



Hong Kong Obesity Society  
香港肥胖學會

# OBESITY CARE BEYOND CONVENTION

From Definition to Treatment



Nov 22  
2025

7<sup>th</sup>  
Annual Scientific  
Symposium



Actor portrayals. Not actual patients or healthcare providers.

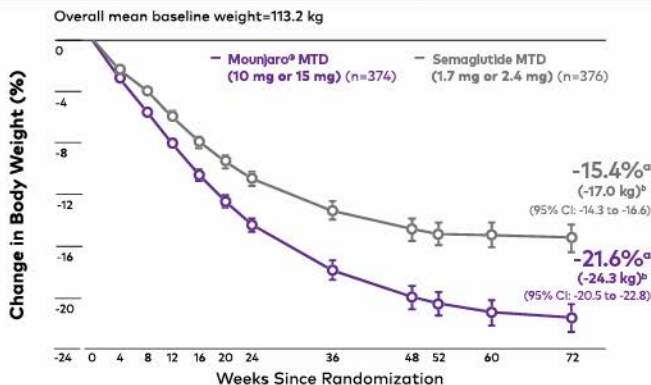
- A novel mechanism of action: The first-and-only approved GIP/GLP-1 receptor agonist<sup>1,2</sup>**
- Significant weight loss: Up to 22.5% (-23.6 kg) average body weight reduction<sup>1,3,4,7</sup>**
- Cardiometabolic improvement: As demonstrated across key parameters, including blood pressure, waist circumference, triglycerides, HDL and LDL cholesterol<sup>1,3,4,5</sup>**

**Mounjaro<sup>®</sup> vs semaglutide**



**40% greater relative reduction in body weight<sup>4,11</sup>**

**Mean Percentage Change in Body Weight Over Time From Randomization to Week 72<sup>4</sup>**



<sup>a</sup>bars indicate 95% confidence intervals, adjusted for multiplicity.  
<sup>b</sup>Not adjusted for multiplicity.<sup>4</sup>

<sup>1</sup>In SUBMOUNT-1 efficacy endpoint, the weight loss of Mounjaro<sup>®</sup> was superior and clinically meaningful compared to placebo (p<0.001). The mean change up end of treatment (week 72) was -16.0% (a reduction of 16.1 kg) with Mounjaro<sup>®</sup> 5 mg dose, -21.4% (a reduction of 22.2 kg) with Mounjaro<sup>®</sup> 10 mg dose, -22.5% (a reduction of 23.4 kg) with Mounjaro<sup>®</sup> 15 mg dose and the mean change with placebo was -2.4% (a reduction of 2.4 kg), and included a reduced-calorie diet and increased physical activity.<sup>11</sup>  
<sup>2</sup>Efficacy endpoint, MMTM analysis MTTI population (efficacy analysis).  
<sup>3</sup>Mounjaro<sup>®</sup> is not indicated to reduce cardiometabolic parameters. In SUBMOUNT-1 (trial) medications in blood pressure, waist circumference, triglycerides, HDL cholesterol and LDL cholesterol were secondary endpoints.<sup>11</sup>  
<sup>4</sup>GLP-1 receptor agonists were compared to placebo (n=374) with Mounjaro<sup>®</sup> 10 mg or 15 mg compared with semaglutide MTD (1.7 mg or 2.4 mg) in adults with obesity (BMI ≥ 30 kg/m<sup>2</sup>) or overweight (BMI ≥ 27 kg/m<sup>2</sup>) with or without type 2 diabetes. The study included a 2-week screening period. Mean baseline weight was 127.7 kg for Mounjaro<sup>®</sup> MTD (10 mg or 15 mg) and 116.8 kg for semaglutide MTD (1.7 mg or 2.4 mg). Participants in both the Mounjaro<sup>®</sup> and semaglutide treatment arms received lifestyle intervention, including a reduced-calorie diet and increased physical activity. Primary endpoints are mean percentage change in body weight from baseline to 72 weeks. Secondary endpoints were body weight reductions of 10%, 15%, 20%, and 25% from baseline to 72 weeks and change in waist circumference (cm) from baseline to 72 weeks. Primary and/or secondary endpoints were adjusted for multiplicity. Limitations of an open-label study may be related to bias in evaluation of the outcome, efficacy, and/or safety, and analysis was not tested against a placebo-controlled comparison group.  
BMI = body mass index; GP = glucose-dependent neurotrophic polypeptide; GLP-1 = glucagon-like peptide-1; HDL = high-density lipoprotein; LDL = low-density lipoprotein; MTT = modified intent-to-treat; MMTM = mixed model for repeated measures; MTD = maximum tolerated dose.

**INDICATION<sup>1</sup>**  
Mounjaro<sup>®</sup> is indicated:  
1. For the treatment of adults with (nonfasting) controlled type 2 diabetes mellitus as an adjunct to diet and exercise -  
- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications.  
- in addition to other medical products for the treatment of diabetes.  
2. For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity, in adults with an initial Body Mass Index (BMI) of ≥ 30 kg/m<sup>2</sup> (obesity) or ≥ 27 kg/m<sup>2</sup> (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, obstructive sleep apnea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

**SAFETY PROFILE<sup>15-16</sup>**  
**Type 2 diabetes mellitus:**  
In 7 completed phase 3 studies, 5119 patients were exposed to Mounjaro<sup>®</sup> alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhea (very common), constipation (common), and vomiting (common). In general, these reactions were mostly mild or moderate in severity, occurred more often during dose escalation and decreased over time.  
**Weight management:**  
In 7 completed phase 3 studies, 2519 patients were exposed to Mounjaro<sup>®</sup> alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhea (very common), constipation (very common), and vomiting (very common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.  
**References:** Mounjaro<sup>®</sup> Hong Kong Prescribing Information 3, Wilford, et al., J Clin Invest. 2023;133(7):e125252. 4. Jambrović, et al., N Engl J Med. 2022;387(25):2316-23. 4. Aronoff, et al., N Engl J Med. 2023;391(26):26. 6. Garvey, et al., N Engl J Med. 2023;391(26):26. 6. Pineda, et al., N Engl J Med. 2023;391(26):26. 7. Garvey, et al., N Engl J Med. 2023;391(26):26. 8. Garvey, et al., N Engl J Med. 2023;391(26):26. 9. Garvey, et al., N Engl J Med. 2023;391(26):26. 10. Danz, et al., JAMA. 2023;329(12):1294-304.



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ONCE-WEEKLY

wegovy® 維秀美®  
semaglutide injection 2.4 mg

一週一次



Wegovy®:  
the ONLY weight management  
medication recommended  
by cardiology guidelines\*<sup>6</sup>

# Your Trustworthy Choice for Transformative Weight Loss and Heart Protection<sup>1-4</sup>



≥20%  
WEIGHT LOSS

Achieved by  
~1 in 3 patients treated  
over 68 weeks<sup>1\*</sup>



20%  
REDUCTION IN MACE

vs placebo on top of  
CV standard of care in adults  
with established CVD<sup>2</sup>

(HR=0.80; 95% CI=0.72-0.90;  
p<0.001)



>20  
MILLION

patients treated with  
semaglutide worldwide  
since launch<sup>3</sup>



Patient portrayal

**NOW AVAILABLE**

<sup>1</sup>STEP 1 was a double-blind trial that enrolled 1961 adults with BMI ≥ 30 kg/m<sup>2</sup> (≥ 27 kg/m<sup>2</sup> in persons with ≥ 1 weight-related coexisting condition) who did not have diabetes. Participants were randomly assigned in 2:1 ratio to 68 weeks of treatment with once-weekly subcutaneous semaglutide (2.4 mg) or placebo, plus lifestyle intervention. On-treatment data at week 68 showed that 34.8% of the participants on semaglutide had weight loss of ≥ 20%. <sup>2</sup>STEP 4 was a randomized clinical trial that evaluated the effect of continued weekly subcutaneous semaglutide vs placebo on weight loss maintenance in adults with overweight or obesity. <sup>3</sup>SELECT was a multicenter, double-blind, randomized, placebo-controlled, event-driven superiority trial that enrolled patients aged ≥ 45 who had preexisting CVD and BMI ≥ 27 kg/m<sup>2</sup> but no history of diabetes. Patients were randomly assigned in a 1:1 ratio to receive once-weekly subcutaneous semaglutide (2.4 mg) or placebo. The primary CV end point was a composite of death from CV causes, non-fatal myocardial infarction, or non-fatal stroke in a time-to-first-event analysis. <sup>4</sup>2024 ESC Guidelines for the management of chronic coronary syndromes: semaglutide should be considered in chronic coronary syndrome patients without diabetes, but with overweight or obesity (BMI ≥ 27 kg/m<sup>2</sup>) to reduce CV mortality, myocardial infarction, or stroke (class of recommendation=IIa; level of evidence=B). <sup>6</sup>BMI=body mass index; CI=confidence interval; CV=cardiovascular; CVD=cardiovascular disease; ESC=European Society of Cardiology; HR=hazard ratio; MACE=major adverse cardiovascular events.

References: 1. Wegovy® Hong Kong Prescribing Information. 2025. 2. Wilding JPH, et al. N Engl J Med. 2021;384:989-1002. 3. Rubino D, et al. JAMA. 2021;325:1414-25. 4. Lincoff AM, et al. N Engl J Med. 2023;389:2221-32. 5. Data on File. REF-73669.6. Vrints C, et al. Eur Heart J. 2024;45:3415-537.



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## AGENDA

Time	Topic	Speaker
13:00 - 13:15	Opening Remarks	Dr. CHAN Man Pan
13:15 - 14:00	<b>Revolutionizing Obesity Care:</b> Transforming Health Beyond Weight with Evidence-Based Benefits of GLP-1 Receptor Agonists	Prof. Sue Pedersen
14:00 - 14:45	<b>Targeting Excess Adiposity:</b> Evolving Strategies in Obesity Diagnosis and Treatment from International Guidelines	Prof. Gary Wittert
14:45 - 15:15	Tea Break	
15:15 - 15:45	<b>Beyond Needle and Scalpel:</b> Endoscopic Gastroplasty, a New Frontier in Weight Management	Dr. LIU Chia Chia, Amy
16:20 - 16:45	Developmental Origins of Childhood Obesity: The Microbiome Culprit	Prof. TUN Hein Min
16:15 - 16:20	Closing Remarks	Dr. SEE Wing Shan

# ORGANIZING COMMITTEE

Organizing committee members arranged alphabetically according to surname



**Dr Johnny Yau Cheung CHANG**  
Specialist in Endocrinology,  
Diabetes & Metabolism



**Dr Patrick Man Pan CHAN**  
HKOS President  
Specialist in General Surgery



**Dr Wendy Wing Man CHAN**  
Specialist in Endocrinology,  
Diabetes & Metabolism



**Dr Annette CHAN**  
Specialist in Endocrinology,  
Diabetes & Metabolism



**Dr Tellus Man Yuk NG**  
Immediate Past President  
Specialist in Endocrinology,  
Diabetes & Metabolism



**Dr Sarah Wing Yiu POON**  
Specialist in Paediatrics



**Dr Tsun Miu TSUI**  
Specialist in General Surgery



**Dr Terence Chi Chun TAM**  
Honorary Treasurer  
Specialist in Respiratory Medicine



**Dr Rain Choi Kwan SO**  
Specialist in General Surgery



**Dr Queenie Wing Shan SEE**  
HKOS President-elect  
Specialist in General Paediatrics & Paediatric  
Endocrinology



**Dr Catherine Pui Ka SZE**  
Vice-president  
Specialist in Family Medicine



**Dr Michele Mae Ann YUEN**  
Specialist in Endocrinology,  
Diabetes & Metabolism



**Dr Desmond Yat Hin YAP**  
Specialist in Nephrology

## ABOUT HONG KONG OBESITY SOCIETY

Hong Kong Obesity Society (HKOS) was set up in April 2016 with the following principal aims:

- To raise awareness of obesity in Hong Kong.
- To serve as a platform to connect doctors and allied health professionals involved in the management of obesity and obesity-related disorders.
- To serve as a bridge between the local and international professional communities in the field of obesity medicine.

Website: <http://www.hkobesity.org/>

Email address: [info@hkobesity.com](mailto:info@hkobesity.com)

Facebook page: <http://www.facebook.com/hkobesity/>



## HKOS COUNCIL MEMBERS

### Dr Patrick Man Pan CHAN

President  
Specialist in General Surgery  
Associate Consultant, Department of Surgery,  
Yan Chai Hospital

### Dr Queenie Wing Shan SEE

President-elect  
Specialist in General Paediatrics & Paediatric Endocrinology  
Honorary Associate Consultant, Queen Mary Hospital  
Clinical Associate Professor of Practice,  
The University of Hong Kong

### Dr Pui Ka SZE

Vice-president  
Specialist in Family Medicine

### Dr Tsun Miu TSUI

Vice-president  
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Honorary Clinical Assistant Professor,  
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Resident Specialist, Department of Medicine,  
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### Dr Tellus Man Yuk NG

Immediate Past President  
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Consultant, Department of Medicine & Geriatric,  
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### Dr Annette Ka Yee CHAN

Council Member  
Specialist in Endocrinology, Diabetes and Metabolism

### Dr Wendy Wing Man CHAN

Council Member  
Specialist in Endocrinology, Diabetes and Metabolism

### Dr Wing Sun CHOW

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Honorary Associate Professor, Department of Medicine,  
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## HKOS COUNCIL MEMBERS

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Co-founder & Chief Strength and Conditioning Coach,  
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Master Instructor, Stick Mobility (USA)

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Specialist in Endocrinology, Diabetes & Metabolism  
Honorary Clinical Assistant Professor,  
University Department of Medicine,  
The University of Hong Kong  
Founder of Hong Kong Obesity Society

### Ms Sylvia See Way LAM

Council Member  
Consultant Dietitian  
Accredited Practising Dietitian (D.A.)  
Accredited Dietitian (H.K.A.A.D.), Full Member (H.K.D.A.)  
Member of Register of Dietitians Accredited  
by the Department of Health (H.K.)  
Approved Practitioner,  
Australian Centre for Eating Disorders

### Dr Connie Lai Ling HUI

Co-opt Council Member  
Nutrition Epidemiologist  
Department of Food Science and Nutrition,  
Hong Kong Polytechnic University

## MESSAGE FROM PRESIDENT



**Dr Patrick Man Pan CHAN**

President  
Hong Kong Obesity Society

Dear Friends,

On behalf of the council, it is my great pleasure to extend a warm welcome to you all at our Annual Scientific Meeting today.

Since our founding in 2016, the Hong Kong Society of Obesity (HKOS) has been dedicated to advancing the understanding and management of obesity. We serve as a platform for healthcare professionals, fostering connections, raising public awareness, and bridging local initiatives with global expertise to address this complex, multifaceted disease.

The need for our work has never been clearer. In Hong Kong, obesity or overweight affects approximately half of adults, while one in five school children is also impacted. A pressing challenge we face is a significant gap in public awareness. A recent survey in August 2025 revealed that 14% of individuals with overweight or obesity did not perceive themselves as having a weight issue. More concerning, 76% had not considered seeking medical help, often believing that willpower alone was sufficient for weight management.

Over the past year, we have redoubled our efforts to combat these misconceptions through a comprehensive strategy of professional exchange, public education, and strategic partnerships.

### **Advancing Professional Dialogue**

Last year's scientific meeting, "Redefining Obesity: New Perspectives, New Solutions," successfully sparked critical conversations among leading local and international experts. Our commitment to collaboration was further demonstrated through partnerships with esteemed organizations and active participation in international exchanges. Our council members also enriched June 2025 issue of Journal of The Society of Physicians of Hong Kong with a series of obesity related articles and shared the latest treatment insights at the Multi-Specialty Medical Mega Conference 2025.

## MESSAGE FROM PRESIDENT

### **Elevating Public Awareness and Education**

True progress, however, requires empowering the public with knowledge. For World Obesity Day 2025, we engaged extensively with the media, hosting press conferences on childhood obesity, and conducting interviews on TV, radio, and digital platforms to discuss latest progress in obesity diagnosis, complication, treatment and prevention.

Our public education initiatives reached thousands, including a health talk series at seven District Health Centers that attracted over 5,000 attendees. We also visited primary schools, using interactive talks and games to promote healthy lifestyles from an early age. To provide lasting resources, we published a second edition of our "Overcoming Obesity" booklet and created a new children's storytelling book (齊來動一動 童創健康路) to make health education engaging for all ages.

### **Looking Forward: A Shared Vision**

We aim to advocate a fundamental shift in how obesity is perceived by the public and policymakers alike. Recognizing obesity as a chronic disease is the first step toward improving access to effective treatments. By integrating primary care, specialist input, and community education, we can empower individuals and reduce the burden of obesity-related complications. I look forward to building on this momentum at our upcoming activities.

Thank you.

Dr Chan Man Pan  
President  
Hong Kong Obesity Society

## MESSAGE FROM PRESIDENT-ELECT



### **Dr. Queenie Wing Shan SEE**

HKOS President-elect  
Specialist in General Paediatrics  
& Paediatric Endocrinology

On behalf of the Organising Committee, it is my distinct honour to welcome all of you to the Annual Scientific Meeting of the Hong Kong Obesity Society, convened under the timely and important theme, "Obesity Care Beyond Convention - From Definition to Treatment."

Obesity remains one of the most significant public health challenges of our time, with complex biological, social, and environmental determinants. This meeting serves as a vital platform for advancing knowledge and fostering critical discourse on redefining obesity and exploring innovative, evidence-based treatment modalities. By moving beyond conventional approaches, we aspire to enhance holistic patient care and address the multifaceted impact of this condition on individuals and society.

The programme has been meticulously designed to include leading international and local experts who will present cutting-edge research, clinical advancements, and emerging therapeutic options. Through multidisciplinary collaboration and rigorous scientific exchange, we aim to inspire novel strategies that will shape the future landscape of obesity management in Hong Kong and beyond.

I encourage all attendees to actively participate in the sessions, engage in meaningful dialogue, and build professional networks that support ongoing learning and innovation. It is through our shared commitment to excellence and patient-centred care that we can make tangible progress in combating this global epidemic.

Thank you for your valued contribution and dedication to this field. Together, we can advance obesity care beyond convention and improve health outcomes for generations to come.

Sincerely,  
Queenie See



SPEAKERS



**Prof. Sue PEDERSEN**

Clinical Lecturer  
C-ENDO Diabetes and Endocrinology Clinic  
University of Calgary, Canada



**Prof. Gary WITTERT**

Professor of Medicine  
The University of Adelaide, Australia  
Senior Consultant Endocrinologist  
The Royal Adelaide Hospital, Australia



**Dr. LIU Chia Chia, Amy**

Bariatric endoscopist  
Dean of Weight Loss Center  
New Delight Medical Clinic, Taiwan



**Prof. Hein Min TUN**

Associate Professor  
The JC School of Public Health and Primary Care  
The Chinese University of Hong Kong



## SCIENTIFIC LECTURE

### Revolutionizing Obesity Care: Transforming Health Beyond Weight with Evidence-Based Benefits of GLP-1 Receptor Agonists

**Prof. Sue Pedersen**

Clinical Lecturer  
C-ENDO Diabetes and Endocrinology Clinic  
University of Calgary, Canada



Obesity represents a significant and growing public health challenge globally, contributing to increased rates of type 2 diabetes, cardiovascular disease, and other comorbidities. While weight loss is often the primary focus, a more holistic approach is crucial for effective management. This lecture, "Revolutionizing Obesity Care: Transforming Health Beyond Weight with Evidence-Based Benefits of GLP-1 Receptor Agonists," will explore the transformative potential of Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RAs) in achieving this comprehensive approach.

The Canadian Adult Obesity Clinical Practice Guidelines emphasize a patient-centered, evidence-based approach to obesity management, advocating for interventions that address not only weight but also overall health and well-being. These guidelines highlight the importance of personalized treatment strategies that consider individual patient needs and preferences, integrating lifestyle modifications, psychological support, pharmacotherapy, and, when appropriate, bariatric surgery.

The lecture will present the latest evidence demonstrating the efficacy of GLP-1 RAs in achieving clinically significant and sustainable weight loss, alongside their positive impacts on cardiometabolic risk factors. It will discuss strategies for integrating GLP-1 RAs into personalized treatment plans, consistent with the Canadian guidelines, including lifestyle modifications, psychological support, and, when appropriate, bariatric surgery.

Furthermore, the lecture will delve into the outcomes of recent large-scale cardiovascular and other outcome trials involving GLP-1 RAs. These studies have provided compelling evidence of the cardioprotective effects of these agents, independent of weight loss, further solidifying their role in comprehensive obesity management and risk reduction.

Practical guidance on patient selection and safety considerations will be provided, drawing from experiences and highlighting potential adaptations for different healthcare contexts. This lecture aims to stimulate discussion and collaboration on innovative approaches to obesity care that prioritize comprehensive health improvements, ultimately empowering practitioners to enhance the quality of life for individuals living with obesity.



## SCIENTIFIC LECTURE

### Targeting excess adiposity: evolving strategies in obesity diagnosis and treatment from international guidelines

#### Prof. Gary Wittert

Professor of Medicine  
The University of Adelaide, Australia  
Senior Consultant Endocrinologist  
The Royal Adelaide Hospital, Australia



Obesity is seriously affecting approximately 1 billion people worldwide. While often attributed to overeating and insufficient physical activity, obesity is a multifactorial disease influenced by genetic, epigenetic, biological, and environmental and sociocultural factors etc. With 224 associated complications, including serious metabolic and cardiovascular disorders, the impact of obesity should not be underestimated. Despite increased awareness and the availability of lifestyle interventions and pharmacotherapies, many individuals still have the difficulties achieving and maintaining long-term weight reduction due to complex biological adaptations. This highlights the need for more effective, sustainable, and patient-centric treatment strategies for weight management.

The lecture will start by discussing the complex pathophysiology of obesity, highlighting excess adiposity as a key driver of disease. While Body Mass Index (BMI) is widely used as an obesity indicator, it has limitations reflect assessing adiposopathy and visceral fat in our body. Learnt from the latest international guidelines, Professor Wittert will introduce obesity indicators beyond BMI to effectively target excess adiposity. He will emphasize the importance of assessing body size by using waist circumference, waist-to-hip ratio, and waist-to-height ratio to more accurately assess excess body fat and associated health risks. It is recommended to include at least one body size measurement along with BMI or two body size measurement regardless of BMI or directly measure body fat by using a DEXA Scan.

The lecture will transition to explore the latest advancements in incretin-based therapies for effective weight management. Tirzepatide (Mounjaro) is the first and only approved dual GIP (glucose-dependent insulinotropic polypeptide) /GLP-1 (glucagon-like peptide-1 receptor agonists) receptor agonist. By activating both the GIP and GLP-1 Receptors, Tirzepatide helps regulate body weight and appetite via central nervous system, while also enhancing insulin secretion and modulating glucose metabolism.





## SCIENTIFIC LECTURE

### Beyond needle and scalpel: endoscopic gastroplasty, a new frontier in weight management

**Dr. LIU Chia Chia, Amy**

Bariatric endoscopist  
Dean of Weight Loss Center  
New Delight Medical Clinic, Taiwan



Endoscopic Sleeve Gastroplasty (ESG) has rapidly become one of the most important innovations in bariatric endoscopy, offering a minimally invasive and organ-preserving alternative for patients struggling with obesity.

By reducing gastric volume through endoluminal suturing, ESG promotes significant and sustainable weight loss while maintaining the physiological anatomy of the gastrointestinal tract.

Current evidence demonstrates not only consistent reductions in body weight but also meaningful improvements in obesity-related comorbidities such as type 2 diabetes, hypertension, dyslipidemia, and fatty liver disease. With a favorable safety profile, shorter recovery time, and high patient acceptance, ESG bridges the gap between lifestyle or pharmacologic therapy and surgical intervention.

This presentation will highlight the clinical outcomes, safety considerations, and long-term perspectives of ESG, and will discuss its evolving role in the multidisciplinary management of obesity and metabolic disease.





## SCIENTIFIC LECTURE

### Developmental Origins of Childhood Obesity: The Microbiome Culprit

**Prof. Hein Min TUN**

Associate Professor  
The JC School of Public Health and Primary Care  
The Chinese University of Hong Kong



The global rise in childhood obesity cannot be explained by genetics and diet alone. A compelling body of evidence points to the gut microbiome as a key player. This presentation will highlight how critical developmental windows (from gestation and birth to infancy) profoundly influence the seeding and development of the gut microbiome and, consequently, long-term metabolic health. We will discuss how the gut microbial ecosystem of newborns is influenced by factors such as maternal health, mode of delivery, and infant feeding practices. A microbial imbalance resulting from the disruption of this crucial developmental process can promote weight gain through mechanisms such as increased energy harvest from food, altered fat storage, and chronic low-grade inflammation. Importantly, the gut microbiome may serve as a modifiable link between early-life risk factors and later metabolic health. By understanding the microbiome's role as a culprit in the developmental origins of obesity, we can open the door to novel strategies for early-life prevention and intervention, potentially curbing the trajectory of this public health crisis.

# GLANCE OF ACTIVITIES IN THE PAST YEAR

## Professional knowledge exchange and sharing

- 1 November 2024  
6<sup>th</sup> Annual Scientific Symposium  
6<sup>th</sup> Annual Scientific Symposium themed "Redefining Obesity: New Perspectives, New Solution" was carried out.



- 2 January 2025  
"New Perspectives and Solutions in Obesity Care"  
Lunch Symposium  
Dr Michele Yuen (Founding President) & Dr Tellus Ng (Past President) spoke in lunch symposium themed "New Perspectives and Solutions in Obesity Care", co-organised with The Hong Kong Chinese Medical Association.



## GLANCE OF ACTIVITIES IN THE PAST YEAR

3

March 2025

### 滬港台體重交流管理會

Dr Michele Yuen & Dr Patrick Chan (President) delivered invited speech in a meeting in Shanghai featuring experience exchange in weight management (滬港台體重交流管理會).



4

June 2025

4.1 Our Council Members (Dr Michele Yuen, Dr Queenie See (President - elect), Dr Johnny Chang, Dr Rain So and Ms Sylvia Lam) contributed to articles on varies topics related to obesity in June issue of Journal of The Society of Physicians of Hong Kong.



4.2 Dr Johnny Chang (Honorary Secretary) spoke in Multi-Specialty Medical Mega Conference (MMC) 2025 on the topic “Latest Medical Treatment for Obesity”





## GLANCE OF ACTIVITIES IN THE PAST YEAR

### Raise awareness of obesity - Media Interviews

1

March 2025

World Obesity Day press conference focusing childhood obesity & fatty liver (Dr Queenie See, HKOS and Dr Long Yan Lam, AsiaHep)



2

World Obesity Day press conference on updated obesity diagnosis & related complications (Left: Dr Michele Yuen)



3

Now TV 時事全方位 interview on World Obesity Day (Dr Queenie See)





## GLANCE OF ACTIVITIES IN THE PAST YEAR

- 4 RTHK凝聚香港 YouTube Interview on obesity complications and treatment (Dr Tsun Miu Tsui, Vice President)



- 5 RTHK凝聚香港 YouTube Interview on childhood obesity (Dr Queenie See)



- 6 RTHK Radio 3 Backchat interview on obesity predictions (Dr Michele Yuen)



## GLANCE OF ACTIVITIES IN THE PAST YEAR

### Raise awareness of obesity - Public Education & Exercise Programme

#### 1 Since 2017

"Go 膏Go" - Biweekly coach supervised running programme for over-weighted persons aged 18 to 45 years old who passed treadmill screening test.



#### 2 November 2024

Release of New edition of Weight Management booklet for public, bilingual version.



#### 3 March 2025

Published 《齊來動一動 童創健康路》. A story-telling children booklet tailor made for local children, with practical tips in obesity prevention and maintaining healthy life style.



## GLANCE OF ACTIVITIES IN THE PAST YEAR

4

### March – May 2025

World Obesity Day event: 「肥胖講呢啲」 Public Health Education Talk Series.

A total of seven public health education lectures were delivered in different district health centers (DHCs) focusing on common obesity related health topics, reaching more than 5,000 physical and online audience in total. The talks were delivered by our council members or invited experts of the field, and moderated by Dr Patrick Chan & Dr Tellus Ng.

4.1 Dr Sarah Poon (HKOS Council Member) talked on obesity in children and adolescence in Tsuen Wan DHC



4.2 Dr Dennis Lam (HKOS Member, President of HKSUGIS) talked on obesity and cancer in Central DHC Express.





## GLANCE OF ACTIVITIES IN THE PAST YEAR

4.3 Dr Catherine Sze (HKOS Vice President) talked on obesity prevention in family in Southern DHC.



4.4 Prof. Loey Mak (HKOS Council Member) talked on obesity and liver health in Tuen Mun DHC.





## GLANCE OF ACTIVITIES IN THE PAST YEAR

4.5 Dr Wendy Chan (HKOS Council Member) talked on obesity and hypercholesterolemia in Eastern DHC Express.



4.6 Dr Rain So (HKOS Council Member) talked on obesity and common GI tract disorders in Yuen Long DHC.



4.7 Prof Kay Cheong Teo (HKU Stroke) talked on obesity and stroke in Shatin DHC Express.



## GLANCE OF ACTIVITIES IN THE PAST YEAR

5

May 2025

Public Health Education Talk with body composition analysis and fatty liver test, in collaboratoin with AsiaHep & Sik Sik Yuen(薈色園)





## GLANCE OF ACTIVITIES IN THE PAST YEAR

6

July - November 2025

Primary school visits were carried out to promote obesity awareness via talks and interactive games.

**6.1** Conservative Baptist Lui Ming Choi Primary School - Dr Connie Hui (Council Member)



**6.2** S.K.H. Fung Kei Primary School - Dr Queenie See



**6.3** S.K.H. Holy Carpenter Primary School - Dr Rain So



## GLANCE OF ACTIVITIES IN THE PAST YEAR

### 6.4 Fuk Wing Street Government Primary School - Dr Queenie See



### 6.5 Jordan Road Government Primary School - Dr Michele Yuen



# 7

## October 2025

Public Health Education Talk on Obesity and Sleep Apnea, Dr Terence Tam  
(Honorary Treasurer)





## GLANCE OF ACTIVITIES IN THE PAST YEAR

### Supporting organisations in fighting obesity & related complications

1 October 2024  
CUHKMC Obesity Walk



2 January 2025  
Booth Exhibition in 35<sup>th</sup> Anniversary School Fitness Award Scheme cum Kai Tak Sport Park Fun day.



## GLANCE OF ACTIVITIES IN THE PAST YEAR

3

March 2025

Support Tsuen Wan District Health Center in a community function in promoting healthy life style in children.



4

May 2025

Booth exhibition in Congress Diabetic Hong Kong Exhibition  
(防糖未然，控糖有方 關注糖尿病人士會議2025)



## GLANCE OF ACTIVITIES IN THE PAST YEAR

5

August 2025

Support the formation of Obesity Alliance (OA) with Hong Kong Society for Metabolic & Bariatric Surgery and The Hong Kong Chinese Medical Association to promote obesity awareness.

OA Press Conference on public awareness of obesity.



6

September 2025

Booth display (as one of the founding society of Obesity Alliance) in 「燃脂有物」控體重. 防慢病健康嘉年華.





  
**Contrave®**  
(naltrexone HCl/bupropion HCl)



 **Approved by  
EMA and US FDA\***



THE ONLY ORAL ANTI-OBESITY MEDICATION  
THAT CAN CONTROL **CRAVINGS & HUNGER**<sup>1-6</sup>



**Contrave® controls  
cravings & hunger**<sup>1-3</sup>



**TARGETS** more than one  
**driver of eating**<sup>8</sup>



Significant weight loss  
from **WEEK 4**<sup>9</sup>



**Double-digit weight loss**  
at 56 weeks<sup>10</sup>

**Contrave® Prolonged-Release Tablet – Abridged Product Information**

**Composition (active):** Naltrexone HCl 8 mg & Bupropion HCl 90 mg. **Indication:** As an adjunct to a reduced-calorie diet and increased physical activity for the management of weight in adult patients with an initial BMI of  $\geq 30$  kg/m<sup>2</sup> or  $\geq 27$  kg/m<sup>2</sup> to  $< 30$  kg/m<sup>2</sup> in the presence of one or more weight-related comorbidities. **Dosage:** Escalate dose over a 4-week period from initiation. Maintenance dose from week 4 onward is 2 tab in the morning and 2 tab at night. **Contraindications:** Hypersensitivity, uncontrolled hypertension, seizure disorder or a history of seizures, CNS tumour, acute alcohol or benzodiazepine withdrawal, history of bipolar disorder, use of concomitant treatment containing bupropion or naltrexone, current or previous diagnosis of bulimia or anorexia nervosa, currently dependent on chronic opioids or opiate agonists, or patients in acute opiate withdrawal, severe hepatic impairment, end-stage renal failure, and in concomitant administration with MAOI. **Precautions:** Suicidal ideation, seizure, controlled hypertension, active coronary artery disease or history of cerebrovascular disease, predisposing factors that increase risk of seizure, history of mania, concurrent use with SSRIs or SNRIs. **Adverse Reactions:** Nausea, constipation, vomiting, dizziness, headache, dry mouth.

**References:** **1.** Contrave® Product Information. **2.** Billes SK, et al. Pharmacol Res 2014;84:1-11. **3.** Australian and New Zealand Obesity Society. Australian Obesity Management Algorithm. Available at: [www.anzos.com/publications](http://www.anzos.com/publications) (accessed October 2020). **4.** Duromine Product Information. **5.** Saxenda Product Information. **6.** Orlistat ARTG Public Summary. **7.** Yumuk V, et al. Obes Facts 2015;8:402-424. **8.** Acosta A, et al. Obesity 2021;29:662-671. **9.** Greenway FL, et al. Lancet 2010;376:595-605. **10.** Fujjoka K, et al. Int J Obes 2016;40:1369-1375.

\*For weight management as an adjunct to diet and exercise. EMA=European Medicine Agency; US FDA=US Food and Drug Administration.

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