



Obstetrical & Gynaecological  
Society of Malaysia

# The OGSM newsletter

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September 2008

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## The President's Message

Dear Colleagues,

Greetings to you. Hope this newsletter finds you in the best of health. Hope it also provides you with pleasant reading unlike our newspapers nowadays.

It has been 3 months since the 18th Congress of the Obstetrical and Gynaecological Society of Malaysia. The Council had already met 3 times to plan for the year ahead despite the acute rise in petrol price. Let me highlight to you some of the events which had taken place and several of the issues that were discussed.

The 18th Congress which was held from the 5th to the 8th of June, at the Gentings International Convention Centre was extremely successful. With 650 registrants, 82 exhibition booths, 2 concurrent lunch symposiums on each day and even a tea symposium it was one of the biggest congresses so far.

Many had commended on the scientific programme which was interesting and thought provoking. I would like to thank Professor Jamil and Dr Helena Lim for a job well done. The scientific sessions went on smoothly and there were no major glitches due to the attention paid by them to even the minute details.



Trust Dr Farouk to organise an original yet unusual Annual Banquet. Black and white, a splash of red and a face mask was the dress code. The Brazilian Dances and Adeebah Noor kept us all entertained. Many took the menu with the uniquely named dishes back for remembrances.

Overall, the Congress went well. The society made a healthy profit which should keep us going till the next year.

The Annual General Meeting went on smoothly and was a fairly tame affair. Unlike our Parliament, there were no shouting matches, name calling nor walk outs. Professor Muhammad Abdul Jamil was elected the President Elect for 2008/2009. Several pertinent issues were raised during the annual general meeting. The issue of I.S. Puvan OBGYN Foundation was discussed at great length. The House felt that with many unresolved issues with the Foundation it was in the interest of the OGSM to withdraw its participation in the Foundation. However, the I.S. Puvan Memorial Lecture at the OGSM Annual Scientific Congress will be ongoing.

Prior to the congress there were many workshops. All of them were successful and very well attended. I must congratulate all the organisers. Of special

mention is the Life Saving Skills Course organised in collaboration with the Royal College of Obstetricians & Gynaecologists, United Kingdom with the support of the Ministry of Health. I would like to thank Dr Gunasegaran and his team for bringing this course to the Malaysian shores for the very first time. We hope to make this ongoing, for the benefit of our members and other health professionals.

Professor Jamil, the Organising Chairman for the 19th OGSM Congress 2009 has already started working on the next congress. We plan to take the congress out of K.L next year and Professor Jamil is looking at various venues in and even out of the country.

Dr Wong Pak Seng has been given the task to redesign our website to make it more interactive. We want to have more online participation from our members. Perhaps, our newsletter can be electronic in the future.

With Warm Regards,

**Dr A Baskaran**  
*President*





## 1. NEWSLETTER

We have started the new format of the newsletter but not all sections have been successful. The President's, Secretary's and Treasurer's pages continue as previous editions. The subspecialty column has taken off and we hope that it continues to expand. The letters to the editor has started and it is hoped that it will bring more members forward with their views and opinions. This may be the only other channel that we as members of the OGSM can show what we feel and believe in and may help the council in making decisions over the year.

## 2. ANNUAL SCIENTIFIC CONFERENCE 2008

The annual scientific conference was held at First World Hotel in Genting from the 5<sup>th</sup> to the 8<sup>th</sup> of June, 2008. It was held with a great success with about 650 participants registered and more than 80 booths advertising their wares and promoting them with free gifts. There were many foreign and local speakers making the event a great success with a variety of talks aimed at the various level of participants as well as a diverse level of topics and subspecialties. The hotel lobby was so big and impressive that some of the foreign speakers thought that it was a train station. The early morning sessions of meeting the experts continue to be a crowd favourite where diverse questions from the general participants were answered by the panels of experts.

## 3. NEWSPAPER REPORTS

Recently there have been many reports with regards to doctors, patients or general health issues which involve the Obstetrics and Gynaecology fraternity. In general, the OGSM has been silent as we only write back if there is an obvious and direct involvement for the OGSM. We would like to know what members think and if we should respond to these newspaper articles. What stand should we take? Do we represent the fraternity by putting out statements that represent the society as our standing opinion or position? Would the council be representing the general body if it has to make decisions in haste? Would we be open to litigation in our stand? Do we need to get legal opinions and have a law company representing us? This will definitely increase the cost of running the association which is already escalating.

## 4. LIFE SAVING SKILLS COURSE

The first course was conducted with the lecturers

from the RCOG and Liverpool School of Tropical Medicine. There were 8 lecturers from overseas and about 40 local participants. It was held at the Eastin Hotel from the 2<sup>nd</sup> to 4<sup>th</sup> June. A teach the trainers course was held on the 5<sup>th</sup> of June where there were 12 participants short listed for subsequent echo training.

We have held the second course for the medical officers in August at Hospital Klang as a trial for our local lecturers. This was their first experience to try out the course. They will subsequently run more courses for specialists, medical officers and midwifery staff.

There is also a plan for another course for specialists later this year. There should be some speakers from the United Kingdom along with our local speakers conducting this course. We hope that this course will equally be a success.

The future may see us spreading our wings elsewhere. Firstly, we may have to modify the course for medical officers as well as midwives. Our next ambition may be to spread our wings to our poorer neighbours where we can take the lead to train medical staff of our neighbouring countries.

## 5. FUTURE CONFERENCES

The Asia Oceania Congress of Obstetrics and Gynaecology 2009 will be held in Sky City Hotel, Auckland, New Zealand from the 26<sup>th</sup> to 30<sup>th</sup> March, 2009. There has been a request for submission of papers in the free communications or poster presentations.

FIGO will also be held at Cape Town, South Africa in October 2009. Interested members can get more details from the internet.

**SELAMAT HARI RAYA TO OUR MUSLIM MEMBERS IN OCTOBER AND A GOOD FASTING MONTH IN SEPTEMBER.**

**A HAPPY DEEPAVALI TO OUR HINDU MEMBERS IN OCTOBER.**

**Dr H Krishna Kumar**

*Hon Secretary*

# Report on the Scientific Programme

## 18<sup>th</sup> OGSM Congress



Dear Members of the Society,

Thank you so much for giving me this opportunity to say a few words with regards to the 18th Congress of the Obstetrical & Gynaecological Society of Malaysia, which was held from the 5th to the 8th of June 2008 at the Genting International Convention Centre. The Congress went well generally. We have had an unprecedented number of participants (approximately 650) and the experience was certainly an unforgettable one.

My sincere thanks to Dr Baskaran, the ever resourceful and capable Organizing Chairman of the Congress, who have given me the opportunity to serve as the Co-chairman of the Scientific programme for the Congress. I must admit that the task was completely new and challenging for me as the new member of the Council. However, at the end of the day, I find this experience most rewarding and enriching. I owe a big thank you to Dr Baskaran for his guidance and leadership. Professor MA Jamil, the chairman of the Scientific Programme, who has given me plenty of opportunities to learn about organization of such an important event. I would like to take this opportunity to thank him as well.

As you would have noticed, the scientific programme had evolved significantly from single plenary lectures to its current form. The scientific programme for the 18th Congress of OGSM started off with the Puvan Memorial Lecture and the President's Lecture. The remaining programmes were divided into 2 concurrent symposia. Each symposium has its unique theme consisting of 3 different lectures. These changes came about as we realized that the number of the members of the society has increased dramatically over the last few years and we feel that we should have more concurrent sessions to address the diverse interest of the members of the society. I am pleased to hear that this has been well accepted. I am sure there are rooms for improvement and I welcome any constructive suggestions to improve on the quality of the scientific programme.

We were honoured to have the collaboration from the Royal College of Obstetricians & Gynaecologists (RCOG), UK for this 18th Congress of the OGSM. The RCOG was represented by five world renowned speakers, including Professor Allan Templeton, the Past-President, Professor Arulkumaran, the President, Dr Andrew Shennan, Dr Sailesh Kumar and Dr David Farquharson. Their presence had enriched the quality of the scientific programme. All of them have been most supportive and had graciously accepted our invitations immediately when we asked. We are also honoured to have Dr Beh Suan Tiong, the President of the Obstetrical & Gynaecological Society of Singapore (OGSS) as our speaker. He had brought 20 other members of the OGSS by a coach all the way up to Genting Highlands. We are very touched by his unrelenting support and assistance.

I am also very touched by the support of the members of the society who had graciously accepted our invitation to be the speakers, chairman and judges for the free communications. The Scientific programme would not have been successful without your kind support and participation. I would like to take this opportunity to say thank you.

The scientific programme had encompassed some other interesting programmes such as the Registrar debates and the Consultant debate. We were entertained by the wits and charms of Professor Osborne Viegas and Dato' Subramaniam who had kindly accepted our invitation to debate on the topic 'O & G for Female Specialists only'. Professor Viegas and Dato' Subramaniam had a debate 4 years ago during the 14th Congress of OGSM and it was such a great pleasure to see both of them on the stage again trying to out-do each other in every aspect. We also had the great pleasure to witness the capability of our young and budding O & G Registrars during the Registrar debate. We are pleased to have the participation of the team of Registrars from the OGSS. We hope that this will further strengthen the ties between the two societies.



I would like to thank Mr Chong, the Secretary of the Organizing Committee, who had assisted me in every aspect throughout the organization of the Congress. I could not have done this without his efficiency and capabilities. Dr Mohamad Nasir Shafiee & Dr Yulianty Arifuddin, the Registrars from Universiti Kebangsaan Malaysia, who had assisted me throughout the Congress as floor managers, my sincerely thanks to both of them.

Last but not the least, I would like to thank the members of the society for their constant support for making this event a memorable one. It is our mission to serve the members of the society and I am keen to ensure that the upcoming Congress would continue to safeguard the welfare and fulfill the needs and expectations of all the members of the society.

**Dr Helena Lim Yun-Hsuen**

*Assistant Honorary Secretary*

*Co-Chairman for the Scientific Programme, 18<sup>th</sup> Congress of OGSM*



# REPORT ON OGSM-RCOG LIFE SAVING SKILLS COURSE (LSSC) AND TRAINING OF TRAINERS COURSE (TOT)

2 - 5 June 2008, Eastin Hotel, Petaling Jaya



## Objectives of Course:

1. To initiate a course on emergency obstetric skills in a structured and standardized manner that can be replicated throughout the country
2. To initiate a joint partnership with the RCOG to conduct this course
3. To partner with the MOH in developing a long term educational strategy to educate all obstetric health care workers in emergency obstetric skills
4. To train a core group of trainers who can conduct this course throughout the country to all levels of obstetric health care staff

## Preparations:

The preparations started almost a year ago with communications with the RCOG overseas office and the MOH. The support from the MOH was quick and encouraging and this gave the organisers the impetus to proceed. Preparations included sourcing for the manikins locally to save cost and custom issues.

An initial budget of RM150,000 was allocated and this was later revised to RM 180,000. 70% of the cost went to the equipment and manikins which can be reused for future courses. The response to the Course was overwhelming and several doctors had to be turned away as the places were limited being a hands-on workshop. Each participant had to pay a registration fee of RM500 and the TOT fee was absorbed by the OGSM. This fee is heavily subsidised by the OGSM.

## A) LSS COURSE, 2-4 June 2008

The LSSC was officially opened by the President of OGSM on 2nd June 2008 at Eastin Hotel. Dr Farouk represented the MOH and outlined the Ministry's objectives, strategies and plans to develop a partnership with OGSM to educate and train medical staff in emergency obstetric care (see appendix 1 for the programme). The faculty consisted of 8 consultants from the RCOG, 1 from the OGSM and 1 administrative assistant (see appendix 2 for list). Mr Chong as always provided the backbone support to all the organisations and the last minute preparations. There were 40 participants and all were consultants (see appendix 3). The participants consisted of 9 private gynaecologists, 6 from the university and 25 from the MOH. The MOH participants were from each of the states including East Malaysia.

The course started with a pretest knowledge and skills test and the course proper consisted of short lectures, breakout sessions with the faculty, scenarios and demonstrations. All participants had to purchase the Life Saving Skills Manual from the OGSM at a cost of RM50 in addition to the course material. Each lecture had a written feedback and each day ended with a feedback and meet the mentor session. Overall the participants found that they benefited immensely and would return and conduct similar course for their labour room staff in a more structured module with more skills demonstrations. The faculty found that we were all both knowledgeable and skilled and they understood that the category of participants chosen was intended to be trainers in some ways. The course ended with a certificate presentation by the course director.

## B. TOT Course, 5 June 2008

12 doctors were pre-selected. 3 were private gynaecologists and 9 were from the MOH representing the various states (see appendix 4). The same RCOG faculty of 8 conducted this and it consisted of lecturing, scenario teaching and skills teaching (see appendix 5). The course was indeed useful and these 12 trainers have to conduct the next course with the supervision by the RCOG before they can be certified.

## RECOMMENDATIONS

1. The course should be repeated jointly with the MOH and RCOG.
2. Eventually the course should be conducted with local trainers only and maybe 1-2 from RCOG to oversee standards.
3. The course should be conducted at three levels, i.e. specialist, medical officers and midwives.
4. Funding should be allocated annually to continue with this OGSM project.
5. The course should be rotated to the different regions, i.e. northern, southern, eastern and East Malaysia.

**Dr Gunasegaran PT Rajan**

Course Director  
LSSC, OGSM

## Appendix 1: Overall Course Programme 2nd to 4th June 2008

| <b>DAY 1</b> |  | <b>2<sup>nd</sup> June 2008</b>          |                                   |
|--------------|--|--|-----------------------------------|
| <b>07.50</b> | <b>Registration</b>                            |  |                                   |
| <b>08.10</b> | <b>Pre Course skills assessment</b>            | Course Assessor                          | <b>John Williams</b>              |
| <b>08.25</b> | <b>Pre Course knowledge test</b>               | Course Assessor                          | <b>John Williams</b>              |
| <b>08.40</b> | <b>Welcome address</b>                         | OGSM President                           | <b>Dr S Sevellaraja</b>           |
| <b>08.45</b> | <b>Opening speech</b>                          | MOH Representative                       | <b>Dr Mohamad Farouk Abdullah</b> |
| <b>08.55</b> | <b>Introductions and purpose of the course</b> | Course Director                          | <b>David Goodall</b>              |
| <b>10.15</b> | <b>Lecture:</b>                                | ABCs                                     | <b>Alison Kirkpatrick</b>         |
| <b>10.30</b> | <b>Coffee Break</b>                            |  |                                   |
| <b>10.50</b> | <b>Lecture:</b>                                | Maternal resuscitation                   | <b>Maneesh Singh</b>              |
| <b>11.05</b> | <b>Demonstration:</b>                          | The ABC approach (Maneesh, Carol, Julie) | <b>Commentator: David Goodall</b> |
| <b>11.25</b> | <b>Lecture:</b>                                | Care of the newborn                      | <b>Carol Murphy</b>               |
| <b>11.45</b> | <b>Breakout- skills:</b>                       | Resuscitation                            |                                   |

| Room         | 1      | 2                      | 3                   | 4              |
|--------------|--------|------------------------|---------------------|----------------|
| Skill        | Airway | CPR-Basic life support | Care of the newborn | Venous cutdown |
| <b>11:45</b> | A      | B                      | C                   | D              |
| <b>12:05</b> | D      | A                      | B                   | C              |
| <b>12:25</b> | C      | D                      | A                   | B              |
| <b>12:45</b> | B      | C                      | D                   | A              |

**13.05 Lunch**

**14.00 Lecture:** Shock and the unconscious patient **Julie Aldred**

**14.20 Breakout-scenarios:** Shock and the unconscious patient

| Room         | 1           | 2            | 3      | 4           |
|--------------|-------------|--------------|--------|-------------|
| Scenario     | Unconscious | Hypovolaemia | Septic | Cardiogenic |
| <b>11:45</b> | A           | B            | C      | D           |
| <b>12:05</b> | D           | A            | B      | C           |
| <b>12:25</b> | C           | D            | A      | B           |
| <b>12:45</b> | B           | C            | D      | A           |

**15:40 Tea Break & Meet Your Mentor** **Alison Kirkpatrick**

**16:00 Group work:** Communication, triage, referral

**16:30 Feedback from group work**

**17:00 General feedback from participants + closure**

**DAY 2****3<sup>rd</sup> June 2008****8:00 Registration****8:25 Lecture:** Pre eclampsia and eclampsia**Devender Roberts****Time Breakout:** Scenarios and workshops: Pre-eclampsia and eclampsia

| Room     | 1                      | 2                        | 3                        | 4                              |
|----------|------------------------|--------------------------|--------------------------|--------------------------------|
| Scenario | Workshop - Recognition | Scenario Management BEOC | Scenario Management CEOC | Workshop –BP and Fluid balance |
| 08:45    | A                      | B                        | C                        | D                              |
| 09:05    | D                      | A                        | B                        | C                              |
| 09:25    | C                      | D                        | A                        | B                              |
| 09:45    | B                      | C                        | D                        | A                              |

**10:05 Lecture** Haemorrhage**David Goodall****10:25 DVD** Active Management of third stage of Labour**10:45 Coffee Break and Meet Your Mentor****11.05 Breakout** Workshop and Scenarios: Haemorrhage

| Room               | 1                             | 2                       | 3                            | 4                          |
|--------------------|-------------------------------|-------------------------|------------------------------|----------------------------|
| Scenario /Workshop | Workshop : Volume Replacement | Scenario: Atonic Uterus | Scenario: Placenta abruption | Scenario: Placenta praevia |
| 11.05              | A                             | B                       | C                            | D                          |
| 11.30              | D                             | A                       | B                            | C                          |
| 11.55              | C                             | D                       | A                            | B                          |
| 12.20              | B                             | C                       | D                            | A                          |

**12.45 Lecture** Sepsis**John Williams****13.05 Lunch****13.45 Breakout- scenarios:** Sepsis

| Room     | 1                   | 2                     | 3                     | 4             |
|----------|---------------------|-----------------------|-----------------------|---------------|
| Scenario | Sepsis in pregnancy | Sepsis after delivery | Sepsis after abortion | Severe sepsis |
| 13:45    | A                   | B                     | C                     | D             |
| 14:05    | D                   | A                     | B                     | C             |
| 14:25    | C                   | D                     | A                     | B             |
| 14:45    | B                   | C                     | D                     | A             |

**15:05 Lecture** Obstetric emergencies**Maneesh Singh****15:25 DVD** Breech**Maneesh Singh****15:45 Tea Break & Meet Your Mentor****16:10 Breakout- skills:** Obstetric emergencies

| Room   | 1      | 2                 | 3             | 4     |
|--------|--------|-------------------|---------------|-------|
| Skills | Breech | Shoulder dystocia | Cord prolapse | Twins |
| 16:10  | A      | B                 | C             | D     |
| 16:30  | D      | A                 | B             | C     |
| 16:50  | C      | D                 | A             | B     |
| 17:10  | B      | C                 | D             | A     |

**17:30 General feedback from participants + closure**



**DAY 3****4<sup>th</sup> June 2008****08.00 Registration****08.20 Lecture:** Preventing Obstructed labour**Alison Kirkpatrick****08.45 Breakout:** Workshops and Scenarios : Obstructed labour, use of partograph

| Room         | 1                   | 2                   | 3                 | 4                   |
|--------------|---------------------|---------------------|-------------------|---------------------|
|              | Obstructed labour 1 | Obstructed labour 2 | Obstructed labour | Obstructed labour 4 |
| <b>08.45</b> | A                   | B                   | C                 | D                   |
| <b>09:10</b> | D                   | A                   | B                 | C                   |
| <b>09:35</b> | C                   | D                   | A                 | B                   |
| <b>10:00</b> | B                   | C                   | D                 | A                   |

**10:25 Lecture** Assisted delivery**John Williams****10:45 DVD** Vacuum Delivery**John Williams****11:05 Coffee Break & Meet Your Mentor****11:30 Breakout:** Skills: Assisted delivery

| Room         | 1             | 2             | 3             | 4                        |
|--------------|---------------|---------------|---------------|--------------------------|
| Skills       | Skill: Vacuum | Skill: Vacuum | Skill: Vacuum | Skill: Vacuum or Forceps |
| <b>11:30</b> | A             | B             | C             | D                        |
| <b>11:50</b> | D             | A             | B             | C                        |
| <b>12:10</b> | C             | D             | A             | B                        |
| <b>12:30</b> | B             | C             | D             | A                        |

**12:50 Lunch Break + Meet Your Mentor****13:40 Lecture:** Surgical Skills**David Goodall****14:00 DVD:** C-Section**Maneesh Singh****14:25 Breakout:** Workshops / skills: MVA, Retained placenta, Caesarean section and perineal repair

| Room            | 1                    | 2                        | 3                                   | 4                                  |
|-----------------|----------------------|--------------------------|-------------------------------------|------------------------------------|
| Workshop / case | Skill: MVA and ERPOC | Skill: Retained placenta | Workshop: Difficulties at C Section | Discussion: 3rd & 4th degree tears |
| <b>14:25</b>    | A                    | B                        | C                                   | D                                  |
| <b>14:45</b>    | D                    | A                        | B                                   | C                                  |
| <b>15:05</b>    | C                    | D                        | A                                   | B                                  |
| <b>15:25</b>    | B                    | C                        | D                                   | A                                  |

**15:45 Post Course skills assessment** Course Assessor**John Williams****16:00 Post Course knowledge test** Course Assessor**John Williams****16:15 Handing out of Certificates, official closure of course****16:40 Group photographs****16:45 Departure**

## Appendix 2: List of Faculty

**Dr. David Goodall**, *Consultant Obstetrician & Gynaecologist, Course Director*

**Dr. John Williams**, *Consultant Obstetrician & Gynaecologist, Course Assessor*

**Ms. Julie Aldred**, *Midwife*

**Dr. Alison Kirkpatrick**, *Consultant Obstetrician & Gynaecologist*

**Ms. Carol Murphy**, *Midwife*

**Dr. Devender Roberts**, *Consultant Obstetrician*

**Dr. Maneesh Singh**, *Consultant Obstetrician & Gynaecologist*

**Dr. Gunasegaran PT Rajan**, *Consultant Obstetrician & Gynaecologist*

**Mrs. Christine Williams**, *Course Administrator*

## Appendix 3: List of LSSC Participants

| No | Name                            | Institution                       | Sector     |
|----|---------------------------------|-----------------------------------|------------|
| 1  | Dr Chew Weng Yew                | Pantai Medical Centre             | Private    |
| 2  | Dr Maheswaran Sithampalam       | Damai Service Hospital (HQ)       | Private    |
| 3  | Dr Chan Heng Cheong             | Tung Shin Hospital                | Private    |
| 4  | Dr Sheela Sivagnanasegaram      | Klinik Pakar Wanita Sheela        | Private    |
| 5  | Dr Fong Chee Kin                | Subang Jaya Medical Centre        | Private    |
| 6  | Dr Yogaraj Ramanathan           | Sentosa Medical Centre            | Private    |
| 7  | Dr Noor'aini Binti Kassim Ali   | Sunway Medical Centre             | Private    |
| 8  | Dr Mohd Hafetz Ahmad            | Johor Specialist Hospital         | Private    |
| 9  | Dr Tang Boon Nee                | Subang Jaya Medical Centre        | Private    |
| 10 | Prof Tan Peng Chiong            | University Malaya Medical Centre  | University |
| 11 | Dr Natasha Ain Mohd Nor         | Universiti Kebangsaan Malaysia    | University |
| 12 | Dr Helena Lim Yun Hsuen         | Universiti Kebangsaan Malaysia    | University |
| 13 | Dr Noor Sham Bt Yahya Luddin    | UITM Medical Faculty              | University |
| 14 | Dr Rohani Aziz                  | Universiti Putra Malaysia         | University |
| 15 | Dr Sharifah Halimah Bt Jaafar   | Royal College of Medicine Perak   | University |
| 16 | Dr Norliza Bt Rusli             | Hospital Sultan Haji Ahmad Shah   | MOH        |
| 17 | Dr Mohd Azam Mohd Yusoff        | Hospital Tengku Ampuan Afzan      | MOH        |
| 18 | Dr Krishna Kumar Hari Krishnan  | Hospital Tuanku Ja'afar           | MOH        |
| 19 | Dr Marcus Kang                  | Hospital Umum Sarawak             | MOH        |
| 20 | Dr Nicholas Ngeh Koh Nang       | Hospital Umum Sarawak             | MOH        |
| 21 | Dr J Ravichandran               | Hospital Sultanah Aminah          | MOH        |
| 22 | Dr Nisha Angela Dominic         | Hospital Sultanah Aminah          | MOH        |
| 23 | Dr Mohd Nizar Bidin             | Hospital Tuanku Fauziah           | MOH        |
| 24 | Dr Faridah Mohd Yusof           | Hospital Raja Perempuan Zainab II | MOH        |
| 25 | Dr Hamidah Bte Abdul Jalal      | Hospital Putrajaya                | MOH        |
| 26 | Dr Alvince Dev Edin Abraham     | Hospital Kuala Lumpur             | MOH        |
| 27 | Dr Mimin Tarmini Sachlin        | Hospital Ipoh                     | MOH        |
| 28 | Dr Tan Chew Khang               | Hospital Seri Manjung             | MOH        |
| 29 | Dr Anil G Krishna Dass          | Hospital Pulau Pinang             | MOH        |
| 30 | Dr Ridzwan Abdullah             | Hospital Seberang Jaya            | MOH        |
| 31 | Dr Daniel Roza Bin Duski        | Hospital Kuala Terengganu         | MOH        |
| 32 | Dr Mathi Arasu Muthusamy        | Hospital Tengku Ampuan Rahimah    | MOH        |
| 33 | Dr Malar Kandasamy              | Hospital Tengku Ampuan Rahimah    | MOH        |
| 34 | Dr R Punithanathan              | Hospital Sungai Buloh             | MOH        |
| 35 | Dr Valyakalayil Daniel Philip   | Selayang Hospital                 | MOH        |
| 36 | Dr Carol Lim Kar Koong          | Hospital Likas                    | MOH        |
| 37 | Dr Suguna A/P Subramaniam       | Hospital Likas                    | MOH        |
| 38 | Dr Rethnabhai June Kovil George | Hospital Sultan Abdul Halim       | MOH        |
| 39 | Dr Wan Yoke Har                 | Hospital Melaka                   | MOH        |
| 40 | Dr Nor Azmi Kasim               | Hospital Kuala Lumpur             | MOH        |

## Appendix 4: List of TOT Participants

| No | Name                            | Institution                     | Sector     |
|----|---------------------------------|---------------------------------|------------|
| 1  | Dr Mohd Hafetz Ahmad            | Johor Specialist Hospital       | Private    |
| 2  | Dr Gunasegaran P T Rajan        | Damansara Specialist Hospital   | Private    |
| 3  | Dr Tang Boon Nee                | Subang Jaya Medical Centre      | Private    |
| 4  | Dr Sharifah Halimah Bt Jaafar   | Royal College of Medicine Perak | University |
| 5  | Dr Mohd Azam Mohd Yusoff        | Hospital Tengku Ampuan Afzan    | MOH        |
| 6  | Dr Krishna Kumar Hari Krishnan  | Hospital Tuanku Ja'afar         | MOH        |
| 7  | Dr Marcus Kang                  | Hospital Umum Sarawak           | MOH        |
| 8  | Dr Alvince Dev Edin Abraham     | Hospital Kuala Lumpur           | MOH        |
| 9  | Dr Malar Kandasamy              | Hospital Tengku Ampuan Rahimah  | MOH        |
| 10 | Dr Suguna A/P Subramaniam       | Hospital Likas                  | MOH        |
| 11 | Dr Rethnabhai June Kovil George | Hospital Sultan Abdul Halim     | MOH        |
| 12 | Dr Ridzuan Abdullah             | Hospital Seberang Jaya          | MOH        |

## Appendix 5: Programme for TOT, 5th June 2008

|      |   |
|------|---|
| 8.00 | Registration  |
| 8.30 | Presentation – Introduction to teaching the LSS EONC course |

### MORNING SESSION

#### Module 1a: *Lecturing (Dr John Williams)*

- 9.00 – 9.40 Discussion:** What makes a good lecture / lecturer?  
 To conclude discussion -Flip chart summary  
 Lectures have been allocated to delegates the previous day, who will have practiced them over night and present to the group during the afternoon session.

#### Module 2: *Scenario teaching (Dr Devender Roberts)*

- 9.50 - 10.25 Discussion:** What is a scenario? What is it trying to achieve and how to run a scenario?  
 To conclude discussion - Flip chart summary  
 10.30 Coffee Break  
**11.15 - 11.35 Demonstration** of a scenario including how to manage difficult learners (Dr. Maneesh Singh)  
**11.35 - 11.50 Discussion** of scenario

#### Module 3: *Skills teaching (Dr Alison Kirkpatrick)*

- 11.55 -12.20 Discussion:** How best can we teach skills?  
 To conclude discussion -Flip chart summary

- 12.20 - 13.00** Lunch

### AFTERNOON SESSION

#### Module 1b *Lecturing practice:*

- 13.05 - 14.30** All delegates to present the first 10 slides on their lectures. After presenting- **all applaud** they exit with mentoring faculty for confidential feedback.

#### 14.40 Break out sessions to teaching skills/Practicing skills

| Room    | 1              | 2   | 3                     | 4              |
|---------|----------------|---|-----------------------|----------------|
| Skills  | Airway and CPR | Workshop – Volume Replacement and Atonic uterus work shop | Newborn resuscitation | Venous cutdown |
| 15 mins | A              | B   | C                     | D              |
| 15 mins | D              | A   | B                     | C              |
| 15 mins | C              | D   | A                     | B              |
| 15 mins | B              | C   | D                     | A              |

**15.40** Tea Break

**16.00** Break out sessions to teaching /practicing skills 2

| Room    | 1          | 2                         | 3                            | 4                                      |
|---------|------------|---------------------------|------------------------------|--|
| Skills  | Partograph | Assisted vaginal delivery | Shoulder dystocia and breech | Skill: Genital tract Trauma and repair |
| 15 mins | A          | B                         | C                            | D                                      |
| 15 mins | D          | A                         | B                            | C                                      |
| 15 mins | C          | D                         | A                            | B                                      |
| 15 mins | B          | C                         | D                            | A                                      |

**17:05** General feedback/questions

**17:15** Group photographs



# REPORT ON THE 1<sup>ST</sup> OGSM-MOH LIFE SAVING SKILLS COURSE FOR MEDICAL OFFICERS



The first OGSM-MOH Life Saving Skills course was successfully held on 9-10 Aug 2008 at Hospital Tengku Ampuan Rahimah (HTAR), Klang. The course was officially opened by Dr Baba, the Deputy State Pengarah of Selangor who represented the Deputy DG of Health. Also present were Dr A Baskaran, President, OGSM and Dr Mohamad Farouk, Head of O&G, HTAR.

Eleven facilitators trained from the previous OGSM-RCOG Life Saving Skills Course volunteered their precious time and effort to arrive on the 8th Aug to have a preparatory meeting. This was also the first time all the facilitators rehearsed the syllabus in detail. Time was taken to prepare the breakout stations and arrange the manikins and equipments in order. A strong support from the nursing and junior doctors of HTAR was present to assist in the preparations and it made the preparations smooth.

A total of 28 doctors had registered but 4 could not be there due to last minute commitments. The course started as scheduled with the pretest of knowledge and skills. The lectures and breakout skills station progressed smoothly and on time. By the afternoon the participants had relaxed and became more participative and lots of lively discussions and interaction took place. The last session on the first day was communication, triage and referral where the doctors had team discussion. It was very lively and probably the most enjoyable.

The second day went as planned and the closing remarks were given by Dr Farouk and Dr Baskaran who also gave away the certificates. Certificates were presented to 20 out of the 24 as there were 4 who did not attend some of the breakout sessions and the faculty felt they they should not receive the certificates.

Overall the course achieved its objectives which were to train medical officers to be skilled to handle effectively and efficiently in a team approach the common obstetric emergencies. The feedback from the course was good and the doctors felt they would definitely recommend to their colleagues and would also want to come back for a refresher.

The facilitators thoroughly enjoyed the course and enjoyed teaching and interacting. They too want to volunteer the next time.

Gratitude goes to Dr Farouk who was instrumental in getting the support of the Ministry of Health to

sponsor doctors and to make available the venue at no cost.

For the future, we need to have a mechanism to ensure those who pre-register attend as the absent places could have gone to some others. There also need to be funding (travel & lodging) for all the facilitators to attend and this can come either from the MOH or OGSM. One of the facilitator from the university in Ipoh could not attend due to this.

Representatives from the Nursing Division and the Nursing Board were present as observers and it was decided that a similar course will be conducted for the nurses. The Deputy State Pengarah has approved the budget and plans are underway to conduct this course in December 2008 in Selangor.



## Letter of the Editor



The Obstetrical and Gynaecological Society of Malaysia (OGSM) views with serious concern, the recent reports of the baby-for-sale racket in Johor Baru involving an Obstetrician. This matter was discussed at length at the Society's Annual General Meeting in conjunction with the Annual Scientific Congress held recently.

Such activity is strongly condemned by the Society. The Society further reiterates that every member must uphold the highest ethical and moral standards when carrying out his duties, and abide by all the rules, regulations and laws pertaining to the fraternity.

The Society will follow closely the legal proceedings of the particular doctor involved who has been charged in Johor Baru on the 16th of June 2008.

**Dr A. Baskaran**

*President*

Obstetrical and Gynaecological Society of Malaysia



## OGSM Website



### ***Look out for the new OGSM website!***

Have you ever thought that the current OGSM website (ogsm.org.my) is a tad too boring, not interactive and in need of some life? Well, here's the good news. The society has decided to revamp the entire website to give it a new lease of life with some interesting colours and sections, and a host of new features such as members' log-in section, live forum for members, online abstract submission for the next congress, section for trainees and many more. If there are members who have any suggestions or would like to contribute, kindly e-mail to me.

**Dr Wong Pak Seng**

*OGSM Website Subcommittee*  
wongpakseng@hotmail.com



# New Properties of the Society



At the Annual General Meeting of 2007, the House approved the resolution for the incoming council:

- i) to study the feasibility of buying and to buy a commercial property in the Klang Valley for the society and
- ii) to use up to RM2,500,000 of its funds as payment for the said property

The Council with the assistance of Dr Sheik Johari Bux and Dr Gunasegaran had viewed many properties and finally settled on purchasing 2 units of Parcel No A-05-09 and A-05-10 measuring 1,184 square feet and 1,944 square feet respectively, at Plaza Mont' Kiara for a sum of RM639,360.00 for Parcel No A-05-09; and RM1,049,760.00 for Parcel No A-05-10.

A sum of RM33,782.40 (2%) was paid to the Vendors as Earnest Money and, upon the execution of Sales & Purchase Agreement, a further sum of RM135,129.60 (8%) was paid to the vendors in April 2008 (which sum together with the Earnest Money formed the Deposit).

Based on the Society's Constitution, any immovable properties acquired by the Society shall be vested in trustees upon the execution of a Deed of Trust by such trustees. Accordingly, the Society held a Special General Meeting on 13 March 2008 for the purpose of appointing such persons as thought fit to be trustees for all properties of the Society. The following 5 trustees were appointed by the House, namely.

1. Dato' Dr Alex Mathews
2. Dr Ng Kwee Boon
3. Dr Sheik Johari Bux Bin S.Y. Bux
4. Dr Gunasegaran P.T. Rajan
5. Datuk Dr Abdul Aziz Yahya

The Deposit is deemed to be payment towards the Purchase Price and the Balance of the Purchase Price amounting to RM1,520,208.00 shall be paid to the Vendors on completion of the transaction expected to be in August/September 2008.

The properties are at the moment vacant and Council is in the process of looking for suitable tenants. The market rental price is in the region of RM3.50 per square feet. Assistance from members to look for tenants is most welcome.

## **Dr Tang Boon Nee**

*Hon. Treasurer*



# MANAGEMENT OF EPITHELIAL OVARIAN CANCER: An Update



Dr. Suguna Subramaniam<sup>1</sup>, A. Prof Paul Ng<sup>2</sup>, Dr. Mohd Rushdan Md Noor<sup>3</sup>,  
Dr. Yong Chee Meng<sup>1</sup>, A. Prof. Ahmad Zailani Hatta<sup>2</sup>

<sup>1</sup>Hospital Likas, Kota Kinabalu

<sup>2</sup>Pusat Perubatan Universiti Kebangsaan Malaysia, Kuala Lumpur

<sup>3</sup>Hospital Sultanah Bahiyah, Alor Setar

Epithelial ovarian cancer is a leading cause of death in patients suffering from gynaecological cancer. Recognized risk factors include: early menarche and late menopause<sup>(1)</sup>, patients with strong family history and especially those carrying BRCA1 and BRCA2 genotypes<sup>(2)</sup>, low parity and infertility. Obesity increases the risk of developing ovarian cancer with a relative risk of 1.56.<sup>(3)</sup> Environmental factors have been investigated, but so far they have not been conclusively associated with the development of this neoplasm.

The usage of oral contraceptive pills has a protective effect against epithelial ovarian cancer. Usage for more than 5 years reduces the relative risk to 0.5.<sup>(4)</sup> When counseling patients regarding birth control options, this benefit should be emphasized. Prophylactic oophorectomy will reduce but not eliminate the risk of ovarian cancer.<sup>(5,6)</sup> Ovaries provide protection against cardiovascular diseases and osteoporosis and therefore prophylactic oophorectomy should not be offered to low risk patients.

The value of tumour markers and ultrasonography in population screening for epithelial ovarian cancer has not been clearly established by prospective studies. Transvaginal ultrasound scan has a very high sensitivity (>95%) for the detection of early stage ovarian cancer<sup>(7)</sup>, however specificity is low. In a prospective study in a general population, there were 14.7 positive screens per cancer detected.<sup>(8)</sup> This translates into 10-15 laparotomies to detect one ovarian cancer.<sup>(9)</sup> Doppler ultrasound has been shown to be a useful adjunct to ultrasonography.<sup>(10,11)</sup>, but it has not been shown to be useful in screening. CA125 has low sensitivity and specificity. Given the false positive results for both CA125 and transvaginal ultrasound, these tests are not cost effective and should not be used routinely to screen for ovarian cancer in low risk patients.

Clinical diagnosis of ovarian cancer remains a problem with 75% of patients presenting with advanced disease. In a review of 107 patients by Yawn et al, urinary symptoms and abdominal pain were the most commonly documented presenting complaints in patients with stage I and II ovarian cancers. Abdominal pain and increased abdominal girth were the most common presenting complaints in patients with stage III and IV cancers. About 15% of tumours were found during routine evaluations or during a procedure for another problem.

BRCA1 gene carriers have a 28-44% lifetime risk and BRCA2 gene carriers have a 27% lifetime risk of developing ovarian cancer.<sup>(12,13)</sup> Screening should be offered to patients with significant family history of breast or ovarian cancer; i.e. 2 first degree relatives, 1 first degree and 1 second degree relative, 1 first degree relative (premenopausal), personal history of breast cancer. High risk patients who are tested positive on genetic testing should be offered bilateral salpingo-oophorectomy.<sup>(14)</sup> If preservation of fertility is desired, 6 monthly transvaginal scan is recommended, although efficacy of this approach is not clearly established. Oral contraceptives should be recommended before a planned family. Annual mammogram should be done commencing at age 30. Patients with features suggestive of Lynch II Syndrome will benefit from periodic screening mammography, colonoscopy and endometrial biopsy.<sup>(15)</sup> In the local context, a multidisciplinary approach with combined care and follow up should be offered to these patients.

Transvaginal ultrasound is a better investigative tool compared to transabdominal ultrasound for adnexal neoplasms.<sup>(7,16)</sup> Doppler flow imaging may enhance specificity.<sup>(9,10)</sup> Serum CA125 has a 96% positive predictive value in postmenopausal women.<sup>(17)</sup> Risk malignancy index can be calculated based on ultrasound features, CA125 and menopausal status. However to obtain a sensitivity of 90% the cut-off value must be set at a level that gives a specificity of only 46-61% and a positive predictive value of only 33%.<sup>(18)</sup> Chest x-ray should be part of the overall evaluation of a patient before surgical staging. CT scan/MRI is of no diagnostic value in patients with a definitive pelvic mass.<sup>(19,20)</sup> However, it has a role in determining extent

of disease for planning of operation involving multidisciplinary approach and preoperative counseling of patients. In patients with ascitis and no pelvic mass, CT/MRI has diagnostic value to look for liver and pancreatic tumours.<sup>(19)</sup> Barium enema, colonoscopy and mammography are done selectively in patients with associated signs and symptoms. Pap smear should be done at initial assessment although its value is limited in detecting ovarian cancer. Endometrial and/or cervical biopsy is indicated if there is any abnormal vaginal bleeding.

Recommended surgery for ovarian cancer:<sup>(21,22)</sup>

- Midline incision.
- Careful evaluation of all peritoneal surfaces.
- Peritoneal fluid for cytology.
- Infracolic omentectomy. Supracolic omentectomy only if it is involved.
- Pelvic and para-aortic lymphadenectomy in apparent stage 1-2 disease. Bulky lymph nodes should be removed as part of cytoreductive surgery in advanced ovarian cancers.
- Biopsy and/or resection of any suspicious lesions, masses or any adhesions.
- Random blind biopsies of normal peritoneal surfaces, including that from the undersurface of the right diaphragm, bladder reflection, cul-de-sac, right and left paracolic recesses and both pelvic side walls.
- Total abdominal hysterectomy and bilateral salpingo-oophorectomy.
- Appendectomy for mucinous tumours.

The importance of careful initial staging is emphasized by a cooperative national study.<sup>(23)</sup> A total of 31% of patients were upstaged as a result of comprehensive staging.

The presence of pelvic or para-aortic lymph node metastases is regarded as stage 3C ovarian cancer based on FIGO staging. Therefore lymph node status should be assessed surgico-pathologically if accurate staging is to be elicited. Lymphadenectomy is more important in apparent early stage ovarian cancer because through proper staging procedures, we will be able to correctly identify patients who require post-operative adjuvant chemotherapy. Data from SEER (Surveillance Epidemiology and End Results) regarding the surgical treatment and outcome of patients with stage 1-2 ovarian cancer treated from 1988 till 2001 accounting more than 8000 patients have shown that rate of lymphadenectomy performed by gynaecologists/gynae oncologists has increased from 26.2% to 54.2%. Multivariate analysis has shown that lymphadenectomy is a significant independent prognostic factors for improved survival. The marginal improvement in survival demonstrated is potentially attributed to the increased use of staging procedures including lymphadenectomy.<sup>(24)</sup> The extent of lymphadenectomy had been subjected to different opinion and argument but majority agree that both pelvic and para-aortic lymphadenectomy should be carried out if proper surgical staging is to be performed. Risk of lymph node involvement in apparent stage 1 disease is in between 16-22% and some series have reported as high as 48%.<sup>(25)</sup> There is evidence to suggest that systematic bilateral pelvic lymphadenectomy should be carried out instead of selective and unilateral lymphadenectomy as many studies have shown that contralateral pelvic lymph node metastases can be as high as 30% in apparent stage 1 epithelial ovarian cancer.<sup>(47,48)</sup> Although there is a study to show no significant survival advantage in performing lymphadenectomy in apparent stage 1 epithelial ovarian cancer, it was not a prospective RCT and patients with true stage 3C were not be able to identify in 'non lymphadenectomy' arm and therefore there was mixture of stage 1 and true stage 3C in both study arm. Furthermore, the number of samples was insufficient to give an enough power to reach a solid conclusion on overall survival. Bearing in mind that by not performing lymphadenectomy, approximately 22-31% of patients with true stage 3C disease could be missed and some may not receive the benefit from adjuvant chemotherapy.

Lymphadenectomy in advanced ovarian stage epithelial ovarian cancer is controversial. Enlarged lymph nodes should be removed if possible and it is part of cytoreductive surgery. Study have shown that lymphadenectomy do not have an evident of prognostic value and a benefit on survival in patients with suboptimal cytoreduction in advanced epithelial ovarian cancer.<sup>(49)</sup> Panici PB et al had conducted a randomized controlled trial comparing between systematic pelvic and para-aortic lymphadenectomy versus selective nodal debulking in optimally cytoreduced patients with advanced epithelial ovarian cancer. This study had concluded that systematic pelvic and para-aortic lymphadenectomy improved progression free survival but do not improve the overall survival in optimally cytoreduced patients with advanced epithelial ovarian cancer.<sup>(50)</sup>

Fertility sparing operation is acceptable in patients with stage 1A grade 1 ovarian cancer who have undergone a thorough staging laparotomy. The uterus and contralateral ovary is retained. However, the retained ovary and uterus are removed at the completion of childbearing.

The principle of surgery in ovarian cancer is to cytoreduce the tumour bulk. The theoretical rationale<sup>(26,27)</sup> behind it is; excision of tumour mass gives a physiologic benefit, improves tumour perfusion and increases growth fraction and enhances immunologic competence of the patient. The goal is to remove all the primary cancer and metastatic disease to an optimal status. Traditionally, 2 cm or less residual tumour was taken as optimal. However, studies have shown superior survival rates with even less residual tumour, median survival of 40 months with residual tumour 0.5cm or less and 18 months with residual tumour 1.5cm or less.<sup>(28)</sup> Retrospective studies suggest that optimal debulking is feasible in 70-90% of patients when performed by gynaecologic oncologists.<sup>(29)</sup> Concerns have been expressed that optimal cytoreductive operations in advanced ovarian cancer are excessively morbid and that modern chemotherapies are sufficient.<sup>(30)</sup> No randomized prospective study has ever been performed to challenge the value of primary cytoreductive surgery. All retrospective studies indicate that the lesser the residual tumour prior to chemotherapy, the better the survival.<sup>(31)</sup> Interval debulking should be reserved for patients who are not fit for operation and for unresectable tumours.

Low risk, early stage (1A,1B, grade 1 and 2) ovarian cancer do not require chemotherapy.<sup>(32)</sup> High risk, early stage (1A, 1B, grade 3, all 1C, clear cell carcinoma) require adjuvant combination chemotherapy, carboplatin and paclitaxel 3-6 cycles.<sup>(33)</sup>

Advanced stage ovarian cancer patients are given adjuvant chemotherapy, carboplatin and paclitaxel 6-8 cycles.<sup>(34)</sup> Alternative drugs, if the patient is unable to tolerate paclitaxel includes docetaxel,<sup>(35)</sup> topotecan, gemcitabine or liposomal doxorubicin. For those who are unable to tolerate intravenous chemotherapy, oral etoposide is an option. Evidence for superiority of intraperitoneal (cisplatin/paclitaxel) chemotherapy for less than 1 cm optimally debulked stage III patients has recently been published.<sup>(36)</sup> However, this is only recommended in patients with an acceptable performance status. Consolidation and maintenance therapy in patients with complete clinical response to first-line chemotherapy in advanced ovarian cancer has been shown to improved median progression-free survival with 9 cycles of 4 weekly paclitaxel but no long term survival benefit.<sup>(37)</sup>

Serum CA125 is used to follow up patients with epithelial ovarian cancer. High levels are a predictor of recurrence but normal values do not exclude presence of disease.<sup>(38)</sup> CA125 is useful especially in patients who started off with very high levels. CT scan used for follow up has a false negative rate of about 45 %.<sup>(39)</sup> Most centres use 1cm cut for the films and this may miss smaller lesions. Even if a lesion is picked up, it is not possible to determine whether the lesion is malignant. PET scan has a higher false positive rate than CT scan.<sup>(40)</sup> However, in a patient with liver lesion or borderline lymphadenopathy, PET scan can be used to assess if the lesions are significant. Both these imaging techniques should be used selectively. Second look laparotomy/laparoscopy has not been shown to influence patient survival, although the information obtained correlates with subsequent outcome and survival.<sup>(41)</sup> Therefore, second look laparotomy should be done selectively, e.g., in patients receiving therapy in a setting where second-line therapies are undergoing clinical trials.

Management of recurrent/persistent epithelial ovarian cancer has a slightly different approach. Candidates for secondary cytoreduction are those in whom there is at least 12 months disease free interval from the completion of chemotherapy and all macroscopic disease can be resected.<sup>(42)</sup> Patients who are clinically free of disease after treatment, who are undergoing second-look laparotomy may benefit if all macroscopic residual disease can be resected.<sup>(43)</sup> Patients with progressive disease on chemotherapy are not candidates for surgery. Patients who are platinum sensitive (progression free interval more than 6 months) should be given paclitaxel plus platinum as it gave survival benefit.<sup>(44)</sup> In patients who are platinum resistant, taxanes, topotecan, liposomal doxorubicin, gemcitabine or oral etoposide can be used, all of which gave 20-30% response. Selection of chemotherapy is mainly based on performance status of patients, toxicity of the chemotherapy and side effects profile. Other options include hormonal therapy, tamoxifen has been associated with 15-20% response rate in well differentiated ovarian carcinoma.<sup>(45)</sup> Targeted therapy, bevacizumab with cyclophosphamide gives a 21% response rate.<sup>(46)</sup> However this therapy is costly.

The management of patients with epithelial ovarian cancer requires detailed planning that goes beyond the initial staging surgery. Such patients are best managed by a gynaecological oncologist or gynaecologist with an interest in cancer surgery who will maximize the patients chances of optimal debulking. Counselling and choices regarding subsequent adjuvant therapy is of great importance to improving survival and the quality of life for the patients suffering from epithelial ovarian cancer.

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# Free Women Wellness Screening Clinic



The OGSM conducted a free women wellness clinic on Sunday, 24 August 2008 at Damansara Jaya, Petaling Jaya. This was done in collaboration with the Crisis Relief Squad of MCA (CRSM). The collaboration with the CRSM allowed us to use their mobile coach and caravan. Also on site was a mobile dental clinic and pharmacy besides the screening stations. It was attended by more than 200 participants. A total of 83 had a cervical smear done. Part of the campaign was on HPV cervical cancer vaccine awareness. A public talk was delivered by Assoc Prof Tan Ay Eeng followed by power point presentation on the vaccine, cervical cancer and FAQ's. Vaccine was provided at a subsidised rate to the public on site and about 180 received the first dose of vaccine. The subsequent two doses will be received at the OGSM appointed panel of clinics. The venue was kindly provided by the Damansara Jaya Residents and Owners Association (DJROA). Nurses from Damansara Specialist Hospital and Taman Desa Medical Centre also volunteered and the team from OGSM was represented by Dr A Baskaran, Dr Tang Boon Nee, Dr Eric Tham, Dr Helena Lim, Dr Wong Pak Seng and I.

The contribution to the OGSM from the sale of the vaccine from the CSRM amounted to about RM1600. Future programs with CSRM in particular the use of their mobile clinics are in the pipeline. It is hoped that more members will volunteer their time for future projects of this nature.

## **Dr Gunasegaran PT Rajan**

*Chairman*

OGSM Social Responsibility Subcommittee



# Past Events



|                 |  |   |
|-----------------|--|---|
| 9-10 May 08     | 5 <sup>th</sup> IUI Workshop   | Hospital Kuala Lumpur                           |
| 24 May 08       | Sabah Fellowship Night   | Kota Kinabalu                                   |
| 4 June 08       | Outpatient Gynaecology for Nurse   | Vistana Hotel, Kuantan                          |
| 4-5 June 08     | Laparoscopic Surgery: Beyond the Controversies   | Hospital Selayang                               |
| 5 June 08       | Obstetric Emergencies for Nurses   | Hospital Kuala Lumpur                           |
| 5 June 08       | How to write the Part 2 MRCOG/MOG Theory paper   | Genting International Convention Centre         |
| 5-8 June 08     | 18 <sup>th</sup> Congress of the Obstetrical & Gynaecological Society of Malaysia            | Genting International Convention Centre         |
| 28 & 29 June 08 | Advanced Level Obstetric Ultrasound Course   | Hospital Raja Permaisuri Bainun, Ipoh, Perak    |
| 17-18 July 08   | Basic O&G Ultrasound Course  | Hospital Seberang Jaya                          |
| 25-27 July 08   | Paediatric and O&G Updates   | Shangri-La Tanjung Aru, Kota Kinabalu           |
| 26 July 08      | Labour Room Workshop   | Hospital Tuanku Fauziah, Kangar                 |
| 1-3 August 08   | 4 <sup>th</sup> OGSM-Maternal Fetal Medicine Interest Group Meeting                          | Petaling Jaya Hilton                            |
| 5-6 August 08   | Critical Care in Obstetrics  | Hospital Pulau Pinang                           |
| 8 August 08     | Recent Advances in Menopause   | Renaissance Melaka Hotel                        |
| 9-10 August 08  | 1 <sup>st</sup> OGSM-MOH Life Saving Skills Course for Medical Officers                      | Hospital Tengku Ampuan Rahimah, Klang           |
| 15-17 August 08 | National Gynae-Oncology Seminar<br>Emerging Themes in Gynaecology Oncology – The Way Forward | University Malaya Medical Centre, Kuala Lumpur  |
| 23-24 August 08 | 4 <sup>th</sup> National Reproductive Endocrinology Symposium                                | Hospital Raja Permaisuri Bainun, Ipoh, Perak    |
| 27-28 August 08 | 2 <sup>nd</sup> National Urogynaecological Seminar   | Hospital Sultanah Nur Zahirah, Kuala Terengganu |
| 27-28 August 08 | 2 <sup>nd</sup> Regional Obstetrics Ultrasound Workshop Level I – II                         | Hospital Sultanah Bayiah, Alor Star             |

# Calendar of Events

33rd Annual Meeting of the International  
Urogynecological Association  
15-17 September 2008  
Taipei, Taiwan  
T : +1 954 659 6209  
F : +1 954 659 5587  
E : iugaoffice@ccf.org  
<http://www.iuga2008.org>

RCOG 7th International  
Scientific meeting  
17-20 September 2008,  
Montreal, Canada  
T : + 44 141 331 0123  
E : Fiona.redmond@concorde-uk.com  
<http://www.congrex.com/>

12th Biennial Meeting International Gynecologic  
Cancer Society – IGCS  
25-28 October 2008,  
Bangkok, Thailand  
T : +41 22 908 0488  
F : +41 22 732 2850  
E : igcs-12@kenes.com  
<http://www.kenes.com/igcs>

ISUOG Outreach Course Singapore  
10-13 November 2008, Singapore  
E : registration@isuog-cogs-singapore-2008.com.sg  
<http://www.ISUOG-COGS-Singapore-2008.com.sg>

Philippine O&G Society Annual Convention  
11-14 November 2008, Pasay City, Philippines  
T : +632 921 7557  
F : +(632) 921 9089  
E : pogs@pltdsl.net  
<http://www.pogsinc.org>

Laparoscopic Radical Hysterectomy and  
Advanced Laparoscopic Surgery Workshop  
12-13 Dec 08, Hospital Melaka & Melaka-Manipal  
Medical College  
T : +03-6201 3009  
F : +03-6201 7009  
E : ogsm@myjaring.net

First International Asia Pacific Meeting on Polycystic  
Ovary Syndrome  
17-18 January 2009,  
Hong Kong  
T : +852 2734 3315  
F : +852 2367 3375  
E : veronica@pctourshk.com  
<http://www.hku.hk/obsgyn/PCOS/PCOS.htm>

XXI Asian & Oceania Congress of Obstetrics &  
Gynaecology  
26-30 March 2009,  
Auckland, New Zealand  
T : +64 9 835 1532  
F : +64 9 835 1539  
E : aocogranzcog2009@cml.co.nz  
<http://www.aocogranzcog2009.co.nz>  
(NOTE: 3 November 2008 – Deadline for submission of  
abstracts)

61st Annual Congress of the Japan Society of O&G  
3-5 April 2009,  
Kyoto, Japan  
T : +81 3 5275 1191  
F : +81 3 5275 1192  
E : info@mac.jp

7th Singapore International Congress of O&G  
26-29 August 2009  
Sheraton Towers, Singapore  
T : +65 3125 2076  
F : +65 6234 1089  
E : info@sicog2009.com  
<http://www.sicog2009.com>

XIX FIGO World Congress of Gynecology and  
Obstetrics  
4-9 October 2009,  
Cape Town, South Africa  
E : marta@figo.org  
<http://www.figo2009.org.za>



## Obstetrical and Gynaecological Society of Malaysia

Suite C-07-02, Plaza Mont'Kiara, No 2, Jalan Kiara, Mont'Kiara, 50480 Kuala Lumpur, Malaysia

Tel: +(603) 6201 3009 Fax: +(603) 6201 7009

Email: ogsm@myjaring.net Website: [www.ogsm.org.my](http://www.ogsm.org.my)