

屋崙中華醫學會通訊

acma
news

The Official Newsletter of the
AUCKLAND CHINESE MEDICAL ASSOCIATION

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from the editors

Welcome to the July issue of ACMA News. One of the interesting things I learnt at our most recent Executive Committee meeting was that the Auckland Chinese Medical Association is one of few associations within the ACCMA that has an active student membership and student involvement.

Students have always been actively involved with ACMA before the creation of YACMA in 2003. Back then students were invited to attend all ACMA CME meetings, events and Conference. Certainly then and now, students have played an important role in the operation of ACMA, namely with support at the Conference and providing technical assistance where needed.

In the early millennium, the issue of pharmaceutical companies sponsoring medical events and providing gifts or inducements to doctors came under scrutiny. Prior to this, pharmaceutical companies actively sponsored doctors, their partners and students to attend all ACMA CMEs and other events. When the issue of sponsorship arose, pharmaceutical companies scaled back their sponsorship of medical events. Students were subsequently excluded from ACMA CMEs and the Committee felt that this was unfortunate, as students played such a huge role in the organisation, and were less likely to be involved or join ACMA after graduation with the change in sponsorship.

In 2003 a suggestion was made by the students to the Committee for the establishment of a student club connected to the parent organisation. Students wanted a club in which they could organise and run their own events. The Committee felt that a student club was a good idea, and would enable students to still be actively involved with ACMA. With the help of the Committee, students set up the 'Young Auckland Chinese Medical Association'. Students would collect their own membership subscriptions and run their own events, and ACMA would support them by inviting them to CMEs and other events such as Conference.

Since its formation, YACMA membership has grown from around 40 to more than 100. Over the years, events have included BBQs, beach outings, Yum Cha, and karaoke. As the 'student club' grows, we have added more fun events, introduced educational activities for members, and have started branching out into providing advice and assistance to pre-med students.

I hope you found this history as interesting as I did. In this issue we meet some of the faces behind YACMA in our 'Getting to know us...' feature. Find out what we've been up to on the YACMA page, and check out photos from our latest event in 'Spotted'.

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Production Credits

- Text and Layout: Benson Chen
- Thanks to Melanie Cameron, Ryan Gao and Lychhun Kouch
- Special thanks to Trevor Young for CME notes

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Dear Colleague

I am delighted to report that the Special General Meeting (SGM) held on Sunday 28 June 2009 endorsed the amendment clauses put forward by the Executive Committee. In spite of my unpolished and less than satisfactory presentation to the SGM (blame the jetlag!), I am glad that we now have a Constitution that reflects the current objectives and activities undertaken by ACMA. Article 15 (no private pecuniary profits) has been added to safeguard the ACMA monetary fund and any derived income or benefit must be used to advance the charitable objectives of the Association.

Let me take this opportunity to remind our members that we will be hosting the 17th Australasian Council of Chinese Medical Associations' Conference in 2010. The conference will be held on Saturday 03 April 2010 at the Auckland Stamford Plaza Hotel. The Executive Committee has finalised the Conference programme and a complete application pack will be circulated to all members in October 2009. The Conference is not only an event that offers learning opportunities to all attendees; it is also a gathering and networking opportunity for registered medical practitioners across Australasia. Please mark this important date in your diary and I look forward to seeing all of you at the Conference.

I am privileged to be invited to the YACMA AGM on Saturday 29 August 2009 and will take the opportunity to meet as many YACMA members as I can. The event will also see the debut of the new YACMA logo. The YACMA logo by Ryan Gao is the winning design of the YACMA logo design competition. In the eyes of the selecting committee, the brilliant and yet simple use of calligraphy that signifies the youthfulness of the organization makes it a standout design. A \$100 book voucher will be awarded to Ryan Gao at the next CME meeting.

Finally, I would encourage you to introduce other doctors to the Association. I look forward to meeting you in the next CME meeting.

Regards,

Gee Hing Wong
FRNZCGP MMgt

HEPATITIS UPDATE

Dr Philip Wong

Dr Philip Wong is a gastroenterologist and hepatologist. Dr Wong spoke about current strategies for the treatment and management of hepatitis

HEPATITIS B

Epidemiology

- 350-400 million chronically infected with Hepatitis B
- 260 to 300 million in Asia, 1.25 million in the US, 90 000 to 110 000 in New Zealand

Natural History of HBV

- Liver disease progression in up to 40% if untreated.
- 10th leading cause of death worldwide
- Liver injury is immune-mediated. Identify periods of active hepatitis and consider treatment
- Risk of complication increases with an increase in ALT level
- The higher the baseline HBV DNA level, the greater the cumulative incidence of liver cirrhosis
- Elevated serum HBV DNA level (>10 000 copies/ml = 2 000 IU/ml) is a strong risk predictor of hepatocellular carcinoma

Treatment Objectives

1. HBsAg clearance (rarely achieved)
2. HBeAg loss and seroconversion
3. HBV DNA suppression*: <2,000 IU/ml; PCR undetectable
4. Normalisation of ALT
5. Improvement in fibrosis

* associated with reduction in necroinflammation, fibrosis and cirrhosis, decompensation of cirrhosis, hepatoma and mortality

Treatment Options

- Pegylated interferon (PEG-IFN): 48 week therapy, no antiviral resistance, administered by subcut inj, HBsAg seroconversion. Significant side effects; contraindicated in cirrhosis. \$21 600.00 for 48 weeks

- Nucleosides/Nucleotides (NUCs): taken orally; few side effects; may need life long therapy. Resistance possible. Seroconversion rare. Lamivudine (LAM) \$1 716.00 pa, Adefovir \$8 040.00 pa, Entecavir \$7 000.00 pa

Treatment of HBeAg Positive CHB

- Try PEG-IFN: 27% seroconversion rate at 48 weeks vs PEG-IFN and LAM (24%) or LAM alone (20%)
- However long term, PEG-IFN + LAM, greater rate of HBV DNA suppression and HBsAg negative compared to PEG-IFN alone
- In patients who seroconvert before 26 weeks post-treatment, 80% are still HBeAg negative at 3 years follow up
- PEG-IFN vs NUCs: PEG-IFN group have less undetectable HBV DNA level compared to NUCs group at one year. Seroconversion rate higher in PEG-IFN group.
- NUCs have lower initial response but with time the HBeAg seroconversion rate is comparable to PEG-IFN

Treatment of HBeAg Negative CHB

- Monitor HBV DNA level and ALT level
- After 24 weeks of treatment with PEG-IFN ± LAM or LAM alone, rate of ALT normalisation the same in PEG-IFN group (59%) and PEG-IFN+LAM (60%). Rate of normalisation substantially lower in LAM alone group (44%)
- Rate of virologic response (HBV DNA <20 000 IU/ml) same in PEG-IFN group and PEG-IFN alone group. Substantially lower in LAM alone group
- PEG-IFN results in an increase in HBsAg clearance through year 5 post-treatment
- PEG-IFN vs NUCs: Rates of normal ALT higher in NUCs group compared to PEG-IFN

Drug Resistance

- Rate of antiviral resistance considerably higher in LAM group compared with adefovir or entecavir
- Development of genotypic resistance against antivirals leads to a rebound of serum HBV DNA level, increase in ALT, and worsening of liver disease if left untreated. Must monitor HBV DNA level regularly to monitor resistance
- Combining two antiviral agents which are not cross-resistant (ie nucleotide + nucleoside) may delay or prevent the occurrence of viral resistance without compromising tolerance in both (HBeAg±) naïve or resistant patients
- Management strategy: Initiate nucleotide or nucleoside; confirm antiviral response at week 12; monitor at week 24, 36 and 48 frequency

determined by the virological response and chance of resistance; if >2 000 IU/ml, consider add-on therapy; regardless, monitor HBV DNA every 3 months

- Prevention strategies: check ALT, DNA level, viral load response to maximise antiviral therapy, choose the strongest drug and add-on drug, and change therapy when DNA load rises.

Summary of CHB Treatment

- Identify patients with active HBV replication and biochemical hepatitis (and cirrhosis)
- Consider treatment with either PEG-IFN or NUCs
- PEG-IFN induces sustained response in 30-40% (actually the minority)
- NUC treated patients generally require long-term therapy
- Drug resistance is a problem with NUCs

HEPATITIS C

Prevalence and Natural History

- >150 million infected worldwide
- 10-15,000 HCV RNA+ in NZ
- 1-2% (100-200) will develop cirrhosis pa
- 6% cirrhotics develop liver failure pa
- 4% cirrhotics develop HCC pa

Diagnosis and Assessment

- Hepatitis C antibody
- HCV RNA: qualitative, quantitative
- Hepatitis C genotype: 1 (50%), 2 (25%), 3, 4, 5 and 6
- Liver biopsy

Factors associated with progression to cirrhosis

- Yes: Age >50 at infection; Duration >10 years; Alcohol >5 drinks/day; Obesity; HIV infection; Immunosuppression
- No: Source of infection; HCV genotype; Viral load; Genotype; Ethnicity

Treatment Options

- Rapid virological response (RVR) = HCV RNA negative at treatment week 4 by a sensitive PCR-based quantitative assay. May allow shortening of course of treatment

- Sustained virological response (SVR) is best predictor of long term response to treatment. SVR is HCV RNA negative 24 weeks after cessation of treatment.
- Early virological response (EVR) predicts lack of SVR. EVR is ≥ 2 -log reduction in viral load
- Genotype 1: If liver biopsy indicates more than portal fibrosis then begin treatment with PEG-IFN and ribavirin (1 000 mg \leq 75 kg, 1 200 mg > 75 kg). If no EVR then discontinue treatment. Overall SVR 45-55%
- Genotypes 2 and 3: Liver biopsy is optional. Treat with PEG-IFN and ribavirin (800 mg for 24 weeks). Genotype 2, SVR 85 to 100%. Genotype 3, SVR 70 to 80%.

Treatment Summary

Genotype 1:

- Shorter treatment of 24 weeks ribavirin and PEG-IFN equivalent to 48 weeks treatment if RVR achieved
- Extended treatment to 72 weeks in patients with partial EVR increases SVR

Genotype 2 & 3

- Shorter treatment of 12-16 week is the equivalent to 24 weeks if RVR achieved

Problems with Standard of Care for HCV

- Standard of Care = PEG-IFN and ribavirin for 48 weeks
- Many patients do not respond or relapse after an initial response: genotype 1 and cirrhosis
- Treatment is long (24-48 weeks), costly and associated with a high incidence of adverse effects
- Many patients have contraindications to therapy

Direct Acting Antivirals (DAA) or Specifically Targetted Antiviral Therapy for HCV (STAT) or Small Molecule Therapy

- New treatment currently in various stages of development eg telaprevir
- Median change from baseline of plasma HCV RNA: telaprevir and PEG-IFN largest reduction in HCV RNA level, followed by telaprevir alone, then PEG-IFN alone
- Higher SVR when telaprevir included as an add-on therapy

- Problems: antiviral effects of telaprevir are genotype specific, viral resistance develops rapidly with monotherapy
- Adverse effects:
 - Increased rate of treatment discontinuation in telaprevir treated patients (21% vs 11%)
 - Skin rash is the predominant side-effect (59%) in telaprevir treated leading to discontinuation in 7%
 - Nausea, pruritus, diarrhoea, anaemia and vomiting all at least 10% more frequent in telaprevir treated
- In the future: Direct acting antivirals (DAA) plus standard of care (SOC); Interferon-free combination DAA
- Currently the addition of a protease inhibitor to standard of care has resulted in a 80% rate of SVR, however this measure is at 6 months only

INFORM-1 Study

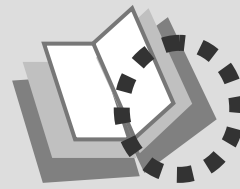
- Study looking at a nucleoside polymerase (R7128) and protease (R7227/ITMN-191) inhibitor combination in HCV Genotype 1
- Primary study objective was to evaluate safety, tolerability, and antiviral activity of R7128 and R7227 administered in combination at increasing doses for up to 14 days

INFORM-1 Results and Conclusion

- Over a 14 day treatment duration, the orally administered combination of R7128 and R 7227 demonstrated significant antiviral potency, sustained viral suppression, acceptable safety and tolerability
- Higher doses and twice daily regimes are being evaluated in additional INFORM-1 cohorts
- The results demonstrate for the first time that two direct acting antivirals can be safely combined in HCV patients
- This combination of a potent protease and nucleoside polymerase inhibitor may represent a future treatment regime either with or without PEG-IFN plus ribavirin

Editor's Note. These CME notes were prepared using Dr Wong's presentation given at the June CME and from the Australian and New Zealand Chronic Hepatitis B (CHB) Recommendations booklet distributed that evening.

More information including treatment algorithms and complete CHB recommendation are available at: www.gesa.org.au



Key Reminders & Announcements

Don't forget to renew your annual subscription for 2009!

The PDF file of all ACMA members will be updated as a Word file and new details will be added-in as we receive them. Later in the year we will seek sponsors for the print format to be distributed free of charge.

Long term locum or **salary position** available at Hong Kong Surgery. 144 Queens Road, Panmure. Excl remuneration. Fixed rate/percentage. Full/part-time. Chinese speaking essential. For more information contact:
Email Address: wendy08@xtra.co.nz
Phone: 021-2371433 Dr Kong.

Next CME date: Sunday 6 September. Invites will be circulated shortly. Doctors and partners only.

AGM date: Sunday 8 November. Mark your diary now! All members including YACMA invited.

Advertise in this section.
 Contact us: info@acma.org.nz

Australasian Combined Chinese Medical Associations (ACCMA) 2010 Conference

Date: 03 April 2010 (Easter Weekend)
Venue: Stamford Plaza, Auckland

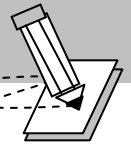
Application packs will be circulated in Oct 2009.

Number of attendees is capped at 100, with 35 expected from across the ditch.



Mark your calendar now!!

getting to know us



...YACMA Committee Part 1.

How well do you know the YACMA Committee? Find out some interesting facts this month by getting to know us in the first of a two-part series...

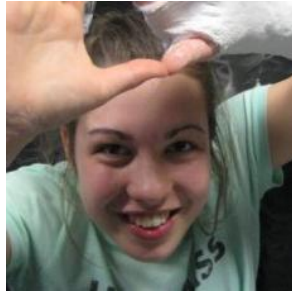
Melanie Cameron – Preclinical Rep.

Outside of med, I am involved with... lots of things that I am passionate about including being a resident assistant at my hostel, church, and playing flute in the medical and health sciences school symphony orchestra (MHSSO).

One memorable thing that happened was... slipping over and breaking my leg this year at the Christian Medical Fellowship conference in Christchurch - waiting for help sitting in a pool of melting hail with a fantastic view of the Lyttelton harbour and being piggybacked back to civilisation.

I'm probably well known for... being 'the girl who never stops smiling' - probably because I'm nervous! Also because I'm so privileged to be doing what I love and have so many amazing and inspirational people in my life.

I will probably spend my first paycheck on... going to a mission hospital in Africa for my elective.



memorable (mind you I've never won anything in my life :)

I will probably spend my first paycheck on... paying off my speeding tickets... oh and parking fines from the Domain...

Lychhun Kouch – Clinical Rep

I chose to study medicine because... there aren't many other jobs I can do. Not versatile enough. ...

Outside of med, I am involved with... YACMA of course, and voluntary mentoring program for high school kids. If you want to come along please let me know. ...

One memorable thing that happened was... my first YACMA election campaign when I sang a silly song.

I'm probably well known for... being too sensible.

I will probably spend my first paycheck... on Chinese food with my family.



Ryan Gao – Clinical Rep

I chose to study medicine because... (this question is rather reminiscent of the med school interview back in the days...)

"I want to make a difference (seriously!)" (and everything else I said during my med interview :)

Outside of med, I am involved with... painting; sports and cooking (yes, I love gourmet food)

One memorable thing that happened was... winning \$11 at the Bellagio was pretty



Benson Chen – Editor

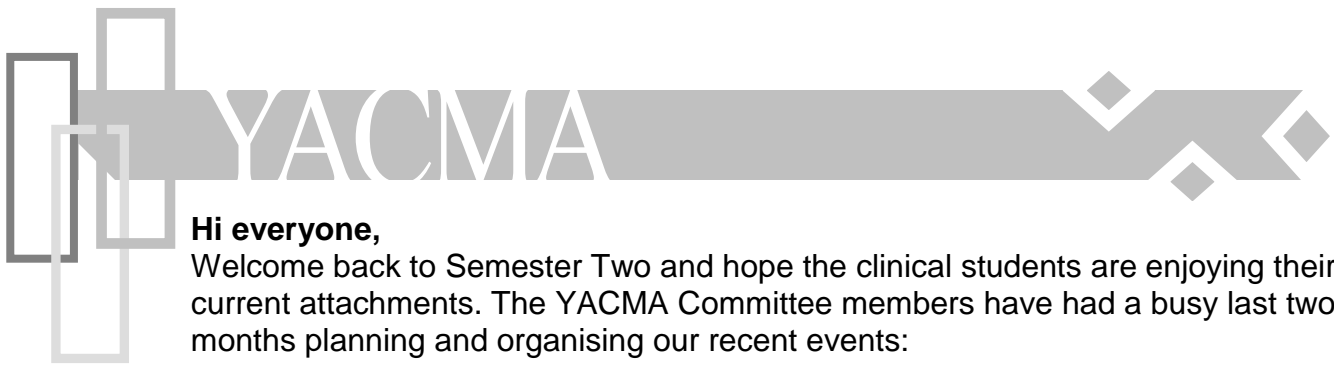
Outside of med, I am involved with... the New Zealand Medical Students Journal as an editor, and the Manukau City Science

Fair as an Assistant Chief Judge. I also love to write and edit the ACMA newsletters and website ☺

I'm probably well known for... being super enthusiastic when it comes to teaching other students. I get a satisfaction from seeing others get the 'aha' moment.

My best memory of YACMA... the orientation BBQ that Lychhun and I had to organise as our very first task as Preclinical Reps.

I will probably spend my first paycheck on... Japanese buffet at Rendezvous Hotel with my family – I love Japanese food and I love buffets.



Hi everyone,

Welcome back to Semester Two and hope the clinical students are enjoying their current attachments. The YACMA Committee members have had a busy last two months planning and organising our recent events:

Logo Competition: Thank you to all the students who submitted entries for our Logo Competition. The Committee was surprised by the range of interesting ideas submitted and the thought and meaning behind each of the logos. Congratulations to Ryan Gao for submitting the winning design.

Clinical Skills Workshop: This was held on Saturday 25 July at Middlemore Hospital. Twenty students from 2nd and 3rd year learnt to suture, plaster and IV cannulate. Thank you to our excellent tutors as well as our sponsors for enabling us to put together a fantastic programme. Our sponsors were: Johnson & Johnson, Smith and Nephew, Andy Wearn, CTEC and Casting Unit at Middlemore Hospital

Coming up:

- YACMA AGM and Elections – Information is being circulated regarding the positions being contested, and the date and details of the AGM. Got questions about positions on the YACMA Exec? Contact us: yacma.committee@gmail.com
- Karaoke – Currently under planning... look out for information soon.

YACMA Committee



... spotted

YACMA Clinical Skills Workshop – Middlemore Hospital, 25 July 2009



Clockwise from top left: Students in the Rainbow Corridor, MMH; Plastering demonstration; Time for everyone to have a go; IV Cannulation demonstration; Suturing feedback; Everyone busy at work.