Malaysian Society of Gastroenterology & Hepatology

MSGH BULLETIN

2022

MESSAGE FROM THE PRESIDENT

Welcome to our second issue of the MSGH Bulletin. Once again, the editorial board did a marvellous work sharing the latest happening from our members and the Society. Firstly, it may not be too long before we are moving our office again. It will be at the new Medical Academies Building, located at Putrajaya, but not so soon. Hmm…when? The building is currently in construction and we will inform our members on the progress. Most importantly, the members had passed important resolutions for our new office. Please read the report on the Extraordinary General Meeting to find out more.

Every May 29th, we celebrate the World Digestive Health Day, and this year, the theme is colorectal cancer screening. The Bulletin thus came up with a podcast interview, and you have guessed it right, the title is 'Colorectal cancer screening in Malaysia - are we on track?'. The Bulletin has invited two experts and they are none other than Datuk Muhammad Radzi Abu Hassan and Professor Dr Raja Affendi Raja Ali. Do stay tune.

Fellowship training is always a daunting process and thus sharing the experience of fellows who have gone through the process is always helpful. This issue we have Dr Victoria Kok giving us her version of her journey. Not easy but a frutiful one. Do read on.

The much awaited Endoscopy 2022 is here and, for the first since the pandemic, will be held physically. The theme is 'AI in GI Endoscopy - The Future is Here'. I take this opportunity to congratulate the team from Universiti Malaya who has made it possible. Although somewhat shorter in programme days but the content is nothing short of exciting. I am sure all participants will greatly benefit from it.

Last but not least, GUT 2022 will be held from 19th to 21st August 2022 at the Kuala Lumpur Convention Centre. Please read our announcement to find out more.

Professor Dr Lee Yeong Yeh

CONTENTS

Message from the President 1

Message from the Editor's Desk 2

Extraordinary General Meeting 2

Colorectal Cancer Screening in Malaysia - Are We On Track? 3 - 5

A Fellows' Journey 6 - 7

GI Radiology Training Day 8 - 9

Greetings!

With God's love and grace, we have begun transitioning into the endemic phase, with most restrictions and physical distancing lifted with proper caution. In many ways, including the recent Hari Raya celebrations, we have almost returned to our normal lifestyle. Hospitals are almost back to normal too, with most of our usual activities resumed.

On that note, we are delighted to bring back to you ENDOSCOPY 2022 which will be held physically on 3rd and 4th June 2022, and followed by a hybrid GUT on 19th to 21st August 2022. After more than two years of physical hiatus and having to resort to virtual meets, it would be our honour to welcome you back to our premiere events.

We also would like to welcome on board the recently coopted MSGH Executive Committee members - Dr Tan Seok Siam and Dr Alex Leow Hwong Ruey. Not forgetting my thanks and gratitude to my co-editors, Dr Wong Mung Seong from HUSM and Dr Muhammad Ilham from HUiTM, for their help.

Past pandemics have led to massive changes in the way we live that we have come to accept as normal. Let's hope that the lessons learned from COVID-19 in the area of medical research, development and innovation can yield similar long-term improvements in individual and global health.

Enjoy the read.

Dr Nik Razima Wan Ibrahim

Extraordinary General Meeting

by Dr Nik Razima Wan Ibrahim

An Extraordinary General Meeting (EGM) was held on 26th February 2022 via zoom at 1700 hrs. During a previous EGM held on 19th December 2020, the members had agreed to acquire 1500 per sq ft of unfinished office space at RM800 per sq ft at the Medical Academies Building in Precinct 8C, Putrajaya. However, as the construction of the building progresses, more details surrounding the cost saving benefits of choosing the finished unit at RM1000 per sq ft have come to light. Thus, this EGM was called to seek approval from members.

A total 34 members attended the EGM. Dr Sattian Kollathavelu presented information on the location of the project, the layout of the building including the function rooms and spaces, available facilities and also the location of the MSGH office suite in the building. He gave information on the advantages of taking up the finished space at RM1,000 per sq ft and also to use the inhouse interior designer, GDP Architect, for the renovation work and furnishing. Dr Sattian also presented the three options of office layout with and without toilet. The layout included a meeting room with collapsible wall, workstations, reception area, pantry and open lounge. The costing for the three layouts were also detailed during the presentation. Following the thorough explanation, the members voted on the following resolutions via an online poll:

1. Resolution 1 - Majority approved to acquire finished office space of 1,500 per sq ft in the Medical Academies Building, Precinct 8C, Putrajaya at RM1,000 per sq ft
2. Resolution 2 - Majority approved a budget of up to RM 200,000.00 for renovation / furnishing.

Medical Academies Building, Putrajaya (Artist's impression)

Medical Academies Building - North West View

Colorectal Cancer Screening in Malaysia - Are We On Track?

by

Malaysian Society of Gastroenterology & Hepatology

An Interview with two top experts: Datuk Dr Muhammad Radzi Abu Hassan and Professor Dr Raja Affendi Raja Ali.

Too busy to read?
Listen to the podcast!
Available on MSGH website

https://soundcloud.com/webtechnic-dot-net/msgh-podcast-may-2022-audio

Datuk Dr Muhammad Radzi Abu Hassan

Professor Dr Raja Affendi Raja Ali

Welcome everyone to our podcast session brought to you by the Malaysian Society of Gastroenterology and Hepatology. The World Digestive Health Day is celebrated every year on the 29th of May and the focus for this year's campaign is Colorectal Cancer Prevention - Getting Back On Track. As we all know how the pandemic has disrupted our lives, essentially routine health care screenings are no exception. To discuss these issues, I have with me today two leading senior consultant gastroenterologists, Datuk Dr Muhammad Radzi Abu Hassan from Hospital Sultanah Bahiyah, Alor Setar, Kedah and Professor Dr Raja Affendi Raja Ali from UKM Medical Centre, Kuala Lumpur.

What is the current situation for the color of the cancer in Malaysia?

Datuk Dr Radzi: Thank you very much for inviting me to speak on one of my favourite topics. I think it has not changed much for the past 10 years or even more. Colorectal cancer has remained one of the commonest cancers in Malaysia. In fact, our latest statistics have shown that colorectal cancer is the commonest cancer amongst male and the second most commonest amongst female in Malaysia. So overall it is the second commonest common cancer in our country. So, we have to do something about it because the incidence is still about the same. More work and efforts have been put in for the prevention i.e. screening for the colororectal cancer. It is getting a bit better although there is still a lot more that we can do to improve our colorectal cancer screening in our country.

We did launch our national CPG of Colorectal Cancer Management in 2017. Since then, how well has the enrolment of the screening programmes been?

Professor Affendi: Thank you MSGH for the kind invitation. As Datuk Radzi has mentioned, Colorectal Cancer is the commonest cancer for men and second commonest cancer for women. Datuk Radzi championed the launching of the clinical practice guidelines for colon cancer back in 2017. But, I think, at this moment of time, although colorectal cancer screening is actively offered for those who are in the average risk group, it is quite selective or non-uniform. It is still done at the opportunity base level for millions of Malaysians. We all know that by 2030, 15% of Malaysians would be at the age of 60 or above. Now with the 32 million population, that will equal to 4.8 million patients who would be readily available to be screened for colorectal cancer. I think that all health care professionals would need to be proactive to invite these people, the asymptomatic individuals, to come forward for the colorectal cancer screening.

For the last five years, are we on target in terms of screening?

Datuk Dr Radzi: We are far from target actually. We are probably at the level of how to create an awareness to get more and more people to come on board. It's not just awareness to the public, but it's also awareness to all of us as the health care providers. We have CPG and all the guidelines. There's no excuse for not having resources on how to implement this programme. But the problem that we have right now is to create more awareness and also, perhaps to a certain extent, the support of all the stakeholders. We can't just rely on the

Ministry of Health alone. It has to be a concerted effort by all parties in the country, including the political will. We are far from the target and we are still struggling to get people to pick up colorectal cancer screening.

There has been an interesting observation of late that shows an uptrend of an early onset of colorectal cancer that are detected in patients who are below 50 years of age in several countries. Any comments on this?

Professor Dr Affendi: The early onset colon cancer is increasing globally. We have recently published a paper looking at around nearly 1,000 patients over the last two decades, in the UK Medical Center. There's a worrying trend that for the last 15 years or so, Malay ethnicity dominated in having early onset of colorectal cancer. This is true for those who are between the age of 40 to 44 and also 45 to 49 which are actually below 50 years of age. We know that for the majority of colorectal cancer in Malaysia, 90% or so occur for those who are 50 years or above but there is a worrying rising trend of colon cancer among those who are less than 50 years old. The increment, in particular, is seen amongst the Malay ethnic group and for the majority of them, about 70% of the cancers are located in the rectum. One fifth of them are diagnosed at a very advanced Duke D stage. The incidence of the two age groups which is between 40 to 44 years and 45 to 49 years is increasing. More than 50 years ago, the incidence is about 1 or 2 per 100,000, but now it's 4 to 6 per 100,000. Why? We don't know but there may be major modifiable factors such as low fibre diet, high intake of red meat, physical inactivity and also the rising trend of the obesity and metabolic syndrome in the country. We all know that digestive cancer, including colon cancer, is well co-related with obesity and metabolic syndrome.

In our CPG, our guideline states that screening should start at the age of 50 years for the average risk population. However, we have actually recently heard that the United States Multi Society Task Force for the colorectal cancer, which represents the AGA, ASGE and ACG has issued a guideline that recommended colorectal cancer screening to be started at the age of 50 till the age of 75. But also suggested that screening in the average-risk individuals to be start at the age of 45 to 49. What are your thoughts about that?

Datuk Dr Radzi: Yes, I'm pretty much aware of all those new recommendation in terms of the cut-off point in age. In line with that, we also have looked at our colorectal cancer registry again. So, in order for us to recommend or to set the new age, I think we have to look at the evidence to determine whether this is true. What was presented by Professor Dr Raja Affendi, you must remember that HUKM is a referral centre, hence all this young age cancer and late presentations, they tend to be referred to the tertiary centre, such as HUKM. But when you look at the overall incidence of our colorectal cancer through our registry, we have not seen that trend. Of course the numbers are increasing but in terms of the trend of cancers in age 40 to 44 or 45 to 49 even, it is still about the same. There are more cases towards 50 years of age and above. But there's no doubt that the overall number has increased. The other observations that we have seen from the trends from our colorectal cancer registries is that whilst it is known that there are more cases from Chinese ethnic group, with the incidence of about 20 and above per 100,000 population, whereas in Malays is about 12 or 13 per 100,000 population when we first started the registry. But we can see that the Malays (incidence) are starting to increase, whereas the Chinese (incidence) are coming down. Also, the other interesting finding is that in terms of staging, more Malays actually present at the later stage despite all the screening that we have right now. Whereas for the Chinese, clearly the trend of their presentation of coming late has come down drastically. I suspect this is partly because of the screening and they are more health conscious. Chinese are clearly more conscious of their health status as compared to the Malays. For example, if we talk about the obesity prevalence, Malays are far ahead in comparison to Chinese. All these factors actually show that Malays not doing very well in terms of colorectal cancer and I am not surprised that UKM are seeing more Malays presenting at a later stage. From our registry as well, despite all the effort of screening, the trend is still showing that the Malays are presenting at the later stage. Whereas Indians, because their number is small, this has not changed so much. But the Chinese is showing a very positive trend in that their staging as well as incidence are coming down. We have also looked at the mortality trend, and amongst the Chinese, it is improving. But for the Malays, it has not changed or probably slightly on the uprising trend. So, this is something that we all have to take seriously because the number is still there, which is more reason why we have to do more serious efforts in our country in terms of screening.

Should we suggest this to our population or bend the rules for the Malays, maybe?

Professor Dr Affendi: No, I agree with Datuk Radzi. I think the so-called health seeking behaviour is really different between the three different major ethnicities in Malaysia. So, asymptomatic healthy individuals most likely more Chinese would seek screening for colon cancer as opposed to the Malays or the Indians. Ultimately, they would be diagnosed early and at an early stage with less advanced disease which gives a better survival. But I think a lot more efforts need be done at this moment. Yes, neighbouring countries are

bringing down the age of screening for colon cancer, but having said that even for between the age of 50 to 75, we have not performed well yet for these individuals, let alone to screen people between the age of 40 to 49. So I think, more work to be done for this group of 50 to 75 and we all know that Malaysian is amongst the high speed super aged nations in the future. And by 75 years of age, one in four Malaysian, would develop some sort of cancer and one in 33 Malaysians have a risk of developing colon cancer. So, I think it's important to stress the group that we should focus on. But at the same time, not ignoring the younger population who may have a disease, for example, co-existing inflammatory bowel disease since there are teenagers who predispose themselves to having colon cancer. That's my comment, whether to implement at the very young age group when we have not done so well in catching people between the age of 50 to 75 for colorectal cancer screening.

What about the awareness and the response from the public? Are they responding to our calls or are people being ignorant?

Datuk Dr Radzi: There are many reasons one of which is how much do they know about colorectal cancer? When we did a survey on colorectal cancer awareness, we looked at the reasons why they come forward for screening. The majority of them are aware, most likely from their reading and for some from their relatives or friends who have colorectal cancer. So, these are the people who tend to come. I think, in other words, these are the people who have some knowledge about the colorectal cancer. They are worried and they know that it is preventable. So how to bring this knowledge to the rest? When we studied the people who refuse to come for the screening; they say that since "I am asymptomatic, why should I subject myself to check my stools and then if I'm positive, go for the colonoscopy?" One of the major hindrances is colonoscopy. For those people who had positive iFOBT, more than half at one year (60%) refused colonoscopy. And another hindrance is how to convince them of the tool / mechanism that we have for the time being. We don't have any other way on how to diagnose colorectal cancer. It cannot be just effort of the MOH alone; it has to be the whole society. For example, America have done population-based colorectal cancer screening a long time ago, for many decades. They have shown clearly, as well as other European countries, that by just doing iFOBT followed by colonoscopy, they have reduced the mortality and the morbidity. They have reduced the incidence after this has been done for about 10 years or probably more. It's proven beyond doubt.The whole society has to come together. It cannot be just the MOH or the universities or our MSGH blowing our trumpet every now and then. It will not reach out. We will need all the parties to work together.

What would be your vision for the future colorectal cancer screening programmes in this country?

Professor Affendi: I agree with Datuk Radzi. I think the most important aspect to see the reduction of colon cancer in the future is that we will need a full concerted effort, full commitment, collaboration of various stakeholders. MOH alone is not sufficient. All the relevant stakeholders, private hospitals, NGOs, policymakers and of course political will as well as the family healthcare physicians as the primary gate keeper. Well published studies in North America, Europe and many other countries have shown, as Datuk Radzi has mentioned, to have annual fecal or stool iFOBT test, clearly reduce the incidence, prevalence and the mortality of colon cancer. So, I think the key word here is full-blown collaborations, commitment from all the relevant stakeholders in fighting colonic cancer as it treatable and beatable. It is a disease that we can prevent from emerging in this part of the country.

Any last words Datuk?

Datuk Dr Radzi: An extension to this apart from the all the efforts of everyone in the country, is that we also must try to do the following which is what we have been struggling for more than 10 years already. We must come up with an approach which will be taken up by the society, perhaps something more practical. From what I can see, people are ok with blood tests being taken, so to use blood markers as a screening tool for colorectal cancer. For sure there will be an uptake for this. But people are resisting stool tests and colonoscopy. Even when we look at other countries such as Europe, there are still issues on this. So perhaps a blood marker that is specific for early colonic cancer that will make people go for colonoscopy. At the end of the day, when we do colonoscopy, there are a lot of normal findings. So maybe we have to focus on that and try to figure out the reasons why people are not taking up this existing (screening method) and try to modify and find a strategy that's acceptable to our society.

Clearly, we still have a lot more to do and a lot more work ahead of us. Let's just hope with the relaxation of the restrictions and with the guidance from people like you both, Datuk and Professor, we can get back to all our health care programmes with full force. With that, I thank you for both for your time for this session. Until we meet again.

A Fellows' Journey

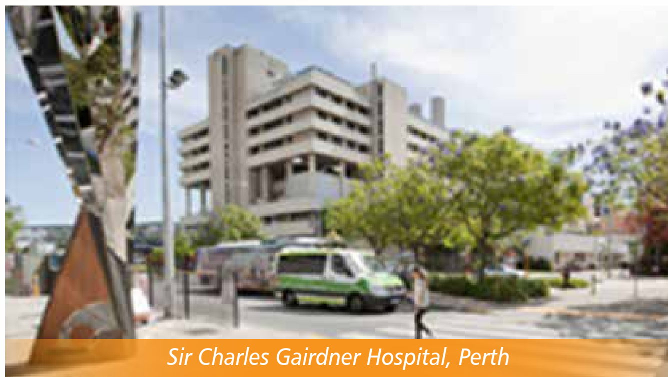
by Dr Victoria Kok

1. Would you like to share with us, what training you underwent, where and for how long? Who did you train under?

It is a pleasure to be invited to talk about the Endoscopic Ultrasound (EUS) Fellowship programme which I undertook at the Sir Charles Gairdner Hospital, Perth, Australia in 2021. COVID-19 had delayed my overseas stint but I am glad to have persisted and finally completed this. This EUS fellowship programme is the one and only in Western Australia and is for one year. There are many consultants at the Sir Charles Gairdner Hospital and I mainly trained under the interventional guys (yes, all men!). My main supervisor was Professor Dr Ian Yusoff who is an expert in diagnostic and therapeutic EUS. Beside me, there is also another fellow who trained under the ERCP fellowship programme.

2. What sort of training did you undergo?

The training system is very structured. I took all the EUS referrals, coordinated and arranged the EUS weekly lists. I had at least five to six endoscopic lists each week. Some of the lists were mixed EUS and other procedures including ERCP, large polyps resection, Barrett's surveillance, POEM procedure and double balloon enteroscopy.



Sir Charles Gairdner Hospital, Perth

Apart from that, I had a pancreaticobiliary clinic session once a week. We have a large cohort of patients and is the main referral centre of pancreatic cancer screening. There were other commitments including ward rounds, multidisciplinary meetings and radiological meetings which were held on a weekly basis. I also attended the weekly departmental teaching and would contribute in presenting the latest and up-to-date guidelines and advances in gastroenterology and endoscopy. Occasionally, I had to cover the other fellow who was on sick leave or annual leave.

3. Do you think this place fulfilled your training needs?

The training was very focused and structured. It was great to be able to train under Professor Ian Yusoff and others who were all experienced and well trained in diagnostic and therapeutic EUS. My scope of learning was refined. Among the bucket list which I have accomplished included not only therapeutic procedures but I was also able to stage pancreatic, gastric and oesophageal cancers precisely.

4. What were the requirements for a Malaysian Gastroenterology and Hepatology trainee to enter Australia for training?

First of all, an interest in advanced endoscopy is definitely needed. The trainee will have to be accepted by the hospital prior to applying to practice in Australia. The Medical Workforce Officer from the hospital will email and give a step-by-step approach to ensure all the applications and paperwork are completed and then approved successfully. He/She has to register as a Medical Practitioner with the Medical Board of Australia division of the Australian Health Practitioner Regulation Agency (APHPRA). He/She will also need to sit for the English proficiency test i.e. IELTS, Occupational English Test (OET) or the Pearson test of English (PTE). The application will take time (months!), hence start the preparation early!

Dr Victoria Kok with Professor Dr Ian Yusoff

5. How did you apply for this fellowship and what advice would you give to the trainees who may be interested to do this fellowship?

I do not recall any advertisement for this fellowship. There were many others who went before me. Some tips for being accepted included a good recommendation from the seniors, a good CV and passing the ESEGH Exams! Those who are interested in advanced endoscopy may consider and apply for the fellowship programme in this hospital. As they have two fellowship programmes, some may consider staying on another year to complete the ERCP fellowship as well.

Those who are interested in pursuing this fellowship can contact me or my other predecessors who had been there as well!

Dr Victoria with colleagues at work

Christmas at the Sir Charles Gairdner Hospital, Perth

*Dr Victoria Kok is currently working as Consultant of Gastroenterology and Hepatology at Hospital Umum, Sarawak. She spent a year in Sir Charles Gairdner Hospital, Perth in 2021 as part of her fellowship training. For those interested to find out more regarding her experience, she can be contacted at vksl@hotmail.com

GI Radiology Training Day

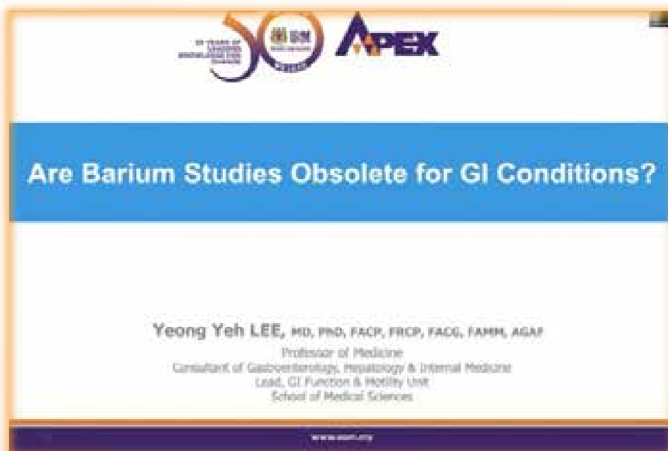
by Professor Dr Ida Normiha Hilmi

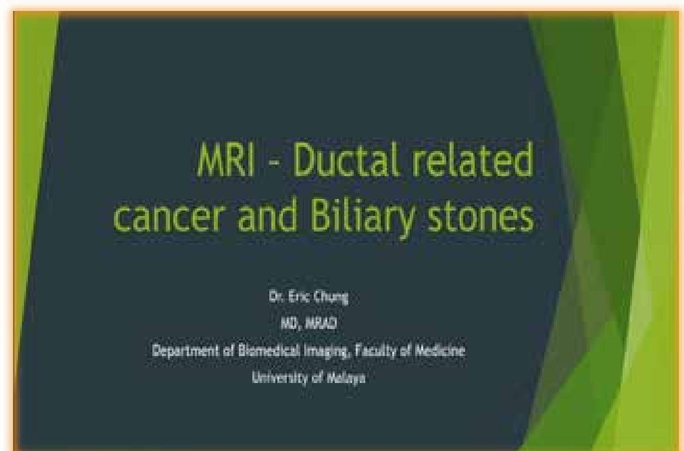
The National Gastroenterology and Hepatology Training Committee, introduced for the first time, a GI radiology training day which was conducted virtually on 20th May 2022. The aim of this meeting was to provide gastroenterology and hepatology trainees a dedicated session on biomedical imaging relevant to the field which is not usually covered comprehensively in other GI meetings.

We were fortunate to have excellent speakers who gave lectures such as a step-by-step interpretation of CT scan of the hepatobiliary system, intestinal ultrasound in inflammatory bowel disease, imaging in functional disorders and the role of interventional radiology in GI bleeding. There were also two lively debates that were both entertaining as well as educational. Overall, it was a well-attended session and the first in a series of specialized workshops/training days to enhance the current training programme.

Time	Programme
0845 - 0900	Welcome remarks and introduction ***Hamiza Shahar / Norasiah Abu Bakar***
	LIVER AND PANCREATOBILARY SESSION
0900 - 0930	A step-by-step guide on interpreting CT scan of the liver ***Anushya Vijayananthan*** *(University Malaya Medical Centre)*
0930 - 0950	Common liver lesions on radiological imaging ***Mohd Rizal Roslan*** *(Selayang Hospital)*
0950 - 1010	Imaging for pancreatobiliary cancers - MRCP versus CT ***Eric Chung*** *(University Malaya Medical Centre)*
1010 - 1030	QUESTION AND ANSWER SESSION
1030 - 1100	TEA BREAK
	INFLAMMATORY BOWEL DISEASE
1100 - 1120	The role of ultrasound in inflammatory bowel disease ***Chen Wei Hao*** *(National University Hospital, Singapore)*
1120 - 1150	Tandem talk: MRE, CE and DAE in Crohn's disease - How and when ***Hamzaini Abdul Hamid*** *(National University of Malaysia)* ***Ho Shiaw Hooi*** *(University Malaya Medical Centre)*
1150 - 1210	Assessment of perianal fistulas - EUS, MRI or EUA? ***Khong Tak Loon*** *(University Malaya Medical Centre)*
	FUNCTIONAL DISORDERS / APPROACH TO ABDOMINAL PAIN
1210 - 1225	Are barium studies obsolete for gastrointestinal conditions? ***Lee Yeong Yeh*** *(University of Science Malaysia)*
1225 - 1240	Nuclear imaging for motility disorders ***Lee Yeong Yeh*** *(University of Science Malaysia)*
1240 - 1300	QUESTION AND ANSWER SESSION
1300 - 1430	LUNCH
1430 - 1500	CT and NOT ultrasound should be the first line imaging in nonspecific abdominal pain ***Proposer: James Emmanuel*** *(Queen Elizabeth Hospital)* ***Opposer: Abdul Muhaymin bin Mazeni*** *(Selayang Hospital)*

	INTERVENTIONAL RADIOLOGY
1500 - 1520	Updates of ablative therapies for HCC ***Basri Jeet Abdullah*** *(Assunta Hospital)*
1520 - 1540	The role of interventional radiology in lower and non-variceal upper GI bleeding ***Basri Jeet Abdullah*** *(Assunta Hospital)*
1540 - 1600	"TIPSS' and tricks in the management of variceal bleeding ***Sundeep Punamiya*** *(Tan Tock Seng Hospital, Singapore)*
1600 - 1630	TEA BREAK / QUESTION AND ANSWER SESSION
1630 - 1700	**BILIARY DRAINAGE** Debate with interactive voting: EUS (and not percutaneous transhepatic approach) is now the standard of care in achieving biliary drainage in cases not amenable to ERCP ***Proposer: Dr Stanley Khoo*** *(University Malaya Medical Centre)* ***Opposer: Dr Norshazriman Sulaiman*** *(Gleneagles Hospital)*
1700 - 1745	Closing





ENDOSCOPY 2022

AI in GI Endoscopy - The Future is Here

3rd & 4th June 2022

Auditorium, 13th Floor, Menara Selatan
University Malaya Medical Centre
Kuala Lumpur, Malaysia

www.msgh.org.my

Annual Scientific Meeting of **MSGH**

Hybrid GUT 2022

"NEW BEGINNING NEW SCIENCE"

19th to 21st August 2022

Kuala Lumpur Convention Centre
Kuala Lumpur, Malaysia

www.msgh.org.my