

19th Conference on Health Care of the Chinese in North America

Optimizing Health Among North American Chinese

Conference Proceedings

Hosted by

Chinese Canadian Medical Society (Ontario)

October 20-21, 2018

Toronto Marriott Markham, Toronto, Ontario, Canada

Accreditation

College of Family Physicians of Canada - Mainpro+: ID#: 188618-002

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About the Conference

Conference History

This conference was founded in 1982 by the Chinese Hospital Medical Staff in San Francisco. The conference brought together a number of Chinese American and Chinese Canadian medical societies, as well as many North American and international physicians interested in health problems of the Chinese in North America. During this time, the **Federation of Chinese American and Chinese Canadian Medical Societies** (FCMS) was established to oversee the continuing development of the Conference on a biennial basis.

Conference Objectives

- Participants will be able to identify ethno-cultural differences that affect prevalence, symptom presentation, investigation, and treatment of common health problems among North American Chinese
- Participants will be able to identify emergent or unmet healthcare needs among North American Chinese
- Participants will be able to develop a cultural competent approach towards addressing important differences in common health issues facing North American Chinese

Acknowledgement

PARTNER ORGANIZATIONS

Association of Chinese American Physicians (ACAP) 美國華人醫師會 Flushing, New York

Chinese American Independent Practice Association (CAIPA) 中美醫師協會 New York, New York

Chinese American Medical Association of Southern California (CAMASC) 南加州華人醫學會 Los Angeles, California

> Chinese American Medical Society (CAMS) 美洲中華醫學會 New York, New York

Chinese American Physicians' Society (CAPS) 美國華人醫師協會 Oakland, California

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Ventura County American Chinese Medical/Dental Association (VCACMDA)

VOLUNTEERS

Lillian Fung Angie Lam Alvin Li Becky Liu Bradley Quach Helena Tam

Letter from the President

October 20. 2018

Dear Colleagues and Honored Guests,

On behalf of the Federation of Chinese American and Chinese Canadian Medical Societies (FCMS), welcome to the **19th International Conference on Health Care of the Chinese in North America - "Optimizing Health Amongst North American Chinese",** held in Markham, Ontario from 20 to 21 October 2018.

The FCMS Conference is a biennial international conference, with a focus on medical issues affecting the North American Chinese community. Started over 35 years ago, the conference embodies a pioneering vision that is still very much relevant today – to advance the quality of health care for the Chinese in North America. **The Chinese Canadian Medical Society (Ontario) (CCMS),** has the honour of being the host organization for this prestigious event this year. The theme of the conference is *Optimizing Health Amongst North American Chinese,* with broad coverage of topics such as cardiovascular and cerebrovascular diseases, diabetes mellitus, hepatitis and fatty liver, mental health issues, and other primary care issues such as vaccinations and skin disorders. The program will be delivered by experts in the fields of interest through keynote lectures, workshops, panel discussions, posters and exhibit booths.

As the Greater Toronto Area is home to 500,000 Chinese Canadians, we believe that this conference will be of tremendous value and interest to local healthcare providers. Whether you are a student, doctor, an allied health professional, a researcher, or in health care policies, we are confident that you will be able to learn something useful at the conference. We hope this event will continue to advance the exchange of medical knowledge, ultimately enhancing the delivery of culturally competent care.

Last but not least, the Chinese culture is about balance and harmony. What better way to balance this intellectually stimulating conference with some fun? We look forward to seeing you at the Gala on Saturday evening.

Yours sincerely,

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Chi-Ming Chow MDCM MSc FRCPC FACC FASE DBIM

Professor in Medicine, University of Toronto

President, Chinese Canadian Medical Society (CCMS)

Conference at a Glance

Saturday, October 20, 2018

Registration desk will be opened for sign in between 12:30 pm and 6:30 pm.	
1:00-1:50 pm	LUNCH Grand Ballroom Foyer Tax Effective Investing – Mr. Ron Choo Grand Ballroom
1:50-2:00 pm	OPENING REMARKS & INTRODUCTION Grand Ballroom
2:00-3:00 pm	KEYNOTE LECTURE - HARRY LEE MEMORIAL LECTURE CV disease among North American Chinese – Dr. Dennis Ko, Grand Ballroom
3:00-4:20 pm	PLENARY SESSION I Diabetes in 2018: What Should We All Know? – Dr. Alice Cheng, Somatization: Is It All in My Head? – Dr. Kenneth Fung, Dr. Julius F. Sue Memorial Lecture - sponsored by CAMASC Moderators: Dr. Chi-Ming Chow and Dr. Paul Chu Grand Ballroom
4:20-5:20 pm	KEYNOTE LECTURE - CAIPA LECTURE Targeting Cancer Therapies Amongst the Chinese Population in North America – Dr. Fei-Fei Liu Grand Ballroom
5:20-6:00 pm	POSTER SESSION/ABSTRACTS REVIEW Remington
5:45-10:30 pm	GALA Grand Ballroom

Sunday, October 21, 2018

Registration desk will be opened for sign in between 8:00 am and 1:30 pm.

8:00-9:00 am

BREAKFAST

Grand Ballroom Foyer

POSTER SESSION/ABSTRACTS REVIEW

Remington

9:00-10:30 am PLENARY SESSION II

Viral Hepatitis and Fatty Liver Disease among the Chinese -

Dr. David H K Wong

I Robot - High Tech Comes to Medicine - Dr. Peter Lin

Moderators: Dr. David Lam and Dr. George Ma

Grand Ballroom

10:30-11:30 am HENRY B WOO & BESSIE K. WOO FOUNDATION LECTURE

The Art and Science on the Practice of Medicine -

Dr. Herbert Ho-Ping Kong

Grand Ballroom

11:30-1:00 pm LUNCH

Grand Ballroom Foyer

11:45-12:25 pm SATELLITE SYMPOSIA

Management of Retina Disease in the Asian Population – Dr. Peng Yan

Grand Ballroom

12:30-1:00 pm Umbilical Cord Blood: Current Applications and Future Potential -

Dr. Sue Mueller Grand Ballroom

POSTER SESSION/ABSTRACTS REVIEW

Grand Ballroom Foyer

1:00-2:55 pm

CONCURRENT SESSIONS (CHOOSE ONE)

1. Cardiovascular Symposium

Oral Anticoagulation for AF-related Stroke Prevention: 2018 Update -

Dr. Andrew Ha

Heart Failure Treatment Update - Implications for the North American

Chinese – Dr. Peter Liu

An Update on PCSK9 Inhibitors in Cardiovascular Disease Prevention – Dr. Dominic Ng

Moderators: Dr. Chi-Ming Chow and Dr. Warren Chin *Grand Ballroom*

2. Mental Health Workshop

Why ACT? How to ACT? Thinking and ACTing Differently When Treating Addictions – Dr. Vincent Lam

A Primer on Responding to Patient Requests for Medical Assistance in Dying (MAID) – Dr. Madeline Li

Moderators: Dr. Kenneth Fung and Dr. Candice Kung *Rouge*

2:55-3:10 pm

BREAK

Grand Ballroom Foyer

3:10-5:00 pm

CONCURRENT SESSIONS II (CHOOSE ONE)

1. Stroke Symposium: Different Stroke for Different Folks - Cerebrovascular Diseases amongst Chinese living in North America

Awareness of Warning Symptoms of Heart Disease and Stroke: Follow-Up Study of the Chinese Canadian Cardiovascular Health Project (CCCVHP) – Dr. Chi-Ming Chow

Epidemiology of Cerebrovascular Diseases Amongst Chinese-Canadians – Dr. Joseph Chu

Stroke Amongst Chinese Americans and the Burden of Stroke in the World – Dr. Sun Hoo Foo

Moderators: Dr. Joseph Chu and Dr. John Chiu *Grand Ballroom*

2. Primary Care Workshop: Pearls in Primary Care

The Red Face - Dr. Francesca Cheung

Hepatitis B, Hepatitis C, & Fatty Liver - Mènage à Trois du Foie? – Dr. Eric Leong

Why Adult Immunization Matters - Dr. Allison McGeer

Moderator: Dr. David Lam

Rouge

Exhibits are open in the Grand Ballroom Foyer on Saturday, October 20, 2018 at 1:00pm – 6:00pm and Sunday, October 21, 2018 at 8:00am – 5:00pm.

Posters are displayed in the Remington Room on Saturday, October 20, 2018 at 1:00pm – 6:00pm and Sunday, October 21, 2018 at 8:00am – 3:30pm. Presenters will be at their respective posters on Saturday at 5:30pm – 6:00pm and on Sunday at 12:30pm-1:00pm.

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Scientific Program

	Saturday, October 20, 2018
1:50 – 2:00 pm	Opening Remarks & Introduction
2:00 – 2:45 pm	Keynote Lecture - Harry Lee Memorial Lecture Learning Objectives: By the end of the presentation, the attendees will be able to: 1. Discuss the epidemiology of cardiovascular disease 2. Discuss of the gaps in knowledge in Chinese in the development of cardiovascular disease 3. Discuss the work on immigrants in Ontario, Canada • CV disease among North American Chinese – Dr. Dennis Ko
	(Associate Professor, Sunnybrook Health Sciences Centre, University of Toronto) Sponsored by FCMS Foundation
2:45 – 3:00 pm 3:00 – 4:05 pm	Q & A / Discussion Plenary Session I
	 Learning Objectives: By the end of the presentation, the attendees will be able to: Describe the latest practice-changing data for the management of type 2 diabetes Discuss unique aspects of diabetes pathophysiology and management of diabetes in the Chinese population Utilize the tools on the guidelines.diabetes.ca website from Diabetes Canada Diabetes in 2018: What Should We All Know? - Dr. Alice Cheng (Associate Professor, St. Michael's Hospital, University of Toronto, ON) Learning Objectives: By the end of the presentation, the attendees will be able to: Identify differential diagnoses of somatic symptoms, including common mental disorders Describe the DSM-5 somatic symptom disorders Develop and apply an approach towards assessing and managing somatic symptoms inclusive of a sociocultural perspective

	 Somatization: Is It All in My Head? – Dr. Kenneth Fung (Associate Professor, University Health Network – Toronto Western Hospital, University of Toronto, ON) Dr. Julius F. Sue Memorial Lecture - sponsored by CAMASC Moderators: Dr. Chi-Ming Chow and Dr. Paul Chu
4:05 – 4:20 pm	Q & A / Discussion
4:20 – 4:35 pm	Break (15 min)
4:35 – 5:20 pm	 Learning Objectives: By the end of the presentation, the attendees will be able to: Classify the unique malignancies to Chinese patients Describe radiation therapy targeting strategies for these cancers Describe molecular targeting strategies for these cancers Targeting Cancer Therapies amongst the Chinese Population in North America – Dr. Fei-Fei Liu (Senior Scientist, Princess Margaret Cancer Centre – University Health Network, Toronto, ON)
5:20 – 5:35 pm	Q & A / Discussion
5:35 – 6:00 pm	Poster Session /Abstracts Presentation & Review
•	
6:30 – 10:30 pm	Gala

	Sunday, October 21, 2018
8:00 – 8:20 am	Breakfast (20 min)
8:20 - 8:50 am	Poster Session/Abstracts Presentation & Review
8:50 – 10:00 am	Plenary Session II
	Learning Objectives: By the end of the presentation, the attendees will be able to: 1. Develop a practical approach to screening for viral hepatitis 2. Identify the clinical significance of fatty liver • Viral Hepatitis and Fatty Liver Disease among the Chinese— Dr. David H K Wong (Assistant Professor, University Health Network – Toronto Western Hospital University of Toronto, ON) Learning Objectives: By the end of the presentation, the attendees will be able to: 1. Explain how technology is being used to help in the delivery of medicine 2. Prepare for integration of this technology into our practice 3. Predict where things may progress to and potential pitfalls • I Robot - High Tech Comes to Medicine – Dr. Peter Lin (Director, Primary Care Initiatives, Canadian Heart Research Centre, Toronto, ON) Moderators: Dr. David Lam and Dr. George Ma
10:00 – 10:20 am	Q & A / Discussion
10:20 - 10:30 am	Break (10 min)
10:30 am - 11:15 am	Henry B Woo & Bessie K. Woo Foundation Lecture
	 Learning Objectives: By the end of the presentation, the attendees will be able to: Identify the various "ARTS" as they applied to clinical medicine Recognize the limits of technology in clinical practice Discuss how the combination of "The Art of Medicine" with science and technology can lead to Best Medical Practice The Art and Science on the Practice of Medicine Herbert Ho-Ping Kong (Professor of Medicine, University of Toronto, ON, 2016 FCMS Achievement Award Recipient)

11:15 am - 11:30 am	Q & A / Discussion
11:30 am - 11:50 am	Lunch (20 min)
11:50 am - 12:30 pm	Symposia
	 Learning Objectives: By the end of the presentation, the attendees will be able to:
12:30 pm - 1:00 pm	Q & A / Discussion
12.00 pm 2.00 pm	Poster Session /Abstracts Presentation & Review
1:00 – 2:55 pm	Concurrent Sessions - I (Choose one)
•	1) Cardiovascular Symposium
	(25 min + 10 min Q&A) x 3 + 10 min Q&A at the end
	 Learning Objectives: By the end of the presentation, the attendees will be able to: Explain the clinical trial data on the use of oral anticoagulation for AF-related stroke prevention, with emphasis on NOAC agents Discuss the use of NOAC agents in certain high-risk AF patient subsets Develop a conceptual framework for individualization of NOAC therapy for AF patients a. Oral Anticoagulation for AF-related Stroke Prevention: 2018 Update – Dr. Andrew Ha (Cardiac Electrophysiologist, Peter Munk Cardiac Center, UHN, ON) Learning Objectives: By the end of the presentation, the attendees will be able to: Identify the rising challenges of heart failure, and how Chinese patients compare Explain the treatment approaches to heart failure with reduced ejection fraction (HFrEF), and the new tools that recently became available

- 3. Recognize that heart failure with preserved ejection fraction (HFpEF) is rising in prevalence, including Chinese patients, and develop an approach for the treatment for HFpEF and its prevention
 - b. Heart Failure Treatment Update Implications for the North American Chinese – Dr. Peter Liu (Chief Scientific Officer, Vice President Research, University of Ottawa Heart Institute, ON)

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 1. Describe the studies in supporting LDL-C lowering in cardiovascular protection
- 2. Describe the CVOT trial findings on the two PCSK9 inhibitors in clinical use
- 3. Discuss the clinical relevance of this class f agents in North American Chinese populations
 - c. An Update on PCSK9 Inhibitors in Cardiovascular
 Disease Prevention Dr. Dominic Ng (Associate
 Professor, University of Toronto, St. Michael's Hospital,
 ON)

Moderators: Dr. Chi-Ming Chow and Dr. Warren Chin

2) Mental Health Workshop (45 min + 10 min Q&A) x 2 + 5 min Q&A at the end

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 1. Identify the conceptual models of addiction, asking the question, "what kind of a problem is addiction?"
- 2. Define and describe the ACT concepts and the ACT therapeutic stance
- 3. Discuss what addiction looks like through an ACT lens
 - a. Why ACT? How to ACT? Thinking and ACTing
 Differently When Treating Addictions Dr. Vincent
 Lam (Lecturer, Medical Director of the Coderix
 Medical Clinic, University of Toronto, ON)

Learning Objectives:

By the end of the presentation, the attendees will be able to:

1. Describe an approach to the initial conversations with patient requesting MAiD

	 Identify common challenges faced in applying the Bill C-14 eligibility criteria Reflect on and describe an approach to addressing the clinical and ethical aspects of referring for or participating in MAiD b. A Primer on Responding to Patient Requests for Medical Assistance in Dying (MAID) – Dr. Madeline Li (Associate Professor, UHN – Princess Margaret Cancer Centre, University of Toronto, ON) Moderators: Dr. Kenneth Fung and Dr. Candice Kung
2 5 5 2 0 5	Proch (10 min)
2:55 – 3:05 pm	Break (10 min)
3:05 – 5:00 pm	Concurrent Sessions – II (Choose one) (25 min + 10 min Q&A for each) x 3 + 10 min Q&A at the end
	(25 mm · 10 mm Quarior cacil) x 5 · 10 mm Quarat the end
	1) Stroke Symposium: Different Stroke for Different Folks – Cerebrovascular Diseases amongst Chinese living in North America
	Learning Objectives:
	By the end of the presentation, the attendees will be able to: 1. Identify cardiovascular disease risk factors, warning symptoms of heart attack and stroke, response in case cardiovascular warning symptoms among Chinese Canadians 2. Describe the prevalence of cardiovascular disease and risk factors among Chinese Canadians 3. Discuss health habits and attitudes and sources of health information among Chinese Canadians
	a. Awareness of Warning Symptoms of Heart Disease and Stroke: Follow-Up Study of the Chinese Canadian Cardiovascular Health Project (CCCVHP) – Dr. Chi-Ming Chow (Professor, St. Michael's Hospital, University of Toronto, ON)
	 Learning Objectives: By the end of the presentation, the attendees will be able to: Identify the unique epidemiological patterns of cerebrovascular diseases amongst Chinese living in Canada Discuss the higher incidence of intracranial small vessel disease among Chinese Canadians with ischemic strokes Describe the latest research evidence that indicates Chinese Canadians with ischemic strokes having higher incidence of type II diabetes mellitus

 Epidemiology of Cerebrovascular Diseases Amongst Chinese-Canadians – Dr. Joseph Chu (Assistant Professor, University Health Network – Toronto Western Hospital University of Toronto, ON)

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 1. Describe the epidemiology of stroke among Chinese Americans
- 2. Explain the burdens of stroke among Chinese Americans and the world
- 3. Classify the risk factors of stroke
 - Stroke Amongst Chinese Americans and the Burden of Stroke in the World – **Dr. Sun Hoo Foo** (Clinical Professor, New York University, NY)

Moderators: Dr. Joseph Chu and Dr. John Chiu

2) Workshop: Pearls in Primary Care

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 1. Formulate a differential diagnosis for a patient presenting with a red face
- 2. Diagnose accurately the various presentations of a red face
- 3. Treat the patient with a red face effectively, especially in challenging cases
 - a. The Red Face **Dr. Francesca Cheung** (Lynde Institute of Dermatology, ON)

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 1. Outline strategies to optimize surveillance and treatment in patients with chronic hepatitis B
- 2. Recognize the importance of a sequential approach in patients co-infected with hepatitis B and C
- 3. Discuss the importance of identifying fatty liver as a major cause of progressive liver disease in patients with and without hepatitis B or C
 - b. Hepatitis B, Hepatitis C, & Fatty Liver Ménage à Trois du Foie? **Dr. Eric Leong** (Clinical Adjunct Professor, Humber River Hospital, Queen's University, ON)

SATELLITE PRESENTATIONS

	Saturday, October 20, 2018
1:00 – 1:50 pm	Tax Effective Investing – Mr. Ron Choo (Axiom Financial Services Corporation)
	Sunday, October 21, 2018
12:30 pm - 1:00 pm	Umbilical Cord Blood: Current Applications and Future Potential – Dr. Sue Mueller (Scientific Director, Insception Lifebank Cord Blood Program, ON)

Keynote Lecture - Harry Lee Memorial Lecture

CV Disease among North American Chinese

Dennis T. Ko, MD, FRCPC, MSc

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 1. Discuss the epidemiology of cardiovascular disease
- 2. Discuss of the gaps in knowledge in Chinese in the development of cardiovascular disease
- 3. Discuss the work on immigrants in Ontario, Canada

Abstract

Cardiovascular disease is the leading cause of morbidity and mortality in Canada. Although there is an increasing number of ethnic population living in Canada and in the United States, little is known regarding their risk of cardiovascular disease, their treatment and their outcomes. This talk will focus on the Chinese population residing in Canada and in the United States.

Brief Bio

Dr. Dennis Ko graduated from the Faculty of Medicine, University of Ottawa in 1996. He completed his fellowships in internal medicine at the Cleveland Clinic Foundation and cardiology with the Yale University School of Medicine. He is an associate professor of the Department of Medicine and the Institute of Health Policy, Management and Evaluation (IHPME) at the University of Toronto. Dr. Ko is also an interventional cardiologist at the Schulich Heart Centre, Sunnybrook Health Sciences Centre. Furthermore, he is a scientist at the Institute for Clinical Evaluative Sciences (ICES) and at the Schulich Heart Research Program at the Sunnybrook Research Institute. Dr. Ko's research has focused on determining optimal clinical strategies and identifying opportunities for improvement in the prevention, treatment and outcome of cardiovascular disease.

Dr. Harry Lee (1925-2008)

Dr. Harry Lee received his medical degree from Oregon Health Sciences University in Portland, OR. After completing his internship at Tripler Army Medical Center in Honolulu, HI, he began his residency at Queen's Hospital in Honolulu, HI, followed by four years of residency at the University of California (UCSF) in San Francisco. His residency was interrupted when he was called to active duty by the US Army, where he served in the front lines of the Korean War, in charge of a medical outpost. He continued his military service in the Army Reserve, where he reached the rank of colonel. After the war, Dr. Lee completed his residency at UCSF, thereafter he began his private practice in 1958 at 890 Jackson Street across the street from Chinese Hospital, which he continued until the day he suffered the fatal stroke. He was the Executive Vice-President of FCMS (Federation of Chinese American and Chinese Canadian Medical Societies) since 1994, and continued to hold a leading role of the Society over all the years till his untimely passing in 2008. In addition, he worked passionately with organizations as Chinese Hospital, On Lok, Medical Insurance Exchange of California, Asian and Pacific Islander American Health Forum, and many other distinguished organizations.

The Harry Lee Memorial Lecture has been established by the FCMS Foundation to pay tribute to this great physician leader.

Plenary Session I

Diabetes in 2018: What Should We All Know? Alice Yuk-Yan Cheng, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 1. Describe the latest practice-changing data for the management of type 2 diabetes
- 2. Discuss unique aspects of diabetes pathophysiology and management of diabetes in the Chinese population
- 3. Utilize the tools on the guidelines.diabetes.ca website from Diabetes Canada

Abstract

The prevalence of diabetes continues to increase worldwide with significant societal and financial impact. Proper multifactorial management of diabetes has been shown to decrease both micro and macrovascular complications. Recent cardiovascular outcome trials have changed the management of type 2 diabetes and improved outcomes. The latest 2018 Diabetes Canada clinical practice guidelines reflect those changes.

Brief Bio

Dr. Alice Cheng is an Endocrinologist at Trillium Health Partners (Credit Valley) in Mississauga and St. Michael's Hospital in Toronto. She is an Associate Professor in the Department of Medicine at the University of Toronto and is Chair of the 2013 Diabetes Canada Clinical Practice Guidelines. She is also the associate editor for the Canadian Journal of Diabetes. Dr. Cheng completed medical school, internal medicine, and Endocrinology training at the University of Toronto and has completed the Master Teacher Program offered through the Department of Medicine. Her subspecialties include Diabetes Mellitus and other endocrine and metabolic disorders.

Dr. Julius F. Sue Memorial Lecture

Somatization: Is It All in My Head? Kenneth Fung, MD, FRCPC, MSc, FAPA, FCPA

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Identify differential diagnoses of somatic symptoms, including common mental disorders
- 5. Describe the DSM-5 somatic symptom disorders
- 6. Develop and apply an approach towards assessing and managing somatic symptoms inclusive of a sociocultural perspective

Abstract

Somatization is the presentation of physical symptoms and complains associated with psychological issues and distress. Often, patients with somatic complains in primary care may have an underlying primary psychiatric illness, from depression to anxiety to psychosis. This may lead to misdiagnosis and delayed treatment. In some cases, patients may also have a specific somatoform disorder, classified as Somatic Symptom and Related Disorders in DSM-5. Further, cultural and contextual factors play an important role in shaping the experience, expression, and interpretation of distress. This talk will discuss the interplay between somatic symptoms and psychological distress and an approach towards assessing and managing them, especially in the context of the Chinese population in North America.

Brief Bio

Dr. Kenneth Fung is a Staff Psychiatrist and Clinical Director of the Asian Initiative in Mental Health Program at the Toronto Western Hospital, University Health Network. He is also Associate Professor with Equity, Gender, and Populations Division at the Department of Psychiatry, University of Toronto. He completed a two-year fellowship in Cultural Psychiatry at the University of Toronto, and his Master thesis was on alexithymia among Chinese Canadians. His primary research, teaching, and clinical interests include both cultural psychiatry and psychotherapy. He is the President of the Society of the Study of Psychiatry and Culture. He is the past Chair and current Historian of the Federation of Chinese American and Chinese Canadian Medical Societies.

Dr. Julius F. Sue (1947-2002)

Julius F. Sue, M.D. served the Los Angeles Chinese-American community for over 50 years (1947-2002). As one of the first Chinese-American physicians in Chinatown Los Angeles, he worked as a traditional general practitioner who delivered babies and took care of their siblings, parents, and grandparents.

Born in Zhongshan (中山), China in 1914, he immigrated to the United States with his family at the age of 13, and continued his education in Portland, OR. He attended Reed College and the University of Oregon, School of Medicine in Portland, where he graduated with the class of 1941. After his internship at St. Catherine's Hospital in East Chicago, IL, Julius F. Sue joined the US Army Air Forces, where he served with the 14th Air Force in Georgia, Florida, India, and China alongside with other Chinese-Americans.

In 1947, he started his medical practice in downtown Los Angeles, shortly afterwards, he moved one mile north to the heart of Chinatown Los Angeles. He joined the medical staff at French Hospital, later known as Pacific Alliance Medical Center (PAMC), where he eventually became Chief of Staff. In 1991, he was also named the Chairman of the PAMC Health Foundation. Dr. Sue was one of the founding members of the Chinese American Medical Association of Southern California (CAMASC), formerly known as Chinese Physicians for Chinatown (CPC) in the 1970's.

Dr. Sue's office hours always included Sundays and he made rounds on his patients seven days a week, while assisting in surgery and making house calls. Perhaps, he was most proud of encouraging new Chinese-American physicians to begin their medical practice in Chinatown because they would have the opportunity to apply their medical knowledge, enrich their clinical experience, and care for the Chinese patients with a cultural and linguistic sensitivity. Dr. Sue and his wife, Eleanor, are well-respected for their volunteerism and philanthropic spirits. Together, they established scholarship funds at the Oregon Health & Science University, UCLA School of Medicine, and nursing home funds to the PAMC Health Foundation. Their invaluable contributions to the medical community and the Chinese community are forever admirable.

Keynote Lecture - CAIPA Lecture

Targeting Cancer Therapies Amongst the Chinese Population in North America

Fei-Fei Liu, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Classify the unique malignancies to Chinese patients
- 5. Describe radiation therapy targeting strategies for these cancers
- 6. Describe molecular targeting strategies for these cancers

Abstract

Cancer is now the major cause of mortality amongst the North American population, surpassing cardiovascular disease. The Chinese population is not immune to this issue; in fact, there are some malignancies which are particularly common amongst the Chinese, including nasopharyngeal carcinoma, lung cancer in never-smokers (especially Asian women), as well as the rest of the "big four" including breast, colorectal, and prostate cancers. During this seminar, I will describe some of the current approaches in targeting the disease, focusing on radiation therapy, as well as systematically-delivered targeted therapies.

Brief Bio

Dr. Fei-Fei Liu is the Chief of the Radiation Medicine Program and Department of Radiation Oncology at the Princess Margaret Cancer Centre, and also Professor and Chair of the Department of Radiation Oncology at the University of Toronto. She is also a Senior Scientist at the Ontario Cancer Institute, and holds the University of Toronto/Princess Margaret Cancer Centre Dr. Mariano Elia Endowed Chair in Head & Neck Cancer Research. Her research program is focused on investigating and developing novel molecular therapeutic strategies for human malignancies, delivered in conjunction with radiation therapy, along with investigating molecular aberrancies for several human cancers including breast, cervix, and head/neck cancers.

Plenary Session II

Viral Hepatitis and Fatty Liver Disease among the Chinese David HK Wong, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 3. Develop a practical approach to screening for viral hepatitis
- 4. Identify the clinical significance of fatty liver

Abstract

Liver disease is common in the Asian population. Symptoms of liver disease do not become apparent until liver disease is very advanced. In this talk, we will explore a practical approach to people with liver disease.

Brief Bio

Dr. David Wong is a hepatologist in Toronto, Ontario. He graduated from the University Of Toronto Faculty Of Medicine in 1988. Following his clinical training in Internal Medicine and Gastroenterology, Dr. Wong received further training as a research fellow with Dr. Bruce Walker at the Massachusetts General Hospital, Harvard Medical School, where he studied the cellular immune responses to hepatitis C viral infection. Dr. Wong is the Clinical Director of the Toronto Western Hospital Francis Family Liver Center, University Health Network. He is also on staff of the Immunodeficiency Clinic at UHN - Toronto General Division and is currently an Assistant Professor of Medicine at the University of Toronto. He is also the staff hepatologist at the Specialized Positive Care Clinic at St. Michael's Hospital. Dr. Wong's clinical interests lie in the area of viral hepatitis and liver disease in HIV.

I Robot – High Tech Comes to Medicine Peter Lin, MD, CCFP

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Explain how technology is being used to help in the delivery of medicine
- 5. Prepare for integration of this technology into our practice
- 6. Predict where things may progress to and potential pitfalls

Abstract

We will take a tour of the upcoming technologies that will be integrated into our practice of medicine. Most will be good but we do have to worry about the dark side as well.

Brief Bio

Dr. Peter Lin began his studies in the Faculty of Science and Engineering at the University of Toronto in Toronto, Ontario. Midway through, he moved to the Faculty of Medicine, where he completed his studies and became involved in research. Over the years, it became apparent to him that there was a wide chasm between research and clinical practice, and he moved into clinical practice in primary care and eventually into teaching in order to help bridge this gap. He served as the medical director at the Health & Wellness Centre, University of Toronto Scarborough, for 7 years. Currently, he is the Director of Primary Care Initiatives at the Canadian Heart Research Centre. He lectures and speaks throughout the world and maintains two busy family practices in Toronto.

Dr. Lin is a consultant for *Perspectives in Cardiology*, and is on the editorial board of *The Canadian Review of Alzheimer's Disease and Other Dementias* (formerly, *The Canadian Alzheimer Disease Review*). He has been the chairman of the Dementia Congress in the US for the last 4 years. He has also served on the editorial board of Pri-Med, a US company that provides education for physicians. Dr. Lin received a teaching award from the College of Family Physicians in 2011.

Henry B. Woo & Bessie K. Woo Foundation Lecture

The Art and Science on the Practice of Medicine Herbert Ho Ping Kong, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Identify the various "ARTS" as they applied to clinical medicine
- 5. Recognize the limits of technology in clinical practice
- 6. Discuss how the combination of "The Art of Medicine" with science and technology can lead to Best Medical Practice

Abstract

Dr. Ho Ping Kong will define and comment constructively on the components that make up the "Art of Medicine". He will provide examples from his 50 year medical practice of each "ART" including SEEING, PALPATING, LISTENING, COMMUNICATIONS, EMPATHY and DEALING with UNCERTAINTY. He will make the case of combining these "ARTS" with science and technology to provide the best clinical care in the modern era.

Brief Bio

Dr. Herbert Ho Ping Kong is a Senior Consulting Physician at the University Health Network and a Professor of Medicine at the University of Toronto. His practice has focused on difficult diagnostic problems for which he has a citywide, province wide and national reputation. He was the Founder and First Director of the Division of General Internal Medicine at the Royal Victoria Hospital (McGill University 1981), Chairman of the Specialty Committee in Internal Medicine at the Royal College of Physicians of Canada (1986 to 1992), Director of the Internal Medicine Training program at the University Health Network (1990 to 1999) and Chief of Medicine at the Toronto Western Hospital.

Dr. Kong is also a multiple Award winning Teacher at the University of Toronto. He completed a major work with established journalist, Michael Posner, titled "The Art of Medicine. Healing and the Limits of Technology" published by ECW Press on July 1st, 2014.

Henry B. Woo & Bessie K. Woo

Bessie Kai Kee Woo stepped from a home-bound tradition to one of the first Asian women to participate in and lead a long list of organizations in both the greater San Francisco and Chinatown communities. She was a quiet pioneer with a big impact. She died June 7, 2008 in San Francisco at age 98.

Bessie was a mentor and inspiration to individuals, organizations and students of all ages. She gave birth and sustenance to a broad range of organizations inspiring community involvement. Alumnae Resources recognized that she was the first to step beyond her community and societal boundaries by honoring her as a Woman of Achievement, Vision and Excellence. As its first Asian American president, the San Francisco Medical Society Auxiliary credited her with setting the standard for involvement, interlocking three distinct communities: the San Francisco community as a whole, the Chinese American community and the San Francisco medical community.

Bessie Kai Kee was born October 29, 1909 in the California gold-country town of Ione to immigrant parents. The only daughter in a family of nine children, she grew up in the central valley town of Dinuba. Although she met Henry B. Woo while he attended the University of California, Berkeley, Bessie had to abide by the custom at that time of waiting until he completed his university, medical school and surgical training before they were married in New York City.

Bessie's early community leadership included president of the PTA's of Jean Parker and Grant schools and of Lowell High School, and the board of directors of the Florence Crittenton Home of San Francisco and the Garden-Sullivan Hospital and Rehabilitation Center, 60 years ago. She was a founder of the Opti-Mrs. Club, a service organization supporting education, community social service and youth programs. Bessie was also founding president of the Chinese Hospital Auxiliary over 40 years ago. She was active in both ever since.

Satellite Symposia

Management of Retina Disease in the Asian Population Peng Yan, MD, FRCSC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Discuss the prevalence of various retina disorders in the Asian population and its differential diagnosis
- 5. Identify most common retina disorders in the Asian population using various diagnostic modalities including OCT
- 6. Outline treatment options for these disease

Abstract

Review of various retinal disorders common in Asian populations, diagnostic criteria, imaging modalities and treatment options.

Brief Bio

Dr. Peng Yan completed his medical degree at the university of British Columbia and Ophthalmology residency at the University of Ottawa. Following residency training, Dr. Yan further pursued subspecialty fellowship training in surgical retina at the University of Toronto through Toronto Western, SickKids and Sunnybrook Hospitals. Dr. Yan is an Assistant Professor at the University of Toronto's Ophthalmology Department. Dr. Yan is also actively involved in multiple research projects and clinical trials for the treatment of various retinal diseases.

Concurrent Sessions I

1. Cardiovascular Symposium

Oral Anticoagulation for AF-related Stroke Prevention: 2018 Update Andrew C.T. Ha, MD, MSc, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Explain the clinical trial data on the use of oral anticoagulation for AF-related stroke prevention, with emphasis on NOAC agents
- 5. Discuss the use of NOAC agents in certain high-risk AF patient subsets
- 6. Develop a conceptual framework for individualization of NOAC therapy for AF patients

Abstract

Stroke prevention with oral anticoagulation (OAC) is one of the most important aspects in the management of patients with atrial fibrillation (AF). Over the past 7 years, major advances in the field of AF-related stroke prevention have been made with the introduction of non-vitamin K oral anticoagulants (NOAC). This presentation will provide an overview of the clinical trial data supporting the use of NOAC agents in AF-related stroke prevention. In addition, we will discuss the potential benefits of NOAC agents in certain high-risk patient subsets, such as those with kidney disease, those who have coronary stents, and elderly patients. Finally, a conceptual framework for patient-specific individualization of NOAC therapy will be discussed.

Brief Bio

Dr. Andrew Ha is a Cardiac Electrophysiologist at the Peter Munk Cardiac Center, University Health Network (UHN) in Toronto. He pursued training in Cardiology and Cardiac Electrophysiology at the University of Ottawa Heart Institute and in Victoria, British Columbia. He completed a Master's degree in Clinical Epidemiology at the Harvard School of Public Health. Dr. Ha joined the Division of Cardiology at UHN in May 2011. His clinical and academic interests are in the management of arrhythmias in patients with ventricular dysfunction and/or structural heart disease. In particular, he is interested in the screening, diagnosis, and management (invasive and non-invasive) of patients with atrial fibrillation. In addition, Dr. Ha is interested in the use of patient-reported outcomes (e.g. health-related quality of life) to assess outcomes of arrhythmia therapies.

Heart Failure Treatment Update – Implications for the North American Chinese

Peter Liu, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Identify the rising challenges of heart failure, and how Chinese patients compare
- 5. Explain the treatment approaches to heart failure with reduced ejection fraction (HFrEF), and the new tools that recently became available
- 6. Recognize that heart failure with preserved ejection fraction (HFpEF) is rising in prevalence, including Chinese patients, and develop an approach for the treatment for HFpEF and its prevention

Abstract

Heart failure is now the predominant cause of death in one of five Canadians over the age of 40 years. Heart failure is the most rapidly rising chronic cardiovascular disease epidemic in Canada and worldwide. Chinese patients have significant challenges in heart failure. Their heart failure symptoms tend to present later in life, often featuring greater severity and worse outcomes. Therefore earlier identification and rapid treatment is important.

The foundational treatment for heart failure with reduced ejection fraction (HFrEF) include ACE inhibitors, beta-blockers, and when appropriate aldosterone antagonists such as spironolactone or eplerenon. New treatments such as Ivabradine is particularly suited for heart failure patients who have residual elevated heart rate. New treatment such as sacubitril/valsartan is important in patients who are not doing well on traditional treatment, and can replace ACE Inhibitor. Heart failure with preserved ejection fraction (HFpEF) is a challenge, but more common in elderly Chinese patients. Aggressive risk factor modification, including meticulous hypertension control, and controlling diabetes, using newer agents such as SGLT2 inhibitors are appropriate. Exercise is also particularly effective for this population.

Brief Bio

Dr. Peter Liu is the Chief Scientific Officer and Vice President of Research at the University of Ottawa Heart Institute. Dr. Liu joined the Heart Institute as the Scientific Director in 2012. He received his M.D. and completed his postgraduate training in Internal Medicine and Cardiology at University of Toronto and Harvard Medical School. He was formerly the inaugural Director of the Heart & Stroke/Richard Lewar Centre of Excellence at the University of Toronto and Scientific Director of the Institute of Circulatory and Respiratory Health at the Canadian Institutes of Health Research (CIHR). Dr. Liu has been recognized with numerous awards, including both the Research Achievement Award and the Life Time Achievement Award of the Canadian Cardiovascular Society, the Rick Gallop Award of the

Heart & Stroke Foundation, and the Institute of Circulatory & Respiratory Health Distinguished Lecture Award of CIHR, and the Margolese Award from UBC, amongst others. Well known for his contributions to heart failure and cardiac inflammation research, Dr. Liu discovered how viruses can enter the myocardium and trigger inflammation, and how innate and acquired immunity contribute to cardiac remodelling and heart failure progression following injury.

An Update on PCSK9 Inhibitors in Cardiovascular Disease Prevention

Dominic Ng, PhD, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Describe the studies in supporting LDL-C lowering in cardiovascular protection
- 5. Describe the CVOT trial findings on the two PCSK9 inhibitors in clinical use
- 6. Discuss the clinical relevance of this class f agents in North American Chinese populations

Abstract

Over the past two decades, a constellation of cardiovascular outcome trials (CVOT) have convincingly demonstrated the role of statins in the lowering of morbidity and mortality primarily through attenuation of atherosclerosis. Mechanistically, effective lowering of LDL cholesterol (LDL-C) continues to be deemed to play a central role although other pleiotropic, non-lipid pathways, including anti-inflammatory effect, may also contribute. In present days, the critical importance of LDL-C in atherogenesis is further consolidated from combined prospective cohort studies, CVOT, pathobiological studies genetics and Mandelian randomization studies. The recent development of PCSK9 inhibitors, which have been shown to reduce LDL-C by up to 60% beyond the effect of statins, have further strengthened the LDL hypothesis. Two completed large scale, multi-center, CVOT have demonstrated both efficacy and safety of this class of drugs as add on to standard statin therapies. We will review some of the major findings in the studies and discuss their relevance to Chinese poulations.

Brief Bio

Dr. Dominic Ng completed his medical training and postgraduate training in internal medicine and endocrinology and metabolism at the University of Toronto. He is also an associate professor at U of T. Dr. Ng's research is primarily interested in the area of genetics of lipid disorders, and their roles in diabetes, adiposity and cardiovascular diseases with special emphasis on high density lipoprotein (HDL) metabolism.

Concurrent Sessions I 2. Mental Health Workshop

Why ACT? How to ACT? Thinking and ACTing Differently When Treating Addictions

Vincent Lam, MD, CCFP

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Identify the conceptual models of addiction, asking the question, "what kind of a problem is addiction?"
- 5. Define and describe the ACT concepts and the ACT therapeutic stance
- 6. Discuss what addiction looks like through an ACT lens

Abstract

The aim of this workshop is to introduce conceptual models of addiction, ACT concepts, and to consider addiction through an ACT lens. The public discourse around addictions has shifted from a 'personal responsibility' model to a 'biomedical' model, and has begun to incorporate a 'trauma-informed' model of addictions. The difference between these conceptions, and each of their implications for medical care, will be reviewed. Many patients struggle with difficult thoughts like shame and self-judgment, in addition to feelings such as anxiety and depression, which often underlie addictive behaviours. This workshop will help participants understand the ACT perspective that the use of substances is often rooted in experiential avoidance and the emotional control agenda, which are normal psychological processes that nonetheless can create suffering. In emphasizing skills to help handle these experiences, ACT can help address both the types of human suffering which predispose to addiction, as well as the addictive behaviours themselves. By engaging the audience in an imaginative exercise, specific elements of the experience of addiction will be considered through the ACT lens. As part of this exercise, the relevant ACT skills which respond to the processes of addiction will be considered.

Brief Bio

Dr. Vincent Lam is from the expatriate Chinese community of Vietnam, and was born in Canada. Dr. Lam did his medical training in Toronto, and worked for thirteen years as an emergency physician in Toronto. He now works in addictions medicine. He is a Lecturer at the University of Toronto. He has also worked in international air evacuation and expedition medicine on Arctic and Antarctic ships.

A Primer on Responding to Patient Requests for Medical Assistance in Dying (MAiD)

Madeline Li, MD, PhD

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Describe an approach to the initial conversations with patient requesting MAiD
- 5. Identify common challenges faced in applying the Bill C-14 eligibility criteria
- 6. Reflect on and describe an approach to addressing the clinical and ethical aspects of referring for or participating in MAiD

Abstract

This presentation will provide a brief overview of the cultural and legal context for Medical Assistance in Dying (MAiD) in Canada, case-based discussion of the practical aspects of having initial conversations with patients about MAiD, and the challenges associated with conducting eligibility assessments and providing MAiD.

Brief Bio

Dr. Madeline Li is an associate professor in the Department of Psychiatry, University Health Network and a clinician scientist in the Department of Psychosocial Oncology and Palliative Care, Princess Margaret Hospital. She completed her MD/PhD at the Ontario Cancer Institute, followed by a residency and fellowship in psychiatric oncology at the University of Toronto. In addition to her clinical practice in cancer psychiatry, she conducts collaborative research in the areas of psychoneuroimmunology, genetics and psychosocial cancer research. She is the developer and physician lead of the Distress Assessment and Response Tool program at PMH and the Psychosocial Oncology Clinical Lead for South Central LHIN.

Concurrent Sessions II

1. Stroke Symposium: Different Stroke for Different Folks - Cerebrovascular Diseases amongst Chinese Living in North America

Awareness of Warning Symptoms of Heart Disease and Stroke: Follow-Up Study of the Chinese Canadian Cardiovascular Health Project (CCCVHP)

Chi-Ming Chow, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Identify cardiovascular disease risk factors, warning symptoms of heart attack and stroke, response in case cardiovascular warning symptoms among Chinese Canadians
- 5. Describe the prevalence of cardiovascular disease and risk factors among Chinese Canadians
- 6. Discuss health habits and attitudes and sources of health information among Chinese Canadians

Abstract

Chinese is the second largest visible minority group in Canada. We conducted an online health survey among 1001 Chinese Canadians in 2017 to an update on the Chinese Canadian population regarding their: 1) Knowledge of cardiovascular disease, 2) Health habits and attitudes, and 3) Sources of health information. The study helped formulated health promotion strategies targeting this ethnic group and determine areas to focus on to improve cardiovascular diseases management.

Brief Bio

Dr. Chi-Ming Chow is an attending staff cardiologist at St. Michael's Hospital. He is a full professor in the Department of Medicine, University of Toronto. He has an undergraduate degree in computer science from Brown University, USA. He completed his Doctor of Medicine (1990) at McGill University (Montréal, Québec) and a Masters of Science in Epidemiology at McGill University (1997). He completed his training in Family Medicine, Internal Medicine and Cardiology at McGill University. He then pursued his clinical and research echocardiography fellowship at Massachusetts General Hospital, Harvard University before joining the Division of Cardiology at St. Michael's Hospital in 2001.

Clinically he specializes in non-invasive cardiac imaging, in particular echocardiography and stress echocardiography. He is the Director of the Echocardiography Laboratory at St. Michael's Hospital. Currently, he a past president of the Canadian Society of Echo (CSE) and he is the president of the Chinese Canadian Medical Society (CCMS).

Epidemiology of Cerebrovascular Disease amongst Chinese-Canadians

Joseph Y. Chu, MD, FRCPC, FACP, FAHA

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Identify the unique epidemiological patterns of cerebrovascular diseases amongst Chinese living in Canada
- 5. Discuss the higher incidence of intracranial small vessel disease among Chinese Canadians with ischemic strokes
- 6. Describe the latest research evidence that indicates Chinese Canadians with ischemic strokes having higher incidence of type II diabetes mellitus

Abstract

Over the past 20 years, with the support of Chinese Canadian Council-HSF, the author had carried out three research projects to study the epidemiological pattern of cerebrovascular disease amongst Chinese living in Canada. The first one was an office-based 10 years retrospective analysis with results indicating Chinese Canadians have higher frequency of hypertension, hyperlipidemia and smoking. They also have much higher incidence of intracranial small vessel disease. They second retrospective study was on hospitalized patients analyzing their stroke risk factors and mortality. The third retrospective study was on the epidemiological pattern of Chinese-Canadians with type II diabetes mellitus and ischemic stroke.

Brief Bio

Dr. Joseph Chu graduated from the Faculty of Medicine, University of Toronto in 1978. He subsequently completed his residency training in Internal Medicine and Neurology at University of Toronto obtaining his FRCPC in both specialties. He is an Assistant Professor of Medicine (Neurology) at the University of Toronto and is an associate staff Neurologist at the Toronto Western Hospital-University Health Network. He is also a consultant Neurologist at the William Osler Health System in Toronto. He was elected a Fellow of the American Heart Association and is also an active member of the Canadian Neurological Sciences Federation, American Academy of Neurology and the American College of Physicians. He was a past-president of the Chinese Canadian Medical Society of Ontario. Dr. Chu has published extensively in peer review journals on the Epidemiology of Cerebrovascular Diseases of Chinese-Canadians. He serves as Chairman of the Research Committee, Chinese Canadian Council of the Heart & Stroke Foundation. He had been a popular invited visiting Professor giving lectures in Hong Kong, Peoples' Republic of China, Taiwan and USA.

Stroke amongst Chinese Americans and the Burden of Stroke in the World

Sun Hoo Foo, BM, MD

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Describe the epidemiology of stroke among Chinese Americans
- 5. Explain the burdens of stroke among Chinese Americans and the world
- 6. Classify the risk factors of stroke

Abstract

Previous stroke study of New York Chinatown will be reviewed and compared with New York 2015 SPARCS data.

Literature review of global burden of stroke in 2017 and local prevalence of stroke risk factors in New York City will also be discussed.

Brief Bio

Dr. Sun-Hoo Foo is a neurologist in New York, New York and is affiliated with NYU Langone Hospitals. He received his medical degree from National Taiwan University College of Medicine and has been in practice for more than 20 years. Dr. Foo completed his medical residency at St. Vincent's Hospital in Bridgeport, Connecticut and his residency in neurology at New York University Medical Center. He was the Director of Neurology at New York Downtown Hospital, then New York Infirmary-Beekman. In 2008, Dr. Foo was honored with the Distinguished Physician Award by New York Downtown Hospital. A Clinical Professor for the Departments of Neurology at NYU School of Medicine, Dr. Foo practices general adult neurology. His areas of expertise include stroke, headache, and facial and back pain. He served as Chairman and as President of the Federation of Chinese American and Chinese Canadian Medical Societies (FCMS) from 2004 to 2006.

Concurrent Sessions II

2. Primary Care Workshop: Pearls in Primary Care

The Red Face

Francesca Cheung, MD, CCFP

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Formulate a differential diagnosis for a patient presenting with a red face
- 5. Diagnose accurately the various presentations of a red face
- 6. Treat the patient with a red face effectively, especially in challenging cases

Abstract

It is not uncommon for patients presenting to their family physicians with a red face. Accurate diagnosis of the underlying condition that leads to a red face and effective treatment to manage the condition will be useful in a family practice setting. This presentation will enhance the dermatological knowledge of a family physician.

Brief Bio

Dr. Francesca Cheung obtained her medical degree and completed her residency at McMaster University. She is a family physician with a special interest in dermatology. She received the Diploma in Practical Dermatology from the Department of Dermatology at Cardiff University in Wales, UK. Since 2009, she joined the Lynde Centre for Dermatology in Markham, Ontario and works closely with Dr. Charles Lynde, an experienced dermatologist. In addition to providing direct patient care, she acts as a sub-investigator in multiple clinical studies involving psoriasis, onychomycosis, and acne.

Hepatitis B, Hepatitis C, & Fatty Liver - Ménage à Trois du Foie? Eric Leong, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Outline strategies to optimize surveillance and treatment in patients with chronic hepatitis B
- 5. Recognize the importance of a sequential approach in patients co-infected with hepatitis B and C
- 6. Discuss the importance of identifying fatty liver as a major cause of progressive liver disease in patients with and without hepatitis B or C

Abstract

Liver disease is a major cause of morbidity and mortality worldwide. Among the Chinese, chronic viral hepatitis, non-alcoholic fatty liver disease, and alcoholic liver disease affect at least 300 million people and liver cancer is the second most common cancer. Despite advances in the management of chronic viral hepatitis, patient awareness of liver disease and its complications remains poor, contributing to high mortality from end-stage liver disease.

Brief Bio

Dr. Eric Leong graduated from The Johns Hopkins University with a Bachelor of Arts degree in Molecular Biology and French Literature. He subsequently obtained his medical degree at the University of Toronto and completed his Internal Medicine residency at U of T. During his Chief Medical Residency and while working as a Clinical Assistant in Gastroenterology at Toronto Western and Toronto General Hospitals, his research focused on bone density and depression in patients with primary biliary cirrhosis. Dr. Leong specialized in Gastroenterology and Hepatology during his fellowship at Stanford University and received training in ERCP and EUS. He is an active staff member at Humber River Regional Hospital and is a research investigator with TDDA.

Why Adult Immunization Matters

Allison McGeer, MD, FRCPC

Learning Objectives:

By the end of the presentation, the attendees will be able to:

- 4. Explain why the paradigm for adult vaccination in Canada should change
- 5. Decide which zoster, pneumococcal and influenza vaccines they will offer patients in their practice
- 6. Identify a strategy that will help improve protection from vaccine preventable diseases in patients in their practice

Abstract

Despite the fact that many more adults than children die each year from vaccine preventable disease, many adults in Canada remain unprotected. While there are many system-level reasons for this, individual practitioners can make a difference for their patients by providing information and recommendations to their patients. This talk will discuss recent changes to adult vaccines and vaccination recommendations and strategies to improve vaccine uptake.

Brief Bio

Dr. Allison McGeer trained in internal medicine and infectious diseases at the University of Toronto, then completed a fellowship in hospital epidemiology at Yale New Haven Hospital in 1989/90. She is the director of infection control, and a microbiologist and infectious disease consultant at the Mount Sinai Hospital. She has been a member of Canada's National Advisory Committee on Immunization, is currently a member of the infection control subcommittee of the Ontario Provincial Infectious Diseases Advisory Committee. Her primary areas of research interest are the prevention of healthcare associated infection, the epidemiology of influenza, and adult immunization.

ASSESSING THE KNOWLEDGE OF THE OSTEOPATHIC PROFESSION IN NEW YORK CITY'S ASIAN COMMUNITIES

Justin Chin¹, Sarah Li², Gregory Yim², YaQun Zhou², Peter Wan², Vincent Dong², Nathan Kang², Anisha Rajavel², Jeremy Shugar DO³, Sonu Sahni MD⁴, Christine Lomiguen MD⁵

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- 5. Touro College of Osteopathic Medicine, Department of Anatomy

Key words: osteopathic medicine, community health, Asian health, Chinese, New York

Background: Despite having practice privileges in over 50 countries, many immigrant minority communities in the United States are unexposed to osteopathic physicians (DO) prior to re-establishing healthcare in the United States and thus may be reticent to osteopathic manipulative medicine (OMM). **Objective:** To identify literature in osteopathic outreach to minority communities and assess osteopathic awareness in New York City's Chinese community. **Methods:** An anonymous survey prepared in Chinese and English was used to gather demographics, education level, healthcare habits, and knowledge of the osteopathic profession. Participants over the age of 18 were randomly selected to complete a paper survey, with the option to decline. **Results:** 96 surveys fit inclusion criteria, with participants questioned on familiarity with DOs and OMM. 54 males and 42 females were included in the survey, with an age range of 18-80 and an average age of 40. Overall, only 18% of surveyees (n=17) indicated knowledge about OMM while only 16% (n=15) seemed to recognize the DO profession. Gender, age, highest level of education, country of birth, and English proficiency did not reveal any statistical significance in regards to knowledge of DOs or OMM (p-values >0.05 for all). **Conclusion:** There exists a general lack of awareness of OMM and DOs within the Chinese community in New York City. Compared with similar past studies, this study found the gap in minority osteopathic familiarity even greater than previously noted, with less than one in five participants indicating knowledge of osteopathy. While this difference can be ascribed to numerous factors, it stands without doubt that greater osteopathic outreach needs to be done in minority communities.

INFORMING THE ADAPTATION OF A CHW MODEL TO FACILITATE LUNG CANCER SCREENING FOR CHINESE TAXI DRIVERS

Jennifer Leng, Randall Li, Francesca Gany, Memorial Sloan Kettering Cancer Center, Immigrant Health and Cancer Disparities Center, 485 Lexington Ave, New York, NY 10017

Background

The Chinese population is expected to become the largest immigrant group in New York City (NYC) in the next few years. In a national study, lifetime smoking prevalence among Chinese men was 42.5%. In our preliminary work among Chinese foreign-born male livery drivers in NYC, 73% were current or former smokers. Chinese drivers in NYC may be at exceptionally high risk for lung cancer due to the combined impact of tobacco use and air pollution exposure. The U.S. Preventive Services Task Force recommends annual lung cancer screening with low-dose computed tomography in adults 55-80 years with a 30 pack-year history who currently smoke or quit within 15 years. A substantial body of research demonstrates that Community Health Workers (CHWs) have been effective at improving cancer screening rates among minority populations.

Methods

This study qualitatively assesses the needs of Chinese livery drivers to inform a culturally and linguistically responsive adaptation of an existing health promotion intervention for taxi drivers, to facilitate lung cancer screening for eligible Chinese drivers. We conducted in-depth interviews until saturation with 13 key Chinese-serving health professionals. Interviews were transcribed and analyzed using Atlas.ti.

Results

Inductive analysis of the transcripts yielded 66 codes (subtopics) within 7 key themes: 1) Knowledge of Guidelines/Access to Screening, 2) Acceptability of CHW Program, 3) CHW Role in Screening Process, 4) Qualities of an Ideal CHW, 5) Barriers to Facilitating Uptake of Lung Cancer Screening, 6) Challenges to Implementing a CHW Program, and 7) Adaptations to a CHW program for the Chinese community.

Conclusions

Despite the known impact of CHWs on improving health outcomes, CHWs represent an innovation that has yet to be taken to scale. The adaptation and effective implementation of a CHW program for this extremely high risk group has the potential to have enormous impact, and to be highly sustainable and widely disseminable.

Key Words

Chinese livery drivers, smoking, lung cancer screening, community health workers

MORTALITY AMONG THE CHINESE AMERICAN IN THE UNITED STATES

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Background: The Chinese American population is one of the fastest growing groups in the United States (US). However, the Chinese American is often categorized in the broader Asian/Pacific Islander American group which may obscure mortality trends unique to the Chinese Americans. The objective of this study is to explore mortality trends in the Chinese American in comparison with other racial/ethnic groups. **Methods**: Mortality data from the National Center for Health Statistics and American Community Survey population data were utilized to determine leading causes of death, average age at death, percent premature death (age under 65), and age-adjusted death rates for the Chinese American and other racial/ethnic groups for 2007-2016. Results: The Chinese American had the highest average age at death from 2007-2016 and had the lowest percentage of premature deaths. Cancer was the first leading cause of death among the Chinese American whereas heart disease was first, overall in the United States. In 2016, the mortality rate for stomach cancer among the Chinese Americans was the highest among all racial/ethnic groups; was over twice as high as the national rate; and was 1.2 times higher than the other Asian group. The mortality rate for nasopharyngeal cancer was seven times higher in the Chinese American population than the national rate and two times higher than other Asians. **Conclusions**: The Chinese American in the US died at average older age and had fewer premature deaths from 2007-2016. The Chinese American also had lowest age-adjusted mortality rates for most of the leading causes. However, they had higher mortality rates of stomach and nasopharyngeal cancers than other racial/ethnic groups, indicating the need for targeted prevention programs for this population.

Key words: Chinese American, mortality, age-adjusted rate, cancer

CHANGE IN OVERWEIGHT AND OBESITY IN CHINESE AMERICAN CHILDREN FROM CHILDHOOD TO ADOLESCENCE/YOUNG ADULTHOOD

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Background: Early development of overweight/obesity during childhood increases the risk for becoming obese in adulthood. This study aims to assess the change in weight status of a Chinese American pediatric population over a ten-year span. **Method:** In this retrospective cohort study, BMI percentiles were assessed for 1,500 school-aged (5-11 years old), ethnically Chinese pediatric patients during their well-child care visits in both 2007 and 2017 at the Charles B. Wang Community Health Center in New York City, Patients were categorized into two weight classes according to the Centers for Disease Control and Prevention definitions (underweight/normal weight: BMI percentile <85%; overweight/obese: BMI percentile ≥85%). BMI percentiles and patients' demographic information were collected from electronic medical records. McNemar's test was used to determine significant changes in proportion of overweight/obese status between 2007 and 2017. Logistic regression was undertaken to estimate the probabilities of being overweight/obese in adolescence/adulthood based on weight class in childhood. **Results:** Of the children who were overweight/obese in 2007, 45.7% stayed overweight/obese in 2017. Of the children who were underweight/normal weight in 2007, 7.0% became overweight/obese in 2017. When comparing 2007 to 2017, the overweight/obese prevalence dropped among both boys (38.4% to 24.3%) and girls (21.1% to 12.6%). These changes were significant for both boys and girls (McNemar p-value < 0.0001 for both groups). Children who were overweight/obese in 2007 have 11.1 times more odds of becoming overweight/obese in 2017, compared to children who were underweight/normal weight (95% CI: 8.2–15.0). **Conclusion:** Despite the drop in overweight/obesity prevalence in this Chinese American pediatric population. overweight/obesity in childhood still is a strong predictor of overweight/obesity later in life. While approximately half of overweight/obese children remained overweight/obese, very few underweight/normal weight children became overweight/obese over a ten-year period.

Keywords

- 1. Chinese American
- 2. Pediatric overweight
- 3. Childhood obesity
- 4. Longitudinal
- 5. Adolescence

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IMPROVING ADVANCE CARE PLANNING FOR UNDERSERVED CHINESE AMERICAN IMMIGRANTS

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BACKGROUND: The importance of advance care planning (ACP) for patients with serious chronic illnesses is now widely acknowledged. Health professionals should have an appreciation of cultural influences on the attitudes and preferences of patients to guide discussions leading to ACP. Little is known about these cultural influences in the Chinese-American population. This ongoing study is a survey of healthy Chinese American seniors intended to clarify cultural influences on ACP and inform the development of a toolkit to assist clinicians in discussions leading to ACP.

METHODS: A survey packet was developed that includes scales on acculturation, traditional Chinese beliefs on death and dying, ACP, and sociodemographics. A convenience sample was recruited from 3 community practices in Manhattan and Queens consisting of subjects that were >65 years old, self-identified as Chinese with no serious illness. Subjects provided informed consent and responded to questionnaires through an interview in Chinese.

RESULTS: Of the 179 total participants (mean age=68.2 years, SD=8.6), only 19.0% spoke English (73.2% spoke Mandarin, 60.9% Cantonese, 29.6% Toisanese, and 26.8% Fuzhounese); 61.5% had less than a high school degree, and most identified as highly Asian (mean=1.6/5.0). Overall, 63.1% of participants were unfamiliar with any of the advance directives (AD) described, and 89.9% had never completed an AD, including a health care proxy (HCP). After an explanation of a HCP, 92.1% reported that they understood the role of healthcare agents, but 10% had difficulty explaining ADs in their own words. Although few had prior knowledge of ACP, 87.7% were willing to complete an AD in the future and 60.8% were willing to recommend the survey to their peers.

CONCLUSIONS: The data suggest that an ACP toolkit for Chinese patients include explanations of ACP-related concepts followed by focused discussion of the HCP and elements that might be included in a living will. Additional analyses will focus on identifying common misconceptions and barriers to completion of ACP.

KEYWORDS: Ethnic Chinese, disparities, ACP, end-of-life, toolkit

IMPORTANCE OF HIV SCREENING AS A PART OF ROUTINE PHYSICAL EXAMINATION IN IMMIGRANT POPULATION

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Content category: Epidemiology and Patient Care

Background: The number of HIV infection among Asians increased by 28% in the United States from 2011-2015. The data related to HIV status in immigrant Asian population were rare, especially for Chinese. This study was to look for the prevalence of HIV status in the immigrant population in relation to age, sex, race, and mode of transmission. **Methods**: We analyzed 3-year data available at our office located in the area, predominant by the Chinese population, since 2015. Non-randomized cross-sectional study was used based on the 74 HIV-positive patients, 59.5% old and 40.5% new cases, all transferred from primary care physicians. **Results**: The prevalence of HIV infection in Chinese was 40.5%. The others were African-American (18.9%), Spanish (17.6%), White (14.9%), Burmese (6.8%), and Korean (1.4%). The male infection rate (77.9%) was significantly higher than the female (22.1%). Ninety-three percent was heterosexual and transmission mode was mainly through sex (94.4%). Majority (84.5%) of the infected patients were asymptomatic. Two patients were elite controllers. Ninety-five percent of the patients were partner negative (serodiscordant). The age of patients ranged from 21 to 77 years; 58.5% are in the age group of 21-49 years. Thirty out of 74 were new patients, of which 60% were Chinese. Their viral load ranged from <20 to 4357830 copies/ml. Concerning with CD4 count, 23.3% of the patients had <200, 56.7% between 200-500 and 20% above 500 cells/µL. Syphilis was the highest coinfection (27%) with HIV followed by HBV (13.3%), HCV (6.7%), and TB (3.3%). All new patients received prompt treatment within 2-4 weeks. Eighty percent of the patients showed viral suppression (viral load <20 copies/ml) in 6 months and 90% in one year. **Conclusions**: Our study highlighted the high risk of HIV and the importance of primary care physicians in providing a routine HIV test, health education and primary care to the immigrant Asian population.

Keywords: HIV, race, sex, viral load, CD4

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Saturday 1:00pm – 6:00pm Grand Ballroom Foyer

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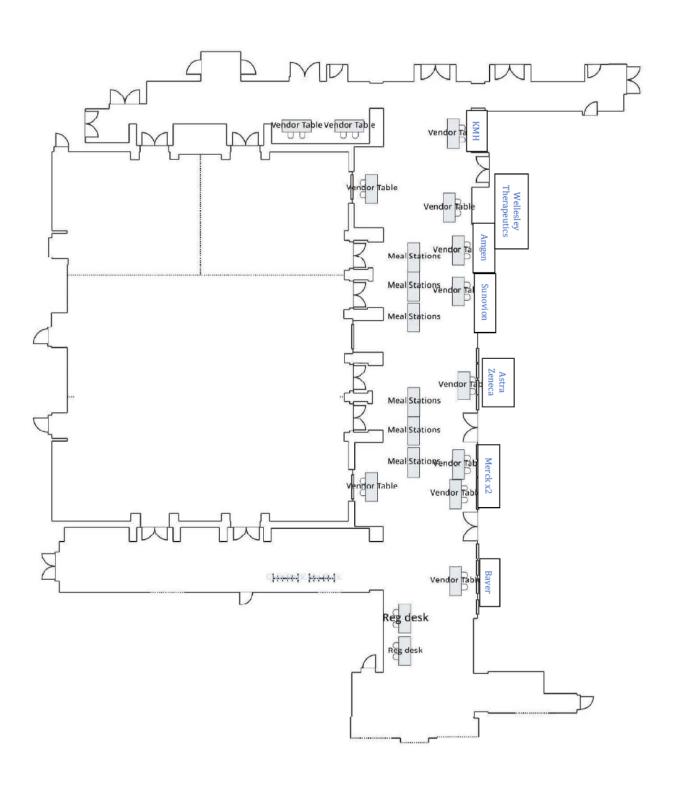
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