2018/2019 Council Issue 1

Obstetrical & Gynaecological Society of Malaysia

CONNECT

SPECIALTY UPDATES
HPV, ARABIN PESSARY, PFUS AND MORE

MISCOG 2018

TRAINEE AGENDA REVISITED

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PRESIDENT'S MESSAGE

Dr Eeson Sinthamoney

Welcome to a brand-new term; a council that's partially new but certainly a newsletter that's new! We have redesigned and re-engineered the newsletter to make it more exciting for all. Why? Because we believe that while the Society is good at what it does – providing CPD, running training courses and playing an advocacy role (albeit less than it should), OGSM can do far more by bridging the gap within the fraternity.

With 1,300 members, the question I have often asked myself is – are we reaching them all? The answer is likely a resounding no. Perhaps some members are inclined not to be reached but certainly the vast majority would prefer to be in the loop. Hence the mantra for this term will be to "embrace, engage and inform". The new name of our newsletter, which was suggested by a colleague who served on council and continues to labor as a subcommittee chairperson, truly reflects our intentions – to 'connect' all of us in the fraternity. We will strive to ensure that the information it carries within will be beneficial to the entire membership – from trainees to senior consultants, generalists to sub-specialists. For the newsletter to achieve its true potential, we will need ideas, contributions and feedback from all. We therefore invite all members to actively participate in this re-development.

As promised, the new council has hit the ground running. All sub-committee chairpersons have been appointed. The process was transparent and fair. There is now a reasonable mix of new personalities and some more seasoned ones. As we speak, we are in the process of appointing state representatives.

The Trainee Subcommittee had a serious brain-storming session 10 days after our congress. It was felt that there was an urgent need to reassess what the Society's true purpose was with regards to training future specialists. We have now re-calibrated our directions and have devised a 'road-map' that we intend to follow moving forward.

OGSM must change with the times, but change can sometimes be slow and tiresome. Perhaps it is apt that I end with the words from Sir Winston Churchill, who said, "Every day you may make progress. Every step may be fruitful. Yet, there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path".

Best wishes to all our colleagues.

INTRODUCTION TO KEY PEOPLE

PRESIDENT

DR EESON SINTHAMONEY is the Medical Director and Fertility Specialist at the Sunfert International Fertility Centre in Bangsar South, Kuala Lumpur and also serves as a Consultant Obstetrician and Gynaecologist at Pantai Hospital, Kuala Lumpur. He has been on the OGSM Council since 2009. Dr Eeson believes that the Society can and must do more to fully engage the entire membership. As President, he will help drive this endeavour. He also aspires to put in place robust protocols and procedures that will allow the Society to function in a more efficient and transparent manner.

IMMEDIATE PAST PRESIDENT

DR THANEEMALAI JEGANATHAN is a Consultant Obstetrician and Gynaecologist attached to DEMC Specialist Hospital, Shah Alam. He is the coordinator of the Intensive Course on Obstetric Emergencies (iCOE) training programme, both locally and abroad. He has been on the OGSM Council since 2011. In the coming term, Dr Thanee would like to ensure that the iCOE program continues in its current robust form and will look into options for ensuring long term sustainability.

ASSISTANT HON. SECRETARY

DR MUNISWARAN GANESHAN is the Unit Lead and Maternal Fetal Medicine Specialist attached to Kuala Lumpur General Hospital. He is a member of the Royal College of Obstetricians and Gynaecologists in UK and Masters in Obstetrics & Gynaecology from University Malaya in 2011. He has been on the OGSM Council since 2016. This term, he will continue to promote an interest in Maternal Medicine.

COMMITTEE MEMBERS

ASSOC PROF DR ANI AMELIA DATO ZAINUDDIN is a Consultant Obstetrician & Gynaecologist attached to the Department of Obstetrics & Gynaecology in HCTM. In Universiti Kebangsaan Malaysia Medical Centre, she functions as the Head of the Paediatric & Adolescent Gynaecology (PAG) Unit. She has been appointed as the Head of the PAG subcommittee in OGSM. She has been on the OGSM Council since 2017. In the coming term, she would like to continue to spread awareness and education of this emerging subspecialty in O&G.

COMMITTEE MEMBERS

DR MOHAN RAJ is a Consultant Obstetrician and Gynaecologist, and Fertility Specialist attached to a fertility centre in the Klang Valley. He has completed his subspecialty training in Reproductive Medicine and prior to entering private practice, he worked in several public hospitals for 20 years. He is passionate about Reproductive Medicine and in the coming term he would like to support and achieve all goals and standards set by the OGSM Society.

PRESIDENT-ELECT

DR HARRIS NJOO SUHARJONO @ NJOO THWAN BING is a Senior Consultant Obstetrician & Gynaecologist and Reproductive Medicine Specialist attached to Sarawak General Hospital. He is the Head of Department of Obstetrics and Gynaecology. In the coming term, he would like to improve engagement between the Ministry of Health and OGSM.

HON. SECRETARY

DR SHARMINA KAMAL SHAMSUL KAMAL is a Consultant Obstetrician & Gynaecologist attached to Sunway Medical Centre. She obtained her speciality from the Royal College of Obstetrics and Gynaecology, London, United Kingdom in 2012. She has been on the OGSM Council since 2014. In this term, she intends to design and implement set procedures that will streamline OGSM's administrative work.

HON. TREASURER

BRIG GEN (DR) THAVACHELVI is the second female officer promoted to Brigadier-General in the Malaysian Armed Forces. She is also part of the Royal Medical Corps. Currently, she is Consultant & Head of Department of Obstetrics & Gynaecology in Hospital Angkatan Tentera Tuanku Mizan, Kuala Lumpur. She has been on the OGSM Council since 2017. In the coming term, she seeks to ensure that the financial well-being of the Society is maintained and will continue to inculcate the virtues of prudence, consistency and transparency.

COMMITTEE MEMBERS

DR IXORA KAMISAN ATAN is a Consultant Obstetrician & Gynaecologist as well as a Urogynaecologist in Universiti Kebangsaan Malaysia Medical Centre (UKMMC). She is also a Senior Lecturer and Head of the Urogynaecology Unit in UKMMC. She received her subspecialty training in Urogynaecology from Sydney Medical School Nepean, University of Sydney in 2012 – 2016 and has recently completed her PhD in Medicine entitled 'Pelvic Floor Trauma Following Delivery'. In this term, she would like to contribute to the trainee program and to patient education.

COMMITTEE MEMBERS

DR NG BENG KWANG is a Senior Lecturer & Specialist attached to Universiti Kebangsaan Malaysia Medical Centre and UKM Specialist Centre. He is currently undergoing Urogynaecology subspecialty training. While this is his first term as a council member, Dr Ng has been actively involved in several other organizations including the Malaysian Menopause Society as Vice President. He has several interests in Obstetrics and Gynaecology but is most passionate about menopause and minimally invasive gynaecology. In the coming term, he would like to expand the use of newsletters to "CONNECT" with all OGSM members.

IF I WAS BACK IN TIME

Professor Emeritus Dr Wan Nafisah Adeeb

It was indeed a pleasant surprise to be allowed to pen down a few perceptions on the growth and progress of the O&G Society of Malaysia. I became a member in the 1960's, as an O&G trainee and was later unexpectedly voted as President in 1991, just short of three decades ago. As a young specialist member, my focus was to enrich and perfect my clinical skills as a caring specialist. We choose areas of special interest to improve the speciality e.g. reducing the maternal and perinatal mortality with audits and research, or issues of family planning and menopause. After becoming a consultant, subspecialties emerged e.g. infertility, gynae oncology, feto-maternal medicine, etc. Being in an academic setting, I had the opportunity to guide younger colleagues to choose a subspecialty and arranged training in view of increasing knowledge with advanced technology. Many are now subspecialists. The O&G society is a platform for all O&G specialists to foster professional activities despite subspecialties. Collectively each of us should offer high quality, safe and humane services to women of all ages. As medico-legal issues and medical expenses continue to escalate, it is my fervent hope that quality care should NOT be compromised, particularly for the elderly. With longevity now attained, the elderly have no guaranteed health benefits in a public or private hospital unless with health insurance. I would like to emphasise that an O&G trainee should prioritise good clinical diagnostic skills and enjoy the daily activities of the job, not worrying only about financial returns. I congratulate the O&G society for continuing the society activities and still ensuring that financially it is still able to support these varied activities. I do NOT think I would have done anything differently, especially in ensuring that a consensus of opinion is obtained in updated issues. Striving together should make challenges rewarding and more fulfilling at all grades of speciality.

"A TRIBUTE TO A DEAR DEPARTED COLLEAGUE, MENTOR AND FRIEND"

Prof Dato' Dr Sivalingam Nalliah

JAPARAJ, a friend who was too much in a hurry to bid me farewell,
Little can I thy soul is rested now,
Leaving your mortal remains behind,
As you, desired worship and care,
You left us without any goodbyes,
So that we won't know you have gone,
I saw you develop, I did not,
You committed your life to society and all,
You will be in our hearts as always,
Alive and smiling, though not tangible anymore,
Remember (I shall always), when you sang me a farewell,
" Take me home, country road,"
Japaraj, my friend.

Thanks very much

CERVICAL CANCER STATISTICS IN MALAYSIA

Dr Chong Jie Wen

2nd COMMON WOMEN CANCER

2 PEAK INCIDENCE (AGE) **30 & 60-64**

4th COMMON GYNAE CANCER GLOBALLY

5th COMMON CANCER OVERALL

Risk Factor

- > 3 sexual partners
- Early sexual intercourse (<17 years old)
- >10 years' use of oral contraceptive
- First delivery before age of 17
- High parity (> 7 full term pregnancies)
- Smoking
- Lower socioeconomic status

HPV VACCINE PREVENT **71%** OF CERVICAL CANCER

HPV 16 & 18 CAUSE **70%** OF CERVICAL CANCER

PAP SMEAR UPTAKE **43.7%**

3x ABNORMAL PAP SMEAR

9x HSIL

1. *CPG Cervical Cancer Malaysia 2015*
2. *WHO: HPV and Cervical Cancer*
3. *National Strategic Plan for Cancer Control Programme 2016-2020*

PELVIC FLOOR ULTRASOUND

Dr Ixora Kamisan Atan

Pelvic floor ultrasound in urinary incontinence and female pelvic organ prolapse: A Urogynaecologist's Third Hand

INTRODUCTION

With the advent of medical imaging, the clinical utility of pelvic floor imaging in managing pelvic floor dysfunctions is gaining interest in recent decades. Such imaging may be achieved using plain X-Ray, fluoroscopy, ultrasound (US) and more recently Magnetic Resonance Imaging (MRI). US is superior to MRI due to its wide availability, lower cost and its more patient-friendly approach. It allows functional assessment of the pelvic floor by real-time imaging and visualization of mesh implants. Pelvic floor US (PFUS) can be performed by either translabial/transperineal (TLUS/TPUS), endovaginal or introital. This article will focus on TLUS/TPUS, with the aim of providing an overview of its clinical utilities in the context of diagnostic work-up, pre-operative assessment and in dealing with treatment failure and surgical complications, in women with pelvic floor dysfunctions.

PFUS IN INCONTINENT PATIENTS

Preoperative assessments prior to an anti-incontinence surgery may help optimise surgical outcome and patient counselling. Preoperative voiding dysfunction (VD) is associated with increased likelihood of VD after a suburethral sling (SUS) procedure and such a diagnosis can be made by a uroflowmetry and sonographic measurement of post-void residual volume (PVR).[1] Increased detrusor wall thickness of >5mm (measured when the PVR < 50mls) is associated with symptoms of overactive bladder but has a moderate predictive value of detrusor overactivity.[6] It may also be a predictor of de-novo urge incontinence after an anti-incontinence surgery.[2]

Bladder neck mobility is an important prerequisite for successful dynamic compression of the urethra after a SUS procedure. PFUS allows assessment of bladder neck and segmental urethral mobility which have been associated with stress urinary incontinence (SUI).[3] It also allows recognition of anatomic changes associated with SUI i.e. proximal urethral funneling, cystourethrocoele and an opened retrovesical angle, or anatomic changes associated with previous retropubic urethropexy i.e. Burch colposuspension or Marshall-

LEGEND FOR FIGURES

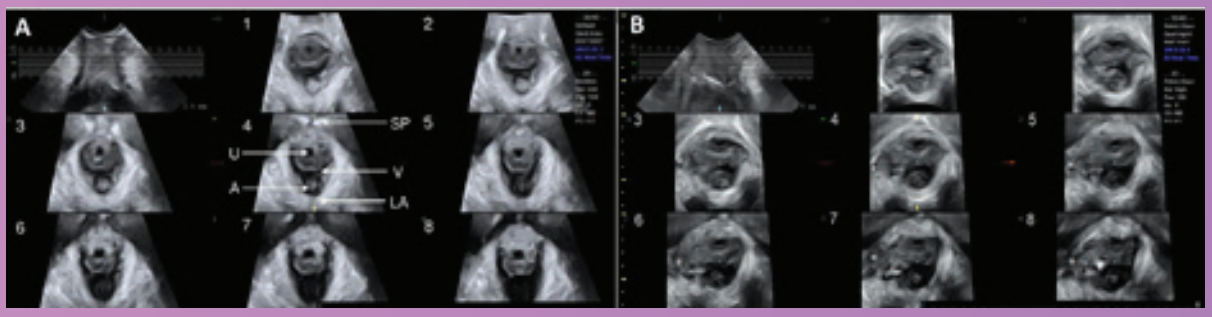

*Figure 1: Tomographic Ultrasound Imaging (TUI) of the pelvic floor at the plane of minimal hiatal dimensions, at 2.5mm interslice interval, in the axial plane demonstrating intact levators (A). The patient's right side is shown on the left in all images, as the pelvic floor is seen in a caudal–cranial direction (from below). SP= Symphysis pubis, U= Urethra, V= Vagina, A= Anal Canal and LA= Levator ani muscle. Image B illustrates a complete right sided LAM avulsion. An abnormal insertion of the puborectalis muscle on the inferior pubic rami (avulsion) is marked with * in slice 3 -8*

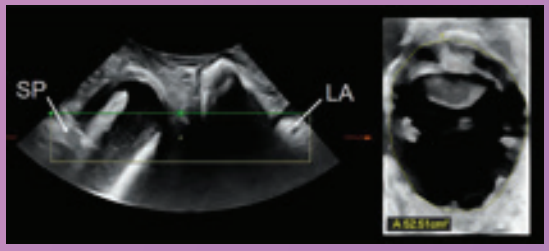

Figure 2: Determination of hiatal area. Image A demonstrates the plane of minimal dimensions between the symphysis pubis (SP) and the levator ani (LA) in the midsagittal plane (arrows) in a volume obtained on maximal Valsalva. A 1-2 cm rendered volume is placed at this level to measure hiatal area. The plane of minimal dimension is adjusted to obtain maximum clarity for measuring. Image B illustrates the levator hiatus in the axial plane which is outlined by the dotted line and the hiatal area on maximal Valsalva in this case is 52.52 cm2 (severe hiatal ballooning).

Marchetti-Krantz procedure.[4] The latter is important in determining surgical approach and predicting outcomes. Other benefits include assessment of the urethral rhabdosphincter to diagnose urethral diverticulum in women with recurrent urinary tract infections (UTI), post-void terminal dribbling and dyspareunia. Post-operatively, imaging helps in dealing with treatment failure or complications i.e. recurrent SUI, recurrent UTIs or chronic pain by assessing the sling pubis gap, placement of SUS, tape migration and extrusion.[5]

PFUS IN PATIENTS WITH FEMALE PELVIC ORGAN PROLAPSE (FPOP)

FPOP is a complex condition with multifactorial aetiology, making surgical correction challenging with up to 50% recurrence. Of all risk factors which include BMI, age and Stage of FPOP at first surgery,[6] levator ani muscle (LAM) avulsion and levator hiatal overdistension were shown to be independent predictors of FPOP and its recurrence after a reconstructive surgery. Mesh-augmented POP surgery has been shown to reduce the risk of recurrence substantially in women with LAM avulsion. Diagnosis of LAM avulsion *(Figure 1)* and levator hiatal overdistension *(Figure 2)* by PFUS preoperatively is therefore important as part of patient selection, counselling and surgical planning.[8]

Although FPOP diagnosis is mainly clinical, in some it may be difficult as false negative clinical findings is common in the central compartment FPOP, attributed to huge anterior or posterior compartment FPOP or patient's poor Valsalva effort. Sonographic assessment of FPOP (Figure 3) may facilitate visualization of the central compartment FPOP in both situations. PFUS may be utilised as a visual biofeedback to coach the patient in performing optimum Valsalva.[4] In the posterior compartment, PFUS may facilitate in the diagnosis of sonographic rectocoele and enterocoele, which may not be visible to the naked eyes.[9] Post-operatively, PFUS may facilitate in dealing with post-operative complications such as recurrence and mesh-related complications. It is also beneficial in surgical audits and research in providing objective and standardised FPOP assessment.[9]

CONCLUSIONS

Pelvic floor imaging in urogynaecology is beneficial in clinical, audit and research contexts; facilitating diagnoses, pre-operative assessment and dealing with post-operative treatment failure and complications. Such skills will enhance service, patient management and counselling, making it reasonable if pelvic floor imaging in particular PFUS be dubbed as 'A urogynaecologist's third hand'.

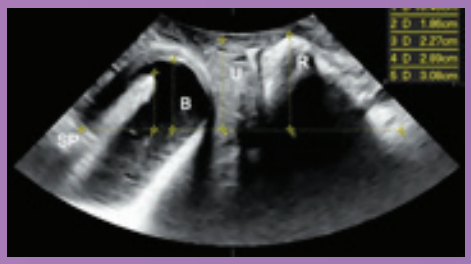

Figure 3: TLUS image in the midsagittal view on maximal Valsalva manoeuvre illustrating quantification of pelvic organ descent relative to the inferoposterior margin of the symphysis pubis (SP). The horizontal reference line (1) drawn from the reference point to facilitate measurement of pelvic organ descent. In this patient, the bladder neck position is -18.6mm, bladder (B) -22.7mm, uterus (U) -28.9mm and rectal ampulla (R) -30.8mm, signifying a sonographically significant three compartment prolapse. A negative value in the pelvic organ descent indicates pelvic organ position below the SP.

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PAG SERVICES IN MALAYSIA

Assoc Prof Dr Ani Amelia Dato' Zainuddin

The Paediatric & Adolescent Gynaecology (PAG) Unit was first established in April 2008 by the Department of Obstetrics & Gynaecology at Hospital Canselor Tuanku Mukhriz Universiti Kebangsaan Malaysia Medical Centre (HCTM UKMMC), Cheras, Kuala Lumpur. This unit was started by both Professor Nur Azurah Abdul Ghani and Assoc. Professor Dr. Ani Amelia Dato' Zainuddin. PAG is an emerging subspecialty in O&G. In Asia, there are established PAG clinics / units in Singapore, the Philippines and Hong Kong.

This PAG unit has trained many O&G Masters students and O&G specialists interested in PAG and in reproductive medicine. This unit has conducted several research projects, published in peer-reviewed journals, conducted public forums and given lectures at schools, workshops and national and international congresses. Two national workshops in PAG have been conducted; in 2007 and 2013. This unit is presently developing a fellowship-training programme for PAG for both national and international candidates.

The PAG unit in HCTM UKMMC manages over 300 cases per year on average. Referrals are mainly from paediatric and gynaecology departments from all over Malaysia, even from Sabah and Sarawak. New outpatient cases have increased from 43 cases in 2012 to 64 cases in 2016. This unit provides mainly gynaecological services to young women aged between newborn up to 21 years old. However due to delayed diagnoses of Disorders/ Differences of Development Disorders (DSD), older women are also managed by this unit, up to age 45 years of age. The commonest presenting complaints of the cases referred are menstrual-related problems such as abnormal uterine bleeding, both primary and secondary amenorrhoea and dysmenorrhea. In terms of diagnosis, the common ones include Disorders/ Differences of Sex Development (DSD), menstrual disorders and pubertal delay (due to various causes such as primary ovarian insufficiency (POI), chronic illness, delayed development and polycystic ovarian syndrome), Mullarian abnormalities, vulvovaginitis, labial adhesions and sexual abuse cases. Surgeries performed by this unit include examination under anaesthesia, laparoscopic procedures such as gonadectomies, ovarian cystectomies and detorsion, IUCD insertion for menstrual suppression, vaginal septotomies and utero-vaginal anastomoses in cases of obstructive Mullerian anomalies. This unit collaborates with many other disciplines such as paediatric and adult endocrinologists, paediatric surgeons, paediatric oncologists, haematologists, psychiatrists, psychologists, radiologists, geneticists and the SCAN team. The PAG team have formed a multidisciplinary committee managing DSD patients with gender issues and have been invited to give expert opinions to various government agencies on female adolescent issues. Liaisons with patient support groups like the MRKH Malaysia group have been formed.

over 300 cases per year on average.

There are two newly established PAG clinics in Malaysia. Dr. Nik Rafiza Afendi, a lecturer from Universiti Sains Malaysia (USM) Kelantan, started serving young female patients in her clinic at Hospital USM, Kubang Kerian, Kelantan in 2015. Dr. Lavitha Sivapatham, an O&G specialist from the Ministry of Health, started the PAG clinic in Hospital Ampang since 2017. She works closely with the National Haematology Team in Hospital Ampang in managing young girls with bleeding disorders.

There is definitely a need for PAG services in Malaysia. It is hoped that many more O&G specialists would train in this subspecialty and serve in various parts of Malaysia to enable easier access for these specialized services for our young patients and their families. It is hoped that this subspecialty will receive due recognition as an O&G subspecialty on its own in Malaysia and have the full support of the Ministry of Health in Malaysia.

GOING FORWARD WITH THE ARABIN PESSARY

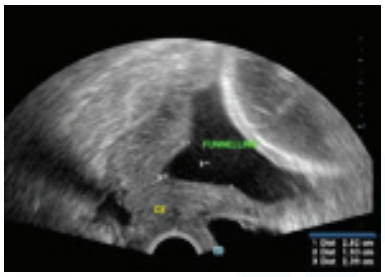
Dr Rahana Abd Rahman

Preterm birth, defined by the World Health Organization as a delivery before 37 weeks of gestational age, in quantity and severity is the most important issue in obstetric care. It is the leading cause of perinatal morbidity and mortality worldwide (Blencowe H, 2012). Although improvements in neonatal care have increased survival for preterm infants, we have not managed to reduce the rate of preterm births. Worldwide every year approximately 15,000,000 babies are born too early, and 1,000,000 of them die (Blencowe H, 2012).

Preterm delivery can either be iatrogenic or spontaneous, with equal distribution between the two (Verburg PE, 2018). Prevention of spontaneous preterm birth is therefore a major priority both in high- and low-resource settings. At present, there are three main risk indicators that are used to identify women at risk for spontaneous preterm birth, i.e. previous preterm birth, multiple pregnancies and mid-trimester short cervix identified on transvaginal sonography.

Traditionally, cerclage is used to prevent preterm birth in women at increased risk (Romero R, 2018), but in recent years cervical pessary has appeared to be an emerging alternative. While introduced by Arabin in 1959, it took until 2012 for the first randomised clinical trial to show its potential. The Spanish PECEP trial (Goya M, 2012) demonstrated that the application of cervical pessary, in women with short cervical length, reduced preterm birth before <34 weeks from 27% to 6%. In a Dutch study (Liem S, 2013), pessary reduced preterm birth <34 weeks from 25% to 11%. It is clear that the two studies that showed no effect (Nicolaides KH, 2016a, Nicolaides KH, 2016b) had applied the pessary after 22 weeks, while the other studies all inserted the pessary around 18 weeks gestation.

Since sonographic cervical length measurement is available everywhere in Malaysia and the cervical pessary is relatively affordable, there is now a unique opportunity to reduce spontaneous preterm births. Our centre has integrated this knowledge in our practice with remarkable results. A total of 35 pregnancies were managed using Arabin pessary. These women were at high risk of preterm birth based on previous mid-trimester miscarriage or early preterm birth, short cervical length on ultrasound and cervical trauma. The mean gestational age of insertion was 16.9 ± 4.5 weeks with mean gestation at birth of 34.1 ± 6.7 weeks. 4 pregnancies (11.4%) ended up with fetal loss before 24 weeks and majority (75.4%) delivered at 34 weeks and beyond. The birth weight of most of the babies delivered was 1.5 kg or more (87.9%). Interestingly, there were 9 pregnancies with cervical length of less than 2.5 cm and 8 of them had concurrent funnelling but almost 90% delivered live babies with mean gestation age of 34.4 weeks.



Arabin pessary is a safe, affordable and operator-independent alternative to the cervical cerclage, which can be inserted in the clinic setting. In addition, the common side effect of increase in vaginal discharge is tolerable. Therefore, it should be the first-line management for women at high risk of preterm birth with cerclage reserved as the alternative when Arabin pessary fails.

ONCO-FERTILITY IN MALAYSIA: A NEW HORIZON

Dr Ahmad Faizal Mohamad

Onco-fertility is not a new idea. The concept was brought forward in the 1990's with the aim of providing potential reproductive treatment for cancer survivors as the majority of cancer therapies may impair or permanently abolish a person's ability to conceive. Advancement in technology has allowed early cancer diagnosis and improves a patient's survival. Unfortunately, the lack of consensus between oncologists and fertility experts in planning a comprehensive treatment plan following diagnosis had led to the loss of fertility potential amongst young cancer survivors. Therefore, a unit specialising in both oncology and reproductive endocrinology is essential to address the need for reproductive preservation of these patients. Patients with non-malignant conditions such as rheumatoid arthritis and beta thalassaemia may also benefit from the service as the disease or treatment may negatively affect the reproductive axis.

Onco-fertility was recognised as a distinct discipline in North America from 2005 and rapidly progressed around the globe. The recently established Asian Fertility Preservation Society (AFPS) plays an active role in clinical research as well as educating health professionals across various disciplines on the importance of fertility preservation and available treatment options.

Currently in Malaysia, fertility preservation of cancer patients is managed on an ad hoc basis. Our assisted reproductive service however, is well-established and offers various preservation options involving oocytes and embryo, with or without sperm freezing. Therefore, advanced reproductive technology coupled with excellent oncology management are paramount in developing onco-fertility services in Malaysia. Now is the time to broaden our horizon and venture into this interesting field as part of the continuous growth of our fraternity, parallel with the spirit of the 'new Malaysia'.

PREDICTING THE AGE OF MENOPAUSE WITH OVARIAN BIOMARKERS

Dr Premitha Damodaran

Can knowing the age of a woman's menopause help us in any way? Medically, this important milestone may help with decisions regarding contraception, assisted reproduction, managing perimenopausal bleeding issues and perimenopausal symptoms. It may also help in the preparation of the woman to menopause and long-term health issues.

Menopause correlates with the depletion of ovarian reserve. The biochemical markers that have been best studied are FSH (follicular stimulating hormone), AMH (anti Mullerian hormone) and AFC (antral follicular count). High levels of FSH, and low serum AMH with low antral follicular counts are associated with the onset of menopause.

FSH is usually used as the diagnostic biomarker for menopause. However, it is unreliable due to wide variation in levels in the follicular phase of the menstrual cycle. In the updated 2011 STRAW +10 classification, FSH levels greater than 25 IU/L on menstrual cycle day 3 is associated with the late menopause transition, denoting that the onset of menopause is in 1-3 years.[1]

AMH levels may vary with the lack of standardizations in the laboratory. Women with an AMH of greater than 2.0 ng/ml did not experience menopause within 5 years. Levels of less than 0.5 ng/dL was independently associated with menopause in 3-6 years (HR 1.6; 95% CI 1.3-2.1).[2]

AFC measurements have problems of interobserver variability. The CARDIA Women's study (women between 18 – 30 years followed up for 3 decades for their development of clinical and subclinical cardiovascular disease and its risk factors) showed that AFC counts of 4 and above independently predicted menopause within 7 years (HR 1.89; 95% CI 1.19 – 3.02). One third of women with no AFC or counts of one underwent menopause in less than 5 years.[3]

No one marker is superior to the other in predicting menopause. After adjusting for patient's age, only unpredictable AMH in older women was predictive of time to menopause and the addition of FSH and / or AFC to the age of the patient did not reliably increase accuracy of this prediction. However, current limitations in time of testing during the menstrual cycle and standardizations of AMH assays are required before we are able to refine the prediction of menopause age.[4]

Extracted from Menopause Care Updates: June 2017 (The North American Menopause Society)

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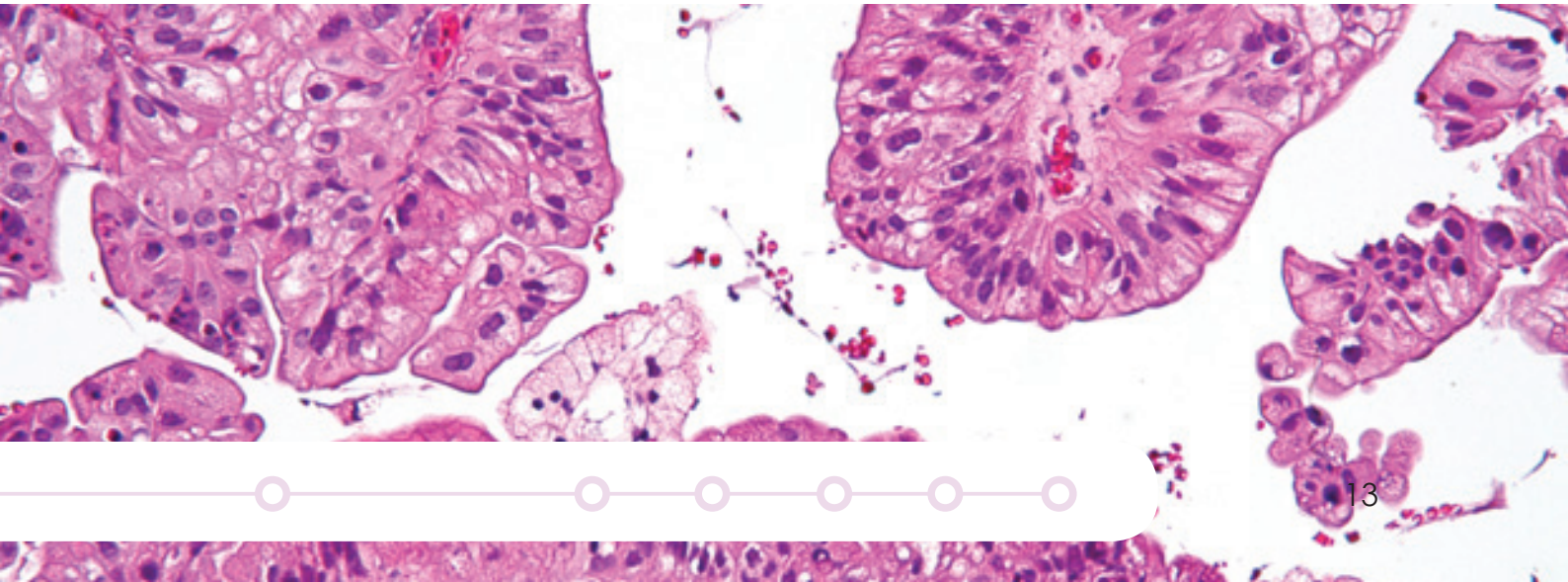

MISCOG 2018

The Obstetrical and Gynaecological Society of Malaysia is in its 53rd year of existence. While the society serves many key functions, one cannot deny that its most important function is to facilitate the provision of continuous medical education activities.

It is a known fact that OGSM is not a newbie in this arena, having a proven track record of running large scientific meetings. However, on this occasion, the organizing committee, on its own vocation, chose to challenge itself by acting on the belief – "to take something already good and make it even better".

From the onset, we were clear on what our objectives were. Primarily, we sought to expand the academic content of our Malaysian congress, allowing 5 parallel sessions, and to bring in the very best academic talent and experience. This, we believed, would ensure that the congress would become the proverbial melting pot of high-quality evidence, clinical experience and the latest technology.

We realized in order to achieve this on our own without external assistance and the services of a Professional Conference Organizer would be challenging. Nonetheless we persevered. The 37 international luminaries, fortified by numerous Malaysian personalities and the total number of 1,200 delegates are a testament to the society's success.

All the congress events were well-attended but the most prominent turnout was at the opening ceremony which was graced by YB Nurul Izzah, Member of Parliament for Permatang Pauh. Allowing YB Nurul to depart from the hall was a gargantuan task given the number of her young (and not-so-young!) fans who insisted on waylaying her at every step, for 'selfies' and 'wefies'!

The exhibition hall was certainly sufficient to accommodate all the exhibitors and for the first time in recent memory, there were no complaints of cramped walkways, dark corners and such! For the record, there were a total of 15 premium sponsors, of which 4 were platinum sponsors, 5 gold and 6 silver. In addition, there were a total of 61 standard booths sold. In our years of experience in engaging with industry sponsors, this year's support can be considered a new benchmark.

Many wonder why industry support is vital to the congress. But if you are to look at the costs incurred in bringing in such a large and varied array of internationally acclaimed speakers such as we did this year, the reality becomes abundantly clear.

MISCOG 2018 was a resounding success on all counts. Could it have been better? Yes, certainly. Many would agree that had there been a hotel attached to our convention center, we would have brought us very much closer to perfection! But we look at this deficiency as an opportunity for the next organizing committee to take our congress to an even higher platform. I am confident they can, and will.

Success is not final, failure is not fatal. It is the courage to continue that counts.


AWARDS CEREMONY
Malaysian International Scientific Congress in Obstetrics & Gynaecology 2018
GALA DINNER
Saturday, 28 July 2
Grand Ballroom, Le 9,
Sunway Putra Hotel, Ku umpur
OGSM CHALLENGE
GALA DINNER

REPRODUCTIVE MEDICINE PRE-CONGRESS

The Reproductive Medicine pre-Congress meeting at MISCOG 2018 was most certainly a star-studded event. Most were surprised that the organizing committee was able to successfully invite a large number of world-renown speakers, many of whom had never been to Malaysia before. There were a total of 15 lectures presented during the pre-congress. The design of the scientific content was to ensure that when taken in combination with the subsequent symposia and plenary sessions, the entire Reproductive Medicine content would be sufficiently comprehensive to fulfill the academic needs of all.

Dr. Santiago Munne, a global authority on genetics and the first to have described pre-implantation genetic diagnosis in human embryos, presented three lectures. Professor Simon Fischel from Care Fertility, who as a young scientist was involved with the pioneering work of Robert Edwards and Patrick Steptoe, spoke on the intrinsic values of morpho-kinetic assessment of embryo development. Professor William Huang a Urologist from Taiwan known for his work in micro-TESE, shared insights to the customary "why, when and how?" on this interesting surgical option. There were several other experts, both local and from abroad, who also shared their expertise.

The organizing committee utilized a wide array of local experts to chair these lectures in the belief that it would help facilitate intellectual discourse and assist in forging a closer relationship within the fraternity.

A total of 137 delegates attended the Reproductive Medicine pre-Congress. As this was the largest single group, the delegates were assigned to the largest hall, which usually can accommodate 1,200 people at maximum capacity. Therefore, at times, the hall did seem relatively sparse, although this was the single largest pre-congress group.

The delegate feedback was consistent – in that the scientific content was precise and highly relevant. The speakers undoubtedly left the delegates impressed. In totality, the pre-congress meeting lived up to expectations, and we can only hope that it will be used as a benchmark by which future endeavors will be measured.

MFM PRE-CONGRESS REPORT

Pre-Congress on Imaging in Obstetrics and Gynaecology

The full day pre-congress workshop on Imaging in Obstetrics and Gynaecology at the Malaysia International Scientific Congress of Obstetrics and Gynaecology (MISCOG 2018) was well attended by approximately 30 participants. The speakers involved in this pre-congress were invited well known speakers, Dr Ritsuko Kimata Pooh from Japan, Dr Mala Sibai from India and Assoc Prof Ong Chiou Li from Singapore. The other local speakers were Prof Jamiyah Hassan and Dato' Dr Bavanandam Naidu.

The lectures encompassed a wide range of topics in fetal imaging and gynaecology imaging. The lectures were made very lively and interesting with many refined fetal and gynaecological imaging and video clips especially in the presentation by Dr Ritsuko and Dr Mala. There was a lot of interactive discussion with the participants during this pre-congress and overall the feedbacks of the participants were positive.

Report by

Dato' Dr Bavanandam Naidu
Member of the Scientific Committee (Maternal Fetal Medicine)
MISCOG 2018

UROGYNAECOLOGY PRE-CONGRESS

The workshop was held in the Advanced Surgical Skills Centre (ASSC) in HUKM on Thursday 26th of July 2018. The Urogynaecology precongress had two components, the anal sphincter repair workshop and the perineal ultrasound workshop. It was spearheaded by our esteemed world renowned invited faculty of Mr Abdul Sultan and Dr Ranee Thakar from the United Kingdom. They are among the leading teachers in the anal sphincter repair in the world. Dr Thakar is also the current IUGA Vice President.

The workshop started with the anal sphincter repair workshop. The workshops were also facilitated by our local faculties consisting of Prof Lim Pei Shan who is the Director of the ASSC, Dr Ng Poh Yin, Assoc Prof Dr Zalina Nusee and Dr Ixora Kamisan Atan.

Due to a technical glitch, the practical aspect of the repair was delayed till the afternoon session and we continued with the ultrasound part. It included demonstration of pelvic floor ultrasound.

The participants had hands-on opportunity to learn the proper technique to repair the anal sphincter.

Overall the workshop was successful and the 20 participants really gained knowledge of anal sphincter repair and had a good introduction to the pelvic floor ultrasound.

Report by

Assoc Prof Dr Sivakumar S Balakrishnan
Member of the Scientific Committee (Urogynaecology)
MISCOG 2018

THE PURPLE BRIGADE

MISCOG 2018 had truly been a great exposure to my career as an ObGyn Medical Officer. It was professionally organised as a knowledge-sharing event for best practices in the ObGyn field.

I am glad to have been part of the organising team this year as a volunteer and it certainly taught me some of the more efficient organisational skills. I was always eager to assist where necessary because the team was always encouraging and created a positive atmosphere that kept us all going.

MISCOG 2018 was a large scale conference involving many local and international delegates who converged for an event with a wide breadth of topics delivered by some of the more prominent speakers in the ObGyn field. It also created a hub for effective networking which benefits all practicing professionals for their future undertakings, including me.

The OGSM placed great emphasis on ensuring their committee members and participants have a great experience throughout the conference by providing some of the best food and a fun-filled Gala Dinner.

Thank you for the amazing experience and for making us feel important throughout the conference as it creates enthusiasm for many budding professionals to be better in their ObGyn practice.

Best Regards,

Dr Deepashni Thulasiraman
Medical Officer of ObGyn Department
Hospital Selayang

THE OGSM TRAINEE AGENDA

Dr. Hoo Mei Lin ; Dr. Sharmina Kamal Shamsul Kamal ; Dr. Eeson Sinthamoney

SUMMARY OF DISCUSSION - "A RE-ASSESSMENT OF THE OGSM TRAINEE AGENDA"

Tuesday 14th August 2018, 1830hrs.
The OGSM Trainee Agenda
From a historical perspective –the OGSM trainee agenda began when there was a call from the OGSM membership to do more for our trainees during the 2013 AGM. In response, OGSM formally rolled out programs to cater to our trainees' needs.

Our philosophy at that time was:

1. We do not want to replicate nor replace the robust existing Masters' programs.
2. We are merely there to "fill the gaps" and concentrate on the areas that were not covered well for our trainees.
3. At the onset, a trainee register was created in an effort to engage and communicate with our trainees. OGSM also held its inaugural Trainees' Conference to bolster this effort. As the attendance of the second trainees' conference was less than ideal, the team received feedback that in view of cost and time restraints, the trainees preferred a one-day targeted program that was run on a more frequent basis. The masterclasses were thus born and were very well received.

OGSM was also involved in running several exam-oriented courses, to cater for the various levels of examinations. This was initially catered purely for the membership trainees as there was an obvious and serious gap in their training needs. However, over time, the courses evolved into 'hybrid' programs in our effort to be inclusive of all trainees.

Unfortunately, the two programs (the Malaysian Masters' program and the MRCOG) has, over time, further evolved into 2 vastly different systems. Therefore, our 'hybrid' program has unfortunately ceased to meet the expectations of both the masters and MRCOG candidates. This was therefore the reason for a need to reassess the OGSM trainee agenda.

The discussion today concluded that:

1. The OGSM philosophy of "filling the gaps" has not changed.
2. The "gaps" have changed and need to be redefined.
3. The existing trainee activities will be revamped but not discontinued.
4. The hybrid program is not effective, does not meet trainee expectations and will be discontinued.
5. New programs can and will be introduced, but must fulfil the philosophy of "filling the gaps".

GARDASIL®9 - A NEW VACCINE FOR HUMAN PAPILLOMAVIRUS

Cervical cancer, a preventable cancer, ranks as the second most common cancer among women in Malaysia. It is therefore crucial to increase the prevention of disease via vaccination and regular cervical screening.

A new vaccine - GARDASIL® 9, a nanovalent vaccine is currently available for treating infections with human papillomavirus (HPV) following the approval of The US Food and Drug Administration (FDA). In comparison to the bivalent and quadrivalent vaccine already available on the market, GARDASIL® 9 protects against 7 oncogenic types of HPV as well as against genital wart causing HPV viruses 6 and 11. In addition to HPV 16 and 18, GARDASIL® 9 also targets against 5 additional cancer-causing HPV viruses, including 31, 33, 45, 52 and 58. This vaccine may confer protection for Malaysian women as all 7 oncogenic HPV types are frequently detected in Malaysian women with cervical cancer. While both bivalent and quadrivalent vaccines protects against two oncogenic types of HPV (16 and 18) that cause approximately 70% of cervical cancers, this new vaccine will confer protection against approximately 90% of cervical cancers. GARDASIL® 9 also confers protection against other HPV-attributed cancers, including cancers of the vulva, vaginal, penis, anal and oropharyngeal. A summary of all three vaccines is presented in the table below.

In clinical trials the effectiveness of GARDASIL® 9 was compared to GARDASIL and it was found to be twice as effective as GARDASIL. It was estimated that while 4.2 in every 1,000 women had pre-cancerous changes in the cervix after a quadrivalent vaccine, the figure decreased to 2.4 in every 1,000 women per year experiencing pre-cancerous changes in the cervix following the GARDASIL® 9 vaccine.

GARDASIL® 9 is licensed to be used in females aged 9 to 26 years old as well as in boys aged 9 to 15 years old. The Ministry of Health of Malaysia currently recommends HPV vaccination for 13-year-old girls. The Australian Immunisation Data now supports two doses of HPV vaccine delivered 6-12 months apart in individuals aged 14 and under, while three doses at 0, 2 and 6 months are still required in older individuals or in those who are immunocompromised.

Individuals who have taken bivalent or quadrivalent vaccines are well protected against cervical cancer and do not require re-vaccination. While there is some extra protection with a new vaccine, the most aggressive cancers are caused by HPV strains 16 and 18—the ones protected by the already available vaccines. HPV vaccines are interchangeable and previous doses do not need to be re-administered. Individuals of incomplete courses who received quadrivalent or bivalent vaccines can complete the course with the GARDASIL® 9 vaccine. Interrupted courses need not be restarted. In patients previously vaccinated with bivalent or quadrivalent HPV vaccine, re-vaccination with GARDASIL® 9 did not cause unexpected safety issues. The new vaccine does not protect against 100% of cancers, therefore it is important to counsel patients that screening will still be necessary. The risk of developing cervical cancers is approximately five times higher in women who are not regularly screened compared to those screened at regular intervals.

HPV vaccines have been administered in over 270 million doses worldwide for more than a decade, and the World Health Organization continues to find the vaccines safe. The GARDASIL® 9 has been similar to the quadrivalent vaccine in regards to its safety profile. However, the incidence of local injection-site reactions has been found to be slightly higher than with quadrivalent vaccine. As GARDASIL® 9 is a relatively new vaccine, the protective length of time is not yet known. Currently, GARDASIL has been shown to be effective up till 9 years.

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PROPHYLACTIC CERVICAL CANCER VACCINES IN MALAYSIA

HPV-2V (BIVALENT) VACCINE	HPV-4V (QUADRIVALENT) VACCINE	HPV 9V (NANOVALENT) VACCINE
GlaxoSmithKline	Merck	Merck
HPV 16/18 oncogenic types	HPV 16/18 oncogenic types + HPV 6/11 low-risk genital warts types	HPV 16/18/31/33/45/52 & 58 oncogenic types + HPV 6/11 low-risk genital warts types
Novel adjuvant system AS04	Classic adjuvant aluminium	Classic adjuvant aluminium
Novel expression system	Yeast expression system	Yeast expression system
Pure cervical cancer vaccine	Dual cervical cancer and genital warts vaccine	Dual cervical cancer and genital warts vaccine
A better adjuvant system to provide greater immune response	Additional HPV 6/11 for males to protect against genital warts	Additional HPV 6/11 for males to protect against genital warts

CHILD MARRIAGES FROM AN OBSTETRICIAN'S POINT OF VIEW

Prof Dr Nur Azurah Abd Ghani

From time to time, child marriage has been a topic of discussion in the electronic and social media. Despite public protests and calls for more stringent laws against it, the numbers of registered marriages for minors (<18 years) have remained fairly constant over the years with approximately 1,000 cases per year in Muslim couples. For non-Muslim couples, there was a slight decline from 500 to 350 cases per year. For an obstetrician, managing a young couple with an immature mindset poses a great challenge.

First and foremost, these young couples usually do not come forward to seek contraceptive advice, probably due to a lack of knowledge on the issue or poor access to the healthcare system. Most embark on a pregnancy in an unplanned manner with limited knowledge of what to expect throughout the pregnancy. These young mothers-to-be usually have poor antenatal care predisposing them to a higher risk of pregnancy-related complications. Due to financial constraints, they don't have regular check-ups or take their supplements as needed, putting them at risk of anaemia and poor weight gain. High blood pressure may be detected late, putting them at risk of severe pre-eclampsia and eclampsia. Infections may also be undertreated or not treated at all causing them to have premature birth or pre-labour premature rupture of the membrane, leading to premature babies and admission of the babies to the neonatal intensive care unit. These young mothers usually have small pelvises, hence they are at risk of obstructed labour and are subjected to operative deliveries. Issues will arise on who has the legal rights to give consent when both couples are under 18 years of age.

Without a doubt, teenage pregnancies are associated with higher maternal and neonatal mortality hence strategies to prevent it should be implemented. Sex education which includes information on contraception needs should be given to these young girls as it will allow them to have choices in their life and prepare them mentally. Girls should be encouraged to pursue their dream and have control of their future. Child marriage not only denies them of access to education but it also stunts their personal development.

OGSM DIARY OF EVENTS

DATE	EVENT	VENUE	CONTACT
11-12 AUG	12th Intensive Course in Obstetric Emergencies for Midwives	Vistana Hotel, Kuala Lumpur	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: icoe@ogsm.org.my Website: www.ogsm.org.my/icoe
8 SEPT	Trainees' Masterclass on MRCOG Part 3	OGSM Office, Kuala Lumpur	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: administrator@ogsm.org.my Website: www.ogsm.org.my
20-21 SEPT	World Congress on Gynecology & Obstetrics	Toronto, Canada	Secretariat Mr Tirupathi Tel: +91-779-979-0001 Email: wcgo-2018@scientificfederation.com Website: http://scientificfederation.com/gynecology-2018/
21-23 SEPT	Enhancing Women's Life	Pullman Bangsar, Kuala Lumpur	For any inquiries & registration please contact: Congress Secretariat: Dr Ng PY, Ms Linda, Ms Khadijah & Ms Sue Tel: 03-2615 5448 Email: mugs.apuga2018@gmail.com Website: http://www.urogynaehkl.tk/
22-23 SEPT	14th Intensive Course in Obstetric Emergencies for Doctors	Vistana Hotel, Kuala Lumpur	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: icoe@ogsm.org.my Website: www.ogsm.org.my/icoe
4-5 OCT	26th ICOE Regional – Ventiane, Laos	Ventiane, Laos	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: icoe@ogsm.org.my Website: www.ogsm.org.my/icoe
7-8 OCT	High Risk Obstetrics Summit (HiROS)	Hospital Sultanah Bahiyah, Alor Setar, Kedah	HiRos Secretariat Tel: 04-7406841 Email: hiros.secretariat@gmail.com
13-14 OCT	15th Intensive Course in Obstetric Emergencies for Doctors	Vistana Hotel, Kuala Lumpur	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: icoe@ogsm.org.my Website: www.ogsm.org.my/icoe
20-24 OCT	28th World Congress on Ultrasound in Obstetrics and Gynecology	Singapore	Secretariat Ms Freya Ross Email: congress@isuog.org Website:https://www.isuog.org/events/world-congress.html

OGSM DIARY OF EVENTS

DATE	EVENT	VENUE	CONTACT
27 OCT	CTG for Midwives	Taylor's University (Lecture Theater 20) Lakeside campus	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: administrator@ogsm.org.my Website: www.ogsm.org.my/icoe
28 OCT	Advanced Course in Intrapartum Fetal Surveillance	Taylor's University (Lecture Theater 13) Lakeside campus	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: administrator@ogsm.org.my Website: www.ogsm.org.my/icoe
3-4 NOV	Part 1 MRCOG Intensive Course	Vistana Hotel, Kuala Lumpur	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: administrator@ogsm.org.my Website: www.ogsm.org.my
10-11 NOV	2nd Malaysian Advances in Women's Health Congress	Le Meridien Hotel, Putrajaya	Secretariat: Ms Noor Harliana Ahmad Tel: +03-9145 6485 Fax: +03-9145 6672 Email: harliana@ppukm.ukm.edu.my
12-14 NOV	5th World Congress on Nursing & Healthcare	Toronto, Canada	Secretariat Event Manager Tel: +91-779-979-0001 Email: nursing-2018@scientificfederation.com Website:http://scientificfederation.com/nursing-healthcare-2018/
16-18 NOV	27th ICOE Regional - Guangzhou, China	Guangzhou, China	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: icoe@ogsm.org.my Website: www.ogsm.org.my/icoe
20-24 NOV	28th ICOE Regional - Katmandu, Nepal	Katmandu, Nepal	OGSM Secretariat Tel: 03-6201 3009 Fax: 03-6201 7009 Email: icoe@ogsm.org.my Website: www.ogsm.org.my/icoe