



National Cancer
Centre Singapore
SingHealth

Issue No. 47 • MCI (P) 138/03/2018

A NCCS QUARTERLY PUBLICATION
October – December 2018

Salubris

...HELPING READERS TO ACHIEVE GOOD HEALTH

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

A graphic featuring a large white heart with a gold border, surrounded by a field of gold confetti. The text 'Hearts of Gold' is written in a black, cursive font inside the heart.

Hearts of
Gold

MAKING A DIFFERENCE TOGETHER – THE ASIA-PACIFIC HEPATOCELLULAR CARCINOMA (AHCC) TRIALS GROUP

BY PROF PIERCE CHOW

Senior Consultant, Division of Surgical Oncology

The AHCC Trials Group recently celebrated its 21st birthday on 26 April 2018 at the 2nd Symposium of the Singapore Liver Cancer Consortium. Members of the AHCC Trials Group from 14 countries came here to attend the General Meeting of the Trials Group.

While Hepatocellular Carcinoma (HCC) is the 6th most common cancer globally, about 80% of patients with HCC are found in the Asia-Pacific because of the high prevalence of chronic hepatitis B. In many countries in the Asia-Pacific, HCC is among the three most important cancers. HCC afflicts about a million people annually and it is the 2nd most common cause of cancer death in the world. This attests to the importance of ongoing translational and clinical research in HCC to address this huge unmet clinical need for more efficacious therapies.



The founders of the AHCC Trials Group celebrating the 21st anniversary of the Trials Group at the 2nd Symposium of the SLCC, 26 April 2018. From left, Prof Khin Maung Win, Prof Pierce Chow and Prof Soo Khee Chee.

To mark the occasion, a birthday cake was cut by three of the founding members, Prof Soo Khee Chee, Prof Khin Maung Win (Myanmar) and Prof Pierce Chow. Prof Chow, Protocol Chair of the Trials Group said, "Research in HCC lags behind that of other common cancers such as colorectal and breast cancer, because during most of recent history, HCC was seen as a cancer of poor people in the Third World. It used to be of little interest to the pharmaceutical industry. And until recently, there was neither the funding nor the expertise to carry out cutting-edge research on HCC in the Asia-Pacific where the cancer is endemic."

The Asia-Pacific Hepatocellular Carcinoma (AHCC) Trials Group is a collaborative research group started in 1997 by clinicians in Asia-Pacific who shared a common goal of seeking efficacious treatments for HCC. They recognised the urgency of the unmet clinical need and the necessity for collaboration for efficacious therapies to be developed for the large number of patients with HCC. The mission of the AHCC Trials Group is to conduct preventive and therapeutic trials in HCC, carry out translational research in this field and develop training and educational programmes pertaining to HCC.

The AHCC Trials Group's first randomised controlled trial was initiated by the Singapore General Hospital as a single centre prospective HCC clinical trial in 1997 but was very soon joined by Hong Kong, Malaysia, Myanmar, Thailand, Australia and New Zealand. Since then, the AHCC Trials Group has grown to a network of clinicians with a demonstrated track record of success in HCC research. Multi-ethnicity in the AHCC Trials Group allows clinicians access to all the important etiological and ethnic variations in HCC. To date, the AHCC Trials Group has initiated eight prospective multi-centre studies, involving more than 50 participating centres from 15 countries and enrolled close to 2,000 patients.



The AHCC Trials Group currently has two actively recruiting prospective studies namely:

AHCC07 Precision Medicine in Liver Cancer across an Asia-Pacific Network (NCT03267641)

- Status: Recruitment in progress. Target recruitment of 100 patients. Preliminary results were published in *Gut*, *Nat Commu*, *Proc Natl Acad Sci* and *Biomaterials*.

- Number of participating centres: 6

AHCC08 Hepatocellular Carcinoma Registry in Asia (NCT03233360)

- Status: Recruitment in progress. Target recruitment of 2,500 patients from 9 countries. Preliminary results were presented at ASCO 2018 and ILCA 2018.

- Number of participating centres: 30 recruiting and 14 pending



The first Symposium of the SLCC was held on 13 July 2017 at the National Dental Centre.

On 4 June 2017, results of the 27-centre phase III **AHCC06 SIRveNIB Trial** (Multi-Centre Open-Label Randomised Controlled Trial of Selective Internal Radiation Therapy Versus Sorafenib in Locally Advanced Hepatocellular) was presented at the American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago and the paper was subsequently published in the *Journal of Clinical Oncology* in 2018.

The AHCC Trials Group holds regular General Meeting which give the clinicians opportunities for face-to-face meetings to revisit and align the group's mission and to discuss current and new therapies available for HCC. Ideas on new studies and feedback on currently recruiting studies are discussed at these meetings and common practices are also shared to have an overall picture of the treatment and management of HCC in Asia-Pacific. In conjunction with the general meeting, the AHCC Trials Group also holds its Scientific Forums which are open to all medical professionals and industry partners.

In 2017, the **Singapore Liver Cancer Consortium (SLCC)** was formed by participating institutions of NMRC-funded Translational-Clinical Research (TCR) National Flagship Program in Liver Cancer (Precision Medicine in Liver Cancer across an Asia-Pacific Network) and the scientific forum was renamed the Symposium of the SLCC. This allows the study team the opportunity to integrate, coordinate and leverage on the strength of the AHCC Trials Group and collaborators. Since the inception of this flagship programme, the group has held two symposiums, (one of which was held together with Scientific Advisory Board (SAB) meeting of the Flagship Program) and has published 6 papers in high impact journals.

The SLCC aims to create an internationally competitive HCC platform to develop disruptive technologies for precision medicine in HCC.



The AHCC07 Study Team. Photo taken during the AHCC07 Investigators Meeting on 13 July 2017.



The AHCC08 Study Team, photo taken during the AHCC08 Investigators Meeting on 28 April 2018.



The AHCC Trials Group members, photo taken during the 2nd Symposium of the SLCC, 27 April 2018.

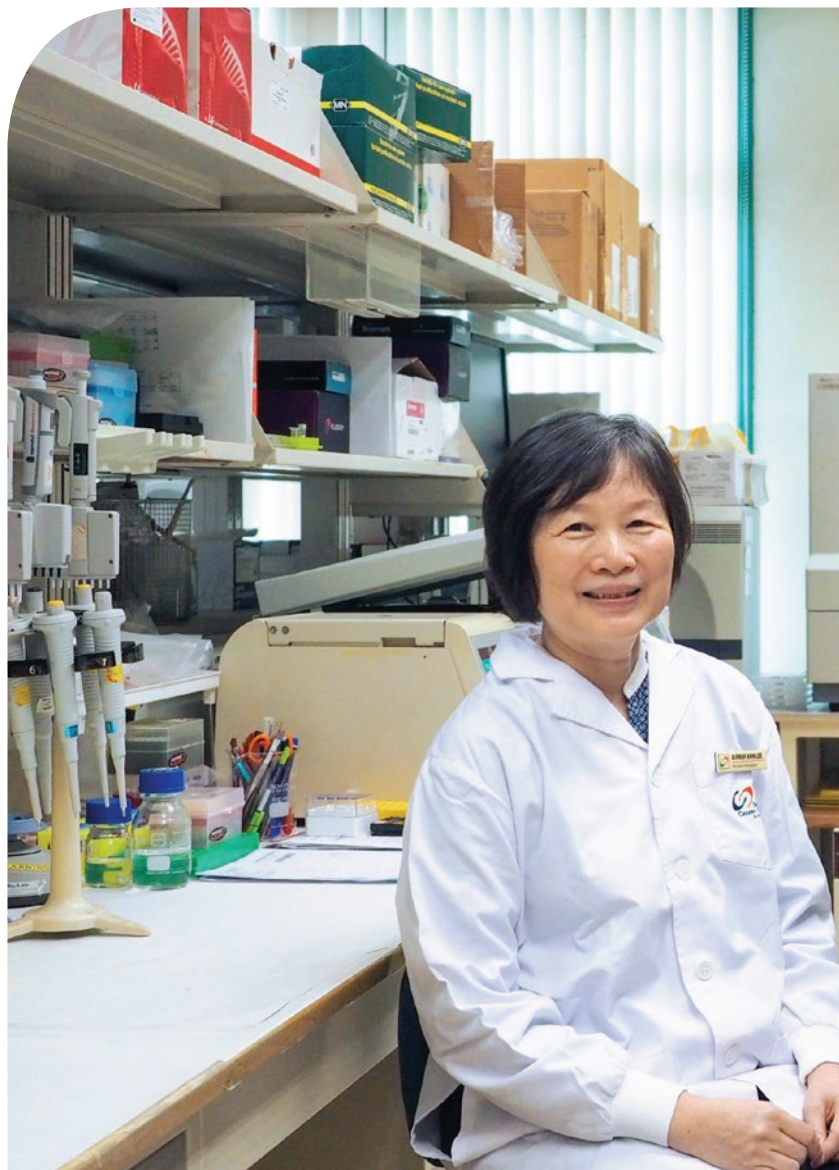
MOVING FORWARD

The AHCC Trials Group continuously works with academic researchers and industry partners. This leverages on complementary strengths, to design and plan clinical trials and studies that lead to a better understanding of HCC and improve clinical outcomes of patients with HCC.

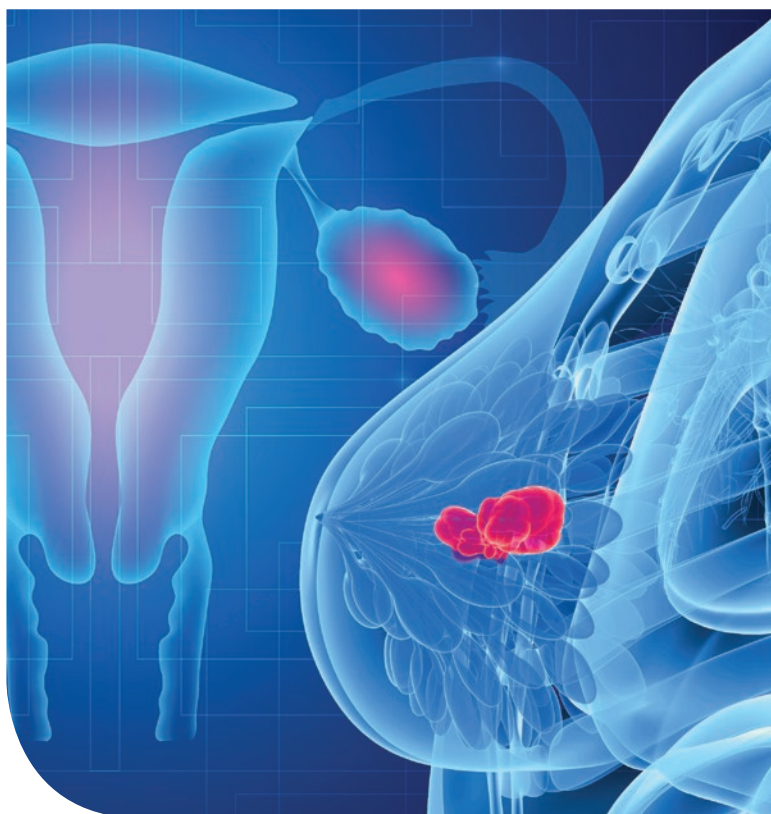
NEW COLLABORATION MAY PROVIDE EARLIER DETECTION AND PREVENTION OF CANCER AMONG ASIAN WOMEN

BY GILLIAN TAN
Corporate Communications

In July 2018, the National Cancer Centre Singapore (NCCS) and Lucence Diagnostics announced its collaboration on a three-year study involving 300 patients to improve genetic testing of breast and gynaecological cancers for Asian women.



Prof Ann Lee and Dr Tan Min-Han



This collaboration will leverage on NCCS' expertise in expanding the database for classification of variants for clinical use, and Lucence's expertise in DNA sequencing and genomic data analysis.

It aims to develop a comprehensive database of genetic mutations, or variants, that are associated with hereditary breast and gynaecological cancers across all ethnicities in the region. This clinical database will be the first to focus on the Asian populations and will be an invaluable resource for doctors and genetic counsellors attending to high-risk individuals of two of the most common women's cancers in Singapore.

Breast cancer is the leading cancer among women across all ethnic groups. It is diagnosed in almost one in three women here and is the leading cause of cancer deaths. Ovarian cancer, a type of gynaecological cancer, accounts for the fifth most common cancer among women.¹

¹ Singapore Cancer Registry Annual Registry Report 2015

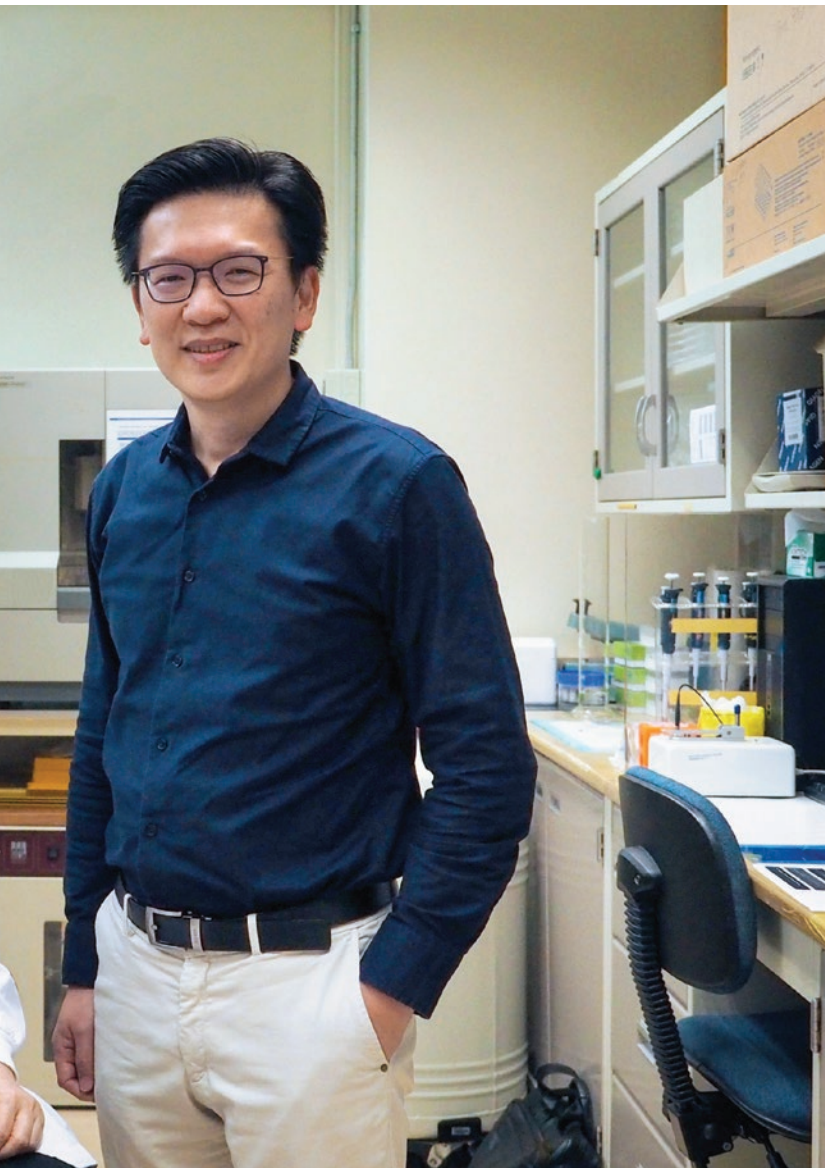


Photo credit: National Cancer Centre Singapore

Expected to be completed in three years' time, this study aims to help doctors to more accurately identify women who may be predisposed to breast or gynaecological cancer through genetic testing. It will also lead to enhanced clinical diagnosis and more precise treatments.

Associate Professor Ann Lee, Principal Investigator, Division of Medical Sciences, NCCS said "This combined effort has enabled NCCS to develop capabilities in data analysis that auger well for our future research. I am grateful to all the participants of our projects, my colleagues at NCCS, Dr Peter Ang, Visiting Consultant Medical Oncologist, and Dr Yap Yoon Sim, Senior Consultant Medical Oncologist, for their partnership in securing research grants, and the many doctors and scientists who have contributed towards these projects."



"Lucence is excited to be a part of this public-private partnership with NCCS to help Asian women better identify their hereditary risk of breast and gynaecological cancers. It's known that Asian genetics are underrepresented in most conventional genetic tests. As a genomic medicine company with operations in the region, Lucence is focused on using our expertise and understanding of Asian cancers to fight cancer. This new study will help us to discover new genetic variants predisposing women to cancer and improve genetic testing for the Asian populations," said Dr Tan Min-Han, Founder and CEO, Lucence Diagnostics.

In this collaboration, Lucence will obtain blood samples from 300 patients with a personal or family history of breast and/or gynaecological cancer, or early onset of breast cancer. Upon extracting the DNA from the samples, a DNA sequencing technology known as "next-generation sequencing" (NGS) will be performed. Genetic variants that are identified from NGS will be evaluated for cancer risks. NCCS will then construct a database of all the identified variants incorporating information from its existing database, for the classification of variants for clinical use.

The team hopes to use these data to develop better services for the early detection and prevention of cancer among women who are at high risk due to their family history. The data would also be helpful to determine if a patient may respond better to specific targeted therapy rather than standard chemotherapy which has undesirable side effects.

There is also great potential to use the same pipelines for other Asian hereditary cancers, such as colorectal cancer.

"We are glad to collaborate with Dr Tan Min-Han, who is also a Visiting Consultant with the NCCS. This database of Asian variants would be a very valuable resource to the industry, as well as to the NCCS' Cancer Genetics Service (CGS)," said Professor William Hwang, NCCS Medical Director.

Besides the collaboration with Lucence, NCCS partners a number of international research institutions in conducting studies relating to cancer genetics. These researches are aimed at understanding how the identified gene mutations lead to disease through functional studies and global data sharing.

The CGS, which is headed by Dr Joanne Ngeow, a Senior Consultant Medical Oncologist at the NCCS, provides patients with comprehensive cancer genetics services and is aimed at improving clinical care quality of life for our patients and their at-risk family members.

NOTHING SHINES BRIGHTER THAN A KIND HEART

BY ALSON TAN

Corporate Communications

Winning National recognition in one's professional area might be the epitome of the peak of success for some. But for Nursing Merit Award 2018 winner Ms Tay Beng Choo, this is just one pit stop along life's journey.



"I feel an immense sense of gratitude. This national award gives me more reasons to donate and give even more back to my patients," said Beng Choo, when asked about her feelings about her achievement. "My family are very happy for me, especially my mum who got to take pictures with local celebrities at the Award ceremony!" she added with a laugh.

You may have heard of the saying: 'Life is a journey, not a destination'. It applies to many facets of life, but it's about seeing the good and finding the value in the experiences you get throughout your journey.

Beng Choo's journey with NCCS re-started in 2015, after she had returned from Australia. During her years of service to her patients, she has earned a reputation for being well-liked and respected by all levels, for her quality nursing care, foresight, communication skills, patience and professionalism. Her patients and their families often speak passionately of her commitment and compassion toward them.

ONE QUOTE I LIVE BY IS FROM HUNTER "PATCH" ADAMS:

**"You treat a disease, you win, you lose.
You treat a person, I guarantee you,
you'll win, no matter what the outcome."**

As a Senior Nurse Clinician trained in palliative care, Beng Choo has taken on many exciting responsibilities, such as the training of resident doctors or even higher management roles. She has also contributed in many areas through committees and quality improvement projects. One of her most recent challenges, she was seconded to Assisi Hospice Care in 2015 when the new building was being set up. This involved ensuring a smooth transition of Assisi patients from the old to new building as well as the preparation and setting up of 16 new adults palliative and dementia wards. This unique work scope has given her the chance to be a part of many cross-organisational activities. She credits the Supportive and Palliative Care team; NCCS' Nursing Director, Ms Lian Siew Bee; and the team as Assisi Hospice for their support, encouragement and opportunities to take on unique roles: "I feel very blessed to be part of both families."

An avid volunteer, Beng Choo has also been consistently volunteering activities. Not content with making a difference just solely in Singapore, she has also volunteered to conduct patient education overseas in Bangkok.

It's often the simple things that motivates Beng Choo to keep striving to be better in her care and medical knowledge. "Patients' or caregivers' smiles, comfort or appreciation is often what motivates me," said Beng Choo.

Beng Choo has one of the biggest hearts you'll ever find, with so much love and care for her patients, colleagues and those in need. With her determination to provide medical excellence alongside heartfelt care, Beng Choo is well deserving of her recognition through the Nursing Merit Award.

FAST FIVE 5 Questions with our Nursing Merit Award winner, Senior Nurse Clinician Tay Beng Choo

Q What have you learned about yourself since you started this nursing journey all those years ago?

BC (Beng Choo) I realised that nursing has given me the strength and resilience in both my professional and personal lives.

Q Of the many things you do, which one makes your heart beat the fastest?

BC When I see distressed patients or caregivers, or anyone requiring urgent attention and intervention.

Q Your job can be really stressful. How do you unwind after a difficult day?

BC Nothing special! I usually eat my favourite snacks or enjoy a nice bowl of fruits.

Q Looking back, was there any advice that you would have given to your younger self?

BC That you can always make a difference. I would have shared “The Starfish Story” by Loren Eiseley. A man noticed a small boy picking up starfish that were washed up on the beach and gently throwing them back into the ocean so that the starfish wouldn’t die. The man said, “Don’t you realise that there are miles of beach and hundreds of starfish? You can’t make a difference!” The boy bent down, picked up another starfish and threw it back into the sea. Smiling, he said, “I made a difference to that one.”

Q What patient story made you realise the meaning of being a nurse?

BC Once, I attended to a lady named Cindy*. She passed on from advanced cancer. Cindy was an ex-nurse who would often come around to thank the night duty nurses. I looked after her when she was very symptomatic the night before she passed on. When I heard about her demise the next day, I cried and grieved. However, I was greatly touched when my colleague passed a message to me from Cindy. Cindy wanted to tell me that I was a good nurse and thanked me for looking after her. This has been motivation for me to be the best nurse I can be.

**Name changed for privacy*



From left to right: Ms Lian Siew Bee, Director, Nursing; Ms Tay Beng Choo; Dr Alethea Yee, Head, Division of Supportive & Palliative Care; Prof William Hwang, Medical Director, NCCS



ALL ABOUT IMMUNOTHERAPY WITH DR RAMY IBRAHIM

BY LIEN WANTING
Corporate Communications

Salubris took the chance to speak to Dr Ramy Ibrahim from Parker Institute for Cancer Immunotherapy who was in town for the launch of the first Cancer Immunotherapy Consortium in Singapore.

Ramy Ibrahim, MD, Chief Medical Officer at Parker Institute for Cancer Immunotherapy, has been at the forefront of immunotherapy clinical development for more than 15 years. He helped develop some of the first breakthrough treatments in the field during at Bristol-Myers Squibb and MedImmune, now a part of AstraZeneca.

At Bristol-Myers Squibb, he helped shepherd ipilimumab from early phase II trials through regulatory approval of the first approved immune checkpoint inhibitor, Yervoy. He also played a key role in the early development of the anti-PD-1 drug nivolumab, as well as PD-L1 and CD137 antibodies.

At AstraZeneca, he directed teams working on durvalumab, an anti-PD-L1 antibody, and tremelimumab, an anti-CTLA-4 antibody, among others.

Q You're a respected leader in the field of cancer immunotherapy. How/why did you get into this area of focus years ago? Was it not exactly very exciting or widely accepted by the academic cancer community back then?

RI (Dr Ramy Ibrahim, MD) I started at the cancer vaccine branch at the National Cancer Institute (NCI) in the United States around 2001. It was a very different mood than today, when immunotherapy is seen as a very exciting area of research and therapeutic cancer vaccines are at the forefront of new research efforts.

At that time for vaccines, most of the work that we did showed negative results. We were doing vaccine studies, and none of them worked, and we did not know why they were not working.

Initially, when I was treating patients as an oncologist, I always looked at the immune system as something that prevents us from treating patients. Usually the reason that we stop giving chemotherapy to patients is when they develop a drop in their blood count. So as a medical oncologist, I did not like the immune system – because I thought, at that time, chemotherapy is the cure. I thought if we could just overcome the issues that we have with the immune system, we can actually treat patients.

But later at the NCI, that's when I started to really learn about and get interested in the value of the immune system, and how powerful it can be in fighting cancer. And that idea has just gotten stronger.

Q Can you talk a little about your early life – why did you study medicine? Did you consider other options before you went to medicine?

RI I come from a family of physicians, and I was always very impressed with my parents when they were in their clinics, so it is something that I have always been passionate about. Oncology, specifically, is a challenge because I felt that for most other diseases, we had an option that we can offer to patients, whether it's hypertension or diabetes. But cancer was the one area where there was nothing that was working, and many patients were dying from this disease.

When I first started my fellowship, it was hard because I felt that I was not helping anyone. But it made me appreciate the importance of the quality of life, and anything that we can do to improve the quality of life of cancer patients is of a great value. It's not just about curing the patients from cancer, but really helping them have a good quality of life.

Eventually I came to feel that as great as improving quality of life is, we needed to start finding a cure. And that was why I started moving into drug development. I was really interested to find alternative therapies, novel therapy that we can offer to patients. And that is partly why I decided to come to the Parker Institute, because we are truly looking to help bring novel innovative treatments to patients faster.

Q What are some of the breakthrough treatments you have developed? How long did it take you to reach these breakthroughs?

RI I was fortunate that the first drug I worked on was an immunotherapy drug, an anti-CTLA-4 antibody. Around 2006, we started to run clinical trials to understand if immunotherapy can be a replacement for chemotherapy, if we can combine anti-CTLA-4 antibody with chemotherapy for a better outcome.

The most challenging part was understanding the side effects. We started seeing side effects which are very different from the ones that we normally see with chemotherapy. So that was a lot of work done to try to understand them, ensuring that we control those side effects early on, and prevent them from having bad outcomes.

Q What are the worse side effects from immunotherapy treatment?

RI Immunotherapy works by activating the immune system. Sometimes, instead of only targeting the cancer, the immune system can attack healthy cells. This can result in symptoms such as rashes or diarrhea, though side effects can vary depending on the treatment type.

For example, treatment with anti-CTLA-4 antibody can cause gastrointestinal issues, but the good news is it's manageable. Once we identify symptoms like diarrhoea, we intervene and reverse the inflammation with steroids, and it is usually very responsive to treatment.

However, several groups including the Parker Institute are actively working toward a better understanding of how checkpoint inhibitors and other immunotherapies, such as cell therapy, can affect other organs and cause other types of autoimmune disorders.

Q Immunotherapy vs Chemotherapy. There's much hype and debate over these two treatments. Tell us, is one better than the other, or are they complementary to each other in that both will have their roles depending on the cancer types?

RI One of the things we have learned with immunotherapy is that we cannot generalize. We really need to start thinking about each patient individually, rather than how we have been doing it. For example, even within lung cancer, there are so many different sub-types of patients that would respond differently to different types of immunotherapies.

Immunotherapy as a class is a very broad term. We have cellular therapy, vaccines, checkpoints; there is a long list of immunotherapy and we cannot just put them in one bucket.

But to answer your question, I think immunotherapy and chemotherapy – and even radiation therapy, as well as other standards of care – can potentially be synergistic if we can identify the right type of chemotherapy with the right type of immunotherapy, at the right time.

Maybe we do not need the full dose of chemotherapy like what we are doing right now, because we will be using chemotherapy just to enhance the activity of immunotherapy.

Q It is often said that cancer immunotherapy is the beginning of a new era in the war against cancer. How so?

RI Immunotherapy is now considered the fourth pillar in cancer therapy. For the longest time, it was surgery, radiation, and chemotherapy. And I think now, we can say that immunotherapy is an established pillar for cancer treatment. It is just the beginning, but what we have seen in the small sub-sets of patients who have benefited from immunotherapy is encouraging. Their responses are durable, we are seeing a very long-term effect, survival benefits, and many patients are tolerating the treatment well.

However, it is still a challenge because not everyone is having those sorts of responses. We are still having patients who are not responding to immunotherapy, so yes, it's the tail of the iceberg.

Q At what juncture would a doctor decide that immunotherapy should be stopped for a patient?

RI We are still learning how best to give immunotherapy. Even with patients who are responding to the treatment, the question on how long do we need to keep them on immunotherapy remains to be an important question.

There are some research being done right now to understand this – do you need to give them one year of treatment and then monitor them to make sure it is not coming back, or do you give it until patients are not able to tolerate it? While I don't think we have a good answer, we always recommend keeping patients on treatment if they're tolerating it. We repeat the scans to ensure that it's not just the immune cells that are making the tumour appear bigger.

Q What do you think will be the next big immunotherapy breakthrough that we can look forward to?

RI Cellular therapy is definitely a very promising approach. The successes that we have seen in liquid tumours or hematological malignancies are very encouraging, but we need to start thinking about solid tumours. Solid tumours are very different from liquid tumours. So I think the next big breakthrough would be whoever who can get cellular therapy to work in solid tumours.

Q What is the motivation behind all that you do? What do you like about your work?

RI Seeing how the work we do affects the lives of thousands of patients is very rewarding. I don't see patients in the clinics now and I miss doing so, but when I see that we get a new drug approved, or when we get something that is very novel and cutting-edge made available to patients outside of clinical trials, it is no longer the few patients that I am helping. Now, there are thousands of patients, and sometimes, even millions of patients, who are benefitting from the work that we do. So for me, that is very rewarding. I love the fact that I am surrounded by very smart, dedicated and passionate scientists and researchers, and I always feel that passion is contagious. When you see the people around you working hard, you always feel that this is the motivation by itself.

Q Finally, what are your thoughts about the launch of the Singapore Society of Oncology-Cancer Immunotherapy Consortium? How critical is collaboration in the fight against cancer?

RI At the Parker Institute, our model is really on supporting collaborations. We believe the only way for us to win the fight against cancer is by collaborations. We cannot continue working in silos and simply focus on our own research without looking at all the other efforts by other labs and clinicians. So I was very happy to hear of the launch of the cancer immunotherapy consortium in Singapore.

8 NOVEMBER IS WORLD RADIOGRAPHER DAY!

BY LIEN WANTING
Corporate Communications

Have you ever wondered who is operating those huge machines as you go for your X-Rays, CT and MRI scans? What do they exactly do as you're laid flat and instructed to stay as still as possible?



World Radiographer Day is on 8 November and we spoke to Jeff, a senior radiographer in the Division of Oncologic Imaging. Having been in the radiography field for 17 years and counting, Jeff is no stranger to what *really* goes on in the oncologic imaging department.

Tell us about your job!

My day starts at 7.45am and I ensure that the machines are clean and functional, ready for the first patient to enter by 8.00am. A typical CT scan starts with identifying the correct patient for examination. I position the patient within the scanner, providing reassurance that the scan does not take long. I then proceed to the control room to set up the scan parameters. The use of appropriate technical factors improves image quality and also reduces radiation dose to the patient.



During the scan, I ensure that the correct body part is being imaged and the resulting image is diagnostic, in order for doctors to screen and diagnose cancers, guide treatments and monitor tumour response and/or cancer recurrence.

My colleagues and I also look out for the presence of abnormality from the previous scan (e.g. thrombus) and notify the duty doctor in the event of emergency findings. About 30 patients go through my door each day, each with its own challenges and differences, before I conclude my shift at 5 – 6pm.

It sounds like you have a routine every day. Do you ever get bored of it?

I chose to pursue my studies and a career in radiography because it's anything but routine. Radiographers are often behind-the-scenes, only encountering patients for a brief moment as they enter the imaging rooms. However, each scan is different, and every encounter with patients varies too, making it challenging yet interesting for me.

Why did you choose to be a radiographer?

When I see patients recover, get discharged and walk out of the Centre – that is very rewarding for me.

Advice for Aspiring Radiographers:

Don't enter the profession with the mindset of making big bucks. Though it may not be all glitz and glam, the happiness that I get from helping patients keeps me in the job.



A good radiographer

reacts to sudden changes in patient's condition with confidence and makes necessary adjustments to capture a desired imaging, while ensuring patient safety and comfort at all times.

Jeff Koh Senior Radiographer, Division of Oncologic Imaging, NCCS

LOCATION:

Level 5, Medical Centre
Sengkang General Hospital

OPENING HOURS:

Monday to Friday
8:30am to 5pm

NCCS ONCOLOGY CLINIC @ SKH

The NCCS Oncology Clinic @ SKH is a collaboration between the National Cancer Centre Singapore (NCCS) and Sengkang General Hospital to bring cancer treatment closer to patients living in north-eastern Singapore. Patients will enjoy greater convenience as they no longer need to travel to NCCS' flagship facility in Outram to continue their treatment.



CONDITIONS WE TREAT

- Breast cancer
- Gastrointestinal cancer
- Lung cancer
- Uro-oncology
- Haematology



TREATMENT OFFERED

- Chemotherapy
- Blood and Blood Product Transfusions
- Diagnostic and Therapeutic Procedures



CARE TEAM

- **Dr Ravindran Kanesvaran**
Senior Consultant
Division of Medical Oncology
- **Associate Professor
Koo Wen Hsin**
Senior Consultant
Division of Medical Oncology
- **Dr Lee Guek Eng**
Consultant
Division of Medical Oncology



Patients can be assured of a consistent level of medical and quality care similar to patients seeking treatment at NCCS as the clinic is helmed by a team of medical oncologists, nurses and staff of NCCS.

Referral from an SKH doctor is required. Consultation and treatment fees are similar to what is charged in NCCS at Outram.

To make an appointment, please contact us at: **Tel: 6930 6000** or
Email: appointments@skh.com.sg (for appointment requests only)

APPRECIATING THOSE WHO GIVE BACK

BY ALSON TAN
Corporate Communications

The National Cancer Centre Singapore held its annual Volunteer Appreciation event on 7 July 2018. Organised by the NCCS Volunteer Engagement Team, the event was to appreciate many of the dedicated volunteers who have given much of their time and themselves to aid those battling cancer. “Under the sea” was the theme this year, and the Lee Kong Chian Auditorium at YMCA @ One Orchard was decorated in a ‘sea’ of blue and critters of the sea.






We also launched our new volunteer caps at the event! Our patients can now better identify where our volunteers are with these prominent caps.

Apart from a spread of delicious food, participants were treated to a ukulele performance from NCCS’ Recital of Joy music interest group comprising cancer survivors, a piano medley from NCCS staff volunteer Ms Phang Beng Hooi, as well as a dance performance by dance group “M.A.D.” from Hwa Chong Institution.

At the core, these simple gestures are a small way of saying “thank you” to the many warm, wonderful and dedicated volunteers, who have collectively given a total of over 6,000 volunteer hours during the past year. Guest-of-Honour Dr Sethi Vijay Kumar, NCCS’ Emeritus Consultant and Senior Advisor, took the stage to welcome and highlight the volunteers’ achievements in the past year.

The significant amount of volunteer time was contributed toward programmes, such as:

 <p>KNIT FOR HOPE – knitted hats and breast prostheses (“Knitted Knockers”) for patients Countless hours! Over 720 Knitted Hats and 840 “Knitted Knockers”</p>	<p>MELODIES@NCCS – soothing music performances at patient waiting areas 110 music sessions</p> 
 <p>S.N.A.C.K.S. – a snack distribution programme for patients undergoing chemotherapy 96 volunteers, over 960 hours</p>	<p>COMMUNITY OUTREACH – supporting events that empower the public community with the right knowledge to help themselves and their loved ones</p> 
 <p>PATIENT GUIDES – friendly guidance for registering patients and their wayfinding around the centre More than 50 volunteers, over 870 hours</p>	<p>FUNDRAISING – supporting events that raise funds and support for patient care and research 140 volunteers, over 1,200 hours for outreach & fundraising</p> 



For roles that require a formal dress code, or are stationary at a prominent place, volunteers would continue to don the sunny yellow vests during their duty.

Special recognition was given to top 10 contributors of the most volunteer hours during the past financial year, and 10 others, who had most consistently been volunteering every year for the past three years. They were presented with gifts especially handmade by the members of the volunteer management team.

Volunteer Ms Adeline Lim was the top contributor of the most volunteer hours in the past year. She was also one of the awardees of the SingHealth Inspirational Patient Award 2018 for her encouraging contributions across several

volunteer programmes. Many of the attendees took a sharp breath in amazement when volunteer Ms Goh Chok Hia was announced to have contributed over 520 hours across 2 key programmes over 3 years. Incidentally, Ms Goh was also the “Top Hat Contributor”, having knitted more than 120 hats in a year for patients!



Dr Tan Hiang Khoon presenting the “Most Committed Volunteer” (long service) award to Ms Goh Chok Hia

On behalf of all of us here at NCCS, our patients and their caregivers: we thank you for your time, talent and love.



Guest-of-Honour Dr Vijay Kumar Sethi delivering the opening speech



Dance performance by M.A.D.



Recital of Joy music interest group serenades guests



Guests enjoy a light-hearted moment during a games session

Cancer is the number one killer in Singapore.



The National Cancer Centre Singapore has helped patients become survivors for nearly two decades. For many, we are a symbol of hope. Our centre of excellence is staffed by over 300 researchers and cancer specialists working to provide earlier diagnosis, the latest treatments and more personalised patient care.

We know cancer is on the rise. And we need to be ready. Help us Make More Survivors today and in the future.

Donate at nccresearchfund.give.asia/makemoresurvivors

All donations go to funds for patient care and cancer research.



National Cancer
Centre Singapore
SingHealth



NCCS
CANCER FUND
Part of SingHealth Fund

OUTREACH – PUBLIC FORUMS, CANCERWISE WORKSHOP, UPCOMING EVENTS FOR THE GENERAL PUBLIC



Public Forum	Date, Time, Venue	Registration
<p>Lung Cancer</p> <p>TOPICS:</p> <ul style="list-style-type: none"> • Risk Factors • Signs & Symptoms • Screening & Treatment • Recent Advanced Therapies 	<p>10 November 2018, Saturday</p> <p>ENGLISH SESSION Time: 11.15am to 12.30pm (Registration: 10.45am to 11.15am)</p> <p>National Cancer Centre Singapore Peter & Mary Fu Auditorium, Level 4 11 Hospital Drive, Singapore 169610</p>	<p>FREE ADMISSION</p> <p>Strictly no admission for children below 12 years old. Registration is a MUST as seats are limited.</p> <p>PHONE REGISTRATION ONLY Open for registration Please call: 6225 5655 Monday – Friday: 8.30am to 5.30pm</p>

Upcoming Event	Date, Time, Venue
<p>Lung Cancer Awareness Month Roadshow</p> <p>ACTIVITIES:</p> <p>Lung Inflatable exhibit, quizzes, upcoming events and cancer information publications subscriptions.</p> <p>Learn about the lung, cautious signs and symptoms of lung condition.</p> <p>Attempt the quizzes and take home unique token!</p>	<p>3 November 2018, Saturday</p> <p>10am to 8pm</p> <p>LOT One Shoppers' Mall 101 Thomson Road Singapore 307591</p>

The information is correct at Press time. NCCS reserves the right to change programmes or speaker without prior notice.

SEMINARS / FORUMS / TUMOUR BOARDS / SMC-CME ACTIVITIES FOR MEDICAL PROFESSIONALS ONLY

NOVEMBER 2018

Date	Time	Event Information	CME Pt	Registration Contact
1, 8, 15, 22, 29	11.30 am	Lung Tumour Board Combine SGH-NCCS Meeting @ SGH Blk 2 Level 1, Radiology Conference Room	1	Christina Lee Siok Cheng 6704 8388 christina.lee.s.c@nhcs.com.sg
1, 15	5.00 pm	Combined Morphology Round Meeting @ Academia, Diagnostic Tower, Level 9, Histopathology Microscopy Teaching Room	1	Alvin Loh Chang Kit / Nurul Amirah 6326 6015 / 6436 8720 alvin.loh.c.k@sgh.com.sg / nurul.amirah.hajis@nccs.com.sg
7, 14, 21, 28 1, 8, 15, 22, 29 2, 9, 16, 23, 30 5, 12, 19, 26	4.30 pm 4.30 pm 4.30 pm 5.00 pm	NCCS Tumour Board Meetings: Sarcoma Tumour Board Meeting Surgical Oncology Tumour Board Meeting Breast Tumour Board Meeting Head & Neck Tumour Board Meeting @ NCCS Level 2, Clinic C, Discussion Room	1 1 1 1	Kathy Wu / Mas 6436 8723 / 6436 8294 kathy.wu.s.k@nccs.com.sg / mas.ayu.kamsam@nccs.com.sg Lynne / Nora 6576 2042 / 6576 2037 tan.peek.ling@singhealth.com.sg / noralina.ali@singhealth.com.sg Angela 6576 1731 angela.liew.m.f@singhealth.com.sg
7, 14, 21, 28	1.00 pm	Gynae-Oncology Tumour Board Meeting @ NCCS Level 1, Clinic A, Discussion Room	1	Kathy Wu / Mas 6436 8723 / 6436 8294 kathy.wu.s.k@nccs.com.sg / mas.ayu.kamsam@nccs.com.sg
7, 14, 21, 28	12.30 pm	S'Health Hepato-Pancreato-Biliary Tumour Board @ NCCS Level 4, Peter & Mary Fu Auditorium	1	Saratha / Carol 6436 8165 / 6436 8539 saratha.v.gopal@nccs.com.sg / carol.tang.w.c@nccs.com.sg
23	5.00 pm	NCCS Neuro Onco Tumour Board Meeting @ Academia, Diagnostic Tower, Level 9 Histopathology Microscopy Teaching Room	1	Saratha 6436 8165 saratha.v.gopal@nccs.com.sg
29	7.30 am	Endocrine and Rare Tumour Meeting @ NCCS Level 2, Clinic C, Discussion Room	1	Nural Amirah 6436 8720 saratha.v.gopal@nccs.com.sg
1, 8, 15, 22, 29	12.00 pm	Upper GI Tumour Board Meeting @ NCCS Level 4, Peter & Mary Fu Auditorium	1	Carol Tang / Ang Hui Lan 6436 8539 / 6436 8174 carol.tang.w.c@nccs.com.sg / dmoahl@nccs.com.sg

SEMINARS / FORUMS / TUMOUR BOARDS / SMC-CME ACTIVITIES FOR MEDICAL PROFESSIONALS ONLY

DECEMBER 2018

Date	Time	Event Information	CME Pt	Registration Contact
6, 13, 20, 27	11.30 am	Lung Tumour Board Combine SGH-NCCS Meeting @ SGH Blk 2 Level 1, Radiology Conference Room	1	Christina Lee Siok Cheng 6704 8388 christina.lee.s.c@nhcs.com.sg
6, 20	5.00 pm	Combined Morphology Round Meeting @ Academia, Diagnostic Tower, Level 9 Histopathology Microscopy Teaching Room	1	Alvin Loh Chang Kit / Nurul Amirah 6326 6015 / 6436 8720 alvin.loh.c.k@sgh.com.sg / nurul.amirah.hajjis@nccs.com.sg
5, 12, 19, 26 6, 13, 20, 27 7, 14, 21, 28 3, 10, 17, 24, 31	4.30 pm 4.30 pm 4.30 pm 5.00 pm	NCCS Tumour Board Meetings: Sarcoma Tumour Board Meeting Surgical Oncology Tumour Board Meeting Breast Tumour Board Meeting Head & Neck Tumour Board Meeting @ NCCS Level 2, Clinic C, Discussion Room	1 1 1 1	Kathy Wu / Mas 6436 8723 / 6436 8294 kathy.wu.s.k@nccs.com.sg / mas.ayu.kamsam@nccs.com.sg Lynne / Nora 6576 2042 / 6576 2037 tan.peek.ling@singhealth.com.sg / noralina.ali@singhealth.com.sg Angela 6576 1731 angela.liew.m.f@singhealth.com.sg
5, 12, 19, 26	1.00 pm	Gynae-Oncology Tumour Board Meeting @ NCCS Level 1, Clinic A, Discussion Room	1	Kathy Wu / Mas 6436 8283 / 6436 8294 kathy.wu.s.kf@nccs.com.sg / mas.ayu.kamsam@nccs.com.sg
5, 12, 19, 26	12.30 pm	S'Health Hepato-Pancreato-Biliary Tumour Board @ NCCS Level 4, Peter & Mary Fu Auditorium	1	Saratha / Carol 6436 8165 / 6436 8539 saratha.v.gpoal@nccs.com.sg / carol.tang.w.c@nccs.com.sg
28	5.00 pm	NCCS Neuro Onco Tumour Board Meeting @ Academia, Diagnostic Tower, Level 9 Histopathology Microscopy Teaching Room	1	Saratha 6436 8165 saratha.v.gopal@nccs.com.sg
27	7.30 am	Endocrine and Rare Tumour Meeting @ NCCS Level 2, Clinic C, Discussion Room	1	Nurul Amirah 6436 8720 nurul.amirah.hajjis@nccs.com.sg
6, 13, 20, 27	12.00 pm	Upper GI Tumour Board Meeting @ NCCS Level 4, Peter & Mary Fu Auditorium	1	Carol Tang / Ang Hui Lan 6436 8539 / 6436 8174 carol.tang.w.c@nccs.com.sg / dmoahl@nccs.com.sg

PATIENT SUPPORT PROGRAMMES – CALENDAR OF EVENTS

FOR ALL CANCER PATIENTS, CANCER SURVIVORS & CAREGIVERS

Date/Day	Time	Venue	Programme	Facilitator
SUPPORT GROUP				
5 October (Friday)	6.30pm – 9.00pm	NCCS Function Room, Level 4	Nasopharyngeal Cancer (NPC) Support Group: Members' Sharing – Healing of the Mind, Body & Spirit	NPC Support Group Members
6 October (Saturday)	2.30pm – 4.30pm	NCCS Meeting Room 1 & 2, Level 4	Sinar Harapan (Malay) Support Group: Doctor, Can We Talk? (Mari berbincang bersama pakar doctor)	Ms Candace Ong , Senior Medical Social Worker & Ernalisah Subhi Medical Social Workers, NCCS
20 October (Saturday)	11.00am – 2.00pm	TBC	Adolescent & Young Adult / Sarcoma Support Group: Basic Coffee Appreciation Talk: What Can / Should I Eat?	Mr Ng Yong Hao Medical Social Worker, NCCS
20 October (Saturday)	2.00pm – 4.30pm	NCCS Function Room, Level 4	The Revival Connection Support Group: Crafting my Bucket List	Ms Jacinta Phoon Principal Medical Social Worker
27 October (Saturday)	8.00am – 12.00 noon	TBC	Breast Cancer Support Group: Outdoor Nature Event: Walk the Talk	Ms Ranitha Govindasamy Medical Social Worker, NCCS
3 November (Saturday)	10.00am – 12.00noon	NCCS Function Room, Level 4	At Risk of Cancer (ARC) Support Group: End of Year Party: Reflect & Rejoice	Ms Chen Yanni Senior Medical Social Worker, NCCS
8 November (Thursday)	5.30pm – 8.30pm	NCCS Function Room, Level 4	Breast Cancer Support Group: Communicating from My Heart: Things that Matters Most	Dr Gilbert Fan Master Medical Social Worker & Psychotherapist (Satir), NCCS
9 November (Friday)	6.30pm – 9.00pm	NCCS Function Room, Level 4	Nasopharyngeal Cancer (NPC) Support Group: Members' Sharing – Healing Through Exercise	NPC Support Group Members
10 November (Saturday)	2.30pm – 4.30pm	NCCS Function Room, Level 4	Sinar Harapan (Malay) Support Group: Health Lifestyle – Exercise Well (Gaya Hidup Sihat – Senaman bersama)	Ms Candace Ong , Senior Medical Social Worker & Ernalisah Subhi , Medical Social Workers, NCCS
17 November (Saturday)	TBC	TBC	Adolescent & Young Adult / Sarcoma Support Group: Celebrating Our Caregivers	Mr Ng Yong Hao Medical Social Worker, NCCS
17 November (Saturday)	2.00pm – 4.30pm	NCCS Function Room, Level 4	The Revival Connection (TRC) Support Group: Dealing with Insomnia and Stress-Relief Exercise	TBC
8 December (Saturday)	TBC	TBC	Breast Cancer Support Group: Makanmania	Ms Ranitha Govindasamy Medical Social Worker, NCCS
PSYCHO-EDUCATIONAL & SOCIAL-RECREATIONAL ACTIVITIES				
12 October (Friday)	2.30pm – 4.30pm	NCCS Function Room, Level 4	Living Well Programme: Mindful Living	A/Prof Peter Mack Senior Consultant, SGH
20 October (Saturday)	2.00pm – 5.00pm	NCCS Meeting Room 1 & 2, Level 4	Patient Empowerment Programme: Adopting A Positive Outlook	Dr Gilbert Fan Master Medical Social Worker & Psychotherapist (Satir), NCCS
For registration and enquiries, please contact Patient Support at 6436 8668 or email: patientsupport@nccs.com.sg			PROGRAMME REGISTRATION AND CONFIRMATION IS REQUIRED. <i>Details of the programmes may be subjected to changes without prior notice. Please check with the organisers for any updates.</i>	

PATIENT SUPPORT PROGRAMMES – CALENDAR OF EVENTS

FOR ALL CANCER PATIENTS, CANCER SURVIVORS & CAREGIVERS

Date/Day	Time	Venue	Programme	Facilitator
PSYCHO-EDUCATIONAL & SOCIAL-RECREATIONAL ACTIVITIES				
26 October (Friday)	6.30pm – 8.00pm	NCCS Function Room, Level 4	Patient & Caregiver Orientation Programme: Understanding Healthcare Finances & Cancer Care Services	Mr Ng Yong Hao Medical Social Worker, NCCS
7 November (Wednesday)	6.30pm – 8.00pm	NCCS Function Room, Level 4	Living Well Programme: Diet & Nutrition in Cancer Post-Treatment & Survivorship	TBC
9 November (Friday)	2.30pm – 4.30pm	NCCS Function Room, Level 4	Patient & Caregiver Orientation Programme: Exercising Right	TBC
24 November (Saturday)	2.00pm – 5.00pm	NCCS Function Room, Level 4	Patient Empowerment Programme: Family Bonding	Dr Gilbert Fan Master Medical Social Worker & Psychotherapist (Satir), NCCS
THERAPY & THERAPEUTIC GROUP				
4 October; 1 November (Thursdays)	3.00pm – 4.30pm	SGH Ward 48 Activity Room	Open Art Studio (For Inpatients and their caregivers only)	Ms Jun Lee Art Therapist
3 November (Saturday)	2.00pm – 4.30pm	NCCS Function Room, Level 4	(w)Rite Your Life!	Ms Phyllis Wong Senior Medical Social Work Associate, NCCS
26-28 November (Monday- Wednesday)	10.00am – 3.00pm	Leukemia & Lymphoma Foundation*	Art Express	Ms Saryna Ong & Mr Travis Loh Principal Medical Social Workers, NCCS
INTEREST GROUP				
17 October (Wednesday)	7.00pm – 9.30pm	NCCS Function Room, Level 4	PRINTS: Photography Interest Group: Edit & Book Creation	Ms Marina Zuccarelli
2, 9, 16, 23, 30 October; 13, 20, 27 November; 4, 11, 18 December (Tuesdays)	6.30pm – 7.30pm	NCCS Function Room, Level 4	Living Well with Yoga: Exercise Programme for Cancer Patients & Cancer Survivors (Term 4 from October to December 2018 – 11 sessions programme)	External Yoga Teacher
6 & 20 October; 3 & 17 November (Saturdays)	2.30pm – 4.30pm	SingHealth Outram Campus	Recital of Joy: Music Interest Group	Instructor From Music Solutions
21 November (Wednesday)	7.00pm – 9.30pm	NCCS Function Room, Level 4	PRINTS: Photography Interest Group	Ms Marina Zuccarelli
For registration and enquiries, please contact Patient Support at 6436 8668 or email: patientsupport@nccs.com.sg			PROGRAMME REGISTRATION AND CONFIRMATION IS REQUIRED. <i>Details of the programmes may be subjected to changes without prior notice. Please check with the organisers for any updates.</i>	

*Leukemia & Lymphoma Foundation: 10 Sinaran Drive, Novena Medical Centre #10-20 Singapore 307506



PALLIATIVE CARE

FACTS & MYTHS Q&A

What is palliative care?
Is it only for the terminally ill?

HealthXchange

Ask the
Specialist
Forum



With an aging population, and advancements in cancer detection and treatments, an increasing number of cancer survivors and patients with advanced cancers are now living longer than in the past. These patients may face a myriad of physical, emotional, and psychosocial issues related to the cancer itself and its treatment, which can potentially compromise their quality of life, if not addressed.

Ask **CONSULTANT GRACE YANG** from the **Division of Supportive and Palliative Care** at **National Cancer Centre Singapore**, all about the facts and myths surrounding cancer survivorship, supportive and palliative care.



View all questions and replies on
<http://www.healthxchange.sg/forums>

HealthXchange.sg



PUBLISHED BY NCCS CORPORATE COMMUNICATIONS

Editorial Advisors

Prof William Hwang
Dr Tan Hiang Khoon

Editorial Consultant

Mr Sunny Wee

Executive Editors

Ms Rachel Tan
Ms Gillian Tan
Ms Siti Zawiyah
Mr Alson Tan
Ms Lien Wanting

Members, Editorial Board

Assoc Prof Lita Chew
Adj Assoc Prof Melissa Teo
Dr Teo Tze Hern
Dr Mohd Farid
Ms Jenna Teo
Ms Sharon Leow

SALUBRIS is produced with you in mind. If there are other topics related to cancer that you would like to read about or if you would like to provide some feedback on the articles covered, please email to corporate@nccs.com.sg.

NATIONAL CANCER CENTRE SINGAPORE

Reg No 199801562Z

11 Hospital Drive Singapore 169610
Tel: (65) 6436 8000 Fax: (65) 6225 6283

www.nccs.com.sg
www.facebook.com/NationalCancerCentreSingapore
www.linkedin.com/company/NationalCancerCentreSingapore
www.instagram.com/NationalCancerCentreSG