香港中文大學
The Chinese University of Hong Kong

Seminar on Screening and Management of Breast and Cervical cancer

5 Nov 2018 6:30pm-9:30pm

Room 303, 3/F, Li Ka Shing Medical Sciences Building,
Prince of Wales Hospital, Shatin

Aims

1. To enhance midwives' competence in knowledge on caring women with breast or cervical cancer;
2. To update the latest treatment modalities.

Organisers

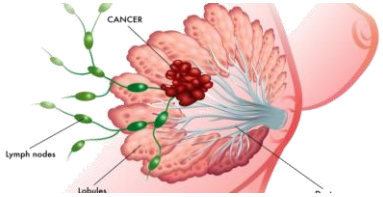
Department of Obstetrics and Gynaecology, CUHK

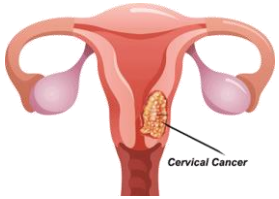
Entry Requirement

Applicants should possess a BSc degree or relevant diploma.

Target Participants

Midwives who are caring pregnant women in both out-patient and in-patient setting.





Language

English

Speaker

Dr. Jacqueline Ho Sze LEE, Assistant Consultant, Honorary Clinical Assistant Professor, Prince of Wales Hospital, Chinese University of Hong Kong

Dr. Wing Cheong CHAN, Deputy Chief of Service, Department of Surgery, Alice Ho Miu Ling Nethersole Hospital & North District Hospital

Program Details

1. Cervical neoplasia and genital warts: prevention, screening, diagnosis and treatment
2. Prevention and Screening for Breast Cancer
3. Staging, Treatment modalities and prognosis of breast cancer

Accreditation (Duration: 3 hrs) & Certificate Granted

3 **PEM &** 3 **CNE** points accredited by Dept of O&G, CUHK
Students will be granted a **Certificate of Attendance** after the course (**NO assessment will be required**).

Application Deadline

20 Oct 2018

Registration and Enquiry

Ms Clara Lau (Tel: 35051535 Fax: 26360008 Email: clarayyl@cuhk.edu.hk)

Address: Dept of O&G, 1/F, Block E, Prince of Wales Hospital, Shatin

Reply Slip (5008-1b)

Surname _____ First Name _____
Title Dr. / Mr. /Ms
Highest qualification _____
Position _____
Department _____
Organization (Hospital) _____
Address _____
_____
Tel _____ Fax _____
Email _____

Payment Method

☑Tuition fee HK$1,155

☐ By Cheque (Payable to **The Chinese University of Hong Kong**)
Cheque no.: _____ Bank Name: _____

☐ By Credit Card (in Hong Kong Dollars only)
☐ **Visa** ☐ **MasterCard**
Card holder's name (Block letter): _____
Signature: _____ Date: _____
Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date (mm/yy) ☐☐/☐☐