

2011 Scientific Meeting and Gala

The Chinese American Medical Society had our 48th Annual Scientific Meeting on November 5, 2011 at the Merrill Lynch Conference Center at 250 Vesey Street at 4 World Financial Center. The theme this year was "A Symposium on Preventive Care" with 6.5 Category I CME credits sponsored by New York Downtown Hospital. The symposium provided the most up-to-date information on preventive care that is relevant to the practice of physicians, nurses and health care providers that treat Chinese American patients in our community. USB drives containing the lecture slides were given to the conference participants. The Scientific Award Lecture "How to Live to 100 and Beyond" was given

by Dr. Albert Siu, M.D., M.S.P.H., Ellen & Howard C. Katz Chairman and Professor of Geriatrics and Palliative Medicine at the Mount Sinai School of Medicine & Director of Geriatric Research, Education & Clinical Center at Bronx VA Medical Center. The Keynote Speaker was Dr. Thomas Tsang M.D., M.P.H., Senior Advisor to the Governor of Hawaii on Health Care Transformation, who gave a very informative talk on "Health and Wellness - An Update on Innovations and Policies." This year's very successful conference was organized by the Scientific Program Chair, Dr. Paul C. Lee and his committee, who have amassed faculty speakers locally as well as from Maryland, California and Canada. The topics

included osteoporosis prevention, smoking cessation, treatment of depression, future of arrhythmia management, PSA screening, lung cancer screening, genomics, breast cancer screening and gynecological cancer screening. Summaries of all the presentations are printed in this issue. The Conference was very well received and we had a record 206 people registered for the meeting. This year we welcomed 22 Chinese American Nurses Association members, 22 Myanmar American Medical Education Society members as well as three visiting professors from China. Seven posters were in display. For competition (students and residents,) the First prize went to Calvin Yu and the Second prize to Vanessa Li.



CAMS logo on the big screen



From left, Drs. Paul C. Lee (Program Chairman), Raymond Yung (in-coming President of CAMS), and Warren Chin (retiring President)



The audience



Dr. Blanche Leung (second from right) with the registration crew From left, Nick Lam, Peggy Sheng, Zoe Tsai, Jamie Love and Nat Love at the right end



At the registration desk



The exhibits



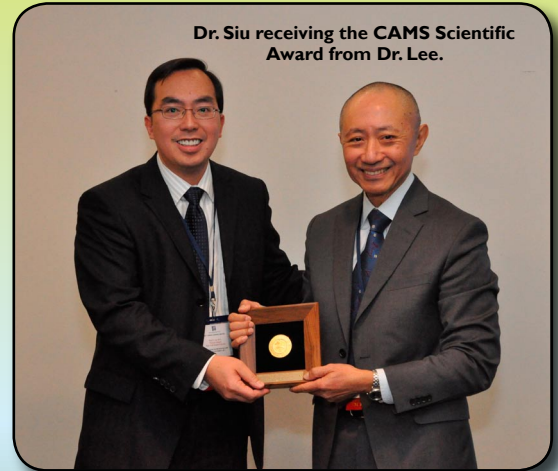
The posters



Dr. Albert Siu giving the Scientific Award lecture.



Dr. Siu receiving the certificate of CAMS Honorary Member from Dr. Paul C. Lee



Dr. Siu receiving the CAMS Scientific Award from Dr. Lee.



Dr. Thomas Tsang giving the keynote speech



Our photographer Bob Schneck and Ms. Cora Fung



Dr. Victor Chang



Drs. Percy Tung and Florence Chu



Drs. Wilson Ko and Danny Fong



Drs. Thomas King and Sun-Ho Foo

CAMS Business Meeting

During lunch, the CAMS business meeting was held. President Dr. Warren W. Chin reported the operating budgets and the expenditures of the CAMS-CAIPA Community Service Fund. The Membership Chair, Dinner & Fund-raising Chair and Social Chair Dr. Blanche Leung, the Research Chair Dr. Victor Chang, the Program Chair Dr. Paul C. Lee, the Website Chair Dr. Richard Chan and the Finance Chair Dr. Raymond Yung gave reports of their committees. The Capital District President Dr. Mina Sun gave

an update on their activities in Albany and also reported on the passing of Dr. Daniel W. Lee. The Greater Boston Chapter representative Dr. Gifford Lum reported on their activities and future plans.

The result of the election was announced and Dr. Danny Fong will be the next Vice President, Dr. Blanche Leung the next Secretary, Dr. Paul C. Lee the next Treasurer and Drs. Alex Jenny Ky, Mary F. Lee-Wong (incumbent), Bing Lu and Perry Pong (incumbent) were elected as Directors of the Board.

The next CAMS president Dr. Raymond Yung was also introduced and welcomed. The amendments to the by-laws were passed. In essence, the by-laws now state clearly how a board member can run again after serving 2 terms, and the role of the Emeritus member is described. Also, Chapter members should collect membership dues but need not pay any to Headquarters. There was also a presentation by Mr. Ted Fang, Director of Asian Week Foundation on the Hep B Free Campaign in San Francisco and how this campaign can be brought to the East Coast.

The Gala

For the fourth year, the CAMS-CAIPA Red Lantern Gala was held at Cipriani Wall Street. This signature gala has become more and more successful every year. We had a record crowd of 588 guests at the gala this year. Dr. Warren W. Chin, President of CAMS and Dr. George C.K. Liu, President of CAIPA gave welcoming speeches. The entertainment included performances by Cirque-Tacular and Salsa Dancers. The 2011 CAMS Community Service Award was presented by Dr. David T.W. Chiu to the Honorable Congresswoman Judy Chu, the first Chinese U.S. Congresswoman, for her dedication as well as for her introduction of House Resolution 282, which would formally

acknowledge and offer regrets for the passage of the Chinese Exclusion Act of 1882. The award was accepted by her Chief of Staff Ms. Amelia Wang. Dr. David T.W. Chiu also announced the first CAMS Lifetime Achievement Award to honor our Executive Director, Dr. Hsueh hwa Wang, for her tireless efforts, dedication and unwavering commitment to CAMS and the Chinese American community over the last forty years. CAMS also acknowledged Dr. Percy Tung, CAMS' very first Vice President in 1964-1966 and second President in 1966-1968 and his wife Dr. Florence Chu, CAMS' very first Secretary from 1964-1968, for their continued support and contribution of CAMS. The 2011 CAMS-CAIPA Community Physician Service Awards were presented to Drs. Hong Liu, Kwok Yung Miu and Peter Y. Ng for their long-standing service to our community.



Changing of the guard, Dr. Warren Chin (right) holding the medallion from Dr. Raymond Yung (Left)



Jamie Love and Cora Fung in front of the tables with red lanterns



The honorees of 2011 CAMS/CAIPA Community Physicians Award, from left, Drs. George Liu, Raymond Yung, Kwok Yung Miu (Honoree,) Warren Chin, Thomas Tsang, Peter Y. Ng (Honoree,) Benjamin Peng, and Hong Liu (Honoree)



Ms. Amelia Wang, flanked by Drs. David Chiu and Warren Chin, accepting the 2011 CAMS Community Service Award for Congresswoman Judy Chu



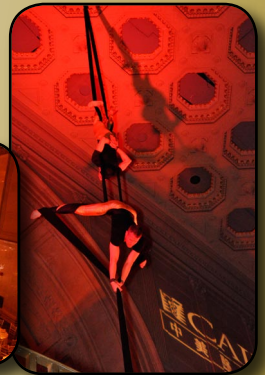
MC June Jee



Dancing, dancing



The dazzling tables



The acrobats



From left, Mrs. Warren Chin (Betty,) Jennifer Chin (daughter of Dr. Chin - her first coming-out!) Dr. Warren Chin, Ms. Amanda Smolen, Erika and father Dr. Winston Tom

CAMS NEWS

CAMS Members Honored: Dr. Warren Chin received the Community Physician Leadership Award from the Visiting Nurse Service of New York on October 18, 2011 and an Award from the Philippine Chinese American Medical Association (PCAMA) on November 26, 2011 at their post-Thanksgiving party (Photo below.) Earlier this year, on July 9, 2011, at the 17th Anniversary of their dinner gala, Dr. David Chiu was honored by



Dr. Chin receiving the award from Dr. Edwina Kho (left) and Brian O'Yong president of PCAMA (left)

PCAMA as the world's most famous plastic surgeon. Dr. Chin also accepted an award given to CAMS by the Myanmar Medical Education Society at their Annual Conference on July 24, 2011.

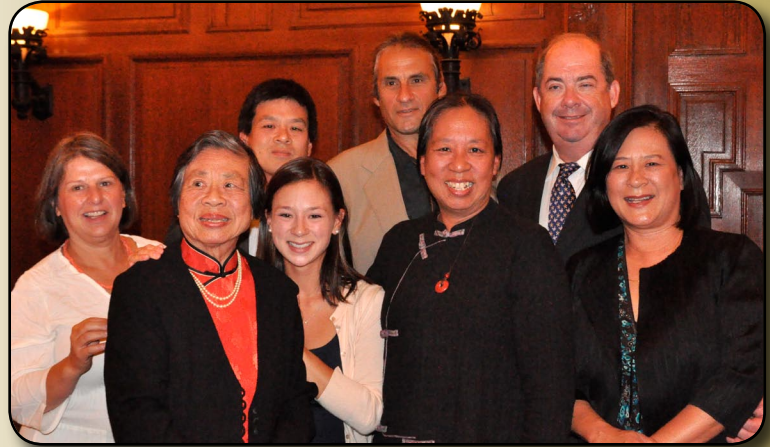
A Party for Dr. Hsueh hwa Wang by the Board of Directors of CAMS was held on October 21, 2011 at The University Club in New York City to present her with the Lifetime Achievement Award because she was unable to accept the Award at the Annual Scientific Meeting. The party, arranged by Dr. David Chiu, was attended by many Board members and their families as well as several past CAMS Presidents. Drs. Percy Tung and his wife Florence Chu, founders of CAMS also were there. Dr. Wang was particularly touched by the presence of all her 3 children with their spouses or significant other (some came from afar – California and Virginia) plus one grand daughter who is a Columbia College senior. It was a roaring party of about 70 people at dinner, and many, many speeches.

New Quarters for CAMS Office: CAMS has been cramped in a small room inside the CAIPA office for years. Our Administrator Jamie could barely turn around among the stored boxes. The good news is that we have negotiated to move to the 6th floor of the current building, still sharing spaces with CAIPA but with more room. Hopefully the move can be made in early 2012.

Educational Tour: Dr. Yun-His Hsu is arranging another Educational Tour which he calls "ASIA – Oriental Enchantment," 12 nights from 3/4 to 3/14, 2012. You will cruise from Shanghai to Hong Kong via Pusan (Korea), Hiroshima, Kobe, Kagoshima (Japan), Keelung and Hualien (Taiwan), finally disembarking in Hong Kong. Tour price is \$2,819 pp double occupancy plus air fare (\$799 from east and \$499 from west cities.) For reservation and information, call A & C Travel Agency at 212-714-3557, or 800-943-0186.

In Memoriam: We mourn the passing of Dr. Daniel W. Lee, on August 26, 2011. Dr. Lee, endocrinologist, Associate Professor of Medicine at Albany Medical College, was a long-time devoted member of CAMS, Albany Chapter. Dr. Lee passed away suddenly on 8/26/2011 at the age of 53. We will miss him.

At The University Club



Dr. Wang and her family - back & flanking her, son John, his wife Lisa and daughter Stephanie. On her left, daughter Janet with her husband David Harris at her back, and daughter Mae with John New at her back



Dr. K.C. Wang, schoolmates from old medical school



Dr. Hsueh hwa Wang flanked by Drs. David Chiu and Warren Chin



With some good friends - from left, Drs. Lilian and David Chu, Mrs. and Dr. Warren Chin, Dr. Chun K. Yip with Mrs. John Wang (Susie) at his back, Dr. Wang, Dr. Sam Yeh, Dr. John Wang and Dr. Sun-Hoo Foo



The crowd at The University Club



What to do to live to 100? And what should we do differently since many will live to 100?

Albert Siu, M.D.



We have witnessed a steady improvement in life expectancy in industrialized nations that has been sustained over more than a century. These improvements in life expectancy have been so sustained over time that it is not likely to be due to any single medical or public health advance. It can be argued that improved life expectancy has been due to a combination of prosperity, which has made possible increased access to health care and investment in biomedical sciences, coupled with a more educated populace that is able to sort through the information on how to improve health.

At a societal level, to sustain the improvements in life expectancy into this century, we should endeavour to continue the investments in biomedical science, in education, and in health care access that made the improvements of the last century possible. At an individual level, if one wishes to maximize their chance of living to 100, the most reasonable course

to take is to adhere to current lifestyle and clinical prevention guidelines. Although there has been interest in caloric restriction and pharmacologic interventions to mimic the effects of caloric restriction, the evidence on these approaches remains too preliminary to recommend wide adoption at this time.

Finally, we should consider what should be done differently, knowing that many, and especially our children, will live to 100. This will require changes in the Medicare program to make it fiscally sustainable, as well as reconsidering our notions of continuing education, careers, and time for family and leisure through the lifespan. These are the challenges we face as we prepare for a society where living to 100 goes from being a novelty to being commonplace.

Dr. Siu is Ellen & Howard C. Katz Chairman and Professor of the Brookdale Department of Geriatrics and Palliative Medicine at the Mont Sinai School of Medicine and The Director of Geriatric Research, Education and Clinical Center at the Bronx VA Medical Center.

The Future of Arrhythmia Management

Paul J. Wang, M.D.



Sudden Cardiac Death There are over 1,000 deaths per day in the U.S. alone due to Sudden Cardiac Death. Survival from Sudden Cardiac Death decreases by 10% with every minute from its onset to successful defibrillation. The most common causes of Sudden Cardiac Death include coronary artery disease and left ventricular dysfunction. Other conditions causing Sudden Cardiac Death include idiopathic dilated cardiomyopathy, hypertrophic cardiomyopathy, right ventricular dysplasia, anomalous coronary arteries, long QT, aortic aneurysm, Brugada Syndrome, idiopathic VF, and Commotio Cordis. The principles in prevention and treatment of Sudden Cardiac Death begin with prevention of the underlying disease such as coronary artery disease leading to myocardial infarction. Interventions such as treatment of hypertension, diabetes, hyperlipidemia, and obesity are critical in preventing coronary artery disease. Prevention of Sudden Cardiac Death may also be achieved by identifying patients at increased risk. Once this patient population is identified it may be possible to decrease the likelihood of the arrhythmias. Drugs such as beta-adrenergic antagonists or angiotensin receptor blocking agents may decrease Sudden Cardiac Death. Because of the high mortality associated with Sudden Cardiac Death, improving the ability to convert ventricular tachycardia or ventricular fibrillation is critical. The use of an implantable cardioverter defibrillator (ICD) has been shown to significantly improve survival following Sudden Cardiac Death. The Automatic external defibrillator, which is designed for layperson use to automatically detect ventricular tachycardia/ventricular fibrillation and shock the patient, has led to improved survival from Sudden Cardiac Death.

Devices to Treat Heart Failure

Cardiac resynchronization therapy devices act by pacing the left and right ventricles in a coordinated manner so that there is a greater efficiency of ventricular contraction. This therapy has been shown to reduce heart failure hospitalization and decrease overall mortality. There are new sensors being developed that may significantly improve the ability to monitor intracardiac pressures and cardiac function.

Ventricular Tachycardia

Ventricular tachycardia may be treated with ICD therapy. However, patients receiving multiple shocks for ventricular tachycardia may need to be treated with antiarrhythmic medications or catheter ablation which kills the cells responsible for initiation or perpetuation of ventricular tachycardia.

Atrial Fibrillation

Atrial fibrillation is the most common arrhythmia, occurring in over 2 million people in the U.S. alone. Atrial fibrillation is associated with an increased risk of stroke and may significantly impair quality of life of patients. There have been major advances in the ability of catheter ablation to treat atrial fibrillation. Advances in the future will require that we understand the mechanisms better, have improved methods of lesion assessment, better methods of imaging and visualization of anatomy, better catheter control systems, better Mapping, and reduce lesion formation.

Dr. Wang is Professor of Medicine and Director of Electrophysiology and Arrhythmia Services, Stanford University.

Genetics/Genomics

Vivian Ota Wang, Ph.D.



The discussions focused on the advances in genomics research, and new developments in technology and analytical tools, have increased the understanding (and misunderstandings) between phenotypes and genotypes of medically and socially important diseases. Some of these improvements have increased the accuracy and resolution of genomic sequencing, thus reducing the time and costs for understanding gene-environment interactions of complex diseases and behaviors by making them more affordable and scientifically within reach. Unlike traditional genetic research

based on family studies of individuals with rare phenotypes, or twin and adoption heritability studies, linking genes to phenotypes has evolved to identifying the DNA sequence using whole genome sequencing methods. As another way of understanding health promotion, and disparities, the study of functional epigenomic elements, where environmental factors biochemically influence gene expression, without changing the DNA structure, may provide a way of understanding the applications of gene-environment interaction research and its' clinical applications.

Dr. Ota Wang is Member of National Genome Research Institute, National Institute of Health, Department of Health and Human Services.

Prostate Cancer Screening and Management

Marcus Loo, M.D.,



Prostate cancer screening with prostate specific antigen (PSA) is one of the most controversial topics in contemporary medicine. This is because of the concern of over diagnosis and over treatment. Despite the recent publication of randomized controlled trials, there is still no consensus regarding the absolute benefits and risks of early detection strategies. Complicating matters is the recent recommendation by the United States Preventative Services Task Force that healthy men should no longer receive a PSA test to screen for prostate cancer.

However, prostate cancer is the second leading cause of cancer related death among men behind lung cancer with 32,000 deaths in 2010. The American Urological Association recommends that early detection and risk assessment of prostate cancer should be offered to asymptomatic men 40 years and older with an estimated life expectancy of more than 10 years who wish to be screened. Issues related to increasing PSA sensitivity, specificity and the use of age specific reference ranges, PSA velocity, free-total PSA to improve sensitivity and specificity are discussed.

Dr. Loo is Clinical professor of Urology, Weill Cornell Medical College and Attending Urologist, New York Presbyterian Hospital.

Lung cancer screening – What is new in 2011

Paul C. Lee, M.D.



Lung cancer is a deadly disease worldwide and in the United States, with more than 85% of diagnosed patients dying of the disease. This is primarily due to the fact that majority of patients with lung cancer present with locally advanced and/or metastatic disease. Screening high risk individuals and identifying patients with early stage lung cancer with resectable and potentially curable disease, may reduce the overall death rate from lung cancer. In the 1970s, randomized trials by Memorial Sloan-Kettering Cancer Center and Johns Hopkins failed to show a benefit of sputum cytology in lung cancer screening in the United States. The Mayo Lung Project

also failed to demonstrate the benefit of plain chest radiography with sputum cytology every 4 months for lung cancer screening in men who were active or former smokers. All of these studies failed to demonstrate a decrease in lung cancer related mortality in the screened populations. Due to these results, the American Cancer Society (ACS) and the U.S. Preventative Services Task Force (USPSTF) do not recommend either for or against screening.

More recently, the introduction of multi-slice low dose CT technology has renewed interest in screening for lung cancer. Initial findings from Henschke and colleagues of the Early Lung Cancer Action Project (ELCAP) showed that in a high risk population, CT was superior to CXR in detection of lung nodules. Within the initial ELCAP patient population, 27 screen-diagnosed lung cancers were found at baseline screenings, of which 96% were resectable. A subsequent report by the I-ELCAP group reported an estimated 92% 10-year survival rate for patients with clinical stage I lung cancer, markedly higher

than survival rates predicted by the current staging system or among those presenting as a result of symptoms.

The National Lung Screening Trial (NLST) is a NCI sponsored randomized control trial, and the ground breaking results have just been reported in New England Journal of Medicine this year. In this study, 26,722 participants were randomized to receive three annual screens with low-dose helical CT scan, and 26,732 were randomized to three annual screens using plain chest radiographs. Participants were current/former smokers ages 55 to 74, with more than 30 packs-year of tobacco use. In all, 649 lung cancers (63% stage I) were diagnosed in the low-dose CT group vs. 279 cancers (48% stage I) in the radiography group after a positive screening. Overall, there were 356 lung cancer deaths in the CT arm vs. 443 deaths in the radiography arm. This translated into a 20% reduction (p=0.004) in lung-cancer mortality in low-dose CT screened patients, about 1 life saved per 320 patients screened. This study is the first prospective randomized trial to show that CT screening reduces lung cancer mortality. However, many more questions are raised in regards to cost-effectiveness, radiation risk and applicability in patients with different risk profiles. Only 2% of participants in this study were of Asian descent and future studies are necessary to address the above concerns. In the meantime, the American Cancer Society offered interim guidelines that adults between ages 55 to 74 who meet the eligibility criteria of the NLST may consider low-dose CT screening for lung cancer, and a shared decision should be made between the patients and their physicians, weighing the benefits and limitations/risks of screening.

Dr. Lee is Associate Professor of Cardiothoracic Surgery, Weill Cornell Medical College, and Chief of Thoracic Surgery, New York Hospital Queens.

Smoking Cessation in Chinese: Reducing Health Disparity Locally and Globally

Candice Wong, M.D., M.P.H., Ph.D.



Chinese consume one third of all cigarettes globally. Chinese American males who have low English proficiency have disproportionately higher smoking prevalence than the general US population. High smoking rates among persons of lower socioeconomic status, including poor and low income immigrants, are an important source of cardiovascular health and cancer disparities. Life circumstances, language barriers, cultural differences and limited health care access make it more difficult for Chinese immigrants to quit smoking.

Educational objectives of the presentation include:

- 1) Summary of the natural history of smoking.
- 2) Review the pharmacological effects of nicotine.
- 3) Review smoking cessation methods, pharmacotherapy and their effectiveness.
- 4) Overview of the Chinese Community Smoking Cessation Intervention Project including individualized counseling, relapse prevention and skill building.
- 5) Description of resources and methods that Chinese practitioners can apply when counseling their patients.
- 6) Development of an evidence-based, culturally adapted, online smoking cessation program for Chinese smokers – the Chinese Community Internet Stop Smoking Project.

Dr. Wong is Assistant Adjunct Professor, University of California San Francisco.

Breast Cancer Screening and Management

Margaret Chen M.D.



Breast cancer is a common disease that is often lethal at an early age. The risk of breast cancer increases with a woman's age, family history, early menarche, late menopause, prior biopsy of atypia and lobular carcinoma in-situ. The goal of screening is to detect cancer when it is small and associated with better survival at the earliest stage possible.

For women at average risk, the American Cancer Society recommends clinical breast exams at least every 3 years for women in their 20's and 30's, and starting at the age 40, annual clinical breast exams and mammograms. Data from randomized trials show a 14 to 32% reduction of mortality

from breast cancer with screening mammograms for women ages 50 to 69. The recommendation for routine mammography for women 40 to 49 years of age is controversial

due to lower breast cancer risk, lower mammogram sensitivity and higher false positives among younger women. However, the mammogram is the most effective method of early detection and is associated with a 15% reduction of death. For women 70 or older, data are lacking but women may continue to screen if they are in good health. Screening may need to be individualized for women at high risk, and for Asians, who have a lower incidence of breast cancer, higher mammogram density and earlier onset of breast cancer compared to Caucasians.

The role of screening ultrasound and MRI and their effect on breast cancer mortality are being studied. Studies of the genetic basis of cancer are ongoing and may lead to early molecular screening in the future.

Dr. Chen is Assistant Director, The Breast Center, New York Hospital Queens.

Treatment of Depression Among the Chinese

Kenneth Fung, M.D.



Major Depressive Disorder is one of the most common mental disorders, and causes significant morbidity worldwide as well as being a major cause of suicide. Its etiology is complex, including significant biological, psychological, social, and cultural factors. While estimates of its lifetime prevalence ranges from 4.4 – 18% in Western literature, it has been consistently noted in multiple cross-national studies that East Asian countries, such as China, Taiwan, Korea, and Japan tend to have lower prevalence. Yet, China in general has a higher rate of suicide compared to Western countries like the US and Canada, and rural China remains one of the very few places in the world where young

females have a higher rate of completed suicide than men. Echoing this complexity, in a national epidemiological survey of Asian Americans, various immigration-related factors were significantly associated with mental disorders, depending on gender. For instance, second generation Asian women had a significantly higher risk of depression than first generation Asian immigrant women (OR=2.5 (p<0.01)). All of these epidemiological

findings highlight the need for further research to elucidate the presentation of depression and suicide among the Chinese, as well as cultural and immigration factors that moderate their risk. In terms of treatment, biologically, the use of psychotropic medications may be associated with increased risk of side-effects even at lower doses due to ethnic differences in pharmacokinetics, such as a higher proportion of Asians being intermediate CYP2D6 metabolizers. Adherence to medications is another major treatment barrier due to cultural differences in the explanatory model of illness. Psychologically, there is evidence that collectivism as a cultural variable among Asians leads to subtle differences in the fundamental ways of thinking and perception, some of which may even be evidenced by neuro-imaging. The use of psychological interventions, therefore, may need to be adapted. There is, in fact, increasing interest in the use of traditional Asian practices, especially mindfulness meditation, for the treatment of mood disorders. Thus, research on Asian philosophies and practices may also be fruitful in advancing the treatment of psychiatric disorders for all populations in general.

Dr. Fung is Assistant Professor, Culture, Community and Health Studies, Department of Psychiatry, University of Toronto.

Gynecologic Cancer Screening Update

Dennis Kuo, M.D.



I gave an overview on the recent advancement in the screening of cervical cancer, a disease that can be easily detected in the pre-malignant stage, and ovarian cancer, a disease that is often detected in the advanced stage.

In cervical cancer screening, the most important message is to reach out and screen all patients as the majority of disease is detected in patients who have never been screened or who have not been screened in the last five years. While HPV infection is critical in the development of cervical cancer, other factors which have yet to be discovered are also important since the prevalence of HPV infection remains significantly high, but the rate of pre-malignant disease and malignancy remains a small percentage of patients infected with HPV. As the screening of HPV high risk types becomes more accurate and cost-effective, the method of screening is being evaluated by investigators to determine whether HPV testing and/or Pap smear is the better technique. Furthermore, as we understand more in terms of the prevalence of HPV infection in different age groups, the USPSTF, ACS, SGO, and other pertinent organizations have come together and tentatively recommend decreasing the frequency of screening from yearly to every three years in patients >30 years of age with normal screenings, and to stop screening completely after age 65 if the screenings

remain normal.

Ovarian cancer accounts for about one quarter of all gynecologic cancer in incidence, but over 50% in mortality in the US. In ovarian cancer screening, there has not been any test available that allows early detection of this horrible disease. Clinicians, especially internists would have to listen to women with their vague complaints of abdominal pain, urinary symptoms, change in bowel habits, etc., and make the right decision to send patients to a gynecologist or order a CT scan, instead of just treating the symptoms, delaying a definitive diagnosis. Ultrasound and serum CA-125 have been studied extensively as screening mechanisms for ovarian cancer with no significant benefit. A series of serum markers were marketed as "OvaSure" in 2008, but taken out of the market due to lack of validation, as we continue to look for that "magic" test. Patients with an inherited genetic predisposition are the ones that deserve screening. Furthermore, prophylactic removal of the ovaries and tubes may significantly reduce the risk of ovarian cancer in this group of patients. However, it won't prevent the development of surface peritoneal carcinoma, which behaves just like an ovarian cancer and is treated similarly. Investigation continues as we try to develop methods to screen and combat this deadly gynecologic disease.

Dr. Kuo is Clinical Assistant Professor of Obstetrics/Gynecology, Gynecologic Oncology, Albert Einstein College of Medicine.

Osteoporosis: Prevention and treatment in Chinese

Howard E. Huey, D.O.



Osteoporosis is a skeletal disease characterized by compromised bone strength predisposing a person to an increased risk of fracture. Incidence: In the US, about 55 million adults (55% over age 50)

Osteoporosis Prevention

Risk factors: Low body weight (low BMI), late menarche, physical inactivity and alcohol use. Asians are a high risk group in the US. The typical Asian adolescent diet has about 300 to 600 mg calcium per day (dietary calcium need is 1000 mg/day). Chinese typically do not eat yogurt, milk or cheese, therefore

there is inadequate calcium and vitamin D intake. Many studies show the benefit of calcium plus vitamin D supplementation. *How much vitamin D?* Infants - 400 IU/day (breast milk is low in vitamin D.) Children and adults - 600 IU/day. > 70 yrs - 800 IU/day.

Factors that Accelerate Bone Loss

- 1) Endocrine disorders (hyperthyroidism, hypopituitarism, hypogonadism, Cushing's disease, primary hyperparathyroidism), GI disorders (celiac disease, short bowel disease, inflammatory bowel disease, hematologic disorder (multiple myeloma, systematic mastocytosis.)
- 2) Renal disorders (chronic renal failure, idiopathic hypercalciuria.)
- 3) Neuromuscular disorders (muscular dystrophy, paraplegia, quadriplegia, proximal myopathy.)

- 4) Rheumatologic problems, renal disease, cardiac problems and any medical problem that leads to inactivity or nutritional deficiency.
- 5) Pregnancy may be a risk factor. Lactation can cause 3-10% bone loss.
- 6) Medications (corticosteroids, proton pump inhibitors, anti-convulsants, depo-provera, SSRIs, TZDs).

Pharmacologic Therapies

- 1) Bisphosphonates; Alendronate, Risedronate, Ibandronate, Zoledronate.
- 2) Calcitonin.
- 3) SERMs – Raloxifene (used primarily post-menopausal.)
- 4) Human PTH.
- 5) Denosumab – shuts down osteoclastic activity.

Summary: Osteoporosis is a major health issue in Asians leading to significant morbidity and mortality. In Asians it starts in the pediatric age with poor quality bones. Multifactorial life style problems interfere with bone health in the adolescent years. The Chinese diet and culture lead to life-long deficiency in calcium and vitamin D. Poor bone health occurs before menopause when accelerated bone loss occurs and is worsened in woman by pregnancy and lactation.

Dr. Huey is Chief, Endocrine division, Dept of Medicine, NY Downtown Hospital.

Economics of Preventative Care

Thomas Tsang, M.D., M.P.H.



We currently spend almost 2.6 trillion dollars, almost 16 percent of our GDP on health care for the nation. The rate of growth has been steadily climbing and all the evidence shows that the country will be unable to sustain this as small and large businesses have traditionally provided health care as a benefit. This has impacted and affected businesses' ability to maintain a solid bottom line and in turn, cost-shifting from the employer to the employee for health coverage has occurred in many markets.

The Affordable Care Act is a health care law that aims to improve our current health care system by increasing access to health coverage for Americans, introducing new protections for people who have health insurance and reducing waste in the system by introducing provisions that would pay for quality and not for quantity.

If you have health insurance, you will benefit from steps to stop insurance companies from cancelling your coverage if you get sick. The law will also require insurance plans to cover your out-of-pocket costs for many proven preventive and screening services, such as colonoscopies and mammograms, to catch problems at their earliest, most treatable stages.

Your job might not offer health insurance. Or maybe you have been denied coverage because of a pre-existing condition such as asthma or cancer. The law now offers health plans for people with pre-existing conditions who have had trouble finding care. It will increase access to coverage for more Americans in 2014. The law helps small businesses pay for health insurance for their employees. It also supports programs that will help increase the number of primary care physicians, nurses, physician assistants and other health care professionals.

Primary providers will be getting Medicaid rates that will be equal to Medicare rates and Medicare primary providers will be getting an enhanced payment of 10%. Other parts of the law include:

Consumers:

- 1) Young adults can now stay on their parent's health plan up to age 26.
- 2) Some small businesses with fewer than 25 employees can get help paying for the cost of providing health insurance.
- 3) Insurance companies can't deny health coverage to kids with pre-existing conditions.
- 4) Insurance companies can't place dollar limits on the health care they cover in your lifetime.
- 5) Those in Medicare can get preventive services and screenings, such as mammograms and colonoscopies, at no cost to them.

Providers and Hospitals:

- 1) New models of providing care in "accountable care" models that would allow for shared savings with CMS.
- 2) Demonstrations and pilots focusing payment models that would pay for coordination and quality attainment.
- 3) Incentives available for providers and hospitals to implement health information technology.

In conclusion, this is a pivotal moment in the history of health care in the United States. CAMS can take a pro-active approach and be a vanguard for innovations and delivery system redesign.

Dr. Tsang is Medical Officer, Meaningful Use Division, Office of Provider Adoption Office of the National Coordinator of Health Information Technology, Washington DC.

New Members

The following new members have been approved by the Board of Directors at their meetings on Sept. 6 and Dec. 13, 2011

Honorary Member Albert Siu, M.D. **Life Members** Jian Qiang An, M.D., Dorota Borawski, M.D., Cindy Chen, M.D., Jason Chen, M.D., Chan Xiang Chi, M.D., Olivia Ghaw, M.D., Hui Kang Lai, M.D. Brian Chenghui Li, D.O., Xuemei Qu, M.D., Jian Lin Xie, M.D. **Regular Members:** Jacqueline Chan, M.D., Tom Tai-An Chen, D.O., Sandy Cheung, D.O., Ning Cao, M.D., Kristine Chu, M.D. Andrew J. Kaufman, M.D., Connie Lam, D.O.,

Steven Lee, DDS, Sherry Li, M.D., Ph.D., Wei Liao, M.D., May Lim, M.D., Lu Li, M.D., Nancy Ngai, M.D., Uri Shabto, M.D., Jian Jenny Tang, M.D., Annie S. Wu, M.D., Xiao Liang Zhang, M.D., Yu-Fan Zhang, M.D. Xinyu Zhao, M.D., Yi Xiu Zheng, M.D. **Resident Member:** Xixi Amley, M.D. **Associate Members:** Xiaoyun Li, Ph.D., America Sum, R.N. **Student Members:** Jackie Hsieh, Gaken Leung, Jack Li, Jason Pan, Michael Yen.

Job Opportunities

We have had a large listing and will not include these here. Please view these openings at our website:

camsociety.org

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