

屋崙中華醫學會通訊

acma
news

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AUCKLAND CHINESE MEDICAL ASSOCIATION
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this issue

President's Message	1
ACMA President's Report 2008	2
Latest CME Notes	4
Lifestyle and Fertility Dr Tal Jacobson	
Latest CME Notes continued.	5
Fertility Update Dr Guy Gudex	
YACMA and Important Notices	6
ACCMA Conference 2009	

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president's message

Dear Colleagues,

Another year is drawing to a close, and I trust that you have all had a productive year in your professional and social lives. It has been a busy year for ACMA, and while everyone is looking forward to a period of rest and relaxation, the new committee has already had its first meeting, and planning for 2009's activities is well underway. I would like to congratulate our new President, Dr Gee Hing Wong, and our new members. Gee Hing brings to the position a background in General Practice, and his energy and business acumen will certainly be an asset to our Association.

Included below is the President's Report for 2008. I would like to take this opportunity to thank you all for your support this year, and wish you happy holidays and a prosperous new year. See you all in 2009.

Best regards,

Dr Alex Ng, FRACS

ACMA President's Report 2008

"It gives me pleasure to present to you the President's Report for the Auckland Chinese Medical Association for 2008.

"On 22 June 1988 twenty-two registered medical practitioners of Chinese descent gathered in the home of Dr Gam Lee to discuss the formation of an association. The first clinical meeting was held on 13 November 1988 at the Mandarin Szechuan restaurant in Birkenhead. The topic was Parkinson's Disease. The first executive committee was elected and the first newsletter was published in January 1989."

I would like to thank Wilson Young and Linda Lum for this quote, which is proudly recorded on our website.

Education and Research, Community Events, and Overseas Links are listed as important elements of our work, and reason for being.

20 years later we are a robust organisation, meeting at the Grand Park Restaurant to discuss fertility issues. In addition to doctor members we have a growing number of student members with their own organisation, providing for the future of the Association.

It has been a privilege to have served as your President during this significant milestone year. I am pleased to report that your Association remains strong and in sound financial shape, guided by a very able executive team. This voluntary team has worked hard as always, to ensure that the Association continues to meet your educational needs.

I would like to speak to some of the highlights during this past year.

Our membership remains strong. I want to thank all of you who have remained loyal to the Association over the years. We continue to attract a steady stream of new members, especially those who are International Medical Graduates as well as those who have trained

locally. I believe that the Association offers exceptional value for your money, and we continue to attract generous support from industry to allow us to provide you with a robust and interesting CME programme. We have a varied membership, with the majority of us being GPs. Amongst us it was pleasing to note this year some significant honours: to Dr Sun Chau who was awarded the NZ Order of Merit, and Dr Sum Lee who was appointed to the position of Dean of the Hong Kong University Medical School. To them we offer our hearty congratulations.

As you are all aware the major focus of ACMA's work has been in the provision of CME. This year we again have held monthly meetings, and I am sure you would all agree that they have been a resounding success. The topics presented have spanned a wide range of specialties and interests and I trust that they have proven useful in your everyday clinical practice. The task of organisation is not easy, and on your behalf I would like to thank Dr Daniel Wu for a job well done. Thank you, Daniel. I would also like to thank all of our sponsors this year, without whom the meetings would not have been so successful.

I am also pleased to report that our CME program continues to be in good shape, with around half of next year's meetings already subscribed by sponsors from the Industry. This is a sure sign that we are a mature Association. As part of our celebrations, the Association held a 20th Anniversary Conference at the Formosa Golf Resort in July. As it turned out, the weather on the day was atrocious, and threatened to thwart our attempt at a relaxing and educational day away from the stresses of the city. Certainly golf was the last thing on everyone's minds.

It was very pleasing to see that the attendance was excellent, and the meeting was opened by Dr Jonathan Coleman, MP for Northcote, now of course, in Government, and we can hold him to all the pledges he made to us. We were treated to a fantastic day of education, food, and entertainment. I would like to thank the Organising Committee for their hard work in making the Conference the success that it was. Special thanks go to Colin King for braving the

weather to take our members' partners on an extremely interesting mystery tour of the region. So for those of you who attended, I trust you had a great time. Our next meeting will be in 2010 at Easter, and will be combined with the Australian state Chinese Medical Associations. Planning has begun for this significant event, and I would commend to you all to think ahead and support this meeting.

One of the most significant initiatives in ACMA's history was the development this year of a partnership with ACC. The partnership is designed to help deliver the message of no-fault accident compensation and assistance to the Asian Community. Every person in NZ, resident or not, is entitled to free healthcare following injury. ACC has looked at its claims and discovered that the Asian community had very low claim rates compared to the rest of the population. Safer by nature? Very likely not. This program is designed to educate us as healthcare professionals to help those we serve to access resources to which they are entitled, so that they can return to their activities as quickly as possible. ACMA applauds this initiative by ACC and are proud to be in partnership with them. Direct benefits to us are sponsorship of CME, targeted assistance to GP members, which we anticipate will be continued to the wider ACMA membership upon conclusion of a small pilot project. Thank you ACC.

In the community, ACMA has been again associated with the HK University Alumni Association Health Forum, which discussed Diabetes, Obesity, and Diet with the public. Congratulations to the HKUAA, and ACMA looks forward to further such initiatives in the coming year.

ACMA continues to support community initiatives, and we lend the Cancer Society our support to the campaign to ban cigarette advertising in retail stores.

Recently the Court of Appeal overturned the High Court's decision to overturn the awarding of the community laboratory contract to Labtests Auckland. This will no doubt prolong the process whereby the people of Auckland can be confident of a stable and excellent

community laboratory service. ACMA supports excellence in laboratory care in the community and will lend its support to achieve this. I trust that many of you will have made submissions to the consultation process. As a longterm supplier of lab services to Auckland, Diagnostic Medlab has proven it can deliver the goods to our community. ACMA wishes DML all the best for the difficult times ahead.

In June, I and a small group from ACMA attended the Australasian Chinese Medical Association's annual meeting, held in the Blue Mountains outside Sydney. This was an opportunity to network with likeminded doctors from around Australia, and to learn that we are all working to similar goals, namely continuing medical education, and a focus on the community.

While we sit here reflecting upon the past year for ACMA, let's not forget the important contributions of our sister group YACMA, which is formed by our future members, the students. It's been great to see the students join our meetings this year, and to see that their membership is in good health. It has also been great to have their enthusiastic involvement on the executive this year.

Finally I would like to take this opportunity to thank the hard working members of the executive, who toil in the background to keep things running smoothly. Special thanks go to Dr Gee Hing Wong for keeping our finances in good shape, to Richard Yu who keeps the membership updated and informs you of our meetings, to Vitt Hemstapat our webmaster, and Catherine Yang our Newsletter editor. Thanks also to Dr Trevor Young for his able note-taking and documentation for our regular newsletter updates, and wine selections for our guest speakers.

It has been a pleasure and a privilege to have served as your President for the past two years. While it isn't quite "over and out" from me, I pass on the mantle this year. I do however, look forward to a continued involvement with the Association. Thank you."

Dr Alex Ng FRACS



LIFESTYLE AND FERTILITY

Dr Tal Jacobson

Dr Tal Jacobsen (from Repromed, formerly IVFAuckland) reviewed seven lifestyle patterns that impair male and female fertility.

#1 - Delaying Parenthood:

- Relative rates of fertility in females decline after 30 to 34 years of age.
- Success rates of IVF decline with age, and costs per live birth increases with age.
- Rates of miscarriage increase exponentially with advancing maternal age.
- With advancing paternal age, time to pregnancy increases. This may be attributed to a decrease in semen quality (volume, concentration, forward motility), and an increase in sperm DNA fragmentation.

#2 - Obesity

- The risk of impaired ovulation significantly increases if the woman is under or over weight.
- The risk of miscarriage significantly increases when a woman's BMI > 25 kg/m².
- Both under and over weight men have decreased fertility compared to men in the ideal body weight range.
- It is presently unknown how obesity causes male infertility but possible causes include heating of the scrotum, oxidative stress and coital difficulties.

#3 – Exercise

- Three or less hours of physical exercise per week does not affect IVF outcomes.
- Four or more hours of exercise per week results in an increase in pregnancy loss and a reduction in live birth rate.
- In males, assuming a sitting posture for long periods increases scrotal temperature and may impair spermatogenesis. The use of lap top computers further increases scrotal temperature and should be discouraged.

#4 - Caffeine

- Consumption of ≥ 5 cups of coffee per day is linked with a delay in conception. However, this slowing of conception is minimal.

- Multiple studies have linked consumption of coffee with miscarriage but many have not taken into account important confounders.
- Consumption of > 200 mg caffeine (~ 2 cups coffee) almost doubles the risk of miscarriage.
- The link between caffeine use and male fertility is not presently clear. It is probably safest to suggest men keep to ≤ 2 cups of coffee per day when trying to conceive.

#5 - Smoking

- Smokers have a 1.6 OR of infertility compared to smokers
- Smoking decreases ovarian reserve, impedes follicle perfusion and hormone production and has a negative effect on endometrial receptivity.
- Smoking >10 cigarettes per day halves a woman's chance of conception on the IVF program.

#6 - Alcohol

- Consumption of any alcohol by a woman impairs her fertility.
- Women should be instructed to avoid alcohol when trying to conceive
- The effect of alcohol on male fertility is relatively minimal up to 2 drinks per day.

#7 - Sexually Transmitted Diseases

- The incidence of tubal infertility after 1 episode of PID is 12%, 23% after two episodes and 54% after three episodes of PID
- Use of condoms in new relationships and opportunistic screening of young men and women is vital to reduce the chances of infertility.

Lifestyle and Fertility Summary

- Don't leave it too late
- Women <35; Men <45
- Have a reasonable BMI
- Don't exercise too much
- Drink <2 cups of coffee per day
- Don't smoke!
- Especially women
- Alcohol
- Women –None, Men <2u/day
- Avoid STI's

Dr Guy Gudex (from Repromed, formerly IVFAuckland) spoke about current frontline fertility topics

Population changes:

- Aside from Wanganui, all regions in New Zealand are experiencing increases in local population. The biggest increase is in Counties Manukau.
- This is despite a decline in the population of females of reproductive age in most regions of New Zealand (except city centres).
- Between 2001 and 2006 there has been an increase in the NZ Age Specific Birth rate. Maternal age in Maori and Pacific groups is considerably younger compared to other populations.

Sperm DNA:

- Sperm DNA quality is important in fertility. Sperm DNA damage is not uncommon.
- Sperm DNA fragmentation results in impaired conception and miscarriage.
- TUNEL Assay can be utilised clinically to detect breaks in DNA.

Menevit:

- Menevit is a new antioxidant developed to boost male fertility. Only available under section 29 in NZ at present.
- A double blind placebo controlled trial of Menevit showed it to significantly boost pregnancy rates in IVF-ICSI treatment.
- Not known if Menevit has any significant impact on sperm quality. Its role in promoting natural conception is presently unknown.
- Men like the opportunity to be able to do something positive to improve their partners chances of conception.

Investigations and Treatment Options:

- Current options:
 - Medical History
 - Semen analysis
 - FSH/Estradiol (Day 2 of menses)
 - Hep B, C, HIV
 - Rubella serology
 - Antenatal screening
 - Luteal phase progesterone
- Other options:
 - Tubal patency testing using either hysterosalpingogram or laparoscopy & dye (laparoscopy allows assessment of endometriosis).

- Ovarian reserve testing: early follicular serum FSH, antral follicle count (day two to six), Anti-Mullerian Hormone (AMH).

AMH:

- Predictive of ovarian response to IVF stimulation.
- Correlates with miscarriage risk.
- Performed any day of cycle.
- Women on OCP must stop one month prior.

Clinical Priority Assessment Criteria (CPAC):

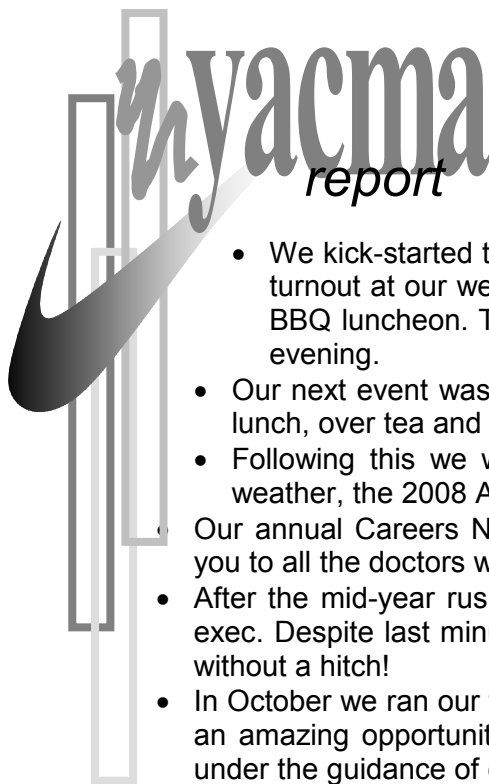
- Assesses eligibility for public funding:
 - Improved equity
 - Provides clarity for patients
 - Relates benefit from treatment to available resources
- CPAC for tertiary fertility:
 - Objective and subjective criteria
 - Clinical override can be used in up to 5% of cases
- Couples who are eligible for public funding, receive two packages of care, from the following:
 - 4 ovulation induction OR intrauterine insemination cycles
 - IVF/ICSI cycle, including frozen embryos
 - Tubal/Vas microsurgery
- Women are excluded from public funding if:
 - Age ≥ 40 yrs
 - Currently smoking
 - BMI > 32
 - FSH > 14 IU/L

New Developments in IVF:

- "Patient friendly IVF": antagonist cycle is key
- Pregnancy rates after three cycles of antagonist are as good as or *better* than that seen in long down regulation protocols.
- Antagonists allow for quicker, easier treatment with less stress and less side effects on the patients.
- Antagonist cycles are ideal for the older women as they allow for more rapid turnover of IVF cycles. One can conduct five antagonist cycles in the same time period as it takes to perform three long down regulation cycles = far superior cumulative pregnancy rates!

Single Embryo Transfer:

- Women aged < 36 years recommend replacement of single embryo
- Women aged > 37 years recommend two embryos for replacement



Hi everyone. It's December now and we're in the final stretch of 2008. Hope everyone is enjoying the good weather and taking a well deserved break. 2008 has been another busy and successful year for the YACMA Exec. Our membership has grown to 100, we've branched out into several new exciting projects, and we have worked tirelessly to make our members satiated both physically and mentally. Here's a rundown of what we've done this year:

- We kick-started the year with two events on the same weekend. We had a fantastic turnout at our welcoming BBQ, where members mixed and mingled over a fantastic BBQ luncheon. This was followed by our first CME dinner with the doctors the next evening.
- Our next event was the Student Doctor Yum Cha. Members enjoyed a filling yum cha lunch, over tea and talk with the doctors who came.
- Following this we were invited to another CME and for those who braved the wild weather, the 2008 ACMA Conference.
- Our annual Careers Night was also well received by the students who attended. Thank you to all the doctors who gave us an insight into their area of specialisation.
- After the mid-year rush of exams we held our winter buffet dinner and elected our new exec. Despite last minute changes to the location and time, the event managed to go off without a hitch!
- In October we ran our first ever Clinical Skills Workshop at Middlemore Hospital. This was an amazing opportunity for our pre-clinical members to learn how to suture and plaster under the guidance of our TI's Tim and Jill, and our 2008 Student Coordinator Jason.
- After attending the ACMA AGM and engorging ourselves silly on delicious food, we ended the year with a new event.
- Pre-medical students from first year were invited to attend a Med Interview Information Evening, where YACMA members spoke about their personal experiences with the med interview, offered some advice and tips, debunked some common myths (and the execs did some shameless YACMA promoting)! A big thank you to all our members who helped on the evening, especially Mike and Sylvia for answering all those questions we couldn't.

All in all, 2008 has been a fantastic year for YACMA. The YACMA Executive would like to thank ACMA for their support, the sponsors for making our events possible, and our members for joining and getting involved. We would also like to acknowledge our members who are leaving us for the big world. Congratulations on graduating and be nice to us when we are on our clinical rotations!! Best wishes to everyone for the Christmas Season. We hope to see you all again next year for another exciting year of food, fun, and fellowship.

YACMA Committee



Key Reminder

Upcoming ACCMA Conference Perth 10th - 12th April 2009

The ACCMA conference will be 11th & 12th April 2009 with an evening reception on the evening of 10th. Meeting will finish at mid-day on Sunday 12th April. The venue will be at Parmelia Hotel in the city.

Member interested should mark the dates on their diary now! The registration form should be ready shortly and details of hotel reservation will be on it. **The registration forms will be circulated once available.**

We look forward to seeing you all here in Perth!