香 港 醫 務 委 員 會

**The Medical Council of Hong Kong**

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**DISCIPLINARY INQUIRY**
**MEDICAL REGISTRATION ORDINANCE, CAP. 161**

Defendant: Dr CHAN Wing Lok (陳穎樂醫生) (Reg. No.: M15208)

Date of hearing: 27 May 2026 (Wednesday)

Present at the hearing

Council Members/Assessors: Dr CHOI Kin, Gabriel
(Chairperson of the Inquiry Panel)
Dr CHOW Yu-fat
Dr LEE Hung-fai
Ms FUNG Dun-mi, Amy, MH, JP
Mr LI Chun-tak

Legal Adviser: Mr Edward SHUM

Defence Solicitor representing the Defendant: Ms Jaime LAM of Messrs. Johnson Stokes & Master

Legal Officer representing the Secretary: Ms Christine WONG,
Senior Government Counsel

**The Amended Charges**

1. The amended charges against the Defendant, Dr CHAN Wing Lok, are:

> *"That she, being a registered medical practitioner, disregarded her professional responsibility to her patient* [redacted] *("the Patient"), in that she, in or about 15 January to 25 February 2022:*
>
> *(a) failed to read or realise the biomarkers test result of the Patient in the Gleneagles Hospital Histopathology Report of the Patient*

*dated 18 January 2022, which showed that the Epidermal Growth Factor Receptor ("EGFR") was mutation negative, before she prescribed Osimertinib to the Patient; and*

*(b) prescribed Osimertinib to the Patient outside the drug prescription indication.*

*In relation to the facts alleged, either singularly or cumulatively, she has been guilty of misconduct in a professional respect."*

**Facts of the case**

2. The name of the Defendant has been included in the General Register from 1 July 2007 to the present. Her name has been included in the Specialist Register under the Specialty of Clinical Oncology since 8 October 2014.

3. Briefly stated, the Patient consulted one Dr CHEUNG of Gleneagles Hospital ("GH") on 12 January 2022 because of severe back pain. PET Scan on 14 January 2022 then revealed right lung cancer which spread to left adrenal gland and L5 vertebral body level of her spine.

4. Initially, the Patient was referred by Dr CHEUNG to the Queen Mary Hospital ("QMH") for management of her cancer. However, the Patient preferred to stay in GH for immediate treatment. Upon the recommendation of the Ward Manager of GH, the Patient was referred to consult the Defendant.

5. The Defendant first saw the Patient at GH on 15 January 2022. According to the Patient's husband, whose evidence in this respect is unchallenged, the Defendant explained to the Patient the majority of female non-smokers who suffered from lung cancer were due to sudden DNA changes. Depending on the result of biomarkers test, the Patient could be treated with appropriate medication. Meanwhile, the Defendant would arrange for radiotherapy treatment of the metastases to the L5 vertebral body of her spine. The Patient agreed.

6. The Defendant then ordered biomarkers test for, amongst others, Epidermal Growth Factor Receptor ("EGFR"); and which was done later on the same day.

7. On 18 January 2022, the Patient was told by a nursing staff of GH that the result of biomarkers had come out and the Defendant would discuss with her when they met on 21 January 2022.

8. On 21 January 2022, the Patient met with the Defendant after receiving radiotherapy treatment at GH. According to the Patient's husband, whose evidence in this respect is unchallenged, the Defendant advised the Patient that her lung cancer was caused by DNA changes, which could be treated by a third generation target therapy drug called "Osimertinib". Apart from explaining to the Patient the possible side effects, the Defendant also advised the Patient that Osimertinib was quite expensive but she could refer the Patient to QMH for follow-up; and in which case, the medication costs would be cheaper.

9. The Patient started taking Osimertinib once every day after the consultation with the Defendant on 21 January 2022 until 8 February 2022 when she developed tachycardia and shortness of breath. The Patient was admitted to GH later in the evening. CT chest later reviewed pulmonary embolism. Upon the advice of the Defendant, the Patient stopped taking Osimertinib.

10. On 12 February 2022, the Patient was advised by the Defendant to resume taking Osimertinib.

11. On 25 February 2022, the Defendant saw the Patient again at GH. According to the Patient's husband, whose evidence in this respect is unchallenged, the Defendant showed the Patient a chest x-ray and said her lung cancer had become smaller, which meant Osimertinib was effective, and the Patient was advised to continue taking Osimertinib. The Defendant also wrote a referral letter for the Patient to be followed up at QMH.

12. On 14 March 2022, the Patient was first seen by one Dr LUK, a clinical oncologist of QMH. According to the Patient's husband, whose evidence in this respect is unchallenged, having read the referral letter by the Defendant and the Histopathology Report from GH dated 18 January 2022, Dr LUK immediately told the Patient to stop taking Osimertinib because the result of biomarkers test for EGFR was negative and prescription of Osimertinib was therefore wrong.

13. The Defendant telephoned the Patient later in the evening of 14 March 2022 and apologized for what had happened. The Defendant explained that she mistook the result of the biomarkers test for EGFR was positive and that was why she prescribed Osimertinib. The Defendant further explained that the Patient's response was good and she thought Osimertinib was appropriate treatment for her.

14. The Patient did not return to see the Defendant again. Meanwhile, arrangement was made for cellularity sample of the Patient kept by GH was sent to a different

laboratory for reassessment with the result that EGFR was mutation negative.

15. The Patient eventually succumbed to lung cancer on 16 June 2022.

16. The Patient's daughter subsequently lodged this complaint against the Defendant with the Secretary of the Medical Council (the "Council").

## Burden and Standard of Proof

17. We bear in mind that the burden of proof is always on the Secretary and the Defendant does not have to prove her innocence. We also bear in mind that the standard of proof for disciplinary proceedings is the preponderance of probability. However, the more serious the act or omission alleged, the more inherently improbable must it be regarded. Therefore, the more inherently improbable it is regarded, the more compelling the evidence is required to prove it on the balance of probabilities.

18. There is no doubt that the allegations against the Defendant here are serious ones. Indeed, it is always a serious matter to accuse a registered medical practitioner of misconduct in a professional respect. Therefore, we need to look at all the evidence and to consider and determine each of the disciplinary charges against her separately and carefully.

## Findings of the Inquiry Panel

19. The Defendant admits the factual particulars of the disciplinary charges against her. At the beginning of this inquiry, a Statement of Agreed Facts was submitted for our consideration. It remains for us to consider and determine on the evidence whether she has by her conduct in the case fallen below the standards expected of registered medical practitioners in Hong Kong.

20. It is the unchallenged evidence of the Secretary's expert witness, Dr SOONG, in her report (revised on 28 January 2025), which we accept, that:-

> "*41. There are international standard recommendations on the management of stage IV metastatic lung non-small cell carcinoma such as NCCN Clinical Practice Guidelines, and ESMO Clinical Practice Guidelines. The choice of systemic treatment was guided by the lung cancer*

*histologic type, and certain molecular and immune biomarkers for which the testing is essential to identify clinically-relevant gene mutation test that can be therapeutically targeted.*

*42. The NCCN Guidelines Version 1.2022 recommended that histologic subtype should be determined before therapy so that the best treatment can be selected...*"

21. The Defendant ordered for biomarkers test to determine whether the EGFR was mutation positive so that appropriate treatment could be arranged for the Patient, who was suffering from metastatic non-small cell lung carcinoma ("NSCLC").

22. In our view, the Defendant ought to review the Histopathology Report of the Patient dated 18 January 2022 instead of relying merely on what she learned via WhatsApp from her pathologist colleague, which in fact related to the biomarkers test result of a different patient.

23. In failing to read or realize the biomarkers test result of the Patient in the Gleneagles Hospital Histopathology Report of the Patient dated 18 January 2022, which showed that the EGFR was mutation negative, before she prescribed Osimertinib to the Patient, the Defendant had by her conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we find the Defendant guilty of misconduct in a professional respect as per the amended disciplinary charge (a).

24. We agree with the unchallenged evidence of Dr SOONG in her said report that:-

"*46. Osimertinib is a multi-selective irreversible third-generation epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor,..., demonstrating potent anticancer activity in EGFR-mutated non-small cell lung cancer (NSCLC) patients.*

...

*55. According to international consensus and drug indication, Osimertinib is indicated for the first-line treatment of patients with metastatic NSCLC [which] tumours have EGFR exon 19 deletions or exon 23 L858R mutations.*

*56. The prescription of Osimertinib by Dr CHAN on 21 January 2022 and 14 February 2022 was seemingly based on Dr CHAN's perception that the*

*Patient was suffering from EGFR-mutated (exon 19) lung adenocarcinoma per the consultation notes documentation, for which Dr CHAN accepted that she had made an error in that she failed to realize that the biomarkers test result was [negative].*

*57. As a consequence, the Patient was prescribed Osimertinib outside the drug prescription indication.*"

25. Indeed, the Defendant also accepted that she never intended to prescribe Osimertinib for off-label use.

26. In prescribing Osimertinib outside the drug prescription indication, the Defendant had by her conduct in this case fallen below the standards expected of registered medical practitioners in Hong Kong. Accordingly, we also find the Defendant guilty of misconduct in a professional respect as per the amended disciplinary charge (b).

**Sentencing**

27. The Defendant has a clear disciplinary record.

28. In line with our published policy, we shall give the Defendant credit in sentencing for her admission and cooperation throughout these disciplinary proceedings.

29. We need to remind ourselves that the primary purpose of a disciplinary order is not to punish the Defendant but to protect the public from persons who are unfit to practise medicine and to maintain public confidence in the medical profession by upholding the high standards and good reputation of the profession.

30. We appreciate that the Defendant has tremendous support from her professional colleagues and contributed a lot to the community and in particular by her voluntary work in promoting palliative care for patients and providing guidance and support for caregivers.

31. In the course of mitigation, solicitor for the Defendant submitted that somehow the Patient's NSCLC became smaller after taking Osimertinib. This is

however beside the point. In our view, the real point is that but for her lack of vigilance, the Defendant would not have prescribed Osimertinib to the Patient at all.

32. But then again, we accept that the Defendant has shown good insight into her failings. Indeed, she sincerely admitted her mistake and apologized to the Patient upon realizing her mistake. We are told in mitigation that the Defendant now insists on reading the Histopathology Report in writing. Given her genuine remorsefulness, we believe that the chance of her committing the same or similar mistake in future would be low.

33. Taking into consideration the nature and gravity of the disciplinary charges for which we have found the Defendant guilty and what we have heard and read in mitigation, we order that the Defendant's name be removed from the General Register for a period of 1 month. We further order that the operation of the removal order be suspended for a period of 9 months.

**Remark**

34. The name of Defendant is included in the Specialist Register under the Specialty of Clinical Oncology. It is for the Education and Accreditation Committee to consider whether any action should be taken in respect of her specialist registration.

Dr CHOI Kin, Gabriel
Chairperson of the Inquiry Panel
The Medical Council of Hong Kong