**28th Medical Research Conference  
14 January 2023 (Saturday)  
Physical Conference**

###### **Lecture Theatre 1, Cheung Kung Hai Conference Centre, G/F, William MW Mong Block, LKS Faculty of Medicine Building, The University of Hong Kong, Pok Fu Lam, Hong Kong g**

18th August 2022

To: All Members of the Department of Medicine, School of Clinical Medicine

# Call for Submission of Abstracts

Authors are requested to conform to the following abstract submission guideline. Those not conforming to the guidelines may not be referred for review. Please refer to the sample abstract on Page 2 for reference.

1. The content of abstract should be based on research work conducted during the calendar year of 2022, by members or in collaboration with members of the Department of Medicine, School of Clinical Medicine, HKU.
2. The abstract must be in English using 12-point regular Times New Roman font with single line spacing.
3. Abbreviations may be used in the text, but they must be placed in parentheses after the first usage. DO NOT use symbols or special characters such as  (beta), (alpha), micro) etc, please spell them out in full.
4. Please use generic name of drugs and avoid any other trade marked references.
5. Abstract title: This should be succinct and clearly state the nature of the investigation. Abbreviations should be avoided in the abstract title. Type the title in bold, but DO NOT capitalise nor underline it.
6. Authors: Initials should precede the surname; omit degrees and titles. Indicate the institutions and countries where each author is from. Please underline the name of the presenting author only.
7. The abstract should be up to 400 words and start without any indentations. The following should be included:
8. Introduction/ Objectives – e.g. state specific objectives and background of the study;
9. Method(s) – e.g. state the method used, study design, patient sample etc, if pertinent;
10. Results – e.g. summarise results obtained;
11. Conclusion – e.g. state conclusions reached. Statements such as “results will be discussed” or “data will be presented” will not be accepted; and
12. Acknowledgment – credit source(s) of funding for research project, if any.
13. Do not include graphs, diagrams nor photographs in your abstract.
14. Once the abstract is submitted, changes and correction will not be allowed.
15. One abstract per submission. If you are submitting more than one abstract, additional forms are downloadable via <https://medic.hku.hk/en/Knowledge-Exchange/Medical-Research-Conference>.
16. Please submit abstract form via email [medconf@hku.hk]. Fax and hard copy submission will not be accepted.
17. The abstracts will be reviewed by the Organising Committee, which will make decisions with regards to the acceptance for oral or poster presentations, publication only or rejection. The preferred presentation type is for indication only, and is subject to the final decision of the Committee.
18. All presentations including oral, PowerPoint slides and posters must be in English.
19. All correspondence (e.g. notification of acceptance for presentation, publication or rejection, guidelines and schedule of presentation etc.) will be emailed to the presenting author’s email provided in the submission form.
20. **ABSTRACT SUBMISSION DEADLINE: 21st October 2022 (Friday).**

Thank you.

Dr Desmond Yap, Chairman  
28th Medical Research Conference

**Reduced hepatic steatosis is associated with higher risk of hepatocellular carcinoma in chronic hepatitis B infection**

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**Introduction:** Concomitant chronic hepatitis B infection (CHB) and non-alcoholic fatty liver disease (NAFLD) is common, but the implications of NAFLD on clinical outcomes of CHB, including hepatocellular carcinoma (HCC), are not well investigated.

Sample Abstract

**Methods:** CHB patients (both treatment-naïve and treated with nucleos(t)ide analogues [NA]) were recruited for transient elastography assessment for liver stiffness, and controlled attenuation parameter (CAP), a non-invasive quantification of hepatic steatosis, and were prospectively followed up for development of HCC. Steatosis and severe steatosis were diagnosed by CAP ≥248 dB/m and ≥280 dB/m, respectively, and advanced fibrosis/cirrhosis was diagnosed by liver stiffness ≥9 kPa.

**Results:** Among 2403 CHB patients (55.6% male, median age 55.6 years, 57.1% NA-treated, median ALT 26 U/L), 48 patients developed HCC during a median follow-up of 46.4 months. Multivariate Cox regression analysis showed increased CAP to be inversely associated with HCC development (hazard ratio=0.994, 95% confidence interval=0.989-0.999). The cumulative probability of HCC was 2.88%, 1.56% and 0.71%, respectively for patients with no steatosis, mild-to-moderate steatosis, and severe steatosis (P=0.01). The risk of HCC increased from 1.56% to 8.89% in patients without severe steatosis if advanced fibrosis/cirrhosis were present (P<0.001).

**Conclusion:** Reduced hepatic steatosis was significantly associated with a higher risk of incident HCC in CHB patients. Routine CAP and liver stiffness measurements can be important for risk stratification, especially in on-treatment patients.

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##### **ABSTRACT SUBMISSION FORM**

Submission deadline: 21st October 2022 (Friday)

**Please read the abstract submission guidelines carefully on Page 1 before your submission.**

**Part 1: Presenting author’s details**

Please fill in details of the presenting author (Please do not type in all capital letters): -

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| Title: | Prof/ Dr/ Mr/ Ms (Please delete as appropriate) |
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| Position Title: |  |
| Supervisor *(if any)*: |  |
| Division/ Specialty: |  |
| Institution/ Hospital: |  |
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# An email MUST be provided as all correspondence will be via email ONLY to the presenting author.

**Part 2: Presentation details**

Please 🗹 as appropriate:

1. Abstract previously presented in another HKU meeting:  Yes  No
2. Preferred type of presentation:  Oral  Poster  No Preference
3. Category:  Basic Science and Translational Research  Clinical Research

**Part 3: Abstract**

Please complete your abstract on Page 4 with page settings in A4 format; with margins: Top 2.5cm, Bottom 1.5cm and right/left margins 2cm.

PLEASE TYPE YOUR ABSTRACT HERE