MINI PROGRAMME BOOKLET

HONG KONG

ASIA PACIFIC STROKE CONFERENCE 2023

1 - 3 December 2023 (Fri - Sun)

About the Organizers

Hong Kong Stroke Society

香港中風學會
THE HONG KONG STROKE SOCIETY

The Hong Kong Stroke Society (HKSS) was founded in April 2001 and is now registered as a limited company in Hong Kong. The society has become a charity organization in Hong Kong since 2007.

Objectives:

- To advance the knowledge and practice of stroke management as a science.
- To create an awareness of the prevalence of stroke disorders and to improve the standard of stroke diagnosis and treatment.
- To encourage, develop or assist in the development of research in stroke and related disciplines.

Website: https://www.stroke.org.hk/

Dr. Richard Li
President of HKSS

Asia Pacific Stroke Organisation

ASIA PACIFIC STROKE ORGANISATION

Asia Pacific Stroke Organization (APSO) was established on 9 June 2009 through the merging of Asia Pacific Stroke Association and Japan Stroke Forum.

Objectives:

- To promote and encourage the advancement of scientific knowledge, research and practice in all aspects of stroke.
- To promote, encourage, organize the post-graduate training and participate in the continuing education process of other members of health professional organizations in the field of stroke.
- To influence the policy for stroke practice and improve the health service.

Website: https://www.theapso.com/

Prof. Byung-Woo Yoon
President of APSO

General Information

The Conference

Date: 1-3 December 2023 (Friday - Sunday)
Venue: Hong Kong Science and Technology Parks, Shatin, NT, Hong Kong
Format: Full physical

Website: https://apsc2023hk.org/

Applied CME / CNE / CPD Accreditations

- Hong Kong College of Physicians
- Hong Kong College of Radiologists
- Hong Kong College of Family Physicians
- The College of Surgeons of Hong Kong
- The Medical Council of Hong Kong
- The Nursing Council of Hong Kong
- Hong Kong Physiotherapy Association
- Hong Kong Occupational Therapist Board
- Speech Therapist

Certificate of Attendance

Online evaluation forms will be made available on or before 3 December 2023 via **QR Codes** displayed at the Conference site. E-Certificate of attendance will be sent by email to those who filled out the Evaluation.

Lunch and Coffee Breaks

Lunch boxes will be provided on a first-come-first-serve basis on all three days. They will be distributed inside the Grand Hall (Room 1) near the entrance area.

Snacks and beverages will be provided during coffee breaks in the Grand Hall Pre-function Area, Exhibition Area, and CKK Pre-function Area.

Alternatively, you may visit other restaurants that are available at the HKSTP.

Enquiry

Please contact the Conference Secretarist for enquiries.

Tel: (852) 2396 6261
Fax: (852) 2396 6465
Email: info@apsc2023hk.org

Programme

Day 1 (1 Dec 2023, Fri)

Time (UTC + 8)	Grand Hall (Room 1)	CKK (Room 2)	CH05 (Room 3)	CH06 (Room 4)
08:00 - 08:30	Registration (08:00 - 17:30)			
08:30 - 10:30	Session 1: Thrombectomy Workshop	Session 2: VasCog Asia 12 Workshop	Session 3: Neurosonology Workshop	
10:30 - 11:00	Coffee Break and Poster Tour (Grand Hall / CKK Pre-function Area)			
11:00 - 12:30	Session 4: Presidential Plenary Session (Grand Hall)			
12:30 - 13:30	Session 5: HKSS Lunch Symposium (Grand Hall)			
13:30 - 15:00	Session 6: Advances in MT (Medtronic)	Session 7: Small Vessel Disease	Session 8: CAIS: Cancer Associated Ischaemic Stroke	FP 1: Free Paper Presentation 1
15:00 - 15:30	Coffee Break and Poster Tour (Grand Hall / CKK Pre-function Area)			
15:30 - 17:00	Session 9: Heart & Brain	Session 10: Extracranial Large Artery Disease	FP 2: Free Paper Presentation 2	FP 3: Free Paper Presentation 3
17:00 - 17:15	Break Time before Opening Ceremony			
17:15 - 18:00	Session 12: Opening Ceremony (Grand Hall)			
18:00 - 19:00	Welcome Reception (Grand Hall + Exhibition Area)			
19:00	End of Day 1 Programme			
19:30 - 21:00	Faculty Dinner (Double Haven I, 4/F, HKJC Shatin Clubhouse)			

Day 2 (2 Dec 2023, Sat)

Time (UTC + 8)	Grand Hall (Room 1)	CKK (Room 2)	CH05 (Room 3)	CH06 (Room 4)
08:00 - 08:30	Registration (08:00 - 17:30)			
08:30 - 10:00	Session 13: Stroke: Asia-Pacific Perspectives	Session 14: Stroke Genetics Workshop	Session 15: Asia-Pacific Stroke Nursing Workshop	NSRG Examination
10:00 - 10:30	Coffee Break and Poster Tour (Grand Hall / CKK Pre-function Area)			
10:30 - 12:00	Session 16: APSO - WSO Session	Session 17: Post-stroke Complication Management (Eisai)	FP 4: Free Paper Presentation 4	NSRG Examination
12:00 - 13:00	Session 19: Lunch Symposium (Boehringer Ingelheim) (Grand Hall)			
13:00 - 14:30	Session 20: Updates in Secondary Stroke Prevention	Session 21: Atrial Fibrillation I (Pfizer)	Session 22: Innovation in Stroke Rehabilitation	FP 5: Free Paper Presentation 5
14:30 - 15:00	Coffee Break and Poster Tour (Grand Hall / CKK Pre-function Area)			
15:00 - 16:30	Session 23: Advances in IVT (Boehringer Ingelheim)	Session 24: SAH & Neuro-critical Care	Session 25: Cerebral Venous Thrombosis	FP 6: Free Paper Presentation 6
16:30 - 18:00	Session 26: Atrial Fibrillation II (Daiichi-Sankyo)	Session 27: Intracranial Atherosclerosis	FP 7: Free Paper Presentation 7	FP 8: Free Paper Presentation 8
18:00 - 18:30	Break Time before Gala Dinner			
18:30 - 21:00	Gala Dinner / Cultural Programme (Happiness Cuisine, HKSTP)			
21:00	End of Day 2 Programme			

Programme

Day 3 (3 Dec 2023, Sun)

Time (UTC + 8)	Grand Hall (Room 1)	CKK (Room 2)	CH05 (Room 3)
08:00 - 08:30	Registration (08:00 - 17:00)		
08:30 - 10:00	Session 29: Intracerebral Hemorrhage	Session 30: Translational Neuroscience	Session 31: Stroke Service in Asia
10:00 - 10:30	Coffee Break and Poster Tour (Grand Hall / CKK Pre-function Area)		
10:30 - 12:00	Session 32: Innovation in Stroke Imaging	Session 33: Rare Causes of Stroke in Asia	Session 34: Young Leadership for Stroke & Research
12:00 - 13:00	Session 35: Late-Breaking Session (Grand Hall)		
13:00 - 13:30	Session 36: Awards Presentation / Closing Ceremony (Grand Hall)		
13:30 - 14:30	Lunch (seating available in Grand Hall)		
14:30	End of Day 3 Programme		
14:30 - 17:30	Session 38: 中風復康新知交流論壇	Session 39: HKSS Stroke Roundtable Meeting (Boehringer Ingelheim)	Session 40: Burden of ICH related to Anticoagulants (AstraZeneca)

Advancing stroke care in times of change

Full Programme Rundown

Speakers Information

Free Paper Session Themes

- **FP1** Basic Neuroscience in Stroke & Translational Research Clinical Trials
- **FP2** Stroke Epidemiology Stroke Nursing
- **FP3** Extracranial & Intracranial Atherosclerosis Rare Causes Of Stroke
- **FP4** Mechanical Thrombectomy & Neurointervention Rehabilitation & Restorative Therapy in Stroke
- **FP5** Stroke Neuroimaging Heart & Brain
- **FP6** Antithrombotic Therapy IV Thrombolysis
- **FP7** Small Vessel Disease and Vascular Cognitive Impairment Cerebral Hemorrhage
- **FP8** Stroke Services / Quality Improvement Secondary Risk Factors Control

Guided Poster Tours

1 Dec (Fri)	15:00 - 15:30	P001 - P074	CKK Pre-function Area (Poster Area A)
2 Dec (Sat)	10:00 - 10:30	P076 - P154	CKK Pre-function Area (Poster Area B)
2 Dec (Sat)	14:30 - 15:00	P155 - P221	CKK Pre-function Area (Poster Area B)
3 Dec (Sun)	10:00 - 10:30	P222 - P282	Grand Hall (Poster Area C)

Gala Dinner

Date: 2 December 2023 (Saturday)
Time: 18:00-21:30
Venue: Happiness Cuisine (囍慶), S101-S106, 2/F, Core Building 2, 1 Science Park West Avenue, HKSTP
Cost: USD 80 per person

Check on Google Maps

Conference staff will provide directions with sign boards to guide participants to the Gala Dinner venue.

Venue

Directions to HKSTP

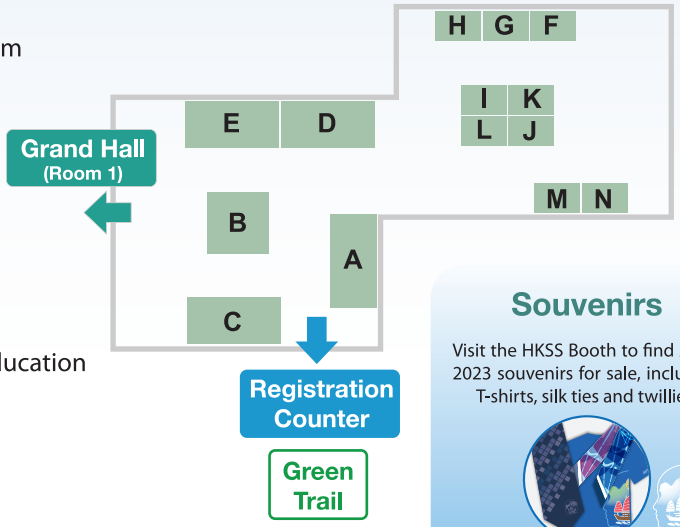
Shuttle Bus

Circular shuttle buses will run between Hyatt Regency Hong Kong Shatin and HKSTP building 15W between 7am and 1pm every 20 minutes on all 3 days.

Exhibition Area

Located at the Pre-function Area outside the Grand Hall (Room 1) on 1/F of building 12W.

- A Boehringer Ingelheim
- B Daiichi-Sankyo
- C Eisai
- D Medtronic
- E Pfizer
- F AstraZeneca
- G Abbott
- H Bayer
- I CSL Behring
- J Mandala Medical Education
- K Novartis
- L TEVA
- M APSO (Organizer)
- N HKSS (Organizer)



Souvenirs

Visit the HKSS Booth to find APSC 2023 souvenirs for sale, including T-shirts, silk ties and twillies!

HKSS Stroke Awareness Campaign

The 'Stroke Awareness Campaign' is a collaboration project between the Hong Kong Stroke Society and the creators of McDull, a popular cartoon character in Hong Kong, to educate the public about stroke.

Discover knowledge boards, a specially made educational video, and two life-size 3D figures for photo-taking on the **Green Trail** just opposite to the Registration Counter on 1/F of building 12W!

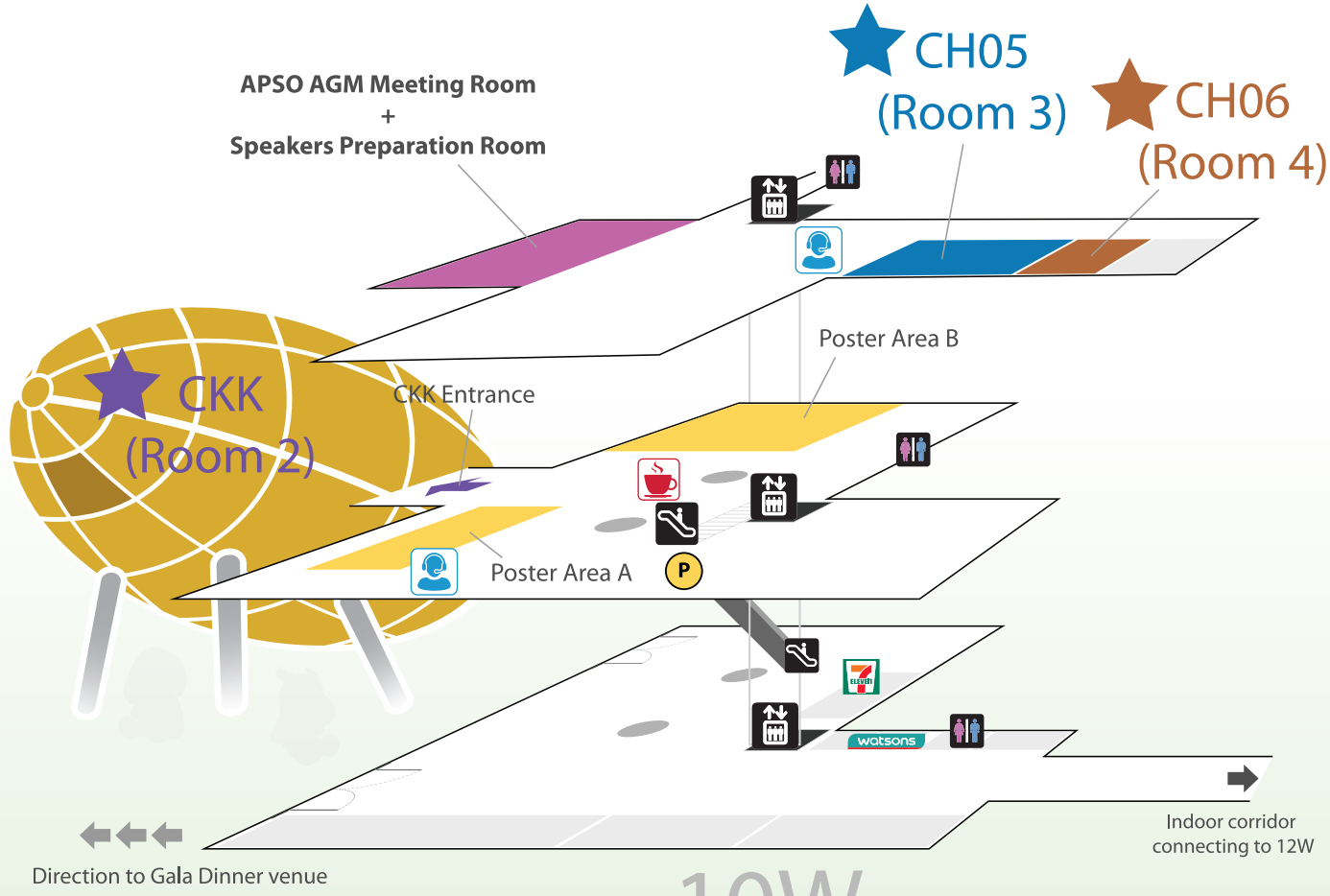
Venue Map

Lunch Boxes (first-come-first-serve)
Grand Hall

Coffee & Tea
(Exhibition Area + CKK Pre-function Area)

Help Desks
(CKK Pre-function Area + Lobby outside CH05-06)

Starting Points for Poster Tours
(CKK Pre-function Area + Grand Hall)


APSO AGM Meeting Room
+
Speakers Preparation Room
CH05
(Room 3)
CH06
(Room 4)
2/F

1/F

G/F
Poster Area B
CKK
(Room 2)
CKK Entrance
Poster Area A
P
7 ELEVEN
watsons
Indoor corridor
connecting to 12W
Direction to Gala Dinner venue
10W

Travelling in Hong Kong

Public Transportation

You can get around Hong Kong easily with its efficient network of urban trains known as the Mass Transit Railway (MTR), trams, buses, and ferries.

Octopus cards can be used to travel on all forms of public transport (including the Star Ferry and trams). You can purchase them at the MTR Service Centre, or use the Octopus mobile app.

MTR/bus trip planner

HK Star Ferry schedules

Tourists

Download on the App Store

GET IT ON Google Play

Taxi

Taxi rates are HKD27 on flag fall for the first 2km, plus HKD1.9 for every further 0.2km. The charge will be changed to HKD1.3 per 0.2km after the chargeable amount reaches HKD93.5. Additional charges for luggage and tolls apply. You may hail a taxi via the HKTaxi app.

TAXI 香港

Download on the App Store

GET IT ON Google Play

Currency and Credit Card

Hong Kong's official currency is the Hong Kong Dollar (HKD). USD1 is approximately HKD7.8. Currency exchange can be done at authorized money exchangers or banks. Major banks open from 9am to 4pm on Mondays to Fridays, and 9am to 12pm on Saturdays. Automatic Teller Machines (ATM) across the city provide 24-hour HKD cash withdrawal service.

International credit cards such as VISA, MasterCard, Diners Club, UnionPay and American Express are commonly accepted by hotels, retail shops and restaurants in Hong Kong. Display stickers at their entrance show the form of credit cards they accept.

Sponsors

Diamond Sponsor

Boehringer Ingelheim

Gold Sponsors

Daiichi-Sankyo

Medtronic

Pfizer

Eisai

Silver Sponsor

AstraZeneca

Booth Sponsors

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Sponsoring Organizations

CATHAY PACIFIC

HONG KONG TOURISM BOARD

Karger

Notes

Notes

Notes

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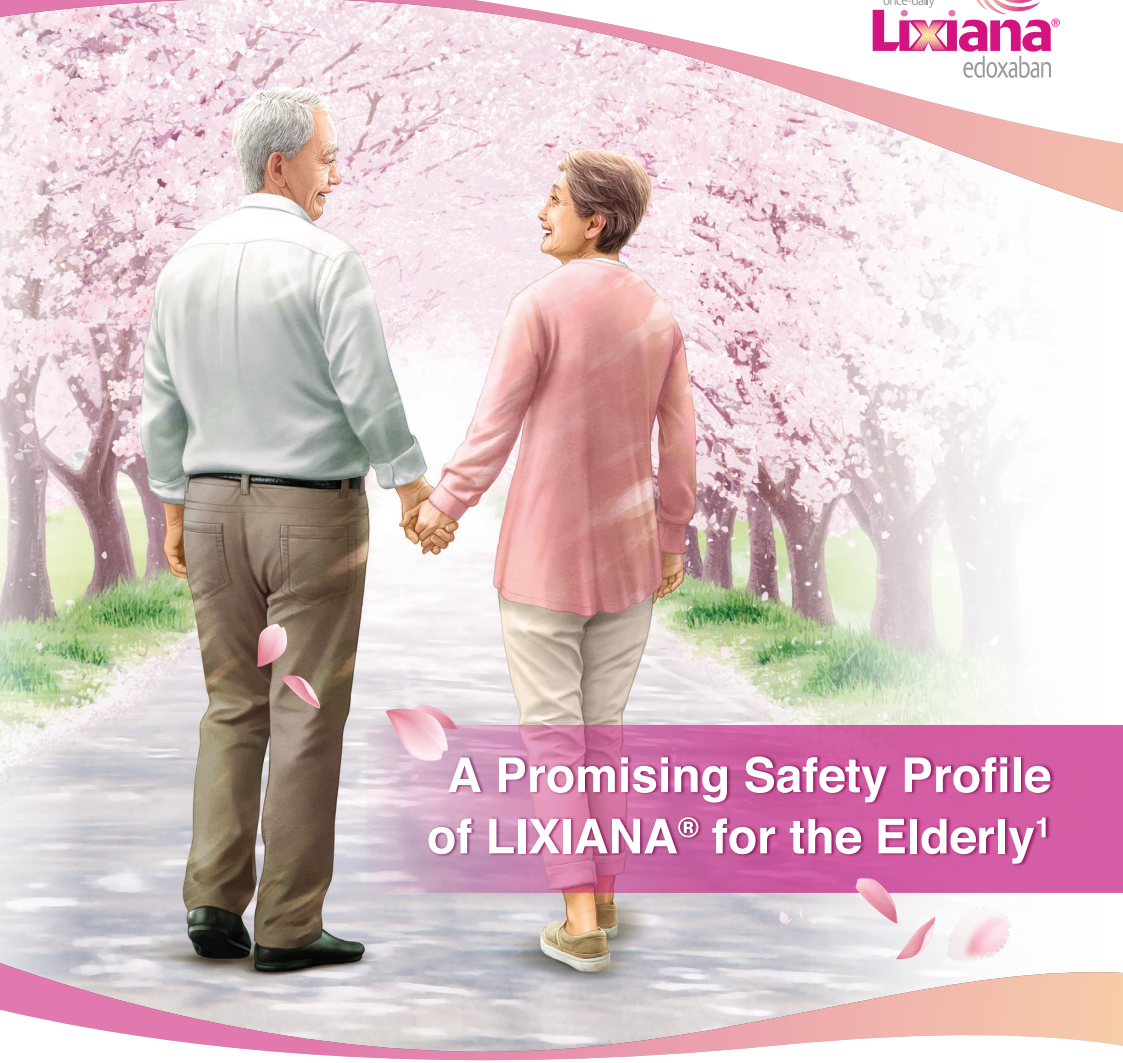
once-daily
Lixiana®
edoxaban



A Promising Safety Profile of LIXIANA® for the Elderly[1]

Study design[1] ENGAGE AF–TIMI 48 was a double-blind, double-dummy, randomised controlled trial of patients (≥21 years old) with AF and CHADS$_2$ score ≥2. Patients (n = 21,105) were randomised (1:1:1) to receive either high-dose LIXIANA® (60 mg), low-dose LIXIANA® (30 mg) or warfarin (dose-adjusted to INR of 2.0 – 3.0) for a median follow-up period of 2.8 years. Dose was halved in patients in both LIXIANA® arms if any of the following was present: (1) CrCL ≤50 ml/min; (2) body weight ≤60 kg; or (3) concomitant use of potent P-glycoprotein inhibitors. The primary efficacy end point was a composite of all stroke or systemic embolic event. The principal safety end point was International Society on Thrombosis and Haemostasis major bleeding.

AF = atrial fibrillation, CrCL = creatinine clearance, INR = international normalised ratio.

Reference: 1. Kato ET, Giugliano RP, Ruff CT, et al. *J Am Heart Assoc*. 2016;5(5):e003432.

Abbreviated Prescribing Information
LIXIANA® (Edoxaban) 60mg/30mg/15mg film-coated tablets. **Indications:** Prevention of stroke & systemic embolism in adult patients w/ nonvalvular atrial fibrillation (NVAF) w/ ≥1 risk factors eg, CHF, HTN, ≥75 yr of age, DM, prior stroke or transient ischaemic attack. Treatment of DVT & pulmonary embolism (PE), & prevention of recurrent DVT & PE in adults. **Dosage:** Prevention of stroke & systemic embolism : 60 mg once daily. Treatment of DVT & PE & prevention of recurrent DVT & PE (VTE) : 60 mg once daily following initial use of parenteral anticoagulant for at least 5 days. Moderate or severe renal impairment (CrCl 15-50 mL/min), ≤60 kg body wt, concomitant use of the following P-gp inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole : 30 mg once daily. **Contraindications:** Hypersensitivity. Clinically significant active bleeding; hepatic disease associated w/ coagulopathy & clinically relevant bleeding risk; lesion or condition, if considered to be a significant risk for major bleeding, including current or recent GI ulceration, presence of malignant neoplasms at high risk of bleeding, recent brain or spinal injury, recent brain, spinal or ophth surgery, recent intracranial haemorrhage, known or suspected oesophageal varices, arteriovenous malformations, vascular aneurysms or major intraspinal or intracerebral vascular abnormalities; uncontrolled severe HTN; concomitant treatment w/ any other anticoagulants eg, unfractionated heparin (UFH), LMWH (enoxaparin, dalteparin, etc), heparin derivatives (fondaparinux, etc), oral anticoagulants (warfarin, dabigatran etexilate, rivaroxaban, apixaban, etc) except under specific circumstances of switching oral anticoagulant therapy or when UFH is given at doses necessary to maintain an open central venous or arterial catheter. Pregnancy & lactation. **Precautions:** Lixiana 15 mg is not indicated as monotherapy. **Interactions:** Reduced dissolution & absorption w/ medicines or disease conditions that increase gastric emptying & gut motility. Increased plasma conc w/ P-gp inhibitors (ciclosporin, dronedarone, erythromycin, ketoconazole, quinidine, verapamil, amiodarone). Reduced plasma conc w/ P-gp inducers (rifampicin; phenytoin, carbamazepine, phenobarb or St. John's wort). Increased risk of bleeding w/ other anticoagulants; SSRIs or SNRIs. Increased bleeding time w/ ASA (>100 mg). Increased clinically relevant bleeding w/ thienopyridines (eg, clopidogrel); NSAIDs. **Undesirable effects:** Epistaxis; anaemia; dizziness, headache; abdominal pain, lower/upper GI haemorrhage, oral/pharyngeal haemorrhage, nausea; increased blood bilirubin, increased γ-glutamyltransferase; cutaneous soft tissue haemorrhage, rash, pruritus; macroscopic haematuria/urethral haemorrhage. **Version:** Jun 2021.
Please refer to the Prescribing Information before prescribing. Daiichi Sankyo Hong Kong Limited.

Daiichi-Sankyo

Daiichi Sankyo Hong Kong Limited
Unit 1205, 12/F, Sino Plaza, 255-257 Gloucester Road, Causeway Bay, Hong Kong
Tel: (852) 2868 9079 I Fax: (852) 2801 4341

HK-DAI-LIX-2310012 Oct 2023

ELIQUIS™

THE SAFER CHOICE[1,2^]

#1 OAC Globally[3-5#]

Choose both efficacy and safety with ELIQUIS™

The ONLY NOAC to offer both **superior risk reduction in stroke/SE and major bleeding** over warfarin in NVAF[1,2^]

Continued efficacy, with favorable bleeding profile regardless of bleeding endpoint, for the treatment of DVT/PE[6†]

^ There are no head-to-head trials comparing NOACs

* Accounting for more patient treatment days prescribed* around the world than any other OAC within NVAF & VTE indications**

* Patient treatment days prescribed estimated based on the latest six month period, IQVIA MIDAS Q4'21 Sell-In/Sell-Out data. Standard Units divided by recommended administration of each NOAC within 24 hours. [apixaban BID, dabigatran BID, edoxaban QD, rivaroxaban QD]. VKA drugs treatment days estimated based on standard units divided by IQVIA MIDAS Medical average daily dose

** Indications accounted for by factoring standard unit volume based on IQVIA medical audit data and relevant WHO ICD10 codes

† ELIQUIS™ provided significant risk reduction across all types of bleeding vs enoxaparin/warfarin in patients treated for DVT/PE[6]

BID, twice daily; DVT, deep vein thrombosis; ICD, International Statistical Classification of Diseases and Related Health Problems; NOAC, non-vitamin K antagonist oral anticoagulant; NVAF, nonvalvular atrial fibrillation; OAC, oral anticoagulant; PE, pulmonary embolism; QD, once daily; SE, systemic embolism; VKA, vitamin K antagonist; VTE, venous thromboembolism; WHO, World Health Organization

References: 1. Granger CB, et al. *N Engl J Med* 2011;365:981-992. **2.** Ruff CT, et al. *Lancet* 2014;383:955-962. **3.** IQVIA MIDAS Sales Data Q4'21 Sell-In/Sell-Out data. **4.** IQVIA MIDAS Summary and Detailed Medical Data Q4'21. **5.** NOAC recommended administration within 24 hour period [apixaban BID, dabigatran BID, edoxaban QD, rivaroxaban QD] **6.** Agnelli G, et al. *N Engl J Med* 2013;369:799-808.

Pfizer Corporation Hong Kong Limited
21/F, Kerry Centre, 683 King's Road, Quarry Bay, Hong Kong.
Tel: (852) 2811 9711 | Fax: (852) 2579 0599 | Website: www.pfizercom.hk

PP-ELI-HKG-1061 AUG 2022

Scan the QR codes or type the URLs in your browser to find the full Prescribing Information of apixaban:

Apixaban (2.5 mg)	Apixaban (5 mg)
https://www.pfi.sr/Jzi	https://www.pfi.sr/JzT

The QR codes/URL links to the latest Prescribing Information approved by the Department of Health in Hong Kong and may not be effective and the same as presented in the actual product package.

Eliquis™ apixaban

Pfizer

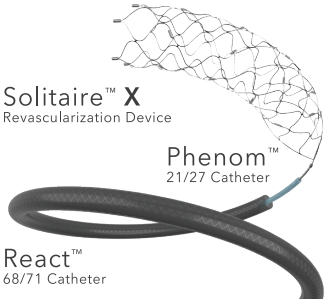
Medtronic

Reliability and trackability. Combined.

Aim to make the first pass at clot removal the only pass.

Aspiration Catheter + Stent Retriever

Combat procedural variability[1-2] with the trackable[3]. React™ catheter designed for **optimal durability**[4] with the clinically proven[5] Solitaire™ X device offering **dynamic clot integration**[6] with a parametric design.



Learn how these devices result in high rates of FPE.[7]

1. Bernava G, Rosi A, Boto J, et al. Direct thromboaspiration efficacy for mechanical thrombectomy is related to the angle of interaction between the aspiration catheter and the clot. J Neurointerv Surg. 2020;12(4):396-400. **2.** Liu Y, Gebrezgiabhier D, Zheng Y, et al. Arterial collapse during thrombectomy for stroke: Clinical evidence and experimental findings in human brains and in vivo models. AJNR Am J Neuroradiol. 2022;43(2):251-257. **3.** Li J, Tomasello A, Requena M, et al. Trackability of distal access catheters: An in vitro quantitative evaluation of navigation strategies [published online ahead of print, 2022 Apr 21]. J Neurointerv Surg. 2022;neurintsurg-2022-018889. **4.** TR-NV16168A, D00033351A. **5.** Goyal M, Menon BK, van Zwam WH, et al. Endovascular thrombectomy after large-vessel ischaemic stroke: A meta-analysis of individual patient data from five randomised trials. Lancet. 2016;387(10029):1723-1731. **6.** TR-NV13807A, D00419703A, TR-NV15666A, D00324045A. **7.** Requena M, Piñana C, Olive-Gadea M, et al. Combined technique as first approach in mechanical thrombectomy: Efficacy and safety of REACT catheter combined with stent retriever [published online ahead of print, 2022 May 2]. Interv Neuroradiol. 2022;15910199221095798.

1. The Solitaire™ X Revascularization Device is indicated for use to restore blood flow in the neurovasculature by removing thrombus for the treatment of acute ischemic stroke to reduce disability in patients with a persistent, proximal anterior circulation, large vessel occlusion, and smaller core infarcts who have first received intravenous tissue plasminogen activator (IV t-PA). Endovascular therapy with the device should be started within 6 hours of symptom onset. **2.** The Solitaire™ X Revascularization Device is indicated to restore blood flow by removing thrombus from a large intracranial vessel in patients experiencing ischemic stroke within 8 hours of symptom onset. Patients who are ineligible for IV t-PA or who fail IV t-PA therapy are candidates for treatment. **3.** The Solitaire™ X Revascularization Device is indicated for use to restore blood flow in the neurovasculature by removing thrombus for the treatment of acute ischemic stroke to reduce disability in patients with a persistent, proximal anterior circulation, large vessel occlusion of the internal carotid artery (ICA) or middle cerebral artery (MCA)-M1 segments with smaller core infarcts (<70 cc by CTA or MRA,<25 cc by MR-DWI). Endovascular therapy with the device should start within 6-16 hours of time last seen well in patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who fail IV t-PA therapy.

The React™ 68 Catheter and React™ 71 Catheter are indicated for the introduction of interventional/diagnostic devices into the peripheral and neurovasculature.

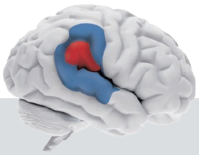
Phenom™ Catheters are intended for the introduction of interventional devices and infusion of diagnostic or therapeutic agents into the neuro, peripheral, and coronary vasculatures.

For healthcare professionals only.

For more information:
Medtronic Hong Kong Medical Limited
1104-11, 11/F, Tower 1, The Gateway, Tsim Sha Tsui, Kowloon
TEL: (852) 2919 1300 FAX: (852) 2891 6872
www.medtronic.com

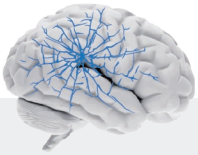
somazina® citicoline

the neuroprotection treatment for patients with brain damage



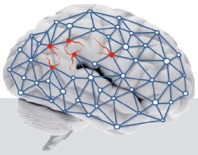
Acute ischaemic stroke

- Exerts a **neuroprotective** effect[1]
- Reduces the ratio of **long-term deaths and disabilities** in acute and subacute stroke[2]
- In acute ischaemic stroke, citicoline administration was associated **with a higher rate of independence**[3]



Traumatic brain injury

- Acceleration of **cerebral oedema resorption** and improvement in recovery of the **integrity of the blood-brain barrier** following a TBI[4]
- Significant **increase in rates of independence**[4]
- Following ICU admission, as well as 6 months after a severe TBI, citicoline is associated with a **higher survival rate**[5]



Mild cognitive impairment of vascular origin

- **Improvement of cognitive function (MMSE score) at 3 and 9 months** of treatment compared to the control group (p=0.0001)[6]
- Positive effect on **memory** and **behaviour** (p<0.005)[7]

Citicoline presents an excellent safety profile, good tolerability and almost no detrimental drug-drug interactions[1,8]

ABBREVIATED PRESCRIBING INFORMATION

1. NAME OF THE MEDICATION. SOMAZINA 100 mg/ml oral solution; SOMAZINA oral solution 1000mg in 10ml sachet. 2. QUALITATIVE AND QUANTITATIVE COMPOSITION. SOMAZINA 100 mg/ml oral solution is supplied in glass bottles containing 30ml of solution or in PET/PX/Aluminium/Surlyn sachet containing 10ml of solution. Each ml contains 100 mg of citicoline (as sodium salt). Excipient(s): Each ml of solution contains: 0.005 mg of Ponceau 4-R red colour; 0.4 mg of propyl parahydroxybenzoate; 1.6 mg of methyl parahydroxybenzoate; 200 mg of sorbitol and other excipients in q.s. 3. PHARMACEUTICAL FORM. Oral solution. SOMAZINA 100 mg/ml oral solution: Glass bottle containing 30ml or PET/PX/Aluminium/Surlyn sachet containing 10ml of a transparent and pink-coloured liquid, with strawberry smell and taste. 4. CLINICAL PARTICULARS. 4.1 Therapeutic indications. Treatment of cognitive and neurological disorders associated with acute and sub-acute stroke. Treatment of cognitive and neurological disorders associated with traumatic brain injuries. 4.2 Posology and method of administration. Posology: Adults: The recommended dose is from 500 to 2000 mg/day, depending on the severity of the symptoms to be treated. Elderly: SOMAZINA does not need any specific dose adjustment for this age group. Children: The experience in children is limited; therefore, it may only be administered when the expected therapeutic benefit is higher than any possible risk. Method of administration: It may be taken directly or dissolved in half glass of water (120 ml). 4.3 Contraindications. In case of allergy to Citicoline or any excipient. It must not be administered to patients with hypertonia of the parasympathetic. 4.4 Special warnings and precautions for use. Due to Ponceau 4-R red colour (or E-124), it may cause allergic reactions. It may cause asthma, especially in patients with allergy to acetylsalicylic acid. SOMAZINA contains Sorbitol (E-420) as excipients, because of that patients with rare hereditary problems of fructose intolerance should not take this medication. SOMAZINA contains Propyl parahydroxybenzoate (E-217) and Methyl parahydroxybenzoate (E-218) as excipients, because of that it may cause allergic reactions (possibly delayed). 4.5 Interaction with other medication and other forms of interaction. Citicoline potentiates the effects of the medication containing L-Dopa. It should not be administered concomitantly with medication containing Medofenoxate. 4.6 Pregnancy and lactation. There are no adequate data from the use of Citicoline in pregnant women. SOMAZINA should not be used during pregnancy unless clearly necessary. 4.7 Effects on the ability to drive and use machines. SOMAZINA has no influence on the ability to drive and use of machines. 4.8 Undesirable effects. Very rare (<1/10,000) (include individual notifications). Psychiatric disorders: hallucinations. Nervous system disorders: cephalea, vertigo. Vascular disorders: arterial hypertension, arterial hypotension. Respiratory, thoracic and mediastinal disorders: dyspnoea. Gastrointestinal disorders: nausea, vomiting, occasional diarrhoea. Skin and subcutaneous tissue disorders: blush, hives, exanthemas, purpura. General disorders and administration site conditions: shiver, oedema. 4.9 Overdose. No case of overdose has been reported. 5. PHARMACEUTICAL PARTICULARS. 5.1 Special precautions for storage. Store in the original package. Store below 30°C. 5.2 Nature and contents of the container. SOMAZINA 100mg/ml oral solution is available in a pack containing a 30 ml glass bottle with sealed plastic cap and with syringe graduated in ml. SOMAZINA oral solution 100mg in 10ml sachet is available in PET/PX/Aluminium/Surlyn sachet containing 10 ml of 100mg/ml citicoline (as sodium) solution. 5.3 Special precautions for disposal and other handling (Only applicable to glass bottle containing 30ml of solution, but not applicable to sachet of 10ml solution). Handling instructions for the medication are the following: The product is administered with the aid of the dosing syringe, according to the following scheme: 1) Introduce the dosing syringe with the piston pressing to the bottom. 2) Aspirate the indicated dose making the piston turn, taking into account that the liquid contained in the syringe coincides exactly with the prescribed level. 3) Administer the preparation directly or dissolved in half glass of water (120 ml). After each administration, it is recommended to wash the dosing syringe with water.

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Today, he's making his next big move.

Cerebrolysin® has beneficial effects on function and global outcome in early rehabilitation patients after stroke.

- Improve upperlimb motor functions by 88%
- Facilitate early recovery after stroke
- 3 times more patient regain full independence
- Increase quality of life

Reference: Muresanu, *et al.*, *Stroke*, 2016 Jan; 47(1):151-9

ABBREVIATED PRESCRIBING INFORMATION: Name of the medicinal product: Cerebrolysin® - Solution for injection. Qualitative and quantitative composition: One ml contains 215.2 mg of porcine brain-derived peptide preparation (Cerebrolysin® concentrate) in aqueous solution. List of excipients: Sodium hydroxide and water for injection. Therapeutic indications: Organic, metabolic and neurodegenerative disorders of the brain, especially senile dementia of Alzheimer's type - Post-apoplectic complications - Craniocerebral trauma; post-operative trauma, cerebral contusion or concussion. Contraindications: Hypersensitivity to one of the components of the drug, epilepsy, severe renal impairment. Only available on prescription and in pharmacies.
More information about pharmaceutical form, posology and method of administration, special warnings and precautions for use, interaction with other medicinal products and other forms of interaction, fertility, pregnancy and lactation, effects on ability to drive and use machines, undesirable effects, overdose, pharmacodynamics properties, pharmacokinetic properties, preclinical safety data, incompatibilities, shelf-life, special precautions for storage, nature and contents of the container and special precautions for disposal is available in the summary of product characteristics.

Cerebrolysin®

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Empowering for Life.

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CERE/HK/11/2023/01

PRESCRIBING PRADAXA (dabigatran etexilate) IS THINKING AHEAD[1–3]

The confidence of evidence with the reassurance of reversal[2,4–6]

Pradaxa® dabigatran etexilate

Praxbind® idarucizumab

References: 1. Pradaxa Hong Kong prescribing information. **2.** Pollack CV, *et al. N Engl J Med* 2017; 377: 431–41. **3.** Connolly SJ, *et al. N Engl J Med* 2009; 361: 1139–51. **4.** Larsen TB, *et al. BMJ* 2016; 353: i3189 (and supplementary material). **5.** Nielsen PB, *et al. BMJ* 2017; 353: j510. **6.** Rogers KC, *et al. Cardiol Rev* 2016; 24(6): 310–15.

Abbreviated Prescribing Information PRADAXA® (pPI-PRA-20-21-23-V1)

Presentation: Dabigatran etexilate Hard Capsules: 75mg, 110mg, 150mg. **Indications:** Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischemic attack (TIA); age ≥ 75 years; heart failure (NYHA Class ≥ II); diabetes mellitus; hypertension, **Dosage and administration:** The recommended daily dose of PRADAXA® is 300 mg taken as one 150 mg capsule twice daily. Therapy should be continued long term. For patients aged ≥80 years or patients who receive concomitant verapamil, the recommended daily dose of PRADAXA® is 220 mg taken as one 110 mg capsule twice daily. For the patients aged between 75–80 years, patients with moderate renal impairment, patients with gastritis, esophagitis or gastroesophageal reflux or other patients at increased risk of bleeding, the daily dose of PRADAXA® is 300 mg or 220 mg and should be selected based on an individual assessment of the thromboembolic risk and the risk of bleeding. Patients can stay on PRADAXA® while being cardioverted. Catheter ablation can be conducted in patients on 150 mg twice daily PRADAXA® treatment and PRADAXA® treatment does not need to be interrupted. Patients with NVAF who undergo a percutaneous coronary intervention (PCI) with stenting can be treated with PRADAXA® in combination with antiplatelets after haemostasis is achieved. **Contraindication:** Hypersensitivity to the active substance or to any of the excipients. Patients with severe renal impairment (CrCl. < 30 mL/min). Active clinically significant bleeding. Lesion or condition, if considered a significant risk factor for major bleeding, which may include current or recent gastrointestinal ulceration, presence of malignant neoplasms at high risk of bleeding, recent brain or spinal injury, recent brain, spinal or ophthalmic surgery, recent intracranial haemorrhage, known or suspected oesophageal varices, arteriovenous malformations, vascular aneurysms or major intraspinal or intracerebral vascular abnormalities. Concomitant treatment with any other anticoagulants e.g. unfractionated heparin (UFH), low molecular weight heparins (enoxaparin, dalteparin etc), heparin derivatives (fondaparinux etc), oral anticoagulants (warfarin, rivaroxaban, apixaban etc) except under specific circumstances of switching anticoagulant therapy or when UFH is given at doses necessary to maintain an open central venous or arterial catheter. Hepatic impairment or liver disease expected to have any impact on survival. Concomitant treatment with the following strong P-gp inhibitors: systemic ketoconazole, cyclosporine, itraconazole, dronedarone and the fixed-dose combination lopinavir/ritonavir. Prosthetic heart valves requiring anticoagulant treatment. **Special warnings and precautions:** PRADAXA® should be used with caution in conditions with an increased risk of bleeding or with concomitant use of medicinal products affecting haemostasis by inhibition of platelet aggregation. In clinical trials, PRADAXA® was associated with higher rates of major gastrointestinal (GI) bleeding. An increased risk was seen in the elderly (≥ 75 years) for the 150 mg twice daily dose regimen. The presence of lesions, conditions, procedures and/or pharmacological treatment (such as NSAIDs, antiplatelets, SSRIs and SNRIs), which significantly increase the risk of major bleeding requires a careful benefit-risk assessment. Close observation for signs of bleeding or anaemia is recommended throughout the treatment period, especially if risk factors are combined. Patients who develop acute renal failure must discontinue PRADAXA®. The use of fibrinolytic medicinal products for the treatment of acute ischemic stroke may be considered if the patient presents with a dTT, ECT or aPTT not exceeding the upper limit of normal (ULN) according to the local reference range. Patients on PRADAXA® who undergo surgery or invasive procedures are at increased risk for bleeding and may therefore require temporary discontinuation of PRADAXA®. PRADAXA® treatment should be resumed / started after the invasive procedure or surgical intervention as soon as possible provided the clinical situation allows and adequate haemostasis has been established. No treatment experience is available for patients with elevated liver enzymes > 2 ULN, and therefore the use of PRADAXA® is not recommended in this population. Direct acting oral anticoagulants (DOACs) including PRADAXA® are not recommended for patients with antiphospholipid syndrome, in particular for patients that are triple positive (for lupus anticoagulant, anticardiolipin antibodies, and anti-beta 2-glycoprotein I antibodies). Myocardial infarction. **Interactions:** Dabigatran etexilate is a substrate for the efflux transporter P-gp. Concomitant administration of P-gp inhibitors is expected to result in increased dabigatran plasma concentrations. There is no or only limited experience with the following treatments which may increase the risk of bleeding when used concomitantly with PRADAXA®: anticoagulants such as unfractionated heparin (UFH), low molecular weight heparins (LMWH), and heparin derivatives (fondaparinux, desirudin), thrombolytic medicinal products, and vitamin K antagonists, rivaroxaban or other oral anticoagulants, and antiplatelet aggregation medicinal products such as GPIIb/IIIa receptor antagonists, ticlopidine, prasugrel, ticagrelor, dextran, and sulfinpyrazone. **Adverse reactions:** Common: Anaemia, Epistaxis, Gastrointestinal haemorrhage, Abdominal pain, Diarrhoea, Dyspepsia, Nausea, Skin haemorrhage, Genitourological haemorrhage including haematuria. Uncommon: Haemoglobin decreased, Thrombocytopenia, Drug hypersensitivity, Rash, Pruritus, Intracranial haemorrhage, Haematoma, Haemorrhage, Haemoptysis, Rectal haemorrhage, Haemorrhoidal haemorrhage, Gastrointestinal ulcer including oesophageal ulcer, Gastrooesophagitis, Gastrooesophageal reflux disease, Vomiting,Dysphagia, Hepatic function abnormal/ Liver function Test abnormal, Alanine aminotransferase increased, Aspartate aminotransferase increased, Rare: Haematocrit decreased, Anaphylactic reaction, Angioedema, Urticaria, Hepatic enzyme increased, Hyperbilirubinaemia, Haemarthrosis, Injection site haemorrhage, Catheter site haemorrhage, Traumatic haemorrhage, Incision site haemorrhage. **Storage conditions:** Store in the original package in order to protect from moisture. Store below 30°C. Do not remove capsules from blister pack until just before use. **Note:** Before prescribing, please consult full prescribing information.

Abbreviated Prescribing Information PRAXBIND® (pPI-PRAX-02-V1)

Presentation: Idarucizumab (solution for injection/infusion; vial of 2.5g/50mL). **Indications:** Praxbind is a specific reversal agent for dabigatran and is indicated in adult patients treated with Pradaxa (dabigatran etexilate) when rapid reversal of its anticoagulant effects is required: For emergency surgery/urgent procedures; In life-threatening or uncontrolled bleeding. **Dosage and administration:** Restricted to hospital use only. The recommended dose of Praxbind is 5 g (2x2.5 g/50 mL), administered intravenously as two consecutive infusions over 5 to 10 minutes each or as a bolus injection. No dose adjustment is required in renally impaired patients, patients with hepatic injury, and in elderly patients aged 65 years and above. **Contraindication:** None. **Special warnings and precautions:** Idarucizumab binds specifically to dabigatran and reverses its anticoagulant effect, it will not reverse the effects of other anticoagulants. Praxbind treatment can be used in conjunction with standard supportive measures, which should be considered as medically appropriate. If an anaphylactic reaction or other serious allergic reaction occurs, administration of Praxbind should be discontinued immediately and appropriate therapy initiated. The recommended dose of Praxbind contains 4 g sorbitol as an excipient. Therefore, in patients with hereditary fructose intolerance the risk of treatment with Praxbind must be weighed against the potential benefit of such an emergency treatment. Patients being treated with dabigatran have underlying disease states that predispose them to thromboembolic events. Reversing dabigatran therapy exposes patients to the thrombotic risk of their underlying disease. To reduce this risk, resumption of anticoagulant therapy should be considered as soon as medically appropriate. Praxbind causes transient proteinuria, which is not indicative of renal damage. This medicinal product contains 50 mg sodium per dose, equivalent to 2.5% of the WHO recommended maximum daily intake of 2 g sodium for an adult. **Interactions:** No formal interaction studies with Praxbind and other medicinal products have been performed. Based on the pharmacokinetic properties and the high specificity in binding to dabigatran, clinically relevant interactions with other medicinal products are considered unlikely. **Adverse reactions:** No adverse reactions have been identified. **Storage conditions:** Store in a refrigerator (2°C - 8°C). Do not freeze. **Note:** Before prescribing, please consult full prescribing information.

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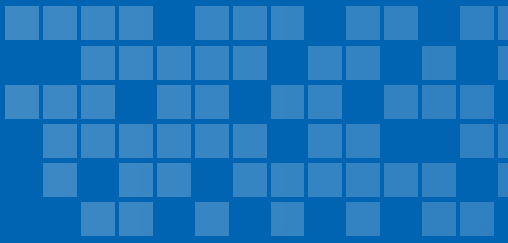

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