

# 院訊 News Letter

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齊服務 展關懷 WE SERVE & WE CARE



Medical Article

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聖保祿醫院  
St. Paul's Hospital

# 修女的話

過去一年，我們在疫情中經歷了許多困難和挑戰，最終走出了陰霾，恢復正常生活。疫情給我們帶來了許多重大的改變，影響了我們的日常習慣、生活方式以及人際關係。儘管一切都在變化，但最重要的是我們的「初心」依然保持不變——「勿忘初心，立己立人」。我們要堅守信念，不忘初衷，堅持自己的價值觀和原則，繼續邁向更美好的未來。



天主透過耶穌基督降生成人，與我們同在，以不同的方式救助人，把愛帶來人間，並與我們相伴同行。最後，耶穌更不惜犧牲自己的生命去救贖我們。藉着耶穌基督，天主顯現給我們要秉持相伴同行的使命。我們要效法聖保祿宗徒「為一切人成為一切」的精神，成為一切人的僕人，並在別人需要幫助的時候就主動伸出援手。只要我們每人都堅持這份互相關愛的精神，彼此信賴及扶持，人與人的距離就會拉近，我們的家庭、團體、社會及國家就會茁壯成長。新的一年，讓我們發揮相伴同行的精神，從「心」出發，讓愛心滲滿人間。

今年是龍年，龍在中華文化中被視為力量、勇氣、智慧、慈愛及希望的象徵意義。然而，這些意義都是基督徒生活上重要的價值觀，與中華文化中龍的象徵意義不約而同。在這新的一年，我祝福大家：

願你有龍一般的活力，充滿力量和勇氣去攀越高峰。

願你有龍一般的心靈，充滿慈愛去關懷別人。

願你有龍一般的智慧，充滿創造力為社會作出貢獻。

願你如龍一般每一天都在天際翱翔，充滿新的希望。

願天主的恩典和祝福與你同在，讓愛與平安在你的生命中永遠綻放。

張柱見修女

# 龍

騰歡躍喜迎春

主福降臨滿人間

*Dr. William Ho*  
Chief Medical Executive



## *Heralding a New Era*

*Let me first wish everybody good health and  
a most prosperous Year of the Dragon!*

This indeed looks a promising year ahead. With the COVID-19 epidemic behind us and the last phase of our Hospital Redevelopment Project edging towards final completion, we are poised to write a brand new chapter of our long, illustrious history. Not many people know that in fact among all 14 existing private hospitals in Hong Kong, SPH is the oldest, established in 1898 by the Sisters of St. Paul de Chartres. Still less would reckon that SPH introduced Hong Kong's first CT scanner in 1977, first MRI in 1989, and first Extracorporeal Shock Wave Lithotripter in 1985. Those who have been around here long enough have witnessed the gradual replacement of the original buildings eventually by two modern, spacious hospital blocks. After that, we've been often asked whether the new construction site in between means a third high rise building. And invariably, the enquirer would be utterly amazed that such precious space in downtown Causeway Bay is just meant for underground floors on top of which sits a beautiful garden with water feature, leading up to the magnificent Christ the King Chapel. This is indeed a far cry from pure commercial considerations. To us, providing an oasis to promote a healing environment is of paramount importance. In parallel, new developments as

introduced in recent issues of our Newsletter include the first Elderly Day Care Centre inside a local private hospital, our second Cardiac Catheterization Laboratory, a new Oncology Day Centre, a new ENT Centre heralding other specialist centres in Block A in the pipeline, and a Radiotherapy Centre being constructed.

No matter how good the hardware is, it's the people and the services that matter to patients. We are blessed with the support of so many visiting and staff doctors of high professional standard, supported by a robust structure of clinical governance in the form of Clinical Advisory Committees where experts selflessly devote their time and energy to help guide our service development and safeguard good practice. We are equally blessed to have dedicated teams of nursing, allied health and other staff, working in a family-like organization culture of respect and collaboration that's painstakingly treasured and preserved over the last 125 years. With God's grace and under the guidance of the Congregation of St. Paul Sisters, the Hospital has been and will continue to be embracing new challenges and opportunities, pledging our utmost to serve the public with compassion, agility, diligence, humility and gratitude.

聖保祿醫院主樓(B座)三樓  
3/F, Main Block (Block B), St. Paul's Hospital

(852) 2830 3938

更多資訊  
www.stpaul.org.hk



# COMPREHENSIVE EXPANSION OF ONCOLOGY SERVICES

St. Paul's Hospital Oncology Day Centre was officially opened in June of last year. Our centre strives to provide one-stop oncology treatment as well as holistic care to our patients. Our multidisciplinary healthcare professionals, with a wide range of expertise, are dedicated to delivering high-quality services to cancer patients and accompanying them along the treatment journey. Patients can receive specialist consultations, advices from our clinical oncologists and receive cancer treatment services, including chemotherapy, targeted therapy, immunotherapy, hormonal therapy, and supportive treatment at the centre.

Our centre is furnished with an elegant and cozy environment. It is spacious and well-equipped, featuring consultation rooms, day wards, a meeting room, and a treatment room. All the day wards provided are private and VIP single rooms. These rooms are meticulously designed and equipped with televisions and free internet access. This allows patients to receive treatment in a private, comfortable and safe environment with the accompaniment from family and friends. Our aim is to ensure that patients receive high-quality medical service experience.

St. Paul's Hospital is also fully expanding its oncology services. The construction of the Oncology Radiotherapy Centre is currently underway in LG3 of the Main Block. It is expected to be in service in the third quarter this year.

## 全面開展 腫瘤科服務

聖保祿醫院腫瘤科日間中心於去年六月份正式開幕，為患者提供一站式的腫瘤治療及全人護理服務。我們專業的跨專科醫療團隊致力為癌患者提供卓越醫療服務，並陪伴患者渡過整個治療過程。腫瘤科日間中心提供腫瘤科專科醫生診症、諮詢及抗癌治療服務，包括化學治療、標靶治療、免疫治療、荷爾蒙治療及輔助治療。

本中心設計優雅舒適、環境寬敞及設備完善。中心內設有診症室、會客室、治療室，所提供的日間病房全是獨立式及貴賓式的單人房間。房間經過精心設計，配備電視及免費上網服務。這樣，病患者可以在舒適及安全的環境中接受治療，讓親友陪伴之餘，同時亦增加病者的私隱度，使患者獲得優質的治療體驗。

聖保祿醫院另全面開展腫瘤科醫療服務。腫瘤科放射治療中心目前在主樓地庫三樓正在興建中，預計於今年第三季提供服務。



3D diagram of  
Oncology Radiotherapy Centre  
on LG3

地庫三樓  
腫瘤科放射治療中心  
立體設計圖預覽



*Dr. Yee King Hang*  
Resident Consultant Orthopaedist

## Minimally Invasive Surgery in the Foot and Ankle:

# Advancements, Techniques, and Future Directions



### The History and Evolution of Minimally Invasive Foot and Ankle Surgery:

The concept of minimally invasive surgery (MIS) in the foot and ankle initially gained popularity in the United States in the 1980s. However, early attempts at MIS faced challenges and yielded poorly reproducible outcomes(1), leading to its initial abandonment. Nevertheless, interest in MIS of the foot and ankle grew in Europe, leading to the establishment of the Groupe de Recherche et Etude en Chirurgie Mini-Invasive de Pied, the first international MIS foot and ankle study group, in 2002. Through collaboration among international surgeons, new techniques were developed, demonstrating improved safety and patient outcomes.

### Defining Minimally Invasive Surgery:

Minimally invasive surgery (MIS) encompasses a range of surgical techniques aimed at minimizing tissue damage by utilizing smaller incisions, specialized instruments, and advanced imaging technologies. These techniques enable surgeons to perform complex procedures with reduced trauma to surrounding tissues, resulting

Foot and ankle conditions can have a significant impact on an individual's quality of life, causing pain, deformity, and functional limitations. Traditional open surgeries have long been the standard treatment approach, but they often result in larger incisions, longer recovery times, and increased risks of complications. However, in recent years, there has been a paradigm shift towards minimally invasive foot and ankle surgery, which offers numerous advantages to both patients and surgeons.

in less postoperative pain, faster healing, improved cosmetic outcomes, and enhanced rehabilitation progress(2)

### Common Foot and Ankle Conditions:

#### 1. Ankle Fracture:

Ankle fractures can occur due to trauma or injury, resulting in a broken bone in the ankle joint. Minimally invasive techniques, such as the use of a fibula nail, have been successfully applied to treat ankle fractures(3). These techniques involve small incisions and the utilization of an implant to reduce and stabilize the fractured fibula. Compared to traditional open reduction and internal fixation, minimally invasive approaches have shown to significantly reduce the risk of wound dehiscence and infection, particularly in elderly patients(4, 5).

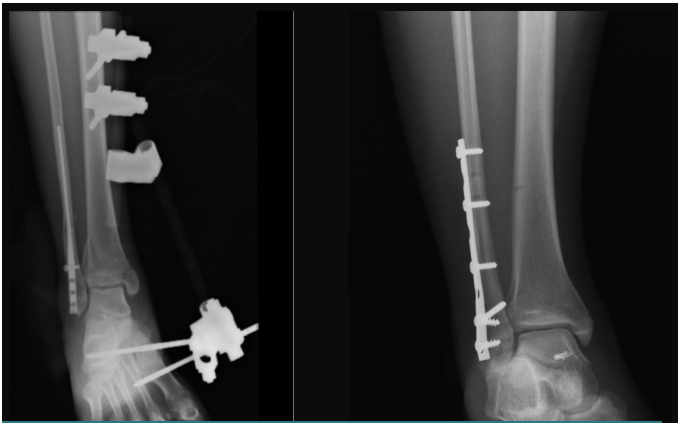


Figure 1: Fibula nail and fibula plate for treatment of fibula fracture.

## 2. Hallux Valgus (Bunion):

Hallux valgus, commonly known as a bunion, is a condition characterized by the deviation of the big toe, leading to a bony prominence on the side of the foot. Minimally invasive surgical approaches, such as the Minimal Invasive Chevron Akin procedure (MICA), involve small incisions for osteotomy and the use of percutaneous fixation to correct the deformity(6). These techniques have demonstrated a substantial reduction in the risk of wound complications and scarring compared to traditional open procedures.



Figure 2: Clinical photographs showing pre and post-operative hallux valgus correction using MICA. A-E: Stab incisions used for osteotomy and percutaneous fixations.

Note: From Lewis TL, Ray R, Gordon DJ. Minimally invasive surgery for severe hallux valgus in 106 feet. *Foot Ankle Surg.* 2022 Jun;28(4):503-509.

## 3. Bunionette:

Bunionette, also known as tailor's bunion, is a condition similar to hallux valgus but affects the fifth metatarsal bone at the base of the little toe. Minimally invasive techniques, including percutaneous bunionette correction, can be used to realign the bone and alleviate pain(7). These procedures involve small incisions for percutaneous osteotomy and fixation, preserving the bone's biology and resulting in faster recovery and fracture union.



Figure 3: Correction of bunionette deformity with percutaneous osteotomy and fixation.

Note: From Magnan B, Samaila E, Bondi M, Bonetti I, Bartolozzi P. Percutaneous Distal Osteotomy of the Fifth Metatarsal for Correction of Bunionette. *JBJS Essent Surg Tech.* 2012 May 23;2(2):e10.

## 4. Achilles Tendon Disorders:

Achilles tendon disorders, such as tendinopathy or ruptures, can cause pain, swelling, and dysfunction in the back of the ankle. Wound infections or necrosis are common reasons for revision surgery(8), in addition to tendon re-rupture. Less invasive approaches, like mini-open and percutaneous Achilles tendon repair, involve small incisions and specialized suture passing techniques to repair the damaged tendon(9). These techniques reduce tissue scarring and adhesions around the tendon, leading to improved outcomes and reduced complications(10).

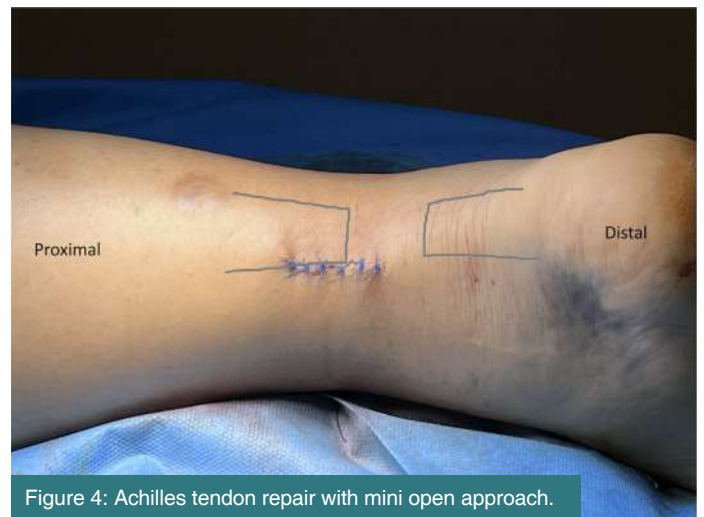


Figure 4: Achilles tendon repair with mini open approach.

## 5. Insertional Achilles Tendinopathy and Haglund Deformity:

Insertional Achilles tendinopathy is often associated with a prominent posterior-superior calcaneal tuberosity. Minimally invasive techniques involve the use of small incisions and percutaneous burrs under fluoroscopic guidance to remove the Haglund deformity(11). Additionally, hindfoot endoscopy can aid in visualization and debridement,

providing a comprehensive and minimally invasive approach to treating this condition.

## 6. Plantar Fasciitis:

Plantar fasciitis is a common condition characterized by heel pain upon initiating steps in the morning or weight-bearing activities. While most patients can be successfully treated with conservative methods, minimally invasive treatment options, such as endoscopic plantar fasciotomy, offer small incisions and specialized instruments to partially release the plantar fascia, providing pain relief(12).

## Minimally Invasive Surgical Techniques:

### 1. Arthroscopy:

Arthroscopy involves the insertion of a thin fiber-optic camera (arthroscope) through small incisions to visualize and treat joint conditions. In foot and ankle surgery, arthroscopy is commonly used to diagnose and treat conditions such as ankle arthritis, cartilage lesions, and ankle impingement(13). This minimally invasive technique allows for precise visualization and treatment of joint-related issues, leading to improved outcomes and faster recovery.

### 2. Endoscopy/Tendoscopy:

Tendons in the foot and ankle can be subject to injury or degeneration due to use. Tendoscopy enables visualization and treatment of tendon disorders without the need for long incisions. This technique can be used for various pathologies, including flexor hallucis longus tendon(14), Achilles tendon(15, 16), tibialis posterior tendon(16), and peroneal tendons(16). By utilizing small incisions and specialized instruments, tendoscopy offers a less invasive approach to addressing tendon-related problems, resulting in reduced tissue trauma and enhanced recovery.

## 3. Specialized burr

The use of specialized burr hand piece allows low speed (<10,000 rpm) and high torque to decrease heat and soft tissue complications. Surgeons can now perform percutaneous bone cut and rigid internal fixation with cannulated screws under fluoroscopic guidance. Results of the procedures using this burr had been favourable(2).

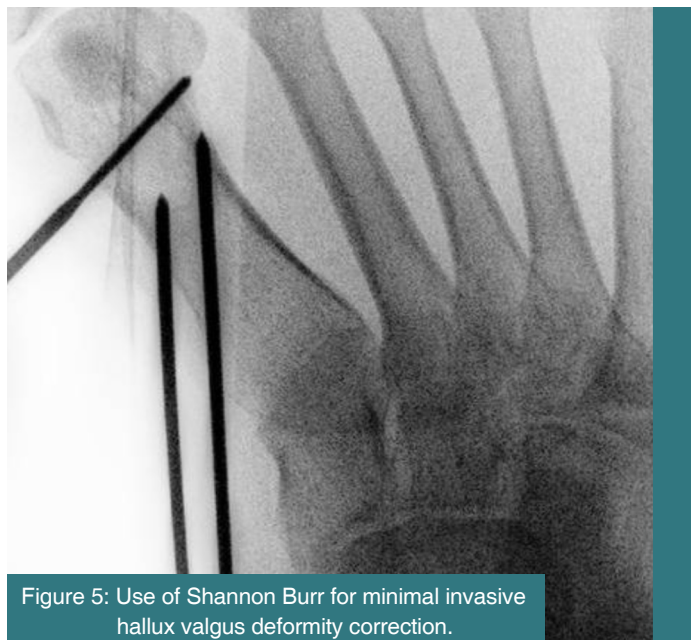


Figure 5: Use of Shannon Burr for minimal invasive hallux valgus deformity correction.

Note: From Toepfer A, Strässle M. 3rd generation MICA with the "K-wires-first technique" - a step-by-step instruction and preliminary results. BMC Musculoskelet Disord. 2022 Jan 18;23(1):66.

## Future of Minimally Invasive Surgery:

The interest in minimally invasive foot and ankle surgery continues to grow rapidly. In addition to the commonly performed procedures such as bunion correction surgery, minimally invasive techniques are increasingly being applied in foot fusion and Achilles tendinopathy. As these techniques continue to evolve, the safety and efficacy of minimally invasive foot and ankle surgery will expand further. Advancements in technology will play a significant role in enhancing the precision and outcomes of minimally invasive procedures.

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## Bempedoic Acid:

# A Novel Therapeutic Approach for Managing Dyslipidemia

SPH Pharmacy Department  
Anna Li, Pharmacist I

A survey by the Department of Health in Hong Kong (HK) from 2020-2022 revealed that over 40% of individuals aged 15-84 in HK had high cholesterol levels.<sup>1</sup>

Dyslipidemia is a prevalent condition characterized by abnormal levels of lipids in the bloodstream, particularly elevated levels of low-density lipoprotein cholesterol (LDL-C). It is a major risk factor for the development of atherosclerotic cardiovascular disease (ASCVD).<sup>2</sup> Although lifestyle modifications and statin medications have been the cornerstone of dyslipidemia management for several decades, there is a need for additional therapeutic options to address, especially for patients who experience statin intolerance or inadequate response.

Bempedoic acid is a first-in-class innovative prodrug approved by the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) in 2020 as an adjuvant to maximally tolerated statin therapy to lower LDL-C levels, specifically for patients with ASCVD and heterozygous familial hypercholesterolemia (HeFH).<sup>3</sup> This approval constitutes a significant milestone in cholesterol management, equipping healthcare professionals with a new therapeutic option to help patients achieve their target cholesterol levels. This article will explore the mechanism of action, clinical efficacy, safety profile, and its place in therapy.

### A novel mechanism for lowering LDL

Bempedoic acid is a novel drug that operates through a distinct mechanism compared to statins. It targets a key enzyme in LDL synthesis called adenosine triphosphate citrate lyase (ACL). This enzyme is mostly expressed in lipogenic tissues such as the liver and white adipose tissue.<sup>4</sup> It blocks the upstream ACL enzyme, resulting in hydroxymethylglutaryl-coenzyme A (HMG-CoA) reductase inhibition, thereby reducing the availability of downstream substrates required for LDL synthesis and LDL formation. (Figure 1) It also promotes the transport of fatty acids into cells for  $\beta$ -oxidation, further lowering plasma lipid levels.<sup>4</sup>

Bempedoic acid is metabolized by long-chain acyl-CoA synthetase I (ACSVL1) in the liver to its active form, bempedoyl coenzyme A. ACSVL1 is predominantly present in the liver and absent in skeletal muscle, which helps to minimize adverse muscular effects.<sup>5</sup>

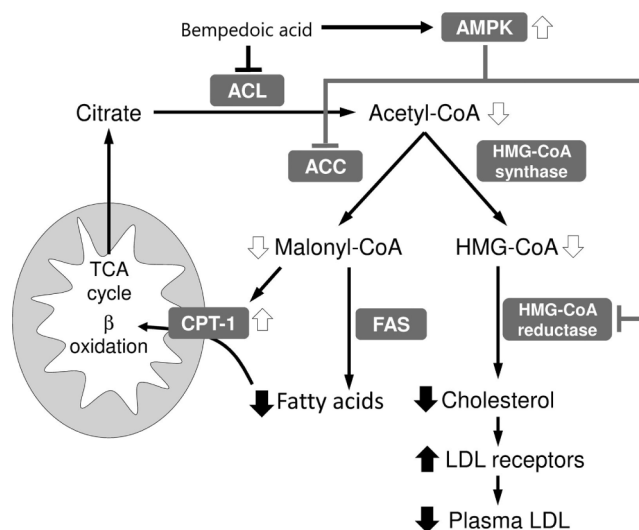


Figure 1. Mechanism of bempedoic acid in lowering plasma LDL and fatty acids



## Clinical Efficacy

The CLEAR Harmony trial involved 2230 patients and assessed the percent change in LDL-C concentrations after 12 weeks as the primary efficacy endpoint. The results showed that bempedoic acid significantly and clinically reduced the mean LDL-C concentration by 19.2 mg/dL, which represents a decrease of 16.5% from baseline.<sup>6</sup> Furthermore, the trial found that patients who received bempedoic acid had significant improvements in non-high-density lipoprotein cholesterol (non-HDL-C), total cholesterol, apolipoprotein B, and high-sensitivity C-reactive protein compared to those who received the placebo.<sup>6</sup>

In the CLEAR Wisdom trial, 779 patients were assigned to receive either bempedoic acid or a placebo in a 2:1 ratio, similar to the CLEAR Harmony study.<sup>7</sup> The study's primary endpoint was the same as in CLEAR Harmony. However, as secondary and tertiary endpoints, the researchers recorded changes from baseline LDL-C concentrations at weeks 24 and 52. At week 12, patients who received bempedoic acid experienced a significant 15.1% reduction from baseline LDL-C concentrations, compared with a 2.4% increase in LDL-C in the placebo group.<sup>7</sup> Furthermore, improvements in lipid parameters and biomarkers such as non-HDL-C, total cholesterol, triglycerides, apolipoprotein B, and high-sensitivity C-reactive protein were maintained through week 52.<sup>7</sup>

The primary purpose of this drug is to reduce LDL-C concentrations. However, the role of cardiovascular outcomes is also essential in determining whether healthcare providers would prescribe the medication. The CLEAR Outcomes trial is a double-blind, randomized, placebo-controlled trial that assessed death from cardiovascular causes, non-fatal myocardial infarction, non-fatal stroke, and coronary revascularization in 13,970 patients for approximately 40.6 months.<sup>8</sup> The researchers found that the incidence of these events was significantly lower in patients who were given bempedoic acid.<sup>8</sup> Similar results were found in the previous CLEAR trials (Harmony and Wisdom), demonstrating that bempedoic acid improved cardiovascular outcomes.<sup>6,7</sup>

## Clinical Safety

Hyperuricemia was found to be a common adverse effect across the three CLEAR clinical trials. Bempedoic acid inhibits organic anion transporter 2 (OAT2), which mediates renal transport of serum uric acid.<sup>9,10</sup> Inhibition of OAT2 may increase serum levels of uric acid. Therefore, doctors are advised to monitor patients for signs and symptoms of hyperuricemia and check uric acid levels when necessary. If hyperuricemia is detected, appropriate urate-lowering drugs should be prescribed to manage the condition.

Furthermore, it has been observed that bempedoic acid may lead to tendon rupture, although this is a rare occurrence reported in CLEAR Harmony and Wisdom studies. However, it is more commonly observed in individuals with three or more risk

factors, such as the use of statins or corticosteroids, being male, being over 60 years of age, having diabetes, gout, rheumatoid arthritis, renal failure, and a history of tendon injuries.<sup>11</sup> If a tendon rupture occurs, it is essential to discontinue bempedoic acid and consider alternative therapy.

Some more commonly reported adverse effects of bempedoic acid include upper respiratory tract infection, muscle spasms, back pain, abdominal pain or discomfort, bronchitis, pain in extremities, anemia, and elevated liver enzymes.

## Place in Therapy

According to the 2018 Guideline on the Management of Blood Cholesterol by AHA/ACC, statins remain the only mainstay therapy for patients with high blood cholesterol. For patients with severe hypercholesterolemia, ezetimibe, and proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors may be added to the regimen, but they cannot replace statins to provide the same level of efficacy.<sup>13</sup> Table 1 summarizes the LDL-lowering efficacy of existing options of lipid lowering drugs.

In patients not at very high risk of ASCVD who are  $\leq 75$  years of age, bempedoic acid should be considered if LDL-C remains  $\geq 70$  mg/dL despite ezetimibe and maximally tolerated statin.<sup>13</sup> It is indicated as an adjunctive pharmacologic option to diet and a maximally titrated statin to lower LDL-C concentration in patients with hypercholesterolemia or ASCVD.<sup>14</sup> The recommended dosage is 180mg, orally once daily, with or without food.<sup>14</sup> Although bempedoic acid is not teratogenic, it is not recommended in pregnancy and lactation due to its mechanism of action in decreasing cholesterol synthesis. Thus, bempedoic acid should be discontinued immediately for pregnant or breastfeeding patients. No dosage adjustment is necessary in patients with mild or moderate renal or hepatic impairment.<sup>14</sup>

Medication Class	Drugs	LDL-C lowering efficacy
<b>HMG-CoA reductase inhibitors (statins)</b>	Atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin	18%-55%
<b>Bile acid sequestrants</b>	Cholestyramine, colesevelam*, colestipol*	15%-30%
<b>Cholesterol absorption inhibitor</b>	Ezetimibe	13%-20%
<b>Niacin</b>	Nicotinic Acid	5-20%
<b>Fibrates</b>	Fenofibrate, gemfibrozil, bezafibrate	5-15%
<b>Proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors</b>	Alirocumab, evolocumab, inclisiran	43%-64%
<b>Adenosine triphosphate-citrate lyase inhibitor</b>	Bempedoic acid	23 – 32%

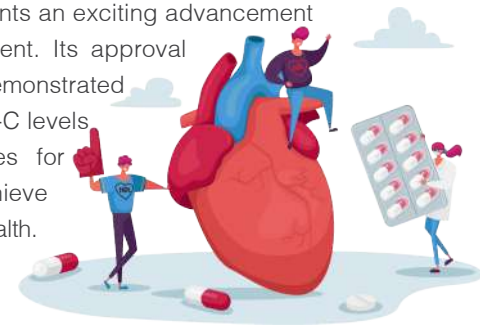
Table 1. Summary of lipid-lowering drugs (\*Not registered in Hong Kong)

## Drug-Drug Interactions

Concurrent administration of simvastatin or pravastatin with bempedoic acid increased serum concentrations of these statins by almost 2-fold.<sup>14</sup> Statins may cause serious muscle-related adverse effects, such as myalgia, weakness, cramps, and rhabdomyolysis. Therefore, the manufacturer recommends a maximum dose of 20mg of simvastatin and 40mg of pravastatin when used concomitantly with bempedoic acid. No other significant drug-drug interactions were found with other statins, such as atorvastatin and rosuvastatin.<sup>14</sup>

## Conclusion

Bempedoic acid represents an exciting advancement in cholesterol management. Its approval by the FDA and its demonstrated efficacy in reducing LDL-C levels provide new possibilities for patients striving to achieve optimal cardiovascular health.



## Novel adenosine triphosphate citrate lyase inhibitor and with ezetimibe

	Nilemdo	Nustendi
<b>Active ingredients</b>	Bempedoic acid 180mg	Bempedoic acid 180mg , Ezetimibe 10mg
<b>Therapeutic indication</b>	As an <b>adjunct to diet and maximally tolerated statin therapy</b> for the treatment of adults with <b>heterozygous familial hypercholesterolemia</b> or <b>established atherosclerotic cardiovascular disease</b> who require additional lowering of LDL-C.	
<b>Dosage and administration</b>	1 tablet orally daily	
<b>Pregnancy and lactation</b>	<ul style="list-style-type: none"> <li>Based on the mechanism of action, may cause fetal harm.</li> <li>Breastfeeding is not recommended.</li> </ul>	
<b>Renal impairment</b>	<ul style="list-style-type: none"> <li>No dosage adjustment is necessary in patients with mild or moderate renal impairment.</li> <li>Limited experience in patients with severe renal impairment. Patients receiving dialysis have not been studied.</li> </ul>	
<b>Hepatic impairment</b>	<ul style="list-style-type: none"> <li>No dosage adjustment is necessary in patients with mild or moderate hepatic impairment.</li> <li>Patients with severe hepatic impairments (Child-Pugh C) have not been studied.</li> </ul>	
<b>Warnings</b>	<ul style="list-style-type: none"> <li>Co-administration with statins: limit simvastatin dose to 20mg daily, pravastatin dose to 40mg daily.</li> <li>Hyperuricemia: Elevations in serum uric acid have occurred. Assess uric acid levels periodically as clinically indicated.</li> <li>Tendon Rupture: Tendon rupture has occurred. Discontinue at the first sign of tendon rupture.</li> </ul>	

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**At the Drug and Therapeutics Committee (DTC) meeting in December 2023, the following drugs have been approved and added to the formulary at SPH:**

Drugs	Indication(s)	Usual dosage	Remarks
<b>NILEMDO (bempedoic acid) Tablet 180mg</b>	Adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C	One tablet orally once daily	N/A
<b>NUSTENDI (bempedoic acid/ezetimibe) Tablet 180mg/10mg</b>	Adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C	One tablet orally once daily	N/A
<b>BREZTRI AEROSPHERE (budesonide, glycopyrronium, formoterol fumarate) 160/9/4.8mcg</b>	Maintenance treatment in adults with moderate to severe COPD who are not adequately treated by a combination of an ICS and a LABA or combination of a LABA and a LAMA	Inhale 2 puffs twice daily	N/A
<b>PREVENAR 20 VACCINE</b>	Active immunisation for the prevention of pneumococcal disease caused by <i>Streptococcus pneumoniae</i> serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F	Single dose of 0.5ml administered intramuscularly (preferably in the deltoid muscle)	Indicated for 18 years old and above
<b>AREXY VACCINE</b>	Active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV)	Single dose of 0.5ml administered intramuscularly (preferably in the deltoid muscle)	Indicated for 60 years old and above

全新

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**Dr. Yee King Hang**  
Resident Consultant Orthopaedist

Hi, I am Yee King Hang, Dennis. It is my great honor to join the Department of Orthopaedics and Traumatology in St. Paul's Hospital. I graduated from the University of Hong Kong in 2008 and started my training in Queen Mary Hospital. After getting my fellowship in 2015, I worked in the Division of Orthopaedic Trauma in Queen Mary Hospital, with my special interest in osteoporotic fracture fixation and minimal invasive fracture fixation. I was promoted to associate consultant in Alice Nethersole Ho Miu Ling Hospital Joint Replacement Centre in 2010 and helped to develop clinical services for primary and revision knee and hip replacement. I am currently the chairman of Young Fellows Committee of the Hong Kong College of Orthopaedic Surgeon. I look forward to helping my patients and working with all expert colleagues in St. Paul's Hospital.

沙爾德聖保祿女修會

## 總會長到訪 聖保祿醫院

沙爾德聖保祿女修會總會長(Mother Maria Goretti LEE)及總助理(Sister Gérard de la Miséricorde VENTURA)於二零二四年二月十九日到訪本院，本院感到十分榮幸，並由管理團隊熱烈接待，並陪同會長們參觀了醫院兩座大樓的設施，會長們對醫院的運作有了更深入的了解。她們到處探訪醫院服務的修女和各部門同事，感謝他們對醫院的辛勞付出。總會會長對我們醫院的同事們團結一心，本着「齊服務，展關懷」的精神感到非常欣慰，並對醫院的未來發展方向給予無限的鼓勵及支持。



來自

## 菲律賓探訪團

Philippines

於二零二四年二月二十三日，菲律賓聖保祿修會Sr. Adelina Javellana, (Asst. Provincial for Health Care Ministry) 連同一眾 Philippine College of Hospital Administrators 的代表到訪聖保祿醫院。當天由管理層接待一行約三十人的團隊，分享了聖保祿醫院的管治及經營理念，簡單介紹醫院架構及未來發展方向。最後，以參觀部分主要部門了解其日常運作及設施作結，期望將來有更多機會就兩地醫療資訊作相互交流。



外展  
Outreach  
活動

# 社區保健 同樂日2023

聖保祿醫院聯同明愛香港仔社區中心、明愛莫張瑞勤社區中心及「三房兩廳開樓食飯」社醫共生計劃於二零二三年十月十五日假香港薄扶林的明愛胡振中中學舉辦社區保健同樂日。目的為區內及附近居民提供免費身體檢查及健康資訊服務。期望市民及早察覺自己的健康狀況，在疾病早期尋求醫護照料。另一方面，亦期望能整合社區及各專業的資源與力量，共同營造[健康社區]。

當日參與活動的義工總超過一百六十人，包括修女、醫生及不同部門的專業醫護人員、非臨床部門同事及聖保祿之友義工隊。大家不遺餘力，為市民提供多項免費身體檢查，包括骨質密度測試、心电图、膽固醇及血糖測試，肝膽超聲波掃描檢查及眼睛健康普查。



此外，大會更舉辦多項不同主題的健康教育講座、健康技巧工作坊、展覽及攤位遊戲。並得到居民的踴躍參與，令他們對不同病症、營養復康資訊、精神健康、個人及口腔衛生以至輻射方面的知識都增加不少。當日受惠的總服務人次更多達一千人。

今次的外展服務得以順利舉行，感謝各部門同事及義工的支持，並效法聖保祿宗徒以「一切人成為一切」的精神去關懷及幫助別人。

## CME/CPD/CNE Programme 2024

### A new pathway to cardiovascular risk optimisation

**Speaker:** Dr. Cheong Yan Yue, Adrian  
Specialist in Cardiology

**Chairman:** Dr. Cheung Chi Yeung  
Specialist in Cardiology

**Date:** 18 April 2024 (Thursday)

**Time:** 7:00 pm – 7:30 pm Reception (light refreshment provided)  
7:30 pm – 8:30 pm "A new pathway to cardiovascular risk optimisation"  
by Dr. Cheong Yan Yue, Adrian  
8:30 pm – 9:00 pm Q & A Session

**Venue:** Auditorium, 18/F, Block A, St. Paul's Hospital

Registration & Enquiry:  
(First-come-first-serve)

Contact Person: Ms. Maggie Ng  
Tel: 2830 3904, Fax: 2837 5271, E-mail: sph.sdd@stpaul.org.hk

CME / CPD / CNE Accreditation for all Colleges (Pending approval)

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# 長期服務獎頒發儀式 2023

## 暨聖誕聯歡晚宴

本院於十二月十四日假醫院演講廳舉行二零二三年長期服務獎頒發儀式暨聖誕幸運「終極大抽獎」。今年共有兩位及十位同事分別獲得三十年及二十年長期服務獎，當中包括獲得二十年長期服務獎的劉惠凌醫生。而獲得十年長期服務獎同事更多達二十二位，包括李仲啟醫生及劉業光醫生，並有一位同事獲得長青服務獎，院方致送紀念水晶及獎狀以感謝和表揚多年盡心服務本院的各得獎同事。部門同事除送上禮物和鮮花祝賀外，還用心製作多個祝賀橫額為同事打氣，喝采聲不斷，場面熱鬧非凡。



當日劉惠凌醫生及鄧樂姿姑娘更在台上分享感受。劉醫生憶述昔日醫院規模雖然較小，部門同事們互相關懷，行動窩心，醫院由昔日至今都帶給她們「家」的感覺。院方今年共送出了超過三百份幸運禮物，並於儀式的尾聲舉行終極幸運抽獎，各幸運兒得獎時心情興奮，場面熱鬧。本院執行董事張柱見修女更即場再抽出三十三份特別幸運獎，當中包括今年新增的假期獎，同事們更見情緒高漲，現場氣氛更為熾熱。



同日為迎接普天同慶的聖誕節，本院於醫院餐廳舉行聖誕聯歡會，讓同事暫時放下忙碌的工作，彼此聯誼，輕鬆一下，一同享用由餐飲膳食部及營養師精心預備的豐富自助餐。

院方亦同時安排了攤位遊戲，大家不忘拍照留念，現場歡笑聲此起彼落。各同事均乘興而來，盡興而歸。

