectal Cancer

Dr. Rachel HYLAND

Leeds Teaching Hospitals NHS Trust

The Royal College of Radiologists

United Kingdom

Pelvic exenteration is a radical yet potentially curative surgical intervention employed in the management of advanced or recurrent pelvic malignancies. The procedure involves en-bloc resection of multiple pelvic organs and demands meticulous preoperative assessment and planning.

Despite its complexity, pelvic exenteration has demonstrated promising outcomes in terms of long-term survival, with surgical mortality now approaching that of elective resections for primary pelvic cancers. Imaging is central to the multidisciplinary evaluation process; in delineating tumour extent, evaluating resectability, and informing surgical strategy.

This presentation will address:

- Key anatomical considerations essential for surgical planning in resections beyond total mesorectal excision (TME)
- Current best-practice guidelines for structured radiologic reporting in complex primary and recurrent pelvic tumours
- Strategies for generating clinically actionable radiology reports that support surgical planning and enhance multidisciplinary team (MDT) decision-making

RAD 4 15:00 - 15:20 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

Delivering Radiology Services in UK Healthcare: Challenges and Opportunities

Dr. Stephen HARDEN

The Royal College of Radiologists

United Kingdom

These are challenging times for UK radiology clinical practice. Ever-increasing demand for care is coinciding with chronic workforce shortfalls, which hamper our ability to safely and effectively manage all patients. This talk will summarise the context in which UK radiology is operating, before exploring the ways in which radiology practice is changing and improving to meet the challenges it faces.

The UK radiology workforce is growing, but at around half the rate at which imaging activity is increasing. In particular, demand for imaging from emergency departments has risen sharply, leading to additional burden on radiologists. This includes reporting on some investigations which are of low value to patient care. The imbalance means that patients often wait too long to receive a diagnosis and progress to treatment, with consequent impacts on their long-term outcomes.

The latest RCR workforce census reveals a number of trends, such as the number of radiology vacancies left unfilled for over a year, high levels of stress amongst radiologists due to rising workloads, and an increase in less than full time working patterns. The NHS's expenditure on costly alternatives to radiologists, such as outsourcing to teleradiology and reliance on locum staff, has risen to unprecedented levels – meaning vital funds are prevented from being invested where they would deliver the most benefit.

This challenging context has meant that UK radiologists are exploring and adopting new ways of working to meet the demands of modern healthcare, without compromising on care quality. The talk will review some of the approaches being used and developed to enable timely, excellent care.

Amongst these is a national effort to optimise diagnostic demand, focused on identifying low value tests and changing clinician behaviour. Technology can also play a role in demand optimisation, with clear evidence that the iRefer clinical decision support tool is leading to better, timelier patient care and significant cost efficiencies to NHS hospitals.

The state of artificial intelligence in UK radiology will also be reviewed. There is evidence it is increasingly being adopted by colleagues and departments across the country, with evolving implications for workloads and working patterns. AI and other shifts to ways of working will mean that the role of the radiologist will change. Radiologists will increasingly serve as the leaders of large, multidisciplinary teams, overseeing a holistic service and driving high standards of patient care.

There are no quick fixes, but there are rays of hope that imaging services will be able to provide the care our patients need and expect.

RAD 5 15:20 - 15:40 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

From Röntgen Rays to Reverse Radiology: The Radiological Diagnosis of Skeletal Dysplasias through the Eras

*Prof. Amaka OFFIAH
University of Sheffield
The Royal College of Radiologists
United Kingdom*

An “era” marks the beginning of a new distinct period. In this talk I recognise several overlapping “eras”, starting with the discovery of X-rays by Röntgen in 1895. The Royal College of Radiologists was the world’s first X-ray association in 1934, incorporated through a Royal Charter in 1953 and assuming its current title in 1975. The Hong Kong College of Radiology was incorporated in 1991, with Dr Leong Fung Ling Yee Lillian as its founding president.

The International Skeletal Dysplasia Society held its first meeting in 1969 and in 1971 published a paper recognising 134 named conditions but no genes. In the 2023 revision there are 771 named conditions and 552 genes.

Skeletal dysplasias are inherited conditions and there are several individuals involved in the unravelling of DNA, including Rosalind Franklin and Maurice Wilkins in the 1950s. It is not possible to talk about “eras” without mentioning artificial intelligence and important names and their dates of birth are Geoffrey Hinton (1947), Jim Goodnight (1953) and Alan Turing (1912).

My on-going research that I will cover in this lecture has only been possible because of these discoveries and endeavours.

With over 770 defined and numerous undefined skeletal dysplasias, a systematic approach is required for their radiological diagnosis. The approach I developed is “ABCD: Anatomical localisation, Bones, Complications, Death”. However, what should a radiologist do when even with this approach they fail to reach a diagnosis? Can AI help? Our machine-learning tool has shown good discrimination (75–88% average accuracy) between achondroplasia and normal infants.

Unfortunately, because individual conditions are rare, it will be difficult to develop an AI tool that can correctly diagnose each specific skeletal dysplasia. As such, we have taken a different approach and developed the dynamic Radiological Electronic Atlas of Malformation Syndromes, based on a large ontology, which by recognising patterns of terminology associated with a condition, can suggest a diagnosis. Currently dREAMS contains more than 12,000 images of over 400 conditions in more than 500 patients.

The talk will also cover my work with others as part of the 100,000 Genome Project and how this has led to the identification of new genes and the confirmation of diagnoses in patients with previously unidentified conditions. This is informing drug repurposing, drug development and gene therapy. In some cases, the genes are being identified before the radiological phenotype has been described. We have entered a new era—that of “reverse radiology”.

RAD 6 15:40 - 16:00 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

The Impact of Two Years of Lung Cancer Screening in a Real World Environment in the UK

Dr. Richard HARTLEY

Department of Radiology, James Cook University Hospital

The Royal College of Radiologists

United Kingdom

Following the publication of two key trials (the National Lung Screening trial in the USA and NELSON from Europe), funding became available to start a screening program in the Northeast of England. The screening program went "live" about 1 year ago.

Whilst the projects "headline" object is to screen for lung cancer, it has other objectives such as smoking cessation, management of COPD, and risk factor management for ischaemic heart disease.

The screening is performed in the standard manner with low dose CT and in the usual at-risk population with a significant smoking history. The region has long standing difficulties in recruiting medical staff, but within the funding available, we were able to use a third-party non-NHS supplier. They supplied a mobile CT scanner which moves around the region making the screening convenient and accessible to the population. Images are remotely reported, with CAD assistance, by a team of experienced chest radiologists from around the UK. The reporters have access to minimal clinical details and no previous imaging (except previous imaging via the screening program).

The images and reports are returned to the hospital serving the patient's postcode, and we have a weekly regional meeting to discuss the patients with significant findings. Within the region there are 3 hospital trusts each with different IT (and PACS) systems. This leads to significant issues comparing the screening images with any historical images.

The strategies we have adopted to manage the large numbers of new patients with potentially significant lung nodules and patients with incidental and probably significant non lung cancer findings will be discussed.

The effects upon the existing lung cancer pathways will also be discussed, such as pressures upon capacity for CT lung biopsy and changes in resection rates.

The screening program is until the age of 75 and our pathways for managing the population as they "age out" will be discussed.

RAD 7 **16:50 - 17:10 [GMT+8] Saturday, 22 November 2025** **Pao Yue Kong Auditorium (G/F)**

Sustainability in Radiology

*Dr. Sarah SHEARD
Imperial College Healthcare NHS Trust
The Royal College of Radiologists
United Kingdom*

The environmental impact of healthcare presents a difficult paradox for medical professionals. Providing high standards of clinical care for our patients generates significant greenhouse gas emissions and other pollutants, but anthropogenic climate change will have an increasingly negative impact on human health, and will disproportionately affect at-risk groups, deepening health inequality.

This lecture will look at the environmental impact of healthcare in more detail, and how we can specifically understand and measure the impact of radiology, from how our patients move through the system, how we run our buildings and departments, and how we store our data. The positive message is that there is lots of opportunity to improve the sustainability of radiology whilst maintaining, and even improving, the standard of care we provide.

RAD 8 17:10 - 17:30 [GMT+8] Saturday, 22 November 2025 Pao Yue Kong Auditorium (G/F)

Creating ELECTRICA: A National Suspected Child Physical Abuse AI Support System

*Prof. Amaka OFFIAH
University of Sheffield
The Royal College of Radiologists
United Kingdom*

Introduction

There are high stakes involved in the diagnosis of suspected child abuse (SPA); missed diagnoses may expose the child to further episodes of abuse culminating in death; overdiagnosis may lead to the child being taken away from a loving home. Fractures are seen in up to 55% of physically abused children, but those typical of abuse (classic metaphyseal and rib fractures) are most readily missed. The Royal College of Radiologists 2017 guidelines recommend that skeletal surveys performed for SPA should be double reported. Many centres do not have the local expertise, so could an AI tool act as one of the pair of "radiologists" double-reporting? Can AI assist, replace or extend the role of the radiologist in the diagnosis of physical abuse in children?

AI-Assist

My group has been working on creating a semantic ontology based on several existing ontologies and incorporating the details of children below 2 years of age with diagnoses ranging from definite accident through to definite abuse. Based on very small patient numbers (102) our initial pilot work has led to the development of a random forest-based algorithm which correctly categorised cases as accident or abuse/undetermined in 8 of 11 patients.

AI-Replace

By highlighting equivocal or abnormal findings, AI might replace the first reporter (we **do not** advocate fully autonomous AI in the diagnosis of child abuse). We assessed an existing software tool on cases of SPA; after training on 362 radiographs sensitivity and area under the curve for rib fractures increased from 8% to 23% and from 0.29 to 0.56. Specificity was 76% before and after training.

AI-Extend

The BoneXpert software (Visiana) for determining bone age in children also calculates the bone health index, a measure of bone strength. We have shown strong correlation between BHI and high-resolution peripheral quantitative CT parameters and in a study of children below 2 years of age with osteogenesis imperfecta, we have shown that a BHI of 4.72 or higher excludes OI with 95% specificity.

Finite Element Models

We are developing CT-based finite element models to ascertain mechanisms of injury in children.

ELECTRICA

The research goal is to extend the semantic ontology to at least 1,000 cases of accident and abuse in children below 2 years of age; to incorporate the images, an AI diagnostic software tool, BHI and patient-specific FE models, creating an ELEtronic knowledgebase for Clinicians, Trainers and Researchers in Child Abuse.

ONC 1
14:00 - 14:20 [GMT+8]
Saturday, 22 November 2025
Function Room 1 (2/F)
The UK National Health Service Proton Beam Therapy Programme
Dr. Nicky THORP
*The Royal College of Radiologists
 United Kingdom*

The first hospital-based Proton Beam Therapy Service was the low energy cyclotron at Clatterbridge in the UK which treated its first patient in 1989. However, it was not until 2018 that the first NHS high energy PBT facility opened at the Christie Hospital in Manchester, followed by a second centre at University College Hospital in London. This lecture will provide an overview of the evolution of the UK National Health Service (NHS) Proton Beam Therapy Programme, outlining its strategic development, implementation, and current clinical applications. The presentation will explore the rationale for investing in proton therapy within a publicly funded healthcare system, including the anticipated benefits for specific patient cohorts. Key considerations will include patient selection criteria, referral pathways, and the integration of proton therapy into multidisciplinary cancer care. The session will also address challenges such as resource allocation, cost-effectiveness, and equitable access, with a focus on how clinical evidence and national policy have shaped service delivery. Case examples will be used to illustrate clinical decision-making and outcomes, particularly in scenarios where conventional radiotherapy may be suboptimal. The approach to research including randomised controlled trials for adult indications and long term prospective follow up for TYA and paediatric indications will be reviewed. Data on patient numbers, diagnostic categories and early outcomes will also be presented.

The Burn Out Challenge - How the RCR is Supporting Doctors' Wellbeing

Dr. Nicky THORP

The Royal College of Radiologists

United Kingdom

Burnout is a state of physical and emotional exhaustion caused by prolonged workplace stress. Over the past two decades, its prevalence among healthcare professionals has gained increasing recognition, along with its profound consequences for individuals, patients, healthcare organisations, and society at large. In response to this growing concern, the Royal College of Radiologists (RCR) published "Care is not just for the patient" in April 2021—a declaration of its commitment to proactively prioritise wellbeing for its members and Fellows. This lecture will explore the multifaceted nature of burnout and the RCR's evolving role in supporting clinicians.

Key themes will include:

- Definitions and distinctions between stress, burnout, and wellbeing, and how these concepts interact.
- Common symptoms and warning signs of stress and burnout.
- Data on prevalence and impact across the healthcare system.
- Stressors in the modern clinical environment, including workload, emotional demands, and systemic pressures.
- Strategies for managing stress at both individual and organisational levels.
- RCR-led initiatives aimed at fostering resilience, peer support, and cultural change.

The session will emphasise practical approaches and showcase examples of good practice from across the profession. Attendees will gain insights into how the RCR is working to embed wellbeing into its strategic priorities and how clinicians can engage with available resources to support themselves and their colleagues.

Locoregional and Systemic Therapies in HCC – The Evolving Role of Clinical Oncology

Dr. Owen NICHOLAS

South West Wales Cancer Centre

The Royal College of Radiologists

United Kingdom

Locoregional therapy plays a central role of the management of HCCs. Historically, radiofrequency ablation is used for smaller tumours with TACE or increasingly TARE (e.g. with yttrium-90 beads) is utilised in intermediate stage HCCs. SBRT has emerged as a safe and effective treatment modality for small and intermediate stage tumours with its use increasing globally. However, head-to-head data comparing treatment modalities is lacking. As a result, in the UK, SBRT continues to play a more limited role in the locoregional management of HCC. This talk discusses the evolving role of SBRT in the management of HCC from a UK perspective. It examines guidelines and the current evidence base to propose where SBRT should sit within the management paradigm of HCC. The talk will also cover the newer systemic treatment options now available and highlights the unique position of clinical oncologists as clinicians who are able to seamlessly utilise both radiation and drug treatments to achieve the optimal outcomes for HCC patients. Finally, the talk will discuss emergent management strategies including drug and RT combinations, the use of particle therapy in HCC and palliative RT for HCC.

ONC 4

15:00 - 15:20 [GMT+8]

Saturday, 22 November 2025

Function Room 1 (2/F)

Radiotherapy Trials Quality Assurance – Is it an Essential Component of Clinical Trials?

Dr. Owen NICHOLAS

South West Wales Cancer Centre

The Royal College of Radiologists

United Kingdom

Radiotherapy trials quality assurance (RTQA) is increasingly recognised as an important component of clinical trials. However, it is still not considered mandatory in all RT trials and where present, trial QA processes often vary significantly. All components of the radiotherapy pathway are prone to error, and in the context of clinical trials, this may lead to false negative or false positive conclusions. This talk examines real-life examples and published data which supports the value of RTQA in clinical research and makes the argument for its adoption as a mandatory component in all RT studies. This talk aims to set out an optimum and minimum standard for a clinical trial RTQA processes. Beyond clinical trials, the talk will discuss the wider benefit of RTQA in improving the overall standard of radiotherapy.

Real-world Experience of Spatially Fractionated Radiotherapy

Dr. Natalie Sean Man WONG

Department of Clinical Oncology

Tuen Mun Hospital

Hong Kong SAR, China

Treating locally advanced and radio-resistant tumors presents therapeutic challenges owing to their aggressive tumor biology and symptomatic, large bulk.¹ Treatment options remain limited, and patients often confer poor prognoses. Stereotactic body radiation therapy (SBRT), or dose escalation by other radiation therapy (RT) means, may be associated with unacceptable treatment toxicities for treatment of these tumors beyond 5cm.² Spatially Fractionated Radiotherapy (SFRT), as characterized by its heterogeneous dose distribution within the tumor target, represents a novel approach in radiation therapy.

We describe Hong Kong's first institutional experience with GRID and LATTICE techniques in treating large, advanced tumors. Patients receiving SFRT at our institution were evaluated. GRID RT, which utilizes a physical GRID block to create 2-dimensional patterns of high-dose peaks and low-dose valleys, were delivered at a single fraction of 15-18Gy. LATTICE RT on the other hand, delivers 3-dimensional high-dose vertices spaced centimetres apart within an area of surrounding low-dose valleys with the use of modern imaging and treatment planning systems. These techniques were applied to various tumor histologies, including sarcomas, melanomas, squamous cell carcinomas, adenocarcinomas of various body treatment sites ranging from the head and neck, through breast, abdomen to extremities. We report the technical considerations, feasibility, planning and delivery, with an evaluation of early patient outcomes.

Applications of 3D Printing in Radiotherapy

Dr. Jean Ngan Sum CHENG

Department of Clinical Oncology

Tuen Mun Hospital

Hong Kong SAR, China

Dr. Venus Wan Yan LEE

Department of Clinical Oncology

Tuen Mun Hospital

Hong Kong SAR, China

3D printing is revolutionizing the field of radiotherapy by enabling highly personalized, precise, and efficient treatment solutions for patients with complex anatomical and dosimetric requirements. Its integration into radiotherapy planning has opened new avenues for customization and adaptability, particularly in cases where conventional methods fall short. By leveraging additive manufacturing technologies, clinicians can now produce patient-specific devices that enhance treatment accuracy and comfort.

Among the most notable applications are 3D-printed bolus devices, which conform precisely to a patient's surface anatomy to ensure adequate skin dose delivery. Unlike traditional bolus materials, these custom-fitted devices minimize air gaps and improve dose homogeneity. Similarly, 3D printing has been employed to fabricate brachytherapy applicators tailored to individual patient geometries, allowing for optimized brachytherapy delivery and optimizing dose delivered to tumor tissues. Immobilization devices, such as masks and body supports, are also being customized through 3D printing to improve patient positioning and reproducibility during treatment sessions.

Despite its transformative potential, the adoption of 3D printing in radiotherapy is not without challenges. Technical limitations in device design, material selection, and integration with treatment planning systems can hinder widespread implementation. The accuracy of printed models depends heavily on imaging quality, segmentation precision, and printer resolution. Moreover, regulatory considerations and quality assurance protocols must be rigorously addressed to ensure patient safety and treatment efficacy.

To fully understand the scope and impact of 3D printing in radiotherapy, we would discussed the essential in technical aspects of various printing techniques. Moreover, by going through in-depth case studies, we will provide insights into the practical benefits, limitations, and future directions of this technology, highlighting its role in advancing personalized cancer care and improving therapeutic outcomes.

PSMA Therapy: Case Sharing

Dr. Kwok Sing NG

Nuclear Medicine Unit

Queen Elizabeth Hospital

Hong Kong SAR, China

Lutetium-177 PSMA therapy is radionuclide therapy for prostate tumor. It is indicated for metastatic castration-resistant prostate tumor with failed taxane-based chemotherapy with positive PSMA PET/CT scan. Different clinical trials show overall and progression free survival for the PSMA therapy compared with standard therapy. Typical PSMA therapy consists of 4 – 6 cycles, 6 weeks in between each cycle. The premedications include normal saline infusion for renal protection, prophylactic antiemetics, allopurinol for tumor lysis syndrome, analgesics, steroid for cerebral or spinal metastases with risk of painful obstructive swelling, and cold packs to salivary glands. Post-therapy scan can be performed 1 – 2 days after PSMA administration. Common side-effects include dry mouth, nausea, fatigue and myelosuppression. In this presentation, the first case of PSMA therapy in our center (Queen Elizabeth Hospital) is illustrated. His history of previous treatment for prostate tumor is introduced. His current PSMA therapy and post-therapy scans are described. His encountering of side-effects are listed. This presentation outlines our experience of the first case of PSMA therapy and the challenges we face.

FAPI PET/CT in Colorectal Cancer

Dr. Jeremy Hugh Yen-hey LAU

Nuclear Medicine Unit

Queen Elizabeth Hospital

Hong Kong SAR, China

Fibroblast Activation Protein Inhibitor (FAPI) PET/CT has emerged as a transformative imaging modality in colorectal cancer (CRC), offering significant advantages over conventional FDG PET/CT in challenging clinical scenarios. While FDG remains the standard, its well-documented limitations in evaluating mucinous or signet-ring cell subtypes, peritoneal carcinomatosis, and post-treatment fibrosis create critical diagnostic gaps that FAPI imaging effectively addresses. By specifically targeting cancer-associated fibroblasts (CAFs) that are abundant in CRC stroma, FAPI PET/CT provides exceptional tumor-to-background contrast and demonstrates markedly improved detection rates for difficult-to-identify metastases.

Clinical studies consistently report FAPI's superior performance characteristics, particularly in peritoneal disease detection where it shows substantially higher sensitivity compared to FDG imaging, with this advantage proving particularly impactful for surgical planning decisions. The modality also excels in visualizing mucinous and signet-ring cell CRC variants - histologic subtypes that frequently evade detection by FDG due to their characteristically low glycolytic activity. Beyond initial staging applications, FAPI shows growing promise in post-therapeutic evaluation, where its unique imaging properties may help distinguish between treatment-related fibrotic changes and persistent viable tumor, thereby reducing diagnostic uncertainty following chemoradiation.

The clinical utility of FAPI PET/CT extends to identifying otherwise occult metastatic deposits, including minimal lymph node involvement and early peritoneal seeding, findings that frequently necessitate modification of treatment approaches. Representative case examples demonstrate how FAPI imaging has revealed more extensive disease in patients initially classified as surgical candidates by conventional imaging modalities, leading to more appropriate therapeutic selections. Looking forward, FAPI's potential spans both diagnostic and therapeutic domains, with investigational applications exploring FAP-targeted radioligand therapies for advanced CRC.

While these advances are promising, several challenges require attention, including observed variations in FAPI avidity across different CRC subtypes and the ongoing need for protocol standardization. Notwithstanding these considerations, FAPI PET/CT represents a major advancement in CRC management, providing clinicians with a more accurate and comprehensive tool for disease staging, recurrence identification, and treatment response assessment. As continuing research further elucidates its clinical benefits, FAPI imaging is positioned to redefine current standards in colorectal cancer care.

NM 3
14:40 - 15:00 [GMT+8]
Saturday, 22 November 2025
Function Room 2 (2/F)

Overview and Updates in PRRT

Dr. Carkos Wai Ip LI

Nuclear Medicine Unit

Queen Elizabeth Hospital

Hong Kong SAR, China

This presentation explores theranostics in neuroendocrine tumors (NETs), a rare heterogeneous group primarily arising in the gastrointestinal tract and characterized by somatostatin receptor (SSTR) overexpression.

It includes concept of using radioactive compounds for imaging biological targets like SSTRs via Ga-68 DOTA-peptide PET/CT, which outperforms conventional modalities for primary NET detection, lymph node assessment, and metastasis identification. Dual-tracer imaging with FDG and SSTR PET/CT enables whole-body tumor grading, distinguishing well-differentiated from poorly-differentiated NETs, guiding therapeutic decisions. Peptide receptor radionuclide therapy (PRRT), utilizing Lu-177 or Y-90 DOTA-peptides, delivers ionizing radiation to SSTR-positive tumors, demonstrating efficacy in advanced, well-differentiated NETs. Recent updates from the NETTER-1 and NETTER-2 trials highlight treatment responses with Lu-177 DOTATATE compared to high-dose octreotide, establishing PRRT as viable second-line (NETTER-1) and first-line (NETTER-2) therapy for NETs, with manageable toxicity.

Artificial Intelligence: Navigating the Development of AI in Radiology – Where We Stand

Dr. Seung Eun JUNG

The Korean Society of Radiology

South Korea

Artificial intelligence (AI) has progressed from experimental systems to practical tools that are now visible in radiology departments worldwide. Chest X-ray triage, brain imaging for acute stroke, mammography, and sepsis prediction represent some of the clinical AI applications that have obtained regulatory approval and, in certain regions, reimbursement. Yet, despite these milestones, the integration of AI into daily radiological practice remains uneven, and its real-world benefits are still under close scrutiny.

Current evidence shows that while AI can enhance detection of critical findings, reduce turnaround times, and support reporting consistency, performance often declines when models are applied across diverse institutions and patient populations. This gap between regulatory trial performance and real-world practice underscores the need for continuous monitoring of AI tools after deployment.

Challenges such as automation bias, digital fatigue, and increased cognitive burden for radiologists have been reported, suggesting that AI adoption is not automatically synonymous with efficiency or reduced burnout.

The regulatory and governance landscape is rapidly evolving. In South Korea, for example, recent reforms have lowered barriers for AI market entry, allowing earlier clinical use but shifting responsibility for evaluation onto individual hospitals and practitioners. This industry-favoring trend raises concerns about patient safety and equitable access, as financial burdens are often shifted to patients through out-of-pocket payments.

Globally, regulators are also grappling with the emergence of generative AI systems. Unlike narrow AI, these large multimodal models generate free-text reports and education materials but present new risks, including hallucination, sycophancy, and vulnerability to adversarial attacks, demanding new frameworks that treat such models more like human practitioners than traditional devices.

Another critical dimension is the radiology workforce and education. Rather than replacing radiologists, AI is reshaping their role into supervisors and integrators of AI outputs. This transition requires “AI literacy” for trainees and practicing clinicians, covering not only technical understanding but also ethical, legal, and patient-centered considerations.

Building curricula that integrate AI competencies into medical education is essential to ensure safe and effective adoption in future practice.

Ultimately, the future of AI in radiology depends on a balanced approach. Sustainable integration will require robust governance frameworks, transparent reimbursement models, continuous real-world performance evaluation, and proactive efforts to minimize bias and automation pitfalls. Most importantly, AI adoption must remain aligned with the core mission of radiology: advancing patient-centered care through accuracy, safety, and trust.

CSAI 2 **08:50 - 09:10 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Integrating AI in Cancer Care: Advances, Opportunities and Challenges

Dr. James Chung Hang CHOW
Department of Clinical Oncology
Queen Elizabeth Hospital
Hong Kong SAR, China

The integration of artificial intelligence into cancer care is rapidly transforming the field of oncology, offering opportunities to enhance patient outcomes and healthcare efficiency through improved diagnostics, personalized treatments, and effective resource management. Current research in AI applications in oncology focuses on several key areas including digital pathology, medical imaging, analysis of complex multi-omics data, optimization of radiotherapy treatment planning, drug discovery, and predictive modeling of patient outcomes. These breakthroughs pave the way for precision oncology enabling the individualization of treatment plans tailored to specific patient and tumor characteristics. Nonetheless, despite these promising developments, challenges remain in the integration of AI into daily practice. Data bias and the interpretability of AI models are crucial factors for clinical adoption. Ethical considerations surrounding patient privacy, data security, and liability issues also warrant careful attention. To fully realize the potential of AI in cancer care, close collaboration among oncologists, specialists in other medical disciplines, data scientists, and policymakers is essential for establishing robust frameworks for implementation. This talk will review current advances in AI applications in oncology alongside the challenges that lie ahead.

CSSH 1 **09:20 - 09:40 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Environmentally Sustainable Innovation in Radiology

*Dr. Charles Xian Yang GOH
Department of Nuclear Medicine and Molecular Imaging
Singapore General Hospital
Singapore*

Radiology has always been at the forefront of technological innovation in healthcare, yet its environmental footprint - including energy-intensive imaging modalities, single-use consumables, and high-carbon manufacturing supply chains - has often been overlooked. As healthcare systems face the challenge of improving patient outcomes while reducing climate impact and cost, radiology has a unique opportunity to lead in environmentally sustainable innovation.

This talk will explore practical strategies in the implementation of innovative solutions such as AI, advanced imaging equipment and techniques while assessing and mitigating their environmental impact.

Topics that will be discussed include:

- Measuring and understanding the environmental impact of different imaging modalities and techniques
- Technology and workflow innovations to reduce energy consumption
- Policy and governance efforts to drive greener procurement and sustainable digital infrastructure

CSSH 2 09:40 - 10:00 [GMT+8] Sunday, 23 November 2025 Pao Yue Kong Auditorium (G/F)

The Sustainable Radiology Department: A Toolkit for Positive Change

Dr. Sarah SHEARD

Imperial College Healthcare NHS Trust

The Royal College of Radiologists

United Kingdom

Our understanding of the environmental impact of radiology is still in its early stages, but the need to reduce emissions is urgent. Many radiologists, and the health systems they work in, understand the importance of making positive changes to the way we run our departments to curb the impacts of climate change on humans and nature, but getting started can be challenging.

This lecture looks at the practical first steps towards improving the environmental impact of running a radiology department, including day-to-day operations, as well as considering the critical part radiology plays in the diagnostic and treatment pathways for patients.

CSSH 3 **10:00 - 10:20 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Healing the Healers: Creating a Sustainable Path to Clinician Well-being

Dr. Albert Kam Ming CHAN

Department of Anaesthesia, Pain and Perioperative Medicine

Prince of Wales Hospital

Hong Kong SAR, China

Physician burnout has become a global issue, with physicians experiencing at least one symptom of emotional exhaustion, depersonalization, or diminished personal accomplishment. Despite widespread recognition, this syndrome remains inadequately addressed across healthcare systems. The consequences extend far beyond individual suffering, creating a cascade of adverse effects on organizational efficiency and patient safety. Physicians experiencing burnout has been shown to be more likely to be involved in patient safety incidents and deliver suboptimal care.

Threats to clinician well-being are multifaceted, ranging from clinical adverse events to challenging interpersonal relationships within the workplace. Without timely intervention, these stressors accumulate, leading to reduced professionalism, decreased patient satisfaction, and increased medical errors. Traditional approaches focusing solely on vulnerable patients and systems are incomplete; physician wellness must be recognized as a core contributor to healthcare quality and safety standards.

Addressing burnout requires a paradigm shift from reactive measures to proactive, organization-level strategies. Professional colleges and individual departments must cultivate awareness and implement systematic interventions. Positive psychology interventions represent a promising evidence-based approach, with studies demonstrating measurable improvements in well-being, job satisfaction, resilience, and reductions in depression, anxiety, and burnout symptoms among healthcare workers.

The Hong Kong College of Anaesthesiologists has pioneered such initiatives, piloting a positive psychology program for members and fellows. This presentation will share insights gained from this pilot study, examining implementation challenges, measurable outcomes, and practical applications of positive psychology interventions in anaesthesiology practice. By sharing these experiences, we aim to provide a roadmap for other specialties and institutions seeking to heal their healers and create sustainable cultures of well-being.

ID 1 **11:00 - 11:20 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Advances in Imaging Neurodegenerative Disease

Dr. Deyond Yung Woon SIU

Scanning Department

St. Teresa's Hospital

Hong Kong SAR, China

There were a lot of development in neurodegenerative diseases in the past decade including new investigation biomarkers, diagnostic criteria and treatment options.

This lecture would go through the latest diagnostic criteria of the more common neurodegenerative diseases including Alzheimer's disease and movement disorder, the essential imaging biomarkers with particular focus on MRI and different neural PET scan, and the latest treatment options and imaging surveillance of Alzheimer's disease.

Imaging in Paediatric Neurodegenerative Disease

Dr. Leanne Han Qing CHIN
Department of Radiology
Queen Mary Hospital
Hong Kong SAR, China

Background:

Paediatric neurodegenerative diseases are a complex and heterogeneous group of disorders characterized by progressive loss of neurological function and often devastating long-term outcomes. Early and accurate diagnosis is crucial for guiding clinical management, genetic counseling, and, in some cases, targeted therapy. While diagnosing many neurodegenerative processes is challenging and some cases may never receive a specific diagnosis, radiologists play a pivotal role. In collaboration with clinicians, radiologists help define characteristic clinico-radiological findings, which can narrow the differential diagnosis and guide further genetic or metabolic workup.

Objectives:

This presentation aims to provide a practical overview of imaging approaches to paediatric neurodegenerative diseases, highlighting characteristic radiological patterns, key differentiating features, and common diagnostic pitfalls. The goal is to boost confidence and accuracy in reporting through a systematic approach that integrates imaging findings with clinical presentation to optimise the diagnostic pathway.

Content:

The session will begin with a brief review of the major categories of paediatric neurodegenerative diseases, including metabolic leukodystrophies, mitochondrial disorders, and other progressive encephalopathies. Using a case-based approach, the presentation will illustrate characteristic imaging appearances, with emphasis on pattern recognition (e.g. symmetry, distribution, progression, and evolution of white and/or grey matter involvement; specific structural involvement such as subcortical U-fibers and posterior fossa structures). Clinical correlation will be discussed, such as macrocephaly in Alexander and Canavan disease or systemic features like abnormal odour in maple syrup urine disease. Other imaging clues, such as cysts in megalencephalic leukoencephalopathy with cysts, will be highlighted. Common pitfalls, including interpretation of age-related myelination patterns and mimics such as hypoxic-ischaemic injury, will be addressed to help avoid misdiagnosis. The utility of advanced imaging techniques, including MR spectroscopy and diffusion-weighted imaging, will also be briefly discussed.

Conclusion:

Neuroimaging is integral to the evaluation of paediatric neurodegenerative diseases. By recognizing key imaging patterns and integrating clinical context, radiologists play a vital role in timely diagnosis and patient management. Rapid advances in genetics and neuroimaging call for radiologists to work closely within multidisciplinary teams, using a systematic, pattern-based approach to guide diagnostic workup and ultimately improve care and outcomes for affected children.

ID 3 **11:40 - 12:00 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Geniculate Artery Embolisation

Prof. Gerard GOH
Department of Radiology
The Alfred Hospital
Australia

Knee osteoarthritis is a common cause of chronic pain and disability with increasing prevalence in aging and active populations. Geniculate artery embolization (GAE) is procedure that offers patients pain relief where conservative management does not provide adequate analgesia. This presentation will provide an overview of GAE, including patient selection criteria, procedural technique, embolic agents, and imaging considerations. We will discuss the pathophysiological for targeting abnormal periarticular neovascularity, as well as safety and clinical outcomes.

ID 4 **12:00 - 12:20 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Thawing the Frozen Shoulder: Establishing an Effective Hydrodilatation Service

Dr. Kenneth King CHEUNG

Department of Radiology

North District Hospital / Prince of Wales Hospital

Hong Kong SAR, China

Frozen shoulder (adhesive capsulitis) is a common condition that – although often self-limiting – can have a protracted and debilitating course with significant impact on activities of daily living and quality of life. It can be challenging to treat, where traditional pain relief and physiotherapy may only offer limited and unsatisfactory recovery, and consequently may necessitate more demanding procedures such as manipulation under general anaesthesia and arthroscopic/ surgical release.

In this short talk, we will explore ultrasound-guided hydrodilatation as an established, effective and minimally-invasive alternative that nicely bridges the gap between physiotherapy and surgery. In particular, we will explore how to set up a comprehensive, multidisciplinary frozen shoulder care package, with practical tips on optimising patient outcome.

ID 5 **12:20 - 12:40 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Imaging of the Degenerative Spine

Prof. James Francis GRIFFITH

Department of Imaging & Interventional Radiology

Prince of Wales Hospital

Hong Kong SAR, China

Reporting cervical and lumbar degenerative spines is one of the most common tasks radiologists undertake. There are no shortcuts to reporting the degenerative spine. Best to have a systematic approach to ensure that all features are covered and an orderly report is produced. For the cervical spine, it is helpful to include oblique sagittal imaging in your imaging protocol to help assessment of foraminal stenosis.

Everyone should develop their own reporting system. My own tried and tested system is to: (a) First comment on development spinal canal size. This should be the first line of the report. (b) Then comment on the overall severity of degenerative change and then (c) report each level separately mentioning and grading all relevant features. Know the difference between cord indentation and compression as well as the different effects compression has on the spinal cord. (d) For the lumbar spine, routinely comment on whether there is a transitional lumbosacral segment, scoliosis, and pars defects.

Finally, give a clinically relevant conclusion noting the specific level and severity of neural compromise present rather than concluding with broad-brush statements like “multilevel disc degeneration and nerve root compression as described”. The conclusion is often the only part of your report to be read. Make it as meaningful and as succinct as possible.

ID 6 **12:40 - 13:00 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Chronic Pain Management for Degenerative Diseases

Dr. Yin Yee LEUNG

Department of Anaesthesia

Princess Margaret Hospital

Hong Kong SAR, China

Chronic pain is common in degenerative diseases. A local study documented the prevalence of chronic pain in Hong Kong to be 28.7%. The most common types of pain are joint (45.5%), muscle (27.1%), and back (25.2%) pain, many of which are caused by degenerative diseases such as osteoarthritis, spinal degenerative disc disease, and facet and sacroiliac joint degeneration. Pain caused by degenerative diseases is predominantly nociceptive, with nociplastic characteristics occurring in approximately 40% of patients, and neuropathic pain may be present if there is involvement of neural elements.

It is generally accepted that chronic pain can result in functional impairment, mood disorders, poor sleep, and adverse social conditions. However, it is less commonly known that these factors can also predispose individuals to chronic pain. The biopsychosocial model postulates that the experience and impact of pain reflect contributions from biological, psychological, and social or environmental factors that mutually influence each other.

The best practice for pain management is to use a patient-centered, multimodal, and multidisciplinary approach to address the different contributors to pain and the needs of patients. This approach might include restorative therapies (e.g. physical therapy and exercise), pharmacotherapy, procedural interventions, surgery, cognitive behavioral treatments, and skills training to improve patients' ability to manage more effectively in their social environment. The role of interventional procedures will be further discussed in the multidimensional management of chronic pain.

NAO 1 11:00 - 11:40 [GMT+8]

Sunday, 23 November 2025

Function Room 1 (2/F)

An Update on the Multidisciplinary Management of Upper GI Malignancy

Prof. Dora Lai Wan KWONG
Department of Clinical Oncology
Queen Mary Hospital
Hong Kong SAR, China

Dr. Ka On LAM
Upper Gastrointestinal Disease Centre
Gleneagles Hospital
Hong Kong SAR, China

Dr. Emerson Kwan Ho LEUNG
Department of Oncology
Princess Margaret Hospital
Hong Kong SAR, China

Dr. Stephen Ka Kei NG
Department of Surgery
Prince of Wales Hospital
Hong Kong SAR, China

This presentation highlights two challenging cases of locally advanced upper gastrointestinal (UGI) cancers managed through multidisciplinary collaboration among oncologists and upper GI surgeons.

Case 1 involved a 67-year-old male who had history of cancer of hard palate received definitive chemoradiation nine years ago. He suffers from synchronous oesophageal squamous cell carcinomas located in cervical and mid-thoracic oesophagus. Following neoadjuvant chemotherapy with docetaxel, cisplatin, and fluorouracil (DCF), the patient demonstrated a good partial response and symptomatic improvement. Complex surgical options including pharyngolaryngoesophagectomy (PLO) with gastric pull-up was evaluated. Key discussion points include the selection of candidates to perform PLO, choices between neoadjuvant chemotherapy alone versus chemoradiotherapy, regimen choices (PF versus DCF), postoperative management strategies, and the role of immunotherapy in locally advanced oesophageal squamous cell carcinoma.

Case 2 described a 69-year-old male diagnosed with signet ring cell adenocarcinoma of the stomach, showing disease progression despite neoadjuvant FLOT chemotherapy. Subsequent treatment included combined chemotherapy and pembrolizumab immunotherapy with stable disease observed. Considerations focused on balancing the risks and benefits of radical surgery versus palliative interventions, and the integration of immunotherapy in the management of chemotherapy-resistant gastric cancer with PD-L1 expression. The evolving role of perioperative chemotherapy regimens (FLOT versus SOX) and immunotherapy in locally advanced stomach cancer will be explored.

These cases exemplify the complexity of decision-making in locally advanced UGI cancers where personalized treatment combining systemic therapy, surgical expertise, and novel immunotherapeutic options are essential. The presentation aims to foster dialogue on optimizing neoadjuvant treatment selection, surgical planning, and multimodal post-treatment strategies to improve outcomes while maintaining quality of life in this challenging patient population.

ABCs of AI in Oncology: AI Assisted Research, Better Cancer Screening, Communication Facilitation

Dr. Ka Man CHEUNG

Department of Clinical Oncology

Queen Elizabeth Hospital

Hong Kong SAR, China

The new era of medicine and oncology is defined by the availability of multi-modal data and advanced data-processing methodologies. While this data holds the key to unlocking the future of medical care and research, its sheer scale and dimensionality often exceed the capabilities of traditional biostatistical modelling. This presentation will explore how Artificial Intelligence (AI) is becoming a critical partner in navigating this landscape, transforming both clinical research and patient care.

The sharing will address the application of AI data modeling, discussing how machine learning can uncover novel biomarkers and predictive signatures from high-dimensional datasets, stemming from the speaker's experience in co-developing the AI-empowered routine blood tests cancer predictive models.

The discussion also demonstrates the transformative potential of Generative AI (GAI). We will examine its emerging role in streamlining and democratizing biostatistical expertise by automating the generation of statistical analysis plans and offering real-time study design recommendations. We will also share our perspective on how GAI can be validated and governed to ensure controlled deployment and reliability of outputs.

NAO 4 14:30 - 14:50 [GMT+8] Sunday, 23 November 2025 Pao Yue Kong Auditorium (G/F)

From Paper to Patient: Acute Radiation Dermatitis—Now and Next

Dr. Shirley Sze Wa TSE
Department of Oncology
United Christian Hospital
Hong Kong SAR, China

Acute radiation dermatitis (ARD) is a common and significant side effect of radiation therapy, with up to 90% of patients experiencing some degree of skin reaction during treatment. The incidence and severity of ARD have become even more pronounced in the current era, as radiation is frequently combined with systemic agents such as cetuximab, which themselves can cause or exacerbate skin toxicity. If not effectively managed, ARD can lead to treatment interruptions, chronic pigmentation changes, fibrosis, ulceration, and a sustained reduction in quality of life—particularly for cancer survivors with longer life expectancies.

This lecture will provide an overview of ARD, focusing on evidence-based prevention and management strategies, a review of current international guidelines, and the importance of adapting these recommendations to the unique context of Hong Kong.

While traditional management has focused on gentle skin care and moisturizers, recent evidence supports the use of topical corticosteroids, barrier creams, and film dressings, which are increasingly being incorporated into clinical practice worldwide. Major international guidelines, such as the MASCC clinical practice guidelines published in *The Lancet Oncology* following a rigorous Delphi consensus, offer important recommendations. However, the need for local adaptation remains clear, as illustrated by the 2025 Canadian consensus which emphasized risk stratification and the necessity to tailor guidelines according to local resources and patient populations.

Hong Kong presents distinct challenges and opportunities in ARD management. The diversity of skin types within the Asian population, differences in cancer epidemiology and radiotherapy dose intensity, and varying resource availability all call for a tailored, multidisciplinary approach that involves not only clinicians, but also nurses and radiation therapists. Effective risk stratification—factoring in patient, treatment, and tumor characteristics, as well as cost-effectiveness of preventive measures—is essential for translating international guidelines into practical, individualized strategies that fit the local context.

Looking ahead, there is increasing recognition of the limitations of current ARD assessment tools, particularly their lack of patient-reported outcomes and limited applicability to diverse skin types. Ongoing research is focused on predictive modeling for ARD risk, the development of improved assessment instruments, and the evaluation of novel preventive approaches—including barrier films, creams, and their optimal application protocols.

In summary, ARD remains a common but complex challenge in daily oncology practice. Through a synthesis of current evidence, guidelines, and local experience, this lecture aims to equip healthcare professionals with practical strategies to improve patient outcomes and identify areas for future research in Hong Kong.

NAO 5 14:50 - 15:10 [GMT+8] Sunday, 23 November 2025 Pao Yue Kong Auditorium (G/F)

An Update on the Management of Cholangiocarcinoma

Dr. Landon Long CHAN

Department of Clinical Oncology

The Chinese University of Hong Kong

Hong Kong SAR, China

Cholangiocarcinoma is a rare cancer with a poor prognosis. It is often diagnosed at an advanced stage due to its insidious onset. Historically, systemic chemotherapy has been the mainstay of treatment, but it typically offers a median overall survival of only about one year. Recent progress in genomic medicine has uncovered actionable mutations in nearly half of cholangiocarcinoma patients, establishing it as a leading example of personalized medicine. Furthermore, recent studies demonstrate that combining immunotherapy with chemotherapy enhances survival in patients with advanced disease, setting a new standard of care. In this talk, we will walk through the latest advancements in the management of cholangiocarcinoma, with a focus on patients with advanced disease.

NAO 6 **15:10 - 15:30 [GMT+8]** **Sunday, 23 November 2025** **Pao Yue Kong Auditorium (G/F)**

Recent Advances in Palliative RT

Dr. Barry Bar Wai WO
Department of Clinical Oncology
Tuen Mun Hospital
Hong Kong SAR, China

Palliative radiotherapy (RT) is a core intervention in palliative care for patients with advanced cancer. Among these patients, some estimate around half undergo palliative RT at some point in their cancer journey. From a healthcare system perspective, palliative RT constitutes an important part of RT workload. Some estimate around half of all RT prescriptions are prescribed with palliative intent.

There are special challenges in treating patients with advanced cancer with palliative RT. These pertain to their reduced performance status, limited life expectancy and greater symptom severity. As a result, treatment using simple technique and a schedule with fewer (or single) fractions is often preferred, as this could facilitate earlier treatment delivery, lower treatment burden to patients and carers and may lead to quicker symptom relief.

Nevertheless, good treatment plans should always be personalized to the conditions and preferences of individual patients. The landscape of patients with advanced cancer has been transformed over the past two decades, due to dramatic improvement of survival for many patients thanks to advances in systemic therapy for various disease sites. Additionally, RT technology and understanding of tumour radiobiology have evolved significantly, with newer treatments such as stereotactic RT becoming part of the standard of care. These changes caused rethinking of core tenets of palliative RT and gave rise to a new generation of research in palliative RT.

In this talk, recent developments in palliative RT will be reviewed. The methodology and results of several landmark studies will be discussed, and the feasibility of implementing these treatments locally will be explored.

Cryotherapy in Breast Cancer - from Early to Late Stage

Prof. Ava KWONG

Department of Surgery, School of Clinical Medicine, LKS Faculty of Medicine

The University of Hong Kong

Hong Kong SAR, China

Breast cancer is the commonest malignancy and leading cause of cancer-related death in female worldwide. In Hong Kong, the age-adjusted incidence of breast cancer has increased from 32.3 to 47.5 per 100,000 women over the past 20 years

The current standard of care for early breast cancers includes mastectomy or breast conserving surgery (BCS), with sentinel lymph node biopsy or axillary dissection. Depending on the tumour stage, patients may require adjuvant chemotherapy, radiotherapy, targeted therapy or hormonal therapy. However, conventional breast cancer surgery is associated with adverse cosmetic outcome and anaesthetic risk. This is a considerable problem especially when aging population is becoming a major concern in many parts of the world.

Cryosurgery is a newly developed minimally invasive ablative procedure which can be performed under local anaesthesia. Cryoprobe, the instrument used, is inserted percutaneously into the target lesion under ultrasound guidance to create a core temperature of -170 degree Celsius with liquid nitrogen. Cryoablation can effectively destruct all tumour cells within the cryozone by freeze and thaw cycles.

After the publication of the results from the multi-centre ICE-3 trial in 2025, cryoablation is currently indicated and cleared by FDA for treatment of low-risk breast cancers (Luminal cancers, non-lobular, with size <1.5cm) in women ≥ 70 years old. Cryosurgery is associated with better cosmetic result, less post-operative pain, shorter recovery periods and thus higher cost-effectiveness than surgery. Advantages such as the possibility to perform ablation under local anaesthesia and being pain-free are particularly noticeable. In addition, The university of Hong Kong has also been actively investigating if the indication for cryoablation could be expanded to larger tumors. Our early prospective trial has concluded that cryoablation is potentially safe and feasible oncologically for breast cancers up to 2cm (T1 Cancers) of any immunohistotype.

Like lumpectomy, cryoablation is usually performed together with axillary procedures (e.g. sentinel lymph node biopsy, if applicable). Like lumpectomy, adjuvant radiotherapy is also mandatory after cryoablation.

Apart from being used as a curative surgical modality for early breast cancers, cryoablation has been increasingly studied in palliative settings. In patients with distant metastasis or who are not fit for general anaesthesia, cryoablation offers a form of minimally invasive modality for improving tumour control. However, as an ablative procedure, cryoablation is not recommended in fungating or ulcerative tumours which can result in non-healing wounds.

Challenges and Opportunities in Palliative Radiotherapy to Hepatocellular Carcinoma

Dr. Natalie Sean Man WONG
Department of Clinical Oncology
Tuen Mun Hospital
Hong Kong SAR, China

Hepatocellular carcinoma (HCC) represents a major global health threat. Ranking fifth in local cancer incidences and third in local cancer mortalities, majority of patients present with large, advanced tumors and are often rapidly symptomatic. While TACE remains a standard treatment, outcomes are poor and Shim et al. reported a zero, two-year survival for patients treated with TACE alone with tumors beyond 8cm.

Alternatively, stereotactic body radiotherapy (SBRT) and selective internal radiation therapy (SIRT) have emerged as promising local treatment modalities in unresectable HCCs, yet many patients are not suitable for high dose radiation due to pre-existing cirrhosis, extensive intrahepatic tumor burden and extra-hepatic metastases. Systemic therapy in the post-immunotherapy era may be considered, but response rates range from 20-36%, and many patients are likewise precluded from use due to pre-existing comorbidities, compromised organ function, underlying macrovascular invasion, and financial concerns.

Patients presenting with advanced diseases are highly likely to experience pain or abdominal discomfort at some point of their illnesses. Effective symptom palliation among these patients is challenging. Objective responses have been observed with low doses of 8Gy in single fraction. Palliative liver RT is therefore promising in patients who are otherwise eligible for high dose RT or other locosystemic therapies. We discuss our institutional experience in the use of palliative liver RT among patients with advanced, symptomatic HCCs, and evaluate its symptom response, safety and efficacy.

PM 3
12:40 - 13:00 [GMT+8]
Sunday, 23 November 2025
Function Room 1 (2/F)

Interventional Radiology for Palliation

Prof. Gerard GOH

Department of Radiology

The Alfred Hospital

Australia

Interventional Radiology has emerged as a critical component in the multidisciplinary approach to palliative care, offering targeted minimally invasive procedures that significantly improve quality of life for patients with advanced or incurable conditions. This presentation explores the expanding role of IR in palliative and pain interventions. The lecture will discuss clinical indications, technical approaches, patient selection criteria and case-based examples.

SS 1 **16:30 - 16:50 [GMT+8] Saturday, 22 November 2025** **Pao Yue Kong Auditorium (G/F)**

New Generation Whole-body PET/CT System - Innovations and Practical Clinical Insights

Dr. Harry Hongwei SUN
United Imaging Healthcare Hong Kong Limited
Hong Kong SAR, China

The uMI Panorama GS PET/CT system, a paradigm-shifting innovation in long-axial-field-of-view (LAFOV) imaging, establishes new benchmarks through its unrivaled technological supremacy and clinical efficacy. As the first commercial system featuring an industry-leading 148 cm axial field of view, this gold-standard platform eliminates multi-bed repositioning by enabling single-scan whole-body coverage (head-to-thigh), while achieving sub-200 ps TOF resolution—a historic breakthrough surpassing conventional PET/CT limitations.

Engineered with proprietary pixelated detector arrays and ultra-fast coincidence processing, the system delivers superior sensitivity and spatial resolution, empowering detection of very small lesions (<2 mm) with quantifiable confidence, redefining quantitative accuracy for oncology and neurodegenerative applications. Clinical validations demonstrate a reduced scan duration and enhanced lesion conspicuity versus conventional short AFOV systems (<35 cm), directly translating to higher patient throughput and reduced procedural costs.

As the flagship of the uMI Panorama series, this lecture systematically deconstructs the Panorama GS's engineering superiority, clinical impact, and workflow revolution, positioning it as the indispensable catalyst for next-generation precision medicine, while outlining its transformative role in reshaping global PET/CT standards.

Incorporating Immunotherapy in LA HNSCC: A New Era of Treatment

Prof. Roger Kai Cheong NGAN

The University of Hong Kong

Head and Neck Tumor Centre, Gleneagles Hospital

Hong Kong SAR, China

Definitive treatment for locally advanced head and neck squamous cell carcinoma (LA HNSCC) remains an area with high unmet need. Despite multimodality curative-intent treatment, the risks of disease recurrence and death remain high. There has been no major therapeutic breakthrough in the past two decades.

Emerging immunotherapy data provides new dimensions in the treatment paradigm. Long-term follow-up from KEYNOTE-412 suggested potential overall survival benefit by adding pembrolizumab to definitive concurrent chemo-radiotherapy (RT) in PD-L1–high patients with unresectable disease. More recently, KEYNOTE-689 and the NIVOPOSTOP study have shown promising results in patients with resectable HNSCC. Of note, KEYNOTE-689 demonstrated that incorporating perioperative pembrolizumab into current standard of care (surgery followed by RT ± chemotherapy) significantly improved event-free survival (EFS), leading to its FDA approval and inclusion in NCCN recommendations in PD-L1–positive patients. Median EFS was extended by nearly three years compared with standard therapy, without increasing surgical attrition. Importantly, the addition of preoperative pembrolizumab increased the proportion of patients classified as having low pathological risk after surgery, enabling treatment deescalation through reduced RT dose and omission of chemotherapy. Local real-world experience of KN689 will be shared and discussed. NIVOPOSTOP study, which focused on a pathologically highrisk postoperative population, also reported significant improvement in disease-free survival.

These advances have not only transformed the LA HNSCC treatment landscape but also underscored the importance of close multidisciplinary team cooperation in management of LA HNSCC.

SS 3

13:00 - 13:30 [GMT+8]

Saturday, 22 November 2025

Function Room 1 (2/F)

Strengthening Oncology Care: Strategies for Implementing Herpes Zoster Prevention

International Guideline for Cancer Patients - Practical Timing of Vaccination

Prof. Stephen Lam CHAN

Department of Clinical Oncology

The Chinese University of Hong Kong

Hong Kong SAR, China

Cancer patients face a heightened risk of infections due to disease-related immune deficiencies, cancer treatments, and associated comorbidities. Prof. Chan Lam's lecture emphasizes the critical role of vaccination in oncology care, highlighting how timely immunization can protect patients from infections, attenuate severity, and ultimately improve cancer-related outcomes.

The lecture reviews current international guidelines (CDC, NCCN, ASCO) for vaccination in cancer patients, with a focused discussion on herpes zoster (HZ) and the recombinant zoster vaccine (RZV). Recommendations stress that non-live vaccines, such as RZV, are safe and effective for cancer patients. Ideally, vaccines should be administered before the initiation of cancer treatment, preferably at least two weeks prior or three or more months after chemotherapy. Besides, RZV remains immunogenic even if given during ongoing therapy, and flexible scheduling is encouraged when pre-treatment vaccination is not feasible.

Timing is crucial: vaccination should occur when the immune system is least suppressed, and for patients on continuous immunosuppressive therapies, doses should be scheduled to maximize immune response. The lecture provides practical case scenarios for different cancer types and treatment regimens, illustrating personalized approaches to vaccine administration.

A significant barrier to optimal vaccination is patient hesitancy, often stemming from lack of oncologist recommendation and insufficient awareness of vaccination's importance in cancer care. Prof. Chan Lam underscores the oncologist's pivotal role in providing tailored vaccine recommendations and active patient education. Addressing misconceptions, discussing safety and side effects, and collaborating with nursing staff are essential strategies to improve vaccine uptake.

Key takeaways include: cancer patients' increased infection risk, the importance of non-live vaccines (especially RZV), and the necessity for oncologists to integrate vaccination into routine care plans. Documentation of vaccination status at the first patient visit, minimizing additional clinic visits, and insurance considerations are practical steps to facilitate implementation.

In summary, integrating vaccination into oncology care is vital for safeguarding patient health, minimizing treatment disruptions, and enhancing overall outcomes. Active provider endorsement and patient education are indispensable for overcoming vaccine hesitancy and ensuring cancer patients receive the full benefits of immunization.

Strengthening Oncology Care: Strategies for Implementing Herpes Zoster Prevention

Burden of Herpes Zoster in Cancer Patients - Evidence-based Approach to Prevention

Prof. Alberta HOI

Department of Medicine

School of Clinical Sciences

Monash University

Australia

Herpes zoster (HZ), or shingles, arises from reactivation of the varicella zoster virus (VZV) that remains dormant within sensory nerve ganglia following primary infection. As prior exposure to VZV is almost universal, HZ represents a common and significant health concern worldwide. The global burden of shingles continues to rise, largely driven by population ageing and the growing number of individuals living with conditions or treatments that compromise immune function.

HZ typically presents as a painful, vesicular rash that follows a dermatomal distribution. For many, the pain is severe and can persist well beyond the resolution of the rash. Post-herpetic neuralgia (PHN) is one of the most frequent complications, often resulting in prolonged neuropathic pain and substantial impairment in quality of life. Other complications may include ocular, neurological, cardiovascular and cutaneous sequelae, and these tend to occur more frequently or with greater severity in people who are immunocompromised. Those affected by autoimmune diseases, malignancies or chronic illnesses, and those receiving corticosteroids or targeted immune therapies, are particularly vulnerable.

Recurrent disease, though less common, may arise after variable intervals and is more likely among older adults and those with ongoing immune dysfunction. The physical and psychological burden of shingles, especially among frail or chronically unwell individuals, can be profound, highlighting the importance of effective prevention strategies.

The recombinant zoster vaccine (RZV, *Shingrix*) represents a major advance in this field. By stimulating robust VZV-specific cellular immunity through an adjuvanted subunit platform, RZV provides strong and durable protection against shingles and its complications. Clinical trials and real-world studies have demonstrated sustained effectiveness and a well-tolerated safety profile across both healthy and immunocompromised populations. In Australia, RZV is now included in the National Immunisation Program for older adults and for younger adults with significant immunosuppression.

Herpes zoster remains a significant cause of morbidity across diverse populations. Wider vaccine uptake and continued awareness of risk in vulnerable groups are essential to reducing the individual and societal impact of this preventable disease.

SS 4

16:30 - 16:50 [GMT+8]

Saturday, 22 November 2025

Function Room 1 (2/F)

From Bench to Bedside: Real-world Experience of Neoadjuvant Immunotherapy in Early Resectable NSCLC

Dr. Teddy Hong Yee WONG

CTS Department

Tuen Mun Hospital

Hong Kong SAR, China

Neoadjuvant immunotherapy has emerged as one of the promising approaches in the management of early resectable non-small cell lung cancer (NSCLC). This presentation will explore the real-world clinical experience of neoadjuvant nivolumab in combination with chemotherapy, supported by pivotal data in CheckMate 816 trial. Notably, some patients demonstrated encouraging responses, including significant tumor shrinkage and improved operability. A significant proportion of patients achieved major pathological response (MPR), and a number remains disease-free at follow-up, underscoring the potential for extended survival benefit. The combination of nivolumab and chemotherapy was well tolerated, with no unexpected safety signals. These real-world findings align with the results of CheckMate 816. In addition, patient selection and practical considerations for integrating this regimen into routine care will be discussed. Overall, neoadjuvant nivolumab plus chemotherapy represents a safe and effective option for patients with early resectable NSCLC, offering new hope for long-term survival and improved outcomes.

SS 5
17:00 - 17:30 [GMT+8]
Saturday, 22 November 2025
Function Room 1 (2/F)

Optimizing Immunotherapy Strategies in Resectable NSCLC: Current Data and Future Horizons

Dr. Molly Siu Ching Li

Department of Clinical Oncology

The Chinese University of Hong Kong

Hong Kong SAR, China

The treatment landscape for resectable non-small cell lung cancer (NSCLC) is rapidly evolving with significant advancements in multimodality approaches. Over the past three years, pivotal randomized trials have reshaped clinical practice, particularly in stage II-IIIa NSCLC. In tumors without EGFR or ALK mutations, the integration of immune checkpoint inhibitors (ICIs) in neoadjuvant and perioperative settings has shown significant promise, improving pathologic complete response (pCR) rates, event-free survival, and overall survival.

Despite these advances, several challenges remain. Patient selection, logistical complexities related to biomarker testing, and the technical difficulties of surgery following induction therapy underscore the need for further optimization. Emerging data, such as the CM77T study, highlight the potential role of perioperative immunotherapy in addressing unmet clinical needs. Ongoing research focuses on improving pCR rates, refining patient selection, and tailoring post-operative therapies based on individual pathologic responses.

This lecture will present the latest data and key trials while addressing practical considerations for implementing immunotherapy in resectable NSCLC. Future directions, including strategies to enhance outcomes in high-risk populations and optimize perioperative approaches, will also be discussed.

SS 9

09:30 - 10:00 [GMT+8]

Saturday, 22 November 2025

Function Room 1 (2/F)

From Trial to Clinical Practices: Extending Survival in HR+ HER2- High Risk Early Breast Cancer Patients

Dr. Carlos BARRIOS

The Latin American Cooperation Group for Clinical Research

Brazil

As the treatment paradigm for hormone receptor-positive (HR+), HER2-negative high-risk early breast cancer continues to evolve, the integration of targeted therapies has reshaped long-term outcomes. This session will explore the journey from pivotal clinical trials to real-world application, focusing on the transformative impact of CDK4/6 inhibition.

We will begin with an overview of the current treatment landscape, highlighting the unmet needs in high-risk populations. The latest 7-year follow-up data from the monarchE trial, presented at ESMO 2025, will be discussed in depth—underscoring the sustained benefit of abemaciclib in overall survival (OS), invasive disease-free survival (IDFS), and distant relapse-free survival (DRFS).

Practical strategies for managing adverse events, particularly diarrhoea, will be shared alongside clinical experience to support patient adherence. Emphasis will be placed on the importance of individualized treatment approaches, including dose modifications, to optimize therapeutic benefit while maintaining quality of life.

This lecture aims to equip clinicians with insights and tools to translate trial evidence into personalized care strategies that extend survival and improve outcomes for patients with HR+ HER2- high-risk early breast cancer.

SS 10

12:30 - 13:00 [GMT+8]

Saturday, 22 November 2025

Function Room 2 (2/F)

Navigating the Landscape: First-Line Therapies for EGFR-Mutated NSCLC

Dr. Ross SOO

Department of Haematology-Oncology

National University Cancer Institute

Singapore

The management of EGFR-mutant non-small cell lung cancer (NSCLC) has progressed significantly; however, unmet medical needs persist. Current first-line approaches primarily involve tyrosine kinase inhibitors (TKIs), with increasing evidence supporting treatment intensification strategies. This lecture critically examines the benefits and limitations of these approaches, emphasizing the importance of balancing efficacy, toxicity, quality of life, and subsequent treatment options. By navigating these complexities, the discussion aims to inform personalized treatment decisions and explore future directions to enhance outcomes for patients with EGFR-mutant NSCLC.

SS 11

13:00 - 13:30 [GMT+8]

Saturday, 22 November 2025

Function Room 2 (2/F)

Immunotherapy at the Forefront: Evolving Strategies in Resectable NSCLC

*Dr. James Chung Hang CHOW
Department of Clinical Oncology
Queen Elizabeth Hospital
Hong Kong SAR, China*

Patients with resectable non-small cell lung cancer (NSCLC) face significant challenges, including a high risk of early recurrence, suboptimal long-term survival, and adverse effects associated with surgical and perioperative therapies. Striking the right balance between enhanced treatment efficacy and mitigating risks, such as surgical delays, immune-related toxicities, and variability in patient responses, remains a critical consideration in selecting the optimal strategy for this patient population.

This talk will commence with an overview of the evolution of early-stage NSCLC treatment paradigms, highlighting the transition from traditional upfront surgery to integrated perioperative chemo-immunotherapy approaches. It will explore the nuances of pivotal clinical trial data, including recent clinical evidence focused on Asian cohorts, and examine efficacy and toxicity outcomes across different perioperative strategies.

The session will also address the practical implications in clinical decision-making, including strategies to optimize outcomes across diverse patient populations, the role of biomarkers in guiding patient selection, and the unique challenges faced in our region, such as resource constraints and drug accessibility.

By advocating a multidisciplinary, patient-centered approach, this talk aims to provide insights needed to navigate the rapidly evolving landscape of resectable NSCLC management.

SS 15
13:00 - 13:30 [GMT+8]
Sunday, 23 November 2025
Function Room 1 (2/F)

Clinical Applications of Gadoteric Acid-Enhanced MRI in the Pre- and Post-Treatment of Hepatocellular Carcinoma

Prof. Lan ZHANG

Department of MRI

The First Affiliated Hospital of Henan University of Chinese Medicine

China

Gadoxetate disodium-enhanced MRI (EOB-MRI) plays a pivotal role in the diagnosis and management of hepatocellular carcinoma (HCC). Its robust parenchymal enhancement during the hepatobiliary phase (HBP) enables sensitive detection of focal liver lesions, including atypical and small HCCs. EOB-MRI also facilitates evaluation of multistep hepatocarcinogenesis and supports differential diagnosis of benign entities such as focal nodular hyperplasia (FNH), FNH-like nodules, and hepatocellular adenoma (HCA).

The key diagnostic criteria of EOB-MRI for HCC include arterial phase hyperenhancement (APHE), restricted diffusion and HBP hypointensity. EOB-MR can be used for borderline nodules differentiation. High grade hyperplasia nodules (HGDN) and EHCC often present as non-hyperintensity hypointense nodules (NHHNs). Hyperintensity on DWI could be a useful MR imaging feature for differentiating hypovascular HCCs from HGDN seen as NHHNs at EOB-MRI.

Pre-treatment EOB-MRI can formulate the appropriate therapeutic regimen for HCC and improves lesion detection and characterization of indeterminate nodules, while post-treatment EOB-MRI facilitates early detection of new lesions, viable tumors, and local recurrence of HCC.

Beyond diagnosis, EOB-MRI contributes to prognostication by identifying imaging biomarkers, such as rim APHE, non-smooth margin, peritumoral APHE, microvascular invasion (MVI), thereby influencing therapeutic decision-making. By integrating multiparametric imaging features, EOB-MRI can predict tumor biology and prognosis in HCC, making it an indispensable tool in the continuum of HCC management.

Finally, EOB-MRI is very safe as the first-line for liver imaging according to our clinical practice.

SS 16 **13:00 - 13:30 [GMT+8]**

Sunday, 23 November 2025

Function Room 2 (2/F)

Optimizing Therapeutic Strategies in Unresectable and Metastatic EGFR-Mutated NSCLC

Prof. Rina Yee Man HUI

Centre of Cancer Medicine, School of Clinical Medicine

The University of Hong Kong

Hong Kong SAR, China

The treatment landscape for EGFR-mutated non-small cell lung cancer (NSCLC) has been evolving in the last decade with the use of third-generation EGFR tyrosine kinase inhibitors (TKIs), notably osimertinib in all disease stages. In addition to the benefit of adjuvant osimertinib in resectable EGFR-mutated NSCLC, emerging data inform combination regimens in advanced settings, consolidation osimertinib after chemoradiation and management approaches beyond radiologic progression. Collectively, these data address the timing of EGFR inhibition, integration with cytotoxic therapy or other targeted therapies, and resistance mitigation, with attention to efficacy, safety, and applicability in routine practice.

In unresectable, locally advanced disease treated with definitive chemoradiation, consolidation therapy with osimertinib has been evaluated for its potential to improve disease control, including considerations related to central nervous system involvement. Reported outcomes and safety profiles, alongside methodological elements such as patient selection, biomarker confirmation, and radiotherapy parameters, help contextualize external validity and practical implementation.

In metastatic disease, first-line osimertinib combined with platinum-based chemotherapy or bispecific amivantamab were compared with osimertinib monotherapy. Findings include improvements in progression-free survival and overall survival with combination therapies and characterization of adverse events attributable to the addition of chemotherapy or amivantamab. Practical considerations include safety profile, quality of life, dosing schedules, as well as baseline patient-related, molecular biomarker-related or disease-related factors such as disease burden, CNS status, EGFR alterations and co-mutations, patient's age and comorbidities may influence regimen selection.

For patients with progression on EGFR-targeted therapy, continuation of osimertinib alongside chemotherapy has been studied as a strategy to address resistance and maintain disease control. This approach raises questions about the conditions under which ongoing EGFR blockade is beneficial, the impact of specific resistance mechanisms (e.g., on-target and off-target alterations), and the balance between incremental efficacy and cumulative toxicity. Operational aspects—such as imaging frequency, criteria for defining progression, integration of local therapies (including CNS-directed treatments), and multidisciplinary coordination—are relevant to real-world adoption.

This presentation will provide an objective overview of the evolving evidence and its implications for clinical practice, emphasising study design, endpoints, safety profiles, and applicability across patient subgroups. It will highlight areas of consensus and uncertainty, align findings with guideline contexts, and discuss real-world factors including access, monitoring requirements, and supportive care.

RAD Session A(1) 22 November 2025 08:30-08:40 [GMT+8] Pao Yue Kong Auditorium, G/F

Potential and Challenges of Ultrafast Dynamic Contrast-Enhanced Breast MRI – Our Initial Local Experience

Author(s) and Institution(s):

LY Chan¹, PL Lam¹, D Fenn¹, WP Cheung¹, LW Lo¹, WS Mak¹, KML Wong¹, PYE Fung¹

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Objectives:

This review aims to evaluate the application of ultrafast dynamic contrast-enhanced magnetic resonance imaging (UF-DCE MRI) in assessment of breast lesions. MRI protocol, ultrafast kinetic parameters, potential in breast imaging and challenges encountered in interpretation are discussed.

Materials and methods:

This retrospective review was performed in a tertiary referral centre with dedicated multi-disciplinary breast team, which encompassed breast radiologists and surgeons. Consecutive patients who underwent UF-DCE MRI breasts from June 2023 to July 2025 were included. Patient information, such as demographics and presenting symptoms, as well as mammographic and breast ultrasound findings were assessed. Standard contrast-enhanced MRI breasts were evaluated with reference to the American College of Radiology (ACR) Breast Imaging Reporting and Data System (BI-RADS). Kinetic parameters from UF-DCE MRI breasts, including maximum slope (MS), time-to-enhancement (TTE) and arterial-venous interval (AVI) were obtained. Multi-parametric MRI characteristics were correlated with pathological outcomes.

Results:

A total of 259 UF-DCE MRI breasts were performed in the two-year study period. In our institution, UF-DCE MRI protocol consisted of a pre-contrast and twelve T1W post-contrast high-temporal-resolution images in regular intervals obtained in the first minute via 3D spoiled GRE using 3T MRI scanner. Time-intensity curves of target breast lesions were acquired after selection of appropriate region of interest (ROI). Ultrafast kinetic parameters of both benign and malignant breast lesions were consistent with reference ranges in the literature, and representative cases were illustrated in this study. Despite the potential in breast lesion diagnosis, limitations of UF-DCE included the lack of standardised MRI protocols and assessment guideline.

Conclusion:

Initial experience in our institution demonstrated the potential of UF-DCE MRI for characterisation and diagnosis of breast lesions. However, application in clinical practice may be limited by the lack of standardised protocol for imaging and assessment.

RAD Session A(2) 22 November 2025 08:40-08:50 [GMT+8] Pao Yue Kong Auditorium, G/F

Dual-Energy CT as an alternative to MRI for detecting radiographically occult hip fractures

Author(s) and Institution(s):

YT Lee, Cina SL Tong, James F Griffith

Department of Imaging and Interventional Radiology, Prince of Wales Hospital, The Chinese University of Hong Kong.

Objectives:

To evaluate the accuracy of dual-energy CT (DECT) in detecting occult proximal femoral, pubic rami, and sacral fractures in patients with suspected clinically suspected hip fracture, radiographic osteopenia, and no fracture visible radiographically. MRI was used as the reference standard.

Materials and methods:

Prospective study of 28 patients scheduled for MRI with clinically suspected radiographically occult hip fracture. Pelvic DECT was performed immediately after MRI. DECT images were independently analyzed for bone marrow edema and fracture, using virtual non-calcium (VNCa) reconstructions. Using MRI as the reference standard, the sensitivity, specificity, and accuracy of DECT for fracture detection was calculated.

Results:

15 (54%) of 28 patients had fracture on MRI (4 femoral neck fractures, 5 intertrochanteric fracture, 6 pubic rami or sacral fractures, and 2 other fractures). 13 (46%) patients had no fracture. Dual-energy CT was concordant for fracture detection with MRI in 22 (79%) of 28 patients. Discordant results occurred in 6 cases. In 4 of the 6 cases prominent hematopoietic bone marrow resulted in an inconclusive DECT assessment; 1 false-positive occurred with DECT revealing subtle asymmetrical pubic rami bone marrow edema, though MRI revealed no fracture and 1 false-negative where a non-displaced pubic rami fracture was identified on MRI with mild bone marrow edema though not reliably seen on DECT.

In patients with predominantly fatty marrow DECT had high accuracy (100% sensitivity) for revealing femoral neck fractures. DECT was less reliable for revealing non-displaced pubic rami fractures, primarily due to challenges in distinguishing bone marrow edema in these regions.

Conclusion:

DECT has high sensitivity (92%) and specificity (92%) for detecting radiographically occult proximal femoral fractures, making it a reasonable alternative to MRI if MRI is contra-indicated or scheduling delays exist. Limitations include inconclusive results due to hematopoietic bone marrow and low accuracy in detection of non-displaced pubic rami fractures.

RAD Session A(3) 22 November 2025 08:50-09:00 [GMT+8] Pao Yue Kong Auditorium, G/F

Photon-Counting Computed Tomography For TAVI Planning – Is It Ready For Prime-Time?

Author(s) and Institution(s):

Victor Siang Hua Chan, Brightson Li
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Objectives:

Photon-counting Computed Tomography (PCCT) is the latest cutting-edge technology in advanced imaging which brings the realm of cardiovascular imaging to new heights. Recent studies in the literature suggest incremental value of PCCT over conventional CT imaging of structural heart disease, namely in Transcatheter Aortic Valve Implantation (TAVI) in predominantly non-Asian ethnicity. The authors hence investigate the strengths, limitations and feasibility of PCCT as compared to conventional CT, and evaluate its potential for routine scanning of this patient population.

Materials and methods:

A single tertiary referral centre 2-year retrospective study was performed, including consecutive patients (n=13) who underwent TAVI CT planning protocol on predominantly Chinese patients. This study was conducted for patients who were scanned by either energy-integrating detector CT (EIDCT) or PCCT. Quantitative metrics (signal-to-noise ratio, contrast-to-noise ratio, etc.) were assessed. Subjective image quality was also rated by experienced board-certified specialist radiologist, cardiologist and radiographer using a standardised 5-point scale. Radiation dose metrics were also reviewed and benchmarked against prior international studies in the literature.

Results:

Preliminary results suggest PCCT-acquired images demonstrate superiority in image quality and/or dose efficiency in the Chinese population. Subgroup analysis will also explore the potential variations in image noise, contrast resolution and anatomical clarity. The data supports applicability of PCCT in TAVI planning with maintained strengths and advantages in the local population. Minor variability in results (for example, higher noise in the local population with smaller body habitus) may necessitate protocol adjustments (i.e. the optimisation of keV settings or intravenous contrast medium volumes). Overall, the study reaffirms the feasibility of PCCT in the local setting, and its mainstream adoption may be beneficial to future patients.

Conclusion:

PCCT in TAVI planning is feasible in the local population and demonstrates a great potential for future applications in the imaging of structural heart disease.

RAD Session A(4) 22 November 2025 09:00-09:10 [GMT+8] Pao Yue Kong Auditorium, G/F

The Indispensable Role of Radiologists in Intraoperative MRI: An Analysis of Interobserver Variability in Detecting Residual Tumors

Author(s) and Institution(s):

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²Department of Neurosurgery, Tuen Mun Hospital, Hong Kong SAR.

³Department of Anaesthesia and Operating Theatre Services, Tuen Mun Hospital, Hong Kong SAR.

Objectives:

The first intraoperative MRI (ioMRI) service in Hong Kong started in March 2025 at Tuen Mun Hospital. Globally, ioMRI is increasingly used in neurosurgery and other specialties, improving rates of gross total tumor resection and survival without increasing neurological complications. However, radiologists' roles in intraoperative image interpretation vary, with surgeons often as primary readers. This study evaluates radiologist-neurosurgeon collaboration in ioMRI interpretation via interobserver agreement analysis to clarify the radiologist's contribution and effect on surgical outcomes.

Materials and methods:

Nine patients (5 pituitary adenomas, 4 supratentorial tumors) had tumor resections with ioMRI at Tuen Mun Hospital (Mar–Jul 2025). Neurosurgeons and radiologists independently assessed scans for residual tumor, blinded to each other. Discordances prompted joint review; if consensus indicated residual tumor, further resection was done. Additional tissue was histologically analyzed. Concordance and impact of radiologist input were examined.

Results:

Agreement occurred in 7/9 cases (77.8%) with Cohen's kappa = 0.57 (moderate agreement). Radiologists uniquely detected residual tumors in 2 pituitary cases—an apopleptic macroadenoma and Cushing's disease—both confirmed by pathology and linked to high early recurrence risk.

Conclusion:

The study underscores the critical role of radiologists in ioMRI to detect subtle residual tumors missed by surgeons, supporting their routine involvement to improve surgical precision and outcomes.

RAD Session A(5) 22 November 2025 09:10-09:20 [GMT+8] Pao Yue Kong Auditorium, G/F

Establishment and Initial Clinical Evaluation of Hong Kong's First Intraoperative MRI (ioMRI) Service at Tuen Mun Hospital

Author(s) and Institution(s):

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³Department of Anaesthesia and Operating Theatre Services, Tuen Mun Hospital, Hong Kong SAR.

Objectives:

To report the systematic implementation and preliminary clinical efficacy—including feasibility, safety, and time impact—of Hong Kong's first intraoperative MRI (ioMRI) service. This study also illustrates the detailed multidisciplinary workflow and preventive measures adopted, emphasizing workflow optimization, strict safety protocol adherence, and intraoperative guidance in neurosurgical tumour resections.

Materials and methods:

A dedicated two-room ioMRI suite was established, integrating a 1.5T Magnetum Sola system with neuronavigation and sterile MRI-compatible instruments. Radiologists, neurosurgeons, anaesthetists, and OT staff collaboratively developed and validated MRI safety policies, infection control protocols, and patient transfer procedures. Between March and August 2025, 10 consecutive neurosurgical tumour resections (6 pituitary adenomas, 4 supratentorial intra-axial brain tumours) were performed under ioMRI guidance. Outcomes, workflow processes and surgical management adaptations prepared for intraoperative imaging were documented.

Results:

Residual tumour was identified intraoperatively in 50% (5/10) of cases, enabling immediate additional resection. Mean intraoperative time increased by 43.64 minutes for transsphenoidal surgeries and 28.86 minutes for craniotomies compared to matched non-ioMRI controls from the previous year (21 pituitary adenomas, 44 supratentorial tumours). Adherence to safety protocols was 100%, with no adverse events, unexpected morbidity, or mortality. The short follow-up period precluded evaluation of long-term resection completeness. Our multidisciplinary approach minimized workflow disruption and mitigated MRI-related risks.

Conclusion:

Integrating ioMRI into a rigorous multidisciplinary framework at Tuen Mun Hospital has proven safe and feasible, offering clear intraoperative advantages for guiding brain tumor resections. The moderate investment in operative times yields greater surgical precision. By adhering strictly to protocols and avoiding complications, we have established a robust model for risk management that can guide future refinements and broader adoption of ioMRI services.

RAD Session A(6) 22 November 2025 09:20-09:30 [GMT+8] Pao Yue Kong Auditorium, G/F

What Every Radiologist Should Know: MR-guided Focused Ultrasound Thalamotomy for Essential Tremor — Hong Kong's First Multicenter Experience

Author(s) and Institution(s):

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²Department of Neurosurgery, Tuen Mun Hospital, Hong Kong SAR

Objectives:

Hong Kong's first MR-guided Focused Ultrasound (MRgFUS) service for essential tremor (ET) was launched at Tuen Mun Hospital, coordinated by the Coordinating Committee (COC) of Neurosurgery, serving patients across all seven Hospital Authority clusters. As this novel therapy gains adoption, radiologists will increasingly encounter pre- and post-treatment imaging. This pictorial review highlights the radiologist's integral role throughout the care pathway.

Materials and methods:

Up to July 2025, six patients with medically refractory ET underwent unilateral Vim thalamotomy using MRgFUS. All patients underwent comprehensive imaging workup including high-resolution 3D brain MRI, diffusion tensor imaging (DTI) tractography for target mapping, and CT-based skull density ratio (SDR) assessment. Procedures were guided by real-time MR thermometry for accurate sonication. Follow-up brain MRI was performed at day 1, 1 month, 3 months, and 6 months post-treatment, using T2, DWI, SWI, and tractography sequences to evaluate lesion evolution and detect complications.

Results:

All cases demonstrated significant tremor reduction without major adverse effects. Day 1 MRI showed characteristic lesion appearances: a central hypointense core, hyperintense rim, and surrounding edema. Lesion sizes averaged 6–8 mm and progressively decreased on follow-up imaging. By 3–6 months, most lesions became small or radiologically inapparent, with sustained clinical improvement.

Conclusion:

MRgFUS is a safe, incisionless, and durable treatment for essential tremor. Radiologists play a critical role in patient selection and structured post-treatment MRI interpretation. Our initial experience illustrates the imaging patterns and workflow insights essential for radiologists supporting this cutting-edge therapy in Hong Kong.

RAD Session A(7) 22 November 2025 09:30-09:40 [GMT+8] Pao Yue Kong Auditorium, G/F

Accuracy of magnetic resonance imaging in diagnosing leptomeningeal metastasis from lung carcinoma – a 10-year retrospective study in a tertiary referral hospital

Author(s) and Institution(s):

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Objectives:

To evaluate the diagnostic accuracy of magnetic resonance imaging (MRI) and cerebrospinal fluid (CSF) study for the detection of leptomeningeal metastasis (LM) in lung cancer patients.

Materials and methods:

Retrospective cohort study including patients with (1) a diagnosis of lung cancer and (2) suspected LM who underwent CSF study and MRI brain, within 90 days apart, between 2015 and 2024 retrieved from Data Registry. MRI studies were evaluated for communicating hydrocephalus or leptomeningeal signal abnormalities, which are used as diagnostic criteria for LM. Records were reviewed for CSF cytology and molecular markers. These were benchmarked against a final clinical diagnosis of LM. The sensitivities of MRI and CSF study were reported. Correlation with molecular genetics was analysed by chi-square or Fisher's exact tests. Survival analyses performed using Kaplan-Meier method and log-rank test.

Results:

A total of 124 patients were included, with the vast majority (84.7%) having adenocarcinoma.

CSF study demonstrated a sensitivity of 70.3%. For MRI, abnormal leptomeningeal signal alone yielded a sensitivity of 62.2%, while communicating hydrocephalus alone showed a sensitivity of 28.4%. Considering both features together, the overall sensitivity of MRI increased to 73.0%.

Within the cohort, those harbouring any EGFR mutation or EGFR L858R variant show higher odds of leptomeningeal metastasis (Any EGFR mutation: OR 7.64, 95% CI 3.38-17.24, $p < 0.001$; EGFR L858R variant: OR 4.00, 95% CI 1.65-9.69, $p = 0.001$).

In the EGFR mutation-negative subgroup, MRI demonstrated higher sensitivity than CSF study with near statistical significance (MRI: 66.7%, 95% CI 38.4-88.2%; CSF: 26.7%, 95% CI 7.8-55.1%; $p = 0.067$ by Fisher's exact test).

Presence of any LM features on MRI is associated with worse overall survival with near statistical significance (median survival: 3.2 months vs. 4.9 months, $p = 0.059$ by log-rank test).

Conclusion:

MRI and CSF studies are complementary in diagnosis of LM. EGFR-positive patients show a stronger association with LM, while CSF study carries a lower sensitivity in EGFR-negative patients. Meticulous MRI evaluation remains essential in patients of both subgroups.

RAD Session A(8) 22 November 2025 09:40-09:50 [GMT+8] Pao Yue Kong Auditorium, G/F

Decoding the Shadows: Navigating Diagnostic Traps in Paediatric Maxillo-Mandibular Imaging

Author(s) and Institution(s):

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²Basildon University Hospital, United Kingdom

³Southampton University Hospital, United Kingdom

Objectives:

We present a series of paediatric patients with maxillary or mandibular lesions initially assessed as benign at district hospitals, proved aggressive or malignant at our paediatric tertiary centre (Great Ormond Street Hospital). This study highlights the role of advanced imaging and multidisciplinary input in early and accurate diagnoses and initiation of appropriate management.

Materials and methods:

Ten paediatric cases referred to us from district general hospitals as benign over a period of six years were retrospectively reviewed. At our Centre, further imaging and biopsy revealed aggressive or malignant diagnoses in these patients. These included: mandibular Giant Cell Tumour (treated with Denosumab), complex Odontoma of mandible, Burkitt's lymphoma of maxilla, Langerhans Cell Histiocytosis (LCH) of mandible (with pituitary involvement), mandibular Chronic inflammation with underlying radicular cyst, suspected Central Giant Cell Granuloma of maxilla, Odontogenic Keratocyst of mandible, atypical Fibrous Dysplasia of maxilla, Low-grade Myofibroblastic Sarcoma of mandible, and Germ Cell Tumour of maxilla.

Results:

Several lesions diagnosed as benign initially, turned out quite aggressive on advanced imaging. Cortical erosion and expansion were seen in Odontoma; Fibrous Dysplasia had cortical breach. LCH resembled chronic infection; a suspected reactive lesion proved to be Fibroblastic Sarcoma. Diagnostic delay occurred in Burkitt's lymphoma and the Germ Cell tumour due to inflammatory or odontogenic appearances. A suspected Chronic Recurrent Multifocal Osteomyelitis proved chronic inflammation with underlying radicular cyst. A Giant Cell Tumour showed significant Denosumab response on follow-up imaging, demonstrating value in longitudinal assessment.

Conclusion:

Paediatric benign-appearing maxillo-mandibular lesions may conceal aggressive pathology on imaging. Radiologists should be alert to subtle imaging red flags and pursue advanced imaging and biopsy to ensure timely and accurate diagnosis.

RAD Session A(9) 22 November 2025 09:50-10:00 [GMT+8] Pao Yue Kong Auditorium, G/F

Diagnostic Reference Levels for CT-Guided Bone Biopsies in Paediatric Patients in Hong Kong – A 10-Year Multi-Centre Review

Author(s) and Institution(s):

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Objectives:

This study aims to establish age-stratified diagnostic reference level (DRL) for paediatric CT-guided bone biopsies in bone tumour centres in Hong Kong. Factors associated with radiation dose are also evaluated.

Materials and methods:

Consecutive paediatric patients (≤ 18 years) who underwent CT-guided bone biopsies in three tertiary bone tumour centres from 2012 to 2022 were included. Clinical factors, including patients' age, weight and height, were recorded. Radiological characteristics of bone lesions were reviewed. Procedural details, including number of tissue samples, were evaluated. Scanning protocol and radiation dose information, such as peak kilovoltage (kVp), use of spectral filter, CT dose index volume (CTDIvol) and dose length product (DLP), were analysed. DRL was established as the 75th centile of DLP in each age group. Mann-Whitney U test was used to compare non-Gaussian continuous variables. P-value < 0.05 was considered statistically significant.

Results:

A total of 108 CT-guided bone biopsies for paediatric patients (median age = 12.8 years [range = 0.5 - 18.0], 69 male [63.9%]) were included. Median overall CTDIvol and DLP were 25.0 mGy (IQR = 23.2 [15.1 - 38.3]) and 176.2 mGy.cm (IQR = 138.9 [113.4 - 252.3]) respectively. Planning CT scan contributed to 48.3% of the total DLP. Age-stratified DRL (75th centile) in these three centres were determined as 54.0 mGy.cm for < 1 year, 188.7 mGy.cm for 1 to < 5 years, 202.0 mGy.cm for 5 to < 10 years, 238.4 mGy.cm for 10 to < 15 years and 340.9 mGy.cm for 15 to 18 years. Paediatric-specific protocols were adopted in less than half ($n = 45/108$, 41.7%) of the procedures. 55.6% ($n = 25/45$) utilized reduced kVp (median kVp for paediatric-specific protocol = 95kV, standard protocol = 120kV) and 44.4% ($n = 20/45$) used tin filter. Overall and age-stratified DLP were significantly lower when

paediatric-specific protocols were adopted (median overall DLP, paediatric-specific protocol = 115.3 mGy·cm versus standard-protocol = 184.8 mGy·cm, $p = 0.001$).

Conclusion:

Multi-centre DRL for paediatric CT-guided bone biopsies was established. Paediatric-specific protocol demonstrated significant reduction in radiation dose and should be advocated in children.

RAD Session B(1) 22 November 2025 16:30-16:40 [GMT+8]

Function Room 2, 2/F

Imaging and endovascular treatment for post-irradiation pseudoaneurysms after skull base irradiation for nasopharyngeal carcinoma

Author(s) and Institution(s):

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Objectives:

To review the outcome of endovascular treatment for bleeding after skull base radiotherapy (RT) for nasopharyngeal carcinoma (NPC).

Materials and methods:

Retrospective review of all cases in our centre from 2015 to 2024 fulfilling (1) history of NPC with RT, (2) inpatient admission for skull base bleeding/ epistaxis, (3) imaging with Computer tomography (CT) or Digital Subtraction Angiography (DSA) performed. Chart review for history of treatment, imaging findings and clinical outcomes were performed.

Results:

A total of 158 patients presented with NPC post-RT bleeding, with imaging performed for 65 patients. 24 patients were found to have pseudoaneurysms: 17 at internal carotid (ICA) or common carotid (CCA) artery, 7 at external carotid arteries (ECA) with most involving the internal maxillary artery (IMA). Endovascular intervention was performed for 21 patients, those in the ICA/CCA group were treated with parent trunk occlusion (PTO, $n=9$) or cover stenting/ flow diverter placement ($n=6$); while coil/ particle embolization was performed with the ECA subgroup ($n=6$).

The technical success rate (defined as immediate flow cessation to pseudoaneurysm) was 100%, while clinical success rate (defined as absence of rebleeding requiring major intervention within 90 days) was 86% (18/21). Of the 9 patients who were treated with PTO after passing balloon occlusion test, new neurological deficit or radiological infarcts were present in 2 patients. For the 6 patients who underwent covered stenting

or flow diversion after being deemed unfit for PTO, subsequent stent occlusion was observed in 2 patients while 1 patient had massive rebleeding. No complication or rebleeding were observed in the ECA subgroup.

Vast majority of patients with no pseudoaneurysm identified were treated with non-surgical means (packing and/or cauterization), with surgery including lesion resection, debridement, flap or sphenopalatine artery ligation contemplated in 10 patients.

Conclusion:

NPC post-RT bleeding remains a debilitating disease. Imaging could reliably identify source of bleeding, of which a variety of techniques can be applied for endovascular treatment to achieve effective and safe haemostasis.

RAD Session B(2) 22 November 2025 16:40-16:50 [GMT+8]

Function Room 2, 2/F

Non-Dilated PTBD in Liver Transplant Patients: Clinical and Technical Insights From Local Experience and Literature

Author(s) and Institution(s):

Wong Ho Ting, Christie¹, Chan Ho Fung, Tommy¹, Lam Hiu Yin, Sonia¹, Choi Kin Ho, Kelvin¹
Department of Radiology, Queen Mary Hospital¹

Objectives:

To elucidate the clinical and imaging characteristics of biliary complications in liver transplant patients and to provide practical technical insights for performing percutaneous transhepatic biliary drainage (PTBD) in non-dilated intrahepatic ducts, drawing from both institutional experience and a comprehensive literature review.

Materials and methods:

A case series was conducted involving PTBD in post-liver transplant patients presenting with liver function abnormalities, biliary obstruction, strictures, or anastomotic leakages without intrahepatic ductal dilatation. Various techniques, including advanced puncturing methods, guidewire navigation, and adjunctive tools, were evaluated. A systematic literature review was performed to compare PTBD techniques and complication management strategies across clinical and reported settings.

Results:

Biliary complications, predominantly strictures and anastomotic leakages, frequently necessitate PTBD following liver transplantation. Non-dilated intrahepatic bile ducts, particularly in living donor liver transplants with inherently smaller duct calibers, pose significant technical challenges. Refined techniques such as refined puncturing, contrast-enhanced ductal visualization, retrograde catheter passage, and adjunctive interventions like balloon dilatation and stent placement were tailored to the patient's anatomy and pathology. These approaches have improved the feasibility and safety of PTBD in non-dilated systems.

Conclusion:

PTBD in non-dilated bile ducts post-liver transplant requires advanced techniques and imaging guidance to address technical complexities and minimize complications. Customized approaches, aligned with ductal anatomy and pathology, demonstrate improved success rates and procedural safety.

RAD Session B(3) 22 November 2025 16:50-17:00 [GMT+8]

Function Room 2, 2/F

Transverse Sinus Stenting in Medically Refractory Idiopathic Intracranial Hypertension: Safety, Efficacy, and Early Outcomes

Author(s) and Institution(s):

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¹Department of Radiology, St John's Medical College Hospital, Bangalore, India

Objectives:

Idiopathic intracranial hypertension (IIH) is a disorder of raised intracranial pressure without an identifiable cause, commonly affecting young women and often presenting with headaches and visual symptoms. This study aimed to evaluate the safety and efficacy of venous sinus stenting in patients with medically refractory IIH and documented transverse sinus stenosis with a significant trans-stenotic pressure gradient.

Materials and methods:

We retrospectively analyzed 12 patients treated between April 2022 and December 2025. Inclusion criteria included diagnosis of IIH by Modified Dandy Criteria, symptoms refractory to ≥ 6 months of acetazolamide therapy, focal venous sinus stenosis with a trans-stenotic pressure gradient > 8 mmHg, and no contraindications to dual antiplatelet therapy. All patients underwent MRI/MR venography, lumbar puncture for opening CSF pressure measurement, and catheter venography with manometry. Stenting was performed under general anesthesia via femoral or internal jugular venous access. Post-procedural management included dual antiplatelet therapy for 6 months and clinical follow-up at 3, 6, and 12 months.

Results:

All patients had elevated opening CSF pressures (> 25 cm H₂O). The mean pre-stenting pressure gradient was 20.9 mmHg (range 13–40 mmHg), reduced to ≤ 2 mmHg post-stenting. Technical success was achieved in all cases (100%). Transient post-procedural headache occurred in all patients and resolved within one week. No subdural or subarachnoid hemorrhage, stent thrombosis, or restenosis was observed. Papilledema resolved completely in 7 patients within 3 months and in 1 patient by 6 months. Symptomatic relief was sustained in all patients during follow-up.

Conclusion:

Transverse sinus stenting is a safe and effective intervention for patients with medically refractory IIH

and significant transverse sinus stenosis. Our early experience demonstrates consistently high technical success, rapid and sustained symptom relief, and minimal procedural morbidity. These outcomes support the expanding role of endovascular intervention in the management of medically refractory IIH.

RAD Session B(4) 22 November 2025 17:00-17:10 [GMT+8]

Function Room 2, 2/F

“Renal Interventionist” – Role of Interventional Radiologists in End Stage Renal Failure Patients

Author(s) and Institution(s):

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¹Department of Diagnostic and Interventional Radiology, Kwong Wah Hospital, Hong Kong SAR

Objectives:

Chronic renal failure is a long-term medical condition that requires ongoing care of patients. For patients with end-stage kidney disease, long-term dialysis is a common treatment option due to limited availability of kidney transplant. The two main methods for dialysis are hemodialysis (HD) and peritoneal dialysis (PD). Nowadays, apart from nephrologists, interventional radiologists also play a vital role in the care of renal failure patients requiring dialysis by providing various services related to dialysis access and maintenance.

Materials and methods:

Relevant interventions involving end-stage kidney disease patients from 1/1/2022 to 27/7/2025, were searched and identified using RIS system retrospectively, using examination codes of "6309- CVC placement", "6302.UV - Angioplasty, UL vein" and "7506- Cath.rev.other".

Results:

Interventional radiologists play a crucial role in the management of dialysis patient, either on HD or PD by providing specialized radiological procedures related to dialysis access and maintenance. During the study period, total of 284 interventions were performed:

- (1) Creation of Vascular Access (n=31)
 - Help insertion of central HD catheters including vascular access and tunnel creation, usually by internal jugular vein approach.
- (2) Revision of Hemodialysis Catheter (n=14)
 - Hemodialysis catheter revision (both tunnelled and non-tunnelled) for cases of malfunctioning catheters, malpositioned catheters or infected catheters.
- (3) Acute Occlusion of AVF/AVG (n=19)
 - Thrombectomy, and direct urokinase injection for acute AVF/AVG occlusion to restore blood flow.
- (4) Chronic Stenosis of AVF/AVG (n=210)
 - Balloon angioplasty and stenting to restore patency of AVF/AVG.

(5) Fluoroscopic Repositioning of PD catheter (n=10)

- Reposition malfunctioning or malpositioned PD catheters under fluoroscopic guidance using combinations of guidewires.

Conclusion:

In conclusion, interventional radiologists now play a critical role in the management of end-stage kidney disease patients requiring dialysis. Our specialized skills and interventions are essential in ensuring the effectiveness and safety of dialysis treatment, ultimately improving the quality of life for dialysis patients.

RAD Session B(5) 22 November 2025 17:10-17:20 [GMT+8]

Function Room 2, 2/F

The Power of Clinical Interventional Radiology (IR) – streamlining workflow and improving efficiency through IR-led in-patient consultation

Author(s) and Institution(s):

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Objectives:

This study evaluates the impact of implementing an in-patient interventional radiology (IR) consultation service on departmental workload dynamics and operational efficiency, with particular focus on changes in procedural volume and waiting time metrics across interventional procedures.

Materials and methods:

The IR-led in-patient consultation (IR consult) service has been implemented since September 2023 in a regional acute hospital in Hong Kong. The procedural number conducted from June to August 2023, i.e. pre-implementation period, and that from May to July 2025, i.e. post-implementation period, was compared retrospectively. All in-patient (IP) and out-patient (OP) IR procedures performed during office hours were included. We analysed the total case number, procedure type distribution (non-vascular [NVIR] vs vascular intervention [VIR]), and waiting time trends. Electronic consultation records were reviewed to determine the referral patterns.

Results:

The IR consult service received 256 consults in the post-implementation period (a median of 77 consults per month), with 183 procedures (71.5%) subsequently performed (NVIR: 70.5%; VIR: 29.5%). Total procedural number demonstrated an increase of 37.3% after implementation of the IR consult (pre-IR consult = 373 cases vs post-IR consult = 512 cases).

After implementation of IR consult, the mean waiting times decreased from 5.2 to 2.9 days ($p < 0.001$)

for IP “early” category and 33.7 to 27.6 days ($p=0.02$) for OP “early” category. The waiting time of urgent IP category maintained within 24 hours. The waiting time of routine OP shows no significant difference.

Conclusion:

Implementation of IR consult service helps streamline workflow and enhance efficiency by improving pre-procedural planning and incorporating clinical input of interventional radiologist in case triage.

RAD Session B(6) 22 November 2025 17:20-17:30 [GMT+8]

Function Room 2, 2/F

Retrospective Review of Portal Vein Interventions at a Tertiary Liver Transplant Centre in Hong Kong

Author(s) and Institution(s):

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Department of Radiology, Queen Mary Hospital, Hong Kong SAR

Objectives:

To illustrate portal vein interventions including embolization, venoplasty with or without stenting, thrombectomy, and TIPSS, at Hong Kong's liver transplant centre, highlighting specialized interventions.

Materials and methods:

A retrospective review was conducted of all portal vein interventions including embolization, venoplasty with or without stenting, thrombectomy, and TIPSS performed at Queen Mary Hospital, a tertiary liver transplant centre, over a 5-year period.

Results:

Typical cases were able to illustrate the indications and procedures of relevant interventions. Special cases, including repeated venoplasty followed by stenting in a paediatric liver transplant recipient, and balloon maceration of portovenous thrombus followed by aspiration thrombectomy in a patient who subsequently received liver transplant, were able to demonstrate procedural diversity and complexity.

Conclusion:

Portal vein interventions which are not uncommonly encountered in a tertiary centre with liver transplant service can be safely performed to address complex portal vein pathologies. Our experience, including those of specialized interventions, demonstrates that these interventions are effective options to improve patient outcomes.

Incremental Value of Time-Resolved Magnetic Resonance Angiography for Indeterminate Soft-Tissue Tumor

Author(s) and Institution(s):

Yenpo Lin¹

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Objectives:

To assess the additive value of time-resolved MR angiography (MRA) in preoperative imaging of soft tissue tumors, in conjunction with static enhancement sequences.

Materials and methods:

In this retrospective study (1/1/2015–12/31/2022), preoperative MR images were reviewed for both static enhancement and time-resolved MRA features. Static enhancement was graded (absent, mild–moderate, marked) and categorized as homogeneous or heterogeneous. Time-resolved MRA parameters included: (a) intratumoral vascular lake—dilated vascular channels or cavities with persistent contrast puddling from arterial to late phases; (b) lesion stain type (tumor stain vs. vascular blush along anatomical structures, compared with T1W/T2W images); (c) stain degree (absent, mild–moderate, marked [equal to adjacent major artery]); (d) stain margin (distinct, partially indistinct, indistinct); and (e) presence of a feeding artery (originating from a main arterial trunk to the tumor center).

Results:

A total of 276 tumors were analyzed, including 89 malignant lesions. Vascular lake was highly specific for hemangiomas (94.1%, 32/34; $P < 0.005$). Static internal enhancement and MRA stain demonstrated comparable diagnostic performance for malignancy (sensitivity 0.842, specificity 0.50, accuracy 0.76; $P = 0.015$). Marked MRA stain and distinct stain margin were significantly associated with high-grade malignancy ($P = 0.015$ and $P = 0.002$, respectively).

Conclusion:

Time-resolved MRA can offer incremental diagnostic value in preoperative evaluation of soft tissue tumors, particularly for assessing histologic grade.

RAD Session C(2) 22 November 2025 08:40-08:50 [GMT+8]

Function Room 2, 2/F

MRI Features of Placental Adhesion Disorder: A Retrospective Review and Radio-Clinico-Pathological Correlation

Author(s) and Institution(s):

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Department of Radiology & Nuclear Medicine, Tuen Mun Hospital, Hong Kong SAR

Objectives:

Placental adhesion disorders (PAD), including placental accreta, increta and percreta, are serious pregnancy complications. Magnetic Resonance Imaging (MRI) is used as an adjunct to ultrasound in antenatal diagnosis of PAD. This retrospective study aims to review MRI features and diagnostic accuracy of MRI in assessing PAD.

Materials and methods:

All MRI performed for patients with suspected PAD during the period of Jan 2013 to July 2025 were identified on Radiology Information System (RIS) with the keyword "placenta". MRI performed for indications other than PAD and patients who underwent termination of pregnancy were excluded. Patient demographics, MRI findings, operation records and pathological results were reviewed. Histopathological results from hysterectomy specimens were used as the reference standard. In cases of uterine preservation, intraoperative findings were used.

Results:

A total of 21 cases were included for analysis. The gestational age at MRI ranges from 24 weeks to 34 weeks (mean 32.2, median 32.6). The time interval between MRI and surgery was 1-46 days (mean 15.6, median 14). All patients underwent cesarean section delivery, 18 patients also had hysterectomy.

All patients were diagnosed with PAD on MRI (n=21), which was confirmed by hysterectomy specimens in 18 patients and intraoperative findings in 2 patients. One patient was found to have a normal placenta intraoperatively.

Among the 20 positive cases, the most common MRI finding was myometrial thinning (100%), followed by presence of T2 dark intraplacental band (90%) and heterogeneous placenta (80%). Uterine bulging and bladder tenting were identified in 70% and 35% of cases respectively.

MRI suspected placenta percreta in 10 cases, of which 6 were confirmed. All confirmed cases showed uterine bulging and five exhibited bladder tenting.

Conclusion:

Our results reaffirm the important role of MRI in assessing placental adhesion disorders. Overall, MRI findings demonstrated good correlation with intraoperative and hysterectomy results. However, most patients in this study were imaged after 30 weeks of gestation, when signal changes associated with placental maturation could affect interpretation and potentially reduce diagnostic accuracy.

A 10-year Retrospective Review of Radiotherapy-Induced Malignancies in Nasopharyngeal Cancer Patients

Author(s) and Institution(s):

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Objectives:

Nasopharyngeal carcinoma (NPC) is prevalent in South China. Radiotherapy (RT) is the primary treatment. RT-induced malignancies (RTIMs) are uncommon delayed complications yet associated with significant morbidity and mortality. In this review, we characterize clinical, imaging and pathological spectra of RTIMs for NPC at a tertiary center.

Materials and methods:

This is a single-center 10-year retrospective review of imaging for NPC patients performed between August 2015 and July 2025. NPC patients developing RTIMs were identified by modified Cahan's criteria. Electronic medical records and imaging archives were reviewed for demographics, clinical presentation, latency, imaging features, histology, treatment and outcome.

Results:

37 patients with histologically confirmed RTIMs were found (24 men, 64.9%; 13 women, 35.1%). Median age at NPC diagnosis was 42.5 years (15–71); at RTIMs diagnosis was 61 years (40–78), with a median latency of 15 years (1–40). Histologies of RTIMs comprised of 15 sarcoma, 21 squamous cell carcinoma (SqCC) and 1 poorly differentiated malignant tumor. The most common sites of RTIMs were nasopharynx (38%), sinonasal (18%) and oropharynx (14%). RTIMs typically presented as extensive heterogeneous masses within prior irradiation fields, without nodal metastasis (88%). Shorter latency (mean, 10.3 vs 20.8 years, $p = 0.002$), T2W signal heterogeneity (25% vs 9.4%, $p = 0.03$), marked contrast enhancement (31.3% vs 0%, $p < 0.001$) and high ADC value (mean, 1.17 vs 0.89, $p = 0.02$) were more frequent in sarcoma than SqCC. SqCC tended to demonstrate intermediate T2W intensity, while sarcoma showed variable T2W signal ($p < 0.001$). Bone formation was exclusive in osteosarcoma ($n = 4$, 11%). 5- and 10-year overall survival was lower in sarcoma (46%; 9%) than SqCC (52%; 42%) yet not statistically significant ($p = 0.23$), with limited sample size.

Conclusion:

RTIMs, particularly sarcoma, are uncommon but consequential late effects after NPC RT, with long latency and grave prognosis. Sustained long-term clinical and imaging surveillance, High index of suspicion for new or progressive infiltrative lesions in prior RT fields, and prompt tissue diagnosis are essential for timely multidisciplinary management.

RAD Session C(4) 22 November 2025 09:00-09:10 [GMT+8]

Function Room 2, 2/F

Local Diagnostic Performance of Artificial Intelligence in Detecting Intracranial Hemorrhage in Plain Computed Tomography of Brain

Author(s) and Institution(s):

CL Tang, HC Lee, HK Leung

Department of Radiology and Organ Imaging, United Christian Hospital, Hong Kong SAR

Objectives:

Artificial Intelligence (AI) is used to facilitate rapid detection of intracranial hemorrhage (ICH) in CT Brain scans for A&E patients to help early clinical management.

Radiologist reporting for CT Brain is performed retrospectively, leading to a delay between scan time and report time.

Hence, good diagnostic performance of AI in detecting ICH is important.

AI software for detecting ICH was upgraded in our hospital last year. We aim to identify the diagnostic performance after the upgrade.

For false positive and false negative cases, we aim to identify their characteristics.

Materials and methods:

A total of 1632 Plain CT Brain scans were reviewed by AI from December 1, 2024 to January 31, 2025 in a local HK hospital.

All scans were divided into AI positive for ICH and AI negative for ICH.

For AI positive scans, the type of ICH detected was recorded as intraparenchymal, extra-axial, subarachnoid, or any combination.

All AI CT findings were compared with radiologist assessment, which is used as the reference standard. Any discrepancy between AI and radiologist findings were recorded as false positive or false negative. Concordance between AI and radiologist findings were marked as true positive or true negative.

Results:

Of 1629 total scans, the number of AI positive scans for ICH is 217, and the number of AI negative scans is 1412.

Compared to assessment with radiologist review, AI achieved a 97.5% accuracy, 97.3% sensitivity, 97.5% specificity, 83.6% positive predictive value, 99.6% negative predictive value.

Amongst AI false positive scans, they are predominantly subdural effusion, intraparenchymal or vascular calcification, which are interpreted as ICH.

AI false negative cases include cases of mild subarachnoid hemorrhage and hemorrhagic hemorrhage of infarct.

Conclusion:

Our study shows a high diagnostic performance of Artificial Intelligence in detecting ICH, with high sensitivity and specificity.

However, potential areas for further training for artificial intelligence includes differentiating prominent CSF space or subdural effusion versus extra-axial hemorrhage, differentiating small subarachnoid hemorrhage and calcifications, and detecting mild subarachnoid hemorrhage.

RAD Session C(5) 22 November 2025 09:10-09:20 [GMT+8]

Function Room 2, 2/F

Optimizing Liver DWI with Deep Learning Reconstruction: A Comparative Study of Three Respiratory Motion Strategies

Author(s) and Institution(s):

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Objectives:

This study aimed to evaluate whether deep learning reconstruction (DLR) improves image quality and measurement stability in liver diffusion-weighted imaging (DWI), and whether it can reduce variability across three respiratory motion compensation techniques: free-breathing (FB), respiratory-triggered (RT), and multi-breath-hold (MBH).

Materials and methods:

Eleven healthy adult volunteers underwent liver DWI using the three respiratory strategies. Each sequence was reconstructed with and without DLR (Deep Resolve Boost, Siemens Healthineers). Signal-to-noise ratio (SNR) on high b-value images ($b = 800 \text{ s/mm}^2$) and the standard deviation (SD) of apparent diffusion coefficient (ADC) values were measured in the right hepatic lobe using standardized regions of interest. Paired *t*-tests and repeated measures ANOVA were used for statistical analysis.

Results:

DLR significantly improved liver SNR in MBH imaging (from 12.1 to 16.9, $p < 0.001$), where non-DLR images had shown the lowest SNR. With DLR applied, SNR differences among the three techniques were no longer statistically significant. ADC variability also decreased significantly in MBH imaging with DLR (SD from 0.10 to $0.06 \times 10^{-3} \text{ mm}^2/\text{s}$, $p < 0.001$).

Conclusion:

DLR improved both SNR and ADC consistency in liver DWI, particularly when used with multi-breath-hold imaging. By minimizing inter-technique differences and enabling shorter acquisition times, the combination of DLR and MBH may offer an efficient and reliable approach to liver DWI in clinical practice.

RAD Session C(6) 22 November 2025 09:20-09:30 [GMT+8]

Function Room 2, 2/F

The First Magnetic Resonance Imaging (MRI)-Guided Transgluteal Prostate Biopsy in Hong Kong: Technique and Initial Experience

Author(s) and Institution(s):

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²Department of Radiology, LMU University Hospital, LMU Munich, Germany

Objectives:

To describe the procedural technique and outcome of MRI guided transgluteal prostate biopsy.

Materials and methods:

Case report.

Results:

A 69-year-old man with two suspicious lesions at the left transition zone, measuring 1.8cm at mid gland (PI-RADS 5) and 1.2cm at apex (PI-RADS 4) respectively. Clinically the patient was noted to have anal stenosis and cannot tolerate per-rectal examination. Therefore, he was considered unsuitable for fusion biopsy by urologist and was referred for MRI guided prostate biopsy. This procedure was performed in 1.5-tesla MRI (Sola, Siemens Healthineers) suite. The patient was positioned prone on the MR table. A surface loop coil was used for the procedure. Local anesthetic injection was performed under MR guidance to target the prostate capsule. Biopsy was performed in bore via transgluteal route. Three tissue cores were obtained at each site.

The procedure was completed uneventfully. Post-procedure MRI showed no periprostatic hematoma. The patient was well after the procedure and required no analgesic. He reported no hematuria and was discharged home the following day. Histopathology confirmed adenocarcinoma (Gleason score 4+4).

Conclusion:

This case highlights the technique and safety of MRI guided transgluteal biopsy of prostate lesions, which is the first reported case in Hong Kong. This technique demonstrated precise lesion targeting with high diagnostic accuracy.

This transgluteal approach addresses several challenges associated with fusion transperineal biopsy, including misregistration issue, difficulties in fusion for large prostates and technical challenges for apical lesions. Besides, it carries a lower risk of infection compared to the transrectal route.

This technique also showed excellent procedural pain management with only 5ml of lignocaine used as local anesthetic and no intravenous sedation needed. This less painful route for prostatic intervention potentially allows the procedure to be conducted as an outpatient procedure, enhancing diagnostic accuracy while minimizing discomfort and complexity.

Building on the positive initial experience, we have established a referral system with urologists to select patients for MRI guided transgluteal prostate biopsy.

RAD Session C(7) 22 November 2025 09:30-09:40 [GMT+8]

Function Room 2, 2/F

Embolisation for Colonic Lower Gastrointestinal Bleeding: A Systematic Review of Clinical Outcomes and Complications

Author(s) and Institution(s):

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Objectives:

To evaluate the effectiveness and safety of embolisation in colonic lower gastrointestinal bleeding (LGIB), and to assess the impact of anatomical definition on reported outcomes by comparing colon-specific studies with mixed LGIB cohorts.

Materials and methods:

A systematic search of PubMed, Embase, and Cochrane Library was conducted according to PRISMA guidelines to identify studies reporting embolisation outcomes in LGIB. Studies were stratified as:

- Group A: Explicitly colonic bleeding
- Group B: Broader LGIB definitions with extractable colonic data
- Group C: Mixed colonic + small bowel data without separation (excluded from pooled analysis, described narratively)

Data extracted included study design, patient demographics, diagnoses, embolisation technique, technical and clinical success, rebleeding, ischaemia, mortality, and anatomical distribution of bleeding and embolisation.

Results:

A total of 24 studies (1,689 patients; Groups A+B) were analysed.

- Technical success: 95%

- Clinical success: 80%
- Rebleeding: 18%
- Mortality: 8%

- Common causes were diverticulosis, angiodysplasia, iatrogenic bleeding.
- Embolisation most often targeted SMA and IMA branches (e.g. vasa recta, marginal artery).
- Ischaemic complications were inconsistently reported but clinically significant cases were rare.

Group C (33 studies; 793 patients) showed similar technical success (95%) but lower clinical success (73%), higher rebleeding (90%), and higher mortality (12%) compared with Groups A+B.

Values are approximate as final stratified analysis is ongoing.

Conclusion:

Embolisation is a technically effective treatment for colonic LGIB, achieving high technical (95%) and clinical (80%) success with acceptable rebleeding (18%) and mortality (8%) rates. Group C findings (mixed LGIB definitions) showed similar technical success but lower clinical success (73%) and markedly higher rebleeding (90%), likely due to the inclusion of small bowel sources and more heterogeneous patient populations. These differences highlight the importance of anatomical stratification, as colon-specific analysis produces more consistent and clinically relevant outcomes.

RAD Session C(8) 22 November 2025 09:40-09:50 [GMT+8]

Function Room 2, 2/F

Initial and Midterm Treatment Outcomes of Aortoiliac Type II Endoleak: a Single-center 8-year Experience

Author(s) and Institution(s):

JK Fung¹, KH Chin¹, WKW Leung¹, KYK Tang¹, CY Chu¹

Department of Radiology, Pamela Youde Nethersole Eastern Hospital, Hong Kong SAR

Objectives:

To evaluate the initial technical success rate and mid-term recurrence rate for Type II endoleak (T2EL) treatments.

Materials and methods:

Consecutive angiographic studies in 2015-2022 indicated for aortoiliac T2EL with sac growth were retrospectively reviewed. Initial technical success is defined as fluoroscopic resolution of T2EL after embolizing the culprit vessel. Midterm recurrence is set at 2-year timepoint with relevant CT or US features.

Results:

Of the 38 consecutive studies, 33 demonstrated T2EL and were included for analysis. The included

cases involved 25 patients [mean age 81, M:F= 4:1, type 2A = 11/25, type 2B = 14/25] and 37 culprit vessels [IMA = 16/37, lumbar = 21/37]. 5 vessels received >1 treatment attempts over the 8-year study period. 1 vessel [type 2B, prolonged procedure] was untreated to avoid contrast nephropathy and was excluded, giving 42 treatment attempts for analysis. Endovascular (39/42), percutaneous (2/42) and combined (1/42) approaches were adopted.

Technical success rate is 85.7% (36/42). Embolic agents included NBCA-lipiodol (16/36), coils (15/36) and Onyx (10/36). The failed cases (6/42) all showed difficult vascular anatomy. Glue migration (1/42) and arteriotomy pseudoaneurysm (1/42) were reported.

2 years from the procedure, 9/36 (27%) showed no recurrence, 8/36 (22.2%) recurred, while the rest (19/36, 52.8%) had a most-recent negative CT/US in 2-22 months. The latter subgroup either died of irrelevant cause or were lost to follow up. 3/8 recurrences were from a percutaneously treated complex 2B lumbar endoleak with multiple tiny reconstitutions not amenable to cannulation. Importantly, 7/25 patients developed new T2EL on <2-year imaging.

Conclusion:

The technical success rate aligns with systematic reviews (84-97%). All failed cases were related to challenging vascular anatomy.

The high rate of lost to follow-up precludes causal factor analysis. The potential discrepancy between technical success and mid-term clinical success suggests the importance of short-interval follow up.

RAD Session C(9) 22 November 2025 09:50-10:00 [GMT+8]

Function Room 2, 2/F

Percutaneous Lung Biopsy: Pneumothorax Rates and Cost-Benefit Implications of Valved versus Non-Valved Biopsy Needles

Author(s) and Institution(s):

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Objectives:

Pneumothorax is the most common complication of percutaneous CT-guided lung biopsy. This study compares pneumothorax rates using valved (V) versus non-valved (NV) biopsy needles in a tertiary UK centre, considering potential cost implications.

Materials and methods:

A single-centre, non-randomised, retrospective study at Mid and South Essex NHS Foundation Trust, Basildon Hospital, UK, included all CT-guided lung biopsies from January 2022 to December 2024. NV biopsies used Temno needles; on 9 October 2023, these were replaced by Temno Elite valved needles. All patients had a chest radiograph 2 hours post-procedure, reviewed for pneumothorax.

Results:

A total of 422 procedures were completed - 182 NV and 240 V. Pneumothorax occurred in 20.9% of NV (n=38) and 17.9% of V (n=43) cases ($p=0.46$; OR 1.21, 95% CI 0.74–1.96; RR 1.16, 95% CI 0.78–1.72). In the NV group, 92.1% (n=35) were managed conservatively, 2.6% (n=1) with a Pleural Vent, and 5.3% (n=2) with a chest drain. In the V group, 88.3% (n=38) were managed conservatively, 4.7% (n=2) with a Pleural Vent, and 7.0% (n=3) with a chest drain.

Conclusion:

This first direct comparison of Temno and Temno Elite needles in percutaneous lung biopsy found no significant difference in pneumothorax rates. Given the higher cost of valved needles, these results may influence cost–benefit considerations. A re-audit will be undertaken to confirm these findings over a longer time frame.

ONC Session CO(1) 22 November 2025 08:30-08:40 [GMT+8]

Function Room 1, 2/F

Radical vs Palliative Radiotherapy in de novo low-burden metastatic hormone-sensitive prostate cancer

Author(s) and Institution(s):

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Objectives:

The current standard of care for metastatic hormone-sensitive prostate cancer (mHSPC) is androgen deprivation + systemic therapy. Oligometastatic HSPC, however, represents a unique disease entity following the STAMPEDE trial, where de novo mHSPC patients with a CHAARTED-defined low disease burden (DN-mHSPC-LV) had a hazard ratio of death of 0.68 after prostate radiotherapy (PRT). Despite the SABR-COMET results of a survival benefit with stereotactic RT on metachronous oligometastatic sites of predominantly prostate patients, radical RT (RRT) in DN-mHSPC-LV has not been studied. This study analysed the outcomes of such patients receiving RRT to all disease sites vs PRT alone.

Materials and methods:

DN-mHSPC-LV receiving RRT to the prostate and all oligometastatic sites (Arm A) vs PRT alone (Arm B) in a Hong Kong tertiary hospital between 1st January 2018 and 1st January 2022 were reviewed. Outcomes of failure-free survival (FFS), overall survival (OS) and treatment-related toxicity (TrT) were analysed using the Kaplan-Meier and multivariable Cox-proportional hazards models.

Results:

51 eligible patients (33 in Arm A & 18 in Arm B) were identified. The median numbers of oligometastatic sites were 1 in Arm A and 2 in Arm B. The median Gleason score was 8 in both arms. T/N/M staging was mostly balanced but more patients in Arm A had M1b vs M1a disease. Median

presenting PSA (ng/mL) was higher in Arm A (55) than Arm B (28). Arm A received up to 76Gy/38# to the prostate + a boost of up to 67.5Gy or stereotactic RT to the oligometastatic sites. Arm B received 55-60Gy/20# to the prostate alone. Systemic treatments were balanced. Median follow up was 61.7 months and 37.3 months in Arms A and B, respectively. Median FFS was not reached and 54.4 months in Arms A and B, respectively ($P = 0.0143$; HR 0.250; 95% CI 0.076-0.820). OS data were not yet mature and there was no difference in TrT between the arms.

Conclusion:

To our knowledge, this is the first study comparing RRT against PRT in DN-mHSPC-LV. RRT was well tolerated. FFS is significantly longer with radical vs palliative treatment. FFS is an established surrogate for OS in prostate cancer. This study thus justifies prospective studies on RRT for DN-mHSPC-LV.

ONC Session CO(2) 22 November 2025 08:40-08:50 [GMT+8]

Function Room 1, 2/F

ctDNA Tumor Fraction as a biomarker in advanced NSCLC and its Impact on treatment outcomes: a prospective multi-center study

Author(s) and Institution(s):

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Objectives:

Comprehensive genomic profiling (CGP) using targeted panel next-generation sequencing (TP-NGS) is pivotal in the clinical management of advanced non-small cell lung cancer (NSCLC). Despite the limitations associated with tumor tissue sampling, circulating tumor DNA (ctDNA) presents a promising alternative. This study aims to assess the prognostic value of ctDNA tumor fraction (TF) in NSCLC.

Materials and methods:

We conducted a multi-center prospective study in Hong Kong. Patients with advanced NSCLC provided blood samples within 31 days prior to treatment initiation, followed by CGP using a validated ctDNA assay. ctDNA TF data was collected and correlated with clinical outcomes including overall survival (OS), progression-free survival (PFS). We also validated optimal ctDNA TF threshold using maximally selected rank statistics.

Results:

A total of 878 patients were prospectively enrolled in this study.

Those with ctDNA TF $\geq 1\%$ had significantly worse outcomes, with median PFS of 13.2 months and OS of 17.6 months compared to the ctDNA TF $< 1\%$ group ($p < 0.05$). ctDNA TF level remained predictive of PFS and OS at both first line setting and on disease progress. It also remained to be a robust

biomarker across metastatic sites including brain, liver and bone.

ctDNA TF level demonstrated predictive capabilities for OS at various time points, with AUC values ranging from 0.65 to 0.75 for the overall population. The predictive strength of ctDNA TF in the EGFR tyrosine kinase inhibitor (TKI) subgroup remained robust for OS at from 6 to 24 months, achieving an AUC of 0.79 at 24 months.

We validated a novel ctDNA TF threshold of 2.3% for inferior OS in the overall population. Meanwhile while a distinct threshold of 1.6% and 2.2% was validated for the EGFR TKI and chemotherapy ± immunotherapy.

Conclusion:

Our findings establish ctDNA TF as a clinically relevant biomarker in NSCLC, providing robust prognostic and predictive information across metastatic site, types and lines of treatment received. The findings support the integration of ctDNA TF quantification into routine clinical workflows, reinforcing its role in advancing precision oncology and improving risk stratification and outcomes for patients with NSCLC.

ONC Session CO(3) 22 November 2025 08:50-09:00 [GMT+8]

Function Room 1, 2/F

Comparison of Efficacy and Safety of GP versus PX Induction Chemotherapy for Locoregionally Advanced Nasopharyngeal Carcinoma: A Propensity Score-Matched Analysis

Author(s) and Institution(s):

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Objectives:

This study aimed to compare the efficacy and safety of the GP regimen (gemcitabine plus cisplatin) and the PX regimen (capecitabine plus cisplatin) as induction chemotherapy in patients with locally advanced nasopharyngeal carcinoma.

Materials and methods:

We retrospectively analyzed 245 patients treated at the University of Hong Kong-Shenzhen Hospital between 2015 and 2024 who received induction chemotherapy with either GP or PX, followed by definitive concurrent chemoradiotherapy. Propensity score matching (PSM) was performed to balance baseline characteristics between the two groups. Survival outcomes and acute toxicities were compared between groups.

Results:

After 1:1 PSM, 180 patients were included (GP, $n = 90$; PX, $n = 90$). The median follow-up was 50 months. No statistically significant differences were observed between GP and PX in 3-year overall survival (95.3% vs. 94.4%, $P = 0.384$), progression-free survival (90.5% vs. 83.3%, $P = 0.293$), distant metastasis-free survival (95.4% vs. 88.5%, $P = 0.128$), or locoregional relapse-free survival (96.5% vs. 98.8%, $P = 0.464$). The GP group showed higher rates of grade ≥ 3 neutropenia (38.2% vs. 12.8%, $P < 0.001$), leukopenia (14.6% vs. 2.3%, $P = 0.005$), and thrombocytopenia (6.7% vs. 0.0%, $P = 0.029$). The GP group also had a significantly higher incidence of renal impairment (25.8% vs. 12.8%, $P = 0.04$).

Conclusion:

GP and PX induction regimens, followed by concurrent chemoradiotherapy, achieved comparable survival in patients with locally advanced nasopharyngeal carcinoma. However, GP was associated with a significantly higher incidence of severe hematologic toxicities and renal impairment, which should be considered when selecting a regimen.

ONC Session CO(4) 22 November 2025 09:00-09:10 [GMT+8]

Function Room 1, 2/F

Safety of Interim Stereotactic Body Radiotherapy to Intrahepatic Oligoprogression or Persistent Residual Lesions in Unresectable Hepatocellular Carcinoma Undergoing Systemic Therapy

Author(s) and Institution(s):

Landon L. Chan¹, Vanessa T.Y. Yeung¹, Florence S.T. Mok¹, Wesley K.Y. Wong¹, Jenny C.H. To¹, Darren M.C. Poon¹, Daisy C.M. Lam¹, Stephen L. Chan¹

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Objectives:

Stereotactic body radiotherapy (SBRT) is used to treat intrahepatic oligoprogression (OP) of HCC during systemic therapy. Our group previously reported the efficacy of SBRT in this condition (Chan LL et al. J Hep 2024). However, the safety of administering interim intrahepatic SBRT during systemic therapy in HCC has not been reported in the literature. We aim to study the safety of this approach.

Materials and methods:

This is a single-centre, retrospective study conducted at the Prince of Wales Hospital. Patients who received SBRT to treat intrahepatic OP or persistent liver residual disease (PR) during the use of systemic therapy were eligible. Delivery of SBRT generally follows the RTOG-1112 protocol. The primary endpoint is safety in key clinical and laboratory parameters such as thrombocytopenia, lymphopenia, gastrointestinal perforation, gastrointestinal bleeding, hepatitis, change in Child-Pugh score, over 1-month, 3-month and 6-month post radiotherapy. Comparisons of these parameters were made using Wilcoxon rank sum tests.

Results:

Total 20 patients were identified between 2015 to 2025. Of these, 17 had OP and 3 had PR disease. Seven patients received TKI alone, 6 patients received ICI monotherapy, and 7 patients received ICI in combination with anti-VEGF or TKI. Most patients withhold TKI during the days of RT, anti-VEGF interrupted for four weeks peri-RT, and immunotherapy was continued during RT. Decreased lymphocyte count was observed in 1-month post RT but gradually recovered. One patient experienced immune-mediated hepatitis, and 2 patients had deterioration in Child-Pugh score more than 2 points (one due to disease progression) at 3-month. No patient experienced reactivation of hepatitis, gastrointestinal bleeding or gastrointestinal perforation.

Conclusion:

Interim SBRT to intrahepatic OP or PR lesions during systemic therapy is generally safe. There was no unexpected toxicity.

ONC Session CO(5) 22 November 2025 09:10-09:20 [GMT+8]

Function Room 1, 2/F

Investigating Patterns of Clinical Practice in the Diagnosis of Hepatocellular Carcinoma (HCC) at a Single Oncology Center

Author(s) and Institution(s):

Dr Yun LI¹, Dr Edwin Chun Yin Wong¹

¹Department of Clinical Oncology, Pamela Youde Nethersole Eastern Hospital

Objectives:

This project evaluated the appropriate application of non-invasive diagnostic criteria for hepatocellular carcinoma (HCC) in the Department of Clinical Oncology, Pamela Youde Nethersole Eastern Hospital (PYONC), in accordance to the European Association for the Study of the Liver (EASL) guideline and National Comprehensive Cancer Network (NCCN) guideline. The primary aim was to assess the correct use of LI-RADS imaging criteria in high-risk patients and identify cases requiring histological confirmation.

Materials and methods:

Patients referred for HCC management between 2019–2023 were retrospectively reviewed. Parameters including hepatitis status, presence of cirrhosis, lesion size, and major imaging features reported on triphasic CT or MRI were collected for LI-RADS 5 assessment.

Results:

188 patients were included in the analysis. 34 patients (18.1%) lacked established high-risk factors (cirrhosis, HBV, or prior HCC), while 154 (81.9%) constituted the high-risk cohort eligible for LI-RADS application. 112 patients (72.7%) fulfilled LI-RADS 5 criteria, and the remaining 76 cases (40.4%) required histological evaluation. 15 cases histopathological confirmation was obtained via liver biopsy

before starting treatment, while 17 cases proceeded to surgical resection, and 44 proceeded directly to therapy without histological validation. In total, we identified non-compliance in 32.4% (61/188), notably 23.4% (44/188) initiating treatment without meeting LI-RADS 5 criteria or obtaining histopathological confirmation.

Conclusion:

In summary, our findings revealed that non-invasive diagnostic criteria for HCC are not uncommonly applied beyond their intended scope, notably among patients without established high-risk features, or with image did not meet LI-RADS 5 criteria. The adoption of dual-tracer PET-CT and/or AFP as diagnostic evidence in some cases, highlights a deviation from current international recommendations. Such practices, which currently lack validation in this population, underscore the necessity for further studies to assess accuracy. Additionally, these data highlighted the importance of counseling regarding the role of histological confirmation when diagnostic uncertainty persists.

NM Session NM(1) 22 November 2025 15:00-15:10 [GMT+8]

Function Room 2, 2/F

Incremental Diagnostic Value of ^{11}C Choline PET/CT for Detecting Parathyroid Adenomas and its Localisation Accuracy in Minimally Invasive Parathyroidectomy: A Single Centre Retrospective Study

Author(s) and Institution(s):

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Objectives:

Accurate pre-operative localisation is the prerequisite to minimally invasive parathyroidectomy (MIP) for patients with primary hyperparathyroidism (pHPT). Currently, a combination of functional ($^{99\text{m}}\text{Tc}$ -sestamibi scintigraphy) and anatomical (sonography/4DCT) imaging is the conventional approach, but negative or discordant results are not uncommon. In this study, we evaluate the incremental diagnostic value of ^{11}C -choline PET/CT and its localisation accuracy.

Materials and methods:

Inclusion criteria were clinically-indicated pHPT (PTH>6.9 pmol/L) and inconclusive first-line imaging. PET/CT (Siemens Biograph) was performed 15-20 minutes after ^{11}C -choline injection (10.8-16.5 mCi). Two nuclear medicine specialists independently reviewed each study and reached a consensus on presence/absence of abnormal ^{11}C -choline metabolism in the context of parathyroid pathology. PET parameters (lesion size, SUVmax) were assessed by MIM contouring software. PET/CT localisation was mapped onto 4 standard quadrants (left/right, superior/inferior) with reference centre at midline-midpole of thyroid to compare with operative and pathology findings.

Results:

111 patients (61 ± 12 years) were included (F:86; M:25). Pre-scan PTH level ranged from 7-300pmol/L. PET/CT was positive for ^{11}C -choline-avid lesion in 89 patients (80%), equivocal in 15 (14%) and negative in 7 (6%). All but 1/22 patients with negative/equivocal PET/CT were also negative/equivocal on conventional imaging. SUVmax was significantly higher in PET-positive (5.45 ± 2.42) than equivocal cases (2.44 ± 0.60 , t-test: $p < 0.01$). 41 patients underwent MIP, which confirmed 38/41 (93%) as positive for solitary adenomas correctly localised in the quadrant specified by PET/CT. In 3 (7%) midpole lesions, though being assigned to the wrong quadrant, they were correctly lateralised.

Conclusion:

^{11}C -choline PET/CT shows a significant incremental value in pre-operative localisation in pHPT patients when conventional investigations are inconclusive, achieving high localisation accuracy and facilitating successful MIP as a curative treatment. Further studies are needed to evaluate the role of ^{11}C -choline PET/CT as a first-line, one-step localisation modality prior to MIP.

NM Session NM(2) 22 November 2025 15:10-15:20 [GMT+8]

Function Room 2, 2/F

Usefulness of pretreatment FDG PET/CT in predicting HER2-enriched breast cancer axillary pathological outcomes after neoadjuvant treatment.

Author(s) and Institution(s):

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²Duke Clinical Research Institute, Duke University, Durham, NC, USA

Objectives:

A significant portion of HER2-enriched breast cancer patients achieve axillary pathological complete response (pCR) following neoadjuvant systemic therapy (NST), which is associated with a favourable prognosis. Existing imaging modalities lack sufficient accuracy to predict or assess tumour and axillary pathological outcomes reliably. Pretreatment ^{18}F -fluorodeoxyglucose (FDG) positron emission tomography (PET) parameters were tested for their predictive power towards axillary pathological outcomes in this study, with consideration of applying them towards de-escalation strategies, which have been gaining popularity.

Materials and methods:

We retrospectively analysed HER2-enriched breast cancer patients with known axillary nodal metastasis in a two-year period. Pretreatment PET parameters for the breast tumour (BT), the most avid ipsilateral axillary node (MAN), and the whole axilla nodal burden (including the number of avid nodes) were acquired. These parameters were evaluated for their association and predictive power in relation to the following pathological outcomes: axillary nodal pCR vs. non-pCR; 0-1 vs. ≥ 2 residual axillary nodal metastases; and ypN0-1 vs. ypN2-3.

Results:

A total of 38 patients were included. The following parameters were found to be predictive of axillary pathological outcomes on multivariate and/or univariate regression analyses: BT metabolic tumour volume (adjusted OR=1.06 for non-pCR, $p=0.045$), number of FDG-avid nodes (adjusted OR=1.94 for non-pCR, $p=0.034$; adjusted OR=2.97 for ≥ 2 metastases, $p=0.041$), and node-to-tumour ratio between MAN and BT SUVmax (NTRmax: OR=55.90 for ypN2-3, $p=0.041$). 100% sensitivity and negative predictive value were achieved when the cut-offs were set at ≥ 4 FDG-avid nodes above reference blood-pool activity (for predicting ≥ 2 metastases) and NTRmax ≥ 0.779 (for predicting ypN2-3).

Conclusion:

Pretreatment PET parameters predictive of axillary pathological outcomes following NST for HER2-enriched breast cancer were identified. They carry prognostic implications and may be applicable for patient stratification in de-escalation strategies.

NM Session NM(3) 22 November 2025 15:20-15:30 [GMT+8] Function Room 2, 2/F

Diagnostic value of 18F-FDG PET in patients with suspected neurodegenerative disease.

Author(s) and Institution(s):

Chun Ho, CHAN, Tze Kit, CHOW, Wai Han, MA, Ka Lun, CHIU, Jocelyn, CHU, Ching, SO
Department of Radiology and Nuclear Medicine, Tuen Mun Hospital, New Territory West Cluster, Hospital Authority, Hong Kong SAR

Objectives:

To assess the diagnostic utility and clinical impact of ^{18}F -fluorodeoxyglucose positron emission tomography (^{18}F -FDG PET) in patients with suspected neurodegenerative disorders.

Materials and methods:

This retrospective study included 83 patients with suspected neurodegenerative diseases who underwent ^{18}F -FDG PET imaging at Tuen Mun Hospital PET Center between March 2021 and December 2024. ^{18}F -FDG PET brain scan were reviewed visually and analyzed using GE CortexID software to identify disease-specific patterns of hypometabolism. Diagnoses established at clinical or multidisciplinary meetings were compared before and after integrating ^{18}F -FDG PET results.

Results:

83 patients (aged 46–89 years) were included with suspected neurodegenerative disease (atypical parkinsonism, Parkinson's disease, Alzheimer's disease, dementia with Lewy bodies, and frontotemporal dementia etc.). ^{18}F -FDG PET lead to a change in diagnosis in 33 of 83 patients (40%) with suspected neurodegenerative disease. Several interesting cases will be illustrated, including posterior cortical atrophy, multiple system atrophy, combination of non-fluent primary progressive

aphasia and progressive supranuclear palsy

Conclusion:

^{18}F -FDG PET demonstrates substantial diagnostic value in patients with suspected neurodegenerative diseases, leading to a diagnostic change in 40% of cases. These findings highlight the critical role of FDG-PET in refining diagnosis and guiding clinical management in neurodegenerative disorders.

NM Session NM(4) 22 November 2025 15:30-15:40 [GMT+8] Function Room 2, 2/F

Resin ^{90}Y microspheres radioactivity measurements for Transarterial Radioembolization : Comparison between two assay methods using dose calibrator and PET/CT system

Author(s) and Institution(s):

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Objectives:

To improve dosimetric accuracy of split dose application from one shipping vial and multiple SIROS™ D-Vials for split dose application, describe and demonstrate the discrepancy in resin ^{90}Y -microspheres radioactivity measurements as the volume of the vial, to present results of PET/CT measurement while the vial is settled and homogenized.

Materials and methods:

The linearity of PET/CT was studied to exclude the potential contribution of random correction. The homogenized glass vial, containing resin ^{90}Y -microspheres, was placed at different positions of the dose calibrator to study how fluid volume affects the readings. The same vial, homogenized by a spinning motor was also placed in a PET/CT scanner to measure activity.

Results:

There were discrepancies of radioactivity measurement of ^{90}Y -microspheres vial with different fluid volume, showing that the bottom of the dose calibrator is the optimal because of least sensitivity on fluid volume. Although fluid volume larger than 5 ml the effect is within 1%, volume less than 5 ml shows elevated reading, 17% higher than normal when extrapolate to 0 ml. Using the SiPM PET/CT scanner with ToF, the geometry effect of the vial is corrected by CT-AC in PET/CT as in dose calibrator, the discrepancy for the homogenized vial is within 2%.

Conclusion:

We would suggest to measure the homogenized resin ^{90}Y -microspheres radioactivity at the bottom of the dose calibrator, maintain the vial volume not less than 5 ml at all time, especially after the first dose has been drawn in split dose application, and to measure residual activity of transfer syringe as a QA of

dose drawing procedure. If PET/CT scanner is available, it is recommended to establish extra dial setting for V-vial or syringe for QA purpose.

NM Session NM(5) 22 November 2025 15:40-15:50 [GMT+8] Function Room 2, 2/F

Assessment of Differential Renal Function in Adult [^{99m}Tc] Tc-DMSA Scintigraphy: A Comparison of Four Renal Depth Correction Approaches

Author(s) and Institution(s):

C So¹, TK Chow¹, WH Ma¹

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Objectives:

^{99m}Tc-dimercaptosuccinic acid ([^{99m}Tc] Tc-DMSA) scintigraphy is frequently used to evaluate differential renal function (DRF). The EANM guideline recommends that for paediatric patients, posterior view alone is sufficient for DRF measurement. Several studies however, suggest renal depth correction via geometric mean if patient is hydronephrotic or has ectopic renal tissue, though this lacks validation against CT-based measurement. Our study aims to assess the significance of renal depth correction in DRF measurement in local adults.

Materials and methods:

This retrospective study examined all adult patients referred to Tuen Mun Hospital for DMSA scintigraphy from August 2023 to August 2025. Patients were included if they have an abdominal CT scan acquired within six months of the scintigraphy, with no intervention in between. Patients were excluded if their kidney regions of interest (ROIs) and background could not be delineated via semi-automatic method in General Electric (GE) DMSA programme. DRF were calculated from the posterior view (without renal depth correction) and with three correction approaches: 1) geometric mean, 2) Taylor's formula, and 3) CT-based. These four DRF of each patient were analysed for differences via Kruskal-Wallis test.

Results:

A total of 24 patients aged 39 to 79 years were evaluated. There were no statistically significant difference in DRF across the four approaches ($p = 0.941$), even in patients with significant hydronephrosis. Limitations: 1) small sample size, 2) no case of ectopic kidney (e.g. horseshoe kidney and pelvic kidney), 3) cases are from a regional hospital.

Conclusion:

Our study indicates that for routine DRF assessment via [^{99m}Tc] Tc-DMSA scintigraphy in local, renal depth correction via geometric mean, Taylor's formula, or CT-based are not needed. The limitations of our study may be improved by continuing study (prospective) and including patients from other regional hospitals.

Poster 01

Computed versus acquired DWI in prostate MRI: A comparative analysis of prostate cancer detection.

Author(s) and Institution(s):

N Hayat¹, J Mo², W H K Chiu²

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²Department of Diagnostic and Interventional Radiology, Queen Elizabeth Hospital

Objectives:

Computed DWI (c-DWI) can generate high b-values without the need for long acquisition time or sacrificing signal-to-noise ratio although little is known whether it is clinically comparable to acquired DWI (a-DWI). This study aims to evaluate the diagnostic performance of the two technique in evaluating prostate cancer (PCa).

Materials and methods:

100 consecutive patients with 329 biopsy-positive sites who underwent 3T multiparametric prostate MRI were retrospectively recruited with axial DWI images acquired (b=50, 500/800 and 1500 s/mm²) and c-DWI was synthesised from b=50,500/800. Regions of interest (ROI) corresponding to the location of PCa were evaluated and assigned a DWI score. Differences in DWI scores and their impact on overall PI-RADS scores were evaluated.

Results:

The mean DWI scores for c-DWI and aDWI were similar (2.94 vs. 2.91, respectively), with a mean inter-method difference of +0.03. This difference was not statistically significant (paired t-test p = 0.377; Wilcoxon signed-rank test p = 0.394). However, subgroup analysis revealed a small but statistically significant upward shift in cDWI scores for non-clinically significant (non-cs) PCa. While 147 lesions (44.6%) exhibited a score difference between methods, this only translated to a change in the PI-RADS category for 18 lesions (5.5%).

Conclusion:

High b-value cDWI and aDWI demonstrated comparable diagnostic performance for PCa detection.

Poster 02

More Than Meets the Appendix: Diagnostic Clues from a Mucocoele Case Series

Author(s) and Institution(s):

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Objectives:

Appendiceal mucoceles are rare. Resulting from luminal obstruction and appendix dilation, it often presents with non-specific abdominal symptoms. This case series aims to highlight the varied clinical presentations, imaging characteristics and histopathological outcomes of appendiceal mucoceles, with an emphasis on key diagnostic considerations.

Materials and methods:

We retrospectively reviewed cases of appendiceal mucoceles presented at the lower gastrointestinal cancer multidisciplinary team meetings. Our inclusion criteria for this study were patients with a confirmed histopathological diagnosis. Clinical data, imaging studies, intraoperative findings, and histopathology reports were analysed.

Results:

Our cases revealed a variety of incidental findings during imaging for suspected appendicitis, as well as unexpected discoveries during evaluations for unrelated conditions such as endometriosis. CT and ultrasound imaging played a crucial role in the initial identification and preoperative planning. Histopathological diagnoses found included simple mucosal hyperplasia, low-grade appendiceal mucinous neoplasms (LAMNs), high-grade appendiceal mucinous neoplasms (HAMNs), and numerous mucinous adenocarcinomas. One case demonstrated a goblet cell adenocarcinoma with neuroendocrine features.

Conclusion:

This case series demonstrates the importance of considering appendiceal mucoceles in the diagnosis of right lower quadrant pain and the value of early imaging recognition.

Surgical management tailored to intraoperative findings and histology remains essential to minimise the risk of metastatic spread.

Poster 03

Contrast-enhanced ultrasound (CEUS) in evaluation of focal hepatic lesions: tips and tricks

Author(s) and Institution(s):

Desmond TM Tse, Amy HC Wong, Matthew KK Law, Shiobhon Y Luk, Donna PY Lai
Department of Radiology, Pamela Youde Nethersole Eastern Hospital

Objectives:

Contrast-enhanced ultrasound (CEUS) is a safe and accessible technique for evaluating focal liver lesions without using ionizing radiation or the risk of contrast-induced nephropathy. This guide aims to offer practical tips and useful advice for radiologists who are beginning to perform CEUS, focusing on the effective administration of CEUS.

Materials and methods:

Drawing from two years of local experience, this guide highlights initial CEUS challenges and solutions, offering practical tips with illustrated examples. At our institution, a dose of 2.4 ml SonoVue is used for CEUS liver lesion characterization, with additional dose administered as needed.

Results:

Important factors in administering CEUS include lesion selection and optimise US parameters. Lesions should be larger than 1 cm and located less than 10 cm deep to ensure adequate characterization and sufficient ultrasound penetration. When selecting the acoustic window, choose an area with minimal depth and shadowing, including normal liver tissue on the same plane for reference. Imaging is ideally performed in the sagittal plane to accommodate respiratory motion. A low mechanical index (<0.3) is essential to minimize microbubble destruction while maintaining signal quality. The focal zone should be positioned just below the lesion to optimize resolution. Gain settings should be adjusted so the subtracted display appears black or near-black, highlighting only highly echogenic interfaces. Time gain compensation must be adjusted before contrast administration for uniform brightness across the field of view.

Intermittent scanning is crucial to avoid premature microbubble destruction and artifacts such as pseudowashout. Our protocol involves continuous scanning for the first 60 seconds post-injection to capture the arterial phase, followed by 10-second intermittent scans at 2, 3, 4, and 5 minutes to assess washout and maintain microbubble integrity, thereby maximizing diagnostic accuracy.

Conclusion:

CEUS is an effective tool for liver lesion evaluation. Proper lesion selection, optimized US settings and intermittent scanning ensure accurate characterization while preserving microbubble integrity.

Poster 04

Adrenal Tumor Hemorrhage: A Case of Variant Vascular Anatomy and Emergency Interventional Radiological Management

Author(s) and Institution(s):

Dr. P Cheung, Dr. ML Tsang

Department of Radiology, Tuen Mun Hospital, Hong Kong SAR

Objectives:

Adrenal tumor hemorrhage is a rare yet clinically significant event that can precipitate adrenal insufficiency, shock, and even mortality. It may occur spontaneously or secondary to trauma, coagulopathy, anticoagulant use, or systemic conditions such as sepsis. Emergency management often hinges on embolization, which may serve as definitive therapy or as a bridge to surgery in high-risk cases.

Right adrenal typically receives blood supplies from 3 major branches, originating from inferior phrenic artery, abdominal aorta and renal artery; However, variants are not uncommon and highly variable.

Materials and methods:

We present a case of right adrenal tumour haemorrhage, possible due to use of anticoagulants and underlying pheochromocytoma. The right adrenal tumour received blood supply from the right adrenal arteries which demonstrate anatomical variant.

Results:

A 77-year-old gentleman, was admitted for left-sided weakness secondary to a right middle cerebral artery (MCA) territory acute ischemic stroke with intravenous tissue plasminogen activator given. During his subsequent hospitalization, he developed acute abdominal pain and a significant decline in hemoglobin.

Abdominal computed tomography (CT) revealed a 10-centimeter acute hematoma involving the right adrenal gland, with features of active hemorrhage. No discrete adrenal mass could be identified, though a neoplastic etiology could not be excluded. Notably, the arterial supply to the right adrenal gland originated from a single right adrenal artery arising from the right renal artery, which then trifurcated into three branches.

Digital subtraction angiography confirmed this variant vascular anatomy but did not demonstrate ongoing bleeding. Empirical embolization of the right adrenal artery branches was performed with technical success. Post-embolization, there was no further hemoglobin decline.

Conclusion:

This case highlights the critical role of endovascular techniques in the acute management of adrenal hemorrhage. Recognition of vascular anatomic variants is essential for procedural planning. Multidisciplinary care remains paramount in optimizing outcomes in these complex cases.

Poster 06

Breast Cancer Detection Using Artificial Intelligence for Breast Tomosynthesis: Preliminary Diagnostic Accuracy at a tertiary breast referral center - First local experience

Author(s) and Institution(s):

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Department of Diagnostic and Interventional Radiology, Kwong Wah Hospital, Hong Kong SAR

Objectives:

While there is previous data on artificial intelligence for digital breast mammography interpretation in Hong Kong, there is no prior published local experience on artificial intelligence for breast tomosynthesis. Our objective is to evaluate the diagnostic accuracy of artificial intelligence (Lunit INSIGHT DBT v1.1.2.0) for breast cancer detection in breast tomosynthesis at a tertiary breast referral center in Hong Kong.

Materials and methods:

This study was conducted at a Hong Kong tertiary breast referral center. A total of 126 patients with pathologically proven breast cancers were retrospectively identified by searching the Radiology Information System, from July 2023 to December 2024, for cases categorised as BIRADS 4A to 6 that underwent breast tomosynthesis. Breast tomosynthesis images from the affected breasts were treated as cases, while the contralateral unaffected breasts were treated as controls. Diagnostic performance metrics, including sensitivity, specificity, positive likelihood ratio and negative likelihood ratio were calculated.

Results:

Analysis showed sensitivity of 92.4%, specificity of 90.0%, positive likelihood ratio of 9.33 and negative likelihood ratio of 0.08.

Conclusion:

Preliminary results showed high sensitivity and specificity of artificial intelligence for breast cancer detection in breast tomosynthesis within this Hong Kong hospital cohort. Further data collection and analyses will provide more robust estimates of diagnostic accuracy and further insights to its role in breast imaging.

Poster 07

Fine-Tuning a Small Language Model on Limited Synthetic Data for LI-RADS Report Feature Extraction

Author(s) and Institution(s):

JH Lee¹

¹Department of Radiology, Samsung Medical Center, Seoul, Republic of Korea

Objectives:

Structured data from narrative liver imaging reports is essential, yet manual extraction is labor-intensive. Prior studies show that commercial large language models can extract such information accurately, but privacy and infrastructure constraints often preclude their use in secure clinical environments. We aimed to develop and evaluate a compact, on-premises alternative.

Materials and methods:

We applied parameter-efficient fine-tuning to an 8-billion-parameter language model using a deterministic, field-level exact-match reward. The training set comprised 100 synthetic mixed Korean–English liver imaging reports paired with their corresponding LI-RADS feature labels (12 features), authored by institutional radiologists to emulate routine reporting while preserving confidentiality; 20 additional labeled synthetic reports were used for validation. Training was completed in under 24 hours on a single workstation with 48 GB video random-access memory (VRAM). We compared the fine-tuned model, the original unadapted model, and a commercial large model (GPT-4o) for LI-RADS feature extraction from radiology reports. Accuracy and Matthews correlation coefficient (MCC) were computed; 95% confidence intervals and p-values were estimated by bootstrap resampling at the report level ($b = 10,000$).

Results:

The fine-tuned model achieved 88.8% accuracy (95% CI 85.4–92.1) and MCC = 0.816 (95% CI 0.760–0.868); GPT-4o achieved 91.3% accuracy (88.3–94.2) and MCC = 0.856 (0.807–0.902); the base model achieved 5.4% accuracy (2.5–8.8). Differences between GPT-4o and the fine-tuned model were not statistically significant ($p > 0.05$).

Conclusion:

A synthetic, institution-generated corpus of liver imaging reports with paired LI-RADS feature labels enabled training of an 8-billion-parameter language model whose performance was not significantly different from a commercial large model. This parameter-efficient fine-tuning approach is privacy-preserving, resource-efficient, and feasible on modest hardware.

Poster 08

Comparative Ultrasound Visibility and MRI Artifacts of Breast Tissue Markers and Wireless Localization Devices: An Ex-vivo Study.

Author(s) and Institution(s):

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¹Department of Radiology and Nuclear Medicine, Tuen Mun Hospital

²Department of Radiology and Organ Imaging, United Christian Hospital

³LKS Faculty of Medicine, University of Hong Kong

Objectives:

1. Compare the ultrasound visibility and MRI artifact characteristics of two premium breast tissue markers (UltraCor™ Twirl™ and Tumark® Vision) and three wireless localization devices (SAVI SCOUT®, Magseed® and Localizer™).
2. Evaluate the suitability of each marker or device for preoperative localization of non-palpable breast lesions by assessing their performance in a tissue model simulating the human breast.

3. Provide insights into device selection for radiologists and breast surgeons based on comparative imaging performance.

Materials and methods:

1. Chicken breast cubes were used to simulate breast lesions within pork phantoms which served as breast tissue models.
2. Each of the five markers or devices was individually embedded in a chicken breast cube, which was subsequently placed within a pork phantom.
3. Representative ultrasound images were acquired using a Philips Affiniti 70G ultrasound machine with a 12-5 linear array probe. The images were independently evaluated by four breast radiologists using a 5-point scoring system.
4. The five pork phantoms (each containing one marker or device) were then imaged using a MRI breast protocol with a dedicated breast coil, utilizing sequences including T1W FL3D, T2W STIR and T2W TSE, on a Siemens Sola Fit 1.5T scanner.
5. The diameters of the signal void artifacts were measured for quantitative analysis.

Results:

1. Ultrasound and MR images of each device.
2. Comparative table on ultrasound visibility and MRI artifacts characteristics.

Conclusion:

1. UltraCor™ Twirl™ and Tumark® Vision provide an optimal combination of excellent ultrasound visibility and minimal MRI artifacts in ex vivo tissue models, supporting their use for the localization of non-palpable breast lesions.
2. SAVI SCOUT® demonstrates modest ultrasound visibility while producing minimal MRI artifacts. This makes it the preferred marker for cases requiring neoadjuvant treatment and subsequent MRI follow-up.
3. Both LOCalizer™ and Magseed® offer moderate ultrasound visibility but generate significant MRI artifacts. This limitation may hinder accurate assessment of treatment response following neoadjuvant therapy.

Poster 09

Association between Background Parenchymal Enhancement (BPE) and Breast Density on Contrast-Enhanced Mammography (CEM).

Author(s) and Institution(s):

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Department of Radiology, Pamela Youde Nethersole Eastern Hospital, Hong Kong SAR

Objectives:

To evaluate whether there is association between background parenchymal enhancement (BPE) and breast density on contrast-enhanced mammography (CEM).

Materials and methods:

Retrospective review of consecutive CEM examinations performed in our institution between 13 December 2019 to 2 December 2024. Patients who have received prior systemic chemotherapy or ipsilateral breast irradiation were excluded due to possible confounding effects on BPE and breast density.

Breast density was classified into four categories (a,b,c,d) by visual assessment according to ACR BI-RADS Mammography 5th edition. BPE was classified into four categories (minimal, mild, moderate, marked) also by visual assessment according to ACR BI-RADS CEM lexicon published in 2022. The classifications were assigned by one or more radiology specialist(s) who have received formal training in breast radiology. The association between BPE and breast density was analyzed with Fisher's Exact Test using IBM SPSS Statistics (version 31.0.0.0 (117)).

Results:

A total of 71 CEM examinations were included. All were female patients, ranging from 28 to 78 years of age (median 54). For ethnicities, 52 were Chinese, 14 were Filipino, 3 were Indonesian, 1 was Nepalese and 1 was Indian. BPE did not differ significantly according to the breast density ($p = 0.77$).

This retrospective study has several limitations: it included only Asian patients with predominantly dense breasts, most with newly diagnosed breast cancer, which may introduce confounding factors; it had a relatively small cohort; it did not control for menopausal status; and it lacked quantitative assessments of BPE and tissue density for more objective measurement. Future prospective studies with quantitative, standardized measurements for BPE and density that include diverse ethnic groups may improve generalizability in future research.

Conclusion:

No significant association was found in this study between background parenchymal enhancement and breast density on contrast-enhanced mammography.

Poster 10

Bilateral Diffuse Tumorous PASH: A Rare and Underdiagnosed Entity Diagnosed Through Multidisciplinary Radiology-Pathology Collaboration

Author(s) and Institution(s):

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Department of Radiology, Queen Mary Hospital¹

Hong Kong Women's Imaging²

Department of Pathology, The University of Hong Kong³

Objectives:

We present a rare case of bilateral diffuse and tumoral PASH in a 39-year old female whom underwent

multiple imaging modalities (mammography, ultrasound and magnetic resonance imaging), subsequent multiple core biopsies and surgical excisions without being able to obtain a definitive histopathological diagnosis on first instance.

Hence, to highlight practical imaging insights from both literature and our clinical experience, and the importance in close interdisciplinary collaboration with review of the imaging and histological findings to achieve a concordant diagnosis on PASH.

Materials and methods:

We conducted a case study of a young lady from our centre, who presented with cyclical mastalgia and breast lumpiness. Despite undergoing serial breast imaging and subsequent biopsies, the lesions have been misdiagnosed. It was not until the recognition of a special pattern in MRI and subsequent discussion in a multidisciplinary meeting with pathologists, that special immunohistochemistry tests could be performed to diagnose the disease entity, tumoural form of PASH.

Results:

The patient exhibited an uncommon but diagnostic pattern of PASH - linear reticular "lacelike" appearance on T2W MRI. The lesion was subsequently excised. Microscopic examination has confirmed the presence of stromal hyperplasia and slit-like spaces outlined by endothelial-like spindle cells imitating blood vessels, corresponding to MRI findings. Special immunohistochemistry staining of CD34 and CD31 markers confirmed the myofibroblastic origin of the lesion, and helped to exclude the mimicker, low-grade angiosarcoma.

Learning points include the importance of radiologists considering alternative diagnoses when a lesion has received serial negative biopsy results, the recognition of uncommon patterns of PASH on MRI, as well as a multidisciplinary approach to unleash the true pathology.

Conclusion:

The tumoural form of pseudoangiomatous stromal hyperplasia is a rare disease entity. Mammographic and ultrasonic appearances are often non-specific. Recognition of uncommon but diagnostic PASH imaging patterns on MRI could guide core biopsy and subsequent pathological confirmation tests, minimizing time to diagnosis and to avoid unnecessary biopsies.

Poster 11

Insights and Challenges in Novel CEM-Guided Breast Biopsy—A Safer, Faster Alternative to MRI guidance from a Single-Center Experience

Author(s) and Institution(s):

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Objectives:

Contrast-enhanced mammography (CEM)-guided biopsy approved by FDA to put in clinical use since 2020. Since then, it is rapidly emerging as a cost-effective, patient-friendly alternative to MRI-guided biopsy for suspicious breast lesions. It offers a quicker, more comfortable approach with comparable diagnostic accuracy. This study aims to share preliminary insights, including key advantages and challenges, encountered during our initial experience with CEM-guided biopsies.

Materials and methods:

Case selection was individualized, focusing on MRI-detected lesions exhibiting contrast enhancement without correlating findings on ultrasound or mammography. To date, two CEM-guided biopsies were performed in our center. Retrospective analysis of the cases evaluated procedural efficacy, including technical success, duration, and complications. Further case-specific details were examined to inform better practices.

Results:

Both procedures achieved technical success with adequate tissue sampling. The first case had a longer procedural time (14 mins), influenced by localization difficulties stemming from moderate to marked background parenchymal enhancement and unfamiliarity with the technique. Post-procedure hematoma occurred, likely due to proximity to a nearby vessel. The second case had a shorter procedure duration (9 mins), facilitated by clear lesion conspicuity, minimal background enhancement, along with better preparation and familiarity with the workflow.

Conclusion:

Meticulous case selection combined with thorough procedural preparation and workflow familiarity are critical to ensuring efficiency and success in CEM-guided breast biopsy.

Poster 12

Multimodality Imaging Review of Papillary Lesions in the Breast

Author(s) and Institution(s):

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Objectives:

Papillary breast lesions encompass a broad spectrum of entities, ranging from benign to malignant. Their heterogeneity and similar imaging features between benign and malignant types pose diagnostic and management challenges. This presentation aims to review the imaging characteristics of various papillary breast lesions and highlight features that may help predict malignancy.

Materials and methods:

A retrospective review was conducted on female patients with pathological proven papillary breast

lesions between 2008 and 2025 in our institutions. Radiological features were analyzed across multiple imaging modalities, including full-field diagnostic mammography (FFDM), digital breast tomosynthesis (DBT), ultrasound, and magnetic resonance imaging (MRI).

Results:

Most papillary breast lesions were benign intraductal papillomas (IDPs), which can be divided into central and peripheral. When more than five IDPs are present, the condition is termed papillomatosis, which carries a higher association with atypia, high-risk lesions, or malignancy. Juvenile papillomatosis primarily affects women under 30 and is linked to an increased risk of breast cancer. Malignant papillary neoplasms include IDPs associated with ductal carcinoma in situ (DCIS) or invasive carcinoma, encapsulated papillary carcinoma, solid papillary carcinoma, papillary and micropapillary DCIS, and invasive papillary or micropapillary carcinoma. They can show overlapping imaging features with the benign entities.

While DBT may detect smaller lesions than FFDM, malignant papillary lesions tend to be larger, associated with calcifications, and more readily detected on mammography as a mass or asymmetry. They are more frequently associated with echogenic halo and increased vascularity on ultrasound. On MRI, malignant lesions more often demonstrate heterogeneous enhancement and segmental distribution. MRI is particularly useful for assessing ductal involvement and disease extent, aiding surgical planning.

Conclusion:

Papillary breast lesions exhibit a wide range of imaging appearances, contributing to diagnostic complexity. Tissue sampling and radiopathological correlation remain essential for accurate diagnosis and appropriate management.

Poster 13

Malignant Upgrade of Atypical Ductal Hyperplasia in Chinese Population: Experience in a Tertiary Centre over an 11-year period

Author(s) and Institution(s):

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Objectives:

This study aimed to determine the upgrade rate of atypical ductal hyperplasia (ADH) diagnosed by image-guided breast biopsy in the Chinese population, and to identify radiological and clinico-pathological factors associated with upgrade to malignancy upon surgical excision.

Materials and methods:

This retrospective study included all consecutive cases of ADH diagnosed by image-guided core

biopsy with subsequent complete surgical excision in a tertiary hospital in Hong Kong from 2013 to 2024. Imaging, clinical and pathological features were reviewed. Associations with upgrade were analysed with Chi-square test or Fisher's exact test, with p -value ≤ 0.05 considered statistically significant.

Results:

A total of 97 lesions in 95 women (mean age: 57.4 years) were included. Biopsy techniques included 14-gauge ultrasound-guided core biopsy (80 lesions, 82.4%), 14-gauge stereotactic-guided core biopsy (8 lesions, 8.2%), and 9-gauge stereotactic vacuum-assisted core biopsy (9 lesions, 9.3%).

The overall upgrade rate was 45.4% (44/97; 95% CI: 35.6%–55.4%), including 32 ductal carcinomas in situ and 12 invasive carcinomas. 13 lesions were classified as BI-RADS category 4b or above (28.9%).

Factors associated with malignancy upgrade were presence of mass on mammograms (27.3%, $p=0.00916$) and ultrasound (88.6%, $p=0.00918$). Other mammographic features (e.g. microcalcifications, architectural distortion, asymmetry) and sonographic features (e.g. hypoechogenicity, non-circumscribed margin, hypervascularity) showed no significant association with upgrade. Patient age, family history, and ADH histological patterns showed no significant association with upgrade risk.

Conclusion:

Nearly half of the biopsy-diagnosed ADH were upgraded to malignancy in this Hong Kong tertiary hospital cohort. Surgical excision is supported for definitive diagnosis, particularly when presenting as masses on imaging. These findings emphasise the critical role of comprehensive imaging evaluation in optimising patient selection and surgical planning.

Poster 14

Treatment Outcomes in Older Adults (≥ 80 Years) with Nasopharyngeal Carcinoma

Author(s) and Institution(s):

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Objectives:

The optimal treatment strategy for nasopharyngeal carcinoma (NPC) in older adults, particularly those aged ≥ 80 years, remains controversial. There is concern that older adults may not tolerate radical radiotherapy (RT), which is the treatment modality of choice for fit patients. The outcomes of these older patients are rarely reported. This study aims to evaluate the treatment outcome of older adults (≥ 80 Years) with nasopharyngeal carcinoma.

Materials and methods:

A retrospective analysis was conducted on histologically confirmed NPC patients aged ≥ 80 who received care at our center between January 2009 and December 2023. Baseline characteristics, comorbidities, treatment outcomes and toxicities were analyzed.

Results:

Forty-five patients were included. The median age was 83 years. Median follow-up was 19.1 months. Median overall survival (OS) was 22.8 months (95% CI 14.6-31.0 months). Median progression free survival (PFS) was 20.8 months (95% CI 12.1-29.6 months). Twenty-seven patients (60%) received radical RT, all using intensity-modulated radiotherapy (IMRT) technique. Five (11.1%) patients received palliative RT, and 13 (28.9%) did not receive RT. No patient received chemotherapy. Patients who received radical RT had significantly longer median OS (41.3 months vs 12.5 months, $P < 0.001$) and cancer-specific survival (Not reached vs. 12.8 months, $P < 0.001$) compared to those who did not receive radical RT. Treatment failure occurred in 5 patients (18.5%), all due to distant failure. Grade 3 acute RT toxicities were uncommon (11.1%). Unplanned admissions related to RT occurred in 22.2%, and one patient died due to treatment-related toxicities.

Conclusion:

In selected NPC patients aged ≥ 80 years, radical RT with modern IMRT technique is a viable treatment option and is associated with improved survival with an acceptable toxicity profile.

Poster 15

Retrospective Study of Neoadjuvant Radiotherapy for Locally Advanced Surgically Inoperable Endometrial Carcinoma

Author(s) and Institution(s):

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Objectives:

Surgically inoperable locally advanced endometrial cancer is associated with poor prognosis. The optimal treatment strategy remains controversial. In this study, we report the treatment outcomes and adverse effects of neoadjuvant radiotherapy followed by definitive surgery for locally advanced surgically inoperable endometrial cancer in our institution.

Materials and methods:

Between January 2010 and June 2024, locally advanced upfront inoperable endometrial cancer patients that received neoadjuvant radiotherapy were retrospectively reviewed. Margin status, pathological response and toxicities were reported. Kaplan-Meier analysis was performed to estimate progression-free survival and overall survival.

Results:

37 consecutive patients were included. All had cervical involvement. 26 (70%) had parametrial involvement. 10 (27%) had nodal involvement. After external beam radiotherapy, 33 patients (89%) received brachytherapy. 24 (65%) had concurrent platinum chemotherapy. 33 (89%) patients were deemed operable after neoadjuvant radiotherapy. 31 (84%) patients eventually received definitive surgery. Complete resection rate was 100% (n=31). Pathological complete response rate was 29% (n=9). 23% had microscopic disease only (n=7). 19 patients (61%) experienced downstaging to stage I or below. The median follow-up was 74 months. The 5-year progression-free survival and overall survival rates were 71.9% and 73.4% respectively. 1 patient experienced grade 3 diarrhoea during radiotherapy. 3 patients (10%) experienced grade 2-3 surgical complications. 3 patients (10%) had grade 3 or above chronic radiotherapy toxicities.

Conclusion:

Neoadjuvant radiotherapy is feasible for locally advanced endometrial cancer with high complete resection, pathological complete response and locoregional control rates. Further research is warranted to optimise treatment efficacy and toxicities in the image-guided brachytherapy era.

Poster 16

Anaplastic thyroid carcinoma and poorly differentiated thyroid carcinoma: A single-centre study on treatment outcomes

Author(s) and Institution(s):

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Department of Clinical Oncology, Prince of Wales Hospital, Hong Kong SAR

Objectives:

Anaplastic (ATC) and poorly differentiated (PDTC) carcinomas are rare and aggressive malignancies with poor survival. Optimal treatment strategies remain an area of ongoing investigation. We aim to evaluate the treatment patterns and outcomes in our institution.

Materials and methods:

We retrospectively identified patients diagnosed with ATC or PDTC between 1996 and 2024, who had follow-up at the Department of Clinical Oncology, Prince of Wales Hospital, a tertiary oncology centre.

Results:

Sixteen ATC and ten PDTC patients were included. PDTC patients were younger (median age 61 vs 76). Most patients died from the disease. For ATC, the 6-month and 1-year survival rates were 43.8% and 25%, respectively, with airway obstruction being the leading cause of death. For PDTC, the 6-month and 1-year survival rates were 40% and 30%, respectively, with distant metastasis as the most common cause. Long term survivors were detected (up to 18 years for ATC and 5.4 years for PDTC patients). The

long survivors in both groups had no distant metastasis. Patients who received multi-modality treatment with surgery and adjuvant radiotherapy had the longest survival. Systemic therapy responses were poor, though two PDTC patients with metastasis responded to radioactive iodine. Molecular testing (n=7) identified two patients with the BRAF V600E mutation, with only one patient receiving treatment targeting the latter. The median percentage of remaining life spent on palliative radiotherapy (PRLSRT) was significant (16.4% for ATC, 22.7% for PDTC).

Conclusion:

Our data suggest long-term survival is achievable in a subset of patients. Durable disease control or even complete responses were observed after radical multi-modality treatments. Distant metastasis conferred a poor prognosis. Increased molecular testing and effective systemic therapies are essential to improve outcomes. Utilisation of hypo-fractionated radiotherapy regime to improve PRLSRT and proper palliative strategy selection are needed to enhance patients' quality of life.

Poster 17

Extended Cycles of Induction Chemotherapy for Stage III/IVA Nasopharyngeal Carcinoma

Author(s) and Institution(s):

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Objectives:

Platinum-based induction chemotherapy (IC) plus concurrent chemoradiotherapy is standard for locally advanced nasopharyngeal carcinoma (NPC). While typically involving three cycles of IC, the optimal number of IC cycles remains unknown. This study investigated the effectiveness and toxicity of extending IC to 4-7 cycles.

Materials and methods:

Patients with stage III-IVA NPC who received 4 or more cycles of IC and intensity-modulated radiotherapy (IMRT) between January 2018 and November 2023 were reviewed. The primary outcome was overall survival (OS). The secondary endpoints were event-free survival (EFS), locoregional recurrence-free (LRFS), distant metastasis-free survival (DMFS) and toxicities. Changes in gross tumor volume (GTVp) and nodal volume (GTVn) were also recorded.

Results:

47 patients were included, with 43 (91.5%) in stage IVa, receiving a median of 6 cycles of IC. After a median follow-up of 25 months, the 2-year OS was 82.2%, EFS was 64.1%, LRFS was 68.1%, and DMFS was 78.3%. 44 (93.6%) received concurrent cisplatin during IMRT. Mean GTVp decreased from 62.1cc to 28.5cc (p<0.001), and GTVn from 66.6cc to 26.5cc (p<0.01). During IC, all experienced side

effects, with 26 (55.3%) reporting grade 3-4 toxicities, including 19 (40.4%) having grade 3 or 4 neutropenia. During IMRT, 34 (72.3%) experienced grade 3-4 toxicities, including renal dysfunction (31.9%) and electrolyte disturbance (21.3%).

Conclusion:

Extending IC effectively reduces tumor volume and achieves fair outcomes, though it is associated with significant toxicities. Further research is needed to enhance safety and improve patient outcomes.

Poster 18

Smoking Cessation before Oncological Treatment: Clinical Audit

Author(s) and Institution(s):

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Objectives:

Smoking cessation is crucial after cancer diagnosis as it affects survival, recurrence, treatment toxicity and quality of life. The National Comprehensive Cancer Network (NCCN), European Society for Medical Oncology (ESMO), European Society for Oncology and Radiology (ESTRO) suggest smoking cessation before oncological treatment, while Royal College of Radiologists (RCR) further advise informed consent about smoking effect on radical radiotherapy before treatment by oncologists. This clinical audit studied compliance rate of smoking cessation counseling along with 5 major components in NCCN: smoking status exploration, nicotine dependence inquiry (in pack year), smoking effects on oncological treatment explanation, cessation advices, and cessation program referral.

Materials and methods:

In this single center audit, retrospective analysis from Jun 1st to Nov 30th 2024 via ePR was performed, focusing on smoking cessation counseling by oncologists before patients undergoing radical radiotherapy to head and neck and thoracic regions. The 5 majors components along with potential limitations for suboptimal compliance were assessed.

Results:

This evaluation included 139 patients in their oncology consultation: lung (37.4%), H&N (17.3%), NPC (20.9%), esophageal (6.5%), and other cancers (17.9%). 45 (32.4%) patients had not been asked for their smoking status before their radiotherapy while 94 (67.6%) had been asked. 31 (33.0%) were never smokers, 34 were ex-smoker (36.2%) and 29 were smokers (30.8%). Amongst them, 10 (34.5%) had nicotine dependence explored, 6 (20.7%) had cessation advices given, and 0 (0%) had cessation referral offered. The suboptimal compliance could be due to insufficient documentation, limited clinic time, unaware of clinical importance, unfamiliar of smoking history, doubtful of successful cessation and uncertain of resource.

Therefore, improvement was proposed as the following: raise awareness of smoking cessation, emphasize importance on treatment outcomes, advocate compliance, distribute cessation leaflet and refer to cessation program.

Conclusion:

This audit shows suboptimal compliance in our center for smoking cessation. Improvements were introduced and re-audit would be implemented.

Poster 19

Reducing Unnecessary FNAC in Scintigraphically Hot Thyroid Nodules: A 10-Year Multicentre Retrospective Study

Author(s) and Institution(s):

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Objectives:

To evaluate the necessity of fine needle aspiration cytology (FNAC) for scintigraphically hot thyroid nodules in thyrotoxicosis patients, irrespective of ultrasonography (USG) features.

Materials and methods:

A 10-year retrospective review (2014–2024) of 223 thyrotoxicosis patients who underwent thyroid scans (Tc-99m pertechnetate scintigraphy) across four centres in Hong Kong was conducted. Thyroid scan results and corresponding USG features (ACR TIRADS) were independently reviewed by two radiologists (thyroid scan $\kappa=0.92$; USG $\kappa=0.75$). FNAC results (Bethesda system), treatment modalities, and outcomes (surgical pathology or follow-up) were analysed.

Results:

Total of 45 thyrotoxicosis cases with scintigraphically hot nodules and available corresponding USG evaluation were included. TI-RADS classification revealed predominantly TR4 (25) and TR3 (16) nodules, with fewer TR5 (3) and TR2 (1). FNAC was performed in 36 cases (80%): 26 benign (Bethesda II), 6 nondiagnostic (I), and 4 atypia of undetermined significance (III). Treatment included anti-thyroid drugs (21), surgery (20), and radioactive iodine (4). All 20 surgically resected hot nodules were pathologically benign, including two Bethesda III cases. Three cases of incidental malignancies (1 papillary thyroid carcinoma, 2 papillary microcarcinoma) were anatomically distinct from the hot nodules. Among non-surgical cases, 21 exhibited stable USG features on follow-up; the remaining 4 were deemed benign via multidisciplinary consensus without further imaging. Overall, no malignancies arose from hot nodules.

Conclusion:

Scintigraphically hot nodules harbored no malignancies, even among lesions with high TI-RADS scores. USG alone may overestimate malignancy risk in this context. FNAC may be avoidable for hot nodules, minimizing unnecessary patient burden, cost, and procedural risks.

Poster 20

Ocular manifestation of metastatic disease – A clinical radiological pictorial review.

Author(s) and Institution(s):

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Objectives:

Ocular metastases, although a rare manifestation, represent a clinically significant complication of cancer. Among metastatic disease to the eye, breast carcinoma followed by lung carcinoma are the most prevalent primary sources. The pathophysiology involves haematogenous spread predominantly involving the choroid. Infiltration of orbital structures such as the extraocular muscles and cranial nerves have also been described. Our objectives included a review of the current literature on the clinical features of ocular metastases and the indications for orbital imaging in patients with known or suspected metastatic disease. We aimed to outline the multimodality cross sectional imaging protocols as well as present the clinical radiological manifestation of ocular metastases, illustrated through clinical cases from a tertiary referral centre in the UK.

Materials and methods:

Retrospective analysis of electronic patient records and imaging of ocular metastases managed at a UK tertiary referral centre.

Results:

Clinically, patients may present with diplopia, proptosis, pain, or visual impairment. Symptoms can be subtle and there is a growing population of cancer patients with incidental ocular metastases detected while under surveillance. Not all patients diagnosed with ocular metastases have a history of a previous primary cancer, lung carcinoma can metastasise early to the eye and therefore ophthalmic symptoms can be the first presentation of the disease. The radiological features of ocular metastases in selected oncology patients are demonstrated.

Conclusion:

Imaging modalities such as MRI and CT play a critical role in the assessment and surveillance of ocular metastatic disease. Treatment options include systemic therapies, localised radiation or surgical decompression in selected cases. Early recognition of ophthalmic involvement can significantly improve quality of life and mitigate morbidity in Stage IV carcinomatosis.

Poster 21

State-of-the-art Temporal Bone Tumor Imaging in Adults

Author(s) and Institution(s):

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Department of Radiology, Princess Margaret Hospital, Hong Kong SAR

Objectives:

To illustrate pearls with state-of-the-art imaging techniques in guiding multidisciplinary management in adult temporal bone tumours.

Materials and methods:

Temporal bone tumor cases identified via Radiology Information System of three regional hospitals. Images from Picture Archiving and Communication System.

Results:

The temporal bone is a complex structure with intricate anatomy. We review a range of location-based differentials, and the role of state-of-the-art imaging techniques in characterisation and aiding individualised precision treatment, including staging, assessment of operability and radiotherapy planning. Multimodality information from high-resolution computed tomography for bony landmarks in surgical planning, and multiparametric magnetic resonance imaging for tissue characterisation, tumour mapping and staging are essential.

Squamous cell carcinoma is the commonest external ear canal malignancy. Eligible cases undergo lateral temporal bone resection and reconstruction. Essential preoperative imaging information includes tumor extent by Pittsburgh and nodal staging.

The Eustachian tube and neurovascular structures are avenues of tumour spread to the middle ear and mastoid from nasopharyngeal carcinoma or adenoid cystic carcinoma. High index of suspicion is needed for radiation-induced tumours or metastasis if relevant history exists. Glomus tumors require precise extent delineation for surgical planning, mapping of supplying vessels for preoperative embolization, and screening for multifocal disease in the neck using specific imaging protocols. Endolymphatic sac tumours require careful extent evaluation for precise surgical resection. Susceptible individuals identified by genetic tests require radiological surveillance.

Internal acoustic meatus neoplasms such as vestibular schwannomas and meningiomas commonly require surgical excision via retrosigmoid approach. Careful review for anatomical variants and diffusion tensor imaging for preoperative facial nerve identification support safe surgery.

Conclusion:

Temporal bone tumors pose diagnostic and therapeutic challenges. Multi-modality, state-of-the-art imaging allows accurate characterisation, staging, and precise multi-disciplinary management.

Poster 22

Incidental findings of the skull base on Computer Tomography (CT) brain: Cross-sectional study of a local tertiary referral centre

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Objectives:

CT brain is the most common cross sectional imaging study, with the skull base often included and incidental findings of this region are commonly reported by radiologists as standard practice. Limited data is available regarding incidence and significance of incidental findings particularly in our locality.

Materials and methods:

Single-centre retrospective cross-sectional study with review of all reported CT brain studies in the period of January to June 2017 excluding those dedicated for evaluation of skull base region. These reports were reviewed for presence of incidental findings of the skull base region. Chart review of patients with incidental findings were then performed to evaluate incidence of these patients being reviewed by relevant specialists (ophthalmologists or otorhinolaryngologists) within one year after scanning, and if additional investigations or treatment were required.

Results:

A total of 11162 studies were included, with one or more incidental findings reported in 21.82% of patients (n=2436). Paranasal sinuses incidental findings were the most common (n=1926) with vast majority reported of mucosal inflammation of the sinuses (n=1881). Middle ear findings (n=706) are the second most common group with vast majority being otomastoid effusions (n=674). Only a small proportion of patients were seen by otorhinolaryngologists (10.7-17.6%), with most patients either asymptomatic or with symptoms attributable to underlying conditions, most commonly secondary to previous nasopharyngeal carcinoma (NPC) in the locality.

Conclusion:

Incidental skull base findings occur in about 1 in 5 CT brain exams. These are typically of limited clinical significance as vast majority of patients are either asymptomatic or accountable for by known condition. There is need for clear guidance to managing these findings for more efficient resource utilization and to minimize over-diagnosis.

Poster 23

Towards AJCC 9th edition: A Radiologist's Visual Guide to NPC Staging

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Objectives:

To illustrate the key modifications in the recently released AJCC 9th edition TNM staging for nasopharyngeal carcinoma (NPC) through imaging for initial staging to refine prognostic stratification and treatment guidance.

Materials and methods:

Pictorial review with images from examinations of nasopharyngeal carcinoma patients in our institute selected to illustrate AJCC 9th edition updates and diagnostic challenges.

Results:

The AJCC 9th edition introduces four critical imaging-based modifications to NPC staging. Firstly, the revised T3 category requires definite evidence of bone invasion, demonstrated through either cortical destruction, marrow infiltration, or soft tissue mass within the bone, while excluding bone sclerosis as a standalone criterion, improving specificity for true bone involvement. Secondly, the expanded T4 criteria incorporate inferior orbital fissure invasion, a modification supported by data demonstrating worse overall survival, alongside unequivocal radiological and/ or clinical evidence of cranial nerve involvement. Thirdly, beyond T classification, nodal staging recognizes advanced radiological extranodal extension with unequivocal involvement into adjacent structures as a N3 criterion, ensuring appropriate classification of these high-risk cases as locoregionally advanced disease. Lastly, for metastatic disease, M1 is subdivided into M1a (≤ 3 metastatic lesions) and M1b (> 3 lesions), with a corresponding stratification of stage IV into IVA (M1a) and IVB (M1b) that demonstrate significant survival differences. These evidence-based refinements collectively enhance staging precision with MRI and FDG-PET/CT demonstrating a pivotal role in their application. Accordingly, the AJCC Prognostic Stage Groups have been reconstructed: non-metastatic diseases are now categorised into stages I-III, replacing the prior I-IVA classification, with stage III comprising T4 or N3 M0 disease.

Conclusion:

The AJCC 9th edition introduces imaging-based updates to refine risk stratification and guide therapeutic decisions. Our case-based visual guide bridges the new staging system into radiological practice for more accurate reporting and effective communication.

Poster 24

Pearls and Pitfalls in Imaging Sinonasal Inverted Papilloma: A Pictorial Essay

Author(s) and Institution(s):

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Objectives:

To provide a comprehensive imaging review of sinonasal inverted papillomas (IP)—from diagnosis and treatment to post-therapy surveillance—highlighting advanced imaging techniques for diagnosis, endoscopic surgical planning, and early recurrence detection.

Materials and methods:

A retrospective review of patients with pathologically proven IP identified from databases of three regional hospitals between 2023 to 2025. Imaging features of computed tomography (CT) and magnetic resonance imaging (MRI) for initial diagnosis and follow-up scan were analysed.

Results:

Inverted papillomas (IP) are benign sinonasal tumors characterised by local aggressiveness and high risk of recurrence and malignant transformation. Endoscopic resection remains the gold standard. This review emphasizes important imaging features aiding in the diagnosis of IP and discerning it from conditions like mycetoma and antrochoanal polyp.

CT precisely identifies focal hyperostosis corresponding to the tumor's origin—crucial for complete endoscopic resection and preventing recurrence. Key anatomical variants posing surgical risks are outlined. MRI shows the characteristic convoluted cerebriform pattern of IP, outlines tumor extent according to the Krouse staging system, differentiates tumor from entrapped secretions, and detects synchronous malignancies such as squamous cell carcinoma, thereby reducing biopsy errors.

Imaging signs of malignant transformation include loss of the convoluted cerebriform pattern, necrosis, restricted diffusion on MRI, alongside rapid growth, bone destruction and invasion of adjacent structures.

Surveillance combines regular endoscopic exams with state-of-the-art MR protocol. High-resolution (512x512 matrix), small field-of-view, non-fat suppressed coronal T2-weighted MRI facilitates residual/recurrent tumor detection and guides intervention.

Conclusion:

CT and MRI play complementary roles in the diagnosis and pre-operative planning of IP. This pictorial essay underscores critical imaging pearls and pitfalls to improve radiologist accuracy and patient outcomes.

Poster 26

Rare Non-Neurogenic Sciatic Nerve Tumours

Author(s) and Institution(s):

YT Lee, James F Griffith, Cina SL Tong

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Objectives:

While schwannomas, neurofibromas and malignant peripheral nerve sheath tumours (MPNST) are typical sciatic nerve tumours, rare non-neurogenic tumours or tumour-like masses can arise from or intimately involve the sciatic nerve presenting a diagnostic challenge. This study reveals three such cases, each a novel addition to current literature for sciatic nerve involvement; emphasizing the need have a more inclusive differential diagnosis beyond conventional neurogenic tumours when atypical findings are seen.

Materials and methods:

Retrospective analysis of patients seen in our institution between 2024-2025 with sciatic nerve tumours. Data, including clinical, imaging, and histopathological features, as well as treatment and clinical outcome, were analysed.

Results:

Three rare non-neurogenic tumours involving the sciatic nerve are presented: synovial sarcoma, tenosynovial giant cell tumor (TGCT), and chronic organizing hematoma. The presentation highlights the imaging appearances of these three tumors as well as their clinical features which closely mimic conventional neurogenic tumors. The underlying pathogenesis as well as their management are also discussed.

Conclusion:

Rare entities including synovial sarcoma, TGCT, and chronic organizing hematoma are recognized to arise from the sciatic nerve and can mimic nerve sheath tumors. This series emphasizes the importance of considering non-neurogenic etiologies in the differential diagnosis of sciatic nerve masses when atypical features are seen.

Poster 27

Latest Updates for Recommended Minimal Protocol MRI Sacroiliac Joint Imaging in Inflammatory Sacroiliitis and Diagnostic Pitfalls: Implementation and pre-implementation cases insights from New Territories West Cluster (NTWC)

Author(s) and Institution(s):

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Objectives:

To summarize the latest international consensus on a standardized minimal MRI protocol for sacroiliac joints (SIJ) in suspected inflammatory sacroiliitis and to highlight diagnostic pitfalls identified on pre-implementation cases from our cluster.

Materials and methods:

Comprehensive review of 2024 ASAS-SPARTAN consensus protocol and ESR-ESSR recommendations was conducted. We retrospectively analyzed SIJ MRI examinations performed prior to protocol roll-out across NTWC hospitals to identify interpretation pitfalls and mimics.

Results:

The new adopted minimal protocol comprised four sequences: (1) coronal oblique T1-weighted for structural lesions; (2) coronal oblique fat-suppressed T2-weighted for active inflammation; (3) an erosion-specific sequence to depict the bone–cartilage interface; and (4) Axial oblique imaging for localization and confirmation of active and structural findings. Imaging was correlated with clinical context when available. The new protocol with high expert agreement, establishes minimum requirements for diagnostic MRI SIJ imaging.

Review of pre-implementation cases revealed recurrent pitfalls contributing to potential overcalling or misclassification: mechanical stress–related marrow changes in the anterior mid-third; anatomical variants (dysmorphic SIJ and accessory joints) that shift or duplicate the joint space; pediatric developmental features; and sacral insufficiency fractures. Non-optimized erosion depiction were frequent technical contributors. These insights informed targeted protocol changes and reporting checklists to reduce false positives and improve discrimination between inflammatory and mechanical patterns.

Conclusion:

Lessons on pre-implementation cases emphasise how technical limitations and anatomical variants drive diagnostic pitfalls. Implementing a standardized four-sequence minimal SIJ MRI protocol and clinic-radiological correlation prevents false-positive diagnoses and ensures appropriate patient management.

Poster 28

Understanding Glenoid Track Concept and Clinical Significance

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Objectives:

- How to calculate glenoid track and hill sach interval (HSI) for bipolar shoulder lesion; compare measurements to determine whether the hill sach lesion (HSL) is on-track or off-track.
- Discuss clinical significance.

Materials and methods:

- Explanation on correct methodology to take measurements and interpret the result.
- HSI = width of the Hill-Sachs lesion plus bony bridge.
- Bony bridge refers to the portion of the humeral head that remains intact between the Hill-Sachs lesion and the insertion of the rotator cuff tendons on the greater tuberosity.
- Glenoid track = $(0.83 \times D) - d$ where D is maximum glenoid diameter and d is diameter of anteroinferior glenoid rim defect.
- Glenoid bone loss is quantified via the circle method using en face sagittal view.
- On-track Hills-Sachs lesion = Hill-Sachs interval < glenoid track
- Off-track Hills-Sachs lesion = Hill-Sachs interval > glenoid track

Results:

- Calculating GTIMS score based on the calculated result and other clinical informations.
- GTIMS algorithm distinguishes patients who score ≤ 3 (in which a soft tissue repair is indicated) from patients who score ≥ 4 (in which the Latarjet procedure is indicated).

Conclusion:

- Off-track Hill Sachs lesion is more likely to be clinically unstable and engaging during arthroscopy.
- These measurements should be rigorously documented in report because they may influence surgical planning.

Poster 29

Sudden Neurological Decline Post Spinal Decompression: Insights into White Cord Syndrome

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Objectives:

White cord syndrome is a rare but serious complication characterized by sudden neurological deterioration immediately following spinal decompressive surgery. It is thought to result from reperfusion injury to the spinal cord post-decompression. Timely diagnosis is critical to ensure adequate spinal cord perfusion by hemodynamic optimization, early steroid administration, and physiotherapy initiation to promote recovery outcomes.

Materials and methods:

We report a case of this uncommon condition in a 54-year-old gentleman who presented with four-limb weakness, clinically consistent with cervical myelopathy.

Results:

Cervical spine radiographs and CT revealed extensive C2-4 continuous-type ossification of posterior longitudinal ligament (OPLL). Preoperative MRI showed moderate spinal stenosis from OPLL and disc-osteophyte complex, cord impingement and myelopathic signal changes.

The patient underwent C2-7 full laminectomy for decompression and cervico-thoracic posterior spinal fusion. The surgery was uneventful, with intraoperative findings confirming no residual compression, positive cord pulsation, and no cerebrospinal fluid leakage under the Valsalva maneuver.

However, on postoperative day 2, the patient experienced a sudden and significant decline in limb power, worse than his preoperative state – Proximal upper limb power was rated 0/5, while the lower limb power was 2/5. Sensation in all limbs remained intact.

Urgent postoperative MRI showed no significant residual spinal stenosis. However, new, extensive abnormal high T2-weighted cord signals were observed from C2-5, along with cord expansion, suggestive of white cord syndrome following uneventful spinal decompression.

Conclusion:

Patients diagnosed with white cord syndrome typically experience favorable recovery; however, outcomes can be variable. It is worth noting that abnormal MRI signal changes often persist despite clinical improvement. Multidisciplinary collaboration from radiologists, orthopedic surgeons, and physiotherapists, is essential for prompt diagnosis, early treatment initiation, and comprehensive care of patients.

Poster 30

Bayesian transit-time modelling enhances GRE-DSC MRI perfusion metrics compared with standard deconvolution algorithms in untreated IDH-wild-type glioblastoma

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Objectives:

To test whether a Bayesian transit-time model (BTM) that fits voxel-wise capillary transit-time distributions yields higher perfusion metrics in untreated *IDH*-wild-type glioblastoma compared with standard deconvolution algorithms for gradient-echo dynamic-susceptibility-contrast (GRE-DSC) MRI.

Materials and methods:

In this retrospective, single-centre cohort, 89 patients with glioblastoma underwent pre-therapeutic GRE-DSC MRI at 1.5 T (n = 15) or 3 T (n = 74). CBF, CBV and MTT maps were generated with the BTM

(gamma-distributed residue, leakage correction) and two vendor pipelines. Using co-registered T1-post-contrast and T2/FLAIR images, two neuroradiologists independently performed region-of-interest analyses within visually identified tumour hotspots and contralateral normal-appearing white matter for quantification. Inter-rater agreement was evaluated with two-way intraclass correlation coefficients (ICC); paired Wilcoxon and Mann-Whitney U tests assessed intra- and inter-algorithm differences.

Results:

Inter-observer reliability was excellent (ICC = 0.86–0.94). BTM yielded significantly higher normalised perfusion ratios (median nCBF 5.4 vs 3.9, nCBV 4.8 vs 3.1, nMTT 2.2 vs 1.6; all $p < 0.001$). At 3 Tesla, BTM-derived nCBV exceeded 1.5 T values (5.0 vs 3.8, $p = 0.008$), whereas nCBF and nMTT were field-strength independent. Scanner-specific discrepancies disappeared after BTM processing.

Conclusion:

BTM systematically increased GRE-DSC estimates of flow, volume and transit-time of hyperperfused hotspots in untreated glioblastoma, with the most pronounced effect at 3 T. Although these numerical gains imply improved detection of microvascular changes in glioblastoma, confirmation against histopathology is still required. Prospective multicentre trials should clarify whether BVM metrics translate into more accurate treatment monitoring and refined radiotherapy or surgical planning.

Poster 31

Cone Beam CT Angiography in Neurovascular Care: Protocol Insights and Diagnostic Advantages Over Standard CTA

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Objectives:

Intravenous Cone Beam CT Angiography (IV CBCTA) is an advanced neurovascular imaging technique offering high-resolution, 3D, time-resolved visualization of cerebral vessels. This review presents our institutional experience from June 2024 to June 2025, focusing on protocol setup and comparative advantages over standard CTA.

Materials and methods:

We retrospectively analyzed all IV CBCTA cases within this period, evaluating imaging protocols and selecting illustrative cases to demonstrate its strengths and limitations.

Results:

Preparation and Protocol

Optimized patient preparation and tailored imaging parameters are essential. Key steps in tailoring IV CBCTA

protocol would be discussed with emphasis placed on contrast preparation and injection techniques.

Advantages over Standard CTA

1. Differentiating aneurysm & infundibulum:

IV CBCTA's superior spatial resolution enables clearer visualization of branch vessels arising from infundibula, aiding distinction from aneurysms. For example, a case of suspected left ICA infundibulum & right PCoA aneurysm in standard CTA was clarified with IV CBCTA as left ICA aneurysm & right PCoA infundibulum (Case 1).

2. Detection of residual necks after coiling:

With superior spatial resolution and ability to reduce beam-hardening artifact, IV CBCT offers enhanced residual neck detection. Two cases showed residual necks clearly delineated by IV CBCTA, which were confirmed by DSA (Case 2, 3).

3. In-stent luminal assessment:

IV CBCTA provides superior imaging of intracranial stents, enhancing evaluation of in-stent status, as demonstrated in a case involving a right ICA flow diverter. (Case 4).

Limitations

Metal artifacts from coils can obscure small residual necks within coil masses. One case showed IV CBCTA missing a residual neck later found on DSA (Case 5).

Radiation dose optimization

As with other imaging modalities utilizing ionizing radiation, it is essential to minimize exposure while maintaining image quality. Dose optimization strategies would be discussed.

Conclusion:

IV CBCTA significantly advances neurovascular imaging and outperforming standard CTA in many aspects. However, awareness of metal artifact limitations and careful protocol design are critical for optimal clinical use.

Poster 32

Imaging the Leak: Craniospinal Features and Myelographic Strategies in Spontaneous Intracranial Hypotension

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Objectives:

To provide a detailed overview of spontaneous intracranial hypotension (SIH), highlighting the spectrum of cranial and spinal imaging findings in both acute and chronic stages, and to review and compare advanced myelographic techniques used for the precise localization of cerebrospinal fluid (CSF) leaks.

Materials and methods:

A broad review of existing literature and imaging case material was performed to summarize key radiological findings in SIH. Particular emphasis was placed on the role of MRI and myelographic techniques, including decubitus CT myelography, digital subtraction myelography (DSM), dynamic fluoroscopic myelography, and MR myelography. Cases were selected to illustrate typical and atypical imaging features and to demonstrate the diagnostic strengths and limitations of each technique.

Results:

Acute SIH typically presents with pachymeningeal enhancement, venous sinus engorgement, subdural collections, and cerebellar tonsillar descent on cranial MRI. Chronic cases may demonstrate subtle or residual features such as superficial siderosis or compensatory osseous changes. Spinal imaging plays a crucial role in identifying extradural fluid collections, dural defects, and meningeal diverticula. Among myelographic tools, DSM and dynamic fluoroscopy provide high sensitivity for fast leaks, while decubitus CT myelography is especially useful in ventral dural tears. Each modality serves a complementary role depending on clinical context.

Conclusion:

SIH is a frequently underdiagnosed condition with diverse imaging manifestations. Familiarity with stage-specific imaging findings and the appropriate selection of myelographic techniques is essential for accurate diagnosis and optimal management. This exhibit aims to equip radiologists with a structured imaging approach for timely detection and localization of CSF leaks, ultimately improving clinical outcomes.

Poster 34

Predict Optimal Debulking Outcomes in Advanced Ovarian Cancer: A PET-based Radiomics and Suidan Model-Based Approach

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Objectives:

To evaluate whether integrating PET-based radiomics with the existing Suidan model improves the

preoperative prediction of optimal debulking outcomes in patients with advanced-stage (III–IV) ovarian cancer, and to develop a predictive model for identifying suitable surgical candidates.

Materials and methods:

We retrospectively analysed pre-treatment PET scans of 54 advanced stage patients with ovarian cancer who underwent either upfront debulking surgery or interval debulking surgery. Radiomic features were extracted from PET images using LifeX. Feature selection was carried out with a 5- stage pipeline involving recursive feature elimination. These features were then correlated with surgical outcomes. Machine learning prediction models with an array of classifiers were constructed, and model performance was subsequently reviewed.

Results:

Our analysis revealed that four intensity and texture radiomic features were significantly correlated with optimal debulking outcomes. Neither the Suidan model nor clinical factors were selected for the model building. The Extra Trees model demonstrated a strong ability to identify surgical candidates, with an AUC of 0.831 and an F1 score of 0.889, followed by the Random Forest model achieving an AUC of 0.785 and an F1 score of 0.929.

Conclusion:

This study highlighted the potential of PET-based radiomics to enhance clinical decision-making in ovarian cancer treatment.

Poster 35

Retrospective analysis of total metabolic tumour volume (TMTV) on the prediction of Chimeric Antigen Receptor T-cell therapy (CAR-T) outcome in large B-cell lymphoma

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Objectives:

CAR-T therapy represents a major breakthrough for relapsed/refractory large B-cell lymphoma. However, a large proportion of these patients will eventually have disease relapse. Baseline total metabolic tumour volume (TMTV) assessed by 18F-FDG PET/CT has emerged as a potential predictive biomarker of survival following CAR-T therapy. We sought to analyse the predictive value of TMTV on patient outcomes in a homogenous cohort of patients treated with Tisagenlecleucel for relapsed/refractory large B cell lymphoma at 3rd line/beyond setting, in a single institution.

Materials and methods:

Consecutive patients who underwent ^{18}F -FDG PET/CT before CAR-T cell therapy from May 2021 till June 2025 were recruited. Regions of interest were placed over the nodal and extranodal diseases to measure the SUVmax. We used 41% of SUVmax as the threshold for the determination of TMTV. We adopted a TMTV of 25ml as a cut-off to define high versus low TMTV. Primary outcome was best response. Secondary outcomes were progression-free survival (PFS) and overall survival (OS). Chi-square test was performed for categorical variables, and Kaplan-Meier curve and log-rank tests were performed for survival analysis and comparison.

Results:

Twenty-one patients (age 64.0 ± 8.6) were recruited. TMTV ranged from 0-396mL. In patients with low TMTV, there was a higher chance of achieving complete response, close to achieving significant statistical difference ($p=0.06$). Patients with low TMTV also had a better PFS and OS, although the differences were not statistically significant ($p=0.60$ and 0.08 , respectively).

Conclusion:

This preliminary study suggested the predictive value of TMTV in CAR-T cell therapy based on local data, indicating that patients with low TMTV had better outcomes. Nonetheless, this study was limited by small sample size and single-centre design. Future research should employ larger, more representative cohorts from different centres with comprehensive multivariate analyses.

Poster 36

Patient effective doses and cancer risks in hybrid PET/CT and SPECT/CT of common nuclear medicine scintigraphy

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Objectives:

To simulate effective doses for adult patients undergoing common nuclear medicine scintigraphy using hybrid PET/CT and SPECT/CT, and to estimate their corresponding induced cancer risks.

Materials and methods:

Whole-body scan of ^{18}F -FDG and of ^{11}C -acetate PET/CT, and of $^{99\text{m}}\text{Tc}$ -MDP (bone scan) SPECT/CT were studied. Organ absorbed doses from ^{18}F -FDG, ^{11}C -acetate and $^{99\text{m}}\text{Tc}$ -bone scintigraphy were simulated using MIRDCalc software. Organ absorbed doses from CT were simulated using MIRDct software with 120-kV protocol normalized by 100 mAs. Effective doses were calculated according to ICRP-103 recommendations. The total effective dose was calculated as the sum of the effective doses from the

radiotracers used in PET or SPECT and the corresponding CT scan. The induced cancer risks were estimated using lifetime attributable risk (LAR) of cancer incidence according to the National Academy of Sciences BEIR VII report.

Results:

The effective doses of the two PET/CT examinations were evaluated using 64-slice CT scanners from two different manufacturers (scanner A and B). For a typical whole-body ^{18}F FDG PET/CT scan using scanner A(B), the total effective doses for male and female patients were 18.43(20.31) mSv and 21.22(21.48) mSv, respectively. For a typical whole-body ^{18}F FDG and ^{11}C -acetate PET/CT scan using scanner A(B), the total effective doses for male and female patients were 18.96(20.84) mSv and 21.75(22.14) mSv, respectively. The effective doses of the SPECT/CT examination were evaluated using 16-slice CT scanners from two different manufacturers (scanner C and D). For a typical whole-body bone SPECT/CT scan using scanner C(D), the total effective doses for male and female patients were 23.44(30.04) mSv and 26.72(31.52) mSv, respectively. Among the three NM examinations and the scanners evaluated, patients received the highest total effective doses in whole-body bone SPECT/CT scan. Correspondingly, for 60-year-old U.S. population, LARs of cancer incidence for male and female patients were 0.15% and 0.18%, respectively.

Conclusion:

Effective doses of whole-body scan in hybrid PET/CT and SPECT/CT could be substantial. Radiation reduction techniques should be investigated to reduce the corresponding cancer risks.

Poster 37

Comparison of quantitative ejection fraction from MUGA scintigraphy among three analyzing methods

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Objectives:

To compare and discuss quantitative results of ejection fraction from MUGA scintigraphy using three analyzing methods including a vendor-neutral software.

Materials and methods:

Thirty two patient (10 males and 22 females, mean age = 62 with range: 33-88 years) underwent planar MUGA scintigraphy with the DSPECT (Spectrum-Dynamics, Israel) and a SPECT-670 system (GE, USA) during March/2025 to July/2025. Images from DSPECT were analyzed with the DSPECT MUGA software to obtain the ejection fraction (EF) and with the FUGA software (Stockholm, Sweden). After the

DSEPECT imaging, the same patient also underwent the SPECT-670 MUGA scan, the EF of which was analyzed by the software of the SPECT system. Therefore three quantitative values of EF were obtained for each patient.

Results:

The average values of EF, as obtained by the DSPECT software and a vendor-neutral software FUGA, were 56% (95% CI= 52%, 60%) and 61% (95% CI: 58%, 65%) respectively. The average value of EF, as obtained by SPECT-670 was 64% (95% CI: 62%, 67%). Due to the non-normality distribution of DSPECT EF, Mann-Whitney test (SPSS, USA) was used and there was no statistically significant difference in EF between FUGA and DSPECT ($p=0.09$) and there was statistically significant difference in EF between SPECT-670 and DSPECT analysis ($p=0.003$). However, there was no statistically significant difference in EF between SPECT-670 and FUGA ($p=0.23$) using Student t-test, implying that values of EF as analyzed by FUGA were in good accord with those analyzed by DSPECT and SPECT-670. These findings suggest that FUGA produces EF values comparable to both DSPECT and GE670, supporting its potential importance as a vendor-neutral software for MUGA scans.

Conclusion:

While it is necessary to further improve the MUGA image quality for every imaging system, their analyzing tools for quantitative EF should also be further optimized. The FUGA software is an independent platform to compare with MUGA scintigraphy from DSPECT and SPECT-670, and it is observed that the resulting values of MUGA EF as obtained by FUGA were matched with MUGA scintigraphy as acquired by DSPECT and SPECT-670 and their analyzing tools.

Poster 38

Application of Postmortem CT (PMCT) Scan in Forensic Death Investigations : A Case Series

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Objectives:

To illustrate the use of PMCT in a series of cases of death investigations.

Materials and methods:

Illustrative cases in our database of PMCT scan done between 1st February 2023 to 28th August 2025 are identified. Imaging findings of the identified cases were correlated with the subsequent autopsy findings.

Results:

Three illustrative cases have been identified (a case of pyopericardium with fistula connection to an adjacent liver abscess, a case of haemoperitoneum due to ruptured splenic artery aneurysm in a patient with polycythaemia rubra vera and a case of sigmoid sinus thrombosis and intratentorial acute subarachnoid haemorrhage). Radiologic-pathologic correlation is discussed in these cases.

Conclusion:

PMCT, both plain CT and contrast CT angiogram, can help to localize the location and suggest the nature of the pathology leading to death. Although PMCT alone without correlation of autopsy may not be able to directly confirm the cause of death in every case of death, it is useful to aid forensic pathologists to plan the approach of subsequent autopsy and specific areas that need to be focused during autopsy and it can also supplement autopsy findings. It is therefore considered that PMCT and autopsy complement each other.

Poster 39

Maximizing Signal in Minimal Space: Innovative Coil Pairing for Intraoperative MRI

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Objectives:

To investigate the clinical feasibility and image quality performance of different coil combinations in magnetic resonance imaging (MRI), with a focus on addressing spatial limitations in intraoperative MRI caused by the cranial fixator.

Materials and methods:

Various coil combinations were evaluated using ACR phantom measurements with T1- and T2-weighted spin-echo sequences. Key image quality metrics including signal-to-noise ratio (SNR), low contrast detectability, ghost artifacts, uniformity, penetration, and spatial resolution were quantitatively assessed using AutoQA software.

Representative intraoperative photographs will illustrate the practical setup and clinical application of this approach.

Results:

All coil combinations demonstrated minimal ghost artifacts (<0.005). Spatial resolution matched the physical phantom setup across combinations. Notably, the combination of UltraFlex Small 18 with Contour 24 coils yielded the highest SNR, greatest image homogeneity, and superior low contrast detectability compared to other configurations and standard head coil imaging.

Conclusion:

Flexible, compact coil combinations can deliver superior image quality in the intraoperative MRI setting despite the spatial constraints from the cranial fixator. These configurations enable reduced scan times and improved resolution while preserving surgical access, allowing precise interventions and smooth workflow.

Poster 40

Optimizing Iterative Metal Artifact Reduction (iMAR) in Clinical Practice: Practical Strategies for Reporting Radiologists

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Objectives:

To demonstrate methods addressing bone-specific iMAR inaccessibility: (1) enhancing bone visualization on soft-tissue iMAR using bone windowing/sharpening tools when bone-specific iMAR is unavailable; (2) enabling iMAR via raw data reprocessing (Br60→Br59) when vendor constraints prohibit bone-kernel iMAR

Materials and methods:

Twenty CT lower limb studies with metallic implants (hip/knee) were analyzed using GE PACS (Centricity™ v6.0). Where soft-tissue iMAR (Br38-40) was available, bone windowing (W:2000–2500/L:400–500 HU) and sharpening filter ("Sharpen") were applied. For non-iMAR bone kernels (Br60), saved raw data was reprocessed to Br59 + iMAR. A musculoskeletal-trained radiologist evaluated bone-edge/metal interface clarity using a 3-point scale (improvement/equivocal/worsening).

Results:

1. Soft-tissue iMAR optimization: Bone windowing + sharpening improved bone-edge/metal interface visualization in all cases.
2. Raw data reprocessing: Br60→Br59 conversion enabled iMAR application on bone-specific images, reducing metal artifacts.
3. Both methods eliminated repeat scans when initial raw data was archived.

Conclusion:

When bone-specific iMAR is inaccessible, (1) PACS-based bone windowing/sharpening of soft-tissue iMAR and (2) raw data reprocessing to Br59 provide effective metal artifact reduction and improved bone edge/metal-interface visualisation enhancement. Proactive communication with radiographers remains essential for continuous scanning protocol optimization.

Poster 41

Key concepts of MRI safety - What radiologists need to know and understand.

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Objectives:

To enhance radiologists' awareness and understanding on key principles of MRI safety

Materials and methods:

To discuss key MRI safety concepts on the 4-zone principle, MR personnel types, and risks of the main magnetic fields—Static field (B0), radiofrequency pulse (B1), and time-varying gradient field (dB/dt)—as outlined in the 2024 ACR Manual on MR Safety.

Results:

The ACR 4-zone principle reduces MRI injury risk by assigning Zones I–IV, each with progressively stricter safety protocols. This zoning should be integrated into all MRI facility designs, including intraoperative MRI. Clearly defined roles for MR personnel—such as the medical director, safety expert, and safety officer—are essential. The discussion also covers the underlying principles behind the risk associated with translational and rotational forces on ferromagnetic materials by static field; tissue heating and burns from radiofrequency pulses; peripheral nerve stimulation and acoustic noise from gradient magnetic fields; as well as the methods to mitigate them.

Conclusion:

A thorough understanding of MRI safety principles is increasingly vital for radiologists, given the rising use of high-field 3T MRI, the growth of MRI-guided interventions such as MR lymphangiograms, and the expansion of MRI facilities, including intraoperative MRI in the New Territories West Cluster.

Poster 42

Evaluation of liver lesion using hepatocyte-specific contrast agent in pediatric patients previously treated for malignancy

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Objectives:

The aim of the study is to identify the incidence, etiology and imaging characteristics of new liver lesions in pediatric patients with a previously treated malignancy.

Materials and methods:

Retrospective review from June 2019 to June 2025 of our hospital registry was used to identify patients who met the following inclusion criteria: history of malignancy treated by chemotherapy, no liver lesion at post-treatment baseline, follow up for more than 2 years and the presence of new liver lesions detected using hepatocyte-specific contrast-enhanced MR. Final diagnosis of hepatic lesion was confirmed by biopsy or consensus imaging review by two independent radiologists.

Results:

Of 1038 patients who met the initial inclusion criteria, 365 patients received adequate follow up to be included. 24 patients (6.6%) developed new liver lesions which were evaluated by hepatocyte-specific contrast-enhanced MR. The most common primary cancer was neuroblastoma (33.3%, 8/24), followed by medulloblastoma (8.3%, 2/24).

The majority (92.3%, 20/24) were focal nodular hyperplasia (FNH)-like lesion. The rest were metastases (7.7%, 2/24), hepatic adenoma (4.1%, 1/24) and haemangioma (4.1%, 1/24). Univariate analysis showed that FNH-like lesions were more common to be of iso or high intensity on hepatobiliary phase (95% [19/20] vs 0% [0/4], $p<0.01$) and multiple (85% [17/20] vs 25% [1/4], $p<0.04$). T2W signals, arterial enhancement and size of the lesion did not show statistical significance in differentiating FNH-like lesions from non-FNH-like lesions. The median follow-up time for FNH-like lesions from initial detection was 20.2 months (interquartile range 10.8-30.0 months).

Conclusion:

FNH-like lesion is the most common liver lesion that developed in pediatric patients previously treated for malignancy. Hepatocyte-specific contrast-enhanced MR can help improve diagnostic confidence and obviate unnecessary biopsy.

Poster 43

Pneumatic reduction of intussusception under ultrasound guidance: Technical factors and additional values beyond pneumatic reduction under fluoroscopic guidance

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Objectives:

To demonstrate the safety, effectiveness, and technical details of ultrasound-guided pneumatic reduction, and the benefits over the fluoroscopic-guided method.

Materials and methods:

This retrospective study evaluated data of Thai paediatric patients diagnosed with intussusception who underwent ultrasound (US)-guided pneumatic reduction at Queen Sirikit National Institute of Child Health, Bangkok, Thailand during May 2021 to December 2024. There were 13 patients who met inclusion and exclusion criteria included. Clinical signs and symptoms, technical parameters used during reduction, radiological results, and the outcome of reduction were assessed. Additional US findings were correlated with fluoroscopic images and surgical/colonoscopic results.

Results:

The mean age of the patients was 1.3 years (0.3 to 7.8 years). Successful cecal reduction was achieved in 12 patients (92.3%) while no perforation or recurrence occurred. The mean parameters of reduction were shown; the number of attempts 2.38 times (1-5 times), maximum duration per attempt was 2.07 minutes (1-3 minutes), and maximum pressure was 92.30 mmHg (30-120 mmHg). Additional ultrasound findings were noted. First, iatrogenic colonic injury was detected in 1 patient. Second, residual small bowel intussusception was found in 2 patients. One patient received emergent surgery and found ileoileal intussusception with obstruction and long segment serosal tear while the other patient found polyps as leading points in an elective colonoscopy. Third, intestinal polyps were suspicious in 2 patients, but a negative result was shown in one case.

Conclusion:

Ultrasound (US)-guided pneumatic reduction of intussusception provides high success rate (92.3%) equivalent to those of fluoroscopic-guided reduction. The US-guided reduction eases the procedure by offering direct visualization of intussusception and bowel structures. This method technically tends to reducing colonic overdistension, then decreasing risk for perforation. US is beneficial in prompt detection of iatrogenic bowel injuries and residual small bowel intussusception, which greatly affected further management in particular cases. US has limited value to identify leading points.

Poster 44

Fetal doses and induced childhood cancer risks of abdominal and pelvic CT examinations using commonly available CT scanners in Hong Kong

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Objectives:

To simulate fetal doses for pregnant patients undergoing abdominal and pelvic (Abd/Pel) CT examinations at three stages of pregnancy using commonly available CT scanners in Hong Kong, and to estimate the corresponding induced childhood cancer risks.

Materials and methods:

Normalized fetal doses in mGy/100mAs for pregnant patients undergoing Abd/Pel CT imaging in the first, second and third trimester of pregnancy were simulated using VirtualDoseCT software with 120-kV protocol and body bowtie filter. The CT scanners under evaluation were of 64-, 128-, 256- and 384-slice CT models from three different CT manufacturers. Wilcoxon signed ranks test was used to compare the fetal doses between different CT scanners for the three stages of pregnancy. The corresponding average normalized fetal doses and total fetal doses were calculated. The corresponding excess fatal childhood cancer risks after in utero irradiation were estimated according to ICRP Publication 84.

Results:

Normalized fetal doses ranged from 6.75 to 8.91 mGy/100mAs, 6 to 7.93 mGy/100mAs and 5.68 to 7.51 mGy/100mAs, respectively, and the average normalized fetal doses were 7.38 mGy/100mAs, 6.56 mGy/100mAs and 6.22 mGy/100mAs, respectively for the three stages of pregnancy. There was no statistically significant difference between the inter-comparison among the normalized fetal doses of the scanners evaluated for the three stages of pregnancy ($p > 0.05$). For a typical Abd/Pel CT scan, the total fetal doses were 14.76 mGy, 19.68 mGy and 24.86 mGy, and the corresponding excess fatal childhood cancer risks were 0.09%, 0.12% and 0.15%, respectively for the three stages of pregnancy. If a dual phase CT scan was required, the total fetal doses would be doubled compared with that of a plain scan.

Conclusion:

In general, the fetal doses would not reach the threshold dose of 100 mGy for deterministic effects unless multiple examinations or multiphase scans are required. However, the induced childhood cancer risks by current-technology CT scanners are not low and still warrant further dose optimization strategies to be validated by measurements, such as the use of dynamic z-axis collimation and artificial intelligence reconstruction algorithms.

Poster 45

Beyond Clinical Mimicry: Imaging Keys to Distinguishing Prune Belly Syndrome from Posterior Urethral Valves

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Objectives:

Prune Belly Syndrome (PBS) and Posterior Urethral Valve (PUV) are congenital urological anomalies primarily affecting male pediatric patients, both causing urinary tract obstruction but differing in pathology and imaging features.

Materials and methods:

We report two cases illustrating key distinctions between PBS and PUV.

Case 1: A 36-week male neonate with antenatal megacystis and lower urinary tract obstruction managed by fetal vesicoamniotic shunting. Postnatal findings included abdominal wall deficiency, bilateral intraabdominal testes, elongated bladder with trabeculation, and bilateral vesicoureteral reflux, consistent with PBS. The infant underwent emergency shunt removal and bladder repair, with multidisciplinary follow-up and initiation of clean intermittent catheterization.

Case 2: A term male infant diagnosed antenatally with bilateral hydronephrosis and PUV. Postnatal imaging confirmed PUV and features of chronic bladder outlet obstruction with Grade 5 right vesicoureteral reflux (VUR). Endoscopic valve ablation was performed successfully. The patient experienced recurrent urinary tract infections managed with antibiotics and prophylaxis, with ongoing multidisciplinary monitoring.

Results:

PBS, characterized by deficient abdominal muscles, urinary tract dilation, and bilateral cryptorchidism, is rare (1 in 30,000–50,000). On imaging, PBS is characterised by a massively distended, thin-walled bladder and severe hydroureteronephrosis. PUV, more common, 1 in 3800 male births, involves abnormal development or persistence of embryonic urethral membranes causing obstruction without muscle defects, typically presenting with thick-walled bladder and “keyhole sign” on ultrasound.

Voiding cystourethrogram (VCUG) distinguishes them by revealing a wide bladder neck without urethral narrowing in PBS versus dilated, irregular posterior urethra with abrupt narrowing in PUV. Treatment of PBS involves multidisciplinary surgical repair and lifelong monitoring, while PUV focuses on early valve ablation and managing complications.

Conclusion:

PUV and PBS are major causes of congenital urinary obstruction in boys. Distinct clinical and imaging features aid diagnosis; early multidisciplinary care improves outcomes.

Poster 46

Radiofrequency ablation with hydrodissection of benign thyroid nodules: experience of a tertiary referral centre

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Objectives:

To evaluate the safety and efficacy of radiofrequency ablation (RFA) with hydrodissection of benign thyroid nodules in Queen Elizabeth Hospital.

Materials and methods:

This is a retrospective single-centre study of 38 patients who underwent RFA with hydrodissection of 38 fine needle aspiration cytology (FNAC)-confirmed benign thyroid nodules between November 2022 and March 2025. Reduction in volume of thyroid nodule measured by sonography, cosmetic and symptomatic improvement documented at clinic follow-up, and complications following ablation were assessed.

Results:

For analysis of efficacy, 16 out of 38 patients (16 nodules) were excluded. The reasons these cases were excluded are: 1) patients have been scheduled for sonography 1 year post-RFA but not yet attended, 2) measurement records were incomplete and 3) procedures were abandoned. A total of 22 patients (22 nodules) were included in the analysis. Statistically significant reduction in volume of the nodules was achieved after a median follow-up period of 365.5 days ($P = 0.047$). Median reduction in volume of the nodules was 38.2%. Regarding cosmetic and symptomatic improvement, 14 out of 22 patients (63.6%) reported subjective shrinkage of nodules and 4 patients (18.2%) reported symptom relief.

For analysis of safety, 38 patients (38 nodules) were included. Hydrodissection was performed before RFA of all the nodules. 2 patients (5.3%) had mild asymptomatic capsular hematoma after RFA. In these 2 cases, ablation of feeding arteries to the nodules was performed before ablation of the nodules (ie. artery-first approach was adopted). 1 patient (2.6%) was noted to have hoarseness of voice during RFA. Cold D5 solution was injected to the danger triangle as treatment. The patient's voice improved before she left the operation suite and was reported to have returned to baseline during assessment in clinic on day 26 post-RFA.

Conclusion:

RFA with hydrodissection is a safe and efficacious treatment for predominantly solid benign thyroid nodules. Such technique should be considered as an alternative for patients who cannot or do not wish to undergo surgery for predominantly solid benign thyroid nodules.

Poster 47

Impact of a Multidisciplinary Stroke Green Channel on Time-Efficiency and Clinical Outcomes in Acute Stroke Care

Author(s) and Institution(s):

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Objectives:

Tuen Mun Hospital (TMH) has launched Stroke Green Channel (SGC) in June 2024. This protocol integrates emergency medicine, radiology, neurology, neurointervention, and nursing teams into a coordinated 24/7 rapid-response pathway. Designed to bridge critical interdepartmental gaps, the SGC targets sustained improvement in key performance indicators: median door-to-needle time (DNT) ≤ 45 minutes for thrombolysis and door-to-puncture time (DPT) ≤ 90 minutes for endovascular thrombectomy (EVT). This article aims to evaluate the SGC's effectiveness in reducing treatment delays and improving functional outcomes for acute stroke patients.

Materials and methods:

A single-centre retrospective study compared pre-SGC (Jun 2023 – Jun 2024) and post-SGC (Jun 2024 – Jun 2025) cohorts in TMH. Inclusion criteria included (1) Age ≥ 18 ; (2) Acute anterior circulation LVO confirmed on CT angiography; (3) EVT eligibility. In-hospital and transfer-in patients with diagnostic imaging performed elsewhere were excluded. Primary outcomes were median DNT and DPT. Secondary outcomes was 90-day good clinical outcome (modified Rankin Scale score ≤ 2). Statistical analysis utilized Mann-Whitney U and chi-square tests.

Results:

Post-SGC implementation significantly accelerated care delivery with median DNT decreased from 54 [IQR: 44.5–63] to 34 [IQR: 28–45] minutes ($p < 0.001$) and the target compliance of $\text{DNT} \leq 45\text{min}$ rose from 23.8% to 77.8% ($p < 0.001$). Median DPT reduced from 106 [IQR: 78–136.5] to 87 [IQR: 55.5–108.5] minutes ($p = 0.005$). Notably, 50% (31/62) of cases occurred during non-office hours, with 32.3% (10/31) of these presenting after midnight.

An increase in proportion of patients achieving a good clinical outcome was observed (37.8% to 51.7%; $p = 0.17$), but this analysis did not adjust for multiple potential confounding factors.

Conclusion:

The implementation of the multidisciplinary SGC significantly accelerated acute stroke care processes. It drastically reduced median DNT and DPT, and substantially increased the proportion of patients meeting critical treatment time targets. A positive trend toward improved clinical outcomes was observed, though this requires further investigation accounting for potential confounders.

Poster 48

Angiographic findings and outcomes of endovascular embolization for acute non-variceal upper gastrointestinal bleeding: a tertiary center experience.

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Objectives:

Endovascular embolization is indicated for patients with acute upper gastrointestinal bleeding (UGIB) that are not feasible or had failed endoscopic treatments. We aim to review the angiographic findings, clinical outcomes and safety of embolization for acute non-variceal UGIB.

Materials and methods:

Acute non-variceal UGIB embolization performed in our institution from Jun 2022 to Jun 2025 were retrospectively reviewed. UGIB is defined as bleeding proximal to ligament of Treitz. Patient demographics, etiology of UGIB, angiographic findings, embolic agents, complications, rebleeding and mortality within 30 days were reviewed. Association of etiology of UGIB and angiographic findings with rebleeding and mortality were analyzed using Fisher's exact test. P value of <0.05 was considered statistically significant.

Results:

A total of 28 patients (19 males,9 females; mean age 70) underwent 32 procedures. The common etiologies of UGIB were duodenal ulcers(53%), upper GI tumors(21%) and post-operative pseudoaneurysms(17%).

Angiographic findings included pseudoaneurysms(37%), tumor(12%), active extravasation(9%) and dysplastic vessels(6%). Patients with bleeding duodenal ulcer and negative angiogram received prophylactic embolization of gastroduodenal artery(34%).

The most commonly used embolic agents were coils and NBCA glue, followed by microspheres, gelfoam and cover stent.

Technical success rate was 100%. Clinical success rate was 84%. Rebleeding rate within 30 days was 16%. Rebleeding occurred in 4 patients; re-intervention was performed in 2 patients. One of them with post-gastrectomy pseudoaneurysms received multiple re-intervention over months due to complex post-operative angioarchitecture and delayed reperfusion. Mortality within 30 days was 32%, mostly due to hospital-acquired pneumonia or end-stage malignancy. No procedure-related complications recorded.

Among the etiology of UGIB and angiographic findings, post-operative pseudoaneurysm was

associated with rebleeding (P value 0.015) but not mortality. However, the results are limited by small sample size.

Conclusion:

Endovascular embolization is effective and safe for treatment with high technical and clinical success rate, and low complication rate.

Poster 49

Ethanol ablation of benign thyroid nodules: experience of a tertiary referral centre

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Objectives:

To evaluate the safety and efficacy of ethanol ablation (EA) of benign thyroid nodules in Queen Elizabeth Hospital.

Materials and methods:

This is a retrospective single-centre study of 35 patients who underwent EA of 38 fine needle aspiration cytology (FNAC)-confirmed benign thyroid nodules between September 2020 and March 2025. Reduction in volume of thyroid nodules measured by sonography, cosmetic and symptomatic improvement documented at clinic follow-up, and complications following ablation were assessed.

Results:

For analysis of efficacy, 16 thyroid nodules were excluded. These cases were excluded either because patients have been scheduled for sonography 1 year post-RFA but not yet attended, or their measurement records were incomplete. A total of 20 patients with 22 nodules were included. Significant volume reduction of nodules was achieved, with a median shrinkage of 76% ($P < 0.001$) after a median follow-up period of 365.5 days. Regarding cosmetic and symptomatic improvement, 18 out of 20 patients (90%) reported subjective shrinkage of nodules and 2 patients (10%) reported symptom relief.

For analysis of safety, 35 patients with a total of 38 nodules were studied. 1 patient reported hoarseness after procedure during clinic follow-up on day 29 post-EA. Patient's voice recovered around 3 months post-ablation. No complication is observed otherwise.

Conclusion:

Ethanol ablation is a safe and efficacious treatment for predominantly cystic benign thyroid nodules.

Such technique should be considered as an alternative for patients who cannot or do not wish to undergo surgery for predominantly cystic benign thyroid nodules.

Poster 50

A Classic Reborn – Cone Beam CT / Fluoroscopic-guided lung biopsy as an alternative to CT-guided biopsy

Author(s) and Institution(s):

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Objectives:

Lung cancer is the leading cause of cancer-related mortality in Hong Kong, demanding efficient image-guided lung biopsy for histopathological diagnosis and molecular profiling. Conventional computed tomography (CT)-guided biopsy has prolonged waiting times due to high demands for CT scanners. Cone beam CT (CBCT) combined with fluoroscopy offers precise lesion localization and needle placement comparable to CT guidance. The CBCT/fluoroscopic-guided lung biopsy service commenced in our centre in November 2022. This study evaluates the diagnostic performance and patient outcomes of CBCT/fluoroscopic-guided versus CT-guided approach.

Materials and methods:

A retrospective analysis was conducted on 764 patients who underwent imaged-guided lung biopsy from 2022 to 2024. Patient demographics, lesion characteristics, diagnostic yield, complication rates and procedure duration were compared.

Results:

Of 635 biopsies performed by 26 operators between November 2022 and November 2024, 277 (43.6%) used CBCT/fluoroscopy and 358 (56.4%) used CT guidance.

No significant demographic differences were noted (median age 70 vs. 71, $p=0.62$; male 56.0% vs. 54.8%, $p=0.09$, for CBCT vs CT).

The lesions for CBCT/fluoroscopy were larger and more solid (median lesion size 2.6cm vs. 2.2cm, $p<0.05$; solid lesions 76.5% vs. 57.2%, $p<0.05$, for CBCT vs CT).

Subgroup analysis focused on solid and part-solid lesions ≥ 1.5 cm was performed (CBCT: N=233; CT: N=219), which demonstrated comparable diagnostic yields (97.0% vs. 97.7% for CBCT vs CT, $p=0.63$) and procedure durations (21.0 min for both, $p=0.64$). Complication rates were similarly low: pneumothorax requiring chest drain insertion (3.9% vs. 5.0% for CBCT vs CT, $p=0.55$) and hemoptysis requiring intervention (0% vs. 1.4% for CBCT vs CT).

Service implementation expanded annual biopsy capacity by 96.8% and reduced median waiting times from 44.0 to 31.5 days.

Conclusion:

CBCT/fluoroscopic-guided lung biopsy is a robust alternative to CT guidance with equivalent diagnostic yield, procedural efficiency, and complication rates.

Poster 51

Imaging and Interventions of the Internal Iliac Artery: From Anatomy to Endovascular Techniques

Author(s) and Institution(s):

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Objectives:

To review the complex anatomy of the internal iliac artery (IIA), highlight key imaging modalities for its evaluation, and provide an overview of the expanding role of endovascular interventions targeting its branches in various clinical scenarios.

Materials and methods:

A narrative review was conducted incorporating imaging anatomy, clinical applications, and interventional strategies related to the IIA. Key anatomical branches such as the gluteal arteries, internal pudendal artery, uterine artery, prostatic artery, and obturator artery were analyzed through cross-sectional and angiographic imaging. Emphasis was placed on the role of CT angiography, MR angiography, and digital subtraction angiography in assessing IIA pathology and guiding intervention. Important anatomical variants, including persistent sciatic artery and corona mortis, were also explored.

Results:

The internal iliac artery, often overlooked in routine imaging, plays a crucial role in multiple pelvic pathologies. Imaging modalities enable precise anatomical mapping and procedural planning. Endovascular techniques performed via the IIA include embolization for trauma-related hemorrhage, postpartum hemorrhage, uterine artery embolization for fibroids, prostate artery embolization for benign prostatic hyperplasia, penile artery embolization in high-flow priapism, preoperative tumor embolization, and management of endoleaks post-EVAR. Balloon angioplasty and stenting are also utilized in selected cases of IIA stenosis or aneurysm.

Conclusion:

A thorough understanding of the internal iliac artery's anatomy, including its common variations, is essential for accurate diagnosis and safe intervention. Advanced imaging techniques provide critical support for evaluating pathology and planning treatment. Endovascular procedures involving the IIA are increasingly favored for their efficacy, reduced invasiveness, and faster recovery, making them

indispensable tools in contemporary pelvic vascular intervention.

Poster 52

Overcoming Complex Superior Vena Cava Obstruction Using Body Flossing Technique: A Case Report

Author(s) and Institution(s):

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Objectives:

To demonstrate the utility of the body flossing technique in managing malignant superior vena cava obstruction (SVCO) with complex vascular anatomy.

Materials and methods:

Single case report.

Results:

A 65-year-old man with malignant SVCO presented with near-total SVC and left brachiocephalic vein obstruction on CT. He became hemodynamically unstable and underwent semi-urgent endovascular stenting.

Right femoral access failed to cross the tight upper SVC and brachiocephalic stenosis. Left basilic vein access successfully navigated through the stenosis, but the catheter could not reach the IVC due to vessel tortuosity. A through-and-through tract was created via snare-assisted guidewire retrieval from the right femoral site, enabling "body flossing" for secure stent delivery.

Technical success was achieved. Post-procedural venography confirmed accurate stent placement, good flow restoration, and minimal residual stenosis (<70%). No immediate complications occurred.

Conclusion:

The body flossing technique utilizes a dual-access approach, typically involving the right femoral vein and left basilic vein access. By securing the wire at both access points, the technique enables enhanced traction and countertraction along the wire, providing a stable scaffold for subsequent interventions. This approach is particularly advantageous in managing complex SVCO.

The dual-access method improves control and maneuverability, allowing precise navigation through tight or tortuous vessels. It ensures accurate stent placement, which is especially critical in cases where traditional single-access techniques are ineffective. The through-and-through tract further enhances stability, minimizing procedural complications and improving overall accuracy.

Poster 53

Right-sided adrenal venous sampling: retrospective evaluation of success rates and influencing factors

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Objectives:

Retrospective review of adrenal venous sampling (AVS) for lateralization of primary hyperaldosteronism, focusing on success rate of right-sided AVS, with evaluation of patient characteristics and factors for success.

Materials and methods:

All consecutive cases of AVS performed between January 2020 to June 2025 were retrieved from the Radiology Information System (RIS). Cases were included if performed for lateralization of primary hyperaldosteronism aligning with our standard AVS protocol; others were excluded. Patient demographics, clinical data, computed tomography (CT) findings and AVS procedural details were reviewed. All procedures employed cosyntropin stimulation. Technical success was defined as a selectivity index ≥ 5.0 . Associations between success and demographic or procedural variables were then assessed using statistical tests.

Results:

A total of 43 patients underwent 45 AVS procedures; two procedures were excluded, leaving 41 patients (14 female, 27 male; median age 56 years [IQR=14]; median BMI 27.3kg/m² [IQR=5.4]). Adrenal nodules were present on CT in 38 patients (92.7%).

Across the 43 included procedures, technical success was achieved in 25 (58.1%) on the right and 40 (93.0%) on the left. Guiding catheter choice was significantly associated with right-sided success ($p=0.047$), with SHK catheters demonstrating the strongest association ($p=0.028$). Microcatheter/microguidewires use ($p=0.209$), BMI ($p=0.988$), sex ($p=0.856$), and age ($p=0.877$) were not significantly associated with right-sided success.

Conclusion:

In this single-centre retrospective series, right-sided AVS success was substantially lower than left-sided success, which aligns with findings from other published studies. This reflects the recognised anatomical difficulty of right adrenal vein catheterisation. Guiding catheter choice, in particular the use of an SHK catheter, was associated with higher success. No associations were observed with patient demographics or microcatheter/ microguidewire use.

Poster 54

Interventional treatment on giant hepatic hemangioma complicated by arterio-portal shunt, massive ascites and pulmonary hypertension

Author(s) and Institution(s):

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Objectives:

We reported a case of radiological giant liver hemangioma associated with arterio-portal shunts causing severe portal and pulmonary hypertension radiologically and clinically. We illustrate interventional treatment and evaluate the safety, efficacy and clinical outcomes of patient. The case aims to assess the role of transarterial embolisation in alleviating symptoms, reducing tumor size and closing the AP shunt.

Materials and methods:

Study design: Retrospective case/ case series for patient with giant hepatic hemangiomas complicated by arterio-portal shunts and treated in our institution.

Diagnostic tool: Contrast CT/ MRI for diagnostic confirmation, tumor size estimation and review of associated complications. Diagnostic DSA to assess the vascular anatomy, angiodynamic flow, and pre/ post treatment review.

Intervention: Transarterial embolisation using e.g. PVA particles, and subsequent sclerotherapy in staged interventional sessions, depending on the shunt flow and residual tumor vascularity.

Follow-up: Radiological and clinical follow-up in 1-2 months post-procedure with triphasic CT liver and corresponding liver function test.

Results:

Technical success of transarterial embolisation of giant hepatic hemangioma with injecton of PVA particles. Mainly tackle the arterio-portal shunt first. Check SMA DSA showed faint re-opacification of main portal vein with normal hepatopetal flow.

Patient's symptoms assessed to see any improvement. Patient showed no active complaint with soft and non-distended abdomen after 1 month of the intervention. Radiological assessment with post-treatment triphasic CT liver and future plan on curative sclerotherapy.

Conclusion:

Interventional treatment is a safe and effective approach for sympatomatic treatment of giant hepatic hemangioma with arterioportal shunt and massive ascites. It could achieve significant clinical improvement, reduce tumor size, control AP shunt flow and alleviate massive ascites and pulmonary hypertension with

relatively minimal morbidities. Therefore, transarterial embolisation of giant hepatic hemangioma should be considered as a first-line or adjunctive treatment option in complex case unsuitable for operation.

Poster 55

Bilateral Inferior Vena Cava Filter Insertion in Duplicated IVC: Case Report and Literature Review

Author(s) and Institution(s):

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Objectives:

Duplicated inferior vena cava (IVC) is a rare but well-known anatomical variant. This case report aims to illustrate the imaging features of duplicated IVC, importance of recognition of such variant and its implication in IVC filter insertion. The need for thorough pre-procedural planning in IVC filter insertion is highlighted.

Materials and methods:

Retrospective review of a case of bilateral IVC filter insertion in duplicated IVC. Representative pre-procedural and procedural images are selected for demonstration.

Results:

A 51-year old woman who was newly diagnosed with colorectal cancer presented with bilateral lower limb deep vein thrombosis (DVT). She was contraindicated for systemic anticoagulation due to profound anaemia and was referred for IVC filter insertion. Review of prior CT images revealed presence of duplicated IVC, with the left IVC joining the left renal vein and two infra-renal bridging veins between the two IVCs, also confirmed on IVC venogram prior to filter placement. Paired IVC filters were deployed via right jugular approach, one on each side, at an infrarenal location between the two bridging veins. No procedure-related complications were reported.

Conclusion:

Radiologists should be aware of vascular anatomical variants, such as duplicated IVC, due to their significant clinical implications in IVC filter insertion. Reported treatment options in duplicated IVC include bilateral infrarenal IVC filter insertion, single suprarenal IVC filter insertion and unilateral infrarenal IVC filter insertion with coil embolization of the smaller duplicated IVC or communicating segments of the duplicated IVC system. Reviewing prior images and performing venograms to delineate venous anatomy before IVC filter insertion are essential. Recognition of such anatomical variant ensures effective prevention of thromboembolism.

The backbone of EGFRm-targeted therapy across stages of NSCLC

Manage with TAGRISSO to achieve unparalleled outcomes¹⁻⁶



STAGE IB-IIIA Resectable

AADAURA^{1-4*}

4-year DFS

In overall population, mDFS was 65.8 months with TAGRISSO (95% CI: 61.7-NC) vs 28.1 months with placebo (95% CI: 22.1-35.0)

HR=0.27

(95% CI, 0.21-0.34) P not specified

5-year OS

In overall population, the 5-year overall survival was 88% with TAGRISSO vs 78% with placebo

HR=0.49

(95.03% CI, 0.34-0.70) P<0.001



STAGE IV Locally advanced and Metastatic

FLAURA^{1†}

mPFS

18.9 months with TAGRISSO vs 10.2 months with 1st Gen EGFR-TKIs

HR=0.46

(95% CI, 0.37-0.57) P<0.0001

mOS

38.6 months with TAGRISSO vs 31.8 months with 1st Gen EGFR-TKIs

HR=0.80

(95.05% CI, 0.64-1.00) P=0.0462



STAGE IV Locally advanced and Metastatic

FLAURA-2^{1,5,6}

mPFS[†]

29.4 months with TAGRISSO+ Platinum-Pemetrexed vs 19.9 months with TAGRISSO

HR=0.62

(95% CI, 0.48-0.80)

mOS

47.5 months with TAGRISSO+Platinum-Pemetrexed vs 37.6 months with TAGRISSO

HR=0.77

(95% CI, 0.61-0.96) P=0.02

TAGRISSO IS INDICATED AS[†]:

- monotherapy for the adjuvant treatment after complete tumour resection in adult patients with stage IB-IIIA non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations
- monotherapy for the first-line treatment of adult patients with locally advanced or metastatic NSCLC with activating EGFR mutations
- the combination with pemetrexed and platinum-based chemotherapy for the first-line treatment of adult patients with advanced NSCLC whose tumours have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations

* DFS in Stage IB-IIIA was the primary endpoint in AADAURA: HR=0.23 (95% CI: 0.18, 0.30). DFS in Stage IB-IIIA was a secondary endpoint (HR=0.27 [95% CI: 0.21, 0.34]). This final DFS analysis (data cutoff date: April 2022) was prespecified and exploratory, and no further formal statistical testing was planned for this analysis. OS was a secondary endpoint and at the final OS analysis (data cutoff date: January 2023) has not been reached in either arm; HR=0.49 (95% CI: 0.34, 0.70); P<0.001. A two-sided P-value of <0.0497 was considered to indicate statistical significance.^{1,4*}

† The primary endpoint was investigator-assessed PFS in FLAURA: HR=0.46 (95% CI: 0.37, 0.57) P<0.0001. OS was the secondary endpoint in FLAURA: HR=0.79 (95% CI: 0.64, 0.997) P=0.0462.¹

† PFS measured by BICR analysis was a considered to indicate statistical significance. HR=0.62 (95% CI: 0.48, 0.80). The primary endpoint of FLAURA2 was PFS by investigator analysis: TAGRISSO with the addition of chemotherapy demonstrated a mPFS of 25.5 months (95% CI: 24.7, NC) and TAGRISSO monotherapy demonstrated a mPFS of 16.7 months (95% CI: 14.1, 21.3); HR=0.62 (95% CI: 0.49, 0.79); P<0.001.^{1,6}

Abbreviations: 1st Gen-1st generation; BICR-blinded independent central review; CI-confidence interval; DFS-disease-free survival; EGFR-epidermal growth factor receptor; EGFRm-epidermal growth factor receptor mutation; HR-hazard ratio; mPFS=median progression-free survival; mOS=median overall survival; mDFS=median disease-free survival; NC-not calculable; NSCLC-non-small cell lung cancer; OS-overall survival; PFS=progression-free survival; TKIs=tyrosine kinase inhibitors.

References: 1. Hong Kong TAGRISSO SmPC, version April 2025. 2. Herbst RS, Wu YL, John T, et al. Adjuvant TAGRISSO for resected EGFR-mutated stage IB-IIIA non-small-cell lung cancer: updated results from the phase III randomized AADAURA trial. J Clin Oncol. 2023;41(10):1839-1849. 3. Herbst RS, Tsai H, John T, et al. Overall survival analysis from the AADAURA trial of adjuvant TAGRISSO in patients with resected EGFR-mutated (EGFRm) stage IB-IIIA non-small cell lung cancer (NSCLC). ASCO annual meeting 2023. 4. Tsai H, Herbst RS, John T, et al. AADAURA Investigators. Overall survival with TAGRISSO in resected EGFR-mutated NSCLC. N Engl J Med. 2023;388(2):157-167. 5. Planchard D, Jänne PA, Cheng Y, et al. FLAURA2 Investigators. TAGRISSO with or without chemotherapy in EGFR-mutated advanced NSCLC. N Engl J Med. 2023;388(21):1959-1968. 6. Planchard D, et al. First-line TAGRISSO + Chemotherapy Versus TAGRISSO Monotherapy in EGFR Advanced NSCLC: FLAURA2 Final Overall Survival. JASLC 2025 World Conference on Lung Cancer, Sep 6-9, 2025.

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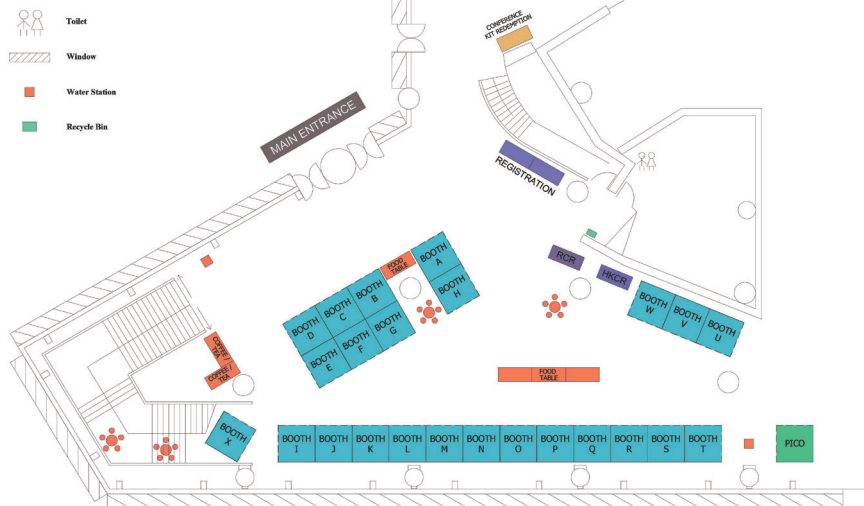
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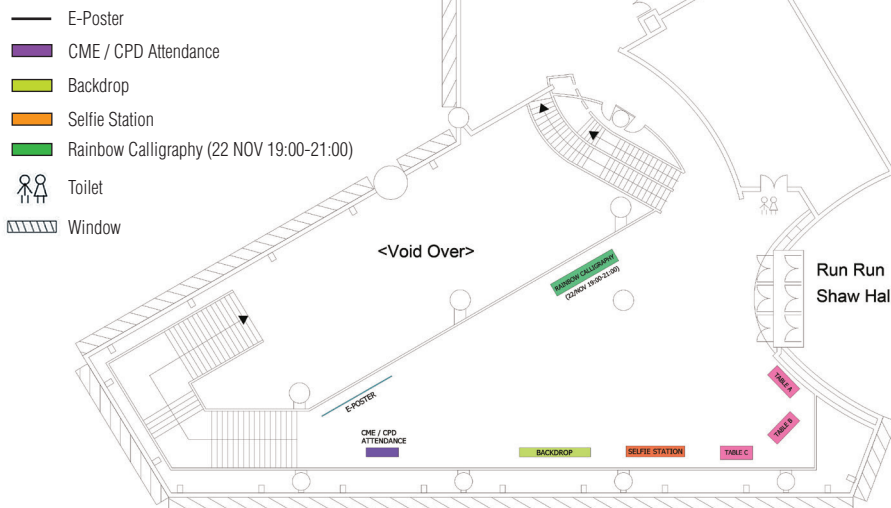
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Hong Kong Academy of Medicine

Jockey Club Building

Foyer (First Floor)



Technical Exhibitions

Booth A	Johnson & Johnson (Hong Kong) Ltd. Johnson&Johnson
Booth B	Eli Lilly Asia, Inc.  Lilly A MEDICINE COMPANY
Booth C	AstraZeneca Hong Kong Limited  AstraZeneca 阿斯利康
Booth D	Bristol-Myers Squibb  Bristol Myers Squibb
Booth E	GE HealthCare  GE HealthCare
Booth F	Merck Pharmaceutical (HK) Ltd.  MERCK
Booth G	BeOne Medicines (Hong Kong) Co., Limited  BeOne
Booth H	Merck Sharp & Dohme (Asia) Ltd.  MSD
Booth I	Penumbra, Inc. Penumbra 
Booth J	HUTCHMED  HUTCHMED
Booth K	Guerbet Asia Pacific Ltd. Guerbet 
Booth L	Novartis Pharmaceuticals (HK) Limited  NOVARTIS
Booth M	Eisai (Hong Kong) Company Limited  Eisai
Booth N	Siemens Healthineers  SIEMENS Healthineers
Booth O	Roche Hong Kong Limited  Roche
Booth P	TopAlliance Biosciences  TopAlliance Biosciences
Booth Q	Pfizer Corporation Hong Kong Limited  Pfizer
Booth R & T	Bayer Healthcare Limited  BAYER
Booth S	Prism Technologies Limited  PRISMTECH
Booth U	United Imaging Healthcare Hong Kong Limited  UNITED IMAGING
Booth V	Astellas Pharma Hong Kong Company Limited  astellas
Booth W	GSK Hong Kong GSK
Booth X	Gilead Sciences Hong Kong Limited  GILEAD Creating Possible
Table A	Ipsen Pharma (Hong Kong)  IPSEN Innovations for patients
Table B	Takeda Pharmaceuticals (Hong Kong) Limited  Takeda ONCOLOGY
Table C	Zai Lab (Hong Kong) Limited zaiLab

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Lucky draw prizes will be drawn on Sunday, 23 November 2025 during the Prizes Presentation Session at 2:00pm at Run Run Shaw Hall (1/F).

The winner must claim the prize in person. If winner(s) fail to claim the prize(s), alternative winner(s) will be drawn immediately for unclaimed prize(s).

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Booth V

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Booth C

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URL	https://astrazeneca.com.hk/index/contact-us.html

Company Information:

AstraZeneca is a global pharmaceutical company harnessing the power of science to make health happen for people, society and the planet. We follow the science to create transformative change, primarily for the treatment of diseases in four main therapy areas - Oncology, Cardiovascular & Metabolic Disease, Respiratory and Rare Disease. We are also selectively active in the areas of autoimmunity, neuroscience and infection.

Booth R & T

Bayer Healthcare Limited



Company Name	Bayer Healthcare Limited
Company Address	14/F, Oxford House, Taikoo Place 979 King's Road, Quarry Bay, Hong Kong
Telephone	+852 8100 2755
Fax	+852 3526 4752
E-mail	customer.hk@bayer.com
URL	www.bayer.com

Company Information:

Advancing life - that's what we at Bayer are all about. We put ourselves to the test day in, day out. All together. All over the world. With enthusiasm for new ideas.

Booth G

BeOne Medicines (Hong Kong) Co., Limited



Company Name	BeOne Medicines (Hong Kong) Co., Limited
Company Address	Room 2701, Level 27, One Chinachem Central 22 Des Voeux Road Central, Central, Hong Kong
Telephone	+852 9206 5435
E-Mail	snowing.yao@beonemed.com
URL	https://beonemedicines.com/

Company Information:

BeOne Medicines - Build the first next-generation oncology company – one that expands the highest quality therapies to more people around the world – through courage, persistent innovation, and challenging the status quo.

Booth D

Bristol-Myers Squibb



Company Name	Bristol-Myers Squibb
Company Address	3001-3002 Windsor House 311 Gloucester Road, Causeway Bay Hong Kong
Telephone	+852 2510 6188
E-Mail	Martin.kwok@bms.com
URL	https://www.bms.com/

Company Information:

At Bristol Myers Squibb, our mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. We are motivated by the power of science, with a legacy of pursuing bold science across oncology, hematology, cardiovascular, immunology and neuroscience. We're accelerating the development of new medicines with differentiated research platforms and leading technology to define what's possible for the future of medicine and the patients we serve.

Booth M

Eisai (Hong Kong) Company Limited



Company Name	Eisai (Hong Kong) Company Limited
Company Address	Unit A, 29/F, Lee and Man Commercial Center 169 Electric Road, North Point, Hong Kong
Telephone	+852 2516 6128
Fax	+852 2561 5042
E-Mail	ehk6128@eisaihk.com
URL	https://eisaihk.com/

Company Information:

Eisai is a leading global research and development-based pharmaceutical company headquartered in Japan with oncology and neurology as its therapeutic areas of expertise and focus. As a human health care (hhc) company, Eisai seeks innovative solutions in disease prevention, treatment and care for the health and well-being of people worldwide.

As part of its hhc mission, Eisai continues to grow its commitment to oncology through research and clinical development as well as through patient assistance programme to strengthen its commitment to cancer patients.

Booth B

Eli Lilly Asia, Inc.



Company Name
Company Address

Eli Lilly Asia, Inc.
3203-06, Windsor House, 311 Gloucester Road
Causeway Bay, Hong Kong

Telephone

+852 6972 5579

E-Mail

waiyin.cheung@network.lilly.com

URL

www.lilly.com.hk

Company Information:

Eli Lilly Asia Inc is the regional subsidiary of Eli Lilly and Company, a global pharmaceutical company operated in the pharmaceuticals and chemicals sector.

Booth E

GE HealthCare



Company Name
Company Address

GE HealthCare
Unit 2803, 28/F, Laws Commercial Plaza
788 Cheung Sha Wan Road, Kowloon, Hong Kong

Telephone

+852 2100 6300

Fax

+852 2205 6300

E-Mail

jocelynchung.chung@gehealthcare.com

URL

www.gehealthcare.com

Company Information:

GE HealthCare is a trusted partner and leading global healthcare solutions provider, innovating medical technology, pharmaceutical diagnostics, and integrated, cloud-first AI-enabled solutions, services and data analytics. We aim to make hospitals and health systems more efficient, clinicians more effective, therapies more precise, and patients healthier and happier. Serving patients and providers for more than 125 years, GE HealthCare is advancing personalized, connected and compassionate care, while simplifying the patient's journey across care pathways. Together, our Imaging, Advanced Visualization Solutions, Patient Care Solutions and Pharmaceutical Diagnostics businesses help improve patient care from screening and diagnosis to therapy and monitoring.

Booth X

Gilead Sciences Hong Kong Limited



Company Name	Gilead Sciences Hong Kong Limited
Company Address	26/F, Hysan Place, 500 Hennessy Road Causeway Bay, HK
Telephone	+852 6013 9076
E-Mail	fiona.wong2@gilead.com
URL	https://www.gilead.com/zh-hk/

Company Information:

At Gilead, "Creating possible" is more than a belief - it is a mission embraced by every employee. With a strong foundation and a diverse culture enriched by home-grown talent, we will continue to work alongside our partners to deliver innovative therapies and strive for a healthier community.

Booth W

GSK Hong Kong



Company Name	GSK Hong Kong
Company Address	Suites 1004-10, 10/F, Tower 6, The Gateway 9 Canton Road Tsim Sha Tsui, Kowloon, Hong Kong
Telephone	+852 9369 6621
E-Mail	monica.x.tsang@gsk.com
URL	https://www.gsk.com/en-gb/locations/hong-kong-and-macau/

Company Information:

At GSK, we unite science, technology and talent to get ahead of disease together.

We prevent and treat disease with specialty medicines, vaccines and general medicines investing in four core therapeutic areas: respiratory, immunology and inflammation; oncology; HIV; infectious diseases.

Our Ahead Together strategy means intervening early to prevent and change the course of disease, helping to protect people and support healthcare systems.

Booth K

Guerbet Asia Pacific Ltd.

Guerbet | 

Company Name

Guerbet Asia Pacific Ltd.

Company Address

Unit 1502-3, 15/F, MU Tower A of One Harbourgate
18 Hung Luen Road, Hung Hom, Kowloon

Telephone

+852 9850 2411

E-Mail

adrian.stromski@guerbet.com

URL

www.guerbet.asia

Company Information:

Guerbet offers a comprehensive range of contrast media, medical devices, and digital and AI solutions for diagnostic and interventional imaging.

Consistent with its purpose - the Group has been a pioneer in contrast products for nearly a century. In a world that is changing at an accelerating pace - with an ageing population, rising healthcare costs, growth in the MRI and X-ray markets - Guerbet intends, through its solutions, to help prescribers, radiologists and patients meet the new challenges of medical imaging.

Hong Kong Society of Clinical Oncology



Company Name

Hong Kong Society of Clinical Oncology

Company Information:

Hong Kong Society of Clinical Oncology was formed in 1970, by a group of Clinical Oncologists with the aim to promote and draw public attention to Clinical Oncology. It was originally named as the Hong Kong Society of Radiology and Oncology, and was officially renamed as the Hong Kong Society of Clinical Oncology in 2000. The majority of the society members are Clinical Oncologists. Associate members include medical professionals such as Pathologists, Hematologist and Radiologists.

Hong Kong Society of Interventional Radiology



Company Name	Hong Kong Society of Interventional Radiology
Company Address	Department of Diagnostic and Interventional Radiology Kwong Wah Hospital, 25 Waterloo Road, Kowloon, Hong Kong SAR, China
Telephone	+852 3517 5189
Fax	+852 3517 5454
E-Mail	info@hksir.org.hk
URL	http://www.hksir.org.hk

Company Information:

Hong Kong Interventional Radiology (HKSIR) was founded in 2000.

The objectives of HKSIR are as follow:

- 1) To engage and support education, research, study and survey in respect of issues relating to interventional radiology.
- 2) To promote and establish close contacts among medial professionals who are interested and working in the field of interventional radiology.
- 3) To promote honourable interventional radiology practice, and to establish an ethical and health environment for the practice of interventional radiology in the interest of the general public of Hong Kong.

Hong Kong Society of Nuclear Medicine and Molecular Imaging



Company Name	Hong Kong Society of Nuclear Medicine and Molecular Imaging
Company Address	Unit C, 17/F, Silvercorp Int'l Tower 713 Nathan Road, Kowloon, Hong Kong
Telephone	+852 3506 6543
Fax	+852 2780 4451
E-Mail	Nil (Enquiry through website)
URL	http://www.hksnmmi.org

Company Information:

Hong Kong Society of Nuclear Medicine and Molecular Imaging was formed in 1985. It was a milestone of nuclear medicine as a distinctive specialization in the medical profession in Hong Kong. Nuclear Medicine is a clinical specialty that applies radioactive materials in "unsealed form" for the diagnosis and treatment of diseases. Molecular imaging, including Positron emission tomography (PET), has become the essential component in cancer diagnosis and treatment monitoring, as well as in other disease entities. In addition, radionuclide therapy has progressed remarkably in recent years. The Society has involved in great effort in the development of these new technologies and provides a great platform to promote professional development and training to members, specialty certification, local accreditation and international recognition for professionals practicing Nuclear Medicine in Hong Kong.

Booth J

HUTCHMED



Company Name

HUTCHMED

Company Address

Level 18, The Metropolis Tower 10 Metropolis Drive
Hung Hom, Kowloon Hong Kong

Telephone

+852 2121 8200

E-Mail

veronicay@hutch-med.com

URL

<https://www.hutch-med.com/>

Company Information:

HUTCHMED is an innovative, commercial stage, biopharmaceutical company. It is committed to the discovery and global development and commercialization of targeted therapies and immunotherapies for the treatment of cancer and immunological diseases. It has approximately 5,000 personnel across all its companies, at the center of which is a team of about 1,800 in oncology/immunology. Since inception it has focused on bringing cancer drug candidates from in house discovery to patients around the world.

Table A

Ipsen Pharma (Hong Kong)



Company Name

Ipsen Pharma (Hong Kong)

Company Address

34/F, Tower 1, Times Square, Causeway Bay

Telephone

+852 9493 9596

E-Mail

alex.tong.ext@ipsen.com

URL

www.ipsen.com

Company Information:

Improving people's lives and health outcomes by focusing on areas of high unmet medical need, we are accelerating our momentum and rapidly boosting our pipeline to bring the full potential of our innovative medicines to patients.

Booth A

Johnson & Johnson (Hong Kong) Ltd.

Johnson&Johnson

Company Name	Johnson & Johnson (Hong Kong) Ltd.
Company Address	13/F., Tower 1, Grand Century Place 193 Prince Edward Road West, Mongkok, Kowloon, HK
Telephone	+852 9554 6530
Fax	+852 2736 1926
E-Mail	dho6@its.jnj.com
URL	https://www.jnj.com

Company Information:

We lead by transforming R&D innovation into patient value and business success, through competitive regulatory strategies that accelerate the delivery and sustained availability of life-changing therapies to patients worldwide.

Booth F

Merck Pharmaceutical (HK) Ltd.

MERCK

Company Name	Merck Pharmaceutical (HK) Ltd.
Company Address	11/F., Elite Centre, 22 Hung To Road Kwun Tong, Hong Kong
Telephone	+852 9505 8883
E-Mail	kay.yuen@merckgroup.com
URL	https://www.merckgroup.com/en/company/merck-in-germany.html

Company Information:

Merck, a leading science and technology company, is represented in Germany by all three business sectors: Healthcare, Life Science and Electronics. We have market high-quality medicines, innovative products for the biotech and pharmaceutical industries and for academic research as well as specialty chemicals for high-tech applications.

Booth H

Merck Sharp & Dohme (Asia) Ltd.



Company Name	Merck Sharp & Dohme (Asia) Ltd.
Company Address	27/F, Lee Garden Two, 28 Yun Ping Road Causeway Bay, Hong Kong
Telephone	+852 9502 9847
E-Mail	von.tai@msd.com
URL	https://www.msd.com.hk/

Company Information:

For over 130 years, MSD has been inventing for life, bringing forward medicines and vaccines for many of the world's most challenging diseases in pursuit of our mission to save and improve lives. In Hong Kong, we embrace this aspiration to serve a healthier society for 60 years.

Booth L

Novartis Pharmaceuticals (HK) Limited



Company Name	Novartis Pharmaceuticals (HK) Limited
Company Address	Suite 2303-08, 23/F, 1111 King's Road Taikoo Shing, Hong Kong
Telephone	+852 2882 5222
E-Mail	Info.hk@novartis.com
URL	https://www.novartis.com/hk-zh/

Company Information:

Novartis is an innovative medicines company. Every day, we work to reimagine medicine to improve and extend people's lives so that patients, healthcare professionals and societies are empowered in the face of serious disease. Our medicines reach nearly 300 million people worldwide.

Booth I

Penumbra, Inc.



Company Name

Penumbra, Inc.

Company Address

2/F, 102-104 Des Voeux Road, Central Hong Kong

Telephone

+852 6149 3476

E-Mail

oyip@penumbrainc.com

URL

<https://www.penumbrainc.com/>

Company Information:

Penumbra, Inc., the world's leading thrombectomy company headquartered in Alameda, California, is dedicated to developing innovative therapies for complex neurovascular and vascular conditions such as ischemic stroke, pulmonary embolism, and acute limb ischemia. Founded in 2004, Penumbra designs and manufactures the most innovative technologies, including computer-assisted vacuum thrombectomy (CAVT), which focuses on removing blood clots from head to toe with speed, safety, and simplicity. By pioneering these innovations, we support healthcare providers, hospitals, and clinics in over 100 countries, working to improve patient outcomes and enhance quality of life.

Booth Q

Pfizer Corporation Hong Kong Limited



Company Name

Pfizer Corporation Hong Kong Limited

Company Address

21/F, Kerry Centre, 683 King's Rd, Quarry Bay, HK

Telephone

+852 9540 8844

E-Mail

phebe.pao@pfizer.com

URL

<https://www.pfizer.com.hk/en>

Company Information:

Pfizer Hong Kong is the country office of Pfizer, established in 1956, primarily responsible for marketing of Pfizer's products and business operations in Hong Kong and Macau. Pfizer Hong Kong strives to work for a healthier world, by providing reliable and quality products to the citizens and assisting healthcare professionals in providing the most suitable treatment for patients. Pfizer is celebrated worldwide for its community care, and Pfizer Hong Kong is no different. The company utilizes resources and knowledge owned with the business advantage of Pfizer global network in organizing and implementing different social projects in the community with partners.

Philips Electronics Hong Kong Ltd

PHILIPS

Company Name
Company Address

Philips Electronics Hong Kong Ltd
Level 19, Tower I, Grand Century Place
193 Prince Edward Road West, Mong Kok, Kowloon
+852 2821 5112
corporate.communications.hk@philips.com
<https://www.philips.com.hk/>

Telephone
E-Mail
URL

Company Information:

As a leading health technology company, it is our purpose to improve people's health and well-being through meaningful innovation. We aim to improve 2.5 billion lives per year by 2030. We will be the best place to work for people who share our passion, promoting personal development, inclusion and diversity. Together we will deliver superior, long-term value to our customers and shareholders, while acting responsibly towards our planet and society, in partnership with our stakeholders.

Booth S

Prism Technologies Limited



Company Name
Company Address

Prism Technologies Limited
Unit 604, 6/F, Yee Kuk Industrial Centre
555 Yee Kuk Street, Cheung Sha Wan, Kowloon
+852 2786 3233
+852 2786 3812
carmen.ng@prismtech.com.hk
www.prismtech.com.hk

Telephone
Fax
E-Mail
URL

Company Information:

Established in 2008, Prism Technologies Limited is engaged in sales, marketing and distribution of a range of leading-technology medical products to Hong Kong and Macau. Our extensive Radiology portfolio features collaborations with pioneering medtech innovators, including:

- Bayer Medical Care (contrast injectors and dose management),
- GE Healthcare (digital mammography & DXA),
- Candelis (mini-PACS),
- Lunit (AI),
- CompAI (specimen radiography) and
- Boston Scientific (cryoablation)

Together, these partnerships enable Prism Technologies Limited to deliver a comprehensive suite of state-of-the-art medical products to empower healthcare professionals with enhanced precision, optimized operational efficiency, and improved patient outcomes.

Booth O

Roche Hong Kong Limited



Company Name
Company Address

Roche Hong Kong Limited
Unit 1-2, 24/F, Central Plaza, 18 Harbour Rd
Wan Chai, Hong Kong
+852 2723 2832
joy.tsui@roche.com
roche.com.hk

Telephone
E-Mail
URL

Company Information:

Since our founding over 125 years ago, Roche has grown into one of the world's largest biotech companies, as well as a leading provider of in-vitro diagnostics and a global supplier of transformative innovative solutions across major disease areas. Our commitment to our people, partners, stakeholders and, most importantly, our patients remains as strong as it was on the first day of our journey.

Booth N

Siemens Healthineers



Company Name
Company Address

Siemens Healthineers
Units 901-903 & 908B, 9/F Tower B
Manulife Financial Centre, 223 Wai Yip Street, Kwun Tong, Kowloon
+852 2583 3263
+852 2814 0355
monique.yeung@siemens-healthineers.com
siemens-healthineers.com

Telephone
Fax
E-Mail
URL

Company Information:

At Siemens Healthineers, our mission is to enable healthcare providers to increase value by empowering them on their journey towards expanding precision medicine, transforming care delivery, and improving patient experience, all enabled by digitalizing healthcare.

An estimated five million patients worldwide everyday benefit from our innovative technologies and services in the areas of diagnostic and therapeutic imaging, laboratory diagnostics and molecular medicine as well as digital health and enterprise services.

We're a leading medical technology company with over 125 years of experience and more than 18,500 granted patents globally. With over 50,000 employees in more than 70 countries, we'll continue to innovate and shape the future of healthcare.

Table B

Takeda Pharmaceuticals (Hong Kong) Limited



Company Name	Takeda Pharmaceuticals (Hong Kong) Limited
Company Address	Unit 1801, 18/F, Lee Garden One 33 Hysan Avenue, Causeway Bay, HK
Telephone	+852 2133 9800
Fax	+852 2856 2728
E-Mail	sze.yam@takeda.com
URL	https://www.takeda.com/

Company Information:

Takeda is a patient-focused, values-based, R&D-driven global biopharmaceutical company committed to bringing Better Health and a Brighter Future to people worldwide. Our passion and pursuit of potentially life-changing treatments for patients are deeply rooted in over 230 years of distinguished history in Japan. We have presence in approximately 80 countries, with leading positions in Japan and the U.S., respectively the third and first largest pharmaceutical markets in the world. We will deliver highly innovative medicines and transformative care for more people globally.



The Hong Kong Society of Diagnostic Radiologists

Company Name	The Hong Kong Society of Diagnostic Radiologists
Company Address	Department of Diagnostic and Interventional Radiology Kwong Wah Hospital, 25 Waterloo Road, Kowloon
Telephone	+852 3517 5189
Fax	+852 3517 5454
E-Mail	hksdr.adm@gmail.com

Company Information:

The Hong Kong Society of Diagnostic Radiologists (HKSDR) was founded in 1977.

The HKSDR objectives are as follows:

1. To promote the exchange of scientific knowledge and information concerning diagnostic radiology, and to establish close personal and professional contacts among those medical doctors who are interested and working in the field of diagnostic radiology.
2. To organize and hold scientific meetings and lectures concerning diagnostic radiology and to encourage research in that field.
3. To promote honourable radiodiagnostic practice, and to establish an ethical and healthy environment for the practice of diagnostic radiology in the interest of the general public of Hong Kong.

HKSDR members are all registered medical doctors in Hong Kong who are actively engaged in the practice of diagnostic radiology.

Booth P

TopAlliance Biosciences



Company Name	TopAlliance Biosciences
Company Address	35/F, Central Plaza, 18 Harbour Road Wan Chai, Hong Kong
Telephone	+852 5498 2093
E-Mail	pakming_chim@topalliancebio.com
URL	https://www.topalliancebio.com/

Company Information:

TopAlliance Biosciences is an innovation-driven biopharmaceutical company dedicated to the discovery and development of innovative drugs and their clinical research and commercialization on a global scale. Our flagship product LOQTORZI (Toripalimab), an anti-PD-1 monoclonal antibody injection, the first product marketed by the Company, has delivered impressive clinical data, and has shown satisfying efficacy and safety on various indications.

Booth U

United Imaging Healthcare Hong Kong Limited



Company Name	United Imaging Healthcare Hong Kong Limited
Company Address	9B, Cheong Tai Commercial Building 66 Wing Lok Street, Sheung Wan
Telephone	+852 6677 7528
E-Mail	karen.o@united-imaging.com
URL	www.united-imaging.com

Company Information:

United Imaging is recognized as a global leader in advanced medical imaging and radiotherapy solutions. It is dedicated to innovative solutions that enhance clinical outcomes and transform healthcare worldwide.

Table C

Zai Lab (Hong Kong) Limited



Company Name	Zai Lab (Hong Kong) Limited
Company Address	Flat 2301, 23/F, Island Place Tower 510 King's Road, North Point, Hong Kong
Telephone	+852 9418 9919
E-Mail	ivy.tsui@zailaboratory.com
URL	https://www.zailaboratory.com/

Company Information:

Zai Lab is an innovative, research-based, commercial stage biopharmaceutical company based in China and the U.S. focused on bringing transformative medicines for oncology, immunology, neuroscience, and infectious diseases to patients in China and around the world. Our longer-term goal is to leverage our China-based competencies and resources to enable and impact human health worldwide.

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A new therapy.

**A new way to treat
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into focus.¹

**VYLOY is a first-in-class
monoclonal antibody
that targets Claudin 18.2,
a novel biomarker in
advanced* G/GEJ
adenocarcinoma.¹⁻³**

*Locally advanced unresectable or metastatic.¹
G/GEJ=gastric/gastro-oesophageal junction.

Please find the abbreviated prescribing information here
Email us at pv@hk.astellas.com when there is any Adverse Event



References: **1.** Vyloy (Zolbetuximab) Hong Kong Prescribing Information. **2.** Shitara K, Lordick F, Bang YJ, et al. Zolbetuximab plus mFOLFOX6 in patients with CLDN18.2-positive, HER2-negative, untreated, locally advanced unresectable or metastatic gastric or gastro-oesophageal junction adenocarcinoma (SPOTLIGHT): a multicentre, randomised, double-blind, phase 3 trial. *Lancet* (Epub ahead of print) 04-14-2023. **3.** Shah MA, Shitara K, Ajani JA, et al. Zolbetuximab plus CAPOX in CLDN18.2-positive gastric or gastroesophageal junction adenocarcinoma: the randomized, phase 3 GLOW trial. *Nat Med* (Epub) 07-31-2023.



Astellas Pharma Hong Kong Co., Ltd.
Unit 1103 - 08, 11/F, Tower 1, Grand Century Place,
193 Prince Edward Road West, Mongkok, Kowloon
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Eli Lilly Asia, Inc.



BeOne Medicines (Hong Kong) Co., Limited



United Imaging Healthcare Hong Kong Limited

Bronze



Astellas Pharma Hong Kong
Company Limited



Eisai (Hong Kong) Company Limited



GE HealthCare

GE HealthCare



Gilead Sciences Hong Kong Limited



Guerbet Asia Pacific Ltd.



HUTCHMED



Merck Pharmaceutical (HK) Ltd.



Novartis Pharmaceuticals (HK) Limited



Pfizer Corporation Hong Kong Limited



Roche Hong Kong Limited



Siemens Healthineers



TopAlliance Biosciences



Bayer Healthcare Limited



Penumbra, Inc.



Prism Technologies Limited



Takeda Pharmaceuticals
(Hong Kong) Limited



Ipsen Pharma (Hong Kong)



Zai Lab (Hong Kong) Limited



Philips Electronics Hong Kong Ltd



Hong Kong Society of
Clinical Oncology



Hong Kong Society of
Interventional Radiology



The Hong Kong Society of
Diagnostic Radiologists



Hong Kong Society of
Nuclear Medicine and
Molecular Imaging

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TEVIMBRA® (tislelizumab) injection 100mg/10ml. **Indication:** TEVIMBRA® as monotherapy is indicated for the treatment of adult patients with unresectable, locally advanced or metastatic oesophagoesophageal squamous cell carcinoma after prior platinum-based chemotherapy. **Dosage & Administration:** TEVIMBRA® is administered by intravenous infusion. The recommended dose of Tevimbra is 200 mg every 3 weeks. The treatment should last until disease progression or intolerable toxicity. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Special Precautions:** Immune-related adverse reactions, immune-related pneumonitis, immune-related hepatitis, immune-related skin reactions, immune-related colitis, immune-related endocrinopathies, thyroid disorders, adrenal insufficiency, hypophysitis, Type 1 diabetes mellitus, immune-related nephritis with renal dysfunction. Other immune-related adverse reactions: Solid organ transplant rejection, infusion-related reactions. Patients excluded from clinical studies and Patients on controlled sodium diets. **Adverse Reactions:** The most commonly occurring adverse reactions (≥ 10%) were anaemia, hypothyroidism, cough, rash, pruritus, fatigue, decreased appetite, aspartate aminotransferase increased, alanine aminotransferase increased, blood bilirubin increased. Refer to the full prescribing information for other undesirable effects.

Reference:
1. ESMO Guidelines Endpoints and Endpoints (2020) at Cancer (12/2020)
2. ESMO Clinical Practice Guidelines interim update on the treatment of locally advanced
3. Zhang et al. Tislelizumab as a Modified Anti-PD-1 Monotherapy in Patients with
4. Zhang et al. The binding of an anti-PD-1 antibody to Peviv has a profound impact on its biological functions

Full prescribing information should be consulted prior to prescribing. This material is intended for the reference of Healthcare Professionals only.



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BeOne Medicine (HongKong) Co., Ltd.
Room 2701, Level 27, One Chinachem Central,
22 Des Voeux Road Central, Central, Hong Kong

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BUILT TO LAST

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1L unresectable or metastatic Melanoma



1L advanced RCC with intermediate or poor risk



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1L unresectable malignant pleural mesothelioma



1L unresectable advanced or metastatic ESCC



2L+ HCC⁴



2L+ MSI-H/dMMR metastatic CRC

^{*} Based on mDOR from CheckMate 142 cohort 2 for 2L+ MSI-H/dMMR metastatic CRC, CheckMate 040 cohort 4 for 2L+ HCC, and OS from CheckMate 743, CheckMate 9LA, CheckMate 214, CheckMate 067, CheckMate 648 for 1L unresectable malignant pleural mesothelioma, 1L r/m NSCLC, 1L advanced RCC, 1L unresectable or metastatic melanoma, 1L unresectable advanced or metastatic ESCC, respectively.^{1,2}

¹ The dosing regimen in CheckMate 9LA is OPDIVO[®], in combination with YERVOY[®] and 2 cycles of platinum-doublet chemotherapy.²

² Treated with sorafenib and are not eligible for treatment with regorafenib or ramuciclimab.³

³ 1L=first-line; 2L=second-line or later; CRC=colorectal cancer; dMMR=mismatch repair deficient; ESCC=esophageal squamous cell carcinoma; HCC=hepatocellular carcinoma; mDOR=median duration of response; MSI-H=microsatellite instability-high; OS=overall survival; r/m NSCLC=relapsed or metastatic non-small cell lung cancer; RCC=renal cell carcinoma.

References: 1. Peters S, Scherpereel A, Cornelissen R, et al. First-line nivolumab plus ipilimumab versus chemotherapy in patients with unresectable malignant pleural mesothelioma: 3-year outcomes from CheckMate 743. *Ann Oncol.* 2022;33(5):488-499. 2. Paz-Ares LG, Ciuleanu TE, Cobo M, et al. First-Line Nivolumab Plus Ipilimumab With Chemotherapy Versus Chemotherapy Alone for metastatic NSCLC in CheckMate 9LA: 3-Year Clinical Update and Outcomes in Patients With Brain Metastases or Select Somatic Mutations. *Journal of Thoracic Oncology.* 1023;18(2):204-222. 3. Motzer RJ, McDermott DF, Escudier B, et al. Conditional survival and long-term efficacy with nivolumab plus ipilimumab versus sunitinib in patients with advanced renal cell carcinoma. *Cancer.* 2022;128(11):2085-2097. 4. Wolchok JD, Chiarion-Sileni V, Gonzalez R, et al. Long-Term Outcomes With Nivolumab Plus Ipilimumab or Nivolumab Alone Versus Ipilimumab in Patients With Advanced Melanoma. *J Clin Oncol.* 2022;40(2):127-137. 5. Overman MJ, Lenz H-J, Andre T, et al. Nivolumab (NIVO) ± ipilimumab (IPI) in patients (PTS) with microsatellite instability-high/mismatch repair-deficient (MSI-H/dMMR) metastatic colorectal cancer (mCRC): Five-year follow-up from checkmate 142. *Journal of Clinical Oncology.* 2022;40(16 suppl):3510-3510. 6. Doki Y, Ajani JA, Kato K, et al. Nivolumab Combination Therapy in Advanced Esophageal Squamous-Cell Carcinoma. *N Engl J Med.* 2022;386(5):449-462. 7. Melero I, Yau T, Kang Y-K, et al. Nivolumab plus ipilimumab combination therapy in patients with advanced hepatocellular carcinoma: 5-year results from CheckMate 040. Poster presented at: ESMO World Congress on Gastrointestinal Cancer (ESMO-GI) 2022. Abstract SO-12.



A CHANCE FOR A STRONG START



Neoadjuvant NSCLC

Eligible patients with resectable NSCLC:¹



Tumors ≥ 4 cm

OR



Node positive

Regardless of PD-L1 expression



OPDIVO®
(nivolumab)
+ Chemo

+ Surgery

Statistically
significant

OS

benefit⁴

**3 cycles of neoadjuvant OPDIVO® + chemo before surgery
for statistically significant OS benefit^{1,4}**

CheckMate 816 was an international, open-label, phase 3 trial that enrolled adults with resectable stage IB (4 cm) to IIIA NSCLC, who were randomly assigned to receive OPDIVO® 360 mg plus platinum-doublet chemotherapy (n=179) or platinum-doublet chemotherapy alone (n=179) every 3 weeks for 3 cycles before undergoing definitive surgery. Primary endpoints is EFS per BICR and pCR per BIPR.¹

Indication

OPDIVO® in combination with platinum-doublet chemotherapy, is indicated as neoadjuvant treatment of adult patients with resectable (tumors ≥ 4 cm or node positive) non-small cell lung cancer (NSCLC).¹

BICR=blinded independent central review; BIPR=blinded independent pathological review; chemo=chemotherapy; EFS=event-free survival; mo=month; NSCLC=non-small cell lung cancer; OS=overall survival; pCR=pathological complete response; PD-L1=programmed death ligand 1.

References: 1. OPDIVO® Hong Kong Prescribing Information. 2. FDA, Project Orbis Approval Database. December 2024. 3. Forde PM, et al. N Engl J Med 2022;386:1973-85. 4. Forde PM, et al. N Engl J Med 2025. Online ahead of print. DOI: 10.1056/NEJMoa2502931.



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LENVIMA® was first approved
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LENVIMA® was first approved in the US for the treatment of adult patients with locally recurrent/metastatic, progressive, radioactive iodine-refractory differentiated thyroid carcinoma (RAI-R DTC) in 2015.¹

LENVIMA® was also approved for first-line treatment of patients with unresectable hepatocellular carcinoma (HCC) in 2018.¹

DTC: differentiated thyroid carcinoma, HCC: hepatocellular carcinoma.

Reference: 1. FDA. Approval letter for Lenvima. 2. Lenvima HK Prescribing Information. Please refer to the full prescribing information for details. Further information is available upon request.

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Verzenio: The first and only adjuvant CDK4 & 6 inhibitor recommended by both NCCN (Category 1) and ESMO (Category A)^{1,2}

Significantly reduce risk of recurrence in combination with ET for HR+, HER2-, node-positive EBC patients at high risk of recurrence³

monarchE enrolled 5,120 node-positive patients with a range of familiar high-risk disease characteristics in cohort 1^{3,4}

COHORT 1 INCLUSION CRITERIA^{3,4}

1 TO 3 POSITIVE NODES

AND

At least one of the following characteristics associated with high risk of recurrence:

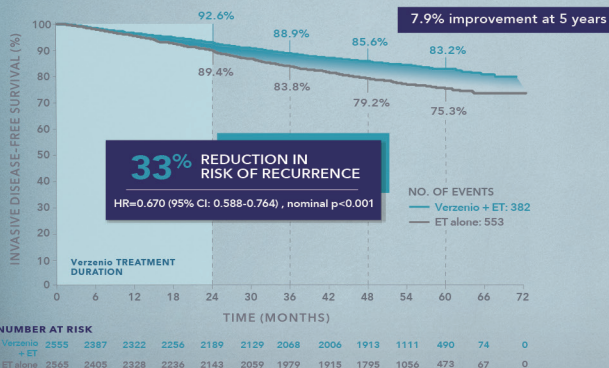
- Tumor size ≥ 5 cm
- Histologic Grade 3

OR

4+ POSITIVE NODES

The curves continue to separate at 5-year follow up with greater reduction in risk of recurrence beyond the 2-year Verzenio treatment period⁵:

IDFS in monarchE cohort 1⁵



CDK4 & 6=cyclin-dependent kinases 4 and 6; EBC=early breast cancer; ET=endocrine therapy; HR=hazard ratio; HER2=human epidermal growth factor receptor 2-negative; HR+=hormone receptor-positive; IDFS=invasive disease-free survival.

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2. European Society for Medical Oncology. Abemaciclib. Accessed Sept 15, 2023. Available at: <https://rb.gy/27zw13>
3. Verzenio (abemaciclib). Hong Kong Prescribing Information. Eli Lilly Asia, Inc. 4. Johnston SRD, Harbeck N, Hegg R, et al. J Clin Oncol. 2020 Dec 1;38(34):3987-3998. 5. Harbeck N, et al. Oral Presentation at ESMO Congress, Madrid, Spain, October 20th-24th, 2023.

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RECOMBINANT, ADJUVANTED)

GSK

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PREVENT SHINGLES

INDICATED FOR¹

18+

YEARS OLD
WITH INCREASED RISK

50+

YEARS OLD

**≥90%
EFFICACY^{1A}**

**Long-term protection
of Shingrix reached***

87.7%²
(95% CI: 84.9–90.1)

Efficacy lasts for

11 YEARS²

HZ = Herpes zoster
HZV = Herpes zoster vaccine

¹ Efficacy adults aged 50 years or above
² Study design: ZOSTER-049 is a phase III open-label, long-term follow-up trial from two pivotal phase III randomised clinical trials (ZOE-50, ZOE-70). The trial evaluated the efficacy, safety, and immunogenicity in adults 50 years and over at time of vaccination, for six additional years after completion of the ZOE-50 and ZOE-70 trials, up to approximately 11 years of follow-up. ZOSTER-049 included over 7,000 participants from 18 countries across five continents, with vaccine recipients compared to historical controls. From 1 month after the second dose of Shingrix, the vaccine efficacy was 87.73% (95% CI: 84.9–90.1).

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References: 1. GlaxoSmithKline: Shingrix-Hong Kong Prescribing Information, GD506.
2. Abstract: Shlezova A. ECCMID 2024:1-5.

Indication statement¹:

Shingrix is indicated for prevention of herpes zoster (HZ) and post-herpetic neuralgia (PHN) in adults 50 years of age or older; adults 18 years of age or older at increased risk of HZ. The use of Shingrix should be in accordance with official recommendations.

Safety information

Shingrix has clinically acceptable safety and tolerability profile. Contraindications: Hypersensitivity reactions to the active substances or other components of the vaccine. Adverse reactions: Local reactions at the injection site (pain, redness, swelling, itching) and systemic symptoms such as headache, gastrointestinal symptoms, muscle and joint pain, fatigue, shivering, fever, malaise. You are advised to read the full safety information in the Shingrix Full Prescribing Information before prescribing.

For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3189 8989 (Hong Kong) [or (853) 2871 5569 (Macau)], or send an email to us at HKAdverseEvent@gsk.com. Please read the full prescribing information prior to administration. Full Prescribing Information is available upon request. GlaxoSmithKline Limited, Suites 1004-10, 10/F, Tower 6, The Gateway, 9 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong

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*Gadolinium Based Contrast Agent

1. Runge VM, et al. The developmental history of the gadolinium chelates as intravenous contrast media for magnetic resonance. *Invest Radiol.* 2011;Dec;46(12):807-16. 2. Data on file, Guerbet internal data [2022, market research]. 3. Port M, et al. Efficiency, thermodynamic and kinetic stability of marketed gadolinium chelates and their possible clinical consequences: a critical review. *Biometals.* 2008;21(4):469-490. 4. Frenzel T, et al. Stability of Gadolinium-Based Magnetic Resonance Imaging Contrast Agents in Human Serum at 37°C. *Invest Radiol.* 2008;Dec;43(12):817-288. 5. Dotarem® CCDS-V3- February 2018. 6. Data on file, Guerbet internal data [2024, Q1, Global sales data]. Data based on sales estimation and annual results 1989-2024. Q1, 7. Braun J, et al. Baseline characteristics, diagnostic efficacy, and per-examination safety of W gadoteric acid MRI in 146,489 patients. *Acta Radiol.* 2020;Jul;61(7):910-920. 8. Soyer P, et al. Observational study on the safety profile of gadoteric meglumine in 35,499 patients: The SECURE study. *J Magn Reson Imaging.* 2017;Apr;45(4):988-997. 9. Chang DH, et al. Safety of gadoteric meglumine in over 1600 children included in the prospective observational SECURE study. *Acta Radiol.* 2019;Nov;60(11):1450-1456. 10. Maravilla K, et al. Comparison of Gadoteric Meglumine and Gadobutrol in the Diagnosis of Primary Brain Tumors: A Double-Blind, Randomized Controlled Intra-individual Crossover Study (the REMIND Study). *AJNR Am J Neuroradiol.* 2017;Sep;38(9):1681-1688.

Trusted by radiologists², Dotarem®
by Guerbet, a flagship brand known for its
high stability^{3,4} over 35 years of experience^{1,5},
with more than 170 million doses admin-
istered worldwide⁶, delivering effective⁷⁻¹⁰
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Designed for Better Targeting

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ELUNATE® has shown a consistent safety and efficacy profile in mCRC clinical studies – FRESCO, FRESCO-2, and maintain efficacy in patients with prior targeted treatment exposure.^{1,2}

International Clinical Practice Guidelines recommend ELUNATE® (Fruquintinib) as a regimen for mCRC patients previously treated with chemotherapy.³⁻⁶



[^] in patients who previously treated with oxaliplatin and irinotecan

References: 1. Li et al. Effect of fruquintinib vs placebo on overall survival in patients with previously treated metastatic colorectal cancer: the FRESCO randomized clinical trial. JAMA. 2018;319(24):2486-96. 2. Dasari et al. Fruquintinib versus placebo in patients with refractory metastatic colorectal cancer (FRESCO-2): an international, multicentre, randomised, double-blind, phase 3 study. Lancet. 2022. 3. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer V.1.2024. Accessed 2 February 2024. 4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Rectal Cancer V.1.2024. Accessed 2 February 2024. 5. Chinese Society of Clinical Oncology (CSCO) Guideline for Colorectal Cancer 2023. Accessed 17 January 2024. 6. Yoshino et al. Pan-Asian adapted ESMO Clinical Practice Guidelines for the diagnosis, treatment and follow-up of patients with metastatic colorectal cancer. ESMO Open. 2023 Vol 8 issue 3.



← **ELUNATE® Abbreviated Product Information**

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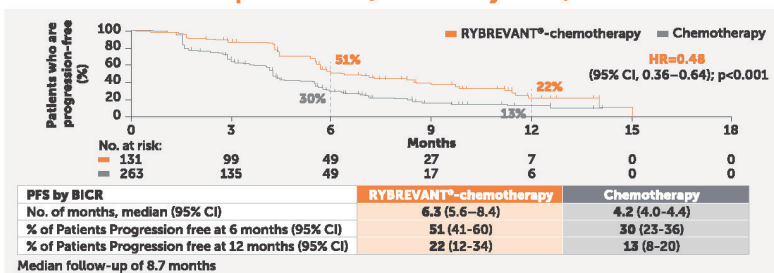

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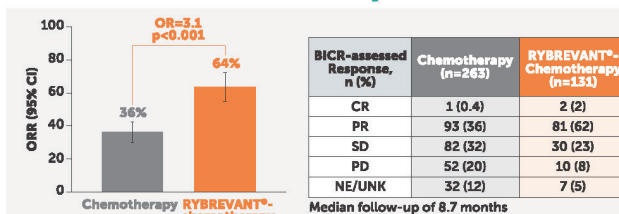
(DEFINED BY THE NCCN GUIDELINE)

RYBRENT® in combination with chemotherapy significantly improved PFS (assessed by BICR)³



RYBRENT® with chemotherapy reduced the risk of progression or death by 52%³

RYBRENT® in combination with chemotherapy showed a significantly higher ORR than chemotherapy alone (assessed by BICR)^{3,5}



RYBRENT® with chemotherapy demonstrated an ORR of 64%, while chemotherapy alone demonstrated an ORR of 36%^{3,5}

RYBRENT® with chemotherapy continues to demonstrate a clear and improving OS benefit with median follow up of 18.1 months^{3,4,†} (HR, 0.73 ; 95% CI, 0.54-0.99; p=0.039)
TRAEs leading to discontinuation of all agents were observed in 11 (8%) patients receiving RYBRENT® with chemotherapy³

*For Previously treated with EGFR TKI NSCLC with EGFR Exon 19 Deletions or Exon 21 L858R Substitution Mutations

†Median follow-up of 18.1 months

Abbreviation: BICR, blinded independent central review; CI, confidence interval; CR, complete response; EGFR, epidermal growth factor receptor; HR, hazard ratio; NCCN, National Comprehensive Cancer Network; NE/UNK, not evaluable/unknown; NSCLC, non-small cell lung cancer; OS, overall survival; PFS, progression-free survival; OR, odds ratio; ORR, objective response rate; PD, progressive disease; PR, partial response; SD, stable disease; TKI, tyrosine kinase inhibitor; TRAE, treatment related adverse event

References: 1. NCCN Clinical Practice Guidelines in Oncology for Non-Small Cell Lung Cancer V4.2025 2. RYBRENT® Hong Kong Package Insert. Please refer to the latest approved version indicated with abbreviated PI. 3. Passaro A, et al. Ann Oncol. 2024;35:77-90. 4. Popat S, et al. Presented at ESMO 2024; LB454. 5. Passaro A, et al. Ann Oncol. 2024;35:77-90 (Suppl. Appendix).

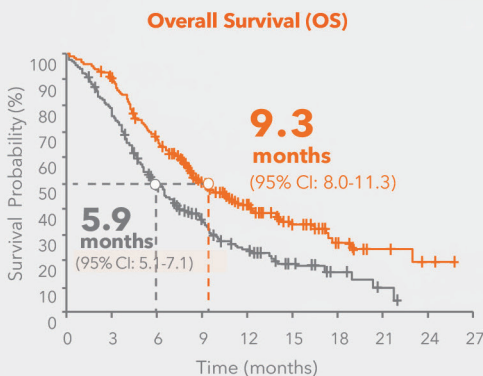


A New **BEACON** of Hope

Lighting the Way Forward in BRAF V600E mutant mCRC

BEACON CRC: A Phase 3 trial evaluating patients with BRAF V600E mutant mCRC¹

ERBITUX + Encorafenib significantly improved multiple endpoints vs control arm¹



Median OS was 9.3 months in the doublet arm vs 5.9 months in the control group, which confirms the benefit of the doublet arm in prolonging patients' lives.¹

Risk of death
39%
DECREASE
HR=0.61
(95% CI: 0.48-0.77)

Objective Response Rate (ORR)

20% ORR

(95% CI: 15-25)

3% CR

16% PR

VS

2% ORR

(95% CI: 1-5)

2% PR

$p < 0.0001$

ERBITUX + encorafenib

Control Arm

The ORR in the doublet arm was 19.5% vs 1.8% in the control arm. Doublet arm shows a 3% complete response (CR) and a 75% disease control rate (DCR) including stable disease (SD). SD rate was 56% in the doublet arm vs 29% in the control arm.¹

Reference: 1. Tabernero J, et al. Encorafenib Plus Cetuximab as a New Standard of Care for Previously Treated BRAF V600E-Mutant Metastatic Colorectal Cancer: Updated Survival Results and Subgroup Analyses from the BEACON Study. J Clin Oncol. 2021;39(4):273-284.

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15 Tumor Types, **30** Indications,
and more to go...



Abstract. *Neisseria meningitidis* (meningococcus) is a Gram-negative diplococcus. It is a human pathogen that causes meningitis and sepsis. Meningitis is inflammation of the meninges, the protective layers of the brain and spinal cord. Sepsis is a systemic inflammatory response to infection. Meningococcal meningitis and sepsis are life-threatening conditions. The disease is caused by the bacterium *Neisseria meningitidis*, which is a member of the family *Neisseriaceae*. The bacterium is found in the nasopharynx of healthy carriers and in the blood and cerebrospinal fluid of patients. The disease is characterized by fever, headache, neck stiffness, and a rash. The rash is a characteristic feature of meningococcal sepsis and is caused by the release of endotoxin. The disease is caused by the bacterium *Neisseria meningitidis*, which is a member of the family *Neisseriaceae*. The bacterium is found in the nasopharynx of healthy carriers and in the blood and cerebrospinal fluid of patients. The disease is characterized by fever, headache, neck stiffness, and a rash. The rash is a characteristic feature of meningococcal sepsis and is caused by the release of endotoxin.



SEE THE DIFFERENCE



The **FIRST** and **ONLY** approved **PSMA-targeted radioligand therapy (RLT)** that significantly extends survival and maintains QoL for longer* vs BSOC in **PSMA-positive** mCRPC patients¹⁻⁷

Alternate primary endpoints

Significantly improved
median OS¹

15.3 vs 11.3
months, respectively

HR=0.62
(95% CI, 0.52-0.74)
P<0.001
(N=551 vs 280)

Significantly improved
rPFS¹

8.7 vs 3.4
months, respectively

HR=0.40
(99.2% CI, 0.29-0.57)
P<0.001
(N=385 vs 196)

Key secondary endpoints

Significantly improved
ORR¹

51% vs 3%
of patients, respectively

CR: 9% vs 0%
PR: 42% vs 3%
P<0.001
(N=184 vs 64) (ORR=CR+PR)

PSA response
≥50%¹

46% vs 7.1%
of patients, respectively

≥50% decline in
serum PSA levels
from baseline
(N=385 vs 196)

The most common adverse reactions include: fatigue (49.1%), bone marrow suppression (47.4%), dry mouth (39.3%), and nausea and vomiting (39.3%).¹

*Time to first SSE was significantly longer in the ¹⁷⁷Lu-PSMA-617 + BSOC arm vs the BSOC only arm (11.5mo vs. 6.8mo; HR 0.50; 95% CI 0.40-0.62; P<0.001). Addition of ¹⁷⁷Lu-PSMA-617 to BSOC also prolonged time to deterioration in FACT-P total score (9.2mo vs. 2.4mo; HR 0.46; 95% CI 0.35-0.61; P<0.001) and BPI-SF pain intensity (14.3mo vs. 2.9mo; HR 0.45; 95% CI 0.33-0.60; P<0.001).^{1,4}

Indication:

PLUVICTO® in combination with androgen deprivation therapy (ADT) with or without androgen receptor (AR) pathway inhibition is indicated for the treatment of adult patients with progressive prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with AR pathway inhibition and taxane-based chemotherapy.²

Study design: VISION was an international, prospective, open-label, multicenter, randomized phase 3 clinical trial evaluating PLUVICTO® in 831 adult patients with PSMA-positive mCRPC previously treated with at least 1 AR pathway inhibitor and 1 or 2 taxane regimens. Participants were randomized in a 2:1 ratio to receive PLUVICTO® (7.4 GBq every 6 weeks for up to 6 cycles) + protocol-permitted BSOC or BSOC alone.¹

ADT=androgen deprivation therapy; AR=androgen receptor; BSOC=best standard of care; CI=confidence interval; CR=complete response; HR=hazard ratio; mCRPC=metastatic castration-resistant prostate cancer; ORR=overall response rate; OS=overall survival; PFS=partial response; PSA=prostate-specific antigen; PSMA=prostate-specific membrane antigen; QoL=quality of life; RLT=radioligand therapy; rPFS=radioactive progression-free survival.

References: 1. Sartor O et al. *N Engl J Med*. 2021;385(12):1091-1103. 2. PLUVICTO® Hong Kong prescribing information. Revision date: 06 Apr 2023. 3. Hawkey N et al. *Clin Adv Hematol Oncol* 2022;20(4):227-238. 4. Hentch U and Eder M. *Pharmaceuticals* 2022;15(12): 5. *Newsline* news article. <https://www.newsline.com.au/news/health/news/psma-targeted-radioligand-therapy-treatment-progressive-prostate-cancer/news-story/2022-04-06>. Accessed on 11 Oct 2023. 6. *TD Drug Search*. Accessed on 11 Oct 2023. 7. *Pharmacy and Poisons Board of Hong Kong Drug Database Search*. Accessed on 21 Oct 2023. 8. Tsz K et al. *Lancet Oncol*. 2023;24:357-610.

Pluvicto Solution for Injection/Infusion 1000 MBq/mL

Important note: Before prescribing, consult full prescribing information. **Presentation:** One mL of solution contains 1000 MBq of lutetium (177Lu) vipivotide tetraacetate at the date and time of calibration. The total amount of radioactivity per single-dose vial is 7400 MBq ± 10% at the date and time of administration. Given the fixed volumetric activity of 1000 MBq/mL at the date and time of calibration, the volume of the solution in the vial can range from 7.5 mL to 12.5 mL in order to provide the required amount of radioactivity at the date and time of administration. **Indications:** **Progressive prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC):** Pluvicto in combination with androgen deprivation therapy (ADT) with or without androgen receptor (AR) pathway inhibition is indicated for the treatment of adult patients with progressive prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with AR pathway inhibition and taxane-based chemotherapy. **Dosage and administration:** **Adults:** The recommended Pluvicto dose is 7.4 GBq intravenously every 6 weeks (± 1 week) for a total of 6 doses, unless there is disease progression or unacceptable toxicity. **Performance history, kidney function, and liver function tests** before and during treatment with Pluvicto. **Special populations:** **Renal impairment:** No dose adjustment for patients with mild to moderate renal impairment with baseline CrCl ≥ 30 mL/min by Cockcroft-Gault. Pluvicto is not recommended in patients with moderate to severe renal impairment with baseline CrCl < 30 mL/min or end-stage renal disease. **Hepatic impairment:** No dose adjustment. **Geriatric patients (65 years of age or older):** No dose adjustment. **Pediatric patients (below 18 years of age):** Safety and effectiveness have not been established. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** **Risk from radiation exposure:** Pluvicto contributes to patient's overall long-term radiation exposure. Long-term cumulative radiation exposure is associated with increased risk for cancer. Minimize radiation exposure to patients, medical personnel, and household contacts during and after treatment. Encourage patients to increase oral fluids and void as often as possible. Explain necessary radioprotection precautions that patient should follow to minimize radiation exposure to others. **Myelosuppression:** Hematological laboratory tests. Withhold, dose reduce, or permanently discontinue and clinically manage as deemed appropriate based on severity. **Renal toxicity:** Advise patients to remain well hydrated and urinate frequently before and after administration. Perform kidney function laboratory tests. Withhold, dose reduce, or permanently discontinue based on severity. **Renal/hepatic impairment:** Careful consideration of the benefit/risk ratio in these patients is required since an increased radiation exposure is possible. **Pregnancy, lactation:** **Females and males of reproductive potential:** **Pregnancy:** Pluvicto is not indicated for use in females. No animal studies using lutetium (177Lu) vipivotide tetraacetate have been conducted. However, all radiopharmaceuticals, including Pluvicto, have the potential to cause foetal harm when administered to a pregnant woman. **Lactation:** Pluvicto is not indicated for use in females. There are no data on the presence of lutetium (177Lu) vipivotide tetraacetate in human milk or its effects on the breast-fed newborn infant or on milk production. **Fertility:** No studies were conducted to determine the effects of lutetium (177Lu) vipivotide tetraacetate on fertility. Radiation of lutetium (177Lu) vipivotide tetraacetate may potentially have toxic effects on male gonads and spermatogenesis. The recommended cumulative dose of 4400 MBq of Pluvicto results in a radiation absorbed dose to the testes within the range where Pluvicto may cause infertility. Genetic consultation is recommended if the patient wishes to have children after treatment. Cryopreservation of sperm can be discussed as an option for male patients before treatment. **Contraception in males:** Male patients are advised not to father a child and to use a condom for intercourse during treatment with Pluvicto and for 14 weeks after the last dose. **Adverse drug reactions:** **Very common (≥10%):** anaemia, thrombocytopenia, leukopenia, lymphopenia, dry mouth, nausea, constipation, vomiting, diarrhoea, abdominal pain, urinary tract infection, fatigue, decreased appetite, weight decreased. **Common (≥1 to <10%):** pancytopenia, dizziness, headache, dyspnoea, dry eye, vertigo, acute kidney injury, oedema peripheral, pruritus. **Interactions:** No clinical drug interaction studies were performed. **Packs:** 1000 MBq of lutetium (177Lu) vipivotide tetraacetate.

The materials for PLUVICTO® are approved for use only in Hong Kong. Prescribing information may vary depending on local approval in each country/location. Before prescribing any product, always refer to local materials such as the prescribing information and/or the Summary of Product Characteristics (SPC). For Hong Kong Healthcare Professionals' reference and sole use only.

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60% PFS RATE WITH 60.2 MONTHS MEDIAN FOLLOW-UP¹

For patients, EXTRAORDINARY is
**>5 YEARS OF PFS
IN 1L ALK+ aNSCLC¹**

Start strong against ALK+ aNSCLC with 1L LORVIQUA.

Indication: LORVIQUA is indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK)-positive.²



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¹ Data on file. Foundation Medicine, Inc., 2024. Median TAT from sample receipt to report. International markets.

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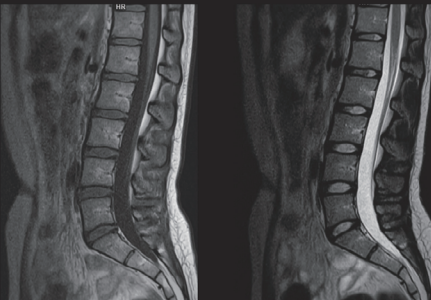
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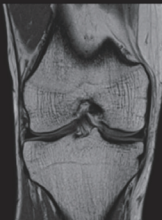
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0.3 x 0.3 x 3.0 mm³
TA 2:50 min



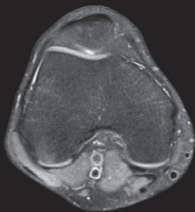
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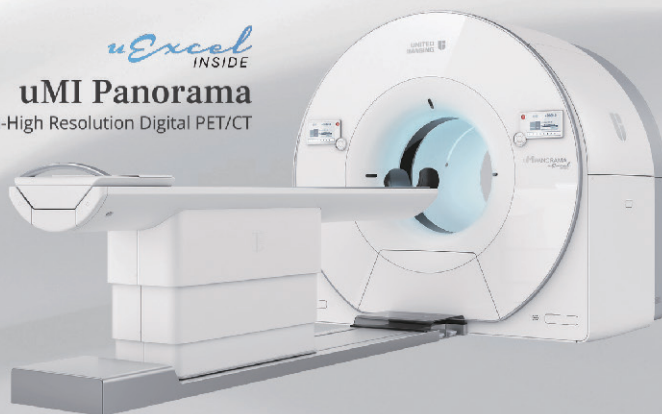
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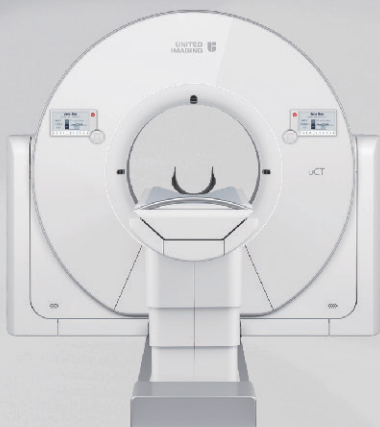
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