HKU Med School of Clinical Medicine
Department of Obstetrics & Gynaecology
香港大學婦產科學系

HKU OG 100th

100th Anniversary Conference of Department of Obstetrics and Gynaecology The University of Hong Kong

6 & 7 December 2025 (Saturday & Sunday)

Cheung Kung Hai Lecture Theatre, Li Ka Shing Faculty of Medicine, The University of Hong Kong

E-PROGRAMME BOOK

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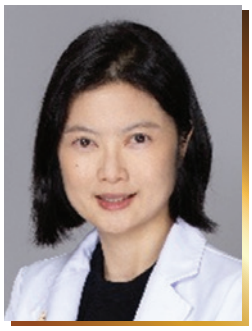
Message from the Chairperson of the Department of Obstetrics and Gynaecology



It is with immense pride that we announce the celebration of the 100th anniversary of the Department of Obstetrics and Gynaecology, the University of Hong Kong in 2025. This landmark year is a testament to a century of progress, dedication, and transformative impact on women's health in Hong Kong and globally.

As we celebrate the 100th anniversary of our esteemed Department of Obstetrics and Gynaecology, I extend my warmest congratulations to all members of our community, past and present. Over the past century, our department has evolved into a beacon of excellence in medical education and research, shaping the careers of countless professionals who have made significant contributions to the field of obstetrics and gynaecology.

This milestone occasion is a testament to the dedication, innovation, and perseverance of our faculty, staff, and alumni. Throughout the years, we have been privileged to witness groundbreaking discoveries and advancements in women's health, thanks to the tireless efforts of our team.

Our centennial conference, themed **"A Legacy of Innovation, A Century of Excellence in Women's Health,"** is a celebration not only of our heritage but also of the future. We are honoured to host distinguished speakers from our department and esteemed guests from around the world, who will share their insights on the latest developments in obstetrics and gynaecology. This event is a unique opportunity for us to reflect on our achievements, explore new frontiers, and forge stronger bonds within our global community.

As we embark on this new chapter in our history, I invite you to join us in celebrating our legacy and embracing the challenges and opportunities that lie ahead. Together, let us continue to advance the field of obstetrics and gynaecology, inspired by our mission to improve women's health and well-being worldwide.

Thank you for your participation and support.

Professor Karen K.L. CHAN
Chairperson & Clinical Professor
Department of Obstetrics and Gynaecology
The University of Hong Kong

Faculty

International Faculty

Prof. Emma CROSBIE
(Manchester, United Kingdom)

Dr. Premitha DAMODARAN
(Kuala Lumpur, Malaysia)

Prof. Kristina GEMZELL-DANIELSSON
(Stockholm, Sweden)

Prof. Christoph LEES
(London, United Kingdom)

Prof. Jihong LIU
(Guangzhou, China)

Prof. Pisake LUMBIGANON
(Bangkok, Thailand)

Dr. Somjate MANIPALVIRATN
(Bangkok, Thailand)

Prof. Joseph S.Y. NG
(Singapore)

Prof. Jie QIAO
(Beijing, China)

Dr. T.C. TAN
(Singapore)

Faculty

Local Faculty (Hong Kong, China)


Prof. Grace W.K. TANG


Dr. C.P. LEE


Prof. Karen K.L. CHAN


Dr. Maggie M.C. CHENG


Prof. Kelvin K.W. CHEUNG


Prof. Vincent Y.T. CHEUNG


Prof. Philip C.N. CHIU


Dr. Amelia P.W. HUI


Dr. Anita S.Y. KAN


Prof. Jennifer K.Y. KO


Prof. Raymond H.W. LI


Prof. Kui LIU


Dr. Paulin W.S. MA


Prof. Ernest H.Y. NG


Prof. Hextan Y.S. NGAN


Dr. Mimi T.Y. SETO


Dr. Pauline P.L. SO


Prof. K.Y. TSE

Scientific Programme

Day 1: 6 December 2025 (Saturday)

Time	Session & Topic	Speakers
12:30 - 13:00	Registration	
13:00 - 13:50	**Opening Ceremony**	
13:50 - 14:30	**Session 1: Obstetrics and Gynaecology from Past to Present** *Chairpersons: Prof. Karen K.L. CHAN, Dr. Danny T.N. LEUNG*	
13:50 - 14:10	A Century of Excellence in Women's Health	Prof. Grace W.K. TANG (Hong Kong, China)
14:10 - 14:30	100 Years of Obstetrics in 3 Snapshots	Dr. C.P. LEE (Hong Kong, China)
14:30 - 16:00	**Session 2: Obstetrics** *Chairpersons: Dr. Amelia P.W. HUI, Dr. K.Y. LEUNG*	
14:30 - 14:55	Saving Lives: The Mothers, The Babies, The Families	Prof. Kelvin K.W. CHEUNG (Hong Kong, China)
14:55 - 15:20	WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience	Prof. Pisake LUMBIGANON (Bangkok, Thailand)
15:20 - 15:45	Enhancing Operator Experience in Obstetric Emergencies by Simulation	Dr. Mimi T.Y. SETO (Hong Kong, China)
15:45 - 16:00	**Free Oral Presentation (1): General Gynaecology and Obstetrics - Maternal and Fetal Medicine**	
15:45 - 15:50	Pro-EGCG Inhibits Endometriosis Progression by Targeting Monocytic Myeloid-derived Suppressor Cells	Ms. Qianhan XU (Hong Kong, China)
15:50 - 15:55	Evaluating Non-Invasive Prenatal Testing for Trisomy Detection in Pregnancies with Structural Anomalies	Dr. Vivian W.Y. NG (Birmingham, United Kingdom)
15:55 - 16:00	Nicotinamide N-Methyltransferase is Required for Syncytiotrophoblast Formation by Regulating Oxidative Phosphorylation	Dr. Renwu HUA (Shenzhen, China)
16:00 - 16:20	Coffee Break	
16:20 - 17:55	**Session 3: Gynaecology and Reproductive Health** *Chairpersons: Dr. Mona W.C. LAM, Prof. Raymond H.W. LI*	
16:20 - 16:40	Regional Insight in Managing Early Pregnancy Bleeding (*Sponsored by Abbott*)	Dr. T.C. TAN (Singapore)
16:40 - 17:05	The Genomics, Epigenomics and Transcriptomics of Preimplantation Embryos	Prof. Jie QIAO (Beijing, China)
17:05 - 17:30	The Role of Robotic Surgery in Gynecological Cancer Surgical Care: Paradigms for the Next Century	Prof. Joseph S.Y. NG (Singapore)
17:30 - 17:55	Application of Letrozole in Gynaecological Conditions	Prof. Jennifer K.Y. KO (Hong Kong, China)
19:00	**Faculty Dinner (By Invitation Only)**	

The programme is subject to change without prior notice.

Scientific Programme

Day 2: 7 December 2025 (Sunday)

Time	Session & Topic	Speakers
08:00 - 08:30	Registration	
08:30 - 10:05	**Session 4: Gynaecological Oncology** *Chairpersons: Dr. Danny K.L. CHENG, Dr. Mandy M.Y. CHU*	
08:30 - 08:55	Advances in Treatment of Cervical Cancer	Prof. Hextan Y.S. NGAN (Hong Kong, China)
08:55 - 09:20	Innovations in Endometrial Cancer Diagnosis	Prof. Emma CROSBIE (Manchester, United Kingdom)
09:20 - 09:45	Replacing Pelvic Lymphadenectomy with Sentinel Lymph Node Biopsy in Cervical Cancer	Prof. Jihong LIU (Guangzhou, China)
09:45 - 10:05	Advancing Precision Treatment Approaches to Improve Survival Outcomes in HRd Ovarian Cancer (*Sponsored by AstraZeneca*)	Prof. K.Y. TSE (Hong Kong, China)
10:05 - 10:25	Coffee Break	
10:25 - 11:55	**Session 5: Minimally Invasive Gynaecology and Urogynaecology** *Chairpersons: Dr. Cecilia CHEON, Dr. S.F. NGU*	
10:25 - 10:50	Gynaecological Applications of HIFU	Prof. Vincent Y.T. CHEUNG (Hong Kong, China)
10:50 - 11:15	Natural Orifices Surgery: From Past to Future	Dr. Maggie M.C. CHENG (Hong Kong, China)
11:15 - 11:40	Resident of a Century	Dr. Paulin W.S. MA (Hong Kong, China)
11:40 - 11:55	**Free Oral Presentation (2): Gynaecological Oncology and Reproductive Medicine**	
11:40 - 11:45	Context Dependent Functional Aneuploidy in Cancer	Ms. Polly L.S. HUNG (Hong Kong, China)
11:45 - 11:50	Regulation of Endometrial Gland Adenogenesis: Evidence from a 3D Endometrial Assembloid Model	Prof. Keith C.L. LEE (Hong Kong, China)
11:50 - 11:55	The Role of MicroRNA Let-7 in Early Human Trophoblast Differentiation	Dr. Andy C.H. CHEN (Hong Kong, China)
12:20 - 13:30	**Lunch Symposium** *Chairpersons: Prof. Jennifer K.Y. KO, Prof. Ernest H.Y. NG*	
12:20 - 12:40	Navigating Perimenopause: Embracing Changes with MHT (*Sponsored by Abbott*)	Dr. Premitha DAMODARAN (Kuala Lumpur, Malaysia)
12:40 - 13:00	An Update on Cervical Screening in Hong Kong (*Sponsored by Phase Scientific*)	Prof. Karen K.L. CHAN (Hong Kong, China)
13:00 - 13:20	The Role of Hormonal Treatment for Disease Progression Control in Endometriosis (*Sponsored by Bayer*)	Prof. Raymond H.W. LI (Hong Kong, China)

Scientific Programme

Day 2: 7 December 2025 (Sunday)

Time	Session & Topic	Speakers
13:30 - 15:30	**Session 6: Reproductive Endocrinology and Infertility** *Chairpersons: Dr. Raymond K.M. CHOW, Prof. William S.B. YEUNG*	
13:30 - 13:55	Emergency Contraception: From Past to Future	Prof. Kristina GEMZELL-DANIELSSON (Stockholm, Sweden)
13:55 - 14:20	Evidence-based Practice in Infertility Care	Prof. Ernest H.Y. NG (Hong Kong, China)
14:20 - 14:45	Seeking Novel Ways of Activating the Small Ovarian Follicles in Aged or Disordered Ovaries	Prof. Kui LIU (Hong Kong, China)
14:45 - 15:10	Use of Artificial Intelligence for Identifying Sperm with Fertilization Potential in Clinical Assisted Reproduction	Prof. Philip C.N. CHIU (Hong Kong, China)
15:10 - 15:30	Latest Development on LPS for ART (*Sponsored by Zuellig Pharma*)	Dr. Somjate MANIPALVIRATN (Bangkok, Thailand)
15:30 - 15:50	Coffee Break	
15:50 - 17:25	**Session 7: Maternal and Fetal Medicine** *Chairpersons: Dr. C.P. LEE, Prof. W.C. LEUNG*	
15:50 - 16:10	Non-Invasive Prenatal Testing (NIPT) for Single Gene Disorders (*Sponsored by Xcelom*)	Dr. Pauline P.L. SO (Hong Kong, China)
16:10 - 16:35	Optimising Outcomes in Fetal Growth Restriction	Prof. Christoph LEES (London, United Kingdom)
16:35 - 17:00	Multidisciplinary Approach of Prenatal Diagnosis in the Genomic Era	Dr. Anita S.Y. KAN (Hong Kong, China)
17:00 - 17:25	Managing Complex Obstetric Cases: A Multidisciplinary Model from Pre-pregnancy to Post-pregnancy	Dr. Amelia P.W. HUI (Hong Kong, China)
17:25 - 17:40	**Finale** *Chairperson: Prof. Hextan Y.S. NGAN*	
	Looking into the Future of Obstetrics and Gynaecology	Prof. Karen K.L. CHAN (Hong Kong, China)

The programme is subject to change without prior notice.

Session 1: Obstetrics and Gynaecology from Past to Present

Prof. Grace W.K. TANG
Hong Kong, China

Professor Grace WK Tang is a graduand of the University of Hong Kong (HKU) holding MBBS and MD degrees. She is currently Honorary Clinical Professor of the Department of Obstetrics and Gynaecology (OBGYN) at HKU.

She is a specialist in Obstetrics & Gynaecology and has spent her entire career in OBGYN at HKU and Queen Mary Hospital. Her interest in Women's Health spanned from adolescence, contraception, subfertility to menopause. She pioneered psychosomatic Obstetrics and Gynaecology which concerns the bio-psycho-social aspects of women in health and sickness.

Aside from being a Specialist in OBGYN, she was Dean of Medicine (1998-2001) when the medical curriculum reform first took place in Asia with Hong Kong taking the lead. She was President of the Hong Kong Academy of Medicine (2005-2008) which is an institution for training 15 Specialties inclusive of 48 subspecialties. She is the Founding Hospital Chief Executive of the HKU-Shenzhen Hospital (2012-2016) that is the first reform Hospital in Mainland, and the first collaboration between Hong Kong and the Greater Bay Area. In 2021, she was appointed by the HKSAR Chief Executive to chair the Special Registration Committee that allows non-Hong Kong medical graduates to work in Hong Kong without taking licensing examination. In 2024, she became the Chairman of the Medical Council of Hong Kong. She has served in many other key roles in the healthcare sector including the Nursing Council, Supplementary Medical Professions Council, Veterinary Surgeons Board, Council on Human Reproductive Technology and Council of the Philip Dental Hospital. She was member of the Hospital Governing Committee of Hong Kong Children Hospital and currently, the Queen Mary/Tsan Yuk Hospital.

She was awarded Justice of the Peace in 2001 and the Silver Bauhinia Star in 2008 for her service in medicine.

A Century of Excellence in Women's Health

In 1925, the Chair of Obstetrics (Midwifery) was made available through the donation of $250,000 from the Rockefeller Foundation. It was the third Chair following Medicine and Surgery. Dean Herbert G Earle (1915-1928) identified the defects of the medical faculty and his remedy was "....creation of 3 full time professors in medicine, surgery and obstetrics.....Each professor would be head of his department and would control wards, clinical laboratories and out-patient work.....responsible for organization of teaching and research.....to give instruction in those aspects of his subject with which he was best acquainted .....seek to attract as part-time teachers such private practitioners or government medical officers as might be fitted to teach particular courses". Looking back in history, the Department of Obstetrics and Gynecology can excel in Women's Health in the last Century through echoing and following Dean Earle's remedy stated 100 years ago. Tsan Yuk Hospital has been renowned for its obstetrics service and those who could have delivery in the Hospital were privileged, as many other births took place in midwifery

homes with little obstetrics emergency care such as instrumental delivery. A book named "Practical Obstetrics" was published. Continuous fetal heart monitoring and fetal blood sampling and assay began to emerge. The Department pioneered in fetal assessment. An immense period of growth in Obstetrics and Gynecology took place from the 70s to early 90 when the Department had full autonomy to operate to achieve excellence. Such operation includes the division of Obstetrics and Gynecology into a number of teams that later on evolved into subspecialties, but each member of the staff was first well grounded in general obstetrics and gynecology. The timing of each development followed "....those aspects of his [the Head] subject with which he was best acquainted". Hence, the sequence is Gynecology Oncology, Subfertilty (IVF) and Maternal Fetal medicine (MFM). Though endowed with a Prenatal Diagnostic Clinic and Laboratory, MFM has not flied has quickly as the other subspecialties. The Department, with its long establishment, can share its expertise and take the lead in Women's Health. It established the Well Women Clinic in Tsan Yuk Hospital advocating bone density measurement to diagnose osteoporosis, and mamography to rule out breast cancer. Its leadership in the Family Planning Association (FPA) of Hong Kong is another example. FPA not only advises on contraception, it provides pre-marital counselling, pre-pregnancy counselling, subfertility counselling and very importantly, youth advisory service when in the early 80s, adolescent service such as contraception and abortion was taboo. There was an act to introduce psychosomatic obstetrics and gynecology which means that the bio-psycho-social aspects of a condition is holistically taken care of. The subject does not fly, but it is hoped that because it is incorporated in each condition of obstetrics and gynecology. Excellence is achieved through timing, vision and persons. Undoubtedly, there is team work and hard work.

Session 1: Obstetrics and Gynaecology from Past to Present

Dr. C.P. LEE
Hong Kong, China

Dr. LEE Chin Peng obtained her MBBS at HKU in 1982. In 1984, she joined the Department of Obstetrics and Gynaecology, where she received her specialist training, obtaining MRCOG (England) in 1987 and was elected FRCOG in 2000. When HKCOG was established in 1993, she became a foundation member. She became a Consultant in O&G at Queen Mary and Tsan Yuk Hospitals in 1995, coordinating the obstetrics service, including the relocation of the in-patient service from TYH to QMH in 2001. In 2013, she became a Clinical Associate Professor (Practice) till 2015, assisting in the establishment of the obstetrics service in HKU Shenzhen Hospital. Since 2015, she remained an Honorary Clinical Associate Professor of the department, helping to train Maternal Fetal Medicine subspecialists, until her retirement in June 2025.

Dr. Lee's research interests were screening for fetal abnormalities and gestational diabetes. In 2023, she was invited to co-author a series of articles commissioned by the Hong Kong Museum of Medical Sciences on historical documents, photographs and instruments on obstetrics, housed in the museum. So far, three articles of this series have been published in HKMJ.

100 Years of Obstetrics in 3 Snapshots

Obstetrics statistics have been collected since the O&G Department was established in 1925. This is important not only in recording what have been achieved but also in identifying rooms for improvement. Three reports, 1928, 1955, and 1984 will be compared with the latest available (2021) to show changes over time.

Two routine antenatal screening tests which we now offer to every pregnant woman in Hong Kong were developed in our Department and the history would be presented to illustrate the importance of translating research into practice.

Session 2: Obstetrics

Prof. Kelvin K.W. CHEUNG
Hong Kong, China

Prof. Cheung graduated from the University of Hong Kong and is currently a Clinical Associate Professor in the Department of Obstetrics and Gynaecology at Queen Mary Hospital. He received the Ho Hung Chiu Medical Education Foundation Scholarship for overseas training at Birmingham Women's Hospital under Prof. Mark Kilby, where he learned skills to manage complicated pregnancies and perform fetal interventions. He then became a Maternal and Fetal Medicine subspecialist of the Royal College of Obstetricians and Gynaecologists and continues to provide high-quality obstetric and prenatal services to pregnant women. He is enthusiastic about research and works closely with international experts in the field to actively promote women's health and safe delivery. He has published approximately one hundred peer-reviewed articles. In 2019, he was nominated by the college as a Distinguished Young Fellow of the Hong Kong Academy of Medicine.

Saving Lives: The Mothers, The Babies, The Families

From the Millennium Development Goals to the Sustainable Development Goals, the United Nations has prioritized reducing maternal and child mortality, targeting a global maternal mortality ratio of less than 70 per 100,000 live births, a neonatal mortality rate below 12 per 1,000 live births, and an under-five mortality rate below 25 per 1,000 live births by 2030. In Hong Kong, maternal and perinatal survival have improved significantly. Multidisciplinary management of complicated pregnancies has reduced deaths related to pre-existing medical conditions. Although maternal mortality is uncommon, understanding the underlying causes of maternal deaths remains critical. Current vital statistics methods fail to capture some maternal mortality events, with suicide being persistently underreported but now recognized as the leading cause of maternal deaths in Hong Kong. Surviving infants of preterm births face significant short-term and long-term complications from prematurity. Locally, preterm birth is a leading cause of neonatal death, accounting for 29% of neonatal mortality between 1980 and 2017. Strategies to reduce the burden of preterm birth are urgently needed. A century of sustained, collaborative efforts has significantly enhanced maternal and neonatal outcomes in Hong Kong.

Session 2: Obstetrics

Prof. Pisake LUMBIGANON
Bangkok, Thailand

Pisake Lumbiganon is a Professor of Obstetrics and Gynecology, senior research scholar, Convenor of Cochrane Thailand and Director of the WHO Collaborating Centre on Research Synthesis in Reproductive Health based at Faculty of Medicine, Khon Kaen University, Thailand. He is currently the Immediate Past President of the Asia and Oceania Federation of Obstetrics and Gynecology. He has received research grants from many international organizations including IDRC, WHO, Wellcome Trust, European Comission,Thailand Research Fund. He has published more than 250 papers in various international peer-reviewed journals including many Cochrane reviews. He was a dean of the Faculty of Medicine at Khon Kaen University from 2009 to 2013, the President of the Royal Thai College of Obstetricians and Gynecologists from 2016 to 2018 and President of the Asia and Oceania Federation of Obstetrics and Gynecology from 2022 t0 2024. In 2019 he received Fellow ad eundum from the Royal College of Obstetricians and Gynaecologists. His main areas of interest include maternal and perinatal health, evidence based practices, systematic review and meta-analysis.

WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience

The World Health Organization (WHO) envisions that every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth and the postnatal period. Antenatal care (ANC) provides a platform for important health promotion, screening and diagnosis, and disease prevention. By the implementation of timely and appropriate evidence-based practices, ANC can save lives. Very importantly, ANC also provides the opportunity to communicate with and support women, families and communities at a critical time during a woman's life. The process of developing these recommendations on ANC has highlighted the importance of providing effective communication about physiological, biomedical, behavioural and sociocultural issues, and effective support, including social, cultural, emotional and psychological support, to pregnant women in a respectful way. These communication and support functions of ANC are key, not only to saving lives, but to improving lives, healthcare utilization and quality of care. Women's positive experiences during ANC and childbirth can create the foundations for healthy motherhood. The scope of this recommendation was informed by a systematic review of women's views. This shows that women want a positive pregnancy experience which is defined as maintaining physical and sociocultural normality, maintaining a healthy pregnancy for both mother and baby (including preventing or treating risks and illness), having an effective transition to positive childbirth experience (including maternal self-esteem, competence and autonomy). This guideline addresses the following questions: 1) What are the evidence-based practices during ANC that improve outcomes and lead to a positive pregnancy experience? And 2) How should these practices be delivered? This recommendation covers 49 recommendations related to five types of interventions: A. Nutritional interventions, B. Maternal and fetal assessment, C. Preventative measures, D. Interventions for common physiological symptoms, and E. Health systems interventions to improve utilization and quality of antenatal care. These recommendations will be reviewed and updated following the identification of new evidence, with major reviews and updates at least every five years.

Session 2: Obstetrics

Dr. Mimi T.Y. SETO
Hong Kong, China

Dr Mimi Seto is a consultant working in the Department of Obstetrics and Gynaecology (O&G) in Queen Mary Hospital, Hong Kong. She is a Maternal and Fetal Medicine (MFM) subspecialist of the Hong Kong College of Obstetricians and Gynaecologist and a member of the Quality Assurance (QA) subcommittee of the Hospital Authority who is actively looking into issues to aid enhancement of the obstetrics annual report. She is also very dedicated to standardizing care for women at risk of periviable births. Her team pioneers a care pathway and develops protocols jointly with the neonatal team in the Hong Kong West Cluster to streamline the workflow of management of these women.

Her interest is in providing simulation training and teaching. She is a member of HKWC Simulation Training Committee. She has attended the Comprehensive Simulation Educator Course (CSEC) and is an instructor of the Advanced Life Support in Obstetrics (ALSO) Course. She organizes the O&G Cardiopulmonary Resuscitation (CPR) workshop with multidisciplinary teams including midwives, intensivists and anaesthesiologists and runs obstetric drills and simulation training. Dr Seto has published more than 50 articles in peer review journals and has contributed in book chapters. Her team's researches on Hepatitis B have changed the local practices of managing these pregnant women.

Enhancing Operator Experience in Obstetric Emergencies by Simulation

Obstetric emergencies including obstetric haemorrhage, amniotic fluid embolism and hypertensive disorders in pregnancy are some of the leading causes of maternal mortality in Hong Kong. Efficient and high-quality multidisciplinary management of these obstetric emergencies can reduce maternal mortality and morbidity. Early in 2004, Institute of Medicine and the Agency for Healthcare Research and Quality suggested introducing crew resource management brought from aviation simulation in health care. The application in obstetrics settings is only adopted in recent years. In the past few years, challenges including disruption of in-house training during COVID-19 pandemic, decline in delivery rate and manpower shortage made our obstetrics and midwifery team difficult in getting adequate experience to get ready for rare emergencies situations. In addition, team work and effective communication are critical elements in patient safety. Simulation offers opportunity to fill the training gaps to allow clinical team to improve handling team communication, recognizing red-flags situations, decision making and patient safety initiatives. This talk gives an introduction on simulation training in obstetrics and shares our experiences in it.

Session 3: Gynaecology and Reproductive Health

(Sponsored by Abbott)

Dr. T.C. TAN
Singapore

Prof Tan Thiam Chye is a leading obstetrician and gynaecologist in Singapore, currently serving as Medical Director at O&G The Women's Medical Specialist and Adjunct Associate Professor at Duke-NUS Medical School. Formerly Head of the Department of Obstetrics & Gynaecology at KK Women's and Children's Hospital, he pioneered the Urgent O&G Centre and spearheaded innovations in women's health. Prof Tan is passionate about improving pregnancy care and miscarriage management, with research interests in wound healing and reproductive endocrinology. He co-authored the award-winning Practical O&G Handbook and developed HealthHub's Pregnancy Track app, enhancing patient education and engagement. A Harvard Macy alumnus, he actively mentors healthcare professionals and drives clinical excellence. His work combines cutting-edge research with compassionate care, making him a trusted voice in advancing obstetrics and gynaecology.

Regional Insight in Managing Early Pregnancy Bleeding

Early pregnancy bleeding is a frequent clinical concern, affecting up to 20% of pregnancies and often associated with heightened anxiety and risk of miscarriage. This presentation examines the underlying pathophysiology, diagnostic strategies, and therapeutic interventions for threatened miscarriage, emphasizing regional consensus and evidence-based practice.

Progesterone is central to early pregnancy maintenance, supporting implantation, uterine quiescence, and maternal immune adaptation. A key immunological mechanism involves progesterone-induced blocking factor (PIBF), which shifts maternal immunity from a pro-inflammatory Th1 response to an anti-inflammatory Th2 profile, reducing natural killer cell activity and preventing embryo rejection. Disruption of this pathway—through inadequate progesterone or receptor antagonism—can lead to miscarriage.

Clinical studies identify serum progesterone as a strong predictor of pregnancy viability, with levels below 35 nmol/L correlating with increased miscarriage risk. Among available progestogens, dydrogesterone offers distinct advantages: high oral bioavailability, receptor selectivity, and minimal androgenic or estrogenic effects. Its unique bent molecular geometry enhances receptor affinity, enabling effective supplementation at lower doses compared to micronized progesterone. Evidence from randomized controlled trials and meta-analyses across Asia demonstrates dydrogesterone's efficacy in reducing miscarriage rates in women with early pregnancy bleeding. Malaysian and Singaporean studies report success rates exceeding 85% with dydrogesterone therapy versus conservative management, and systematic reviews confirm significant reductions in miscarriage incidence compared to placebo or vaginal progesterone. Additionally, dydrogesterone has been shown to upregulate PIBF, reinforcing its immunomodulatory benefits.

The Asia-Pacific Delphi consensus provides practical guidance for clinicians, advocating

progesterone supplementation as a safe and effective option for threatened miscarriage and recurrent pregnancy loss. The consensus emphasizes patient preference for oral administration, particularly in cases of vaginal bleeding, and recognizes the non-inferiority of different progestogen formulations. It also highlights the importance of individualized care, regional availability, and clinician judgment in selecting the most appropriate therapy.

This session will synthesize current evidence, review the Delphi consensus recommendations, and discuss pragmatic strategies for managing early pregnancy bleeding in diverse clinical settings. By integrating endocrine, immunological, and regional perspectives, the presentation aims to equip clinicians with actionable insights to improve maternal outcomes and reduce miscarriage risk.

Session 3: Gynaecology and Reproductive Health

Prof. Jie QIAO
Beijing, China

Prof. Jie Qiao, is an academician of Chinese Academy of Engineering, Executive Vice President of Peking University, President of Peking University Health Science Center. She is an academician of American Academy of Arts and Sciences (IHM), honorary fellow of Royal College of Obstetricians and Gynecologists.

For more than 30 years, Qiao has been engaged in clinical service, basic research and translational research related to maternity and reproductive health. She has led the team to achieve a number of technical and theoretical breakthroughs in infertility causes and clinical treatments, the protection and preservation of female fertility, the molecular mechanism of human gametogenesis and embryo development as well as developing new pre-implantation diagnosis methods, protecting the health of women and children throughout their life cycle. As the first or corresponding author, she published a number of achievements with international influence. She won awards in China's Top 10 Scientific Advances in 2014,2015,2023 and National Award for Progress in Science and Technology, etc.

The Genomics, Epigenomics and Transcriptomics of Preimplantation Embryos

Currently, the global decline in fertility rates persists. After nearly 50 years of development, assisted reproductive technology (ART) has become a crucial means of addressing infertility. However, questions such as "How can we improve embryo implantation rates?", "Why do early pregnancy losses occur?", and "Why do morphologically high-grade embryos still fail to implant?" represent not only bottlenecks in the clinical application of ART but also common queries patients direct to clinicians. Single-cell multi-omics technologies offer a new opportunity to deeply decode the developmental blueprint of preimplantation embryos. By analyzing genomic stability, the interplay between embryonic and parental genomes, and the mechanisms underlying chromosomal mosaicism, we can provide patients with precise etiological diagnoses and more personalized treatment plans. Research on the reprogramming landscape of the human embryonic epigenome, alongside analyses of the impact of ART procedures, not only elucidates the potential long-term health effects of embryonic epigenetic programming on offspring but also provides a scientific basis for optimizing laboratory protocols and culture systems. Meanwhile, the transcriptome, which serves as the "real-time dynamic instruction" regulating embryonic development, holds promise as a more sensitive indicator for predicting implantation potential. In summary, integrated multi-omics analysis of embryos can empower clinical practice with more precise diagnostics, more personalized intervention strategies, and safer ART protocols. Empowered by artificial intelligence, constructing a comprehensive molecular atlas of embryonic development will bring new hope to more families in realizing their dream of having healthy children.

Session 3: Gynaecology and Reproductive Health

Prof. Joseph S.Y. NG
Singapore

Dr Joseph Ng chairs the Gynecological Cancer Program at the National University Cancer Institute Singapore. He also chairs the Comprehensive Robotic Surgery Program of the National University Health System, Singapore's largest academic health system. He has joint academic appointments at the National University of Singapore, NUS.

The Role of Robotic Surgery in Gynecological Cancer Surgical Care: Paradigms for the Next Century

Minimally invasive surgery has transformed the landscape of gynecologic oncology, offering patients reduced morbidity and faster recovery without compromising oncologic outcomes. This talk will trace the evolution of minimally invasive techniques—from conventional laparoscopy to the advent of robotic-assisted surgery—and how these innovations have redefined surgical standards of care. Emerging trends in gynecologic cancer surgery increasingly emphasize precision, ergonomics, and patient-centered outcomes, areas where robotic platforms have shown distinct advantages. Mounting evidence now supports the role of robotic surgery across a spectrum of gynecologic cancers, demonstrating comparable survival outcomes with improved perioperative metrics. Drawing on current data and clinical experience, this session will explore how robotic surgery continues to refine the art and science of gynecologic cancer care and what its expanding role means for the future of surgical oncology.

Session 3: Gynaecology and Reproductive Health

Prof. Jennifer K.Y. KO
Hong Kong, China

Prof. Jennifer Ko is Clinical Associate Professor in the Department of Obstetrics and Gynaecology, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong. She is a Reproductive Medicine subspecialist. Her special interests include fertility preservation, reproductive endocrinology and infertility.

Application of Letrozole in Gynaecological Conditions

Letrozole, a third-generation aromatase inhibitor, has the potential for diverse clinical applications in gynaecological practice. It is widely used for ovulation induction, particularly in patients with polycystic ovary syndrome, and is increasingly incorporated into assisted reproductive treatment protocols. Emerging evidence also supports its role as an alternative to mifepristone in early termination of pregnancy and the management of silent miscarriage. In endometriosis, letrozole contributes to symptom relief by suppressing oestrogen. This session will present key clinical insights and research findings that highlight letrozole's evolving role in reproductive medicine and gynaecological therapeutics.

Session 4: Gynaecological Oncology

Prof. Hextan Y.S. NGAN
Hong Kong, China

Professor Hextan Ngan is past Head of the Department of Obstetrics and Gynaecology at the University of Hong Kong (HKU) (2009-2021). She has also served as an Honorary Consultant and past Chief-of-Service at the Department of Obstetrics and Gynaecology at Queen Mary Hospital (QMH)(2009-2021) Professor NGAN is the Chief-of-Service (2012-2024) and an IGCS global curriculum trainer at HKU-Shenzhen Hospital.(2019-). She is the Advisor of Hong Kong Society of Gynaecological Oncology. She holds the prestigious position of President at the International Society for the Study of Trophoblastic Diseases (2023-2024). Her past leadership roles include being the President of the Hong Kong College of Obstetricians and Gynaecologists (2010-2012), the Hong Kong Society for Colposcopy and Cervical Pathology (2001-2004), and the Asia-Oceania Research Organization in Genital Infection and Neoplasia (2010-2012). She has also chaired the Oncology Committee of the International Federation of Gynecology and Obstetrics (FIGO) (2000-2006).

Advances in Treatment of Cervical Cancer

Cervical cancer remains among top 10 cancers in women in HK. Rank 8th both in incidence and mortality rate in 2022. The changes in FIGO staging 2019 enables the use of radiology and pathology to stage apparently stage I and II disease with LN metastasis to stage III directing choice of treatment. Major changes in treatment of early stage cervical cancer is the recommendation of less aggressive surgery in very early stage disease, stage IB1 with no high risk factors, to be treated with a simple hysterectomy instead of radical hysterectomy. The better define of the different types of hysterectomy help in standardizing radicality and comparison of data. The adoption of sentinel node instead of lymphadenectomy in early stage disease help to decrease morbidity associated with full lymphadenectomy. For treatment of advance stage cervical cancer, recent data suggested better outcome than the current standard chemoradiation. Two trials, one with neoadjuvant chemotherapy before chemoradiation and one with use of a PDL1 inhibitor, pembrolizumab concurrent with chemoradiation both showed improvement in PFI and OS compared to chemoradiation alone. Advancement in radiotherapy technique such as IMRT, Image guided ERT and brachytherapy, new energy with protons increased response and decrease toxicity. For stage IV, persistent and recurrent cervical cancer not suitable for surgical treatment, survival benefit with chemotherapy and bevacizumab was replaced by chemotherapy and immune check point inhibitor (ICI) +/-bevacizumab. With new ICIs and antibody-drug conjugate (ADC) drugs targeting at different targets, such as erbB, folic acid receptor alpha, Tissue factor, offer better outcome. The future is looking for the use of multiple drugs with different mechanism of actions, possibility of removing chemotherapy from the regimen, the role of Tumor-Infiltrating Lymphocyte (TIL) and therapeutic vaccines. It is encouraging that there are many ongoing trials in cervical cancer which will further improve outcomes of patients.

Session 4: Gynaecological Oncology

Prof. Emma CROSBIE
Manchester, United Kingdom

Professor Emma Crosbie is an NIHR Research Professor and Honorary Consultant Gynaecological Oncologist at the University of Manchester and Manchester University NHS Foundation Trust. Her research interests focus on screening, prevention and early detection of gynaecological cancers. She is Co-Lead of the Cancer Prevention and Early Detection theme of the NIHR Manchester Biomedical Research Centre, Deputy Editor-in-Chief of BJOG, Chair of the Research Advisory Committee for the Eve Appeal and President of Peaches Womb Cancer Trust.

Innovations in Endometrial Cancer Diagnosis

Endometrial cancer is the fourth most common cancer in women in the UK, and the number of diagnoses is rising. The red flag symptom for endometrial cancer is postmenopausal bleeding (PMB). A woman with PMB is referred by her general practitioner (GP) on the urgent 'suspected cancer' pathway to a rapid access gynaecology clinic, where she is offered a series of invasive, unpleasant and often painful tests to rule out endometrial cancer. These include transvaginal sonography, outpatient hysteroscopy and endometrial biopsy. Together, these tests cost the National Health Service (NHS) around £750/woman. PMB is extremely common, and only 5%–10% of women with PMB are ultimately diagnosed with endometrial cancer. Indeed, it has been estimated that 5% of all GP referrals to gynaecology, as many as 150 000 women per year in the UK alone, relate to PMB. A simple, non-invasive test deployed in primary care to target those at risk of endometrial cancer for invasive testing, while safely reassuring the vast majority of healthy women, could transform diagnostic pathways for endometrial cancer. In the UK, it would save thousands of women every year from the psychological and physical sequelae of invasive tests and create substantial cost savings for the NHS (potential saving in excess of £100 million/year). The development of novel non-invasive detection tools was voted the most important research priority for detecting cancer early in the recently completed James Lind Alliance Priority Setting Partnership. In endometrial cancer, the anatomical continuity between the uterus and the lower genital tract facilitates the collection of shed tumour cells using non-invasive sampling methodologies. This lecture will consider the innovative use of biofluids, including blood, urine, cervical and vaginal fluid for endometrial cancer detection. It will describe the extrapolation of promising technologies for proteomic, genomic and metabolomic biomarker discovery in these biofluid samples and the development of clinically-tractable assays for their measurement. It will consider risk prediction models using clinical parameters to triage women for invasive diagnostics and reflect on optimal performance metrics for clinical extrapolation. Finally, it will present novel data from our own group showing the use of urogenital cytology for endometrial cancer detection in symptomatic women.

Session 4: Gynaecological Oncology

Prof. Jihong LIU
Guangzhou, China

Dr. Jihong Liu is a Professor and PhD supervisor in the Gynecological Oncology Department at Sun Yat-sen University Cancer Center (SYSUCC). She earned her MD and Master's degree from Sun Yat-sen University of Medical Sciences and a PhD from the University of Sydney in 2004. Dr. Liu served as Director of the Gynecological Oncology Department from 2006 to 2020 and previously as Vice President of SYSUCC (2004–2008). She is currently President of the Chinese Uterine Cancer Society and heads the Gynecology Oncology sub-association of the Guangdong Medical Association. An experienced gynecologic oncologist since 1984, she has led numerous clinical trials and translational research projects, publishing over 100 articles and several books. Dr. Liu also serves as a reviewer or editorial board member for journals including the International Journal of Gynecologic Cancer and Journal of Gynecologic Oncology.

Replacing Pelvic Lymphadenectomy with Sentinel Lymph Node Biopsy in Cervical Cancer

The cornerstone treatment for early-stage cervical cancer remains surgery, with pelvic lymphadenectomy long regarded as the standard procedure. Despite its century-long application, this approach has inherent limitations. It prolongs operating time and carries risks such as vascular and neural injury, lymphedema, lymphocyst formation, and procedure-related mortality. Furthermore, lymphadenectomy may constitute overtreatment, as the majority of early-stage cases are free of nodal metastasis. Dissecting non-metastatic nodes offers no clear therapeutic benefit and may compromise the anatomical foundation for immunosurveillance.

Sentinel lymph node biopsy (SLNB) represents a less invasive approach aimed at precisely targeting the nodes at highest risk of metastasis. Numerous studies have validated its diagnostic accuracy in cervical cancer. Patients exempted from lymphadenectomy following negative SLNB also exhibit favorable prognoses and reduced morbidity. Despite these well-documented advantages, the gynecologic oncology community still holds divergent views regarding the integration of SLNB into standard surgical management, primarily due to the previous lack of robust survival data from adequately powered trials comparing the two techniques. Recently, survival results from both the SENTIX and PHENIX trials have been published. Notably, the PHENIX trial revealed that SLNB demonstrated noninferior disease-free survival compared to lymphadenectomy, alongside superior surgical outcomes. Moreover, the use of SLNB alone was associated with a reduction in retroperitoneal nodal recurrence and cancer-specific mortality.

This presentation is centered on the paradigm shift from pelvic lymphadenectomy to sentinel lymph node biopsy in cervical cancer, a change strongly supported by the findings of the PHENIX trial.

Session 4: Gynaecological Oncology

(Sponsored by AstraZeneca)

Prof. K.Y. TSE

Hong Kong, China

Prof. Tse is a Clinical Associate Professor in the Division of Gynaecological Oncology at the University of Hong Kong, and serves as Honorary Consultant at Queen Mary Hospital, Hong Kong, and Honorary Consultant and Chair of the Department of Gynaecology at HKU–Shenzhen Hospital, Shenzhen. She holds leadership roles across the region and internationally, including Chairman of the Colposcopy Accreditation sub-committee and Council member of the Gynaecological Oncology sub-committee at HKCOG; Vice-President of HKSGO; President of OGSHK; Chairman of the Gynaecological Oncology committee and Co-chair of the Cervical Cancer Elimination Working Group at AOFOG; and Member of FIGO's Women's Cancer Committee. She is an International Mentor for HKU–SZH under the IGCS Global Curriculum, and serves on the editorial boards of the Hong Kong Medical Journal, Journal of Obstetrics and Gynaecology Research, Cancer Medicine, Cancers, and Scientific Reports.

Advancing Precision Treatment Approaches to Improve Survival Outcomes in HRd Ovarian Cancer

This lecture addresses the pressing clinical unmet need in HRD ovarian cancer by advancing precision, biomarker driven maintenance strategies integrating BRCA status and genomic instability. Building on clinical development, combination therapy with PARP inhibition plus anti angiogenic treatment is positioned as a standard of care for HRD positive disease, with demonstrated overall survival benefit and durable progression control. We will explore implications for cure potential, practical pathways for earlier and scalable testing and treatment implementation, resistance biology and adaptive sequencing, and real world considerations.

Session 5: Minimally Invasive Gynaecology and Urogynaecology

Prof. Vincent Y.T. CHEUNG
Hong Kong, China

Prof. Cheung graduated from the Faculty of Medicine at the University of Hong Kong. He received O&G training in Hong Kong and Canada and obtained FRCOG in 2001 and FRCS Canada in 1995. He practiced as an O&G specialist in Canada for over 15 years before returning to Hong Kong in 2009.

He is currently appointed as Honorary Clinical Associate Professor at the Department of O&G, HKU, and Honorary Consultant in O&G, Gleneagles Hospital, Hong Kong.

His clinical and research interests include minimally invasive gynaecological surgery, gynaecological ultrasonography and the application of high-intensity focused ultrasound (HIFU) in gynaecology. He introduced HIFU for the treatment of uterine fibroids in 2012 and established the clinical HIFU service for uterine fibroids and adenomyosis at Queen Mary Hospital in 2016.

Gynaecological Applications of HIFU

High-intensity focused ultrasound (HIFU) has recently emerged as a uterus-sparing option for women who seek treatment alternatives for uterine fibroid and adenomyosis. By focal thermocoagulation of the target lesion, HIFU induces lesion shrinkage. Ultrasound-guided HIFU has been shown to be safe and effective in reducing the lesion volume while achieving significant symptom relief. The JC HIFU system was installed in 2006 at Queen Mary Hospital for treatment of hepatocellular carcinoma, and in 2012, treatment of uterine fibroid was started. Our experience in the application of HIFU has demonstrated a significant fibroid volume reduction of 75.9% and improvement in the symptom severity score by 44.9% at 12 months after HIFU. Since 2016, our service has expanded to include patients with adenomyosis. This presentation will review the principles of HIFU treatment and its applications in gynaecology, and our 12-year institutional experience of HIFU in managing fibroids and adenomyosis.

Session 5: Minimally Invasive Gynaecology and Urogynaecology

Dr. Maggie M.C. CHENG
Hong Kong, China

Dr. Cheng graduated with an MBBS degree from the University of Hong Kong and completed her specialty training in Obstetrics and Gynaecology in 2012. Dr Cheng has also recently completed her urogynaecology subspecialty training. Currently, Dr. Cheng serves as a Consultant in the Department of Obstetrics and Gynaecology at Queen Mary Hospital and is an Honorary Associate Professor at the University of Hong Kong. Dr. Cheng's clinical interests include urogynaecology, hysteroscopy and natural orifices surgery.

Natural Orifices Surgery: From Past to Future

Hysterectomy is one of the most commonly performed procedures for benign gynecological conditions, with approaches including abdominal, laparoscopic, and vaginal techniques. The Cochrane review supports the vaginal route as the preferred method, demonstrating benefits such as scarless surgery, quicker recovery, and shorter hospital stays. Despite these advantages, vaginal hysterectomy remains underutilized in Hong Kong; a 2014 audit by the Hong Kong College of Obstetricians and Gynaecologists revealed that only 15% of hysterectomies were performed vaginally, compared to 52% abdominally and 33% laparoscopically. Notably, only 27% of vaginal hysterectomies (4% of all hysterectomy cases) were performed on non-prolapse patients.

Historically, vaginal hysterectomy dates back to 1813 when Conrad Langenbeck performed the first planned procedure. The technique has evolved significantly, guided by advancements in instruments and surgical methods. In 1995, S. Robert Kovac published guidelines that assist gynecologists in determining the optimal approach for hysterectomy. Our department conducted the first vaginal hysterectomy on a patient without genital prolapse in 1999. As we celebrate our department's 100th anniversary, this is an opportune moment to reflect on our commitment to preserving this surgical art over the past 26 years.

Session 5: Minimally Invasive Gynaecology and Urogynaecology

Dr. Paulin W.S. MA
Hong Kong, China

As the Division Chief of the General Gynaecology and Urogynaecology Division, Dr. Ma leads the team by establishing specialized clinics with her expertise in ambulatory care and pelvic floor dysfunction. In addition to the clinical service to facilitate the care of the patients, she also contributes as a council member of the Hong Kong Urogynaecology Association which helps in promotion of public awareness in the area through public talks and workshops. Being determined in providing excellent care for women, Dr. Ma actively mentors junior doctors and medical students, ensuring the next generations of clinicians are well-equipped to manage complex gynaecological conditions.

Further to the engagement in clinical activities and education, Dr. Ma is also committed to improving the well-being of older adults through her clinical research in geriatric gynaecology, aiming to ensure the delivery of high-quality and dignified care to aging population which she believes is part of the social responsibilities of today's healthcare professionals.

Resident of a Century

The growing elderly population presents significant challenges within the healthcare system, notably leading to an increase in referrals for specialized care. Clinicians often face difficulties such as managing complex, multi-morbid conditions, coordinating care across various providers, and ensuring effective communication with both patients and families. Ensuring dignified, respectful care for elderly women is essential, as they may struggle with navigating the healthcare system, accessing timely care, and coping with social isolation or limited mobility.

Addressing these issues requires a multifaceted approach: enhancing interdisciplinary collaboration, investing in geriatric training for healthcare professionals, and leveraging technology to streamline referrals and follow-up care. In this session, we will explore the strategies to create a more inclusive and compassionate healthcare environment for our aging population, ultimately promoting better outcomes for both clinicians and the elderly population.

Lunch Symposium

(Sponsored by Abbott)

Dr. Premitha DAMODARAN
Kuala Lumpur, Malaysia

Dr Premitha Damodaran is a Consultant Obstetrician & Gynaecologist at Pantai Hospital Kuala Lumpur and President of the College of Obstetricians & Gynaecologists, Academy of Medicine Malaysia. A board member of the International Menopause Society, she is a recognized advocate for midlife women's health and menopause care. Dr Premitha has led the development of Malaysia's Clinical Practice Guidelines for Menopause Management and chairs the Menopause & Midlife Women's Health Subcommittee of OGSM. Her expertise spans lifestyle medicine, preventive care, and genitourinary syndrome of menopause (GSM). She is committed to breaking taboos around menopause and empowering women through education and open dialogue. With over two decades of clinical experience, Dr Premitha combines evidence-based practice with a holistic approach, helping women thrive through life's transitions. Her leadership and advocacy continue to shape national and international standards in women's health.

Navigating Perimenopause – Embracing Change with Menopausal Hormone Therapy

With global life expectancy rising, women now spend over one-third of their lives in a postmenopausal state. Natural menopause typically occurs between 48–52 years, yet perimenopause—the transitional phase—can begin as early as the late 30s, marked by subtle menstrual changes and progressing to vasomotor symptoms (VMS), sleep disturbances, mood fluctuations, and cognitive challenges. These changes significantly impact quality of life, with 70% of women in Hong Kong reporting symptoms such as hot flushes, night sweats, insomnia, depression, and anxiety.

Estrogen deficiency during this transition triggers multisystem effects: skin and hair changes, weight gain with increased visceral fat, musculoskeletal pain, genitourinary syndrome, and heightened cardiovascular and metabolic risks. Emerging evidence links severe VMS to endothelial dysfunction and increased risk of hypertension and coronary events, while late perimenopause correlates with peak depressive symptoms. These findings underscore the need for proactive management strategies.

Menopausal Hormone Therapy (MHT) remains the most effective treatment for VMS and related symptoms, improving sleep, mood, sexual health, and overall well-being. Recent updates—including the removal of the FDA black box warning—reflect evolving safety data. When initiated within 10 years of menopause, MHT is associated with cardiovascular benefits and no significant increase in mortality risk. Furthermore, progestogen choice matters: dydrogesterone and micronized progesterone demonstrate lower breast cancer risk compared to synthetic progestogens, supporting their role in safer regimens.

The Asia-Pacific consensus and International Menopause Society guidelines advocate

individualized care, emphasizing symptom severity, patient preference, and risk stratification. Oral and transdermal routes offer flexibility, while non-hormonal options remain viable for those with contraindications. Beyond symptom control, clinicians should address long-term health risks—osteoporosis, cardiovascular disease, and cognitive decline—through lifestyle interventions and preventive strategies.

This session will explore the evolving landscape of perimenopause management, integrating clinical evidence, regional consensus, and practical approaches. By fostering awareness, encouraging open conversations, and tailoring therapy to individual needs, healthcare providers can empower women to navigate this life stage with confidence and improved quality of life.

Lunch Symposium

(Sponsored by Phase Scientific)

Prof. Karen K.L. CHAN

Hong Kong, China

Prof. Chan is a gynaecological oncologist, trained in Hong Kong and the UK. She is a Clinical Professor and Chairperson at the Department of O&G, University of Hong Kong. She leads the gynaecological oncology division at Queen Mary Hospital, HK. She is the past president of Hong Kong College of Obstetricians and Gynaecolgists and the past president of the Hong Kong Society for colposcopy and cervical pathology. She is the secretary-general for Asia- Oceanic Organization in Genital infections and Neoplasia (AOGIN) and a council member of Asian Society of Gynaecological Oncology. She served as a member of the Policy Committee for the International Papillomavirus Society. She is also the founding president for Hong Kong Society of Gynaecological Oncology and a founding member for APAC HPV Coalition. Dr Chan also serves on the Cancer Coordinating Committee for the Hong Kong government.

An Update on Cervical Screening in Hong Kong

Cervical cancer screening in Hong Kong has been implemented for over two decades, during which the territory has transitioned from opportunistic cytology-based screening to a programme increasingly centred on high-risk human papillomavirus (HPV) testing as the primary modality. Despite this maturation, current participation remains below the World Health Organization (WHO) coverage target of 70% of women screened at least twice by age 45, underscoring the need for more acceptable, accessible strategies to reach under-screened populations. To increase uptake, the District Health Centre (DHC) network has begun piloting vaginal self-sampling for HPV testing through Women Wellness Satellites. International data suggest that self-collection can be as accurate as clinician-collected samples when validated assays and proper instructions are used, while offering greater privacy and convenience, particularly for women reluctant to undergo pelvic examination.

Emerging evidence indicates that urine may be more acceptable than vaginal sampling for some women and can achieve comparable analytical sensitivity for detecting high-risk HPV. Ongoing local and international studies are generating validation data on urine-based HPV assays and their performance. Further studies on the routine screening populations with longitudinal data would be needed. Future research priorities include embedding urine and vaginal self-sampling within organised, population-based screening frameworks, monitoring programme-level indicators over time, and assessing how these innovations contribute to achieving WHO elimination targets in Hong Kong's unique mixed public–private health system.

Lunch Symposium

(Sponsored by Bayer)

Prof. Raymond H.W. LI

Hong Kong, China

Dr. Li is a Specialist in Obstetrics and Gynaecology, and Subspecialist in Reproductive Medicine. He is currently Clinical Associate Professor at the Department of Obstetrics and Gynaecology, The University of Hong Kong. He is Honorary Consultant at Queen Mary Hospital and Kwong Wah Hospital, Hong Kong. He is also Honorary Specialist at the Family Planning Association of Hong Kong.

He is a member of the Reproductive Medicine Subspecialty Board, Hong Kong College of Obstetricians and Gynaecologists, and Honorary Secretary of Hong Kong Society for Reproductive Medicine. His clinical and research interests are in reproductive endocrinology, subfertility and family planning.

The Role of Hormonal Treatment for Disease Progression Control in Endometriosis

Hormonal treatment is commonly used for control of pain symptoms associated with endometriosis. For combined hormonal contraceptives, the extended-cycle or continuous regimen can be considered. Progestogens are generally safe and effective treatment options; this may be in the form or oral preparations, injectables, subdermal contraceptive implants or levonorgestrel (LNG)-releasing intrauterine device. Oral progestogens are effective in reducing pain symptoms and improve quality of life compared with placebo, and its efficacy is comparable to other hormonal treatments. Dienogest is the oral progestogen which has been most studied for treatment of endometriosis-related symptoms and is licensed for this purpose. GnRH agonists are a very effective mode of treatment but there is concern over its prolonged use in terms of bone loss, for which add-back hormone replacement may be needed. Oral GnRH antagonist is another option available in some countries. Co-treatment with aromatase inhibitors can be used in refractory cases. Hormonal treatment serves limited role as pre-operative adjunct, but can be used post-operatively to improve pain control and for secondary prevention of recurrence of pain symptoms, endometrioma or deep endometriosis in women not desired for immediate pregnancy. The LNG-releasing intrauterine device or combined hormonal contraceptive can serve this purpose. For endometriosis-associated infertility, hormonal treatment has no role for improving fertility either on its own or as an adjunct to assisted reproduction.

Session 6: Reproductive Endocrinology and Infertility

Prof. Kristina GEMZELL-DANIELSSON
Stockholm, Sweden

Kristina Gemzell Danielsson is professor, and Chair of Obstetrics and Gynecology, Department of Women's and Children's Health, Karolinska Institutet (KI) and senior consultant at the Karolinska University Hospital. She is a member of the Nobel Assembly at KI, which is responsible for the Nobel Price in Physiology or Medicine. She is head of the research group at the WHO collaborating centre for Research and Research training in Human Reproduction at KI. She is Honorary Clinical Professor at Hong Kong University, and Honorary fellow FSRH, RCOG, UK. She is a member of the International Committee for contraceptive research (ICCR), Population Council and the Belgian, Royal Academy of Medicine

Emergency Contraception: From Past to Future

Hormonal treatment is commonly used for control of pain symptoms associated with endometriosis. For combined hormonal contraceptives, the extended-cycle or continuous regimen can be considered. Progestogens are generally safe and effective treatment options; this may be in the form or oral preparations, injectables, subdermal contraceptive implants or levonorgestrel (LNG)-releasing intrauterine device. Oral progestogens are effective in reducing pain symptoms and improve quality of life compared with placebo, and its efficacy is comparable to other hormonal treatments. Dienogest is the oral progestogen which has been most studied for treatment of endometriosis-related symptoms and is licensed for this purpose. GnRH agonists are a very effective mode of treatment but there is concern over its prolonged use in terms of bone loss, for which add-back hormone replacement may be needed. Oral GnRH antagonist is another option available in some countries. Co-treatment with aromatase inhibitors can be used in refractory cases. Hormonal treatment serves limited role as pre-operative adjunct, but can be used post-operatively to improve pain control and for secondary prevention of recurrence of pain symptoms, endometrioma or deep endometriosis in women not desired for immediate pregnancy. The LNG-releasing intrauterine device or combined hormonal contraceptive can serve this purpose. For endometriosis-associated infertility, hormonal treatment has no role for improving fertility either on its own or as an adjunct to assisted reproduction.

Session 6: Reproductive Endocrinology and Infertility

Prof. Ernest H.Y. NG
Hong Kong, China

Professor Ng is a Clinical Professor at Department of Obstetrics & Gynaecology, The University of Hong Kong. His main research interests are clinical trials in assisted reproduction technology, endometrial receptivity, assessment of ovarian reserve, the use of three-dimensional ultrasound, acupuncture in reproduction medicine, stem cells and psychological care in assisted reproduction. He has published over 400 papers in international refereed journals.

He also serves as an editor of European Journal of Obstetrics, Gynaecology and Reproductive Biology and Reproductive Biomedicine Online. He is a regular reviewer of many international journals.

Evidence-based Practice in Infertility Care

This presentation reviews evidence-based practice in infertility care, emphasizing randomized controlled trials (RCTs) as the highest standard for minimizing bias through proper allocation, control of confounders, and blinding. A major focus is IVF treatment add-ons, many of which lack robust evidence despite patient demand. The UK HFEA rates add-ons by effectiveness and safety, with many classified as unclear, ineffective, or potentially harmful.

Assisted hatching (AH): Early RCTs showed mixed results. In frozen-thawed transfers, laser zona thinning did not outperform control, while thinning performed better than breaching. A 2021 Cochrane review across 39 RCTs found AH may increase clinical pregnancy but not live birth (low-quality evidence), and may raise multiple pregnancy risk. The 2022 ASRM guideline concludes moderate evidence that AH does not improve live birth in fresh cycles and insufficient evidence for benefit in poor-prognosis or frozen cycles. In repeated implantation failure, a large double-blind RCT showed only modest, non-definitive improvements.

Endometrial receptivity testing (ERA) and personalized embryo transfer aim to align transfer with an individualized window of implantation. One multicenter RCT reported per-protocol gains in cumulative live birth, but methodological critiques highlight high dropout and the need to rely on intention-to-treat for first transfers. A double-blind RCT in euploid frozen transfers showed standard timing yielded higher live birth than ERA-driven timing; reanalysis suggested ERA-adjusted timing reduced outcomes, indicating potential harm. We are conducting a multi-centre double blind RCT using ERA in patients with repeated implantation failure.

Endometrial scratching: In unselected women, our RCT found no benefit and even worse outcomes in repeat cycles. A 2015 Cochrane review suggested benefit and a 2023 individual participant data meta-analysis reported a modest live birth increase (OR 1.29). Nonetheless, HFEA remains cautious due to inconsistent findings.

Hyaluronate-enriched transfer medium: Cochrane data suggest improved live birth and clinical pregnancy but higher multiple pregnancy but our a double-blind RCT in frozen transfers found no difference.

Consensus guidance from professional bodies recommends offering add-ons only when multiple high-quality RCTs demonstrate safety and efficacy, continuously monitoring outcomes, and restricting unproven interventions to ethically approved research settings.

Session 6: Reproductive Endocrinology and Infertility

Prof. Kui LIU
Hong Kong, China

Professor Liu obtained his Ph.D. from Umeå University, Sweden in September 1999. After his postdoctoral training at Harvard Medical School, USA, he became an assistant professor in 2003 in Umeå University, Sweden. He became a full professor in 2010 in Umeå University and 2011 in Gothenburg University, Sweden. He moved to the University of Hong Kong in 2018 as a professor.

Ever since he established his own research group, he has been studying mechanisms of germ cell development. In the past years, his group has published papers in top journals such as Science, PNAS, Nature Medicine, The EMBO Journal, Current Biology, Cell Research etc. The studies published not only represent advances in basic research but also has the implication for translating into novel treatment of infertility.

Seeking Novel Ways of Activating the Small Ovarian Follicles in Aged or Disordered Ovaries

Session 6: Reproductive Endocrinology and Infertility

Prof. Philip C.N. CHIU
Hong Kong, China

Prof. Philip C. N. Chiu received his PhD from the University of Hong Kong (HKU) in 2004. He is an Associate Professor in HKU's Department of Obstetrics and Gynaecology, Co-Principal Investigator at the Advanced Biomedical Instrumentation Centre (ABIC), Chief Researcher at the Shenzhen Key Laboratory of Fertility Regulation, and Honorary Researcher at the Reproductive Medicine Center, HKU–Shenzhen Hospital. He served as President of the Hong Kong Society of Endocrinology, Metabolism and Reproduction (2020–2022). His research focuses on fertilization mechanisms, placental development, and reproductive immunology. Prof. Chiu has published over 110 SCI-indexed papers, including first- or corresponding-author articles in Science, Science Advances, Journal of Nanobiotechnology, and Human Reproduction Open. He has also contributed invited reviews in Nature Reviews Urology (2021) and Human Reproduction Update (2023).

Use of Artificial Intelligence for Identifying Sperm with Fertilization Potential in Clinical Assisted Reproduction

Background: Sperm morphology evaluation is crucial in semen analysis to investigate male infertility and to determine the appropriate insemination methods in assisted reproductive technology (ART). The current manual assessment, which relies on microscopically examining individual spermatozoa based on WHO criteria, has shown limited predictive power for fertilization outcomes due to its highly subjective, labour-intensive nature, and high inter-/intra-assay variations. Deep learning is a rapidly evolving method for automated image analysis. Recent studies have explored its potential for automating sperm morphology analysis. However, algorithms trained on manually annotated datasets using existing WHO criteria have had little success in predicting ART outcomes. To date, no study has established an independent set of morphology evaluation standards based on sperm fertilizing ability for clinical prediction. The binding of sperm to the zona pellucida (ZP) is the crucial first step in fertilisation. ZP selectively binds to sperm with normal morphology, intact chromosomes and fertilisation capability, a natural screening mechanism ensuring that only high-quality sperm fertilise the egg.

Objective: To establish a deep learning-based algorithm for identification of spermatozoa that can initiate fertilization by binding to the ZP of human oocytes.

Design, Setting and Participants: Spare semen samples were collected from men undergoing premarital check-ups at a family planning clinic. Immature oocytes at germinal vesicle/metaphase I stage, or mature metaphase II oocytes were donated from women attending the infertility clinic for assisted reproduction treatments. Acrosome-intact, ZP-bound spermatozoa were collected by our previously modified spermatozoa-ZP coincubation assay. ZP-unbound spermatozoa were collected from normozoospermic samples with defective ZP-binding ability, as evidenced by complete fertilization failure following conventional in vitro fertilization (IVF) and the absence of ZP-bound spermatozoa on the inseminated oocytes. A VGG-13 model was fine-tuned to

distinguish images of ZP-bound and unbound spermatozoa based on their morphological features. Results: A VGG13 model was fine-tuned to distinguish images of spermatozoa capable of binding to the ZP based on their morphological features with high sensitivity (97.6%), specificity (96.0%), accuracy (96.7%), and precision (95.2%). The model exhibited low learning variance (average accuracy: 97.4%; sensitivity: 96.0%; and specificity: 98.5%) across subgroups, with primary emphasis on the sperm head and mid-pieces in all images as indicated by the pixel importance. Its discriminative performance was clinically validated on over 33 000 sperm images collected from three fertilization groups. Overall, the model exhibited excellent generalization ability as reflected by the strong correlation between the predicted percentages of spermatozoa with ZP-binding per sample and their fertilization rates. A clinical threshold of 4.9% (specificity: 89.3%; sensitivity: 90.0%) was established to differentiate sperm samples with normal and defective ZP-binding ability. By conducting pairwise comparisons among 30 patients, the predicted values generated by the model outperformed conventional semen analysis assessed by our in-house embryologists in identifying patients who were likely to experience failure with conventional IVF.

Conclusion: A novel deep-learning model, irrespective of the conventional semen analysis, was established to identify human spermatozoa capable of binding to ZP for predicting their fertilization potential. This newly established method can identify couples at high risk of unexpected IVF fertilization failure, enabling clinicians to offer alternative insemination methods to reduce the likelihood of suboptimal fertilization outcomes.

Session 6: Reproductive Endocrinology and Infertility

(Sponsored by Zuellig Pharma)

Dr. Somjate MANIPALVIRATN
Bangkok, Thailand

Dr. Somjate Manipalviratn is currently the Medical Director of Jetanin Hospital which is a specialized hospital for fertility treatment in Bangkok. He graduated his medical degree, Obstetric and Gyneology training and Reproductive Endocrinology and Infertility training from Chulalongkorn University, Bangkok, Thailand. After his graduation is Thailand, he went to the United States of America to be a research follow under the mentor of Prof. Dr. Alan DeCherney at the University of California, Los Angeles before moving to the National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Maryland, USA.

He currently has served ASPIRE as the country representative for Thailand. He also is a board member of ASPIRE educational committee and also as a board member of ASPIRE Endometrium and Implantation Special Interest Group. He also is a board member of Thai Society of Reproductive Medicine.

He has been an active speaker in the field of fertility treatment and fertility preservation both locally and internationally.

Latest Development on LPS for ART

Luteal-phase support (LPS) is a well-known intervention in assisted reproductive technology (ART) cycles, aimed at improving pregnancy outcomes in women undergoing fresh and frozen in vitro fertilization cycles. Of note, ovarian stimulation cycles using both gonadotropin-releasing hormone (GnRH) agonist or antagonist protocols are shown to associate with a defective luteal phase, which can disrupt embryo implantation.

Progesterone supplementation is mandatory for frozen embryo transfer (FET) in hormone replacement therapy (HRT) cycles, as there is no endogenous production from a corpus luteum left behind after ovulation. This seminar, presented by Dr. Somjate Manipalviratn, will delve into current trend towards FET in natural cycle or modified natural cycle. Dr. Somjate will also share the different progesterone therapy strategies in luteal phase support, providing insights for optimizing progesterone treatment to achieve the best pregnancy outcomes.

Session 7: Maternal and Fetal Medicine

(Sponsored by Xcelom)

Dr. Pauline P.L. SO

Hong Kong, China

Dr. So is currently consultant obstetrician of the Department of Obstetrics and Gynaecology of Tuen Mun Hospital. She graduated from the medical school of the University of Hong Kong in 2001. She completed her specialist training in obstetrics and gynaecology in the Department of Obstetrics and Gynaecology, Tuen Mun Hospital and was conferred a Fellow of the Hong Kong Academy of Medicine (Obstetrics and Gynaecology) in 2012. Dr So subspecialised in maternal fetal medicine and became an accredited subspecialist in maternal fetal medicine by the Hong Kong College of Obstetricians and Gynaecologists in 2017. She obtained the Master of Medical Sciences (Genetic Counselling) at the University of Hong Kong in 2016 and the Master of Medical Genetics at the Chinese University of Hong Kong in 2020 with scholarship award. Her research interest is prenatal ultrasound, screening, genetic diagnosis, and counselling.

Non-Invasive Prenatal Testing (NIPT) for Single Gene Disorders

Non-invasive prenatal testing (NIPT) has revolutionized prenatal care by enabling early and accurate detection of fetal genetic abnormalities without the risks associated with invasive procedures. Recent advancements in NIPT have expanded its scope beyond aneuploidy screening to include the detection of single gene disorders (SGDs), offering significant potential for personalized prenatal diagnostics. This talk will provide an overview of the latest technological developments in NIPT for SGDs and discuss current clinical applications. By highlighting real-world ongoing research, this presentation aims to underscore the transformative impact of NIPT for SGDs on maternal-fetal medicine and its future directions in improving prenatal care outcomes.

Session 7: Maternal and Fetal Medicine

Prof. Christoph LEES
London, United Kingdom

Christoph is Professor of Obstetrics as Imperial College London; Honorary Consultant in Obstetrics and Head of Specialty for Fetal Medicine at the Centre for Fetal Care, Queen Charlotte's and Chelsea Hospital, Imperial College Healthcare NHS Trust; Clinical Director for Fetal Medicine for North West London and Visiting Professor KU Leuven (Belgium). Since 2024 he has been an Associate Editor of the American Journal of Obstetrics and Gynecology.

Optimising Outcomes in Fetal Growth Restriction

The diagnosis and management of fetal growth restriction has undergone major change in the last decade. Diagnostic criteria have differentiated 'simply' small babies from those that are growth restricted by introducing the important concepts of maternal and fetal Doppler assessment, and fetal growth velocity slowdown. The TRUFFLE 1 study established the role of monitoring and delivery timing using computerized fetal heart rate and ductus venosus Doppler monitoring in early fetal growth restriction. Delivery based on late ductus changes was associated with better neurodevelopmental outcome in surviving infants at 2 years. The recently concluded TRUFFLE 2 study which is currently under analysis will establish whether cerebral Doppler should be used as the trigger for delivery in late fetal growth restriction, between 32 and 36+6 weeks. Models incorporating maternal biomarkers and haemodynamic assessments show promise in both the diagnosis and prognosis of late FGR, and fetal umbilical flow is emerging as an important indicator of perinatal outcome. What remains untested is when and how interventions should be triggered in term FGR, and whether therapies to increase intravascular volume and improve maternal cardiovascular function in early onset FGR are likely to be of benefit.

Session 7: Maternal and Fetal Medicine

Dr. Anita S.Y. KAN
Hong Kong, China

Dr Kan graduated from the University of Hong Kong and obtained specialist qualification in Obstetrics and Gynaecology in 2006. She completed the Master of Public Health at the University of Hong Kong in 2008. She attended overseas training in cytogenetics at Guy's Hospital, London in 2011, and obtained the Diploma of European Molecular Cytogenetics at the Université Paris Descartes in 2012. She also had clinical and laboratory attachment at Victorian Clinical Genetics Services in Melbourne, Australia in 2014. She served as Deputy Laboratory Director of Mrs Wu Chung Prenatal Diagnostic Laboratory, Tsan Yuk Hospital since 2012. She is the President of the Hong Kong Society of Cytogenomics from 2023. Her areas of interest include application of advanced molecular genomic technologies and genetic counselling in prenatal diagnosis.

Multidisciplinary Approach of Prenatal Diagnosis in the Genomic Era

The talk will begin with a historical overview of prenatal diagnostic services in Hong Kong. Current trends in prenatal diagnostics including the widespread adoption of cell-free DNA in prenatal screening, the expanding role of chromosomal microarray and exome/genome sequencing enabled more precise and rapid diagnosis of fetal conditions.

Through illustrative clinical cases, Dr. Kan will demonstrate how cutting-edge genetic and genomic technologies – when combined with a robust multidisciplinary framework involving maternal fetal medicine subspecialists, pathologists, radiologists, clinical geneticists, paediatricians and more – lead to more precise diagnosis, personalized counselling, informed reproductive decision-making, and optimized perinatal management.

The presentation will emphasize that in the genomic era, technological advances alone are insufficient; true excellence in patient care is achieved only through seamless collaboration across disciplines, shared expertise, and a patient-centred approach.

Session 7: Maternal and Fetal Medicine

Dr. Amelia P.W. HUI
Hong Kong, China

Dr. Hui is a consultant in Department of Obstetrics & Gynaecology at Queen Mary Hospital and honorary Clinical Associate Professor of The University of Hong Kong. She obtained her subspecialist certification in Maternal Fetal Medicine from the Royal College of Obstetricians and Gynaecologists in 2009. She subsequently received her Doctor of Medicine degree in 2015. Currently, she is leading the high-risk obstetric team and overseeing the training in maternal fetal medicine. Her professional interest includes complicated obstetrics, prenatal diagnosis and fetal intervention.

Managing Complex Obstetric Cases: A Multidisciplinary Model from Pre-pregnancy to Post-pregnancy

The increasing maternal age along with higher prevalence of complex medical conditions often require a more specialised level of expertise to ensure the best possible pregnancy outcome. A multidisciplinary team (MDT) approach is essential. Combined clinics with obstetricians and physicians together with specialised referral pathway facilitate the delivery of care which offers opportunity for formulation of joint management plan with high level of patients' satisfaction. MDT meeting with members of management team together with neonatologists, anaesthesiologists and midwives enable direct communications among all parties to ensure safety and quality of care. The service model at Queen Mary Hospital will be presented.

Free Oral Presentation (1): General Gynaecology and Obstetrics - Maternal and Fetal Medicine

Pro-EGCG Inhibits Endometriosis Progression By Targeting Monocytic Myeloid-derived Suppressor Cells

Ms Qianhan XU[1], Prof. Chi CHIU, Ronald WANG[1], Prof. Pui Wah, Jacqueline CHUNG[1], Prof. Tao ZHANG[1]
[1]Department of Obstetrics and Gynaecology, Prince of Wales Hospital, The Chinese University of Hong Kong, Shatin, Hong Kong SAR

Background:
Endometriosis is a prevalent gynecological disease, however, its clinical management remains challenging due to the side effects associated with hormonal therapies, underscoring the need for novel non-hormonal strategies. Myeloid-derived suppressor cells (MDSCs), particularly the monocytic subset (M-MDSCs), are key contributors to the immunosuppressive microenvironment in endometriosis. Pro-EGCG has demonstrated efficacy in reducing lesion growth in preclinical models of endometriosis. We therefore aimed to determine whether Pro-EGCG alleviates endometriosis by modulating the immunosuppressive microenvironment through targeting M-MDSCs and disrupting their pro-fibrotic crosstalk.

Methods:
The therapeutic efficacy of Pro-EGCG were investigated through a multi-tiered experimental strategy. First, in a murine endometriosis model, lesion pathology and M-MDSC dynamics were assessed following Pro-EGCG treatment. The functional necessity of M-MDSCs was definitively tested by adoptive transfer experiment. To establish clinical relevance, M-MDSC levels were quantified in the peripheral blood and ectopic lesions of endometriosis patients. Finally, a series of in vitro assays utilizing human M-MDSCs were conducted to delineate the direct effects of Pro-EGCG on their survival, immunosuppressive function, and their capacity to promote pro-fibrotic responses in endometriotic stromal cells via a co-culture system.

Results:
In mice, Pro-EGCG treatment significantly reduced M-MDSC levels across multiple tissues. This reduction was concomitant with attenuated lesion burden, fibrosis, and proliferation. Furthermore, adoptive transfer of M-MDSCs fully reversed the therapeutic benefits of Pro-EGCG, establishing a causal role for these cells in disease progression. To validate the clinical relevance of these findings, we analyzed patient samples. We first found a significant increase and predominance of M-MDSCs in the peripheral blood of endometriosis patients. This justified our focus on the M-MDSC subset for in-depth mechanistic studies. Using human PBMC-derived M-MDSCs in vitro, we demonstrated that Pro-EGCG directly induced apoptosis and suppressed their immunosuppressive function. We further confirmed the presence of M-MDSCs within human endometriotic lesions, where they were found in proximity to stromal cells. This spatial association prompted us to investigate their functional crosstalk. Co-culture experiments demonstrated that M-MDSCs potently promoted the proliferation, migration, and invasion of endometriotic stromal cells. Crucially, preconditioning M-MDSCs with Pro-EGCG abolished this pro-lesion effect.

Conclusion:
This study demonstrates that Pro-EGCG treats endometriosis through a dual mechanism of action: by directly targeting M-MDSCs to alleviate immunosuppression and consequently inhibiting M-MDSC-driven stromal activation. This work thereby positions Pro-EGCG as a novel non-hormonal therapy that acts by dismantling a master regulatory circuit within the disease microenvironment.

Free Oral Presentation (1): General Gynaecology and Obstetrics - Maternal and Fetal Medicine

Evaluating Non-Invasive Prenatal Testing for Trisomy Detection in Pregnancies with Structural Anomalies

Dr Vivian WY NG[1], Dr Emeke MOFON[1], Dr Stephanie ALLEN[2], Mr James CASTLEMAN[1], Dr Patricia APENTENG[3], Dr Elizabeth YOUNG[2], Dr Hsu Phern CHONG[1]
[1]Fetal Medicine Centre, Birmingham Women's And Children's Nhs Foundation Trust, Birmingham, United Kingdom, [2]West Midlands Regional Genetics Laboratory, Birmingham, United Kingdom, [3]Department of Applied Health Sciences, University of Birmingham, Birmingham, United Kingdom

Objective: Non-invasive prenatal testing (NIPT) for Trisomies 13, 18 and 21 for fetal structural anomalies is not currently included in the NHS England National Genomics Test Directory. We undertook a service evaluation study to assess the impact of offering this screening test following a diagnosis of a fetal structural malformation by a fetal medicine specialist. We also evaluated the incidence of other chromosomal/genetic diagnoses.

Methods: This was a retrospective observational study from June 2021 to December 2024 (42 months), including women with singleton pregnancies who underwent NIPT following an ultrasound diagnosis of structural fetal anomaly. Patient demographics, pregnancy outcomes, and genetic diagnoses were extracted. NIPT was performed using the Illumina Veriseq platform.

Results: A total of 304 women met the inclusion criteria, with the most common ultrasonographic findings being fetal growth restriction (24%), short long bones (21%), and echogenic bowel (20%). The average maternal age was 31.7 years, with a mean gestational age of 21.4 weeks at testing. Higher chance NIPT results were observed in 9% (28/304) of cases, comprising trisomy 21 (n=20), trisomy 18 (n=6), and trisomy 13 (n=2). Two tests failed due to low fetal fraction.. The detection rate was highest in women who had declined any antenatal screening test 14%(11/76), and was still appreciable in those with low chance first-trimester screening 5%(6/130). In fetuses with multi-system structural malformations, the yield was 14%(15/109) in those who had initially opted for antenatal trisomy screening, and 29%(10/34) in those without. The highest yield of 40%(8/20) was found in fetuses with cardiac anomalies without prior antenatal screening. There were no false-positive NIPT results (22/28 had a confirmatory test after positive NIPT). One fetus was diagnosed with Trisomy 18 by amniocentesis following a false-negative NIPT result. The incidence of other genetic diagnoses was 14%(4/29) for those undergoing antenatal invasive tests, and 47%(27/58) postnatally.

Conclusion: This study indicates that NIPT is a usual adjunct for clinicians and women after a fetal structural anomaly diagnosis, yielding 14% in unscreened cohorts and 5% in screened cohorts. Parents should understand the limitations of cell-free fetal DNA testing, as 10% had other genetic diagnoses not detectable by NIPT. The lack of confirmatory tests limited our analysis of test accuracy. A prospective implementation study is required, as NIPT for selected phenotypes may play a significant role in future prenatal investigation pathways

Free Oral Presentation (1): General Gynaecology and Obstetrics - Maternal and Fetal Medicine

Nicotinamide N-Methyltransferase is Required for Syncytiotrophoblast Formation by Regulating Oxidative Phosphorylation

Dr. Renwu HUA[1], BS Juhui LI[1], Prof. William S. B. YEUNG[1,2], Dr Tianren WANG[1,2]
[1]The University Of Hong Kong - Shenzhen Hospital, Shenzhen, China, [2]The University of Hong Kong, Hong Kong, China

Background / Objectives
The syncytiotrophoblast (STB) is a multinucleated placental layer essential for nutrient exchange and hormone production during pregnancy. Its formation depends on cytotrophoblast fusion and precise metabolic regulation, particularly oxidative phosphorylation (OXPHOS). Although OXPHOS is known to support trophoblast function, the specific role of Nicotinamide N-methyltransferase (NNMT), a metabolic enzyme linked to mitochondrial activity, in STB development remains unclear. This study aims to investigate whether NNMT is required for STB formation by modulating OXPHOS.

Methodology
Human trophoblast stem cells (hTSCs) were differentiated into STB cells using a syncytialization medium. On day 2 of differentiation, 50 μM of an NNMT inhibitor (Nnmti) was added to the culture medium for 48 hours. Syncytium formation was assessed by immunofluorescence staining for CGB and E-cadherin (CDH1) distribution, with fusion index quantified. Transcriptomic changes were analyzed by RNA-sequencing, and key OXPHOS gene expressions were validated by RT-qPCR. Additionally, the integrated stress response marker ATF4 and the mTOR pathway activity (via pS6) were examined.

Results
Nnmti treatment significantly impaired STB formation, as evidenced by reduced CGB expression (0.56 vs. 1.00, $p < 0.01$) and a lower fusion index (6.80 vs. 10.93, $p < 0.01$). RNA-seq analysis revealed 156 differentially expressed genes (93 upregulated and 63 downregulated), with pathway enrichment highlighting disruption of the OXPHOS pathway. RT-qPCR confirmed downregulation of critical OXPHOS components: MT-CO1 (0.59 vs. 1.00, $p < 0.05$), MT-CO2 (0.29 vs. 1.00, $p < 0.01$), MT-CO3 (0.41 vs. 1.00, $p < 0.01$), MT-CYB (0.45 vs. 1.00, $p < 0.01$), and MT-ATP6 (0.68 vs. 1.00, $p < 0.01$). The dysfunction of OXPHOS induced a distinct stress signature characterized by increased ATF4 levels (1.14 vs. 0.74; $p < 0.05$) and suppressed mTOR signaling, evidenced by a decrease in pS6 (0.53 vs. 0.88; $p < 0.05$).

Conclusion
The NNMT inhibitor Nnmti impairs syncytiotrophoblast formation by disrupting OXPHOS function, demonstrating that NNMT is critical for placental development through the regulation of mitochondrial energy metabolism.

Free Oral Presentation (2): Gynaecological Oncology and Reproductive Medicine

Context Dependent Functional Aneuploidy in Cancer

Miss Ling Shan HUNG[1], Dr Stephanie S. LIU[1], Dr Na WEI[1], Ms Lesley S.K. LAU[1], Professor Kui LIU[1], Professor Karen K.L. CHAN[1], Professor Haonan LU[1], Professor Haonan LU[2]
[1]Department of Obstetrics & Gynaecology, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, People's Republic of China. , Hong Kong SAR, People's Republic of China, [2]Materials Innovation Institute for Life Sciences and Energy (MILES), HKU-SIRI, Shenzhen, China Background, Shen Zhen, People's Republic of China

Background
Aneuploidy—the gain or loss of whole chromosomes or arms—is pervasive in cancer and displays strong tissue specificity. While isolated alterations such as 8q amplification in ovarian cancer or 17p deletion in breast cancer are well recognised, the mechanisms shaping broader, cancer-type-specific aneuploidy patterns remain unclear. Conventional arm-level calling relies on arbitrary coverage thresholds that may obscure biologically meaningful boundaries. We hypothesised that recurrent copy-number breakpoints within tumour types better capture functional aneuploidy and may reveal principles underlying context-dependent aneuploidy landscapes.

Methods
We mapped recurrent breakpoints across 38 cancer types using BISCUT and validated calls across nine multi-platform datasets (data from the APOLLO Network, CPTAC 3, CGCI, TARGET, DepMap, PCAWG and TCGA programmes and two in-house datasets). Functional aneuploidy was quantified using BAGEL, which aggregates BISCUT-defined boundaries into arm-level events. Prognostic value was assessed using Cox models and Kaplan–Meier survival analysis in TCGA ovarian cancer with external validation in PCAWG. To evaluate functional selection, we integrated DepMap CRISPR essentiality screens and used mixed-effects models to test gene-essentiality differences between cancers with versus without specific aneuploidies. Chromatin constraints were assessed using Hi-C data from breast and lung cancer cell lines by computing TAD penetration scores for recurrent breakpoints.

Results
Breakpoint-defined aneuploidy showed high reproducibility across datasets, including 34 recurrent breakpoints consistently identified across eight independent high-grade serous ovarian carcinoma cohorts. In ovarian cancer, breakpoint-derived aneuploidy was strongly prognostic and outperformed traditional arm-level metrics. Mixed-effects modelling identified 123 significant shifts in gene essentiality associated with specific aneuploidies. Canonical oncogenes such as ERBB2 and CCND1 showed expected dependency patterns, validating the approach. We additionally identified PPP4R2, a chromatin-associated DNA repair regulator, as differentially essential between breast and lung cancer in the context of a 3p centromeric deletion. This deletion was markedly longer in lung cancer, suggesting greater disruption of regulatory architecture. Hi-C analysis revealed that recurrent breakpoints under negative selection preferentially localised to TAD boundaries, consistent with structural constraints. For the 3p deletion, the breakpoint sat at a TAD boundary in breast cancer but

penetrated the TAD interior in lung cancer, aligning with the observed tissue-specific PPP4R2 dependency.

Conclusions

We redefine functional aneuploidy using recurrent, biologically constrained breakpoints rather than arbitrary arm-level thresholds. These events are reproducible, prognostic, and reveal tissue-specific dependencies. Integration with chromatin topology shows that breakpoint positioning is biased toward TAD boundaries under negative selection, linking aneuploidy evolution to 3D genome architecture and functional constraint.

Free Oral Presentation (2): Gynaecological Oncology and Reproductive Medicine

Regulation of endometrial gland adenogenesis: evidence from a 3D endometrial assembloid model

Prof. Cheuk-Lun, Keith LEE[1], Dr. Xintong LI[2], Prof. Ka-Wang CHEUNG[2], Prof. Philip C.N. CHIU[2]
[1]The Hong Kong Polytechnic University, Hong Kong SAR, Hong Kong SAR, [2]The University of Hong Kong, Hong Kong SAR, Hong Kong SAR

Background / Objectives
Endometrial gland secretions play crucial roles during the menstrual cycle and early pregnancy, yet the mechanisms governing their formation, known as adenogenesis, are not well understood. Although various three-dimensional (3D) endometrial models exist, none fully replicate human gland development in vitro.

Methodology
This study establishes a robust 3D endometrial assembloid model by integrating human endometrial organoids (EOs) and human endometrial stromal cells (HESCs).

Results
This study successfully replicating tubular gland formation and illustrating essential stromal-epithelial interactions. Transcriptomic analyses identify Wnt Family Member 7B (WNT7B) as an intrinsic inhibitor of gland formation, regulated extrinsically by transforming growth factor beta 1 (TGFβ1) signaling through vitamin D receptor (VDR) interactions between EOs and HESCs. Endometrium-specific WNT7B knockout mice exhibit enhanced gland development further supports WNT7B's inhibitory role in adenogenesis. Estradiol facilitates tubular gland formation by suppressing WNT7B expression in vitro, which is confirmed in estradiol-stimulated mouse models and clinical samples from women undergoing ovarian stimulation for in vitro fertilization.

Conclusion
These findings elucidate the central roles of estradiol-WNT7B signaling and stromal-derived TGFβ1-VDR crosstalk in endometrial adenogenesis, providing a foundation for improved 3D endometrial models and identifying therapeutic targets for gland-related disorders like adenomyosis, endometriosis, infertility, and endometrial hyperplasia.

Free Oral Presentation (2): Gynaecological Oncology and Reproductive Medicine

The role of microRNA let-7 in early human trophoblast differentiation

Dr Andy Chun Hang CHEN[1,2,3], Ms Ying FENG[1], Ms Sze Wan FONG[1], Dr Yin Lau LEE[1,2,3], Prof William Shu Biu YEUNG[1,2,3]

[1]Department of Obstetrics and Gynaecology, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, China, [2]Shenzhen Key Laboratory of Fertility Regulation, Reproductive Medicine Center, The University of Hong Kong - Shenzhen Hospital, Shenzhen, China, [3]Centre for Translational Stem Cell Biology, Hong Kong SAR, China

Background / Objectives

The first lineage segregation in pre-implantation embryo involves the formation of inner cell mass and trophectoderm. This process is crucial for proper embryo development and successful implantation. However, our current knowledge on the molecular events during this process mainly relies on mouse models due to scarcity of human embryos for research. Our previous work demonstrated the importance of a family of microRNA lethal-7 (let-7) in early mouse embryo development. Overexpression of let-7 during cleavage stage embryos led to lower blastocyst formation and embryo dormancy. Moreover, let-7 targeted and downregulated Tead4, an downstream effector of Hippo signaling pathway and an important mouse trophectoderm marker. This study hypothesized that let-7 has a conserved role for modulating trophectoderm development in humans and mice through Hippo signaling pathway. This study utilized the trophoblastic spheroids (BAP-EB) differentiated from human expanded potential stem cell derived from human embryos (hEPSC-em) as the in-vitro cell model for trophectoderm or early trophoblast development. BAP-EB from hEPSC-em showed cystic structure at 48h post-differentiation with size and morphology reminiscent of human blastocysts. Moreover, single-cell RNA sequencing data revealed that the BAP-EB formed from hEPSC-em had high expressions of early trophoblast markers (CDX2, GATA2 and GATA3).

Methodology

BAP-EB derived from hEPSC-em was utilized as the in-vitro cell model for studying trophectoderm or trophoblast development in this study. Quantitative real-time PCR (qPCR) was utilized to detect miRNA and gene expression levels. miRNA mimics, agomiRs, was used for overexpression of miRNAs.

Results

The expression levels of let-7 isoforms were assessed upon early trophectoderm or trophoblast development. Our data indicated that the expressions of let-7a, -7d, and -7i were significantly downregulated during BAP-EB formation at 48 and 72h post-differentiation compared to undifferentiated hEPSC-em. Since we previously reported the role of let-7a in mouse trophectoderm formation and embryo implantation, we sought to functionally characterize its role in early human trophoblast formation. let-7a agomiRs transfected into BAP-EB hindered the cystic formation at 48h post-differentiation. Subsequently, we focused to identify the downstream targets let-7a during human early trophoblast development. In-silico analysis predicted YAP1, an upstream Hippo activator of Tead and an important human trophectoderm effector, was one of the downstream targets of let-7a. Upon

let-7a overexpression by agomiR transfection in BAP-EB at 0h, it was confirmed that YAP1 protein was downregulated at 72h post-differentiation.

Conclusion

Our results suggested that let-7 has conserved role in regulating human and mouse early trophoblast differentiation through Hippo signaling pathway.

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37	Delineating the novel role of AOC1 in trophoblast differentiation and its association with the pathophysiology of preeclampsia	Ms. Yuhan DUAN (Hong Kong, China)
59	Incidence of intraoperative adhesions and surgical outcomes in Caesarean sections: a retrospective cohort	Dr. Shannen POON (Hong Kong, China)
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5	An observational study of the relationship between vaginal bleeding and uterine cavity repair after medical abortion in early pregnancy	Dr. Cailin WU (Shenzhen, China)
17	Prenatal Diagnosis of 15q11.2q13.1 Duplication Syndrome: Insights from Three Case Reports	Ms. Jasmine CHING (Hong Kong, China)
19	Prenatal and Postnatal Diagnoses of 46,XX SRY-Positive Male Syndrome: Two Rare Case Reports	Mr Johnny Choi-Yin LAM (Hong Kong, China)
24	Multi-omics insights into miRNA-RNA regulation in trophoblast function and its association with preeclampsia	Ms. Yanjie GUO (Hong Kong, China)
26	Review of antenatal thalassaemia screening program and the outcomes for at-risk couples in a tertiary hospital in Hong Kong	Ms. Wai Ching Polly PANG (Hong Kong, China)
27	To analyze trends in primary referral indications to the prenatal diagnostic and counselling clinic from 1981 to 2024 and to identify the key factors contributing to these changes	Ms. Wai Ching Polly PANG (Hong Kong, China)
28	Non-invasive Prenatal Testing (NIPT) in Queen Mary Hospital: A Five-Year Review	Ms. Wing Wai NG (Hong Kong, China)
29	Prenatal Diagnosis of Uniparental Disomy in Cases of Rare Autosomal Trisomy and Non-reportable Non-invasive Prenatal Test Results	Ms. Vivian Yan-Wing YU (Hong Kong, China)
36	Engineered Peptide-Conjugated Lipid Nanoparticles for Targeted Treatment of Premature Ovarian Insufficiency	Mr. Tianyi MA (Hong Kong, China)
39	A Polarized and Hormonally Responsive Endometrial-Blastoid Co-Culture System for Modeling Early Human Embryo Implantation	Dr. Yanhui ZHAI (Hong Kong, China)
40	Apert Syndrome In Hong Kong: Clinching The Diagnosis From Prenatal To Postnatal Period	Dr. Lydia LT KWONG (Hong Kong, China)
49	Prenatal diagnosis of a pair of twins with thanatophoric dysplasia type I and Down syndrome: a case report	Dr. Tsoi Yan Dorothy CHAN (Hong Kong, China)
56	Unusual prenatal presentations of trisomy 13 (Patau syndrome)	Dr. Kirsten Mi Yui KO (Hong Kong, China)
74	Management of Familial Hypertriglyceridemia in Pregnancy : A Case Report	Dr. Yuen Chung TANG (Hong Kong, China)

List of e-Posters

Abstract No.	Abstract	Presenting Author
82	Patients' satisfaction on combined medical clinic in a university hospital in Hong Kong	Dr. Ka Wai Kitty MA (Hong Kong, China)

Conference Information

Conference Venue

Lecture Theatres, Cheung Kung Hai Conference Centre, G/F, William MW Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong

Location Map: Click Here

Registration and Information Desk

The registration and information desk operates during the following hours:

6 December 2025 (Sunday) 12:30 – 18:00

7 December 2025 (Saturday) 08:00 – 17:45

Catering Arrangement

Refreshments will be served during the breaks in the exhibition area.

You are welcome to bring your own water bottle, as complimentary water refill stations will be available throughout the conference venue to support sustainable practices.

Lunch Symposium & Meal Coupon*

Lunch Symposium will be held on 7 December (12:20–13:20). Lunch redemption coupons can be collected at the registration desk on 7 December on a first-come, first-served basis. ***(*For eligible participants only)***

E-Posters' Display

Electronic posters are displayed throughout the Conference in the exhibition area.

Exhibition

An exhibition of medical and pharmaceutical products will be held in conjunction with the conference.

CME/CNE Attendance & Certificate

Please sign your CME/CNE attendance sheet onsite. Certificate of Attendance and the e-evaluation form will be sent to all attendees after the Conference.

Official Language

The official language of the Conference is English. No simultaneous interpretation will be provided.

Liability

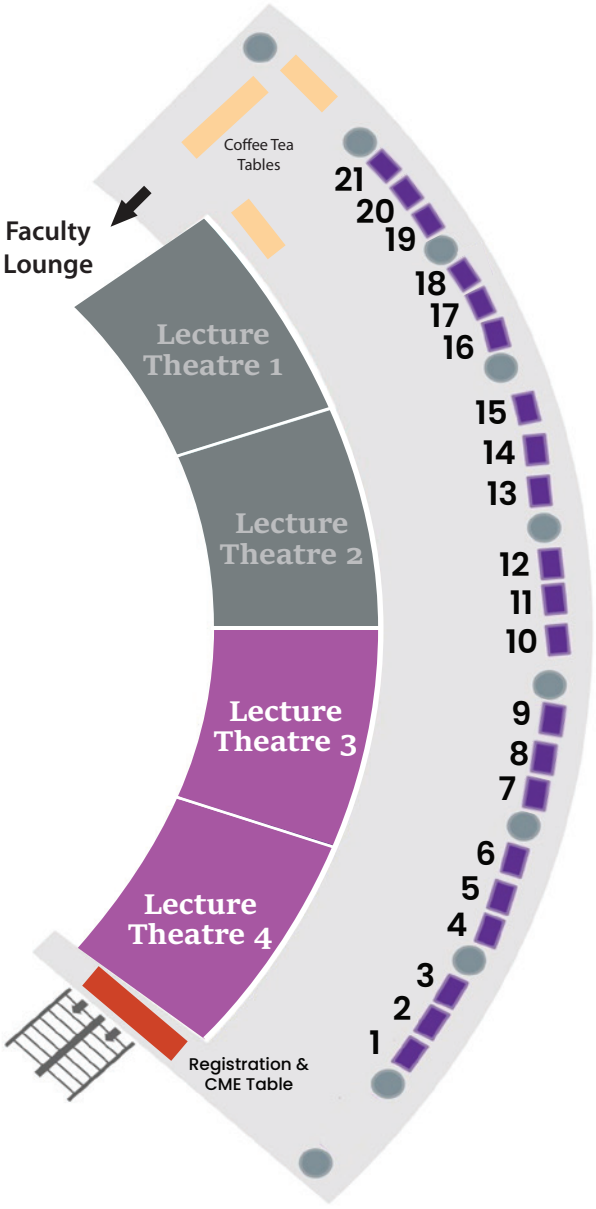
The Organiser will not be liable for personal accidents, or any loss or damage of private property during the Conference. Participants should make their own arrangements in respect of personal insurance.

Disclaimers

Whilst every attempt will be made to ensure that all aspects of the Conference announced will take place as scheduled, the Organiser reserves the right to make last-minute changes should the need arise.

Venue & Exhibition Floor Plan

Cheung Kung Hai Lecture Theatre, William MW Mong Block, Li Ka Shing Faculty of Medicine, The University of Hong Kong



Exhibitors	Booth No.
Abbott Laboratories Limited	10 & 11
Astellas Pharma Hong Kong Co., Ltd.	16
AstraZeneca Hong Kong Ltd.	7
Bayer HealthCare Limited	8 & 9
BGI Health (HK) Company Limited	17
Ferring Pharmaceuticals Ltd.	18
GlaxoSmithKline Ltd.	14
HiPP	3
Hologic Asia Pacific Limited	2
Hong Kong Hybribio Limited	15
Intuitive Surgical-Fosun (Hongkong) Co., Ltd	20
Merck Sharp & Dohme (Asia) Ltd.	4
Otsuka Pharmaceutical (H.K.) Limited	21
Phase Scientific	6
QST Technologies (HK) Company Limited	1
Stryker China Limited	19
Xcelom Limited	5
Zuellig Pharma Limited	13

Academic Accreditation

Local participants can be accredited by CME/CNE points from various colleges as follows:

College / Association	Day 1 (6 Dec)	Day 2 (7 Dec)	Max. for Whole Function	Category
CME				
Hong Kong College of Anaesthesiologists	3.50	8.50	12	PP-NA
Hong Kong College of Community Medicine	3.50	6	9.50	PP-PP
Hong Kong College of Emergency Medicine	3.50	6	9.50	CME-PP
The Hong Kong College of Family Physicians	3	5	8	OEA-5.02
Hong Kong College of Obstetricians and Gynaecologists	3.50	8.50	12	PP-PP
The Hong Kong College of Orthopaedic Surgeons	Pending	Pending	Pending	Pending
The Hong Kong College of Otorhinolaryngologists	2	4.50	6.50	PP-2.2
Hong Kong College of Paediatricians	3	6	9	A-PP
Hong Kong College of Pathologists	4	8.50	12.50	CME-PP
Hong Kong College of Physicians	1.50	4	5.50	PP-PP
The Hong Kong College of Psychiatrists	3.50	6	9.50	PP-OP
Hong Kong College of Radiologists	3.50	8.50	12	B-PP
The College of Surgeons of Hong Kong	3.50	6	9.50	CME-PP
CNE				
Nursing Council of Hong Kong	Pending	Pending	Pending	Pending

The final accreditation will be at the discretion of the individual college/association.

Acknowledgement

The Department of Obstetrics and Gynaecology of the University of Hong Kong would like to extend their sincere thanks to the following organisations for their ever-unfailing support and generous contribution to the 100th Anniversary Conference.

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*Dydrogesterone is indicated for progesterone deficiency in various indications including for the treatment of threatened miscarriage, habitual miscarriage and infertility due to luteal insufficiency[1]

References: 1. Company Core Data Sheet, Dydrogesterone. Abbott Laboratories Guideline Development Group. V9.0. 25th June 2021; **2.** Mirza FG, Patki A, Pexman-Fieth C. Dydrogesterone use in early pregnancy. *Gynecol Endocrinol* 2016;32(2):97–106; **3.** Griesinger G, Tournaye H, Macklon N, et al. Dydrogesterone: pharmacological profile and mechanism of action as luteal phase support in assisted reproduction. *Reprod Biomed Online* 2019;38(2):249–259; **4.** Tomic V, Tomic J, Klaic DZ, et al. Oral dydrogesterone versus vaginal progesterone gel in the luteal phase support: randomized controlled trial. *Eur J Obstet Gynecol Reprod Biol* 2015;186:49–53; **5.** Chakravarty BN, Shirazee HH, Dam P, et al. Oral dydrogesterone versus intravaginal micronised progesterone as luteal phase support in assisted reproductive technology (ART) cycles: results of a randomised study. *J Steroid Biochem Mol Biol* 2005;97(5):416–420; **6.** Schindler AE. Progestational effects of dydrogesterone in vitro, in vivo and on the human endometrium. *Maturitas* 2009;65(Suppl 1):S3–S11; **7.** Griesinger G, Blockeel C, Tournaye H. Oral dydrogesterone for luteal phase support in fresh in vitro fertilization cycles: a new standard? *Fertil Steril* 2018;109(5):756–762.

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- **Proven effectiveness in preventing recurrence of endometriosis after surgical treatment** (recurrence rate 4% in treatment group vs 69% in no treatment group at 5 years after surgery)[3]
- **Demonstrated a favorable safety** and **tolerability profile with long-term management**[4]

References:
1. Visanne HK PI 2021.
2. TechatraisakK, *et al. BMC WomensHealth*. 2019;19:68.
3. Ota Y,*et al. Journal of Endometriosis and Pelvic Pain Disorders.* 2015;7:63-67.
4. MoehnerS, *et al. Journal of Endometriosis and Pelvic Pain Disorders.* 2021;13:104-110.

Visanne API | Indication for Use: Treatment of endometriosis. **Composition:** Each tablet contains 2 mg dienogest and one of the excipients with known effect: 62.8 mg lactose monohydrate. **Posology and Method of Administration:** The dosage of Visanne is one tablet daily without any break, taken preferably at the same time each day with some liquid as needed. Tablets must be taken continuously without regard to vaginal bleeding. Treatment can be started on any day of the menstrual cycle. Any hormonal contraception needs to be stopped prior to initiation of Visanne. If contraception is required, non-hormonal methods of contraception should be used. Visanne is for oral use and can be taken with or without food. **Contraindications:** Visanne should not be used in the presence of or be discontinued immediately upon discovery of the following conditions: active venous thromboembolic disorder, arterial and cardiovascular disease, past or present (e.g. myocardial infarction, cerebrovascular accident, ischemic heart disease), diabetes mellitus with vascular involvement, presence or history of severe hepatic disease as long as liver function values have not returned to normal, presence or history of liver tumours (benign or malignant), known or suspected sex hormone-dependent malignancies, undiagnosed vaginal bleeding, hypersensitivity to the active substance or to any of the excipients. **Warnings and Precautions:** ***Serious uterine bleeding:*** In the event of anemia, discontinuation of Visanne should be considered; ***Changes in bleeding pattern:*** The majority of patients treated with Visanne experience changes in their menstrual bleeding pattern; ***Circulatory disorders:*** Treatment should be stopped at once if there are symptoms ofan arterial or venous thrombotic event or suspicion thereof; ***Tumors:*** A hepatic tumour should be considered in the differential diagnosis when severe upper abdominal pain, liver enlargement or signs of intra-abdominal haemorrhage occur in women taking Visanne. ***Osteoporosis:*** In patients who are at an increased risk of osteoporosis a careful risk- benefit assessment should be performed before starting Visanne because endogenous estrogen levels are moderately decreased during treatment with Visanne; ***Other conditions:*** please refer to section 4.4 in the full prescribing information: ***Lactose:*** Patients with rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucosegalactose malabsorption who are on a lactose-free diet should consider the amount contained in Visanne. **Adverse effects:** ***Common:*** breast discomfort, ovarian cyst, hot flushes, uterine / vaginal bleeding including spotting, weight increase, depressed mood, sleep disorder, nervousness, loss of libido, altered mood, headache, migraine, nausea, abdominal pain, flatulence, abdominal distension, vomiting, acne, alopecia, back pain, asthenic conditions, irritability. For ***uncommon and rare adverse reactions,*** please refer to section 4.8 in the full prescribing information. May 2021. Approval number: PP-VIS-HK-0050-1

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PP-VIS-HK-0056-1

Jemperli (dostarlimab) Injection 500 mg

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All-comers indication now approved

16 months mOS improvement[1*]

Broad disease characteristics included in the trial[2†]

~1-year mPFS[3‡]

Manageable safety profile[1§]

INDICATION

- **JEMPERLI is indicated in combination with carboplatin and paclitaxel for the treatment of adult patients with primary advanced or recurrent endometrial cancer (EC) and who are candidates for systemic therapy.[3]**

*HR compared with CP alone, 0.69; 95% CI, 0.54–0.89; p=0.0002.[1] †Carcinosarcoma and serous adenocarcinoma were included in the trial. P53 subgroup analysis is also available.[2] ‡ HR compared with CP alone, 0.64; 95% CI, 0.51–0.80; p<0.0001.[3] §No new safety signals were observed with additional follow up.[1]

Abbreviations: **CP,** carboplatin + paclitaxel; **EC,** endometrial cancer; **HR,** hazard ratio; **mOS,** median overall survival; **mPFS,** median progression-free survival.

References: 1. Powell MA, et al. Overall survival in patients with primary advanced or recurrent endometrial cancer treated dostarlimab plus chemotherapy in Part 1 of the ENGOT–EN6-NSGO/GOC-3031/RUBY trial. Presented at the Society of Gynecologic Society (SGO) 2024 Annual Meeting on Women's Cancer; 16–18 March 2024; San Diego, US. **2.** Mirza MR, et al. Dostarlimab + Chemotherapy for the Treatment of Primary Advanced or Recurrent Endometrial Cancer: Analysis of Progression-Free Survival and Overall Survival Outcomes by Molecular Classification in the ENGOT-EN6-NSGO/GOG-3031/RUBY Trial. Presented at: ESMO Congress 2023; 20–24 October 2023; Madrid, Spain. **3.** JEMPERLI. Hong Kong Prescribing Information. Version: HK67364_Jemperli concentrate solution for infusion (clean)_20250529. GSK.

Safety information for Jemperli (Dostarlimab)

Immune-related adverse reactions, which may be severe or fatal, can occur. While immune-related adverse reactions usually occur during treatment with PD-1/PD-L1 blocking antibodies, symptoms can also manifest after discontinuation of treatment. Early identification and management of immune-related adverse reactions are essential to ensure use of PD-1/PD-L1 blocking antibodies. Monitor for symptoms and signs of immune-related adverse reactions. Evaluate clinical chemistries, including liver tests and thyroid function tests, at baseline and periodically during treatment.

Safety Statement:
For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3189 8989 (Hong Kong),
or report via online Patient safety reporting form: https://gsk.public.reportum.com/.

Please scan the QR code for the full Prescribing Information.

Please read the full prescribing information prior to administration.

GSK

PM-HK-DST-LBND-250002 (06/2027)
Date of preparation: 07/2025

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Information for healthcare professionals

Note a : Based on the market share of MNC brands, source: Euromonitor Europe Organic Dairy Products and Alternatives Top 10 (West & East).
Note b : Based on total brand calculation under company, source: NielsenIQ RMS data, Value Sales in Euro for baby nutrition in 2022 for Germany, Total Grocery + Drugstores + e-commerce (Copyright ©2023, NielsenIQ).
Note c : Based on organic formula brands in HK, source: Euromonitor Hong Kong organic dairy product Retail Value RSP 2022, excluding non-dairy brands.
Note d : Based on the market share of MNC IMF brands, source: : Euromonitor Europe Immune Support Dairy Products and Alternatives in 2022 (West).

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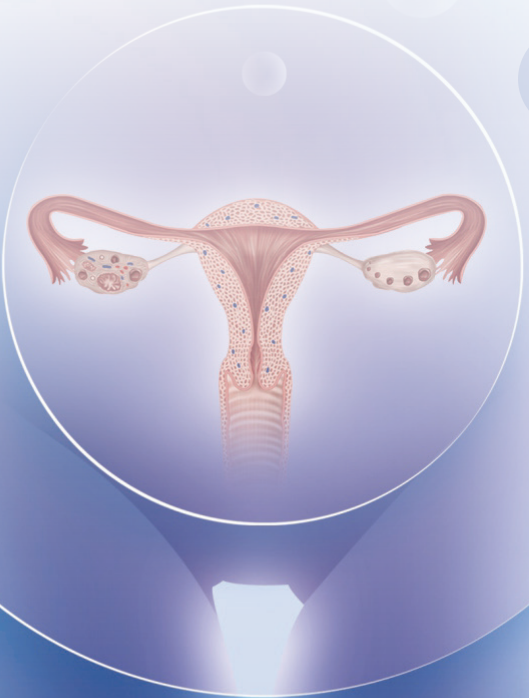

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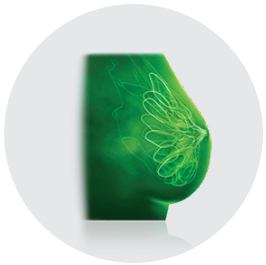

TRIPLE-NEGATIVE BREAST CANCER

KEYTRUDA is indicated for the treatment of patients with high-risk early-stage triple-negative breast cancer (TNBC) in combination with chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.

KEYTRUDA, in combination with chemotherapy, is indicated for the treatment of locally recurrent unresectable or metastatic TNBC in adults whose tumors express PD-L1 with a CPS ≥10 and who have not received prior chemotherapy for metastatic disease.

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WITH MICROSATELLITE INSTABILITY-HIGH (MSI-H) OR MISMATCH REPAIR DEFICIENT (dMMR)

KEYTRUDA is indicated for the treatment of adult patients with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options.

CPS = combined positive score; PD-L1 = programmed death ligand 1.

Reference: 1. KEYTRUDA® (pembrolizumab) [package insert]. Hong Kong: MSD; 2024.

Selected Safety Information of Keytruda (pembrolizumab)

Contraindications: None **Precautions:** •Immune-mediated pneumonitis •Immune-mediated colitis •Immune-mediated hepatitis and hepatotoxicity •Immune-mediated endocrinopathies •Immune-mediated nephritis and renal dysfunction •Immune-mediated Dermatologic Adverse Reactions •Other immune-mediated adverse reactions •Infusion-related reactions (including hypersensitivity and anaphylaxis) •Complications of allogeneic HSCT in patients after or prior to treatment with KEYTRUDA treatment •Increased mortality in patients with multiple myeloma when KEYTRUDA is added to a thalidomide analogue and dexamethasone •Embryo-fetal toxicity. **Adverse Events:** Most common adverse reactions (reported in ≥20% of patients) were: •KEYTRUDA as a single agent: fatigue, musculoskeletal pain, rash, diarrhea, pyrexia, cough, decreased appetite, pruritus, dyspnea, constipation, pain, abdominal pain, nausea and hypothyroidism; • KEYTRUDA in combination with chemotherapy: fatigue/asthenia, nausea, constipation, diarrhea, decreased appetite, rash, vomiting, cough, dyspnea, pyrexia, alopecia, peripheral neuropathy, mucosal inflammation, stomatitis, headache, weight loss, abdominal pain, arthralgia, myalgia, insomnia, and palmar-plantar erythrodysesthesia; •KEYTRUDA in combination with chemotherapy and bevacizumab: peripheral neuropathy, alopecia, anemia, fatigue/asthenia, nausea, neutropenia, diarrhea, hypertension, thrombocytopenia, constipation, arthralgia, vomiting, urinary tract infection, rash, leukopenia, hypothyroidism, and decreased appetite; •KEYTRUDA in combination with axitinib: diarrhea, fatigue/asthenia, hypertension, hepatotoxicity, hypothyroidism, decreased appetite, palmar-plantar erythrodysesthesia, nausea, stomatitis/mucosal inflammation, dysphonia, rash, cough, and constipation; •KEYTRUDA in combination with lenvatinib: hypothyroidism, hypertension, fatigue, diarrhea, vomiting, stomatitis, weight loss, abdominal pain, urinary tract infection, proteinuria, constipation, headache, hemorrhagic events, palmar-plantar erythrodysesthesia, dysphonia, rash, hepatotoxicity, and acute kidney injury; For detailed precautions and adverse events, please consult the full prescribing information.

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1. Boutnev et al, 2015; **2.** Casarini et al., 2018; **3.** Casarini et al., 2012; **4.** Casarini et al., 2017; **5.** Bousfield et al, 2019 **6.** Lispi M, et al. 2006; **7.** Leão RBF, et al. 2014; **8.** PERGOVERIS® EU Product Information. May 2023; **9.** Ferraretti et al. 2004; **10.** Chen et al 2022; **11.** Bühler & Fischer 2012; **12.** Bielfeld et al., 2023; **13.** Conforti, et al. 2021; **14.** Tayyar, et al. 2019; **15**. Kol S, 2014; **16.** Jeannerot F, et al. 2016; **17.** Cottell E, et al. 2024; **18.** Bühler 2015; **19.** Schertz J, 2017; **20.** Longobardi et al, 2019;. **21.** Ranisavljevic N, et al.2024;

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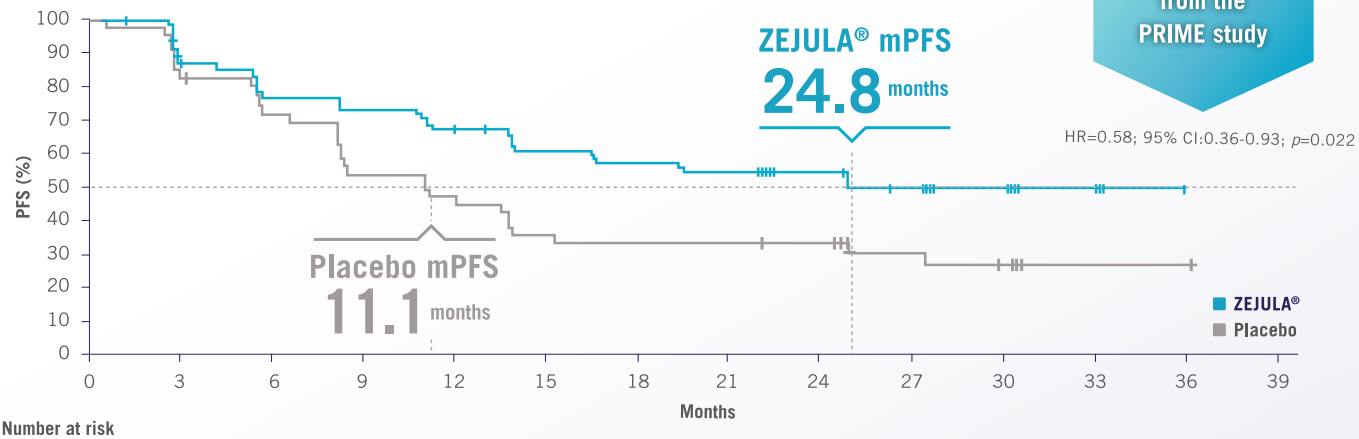

Number at risk														
ZEJULA®	85	71	63	60	54	48	45	42	36	25	13	6	0	0
Placebo	47	39	32	24	20	16	15	15	13	8	6	1	1	0

Figure adapted from Li N, 2022.

The efficacy with ZEJULA® was observed to be consistent across different patient subgroups, regardless of HRd or BRCA status.[4]

*as monotherapy

Abbreviations: BRCA: Breast cancer susceptibility gene; BRCAwt: Breast cancer susceptibility gene wild type; CI: Confidence interval; HR: Hazard ratio; HRd: Homologous recombination deficient; mPFS: Median progression-free survival; PARP: Poly ADP ribose polymerase; PFS: Progression-free survival

References: 1. ZEJULA® (niraparib). Prescribing information. Zai Lab; Aug 2021. **2.** Lynparza® (Olaparib). Summary of Product Characteristics, Jan 2018. 4206580. **3.** Rubraca® (Rucaparib). Summary of Product Characteristics, May 2020. 4609275. **4.** Li N et al. Efficacy and Safety of Niraparib as Maintenance Treatment in Patients with Newly Diagnosed Advanced Ovarian Cancer Using an Individualized Starting Dose (PRIME Study): A Randomized, Double-blind, Placebo-controlled, Phase 3 Trial. Presented at: Society of Gynecologic Oncology Annual Meeting on Womens' Cancer 2022; 18-21 March 2022; Phoenix, Arizona, USA.

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Name of the Medicinal Product: Zejula Capsules 100 mg. Each hard capsule contains niraparib tosylate monohydrate equivalent to 100 mg niraparib. Therapeutic Indications: Zejula is indicated as monotherapy for the maintenance treatment of adult patients with: • advanced epithelial (FIGO Stages III and IV) high-grade ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy, • platinum-sensitive relapsed high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy. Posology: *First-line ovarian cancer maintenance treatment:* 200mg once daily. *Recurrent ovarian cancer maintenance treatment:* 300mg once daily. Take the dose at approximately the same time each day. Bedtime administration may potentially help to manage nausea. Continued treatment is recommended until disease progression or toxicity. *Dose adjustments for adverse reactions:* In general, it is recommended to first interrupt the treatment (but no longer than 28 consecutive days) to allow the patient to recover from the adverse reaction and then restart at the same dose. In the case that the adverse reaction recurs, it is recommended to reduce the dose. If adverse reactions persist beyond a 28-day dose interruption, or are not manageable with this strategy of dose interruption and reduction, recommend to discontinue Zejula. Refer to the full prescribing information for detailed recommendations on dosage adjustments for adverse reactions, patients with higher/lower body weight and missed dose. No dose adjustment is needed for patients with mild to moderate renal impairment or mild hepatic impairment. Contraindications: Hypersensitivity. Breast-feeding. Warnings and Precautions: *Haematologic* - Haematologic adverse reactions (thrombocytopenia, anaemia, neutropenia) have been reported in patients treated with Zejula. Complete blood counts should be tested according to schedule. Discontinue Zejula if patient develops severe persistent haematologic toxicity including pancytopenia that does not resolve within 28 days following interruption. Anticoagulants and medicinal products known to reduce thrombocyte count should be used with caution. *Myelodysplastic syndrome/acute myeloid leukaemia* - Cases of MDS/AML have been observed in patients treated with Zejula monotherapy or combination therapy in clinical trials and postmarketing. If MDS and/or AML are confirmed while on treatment with Zejula, treatment should be discontinued and the patient treated appropriately. *Hypertension, including hypertensive crisis* – Hypertension, including hypertensive crisis, has been reported with the use of Zejula. Pre-existing hypertension should be adequately controlled before starting treatment and monitor blood pressure at least weekly for two months, monthly afterwards for the first year and periodically thereafter during treatment. Discontinue Zejula in case of hypertensive crisis or if medically significant hypertension cannot be adequately controlled with antihypertensive therapy. *Posterior Reversible Encephalopathy Syndrome (PRES)* – PRES has been reported in patients receiving Zejula. In case of PRES, discontinue Zejula and to treat specific symptoms including hypertension. *Hepatic impairment* – Carefully monitor in patients with moderate and severe hepatic impairment. Interaction with other medicinal products and other forms of interaction: Exercise caution when use in combination with vaccines, immunosuppressant agents or with other cytotoxic medicinal products; when niraparib is combined with active substances the metabolism of which is CYP3A4-dependent and, notably, those having a narrow therapeutic range (e.g. ciclosporin, tacrolimus, alfentanil, ergotamine, pimozide, quetiapine, and halofantrine), and metabolism of which is CYP1A2-dependent and, notably, those having a narrow therapeutic range (e.g. clozapine, theophylline, and ropinirole); when niraparib is combined with substrates of BCRP (irinotecan, rosuvastatin, simvastatin, atorvastatin, and methotrexate); and when combined with active substances that undergo an uptake transport by OCT1 such as metformin. Fertility, pregnancy and lactation: Women of childbearing potential should not become pregnant while on treatment and should not be pregnant at the beginning of treatment. A pregnancy test should be performed on all women of childbearing potential prior to treatment. Women of childbearing potential must use effective contraception during therapy and for 1 month after receiving the last dose of Zejula. Zejula should not be used during pregnancy. Breast-feeding is contraindicated during treatment and for 1 month after receiving the last dose. Undesirable Effects: ADRs of all grades occurring in ≥ 10% of patients in both PRIMA and NOVA trials were: nausea, anaemia, thrombocytopenia, fatigue, constipation, vomiting, headache, insomnia, platelet count decreased, neutropenia, abdominal pain, decreased appetite, diarrhoea, dyspnoea, hypertension, asthenia, dizziness, neutrophil count decreased, cough, arthralgia, back pain, white blood cell count decreased, and hot flush. The most common serious adverse reactions > 1 % (treatment-emergent frequencies) were thrombocytopenia and anaemia. Please refer to the full prescribing information before prescribing. 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^ Data from HealthBaby Cord Blood Bank and its affiliated network members
*Rubenstein P. Cord blood banking for clinical transplantation. Bone Marrow Transplantation 2009;44:635-642