THE ACMA NEWSLETTER

May 2014

IN THIS ISSUE:

PRESIDENT'S WELCOME

Dear Members,

2014 has got off to a great start! The committee is excited to organise two events. The first is the 2014 ACMA conference to be held on Saturday 28th of June. We hope that you will all be able to attend.

Another upcoming event is the Welcome Mixer. This is to provide an opportunity for current members as well as the new members to interact over some finger food and to share experiences with each other. We thought it would be a good idea to have it soon after the conference on Sunday 29th of June. Further details will be sent in an email soon.

A mentoring program for our younger members is an idea which we would like to support. This would require pairing a student or junior doctor with a specialist doctor for insight in their area of interest, encouragement and advice. An email will be sent very soon about the contact person who will be Dr Kristine Ng, Rheumatologist.

Thank you for allowing us to look at ways of improving the organisation. I would love to encourage you to let the committee know about things that you would like to see.

Dr Adrian Wan
ACMA President 2014
Mobile: 0274843959 Email: president@acma.org.nz

THE EDITORS

Hi everyone, it is a great privilege working with ACMA this year. Hope you enjoy reading this newsletter as much as we had fun making it. Let us know if you have any news, pictures, ads or ideas you would like to see in the future newsletters.

You can email us at **editors@acma.org.nz**.

Thank you ☺ -Liz, Maggie, Vicky and Paul

2014 ACMA TEAM

ACMA President
Dr Adrian Wan

Vice President
Dr Derek Luo

Past President
Dr Kate Yang

Secretary
Dr Richard Yu

Treasurer
Dr Benson Chen

Webmaster
Dr Carlos Lam

General Committee
Dr Weng-Key Chan
Dr Paul Cheng
Dr Michael Chu
Dr Alexander Ng
Dr Kristine Ng
Dr Andrew To
Dr Gee Hing Wong
Dr Michelle Wong

YACMA President
Kevin Liu

Membership Secretary
Alwin Lim

Student Clinical Reps
6th Year - Maryanne Ting
5th Year – Debra Yeh
4th Year – Vincent Jeong

Student Preclinical Reps
Kenji Kawamura
Harry Yoon
Frank Zhang

Newsletter Editors
Maggie Pan
Elizabeth No
Paul Liao
Vicky Tai

KEY REMINDERS

Membership

We would like to invite existing members to renew their membership through the membership forms available from the ACMA website: http://acma.org.nz/wp-login.php?action=register or through the Membership Secretary, Alwin Lim.

Please go to http://acma.org.nz/membership for more details on payment.

Thank-you to our sponsor

We want to say a big thank you to our sponsor, ANZ, for making the March and May ACMA CME Dinners possible.

Looking for New Members

Please introduce the Association to your colleagues!

UPCOMING EVENTS

Future CME Dates

14th September (CME) and **9th November** (AGM)

New Members Welcome Mixer

Join us for the annual *'meet the new ACMA members'* function at the **Attic Bar & Restaurant** in Mission Bay on **Sunday 29th of June** (4-6pm) for a nice drink and chat!

ACMA Conference

ACMA proudly presents its biennial conference:

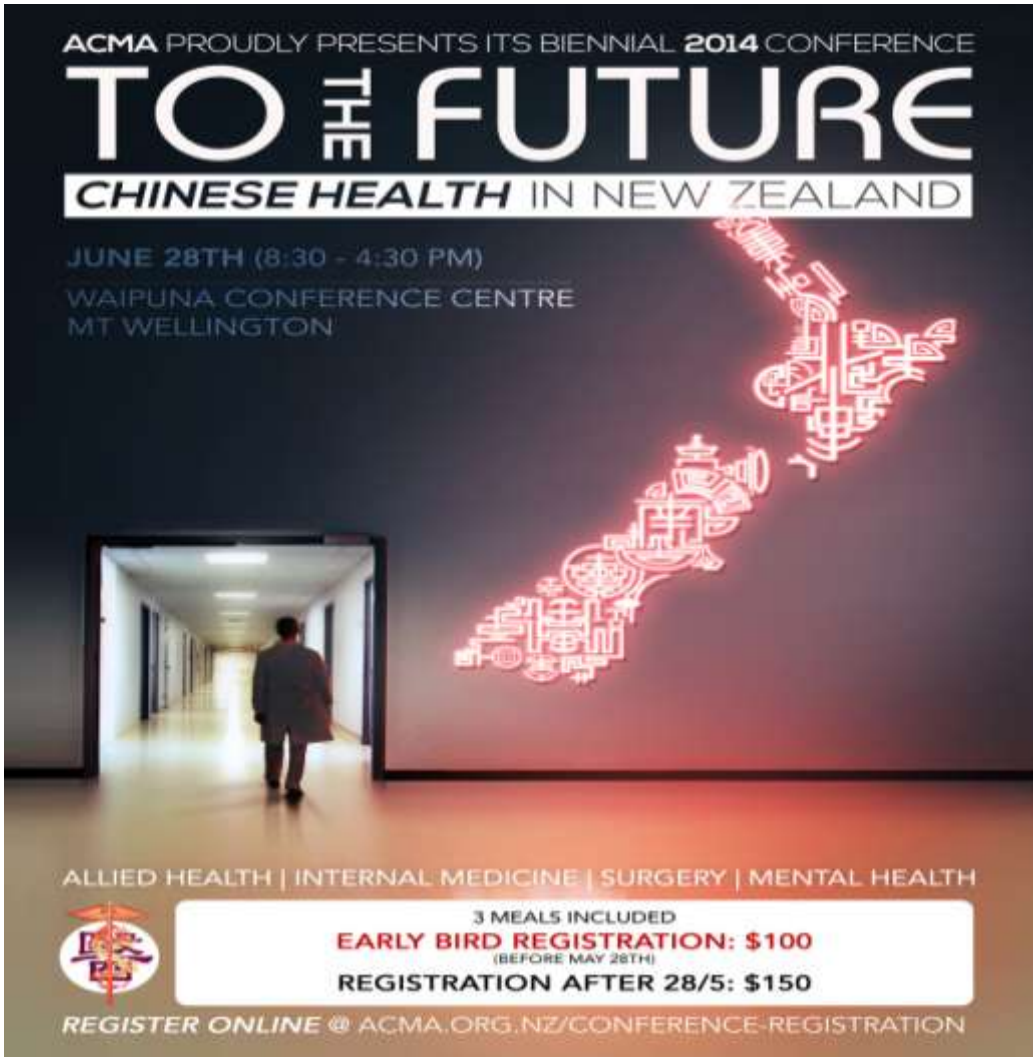
“To the Future: Chinese Health in New Zealand.”

Don’t forget to register online at: **http://acma.org.nz/conference-registration/**

We now have the speakers confirmed!

- **Dr Yu Min Lin** – Geriatrician
- **Alda Lee** – Dietician
- **Sue Lim** – Asian Health Services Coordinator
- **Eric Ho** – Pharmacist
- **Dr Shuan Dai** – Ophthalmologist
- **Dr Michelle Wong** – Otorhinolaryngologist
- **Dr Melinda Hii** – Obstetrician and Gynaecologist
- **Dr S L Peng** – General Surgeon
- **Dr Louis Lao** – Radiation Oncologist
- **Dr Pui Ling Chan** – Endocrinologist and Diabetologist
- **Dr Edward Wong** – Neurologist
- **Dr Andrew To** – Cardiologist
- **Dr Sai Wong** – Psychiatrist
- **Patrick Wong** – Counsellor
- **Sue Lim** – Service manager for WDHB Asian Health Support Services
- **Kitty Ko** – Asian Service Development Coordinator at CMDHB

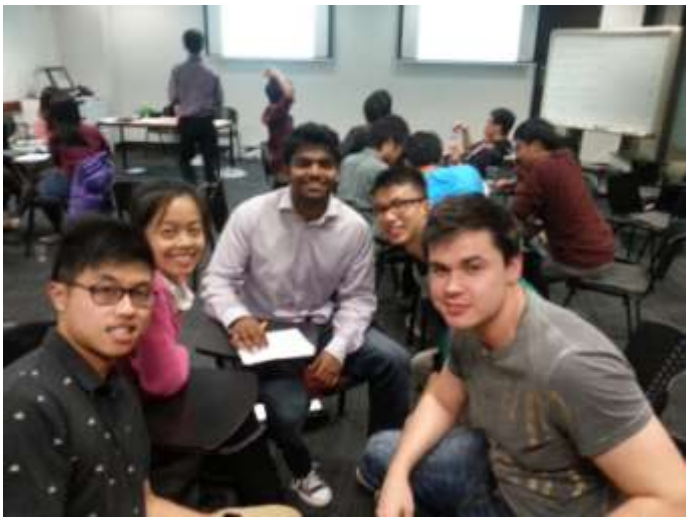
Total CME Points with RNZCGP: 6.5 Points



YACMA News

YACMA Quiz Night

Despite the winter chills creeping in, Grafton Campus became a very heated place with many teams battling their knowledge out at the annual YACMA Quiz Night. Many teams fought fiercely for the title of the YACMA Quiz Champions over quiz categories like Asian Food, Pokemon and Around the World, whilst enjoying home baking and snacks. This event was a great success and members got to know one another very well over this competitive yet hilarious event. Congratulations to winning team “Sushi of the Day.” We can’t wait till YACMA Quiz next year!



Wallath Prize

A big congratulation to our YACMA Pre-clinical Representative, Harry Yoon, for winning the Wallath Prize for his Summer Studentship Project. His research *“I want to help you: Compassion and clinical decision-making”* explored the independent and interactive roles of trait and state (induced) mindfulness on compassionate behaviour among trainee medical professionals. Well done Harry!

Annual YACMA Retreat

This year the YACMA Retreat will be held on the 3rd-6th of July at Omokoroa Kiwi Holiday Park.

Keep an eye out for the sign-ups coming soon!

An INTERVIEW with Dr Michelle Wong

Dr Michelle Wong is an Otorhinolaryngolologist at Auckland District Health Board as well as a Senior Lecturer at Auckland Medical School. She graduated from the Auckland Medical School and did her postgraduate and specialist training in Sydney and Oxford before returning to New Zealand in 2010.

Dr Michelle Wong has a special interest in general ENT and ear diseases. She has been involved in starting the New Zealand Dizziness and Balance Centre, and has introduced endoscopic and laser middle ear surgery to Auckland. As a Senior Lecturer at Auckland University she is also actively involved in the education and supervision of medical students.

Many students are not aware of your specialisation. Can you tell us more about it?

Otorhinolaryngology or Ear Nose Throat (ENT) is a surgical specialization that deals with disorders of the ears, nose, throat and head and neck. It's actually a very complex area with interesting anatomy, pathology and surgery. For example, within ears there are simple grommets to brainstem tumour surgery or brainstem hearing implants. Noses can be simple straightening of the septum to endoscopic approaches to the pituitary, anterior cranial fossa etc. And head and neck surgery involves either simple lumps and bumps to complex airway work where you and the anaesthetist are working together to maintain an airway for up to 16 hours for reconstructive flap surgery.

In saying all that, ENT is perhaps one of the most clinical-skills orientated speciality; we rely heavily on our clinical examination; radiology is more of an adjunct to help us assess the extent of disease. And for the most part our first line of treatment is usually medical rather than surgical.

What inspired your interest in general ENT? What do you like most about it?

I was inspired to do ENT as a Basic Trainee; the ENT registrars were the happiest looking registrars of all the surgical specialities (and they always had time for a coffee and a chat!).

What I like most about ENT is that it's fun.
It's very satisfying to be able to diagnose and manage most patients right there and then.
It's also so gratifying when you hear that you've made a huge difference in the quality of life of patients; kiddies whose speech and language improve greatly after grommets or behaviour changes dramatically after their adenotonsillectomy relieves their OSA. Adults who no longer have chronic discharging ears, who never realise that they could breathe through their nose!

ENT is a great speciality where you can be as surgical as you want (skullbase or head and neck surgery), or as medical as you want it to be (neuro-otology, allergy). Within ENT there is actually quite a bit of sub-specialisation. I've sub-specialised to do tertiary Otology, that is middle ear surgery, stapes surgery etc, but I think in 20 years or so if I get a little "bored" then I might look at something else completely different eg. vocal cord surgery or frontal sinus surgery. (There are ENT Surgeons in WA who do ENT and Breast augmentation....)

When working as an Otorhinolaryngologist, what does a daily schedule look like?

I think it is very important to keep a day free for yourself/your family. It is so tempting to fill up every day and every minute when you start out. ENT is a great specialty for women who want to have a satisfying surgical career AND have a family life.
My typical day is either a 5-6 hour consulting session or a half day/ full day operating.
I'm part time private and part time public and I enjoy both equally. In the public there is a huge opportunity to teach registrars and fellows tips and techniques that I've been taught myself.

You did your specialist training in Sydney and Oxfod which is so impressive! Can you tell us more about your experience?

I went to Sydney after first year HO in Waikato. I was very keen on head and neck surgery at the time and to do it was either via a general surgical or ENT route. In Sydney I was so lucky to have been mentored by some truly inspiring surgeons including the late Head and Neck Surgeon Chris O'Brien at

RPAH – in fact we often featured on the TV show RPAH!

Once I started ENT, it was the first time I could fully appreciate what an ear /nose/ throat was - prior to that they were all just dark holes and quite confusing.

I just loved the delicate, complex ear, being so pedantic, working through a 6mm hole for a few hours - it requires a lot of patience! So I did my fellowship in Oxford in Otology (ears).

Oxford itself is just a wonderful place – it's so magical and the perfect place for the inspiration of Alice in Wonderland (we could see the "checkered board inspiration" from our clinic rooms) and the Lion, the Witch and the Wardrobe. It's surprisingly close to Heathrow and London.

As a medical student I had done my electives at the Mayo, Yale and Harvard. And then of course I was in Sydney and Oxford. With the fantastic training that I got as a medical student at Auckland Uni and then as a HO in Waikato, I have never, ever felt overwhelmed by any of these famous institutions. New Zealand graduates have such a good reputation overseas, and our training is really up there with the rest of the world!

We heard that you were involved in starting the first clinic in New Zealand to provide comprehensive vestibular assessment and rehabilitation to balance-disturbed patients. Can you tell us more about your vision in this area?

When I came back to NZ I was horrified that we had no real objective assessment or rehabilitation available for our dizzy patients. Unfortunately the DHB couldn't invest in it. We actually have some fantastic, very experienced people in Auckland and I was able to get a group of us together passionate about providing a service for our dizzy patients. Through some collaboration with AUT Physiotherapy Department we set up a full functioning clinic that is based on the Australian and UK models.

Initially we weren't sure about whether this service was going to be fully utilized as we were the first to do it! But it's now providing such a valuable resource for those complicated dizzy patients.

Our vision in this area is that we start including other specialities (eg. neurology, neuro-opthalmology) to truly make it a multidisciplinary clinic. In the next year or so we are hoping to get a few research projects going, a PhD student and poach someone back from Sydney who has finished her PhD with Michael Halmagyi - one of the fathers of dizzyness! Most of all, we are hoping to educate more physios, doctors, ENT surgeons etc to the benefits of rehabilitation.

What piqued your interest in ACMA and joining the exec? What areas would you like to see ACMA focus on in the future?

I was an ACMA newsletter editor in my second year at med school and coming back to Auckland after being away so long, it was just so easy to slot back into ACMA again. I was convinced to join the exec because there were no other females to ensure that the boys are kept in line!

I'd like to see ACMA in the future providing a mentoring scheme for the young members coming up.

What do you miss most about Auckland University Medical School?

The long holidays.

Any words of wisdom for medical students? We would be interested to know what additional studies are required in order to become a Senior Lecturer at Auckland University and your reasons for wanting to teach.

Words of wisdom - always do what is interesting and fun. Ask others re advice about career paths/ choices. And always try to teach - you learn so much too.

What do you enjoy doing in your spare time?

(I have none!); but I love travelling, reading sci-fi books still, and good food.

We heard that you love to eat seafood! Any specific seafood recipes you want to share?

My husband fishes and usually only gets snapper. I love the Pacific Island recipe Oka i'a (marinated raw fish salad):

- Fresh snapper cut into slices/ chunks
- Marinate snapper in lemon juice until covered
- Add chopped red onion/spring onion/ capsicum/cucumber
- Cover with coconut cream
- Leave in fridge for an hour or so

Thank you Michelle! ☺

Restaurant Review #2 by Maggie Pan

Casual Dining: SPQR

After being on the Metro Top 50 List for the last two years, I had to give this gastro-bar a try! Apart from being the most dimly lit restaurant I've ventured into, it was also the loudest, you have to scream your way through conversation due to the very cramped layout. However the food redeemed itself, boasting very fresh ingredients, served steaming hot. The portion sizes are large and one main will guarantee to fill you up. A must try is the signature SPRQ Seafood Paella , bursting full of fresh shellfish and beautifully decorated with herbs ! It's not the place for a quiet conversational dinner, but for a good feed and a pint after a long week, it's perfect!

Our rating:
4/5
Price $$$
Food 5/5
Atmosphere 1/5
Service 4/5

SPQR
150 Ponsonby Road
Ponsonby

Hours: Mon-Sun 12pm-Late

Our rating:
4/5
Price $$
Food 4/5
Atmosphere 3/5
Service 3/5

Di Vino Bistro
15 Nicholls Lane
Parnell

Hours: Mon-Fri 8:30am -10:30pm

Italian Dining: Di Vino Bistro

If you ever happen to be walking around Auckland Domain or the old Carlaw Park area, you might walk into a little slice of Italy. Greeted by waiters with thick Italian accents, you can be sure this is very authentic! The pasta is handmade in kitchen everyday, you can taste the freshness of it and with $20 pastas of the day you can't go wrong. If you're a tiramisu fan, this place serves a really boozy yet smooth tiramisu! This might not be the place to go if you're looking for layers of complex flavour and finesse but if you want good affordable pasta, Divino Bistro is the place to go. Also has an extensive wine list.

Modern Japanese Dining: Musashi

If you're sick of the usual cliché Japanese dining with generic sushi and tempura, you must pay Musashi a visit! It's Japanese cuisine with a twist, where you get your own little clay pot with food still cooking inside. Fresh seafood, fresh meat served in a variety of ways will keep you asking for more (but maybe because of the dainty portion s.) Still, for $15 you get a whole lunch set from appetizers to dessert and this remains one of the most popular Japanese Restaurants in Auckland, recently opening a new branch in New Lynn.

Our rating:
4/5
Price $
Food 3.5/5
Atmosphere 4/5
Service 3/5

Various locations across Auckland
See www.musashirestaurant.co.nz

Our rating:
4/5
Price $
Food 4/5
Atmosphere 5/5
Service 3/5

Milse
The Pavilions at Britomart Hours: Mon-Sun 10am-Late

Sweet Tooth: Milse

Looking for me? I'll be lost in the dessert wonderland of Milse. You'll be mesmerized by the myriad of sweet treats calling out to you behind cabinets, ranging from ice blocks to simply gorgeous looking cakes and a creative made to order dessert menu. It's a guilty pleasure that you won't have any regrets about! A must try is the green tea gateaux and the passionfruit and berry gelato stick.

FILM REVIEWS

Captain America: The Winter Soldier

3.5 Stars

Action, Adventure, Sci-fi. 128min. Chris Evans, Scarlett Johansson

Now well into Phase 2 of the Marvel Cinematic Universe, and after the continued success of the movies, the latest entry in the lucrative franchise, Cap 2 is a stunning example of superhero movie done right. While 2011's origin story, *Captain America: The First Avenger* sets itself apart from other Marvel movies through its refreshing use of WWII era patriotism, *the Winter Soldier* is a superhero flick infused with a political thriller type storyline.

Two years after the battle of New York (events during *The Avengers)* Steve Rogers, a.k.a. Captain America (Chris Evans) attempts to adjust to living in the modern world while working in the espionage agency S.H.I.E.L.D under Director Nick Fury (Samuel L. Jackson). Along with Natasha Romanoff, a.k.a. Black Widow (Scarlett Johansson) Steve Rogers is sent to rescue hostages on board an agency ship which has seemingly been captured by the enemy. However as the Captain realises, S.H.I.E.L.D was not entirely truthful about the nature of its missions. As the film unfolds, conspiracy, uncertainty and deceit threatens not only the agency, but also the future of the US.

Evans gives a convincing performance as a hero of bygone years trying to fit in, and has excellent onscreen chemistry with Johansson, whose Black Widow action scenes are often even more badass than that of the Cap. Samuel L. Jackson is given plenty of opportunity in this instalment to exercise his onscreen presence and does not disappoint with his portrayal of a man whose well-intended decisions backfired when he placed his trust in the wrong man, Alexander Pierce (Robert Redford).

While not perfect, and a little dragged in some areas, *Captain American: The Winter Soldier* will definitely impress fans of the genre and more than likely attract casual film goers to two hours of great acting, action and storytelling.

Rated M

The Lego Movie

4 Stars

Action, Animation, Comedy. 100min. Chris Pratt, Will Ferrell, Elizabeth Banks

An ambitious movie populated with 4cm tall minifigures, *The Lego Movie* succeeds in bringing the beloved Danish toys to the big screen. Doubtful because the film is based around a toy product? Rest assured, this is the movie that kids have been waiting for since the tiny toys have stepped out of production factories and shipped around the world. Directed by Phil Lord and Christopher Miller, the film features amazing animation and top notch voice acting thanks to its strong cast.

The film follows Emmet (Chris Pratt), an empty headed, yet instantly likeable Lego man. The as-ordinary-as-ordinary-gets construction worker has his life thrown into disorder when he is suddenly presented with the task of saving the Lego world by the cool and sassy Wyldstyle (Elizabeth Banks). The duo meets a variety of colourful personalities along their journey, including the most bizarre interpretation of Batman onscreen (Will Arnett), and our protagonist learns not only more about the world he lives in, but also about himself.

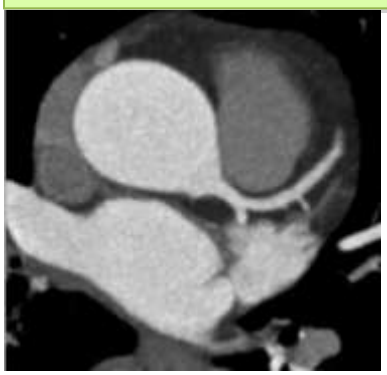
The film is driven by its insane energy and creativity, and there are truly laugh-out-loud moments in the hilarious script written by the directors. Despite this, the filmmakers also allow time for surprisingly genuine feeling and heart. The product license is put to great use, and their vision of a Lego world is definitely distinct in style.

The greatest achievement of the movie, however, is that it is centralised around the single reason which made the toys so popular in the first place- the importance of a creative spirit. Despite not all the humour working and being somewhat uneven in places *The Lego Movie* is the movie that is intended to be enjoyed by all, and comes highly recommended.

Rated PG

Cardiology Update 2014
GP Practice Points – for ACMA

Andrew To, Cardiologist, Director of Cardiac CT, North Shore Hospital
May 2014
andrew.to@waitematadhb.govt.nz (NSH)
andrew@wcardio.co.nz (WCL)
www.chainz.org.nz



CT coronary angiography

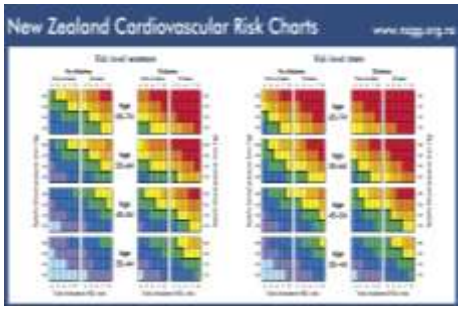
Evolution of cardiac CT technology means that CTCA is now routinely performed, at least in the Waitemata area.

The most significant improvement is radiation dose reduction. Depending on body habitus, most scans with prospective ECG gating can be done with 1mSv (background radiation = 3mSv/year). CTCA provides anatomical information on coronary artery stenosis, similar to invasive angiography.

In the Waitemata area, CTCA has now been incorporated into the troponin-negative acute chest pain pathway.

- Suitable patients may proceed directly to CTCA rather than exercise treadmill testing to rule out coronary artery stenosis.
- Others may undergo CTCA instead of invasive angiography.

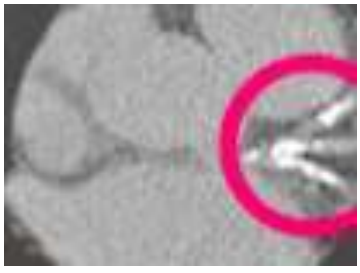
Because of intrinsic limitations of CTCA, reports have to be interpreted in the context of the clinical picture, as well as the scan quality.



Primary prevention & CT calcium scoring

CVS risk charts encourages GPs to consider cardiovascular risk reduction in those with known risk factors. The use of Aspirin, Statins, and anti-hypertensives improves patient outcome. The key is to be proactive in identifying these individuals.

CT calcium scoring is an evolving technology that may be able to reclassify asymptomatic individuals with intermediate Framingham risk scores into low or high risk, hence targeting therapy. Since it is a non-contrast scan, no information on coronary lesion severity is obtained, compared to a full CT coronary angiography.



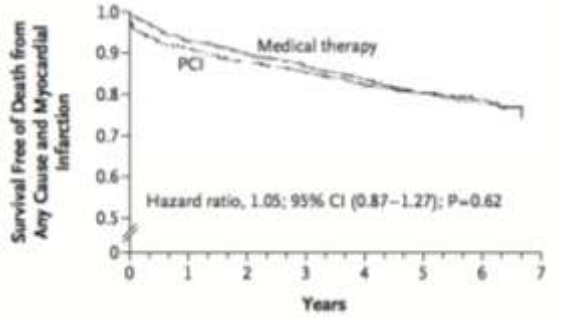
Cardiology Update 2014 - GP Practice Points - ACMA

Andrew To, Cardiologist, North Shore Hospital

May 2014

Interventional Cardiology

While the COURAGE trial is not new, the finding that medical therapy does as well as PCI even in those with evidence of ischaemia and many with proximal LAD disease means that we have to be constantly reminded the oculostenotic reflex should be avoided!

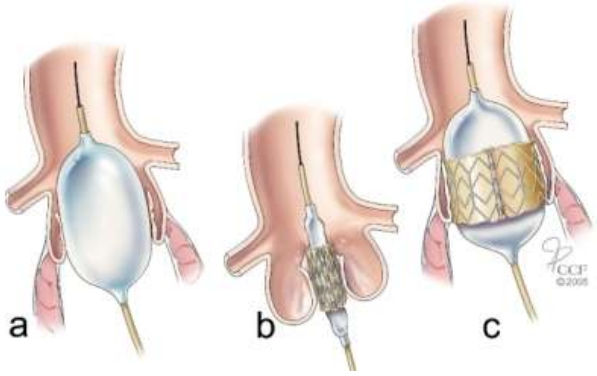


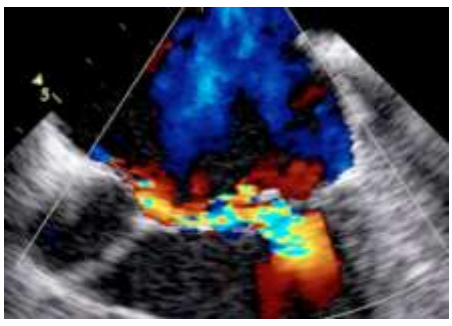
Fractional flow reserve assesses the functional significance of stenotic lesions on invasive angiography, by invasive pressure wire measurement. The FAME II trial confirms the use of FFR in guiding stenting vs. intensive medical therapy in those with stable coronary artery disease. Revascularization without ischaemia should be avoided.

Ticagrelor has now been adopted as a potential alternative to Clopidogrel, after ACS, based on the PLATO trial. Its major side effects include unexplained dyspnea and bradycardia. Its recommended duration is 1 year. Prasugrel is similar to Clopidogrel, and may be used in cases of Clopidogrel resistance.

Valvular heart disease

The treatment of severe aortic stenosis has been revolutionized by the advent of transcutaneous aortic valve implantation (TAVI). In the PARTNER trials, TAVI has been proven to be superior to medical therapy in non-surgical candidates, and is equivalent to surgical AVR in high-risk surgical candidates.





Mitral valve regurgitation that is repairable is now routinely offered early surgical repair, before significant adverse LV modeling occurs. Careful assessment of the severity and mechanism of MR, often using 3D echocardiography, is crucial. Early surgical repair avoids the inevitable significant but latent LV dysfunction that develops over time.