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# Salubris

...HELPING READERS TO ACHIEVE GOOD HEALTH

COPING WITH PATIENT NEEDS  
WITHOUT SACRIFICING  
SERVICE QUALITY



## A PASSION FOR TRUTH

Dr Tan Min-Han is a two-time winner of the prestigious American Society of Clinical Oncology Merit Award and 2008 Singapore Youth Award, Science and Technology category recipient. He shares his passion and love for his pursuits in science and medicine.

**A** medical oncologist at the National Cancer Centre Singapore (NCCS) and an associate investigator in the NCCS-VARI Translational Research Laboratory, Dr Tan takes special interest in cancers of the genitourinary system, including that of the prostate, kidney, testis and bladder. Given his successes, it was natural to open with a question on his motivations – why do you work the way you do?

“Despite the apparent rapid advance in medical science, there remain considerable inadequacies in medical care, particularly when drugs or surgical operations are assessed by objective outcomes such as improved survival. The honest and skeptical doctor admits that there is a lot of room for improvement. This inevitably drives us to ask how we can do better. A clinician seeks to improve his craft and his judgment much as a sculptor strives to acquire his skills. The great thing is that everyone benefits,” said Dr Tan.

Are these the same thoughts that motivate him, winning him the acclaim and the research awards? In answering this question, the conversation is steered towards

the pursuit of truth in science and medicine. In his daily routine, involving long hours of tending to patients and laboratory work, Dr Tan cites truth and knowledge as the guiding light and goal of his work. To him, the roles of clinician and scientist are complementary and inseparable, each role enhancing the other. A clinician can hone better judgment with a body of clinical experience earned from research, and a scientist can ask more intelligent questions when equipped with the experience of the wards and clinics.

Dr Tan’s passion for the truth has even extended into a quirky diversion. He published a report debunking a long-held myth in Singapore and Hong Kong that consumption of steamed buns, or “bao” by doctors would lead to an inordinately heavy workload on night shift. For some doctors, the ring of the word “bao” connoted “a lion’s share” of admissions or a “shroud”. So Dr Tan decided to monitor sleep patterns and workload in the Singapore General Hospital over two months in 2007, while randomly assigning doctors to a



*“...A clinician seeks to improve his craft and his judgment much as a sculptor strives to acquire his skills. The great thing is that everyone benefits.”*

supper of “bao” or otherwise. At the end of the period and \$300 poorer, he had definitely debunked the decades-old myth proving that there were no differences in admissions, deaths, sleep duration or intensive care admissions.

*To Dr Tan, the roles of clinician and scientist are complementary and inseparable, each role enhancing the other. A clinician can hone better judgment with a body of clinical experience earned from research, and a scientist can ask more intelligent questions when equipped with the experience of the wards and clinics.*

*“Our role as oncologists is best captured by a well-known quote which is ‘to cure sometimes, relieve often and comfort always’. No patient should walk out of the consultation room feeling more unsettled than before the visit.”*

Dr Tan Min-Han



“Unfortunately, this contribution to rationality became an interesting conversation topic better known among doctors in Singapore than all the basic and clinical research I have ever done!” laughed Dr Tan. On a more serious note, he emphasised that the key goal motivating his study was to objectively record the sleep patterns and challenging workload of Singapore doctors on night shift, hitherto unstudied and unrecorded. His data has been used in reports to evaluate junior doctors’ welfare, performance in relationship to the risk of medical errors.

As to the impact of his study results on “bao” consumption, Dr Tan ruefully admitted, “The truth is important, but not everyone is ready for the truth. Even now, a significant proportion of doctors and nurses cling to the idea and practice as a coping mechanism. People want a sense of control over a workload that is fundamentally unpredictable in quantity.”

That not everyone is always ready for harsh truth is a fact that Dr Tan returned to when talking about the art of oncology. In breaking bad news to cancer patients and their families, good preparation and timing is of

the essence. An appropriate setting, expectations and support for the patient should be arranged. If the conditions are not suitable, it is usually more appropriate to defer frank discussion.

“Our role as oncologists is best captured by a well-known quote which is ‘to cure sometimes, relieve often and comfort always’. No patient should walk out of the consultation room feeling more unsettled than before the visit.” Dr Tan explained. Indeed, an Excellent Service Award and the many “thank you” cards from grateful patients and families in his office bear testimony to the success of his approach.

Dr Tan credits his mentor over the years, Professor Rajasoorya of Alexandra Hospital, who is one of Singapore’s most accomplished clinicians, as a constant source of inspiration and guidance. To him, such relationships are the bedrock of medicine, as doctoring skills are taught by doctors rather than textbooks. Dr Tan takes a significant personal interest in the training and welfare of the next generation of doctors and of course this means NCCS patients will continue to enjoy quality healthcare.

Nearing the end of the interview, Dr Tan was asked about a picture of himself bedecked in flowing robes and surrounded by children. Laughingly, he explained that he volunteered with the Singapore International Foundation on a humanitarian mission for Afghan refugees some years ago following the US-led war. He reminisced briefly on the challenging experience he had with patients who were soldiers and mujahedeen, children with landmine injuries, alongside primary care issues such as depression and circumcisions. With aplomb and understatement, he added, “Of course, we just did what we had come to do.”

Certainly Dr Tan has done a great deal during his mission, and after that, as an oncologist. With his wide-ranging interests and energy, there is no doubt that we will continue hearing more about him, and look forward to his continued accomplishments here in the National Cancer Centre Singapore.

# COPING WITH PATIENT NEEDS WITHOUT SACRIFICING SERVICE QUALITY

Having given and done so much to make our patients comfortable yet as far as service quality goes it is never enough. The challenge becomes even more daunting with the hundreds of patients that come through the National Cancer Centre Singapore (NCCS) each year, said Dr Chua Eu Jin, Deputy Director / Head of Medical Affairs and Senior Consultant at the department of radiation oncology.

Yet, it is something that NCCS is working tirelessly to cope with over the years since its inception in 1999.



**D**r Chua's statement is backed up by a recent Customer Satisfaction Survey conducted in September 2007. NCCS has one of the best and most consistent scores among specialist centres in Singapore, especially in doctors' knowledge/skill and care/concern and also facilities.

The one gripe for patients is the waiting time on the day of consultation. But this issue is one of space and manpower constraints, he explained.

The key to keep the flag flying is in managing patient expectations.

**"Cancer is a very emotive issue," said Dr Chua. "Patients who have been diagnosed are usually anxious to find a fast solution, and will request for immediate consultation, typically the next day if possible. But that we know is not always possible."**

Nonetheless, NCCS has often been able to fix first appointment for its patients to see the consultant either on the same day or at the latest two weeks later. The urgent cases are of course seen immediately.

"In fact, the longest we have had a patient wait for an elective consult is two weeks, which is an acceptable statistic when compared with that of similar departments within other hospitals where patients may have to wait as long as a month for their appointments," added Dr Chua.

Hopefully, this situation can be alleviated when the new Clinic E begins operation in early 2009. It will allow for more clinic rooms to be utilised.

However, NCCS has made it absolutely imperative that its doctors do not sacrifice professionalism for the sake of quick consultations.

"New patients require longer consultation time to explain treatment plans and to address patients' concerns," said Dr Chua.

NCCS' Clinical Affairs Department also continually encourages departments to develop fast, effective responses to customer feedback once they receive it. As feedbacks are obtained, departments will have a good handle of patients' concern on the ground.

NCCS' approach is to deploy it in a systematic manner, where the department of clinical affairs helps with training of the frontline staff, nurses and doctors and arranges for courses to upgrade staff communication skills.

Retaining its team of highly-trained and professional doctors, nurses and support staff is also a top priority for NCCS, which it backs up by providing generous opportunities for training, research and teaching. Dr Chua said NCCS would need to get more involved in research, especially on cancers common in the region, and also in education where it needs to leverage on strategic alliances.

On service quality, NCCS should continue to strive to do better to give every patient at NCCS a truly happy, beneficial and satisfying encounter.

*By Carol Ang*

# THE FUTURE OF UROGENITAL CANCER: A RESEARCHER'S PERSPECTIVE

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Under The Microscope

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December 2008 / January 2009

The field of cancer research has never been more exciting. The emerging paradigm is that while cancer is an inherently genetic disease, the co-opting and subversion of host tissue responses in the tumour microenvironment is also important. The clinical outcome of patients with cancer is ultimately a complex interplay between the tumour and host. The following is a subjective glimpse into the exciting research developments in the field of Uro-oncology; specifically prostate, kidney and bladder cancers.

*By Dr Chong Tsung Wen*

Senior Consultant,  
Dept of Urology,  
Singapore General Hospital

The field of biomarker discovery is one area that is cutting edge, and will likely increase in importance as these discoveries move from bench to bedside. The limitations of serum PSA as a marker for prostate cancer are well-known.

The utility of biomarkers in the clinic would be in the area of early diagnosis of prostate cancer, and also to stratify prostate cancers following diagnosis into groups that can be managed expectantly ('active surveillance') or should receive more definitive treatment. New high throughput technologies in genomics, epigenomics and proteomics have facilitated rapid biomarker discovery.

Researchers are currently looking into biomarkers derived not only from tumour specimens and blood samples, but also from urine, prostatic secretions (after prostatic massage), and even semen samples. Potential markers that are currently being investigated include various PSA isoforms, PSCA (prostate stem cell antigen), AMACR (alpha-methyl co-enzyme-A racemase), EPCA (early prostate cancer antigen) and HK2 (human kallikrein).

The most well-documented epigenetic marker is GSTP-1 methylation, and loss of GSTP-1 expression due to promoter hypermethylation is the most frequent somatic genome alteration reported in prostate cancer and in high grade prostate intraepithelial neoplasia (PIN). GSTP-1 may prove to be a valuable biomarker since it is highly prostate cancer specific. It can be detected in prostate cancer tissues, urine and seminal fluid and expressed prostatic secretions.

Yet another promising biomarker is the product of gene fusions (chromosomal translocations) which has been detected in up to 80% of prostate cancers with high specificity. Researchers have identified TMPRSS2, an androgen responsive membrane anchored serine protease, fused to transcription factors ETV1 or ERG. The expression products of this translocation are not yet characterised and would be a subject of future interest.

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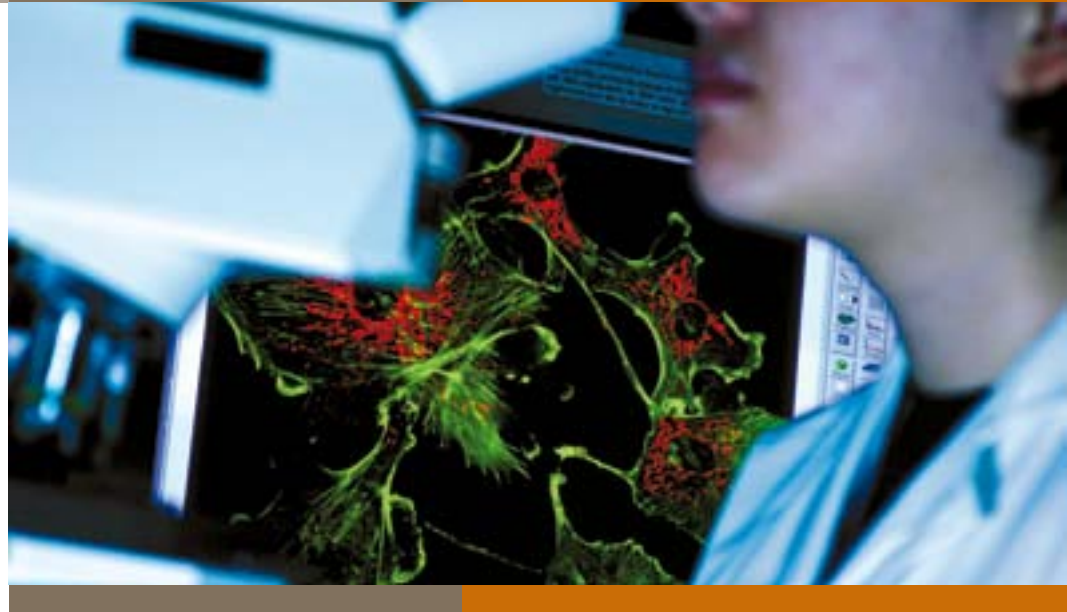
# THE FUTURE OF UROGENITAL CANCER: A RESEARCHER'S PERSPECTIVE

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The recent excitement in new targeted therapies in kidney cancer has come about through a greater understanding of molecular pathways in oncogenesis and angiogenesis. 80% of kidney cancers are of the clear cell type (ccRCC) which are associated with inactivation of the tumour suppressor gene VHL (von Hippel-Lindau). Loss of the VHL protein leads to constitutive expression of HIF (hypoxia inducible factor), which activates further downstream targets that promote tumour growth and angiogenesis.

Vascular endothelial growth factor (VEGF) is one such target, and principally responsible for the angiogenic phenotype of ccRCC. Anti-VEGF antibodies (Avastin) were the first to demonstrate significant clinical benefit. There are now specific molecules that target the receptor of VEGF on tumour endothelium as well as other growth factor receptors in the tumour, leading to both anti-angiogenic and anti-tumour effects. Sunitinib and sorafenib are tyrosine kinase inhibitors of the VEGF receptor that have reached clinical application. The race is now on to identify yet more targets along the HIF/VEGF pathway, as well as other pathways that may 'cross-talk' with this pathway.

Cancer stem cells are the subject of intense research, being believed to be responsible for tumour initiation, recurrences following chemo and radiotherapy, and also seeding distant metastases. Metastases from prostate cancer are the main causes of morbidity and mortality. Although the existence of a prostate cancer stem cell in either mouse or human models has not been definitively demonstrated, indirect evidence supports this concept. The implications are vitally important to understand and eventual target such cells within the tumour.



Pharmacogenomics has emerged as an important aspect of cancer therapy. In the treatment of bladder cancer with chemotherapy, as well as hormonal manipulation of prostate cancers, pharmacogenomics is being recognised as an important tool to predict those who would respond optimally to such therapy. Additionally, such pharmacogenomic markers can also serve as targets in order to enhance any adjuvant chemo or hormonal therapy.

As alluded, targeting the tumour is only one half of the story. Host responses within the tumour microenvironment reside largely with tumour immunity. The most successful immunotherapy to date is the application of BCG immunotherapy to bladder cancer. Intra-vesical BCG has been effectively used for high-risk superficial disease, with its anti-tumour effect believed to be mediated via a combination of cytokine and cell-based mechanisms. Its use has been limited by the significant toxicity of BCG. Therefore much research is currently directed at the greater understanding of the BCG anti-tumour effect in order to reduce adverse effects while maintaining or improving efficacy.

Researchers are already investigating reduced doses of BCG in combination with other cytokine therapies. The future lies in the ability to use genetic and immunological markers to identify those most likely to respond to BCG, thus sparing the rest from unnecessary side effects. On another note, the resurgence of cancer specific vaccines in prostate and renal cancers has occurred with greater understanding and appreciation of not only how to prime, but also how to reverse suppression of, the host immune response. The recent discovery of T regulatory and other tumour-associated suppressor cells has played a key role in this development.

The advances in Uro-oncology research are proceeding at a breathtaking pace. New technologies have enabled researchers to probe deeper, and ask more fundamental questions about cancer biology. The challenge as always, resides in maintaining such exciting developments within the context of the patient.

# IS IT POSSIBLE TO CONCEIVE AFTER CHEMOTHERAPY?

PAGE C3

Spotlight

SALUBRIS

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Diagnosis of cancer is one of the most stressful events in a person's life. This is further compounded by the fact that cancer treatment such as chemotherapy may result in loss of fertility in patients of the reproductive age group.

*By Dr Roland Chieng*

Consultant,  
Dept of Obstetrics and Gynaecology  
IVF Subspecialty, Andrology and  
Fertility Preservation  
Centre Of Assisted Reproduction (CARE)  
Singapore General Hospital

## RISK OF INFERTILITY AFTER CANCER THERAPY

Incidence of permanent infertility and compromised fertility after chemotherapy varies and depends on many factors. The type and dosage of the chemotherapeutic agents used, age, disease types as well as the pre-treatment fertility of the patient, all have varying effects on the fertility potential after treatment. In men, the measurable effects of chemotherapy include compromised semen parameters. However, in women, fertility can be affected by any treatment that decreases the number of primordial follicles, affects hormonal balance or interferes

with the functioning of the ovaries, fallopian tubes, uterus or cervix. These parameters are not directly measurable.

Available data in the medical literature in this area are poor and heterogeneous. Most of these quantify infertility risks by reporting on the rates of amenorrhoea, therefore greatly under-estimated the actual situation. Female fertility may be compromised despite maintenance or resumption of cyclic menses. Regular menstruation does not guarantee normal fertility as any decrease in ovulatory

reserve may result in a lower chance of subsequent conception and higher risk of early menopause. Even if these women are initially fertile, after cancer treatment, the duration of their fertility may be shortened by the onset of premature menopause.

The greatest risks associated with chemotherapy are those involving alkylating agents such as cyclophosphamide, ifosfamide, nitrosoureas, chlorambucil, melphalan, busulfan and procarbazine.

## OPTIONS FOR FERTILITY PRESERVATION

Various options for fertility preservation have been reported:

- embryo cryopreservation
- oocyte cryopreservation
- ovarian tissue cryopreservation
- ovarian suppression

Ovarian suppression was suggested initially with this assumption: ovarian suppression therapy such as gonadotropin releasing hormone (GnRH) agonist or antagonist treatment during chemotherapy will keep the ovaries in the resting state, thus protecting them from the effects of chemotherapy. Opposing results are reported in the literature and it is still considered highly controversial as a method to maintain fertility.

Cryopreservation of unfertilised oocytes is theoretically very feasible for this purpose as in sperm cryopreservation in the male. However, medical research to date indicate that unfertilised oocytes are more prone to damage during cryopreservation procedures than embryos. As a result, overall pregnancy rates are extremely low worldwide.

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# IS IT POSSIBLE TO CONCEIVE AFTER CHEMOTHERAPY?

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Embryo cryopreservation is considered an established fertility preservation method. A similar technique has routinely been used for storing surplus embryos after in-vitro fertilisation for infertility treatment. In this situation, all the embryos obtained will be cryopreserved. The patient will then proceed for chemotherapy and treatment. The embryos will be thawed and transferred to the uterus after she has completed her treatment, has been followed up and deemed fit by the oncologists. However, it has the following limitations:

- Time lapse to chemotherapy – The treatment process requires approximately two weeks of ovarian stimulation with daily injections of follicle stimulating hormone from the onset of menses.
- Non-physiological high hormone level induced in hormone sensitive cancer such as breast cancer. This might have detrimental effects on the primary disease.
- Availability of a partner with whom she can create embryos. In Singapore, embryos can only be created from officially married couples.
- Embryo number might be small, and there will be no chance to create more embryos if she does not become pregnant.

## OVARIAN TISSUE CRYOPRESERVATION

Ovarian tissue cryopreservation is a very new method of fertility preservation technique. It can be done very quickly after cancer diagnosis and before the initiation of chemotherapy. Ovarian stimulation is not required as in embryo preservation. Ovarian tissue can be removed laparoscopically as a day surgical procedure. There is also no requirement of an available partner. At a later date, the ovarian tissue can be thawed and implanted into the patient for resumption of her ovarian function.

Primordial follicles, which are mainly at the cortex of the ovary, can be cryopreserved with great efficiency. This has been made possible with the development of efficient and modern cryoprotectant materials that help protect the tissue from damage by the freeze/thaw cycle. Worldwide, there have been about 20 cases of autotransplantation of ovarian tissues to the patient with a total of six live births so far.

One concern with implanting ovarian tissue is the potential presence of micrometastases in these tissues that could bring about the reintroduction of cancer cells. In patients without evidence of systemic metastasis to other organs, the likelihood of occult ovarian metastasis appears to be low in the majority of cancers seen in young females. In addition, there are no reports of cancer recurrence in all 20 cases so far. Ongoing research is currently looking at xenografting, in-vitro follicular growth and maturation to eliminate the possibility of cancer reimplantation in future. This will be especially useful for cases with high risk of ovarian involvement.

This service is now available in Singapore General Hospital at the Centre of Assisted Reproduction (CARE). The technology was developed with close collaboration with Professor Claus Y Andersen of University Hospital of Copenhagen in Denmark. This is one of the leading centres in the world in ovarian tissue cryopreservation, and the centre has contributed three out of the six current live births reported with cryopreserved ovarian tissue.

The development of these various options for fertility preservation has wider implications. Procedures such as embryo cryopreservation and ovarian tissue cryopreservation could potentially achieve successful pregnancy in a patient who has infertility after treatment. In addition, available evidence has suggested the discussion of future fertility itself being a positive factor in coping emotionally with cancer.

*Ongoing research is currently looking at xenografting, in-vitro follicular growth and maturation to eliminate the possibility of cancer reimplantation in future. This will be especially useful for cases with high risk of ovarian involvement.*



# NCCS ACTIVITIES IN AND AROUND THE COMMUNITY

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Community

SALUBRIS  
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## BREAST CANCER AWARENESS MONTH 2008

### ~ THE WOMEN IN OUR LIVES

The incidence of breast cancer may be on the rise but so too is the enthusiasm and determination of the community to come together and put a stop to this phenomenon.

Now into its 11th year and yet the energy and the commitment to protect the women against breast cancer have never waned. Taking the challenge was the national Breast Cancer Awareness Month Committee, which this year was headed by Dr Ho Gay Hui, Senior Consultant with the National Cancer Centre Singapore (NCCS).

Together with representatives from the Breast Cancer Foundation, Singapore Cancer Society, The Cancer Institute, and National Healthcare Group, this year's campaign focused on getting everyone to urge the women in our lives to go for regular preventive screening. It is an established fact that early detection saves lives, especially in the case of breast cancer.

The large number of breast cancer survivors attests to this many of whom gamely participated in the "Reebok Pink Ribbon Walk" which was launched by Dr Vivian Balakrishnan, Minister for Community Development, Youth and Sports, on 4th October 2008, at the Old Parliament House. As part of this year's programme, a series of activities such as discounted mammogram screenings and public forums were held at various venues.

The BCAM campaign ended on a high note with the "Pink Bridges – Walk for the Women in Our Lives" on 25th October 2008. Some 300 participants from breast

cancer survivors, their families and student volunteers from the Singapore Polytechnic were led by healthcare professionals in their afternoon walk along the Southern Ridges Trail from Henderson Waves at Mount Faber to HortPark. The evening culminated with games, laughter and song and dance entertainment from the Blossoms, a breast cancer support group, and dancers from the Henderson Secondary School. It aptly wrapped up with ABBA's hit tunes performed by a motley group of survivors and well-wishers. Everyone left the venue with the lyrics of 'Dancing Queen' and 'Thank You for the Music' ringing in their heads!

### BREAST CANCER FACT

From 1968-1972, a total of 627 new cases were reported and it jumped to 6,773 total new cases from 2003-2007. Mortality rate from breast cancer went up from 193 between 1968 and 1972 to 1,566 for 2003-2007.



# WHEN SINCERITY SPEAKS LOUDER THAN WORDS...

*An Interview with NCCS' Patient Ambassador*



Merle Angela McIntyre is a familiar face at the National Cancer Centre Singapore. She can often be found in the waiting areas accompanying the patients. She explained that she is there "to help them pass their time while they are waiting."

A regular at NCCS' patient support programmes, she has been volunteering her time since April 2005.

She is a strong believer in going for regular screenings because of her family history of cancer.

Explaining her work as a volunteer, the soft-spoken Merle said: "I just spend time talking to the patients and then they will find that chemotherapy does not take that long after all. They are often surprised how time passes so quickly when someone is talking to them." She spends about eight hours a week spread over two to three days at NCCS.

Merle received formal training from the department of psychosocial oncology in January 2008 but she has been a source of inspiration to many patients even before then. She recalled her first patient, or "friend", as her most memorable experience.

She had to sort out some miscommunication between the patient and her nurse on her first day on the job:

"When I first started out, I visited this patient in hospital. The nurse was talking to her about going to the hospice. They seemed to think that she did not want to go to the hospice, and she wanted to go home. She was already very sick, but I managed to figure out that she actually wanted to go home to sort out certain things, and not that she did not want to go to the hospice."

So she accompanied the patient home.

Merle described her task as doing  
*"whatever I can to give whatever  
personal support they need".*



“Sometimes you may feel that if you have no special skills, you are inadequate. But I think if you are sincere, it goes a long way and patients will sense it even if you may have said the wrong things. Eventually, your sincerity will come through,” said Merle.

“The next day, she had a place in the hospice. Her sister asked me to accompany them in the hospice. The following day she passed away.”

“Sometimes you may feel that if you have no special skills, you are inadequate. But I think if you are sincere, it goes a long way and patients will sense it even if you may have said the wrong things. Eventually, your sincerity will come through,” said Merle, who is one of 12 patient ambassadors.

The ambassadors are assigned to patients via referrals from existing patients, friends or by medical social workers from the department of psychosocial oncology. The patients’ needs are first

assessed by the department before they are assigned an ambassador.

She described her task as doing “whatever I can to give whatever personal support they need”. This includes simple yet heart-warming gestures like buying *char kuay teow* for a patient who lives near her home one late evening, or driving a patient home from NCCS.

“My daughter calls me a *kaypoh* (a busybody),” said the 53-year-old homemaker and mother of four. Her husband is a manufacturer representative.

Merle’s compassion is infectious, inspiring even the patients themselves to reach out to fellow patients.

“These patients are not well and they can barely walk, yet they wish they could do what I’m doing. When we connect with these patients, they also try to do the same thing to help the others. It’s become some sort of ‘networking!’”

*By Clarence Lim*  
Officer  
Corporate Communications  
NCCS

## PROMOTIONS

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### TITLE

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Consultant, Medical Oncology

Dr Ching Boon Chye

Consultant, Oncologic Imaging

Dr Lee Kuo Ann

Consultant, Radiation Oncology

Dr Wang Lian Chek Michael

Consultant, Radiation Oncology

# RUN FOR HOPE 2008



**RFH08**

5th October 2008, East Coast Park



The sun shone brightly and the sea breeze blew gently on the Sunday morning of 5th October 2008, when close to 6,000 people gathered at the East Coast Park to run and stroll for a meaningful cause. This is the inaugural year of partnership between the National Cancer Centre Singapore / NCC Foundation, Four Seasons Hotel, The Regent and ASICS in raising funds and public awareness for cancer research.

Senior Parliamentary Secretary, Ministry of Community Development, Youth and Sports and Ministry of Transport, Mr Teo Ser Luck and Canadian High Commissioner Mr David Sevigny were there as Guests-of-Honour to flag off the 10km and 4km route.

About \$330,000 was raised through registration fees, the sale of raffle tickets and direct donations in a two month-long campaign that started in August. The partners will come together again in 2009 to make a greater social impact with hopes of bringing on board local champions to advocate the cause of cancer research.

*For further information, please contact:* [NCCFoundation@nccs.com.sg](mailto:NCCFoundation@nccs.com.sg)  
DID: 6236 9430 / 6236 9440 / 6236 9454

*Season's Greetings!*



*Here's Wishing You Joy & Best of Health for the New Year!*

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*Salubris is a Latin word which means healthy, in good condition (body) and wholesome.*

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