



Chinese Canadian Medical Society (Ontario)  
Federation of Chinese American &  
Chinese Canadian Medical Societies

*14<sup>th</sup> Conference on  
Health Care of the  
Chinese in North America*

**Conference Proceedings**

***Emerging Health Issues Among  
North American Chinese***

*September 27-28, 2008  
89 Chestnut St.  
Toronto, Ontario, Canada*

*14<sup>th</sup> Conference on Health Care of the Chinese in North America*

*Emerging Health Issues Among  
North American Chinese*

*Conference Proceedings*

*Hosted by*

**Chinese Canadian Medical Society (Ontario)**

**September 27 - 28, 2008**

**89 Chestnut Conference Centre  
Toronto, Ontario, Canada**

**Accreditation**

This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for up to 12.5 Mainpro-M1 credits.

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, approved by the University of Toronto for 12.5 credits.

The Office of Continuing Education and Professional Development, Faculty of Medicine, University of Toronto, designates this educational activity for a maximum of 12.5 Category 1 credits toward The American Medical Association Physician's Recognition Award.

The Sunday Satellite Symposium is an additional 1-hour accredited educational event, as a regular CCMS (Ontario) CME.

## STEERING COMMITTEE

**Conference Chair:** Dr. Kenneth Fung

**Scientific Committee Chair:** Dr. Rose Kung & Dr. Yvonne Yau

Dr. Pak-Cheung Chan	Dr. Peter Chang	Dr. Alice Cheng	Dr. Michael Cheng
Dr. Ming-Tat Cheung	Dr. John Chiu	Ms. Yvonne Chiu	Dr. Chi-Ming Chow
Dr. Joseph Chu	Dr. Michael Ho	Dr. Nancy Ho	Ms. Susan Hu
Dr. David Lam	Dr. Hank Lee	Dr. Vansen Lee	Dr. Eric Leong
Mrs. Ellen Mak-Tam	Dr. Gordon Moe	Dr. Ken Ng	Dr. Ying Seid
Mr. Elliot Tse	Dr. Amy Wong	Dr. Cynthia Wong	Mr. Tony Wong
Dr. Dennis Woo	Mrs. Betty Wu-Lawrence	Ms. Helen Zhong	

## FACULTY

**Dr. David Bonovich**

San Francisco General Hospital, University of California

**Dr. Alice Cheng**

Credit Valley Hospital, University of Toronto

**Dr. Chi-Ming Chow**

St. Michael's Hospital, University of Toronto  
Health

**Dr. Carlo De Angelis**

Odette Cancer Centre, University of Toronto

**Dr. Sun-Hoo Foo**

NYU Medical Center, New York University  
Toronto

**Dr. Vinti Goel**

Senior Scientist, CV Technologies Inc.  
Toronto

**Dr. Fred Hui**

University of Toronto

**Dr. Raymond Lam**

UBC Hospital, University of British Columbia

**Dr. James Liao**

Brigham and Women's Hospital, Harvard Medical School

**Dr. Peter Lin**

Canadian Heart Research Centre

**Dr. Peter Liu**

University Health Network, University of Toronto

**Ms. Susan Maddock**

Sunnybrook Health Sciences Centre, University of Toronto

**Dr. Frank J. Molnar**

The Ottawa Hospital, University of Ottawa

**Dr. Lap Chee Tsui**

Vice-Chancellor and President, University of Hong Kong

**Dr. Tao Wang**

Scadding Court Community Health Centre

**Dr. David K.H. Wong**

University Health Network, University of Toronto

**Mrs. Betty Wu-Lawrence**

Chinese Canadian Nursing Association

**Dr. Albert Yeung**

Massachusetts General Hospital, Harvard Medical School

**Dr. Peter Chang**

Hong Fook Mental Health Foundation

**Dr. Michael Cheng**

Mon Sheong Long Term Care Facility

**Dr. Joseph Chu**

University Health Network, William Osler  
Centre, University of Toronto

**Dr. Qingping Feng**

University of Western Ontario

**Dr. Kenneth Fung**

University Health Network, University of

**Dr. Jenny Heathcote**

University Health Network, University of

**Dr. Rose Kung**

Sunnybrook Health Sciences Centre,  
University of Toronto

**Dr. David Lau**

Foothills Medical Centre, University of Alberta

**Dr. Edward Lin**

Rouge Valley Health System - Centenary

**Dr. Barbara Liu**

Sunnybrook Health Sciences Centre,  
University of Toronto

**Dr. Anna Lok**

A. Alfred Taubman Health Care Ctr,  
University of Michigan

**Dr. Gordon Moe**

St. Michael's Hospital, University of Toronto

**Dr. Mark Rapoport**

Sunnybrook Health Sciences Centre,  
University of Toronto

**Dr. Yee C. Ung**

Odette Cancer Centre, University of Toronto

**Dr. Candice Wong**

Institute for Health and Aging,  
University of California

**Dr. Shun Wong**

Odette Cancer Centre, University of Toronto

**Dr. Yvonne Yau**

Hospital for Sick Children, University of Toronto

**Dr. Linqi Zhang**

Chinese Academy of Med Sciences,  
Peking Union Med School, Tsinghua University

## 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*

1. For physicians, basic scientists and other health professionals to meet and discuss common and related health problems of the Chinese in North America.
2. To establish a database of the incidence of disease patterns among the Chinese in North America.
3. To establish comparative data on health problems of Chinese in North America related to cultural assimilation.
4. To encourage clinical and/or basic research in health problems affecting the Chinese in North America.
5. To publish proceedings of the Conference as a means of expanding access to resources on these health problems.

## PARTNER ORGANIZATIONS

Association of Chinese American Physicians (New York)  
Association of Chinese Community Physicians (San Francisco)  
Chinese American Medical Association of Southern California  
Chinese American Medical Society (New York)  
Chinese American Physicians Society, East Bay (Oakland)  
Chinese Community Health Care Association (San Francisco)  
Chinese Hospital Medical Staff (San Francisco)  
Philippine Chinese American Medical Association (New York)

## **Outstanding Achievement Awards**

The Outstanding Achievement Award is presented by the Federation of Chinese American and Chinese Canadian Medical Society to persons who have contributed extraordinarily to the growth and ongoing success of the International Conference on Health Problems Related to the Chinese in North America.

Previous recipients of the Outstanding Achievement Award have been:

Kenneth D. Chan, M.D., San Francisco  
Huo Chen, M.D., Los Angeles  
Lillian Chen, M.D., New York City  
David T. W. Chiu, M.D., New York City  
John H. C. Chiu, M.D., North York, Ontario  
Edward Chow, M.D., San Francisco  
Gordon L. Fung, M.D., San Francisco  
Gregory Fung, M.D., San Francisco  
Harry Lee, M.D. San Francisco  
Stuart Quan, M.D., New York City  
Collin P. Quock, M.D., San Francisco  
Hsueh-hwa Wang, M.D., New York City



14<sup>th</sup> Conference on Health Care of the Chinese in North America  
“Emerging Health Issues Among North American Chinese”

September 27-28, 2008 Toronto, Canada



**Conference Chairperson**

Dr. Kenneth Fung

**Scientific Program Chairs**

Dr. Rose Kung

Dr. Yvonne Yau

**Steering Committee**

Dr. Pak-Cheung Chan

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Dr. Alice Cheng

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Dr. Dennis Woo

Mrs. Betty Wu-Lawrence

Ms. Helen Zhong

**Chinese Canadian Medical Society (Ontario)**

Toronto, Ontario

**Association of Chinese American Physicians**

Brooklyn, New York

**Association of Chinese Community Physicians**

San Francisco, California

**Chinese American Medical Association of Southern California**

Los Angeles, California

**Chinese American Medical Society**

New York, New York

**Chinese American Physicians Society, East Bay**

Oakland, California

**Chinese Community Health Care Association**

San Francisco, California

**Chinese Hospital Medical Staff**

San Francisco, California

**Philippine Chinese American Medical Association**

Scarsdale, New York

September 27, 2008

Dear Colleagues and Honored Guests:

It is our greatest honor to welcome you to the 14<sup>th</sup> Conference on Health Care of the Chinese in North America.

We, the Chinese Canadian Medical Society (Ontario), are most pleased to be the host of this distinguished, biennial international conference for the Federation of Chinese American and Chinese Canadian Medical Societies (FCMS). Started over a quarter of a century 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.

For this conference, we have chosen the theme “Emerging Health Issues Among North American Chinese.” With a special focus on metabolic syndrome, we have also included a broad spectrum of current hot topics in other fields, such as hepatitis, HIV, psychiatric disorders, cancer, geriatric medicine, and complementary medicine. We are grateful to our illustrious faculty, all outstanding giants in their own fields of expertise, who will share with us the latest innovations in clinical practice and research. Most importantly, we anticipate that your active participation will enrich this conference immensely and collectively advance our ability to provide care for our patients. We are also pleased to bring you additional scientific programming on organ transplant, in collaboration with our partner, the Federation of Chinese Canadian Professionals (Ontario).

As many of us are privileged to be bicultural health care providers, we have a unique capacity to provide linguistically concordant and culturally competent care to our Chinese patients. The FCMS conference further focuses our attention on the unique health care needs of our patients. Ultimately, discoveries and understanding about how ethnic and cultural differences are related to variances in epidemiology, symptomatology, pathophysiology, pharmacogenomics, pharmacodynamics, pharmacokinetics, and other aspects of treatment will advance the whole field of Western medicine itself.

Whether you are a student, a doctor, an allied health professional, a researcher, or in health policies, we are confident that you will be able to learn something useful from the conference. Furthermore, the conference allows us an opportunity to exchange ideas and stimulate new research. To this end, in coordination with the FCMS Research Subcommittee, we will host a Research Networking Lunch on Saturday for those interested. Be sure to bring your bright ideas and join us in this collective endeavor.



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Last but not least, the Chinese culture is all about balance and harmony. What better way to balance this intellectually stimulating conference than with some fun? We look forward to seeing you at the Gala. For our out-of-town friends, don't forget to make time to enjoy our city, Toronto the Great!!

Best Regards,

Kenneth Fung, MD FRCPC MSc  
14<sup>th</sup> FCMS Conference Chair

Dennis Woo, MD  
President, CCMS (Ontario) & FCCP (Ontario)



THE GOVERNOR GENERAL  
LA GOUVERNEURE GÉNÉRALE

RIDEAU HALL  
OTTAWA

I am pleased to send greetings on the occasion of the 14<sup>th</sup> Conference on Health Care of the Chinese in North America.

Within each of Canada's ethnic microcosms lies a unique set of traditions and social mores associated with the well-being of its members. Along with basic maintenance of physical health, the treatment and care of people should be conducted with the utmost respect for custom and practice.

This gathering of professionals will no doubt help many people understand our ever-evolving health care needs, and how they will impact members of the Chinese community. By working together—public officials, health care workers and patients—you will be able to better address the particular challenges that our system faces.

It is my hope that you come away from this experience with new ideas that you can use to provide quality care to those who need it. I wish everyone an enlightening conference.

Michaëlle Jean

September 2008



THE LIEUTENANT GOVERNOR OF ONTARIO  
LE LIEUTENANT GOUVERNEUR DE L'ONTARIO

27-28 September 2008

I am pleased to extend greetings to the Federation of Chinese American and Chinese Canadian Medical Societies (FCMS), and the host organization, the Chinese Canadian Medical Society of Ontario (CCMS), as you gather for your 14<sup>th</sup> Conference on Health Care of the Chinese in North America.

This year's biennial conference, being held in Toronto, Ontario, addresses the theme, *Emerging Health Issues Among North American Chinese*. I send a warm welcome to the international and local experts who will be delivering lectures, symposia, workshops and discussions, on relevant topics like cardiovascular, cerebrovascular and infectious diseases, mental health issues, geriatric care and alternative medicine.

As The Queen's representative in Ontario, I applaud the organizers and send my very best wishes for a fruitful and enjoyable conference.

A handwritten signature in cursive script that reads "David C. Onley".

David C. Onley

Minister of Health



Ministre de la Santé

Ottawa, Ontario K1A 0K9



As Minister of Health, I am pleased to send my greetings to the participants of the Federation of Chinese American and Chinese Canadian Medical Societies' (FCMS) 14<sup>th</sup> biennial international conference. I applaud you for coming together to gain insight and knowledge on emerging health issues among Chinese North Americans.

The Government of Canada commends your collaborative work on health promotion, focussing on medical issues affecting the Chinese community in North America. Health promotion has a vital public function by playing a key role in shaping the health of Canadians. Successful health promotion and education can reduce the risks and occurrences of diseases, as well as the number of Canadians waiting in our health care system for treatment. Maintaining a healthy population, safe from disease, is a top priority for Canada's Government.

I would like to thank the Chinese Canadian Medical Society (CCMS) for hosting this year's conference, and congratulate CCMS and FCMS for its initiatives in the promotion, advancement, and enhancement of health in Chinese communities across North America.

On behalf of the Government of Canada, I wish you all a successful conference.

A handwritten signature in black ink, appearing to read 'Tony Clement'.

Tony Clement

Minister of Health / Ministre de la Santé  
Government of Canada / Gouvernement du Canada



Mayor  
**DAVID MILLER**

**A Message from the Mayor**

It gives me great pleasure to extend greetings and a warm welcome to everyone attending the 14<sup>th</sup> International Conference on Health Care of the Chinese in North America hosted by the Chinese Canadian Medical Society of Ontario (CCMS).

Healthcare is an important issue for all three levels of government as well as the people of our city. This conference is a wonderful forum for the exchange of information with regard to this matter and will educate and inform participants in the belief that the informed consumer is a more satisfied healthcare consumer.

Toronto is the largest city in Canada and the fifth largest city in North America. It is Canada's media, business, tourism, sport and entertainment capital and holds the enviable title of the world's most multicultural city. It is an amazing city built with the limitless imagination of its people and we are thrilled to share it with our out-of-town guests and those visiting our city for the first time.

On behalf of Toronto City Council, I thank all those involved in organizing this conference and offer my best wishes for an enjoyable and informative event and continued success.

Yours truly,

A handwritten signature in black ink that reads "David Miller". The signature is written in a cursive, flowing style.

**Mayor David Miller**



City Hall • 100 Queen Street West • 2nd Floor • Toronto, Ontario M5H 2N2  
Telephone: 416-397-CITY • Fax: 416-696-3687 • E-mail: [mayor\\_miller@toronto.ca](mailto:mayor_miller@toronto.ca)

## CONFERENCE AT A GLANCE

SATURDAY SEPT 27, 2008 FCMS CONFERENCE				
08:00-08:30	Breakfast - <i>West Ballroom and Giovanni</i>			
08:30-08:40	Opening remarks Dr. Kenneth Fung, Dr. David Naylor <i>Central Ballroom</i>			
08:40-10:50	<b>Plenary 1: Metabolic Syndrome</b> <i>Central Ballroom</i>			
10:50-11:00	Break <i>West Ballroom, Giovanni</i>			
11:00-12:30	<b>Concurrent Symposia</b>			
	S1 East Complements West <i>East Ballroom</i>	S2 Stroke <i>Central Ballroom</i>		
12:30-13:30	Lunch, Posters <i>West Ballroom, Giovanni, Central Ballroom</i>			
12:00-13:15	Research Networking Group <i>St. David's</i>			
13:30-15:15	<b>Concurrent Symposia</b>		<b>Concurrent Workshops</b>	
	S3 Mental Health Issues <i>Central Ballroom</i>	S4 Hepatitis <i>East Ballroom</i>	W1 Driving and Dementia <i>St. David's (3<sup>rd</sup> Floor)</i>	W2 Preventing Falls in Older Patients <i>St. Patrick's (3<sup>rd</sup> Floor)</i>
15:15-15:30	Break <i>West Ballroom, Giovanni</i>			
15:30-16:30	<b>Dr. Harry Lee Memorial Lecture</b> Changing Landscape of HIV-1 Infections in China Dr. Linqi Zhang <i>Central Ballroom</i>			
16:30-17:30	<b>Henry B. Woo Foundation Lecture</b> Lessons Learned from Studying a Single-Gene Disorder Dr. Lap Chee Tsui <i>Central Ballroom</i>			

SUNDAY SEPT. 28, 2008 JOINT FCCP/FCMS CONFERENCE		
08:30-09:00	Breakfast– <i>West Ballroom, Giovanni</i>	
09:00-12:30	<b>Concurrent Symposia</b>	
	S5 Cardiovascular Diseases <i>East Ballroom</i>	S6 Oncology <i>Central Ballroom</i>
10:25-10:45	Break <i>West Ballroom, Giovanni</i>	
12:30-14:00	<b>Lunch – Satellite Symposium: Asthma</b> <i>West Ballroom, Central Ballroom</i>	FCMS/CCMS meeting  <i>West Ballroom</i>
14:00-14:30	<b>FCCP Education Foundation Award Presentation</b> <i>Central Ballroom</i>	
14:30-15:45	<b>FCCP Symposium: Robotics and Organ Transplant</b> <i>Central Ballroom</i>	

Exhibits are open from 8:00 am-15:30 pm on Saturday, Sept. 27 and from 8:30-12:00 pm on Sunday, Sept. 28 located in the Giovanni Room (2<sup>nd</sup> floor), and 2<sup>nd</sup> floor Foyer. Community exhibits on the 3<sup>rd</sup> floor Foyer are open from 8:00 am-15:30 pm on Saturday, Sept. 27 only.

Speaker ready room St. Patrick's (3<sup>rd</sup> floor) available from 8:00-13:00 pm on Saturday only.

Workshops on Saturday, Sept. 27 are held on the 3<sup>rd</sup> floor, in St. Patrick's and St. David's.

Posters are displayed in the West Ballroom on Saturday 27<sup>th</sup>, 2008 only from 08:30-17:30



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<p style="text-align: center;"><b>Concurrent Symposia (S6) Oncology</b></p> <p>Lung Cancer in North American Chinese: Smoking is Not the Only Cause! - Dr. Yee C. Ung  Romance in Chinatown, HPV Must Go! - Ms Betty Wu-Lawrence  Prevention Initiative, a Multidisciplinary Success - Dr. Cheng Tao Wang  Chemotherapy:  <ul style="list-style-type: none"> <li>▪ The Side Effect Profile of New Targeted Anticancer Agents</li> <li>▪ The Clinical Significance of Drug-Drug Interactions with New Orally Administered Targeted Therapies in Cancer -  Dr. Carlo DeAngelis</li> </ul> </p>	84
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## FINAL PROGRAM

<b>Saturday September 27, 2008</b>	
8:00-8:30	Breakfast
8:30-8:40	Opening Remarks: Dr. Kenneth Fung, Conference Chairman Dr. David Naylor, President, University of Toronto
	<b>Plenary Session I - Metabolic Syndrome</b>
	<p><u>Objectives:</u></p> <ol style="list-style-type: none"> <li>1. Identify and discuss the importance of dyslipidemia and HDL in the evaluation of a patient.</li> <li>2. Recognize the relationship between cardiometabolic risk factors within the same patient.</li> <li>3. Develop treatment strategies for these cardiometabolic risk factors.</li> </ol>
8:40-9:00	Cardiometabolic Risk - Why should we care?– Dr. Alice Cheng (St. Michael's Hospital, University of Toronto, ON)
9:00-10:00	Keynote Lecture - Dyslipidemia – Dr. James Liao (Brigham and Women's Hospital, Harvard Medical School, Cambridge, MA)
10:00-10:50	Fighting Obesity to Prevent Diabetes – Dr. David Lau (Foothills Medical Center, University of Calgary, AB)
10:50-11:00	Break
	<b>Concurrent Symposia (S1) <i>East complements West</i></b>
	<p><u>Objectives:</u></p> <ol style="list-style-type: none"> <li>1. Understand how western and eastern medicine can complement each other.</li> <li>2. Understand the risk benefits of some of the common herbal preparations.</li> <li>3. Discuss how to apply scientific methods in extracting the benefits of herbal medicine while minimizing the risks.</li> </ol> <p style="text-align: center;"><b><i>Moderator: Dr. Peter Lin</i></b></p>
11:00-12:30	<p><b><i>East complements West</i></b></p> <ul style="list-style-type: none"> <li>▪ Herbal Interactions- Dr. Peter Lin (Past director, Health and Wellness Centre, University of Toronto; Director of Primary Care Initiatives, Canadian Heart Research Centre)</li> <li>▪ Getting the Best of Both World - Dr. Fred Hui (former president of Acupuncture Foundation of Canada, ON)</li> <li>▪ Evidence Based Use of Herbal or Natural Products - Dr. Vinti Goel</li> </ul>

	(Senior Scientist, CV Technologies Inc, AB)
	<p style="text-align: center;"><b>Concurrent Symposia</b> <b>(S2) Stroke</b> <i>(Developed in collaboration with the Chinese Canadian Council - Heart &amp; Stroke Foundation of Ontario)</i></p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> <li>1. Provide an overview on the epidemiology of cerebrovascular disease amongst Chinese living in North America, in particular, the unique stroke risks amongst this population in Toronto and New York City will be discussed.</li> <li>2. Discuss the current medical and interventional management strategies, and the prognosis of stroke in Asians and Chinese, who have been found to have more intracranial vascular stenosis.</li> <li>3. Discuss effective strategies for smoking cessation in the Chinese community through looking at the Chinese Community Smoking Cessation Project in the San Francisco Bay Area.</li> </ol> <p style="text-align: center;"><b>Moderators: Drs. Joseph Chu &amp; Sun Hoo Foo</b></p>
11:00-12:30	<p><b>Stroke</b></p> <ul style="list-style-type: none"> <li>▪ Stroke Amongst Chinese-Canadians: The Toronto Experience - Dr. Joseph Chu (University of Toronto, ON)</li> <li>▪ Stroke Amongst Chinese-Americans: The New York City Study - Dr. Sun Hoo Foo (New York University, NY)</li> <li>▪ Management Strategies in Intracranial Atherosclerosis - Dr. David Bonovich (University of California, San Francisco, CA)</li> <li>▪ Influence of Health Status on Patterns of Tobacco Use and Readiness to Quit among Chinese Americans Smokers - Dr. Candice Wong (Chinese Hospital of San Francisco, University of California, San Francisco, CA)</li> </ul>
12:30-1:30	Lunch and Posters
	<p style="text-align: center;"><b>Concurrent Symposia &amp; Workshops</b> <b>(S3) Mental Health Issues</b></p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> <li>1. Recognize and treat depression effectively based on the latest evidence-based guidelines, and tailoring the clinical approach as needed for Chinese in North America.</li> <li>2. Effectively treat and manage mental health patients in accordance to the Mental Health Act and using the relevant mental health forms correctly.</li> <li>3. Recognize common psychogeriatric issues facing the Chinese elderly in North America, and the value of using telemedicine to provide psychogeriatric consultations for long-term care facilities.</li> </ol> <p style="text-align: center;"><b>Moderator: Dr. Ted Lo</b></p>
1:30-3:15	<p><b>Mental Health Issues</b></p> <ul style="list-style-type: none"> <li>▪ Update on the Treatment of Major Depressive Disorder – Tailoring an Approach to the “Chinese” Patient - Dr. Raymond Lam (Director of the Mood Disorders Centre of Excellence, UBC Hospital, University of British Columbia, BC)</li> <li>▪ Ontario Mental Health Act: 101 For the Primary Care Physician - Dr. Peter Chang (Toronto, ON)</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Feasibility and Effectiveness of Telepsychiatry Services for Chinese Immigrants in a Nursing Home- Dr. Albert Yeung (Massachusetts General Hospital, Boston, MA)</li> </ul>
	<p style="text-align: center;"><b>Concurrent Symposia &amp; Workshops (S4) Hepatitis</b></p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> <li>1. Review the natural history of hepatitis B and C, and recognize patients at risk of liver disease progression.</li> <li>2. Discuss indication for antiviral treatment and review the most recent treatment guidelines.</li> <li>3. Discuss viral drug resistance and the long term monitoring of patients with viral hepatitis.</li> </ol> <p style="text-align: center;"><b>Moderator: Dr. Edward Lin</b></p>
1:30-3:15	<p><b>Hepatitis</b></p> <ul style="list-style-type: none"> <li>▪ Hepatitis C treatment: Past, Present and Future - Dr. Jenny Heathcote (University Health Network, University of Toronto, ON)</li> <li>▪ Treatment of Hepatitis B: when to start and when to stop? -Dr. Anna Lok (University of Michigan, Ann Arbor, MI)</li> <li>▪ Non-pharmacologic management of the patient with hepatitis B: who and how to screen, how to recognize the asymptomatic patient who may have cirrhosis or hepatoma - Dr. David K. H. Wong (University Health Network, St. Michael's Hospital, University of Toronto, ON)</li> </ul>
	<p style="text-align: center;"><b>Concurrent Symposia &amp; Workshops (W1) Geriatric Care I - "Driving and Dementia"</b></p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> <li>1. Appreciate the risks associated with dementia and driving, and the challenges of assessing this for the family doctor.</li> <li>2. Learn about the limitations of evidence for in-office screening tools and the on-road driving test, and to consider practical opinion-based approaches for assessing the driver with dementia.</li> <li>3. Learn about the impact of behavioral disturbances on driving in dementia.</li> </ol> <p style="text-align: center;"><b>Moderator: Dr. Michael Cheng</b></p>
1:30-3:15	<p>Geriatric Care I - "<b>Driving and Dementia</b>"</p> <ul style="list-style-type: none"> <li>▪ Dr. Mark Rapoport (Sunnybrook Health Sciences Centre, University of Toronto, ON)</li> <li>▪ Dr. Frank J. Molnar (The Ottawa Hospital - Civic Campus, University of Ottawa, ON)</li> </ul> <p><b>(Interactive Workshop - Case-based - max 50 per workshop)</b></p>
	<p style="text-align: center;"><b>Concurrent Symposia &amp; Workshops (W2) Geriatric Care II - "Preventing Falls in your Older Patients"</b></p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> <li>1. Review simple screening tools that can be used to identify seniors at risk for falls.</li> <li>2. Identify modifiable risk factors for falls in older patients. Review evidence-based approaches to falls prevention.</li> </ol>
1:30-3:15	<p>Geriatric Care II - "<b>Preventing Falls in your Older Patients</b>"</p> <ul style="list-style-type: none"> <li>▪ Dr. Barbara Liu (Executive Director, Regional Geriatric Program of Toronto, Sunnybrook Health Sciences Centre, University of Toronto, ON)</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Ms. Susan Maddock (RPT, Specialized Geriatric Services, Sunnybrook Health Sciences Centre, ON)</li> </ul> <p><b>(Interactive Workshop - Case-based - max 50 per workshop)</b></p>
3:15-3:30	Break
3:30-4:30	<b>Harry Lee Memorial Lecture</b>
	<p>Changing Landscape of HIV-1 Infection in China- Dr. Linqi Zhang (Deputy Director &amp; Professor, Comprehensive AIDS Research Center, Tsinghua University; Director &amp; Professor, The AIDS Research Centre, Chinese Academy of Medical Sciences, Peking Union Medical School)</p> <p style="text-align: center;"><b><i>Moderator: Dr. David T.W. Chiu</i></b> <b><i>President, FCMS Foundation</i></b></p>
4:30-5:30	<b>Henry B. Woo Foundation Lecture</b>
	<p>Lessons Learned from Studying a Single-Gene Disorder- Dr. Lap-Chee Tsui (Vice-Chancellor and President, University of Hong Kong)</p> <p style="text-align: center;"><b><i>Moderator: Dr. Randall Low</i></b> <b><i>Chairman, FCMS</i></b></p>
7:30 pm -	<b>Gala Dinner</b>
	<b>Sunday September 28, 2008</b>
	<p style="text-align: center;"><b>Concurrent Symposia</b> <b>(S5) Cardiovascular Diseases</b> <i>(Developed in collaboration with the Chinese Canadian Council - Heart &amp; Stroke Foundation of Ontario)</i></p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Gain further insights into the epidemiology of cardiovascular disease in the Chinese and the current trend of cardiovascular research in China.</li> <li>2. Discuss the management of hypertension in the Chinese.</li> <li>3. Update the management of congestive heart failure in the Chinese.</li> </ol> <p style="text-align: center;"><b><i>Moderator: Dr. Gordon Moe</i></b></p>
8:30-9:00	Breakfast
9:00-9:05	Introduction - Dr. Gordon Moe
9:05-9:45	Epidemiology of Cardiovascular Disease (CVD) in Chinese - Dr. Peter Liu (University Health Network, University of Toronto, ON)
9:45-10:25	Current Trends in Cardiovascular Research in China - Dr. Qinping Feng (University of Western Ontario, ON)
10:25-10:45	Break
10:45-11:25	Hypertension in Chinese - Dr. Chi-Ming Chow (St Michael's Hospital, University of Toronto, ON)

11:25-12:05	Managing Congestive Heart Failure in the Chinese - Dr Gordon Moe (Director of Heart Failure Program and Biomarker Laboratory, St Michael's Hospital, University of Toronto, ON)
12:05-12:30	Concluding Remarks and Panel discussion
	<p style="text-align: center;"><b>Concurrent Symposia (S6) Oncology</b></p> <p style="text-align: center;">(Developed in collaboration with the CCABP, CCPA, CCNA)</p> <p><u>Objectives:</u></p> <ol style="list-style-type: none"> <li>1. Review characteristics of lung cancer unique amongst Chinese in North America and its management.</li> <li>2. Discuss the community needs and strategies required to access HPV vaccine in the Chinese communities through the Cervical Cancer Prevention Initiative.</li> <li>3. Discuss and identify factors that contribute to drug-drug interactions and common side effects associated with the use of targeted anti-cancer agents.</li> <li>4. Develop strategies through use of standardized assessment tools and care plans to minimize, prevent and manage side effects and drug-drug interactions with new anti-cancer therapies.</li> </ol> <p style="text-align: center;"><b>Moderator: Dr. Shun Wong</b></p>
9:00- 9:45	Lung Cancer in North American Chinese: Smoking is Not the Only Cause! - Dr. Yee C. Ung (Sunnybrook Odette Cancer Centre, University of Toronto, ON)
9:45-10:30	Romance in Chinatown, HPV Must Go! - Ms Betty Wu-Lawrence (RN, Toronto Public Health) Healthy Women for a Healthy Community through the Cervical Cancer Prevention Initiative, a Multidisciplinary Success - Dr. Cheng Tao Wang (Cardiac Rehabilitation Clinic, St. Michael's Hospital, and Medical Director, Healthy Inner-City ESL Family Clinic, Toronto, ON)
10:30-10:45	Break
10:45-11:55	Chemotherapy: <ul style="list-style-type: none"> <li>▪ The Side Effect Profile of New Targeted Anticancer Agents</li> <li>▪ The Clinical Significance of Drug-Drug Interactions with New Orally Administered Targeted Therapies in Cancer -</li> </ul> Dr. Carlo DeAngelis (Clinical Pharmacy Coordinator for Oncology, Odette Cancer Centre, University of Toronto, ON)
11:55-12:30	Panel Discussion
12:30- 2:00	Lunch + satellite symposium on Asthma - Dr. Charles Chan (Head, Respiriology at University Health Network & Mount Sinai Hospital, Toronto, ON)
	FCMS Conference Adjourned

	<b>FCCP Conference</b>
2:00 - 2:30	<b>FCCP Education Foundation Award Presentation</b>  Award of Merit Presentation Presentation by Award of Merit Winner 2008 Professor Hong Guo, McGill University
	<b>FCCP Symposium: Organ Transplantation</b> <u>Objectives:</u> 1. Understand the current role of robotics in surgery. 2. Understand the role for telementoring and telesurgery. 3. Understand the risks and benefits of kidney transplant. 4. Address the organ donation issues in Ontario and Canada. 5. Ethical issues in organ supply for transplant
2:30 - 3:10	Surgical Robotics: Not Science Fiction - Dr Patrick Luke (Associate Professor, Surgical Director of Kidney/Pancreas Transplant Program, University of Western Ontario, ON; Co-Director of Multi-Organ Transplant Program, London Health Science Centre)
3:10 - 3:40	Kidney Transplant and Organ Donation: Where are we now? - Dr. Jeff Zaltzman (Associate Professor of Medicine, University of Toronto, ON; Director of Renal Transplant, St. Michael's Hospital, ON)
3:40 - 3:45	Closing Remarks <b>FCCP Conference Adjourned</b>





**Dr. Alice Y.Y. Cheng** is a member of the Division of Endocrinology and Metabolism at Credit Valley Hospital in Mississauga and St. Michael's Hospital in Toronto and is an Assistant Professor in the Department of Medicine at the University of Toronto. She 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. She has served on the Expert Committee for the 2003 Canadian Diabetes Association clinical practice guidelines and the Steering and Expert Committees for the 2008 revision.

## PLENARY SESSION:

### Cardiometabolic Risk - Why should we care?

Alice Y. Y. Cheng, MD, FRCPC  
Assistant Professor of Medicine

Credit Valley Hospital, St. Michael's Hospital, University of Toronto, Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Define cardiometabolic risk
2. Identify relationship between cardiometabolic risk and diabetes and cardiovascular disease
3. Discuss criteria for diagnosis of metabolic syndrome

Like many things in medicine, the metabolic syndrome represents a “rediscovery” of concepts described as early as the 17<sup>th</sup> century. In the 19<sup>th</sup> century, Mogagni linked visceral obesity to hypertension and atherosclerosis and in the mid-20<sup>th</sup> century, Vague described the relationship between fat distribution, cardiovascular disease (CVD) and diabetes. In 1965, Avogaro and Crepaldi presented the first systematic description of a syndrome involving hyperlipidemia, obesity, diabetes, ischemic heart disease and arterial hypertension. Then in 1988, Reaven introduced “Syndrome X” - a clustering of disturbances in glucose and insulin metabolism, dyslipidemia and hypertension with insulin resistance as a critical underlying factor, representing an important cardiovascular risk factor. Today, metabolic syndrome is the accepted term to describe the constellation of metabolic abnormalities (visceral adiposity, elevated blood pressure, blood glucose, triglycerides and low HDL) that often occur together in an individual and portends a significantly increased risk of type 2 diabetes and CVD – two entities that are responsible for substantial morbidity and mortality worldwide. Although there are many definitions for the metabolic syndrome, the most widely accepted are from the NCEP-ATP III and from the International Diabetes Federation – with ethno-specific parameters for abdominal obesity. Although there had been debate over the existence of the syndrome, all agree that these metabolic abnormalities are important to identify and modify. Therefore, if the definition does nothing more than to remind clinicians of the importance of searching, identifying and modifying these risk factors, then it is a worthwhile entity.



**Dr. James K. Liao** received his medical degree from the University of California, San Francisco (UCSF). He completed his medical residency training at the Brigham & Women's Hospital and his cardiology training at the Massachusetts General Hospital in Boston, Massachusetts. He is currently the Director of Vascular Medicine Research at the Brigham & Women's Hospital and Associate Professor of Medicine at Harvard Medical School. He attends on the inpatient Cardiovascular Consult Service and sees patients in the outpatient Vascular Medicine and Lipid Clinic at the Brigham & Women's Hospital and Boston Chinatown. He has served as the President of the Chinese American Medical Society, Greater Boston Chapter, and is currently involved in the Asian Outreach Programs at Harvard Medical School.

Dr. Liao teaches the Human Physiology course at Harvard Medical School and has received the annual Distinguished Teaching Award from Harvard Medical School three times in the past 10 years. His research interests include the role of statins in stroke and atherosclerosis. Dr. Liao is an Established Investigator of the American Heart Association and his research efforts are supported by the National Institutes of Health. He recently received the Bugher Foundation Award for Stroke Research and the Cardiovascular Research Prize from the American Heart Association for his work on statins and ischemic stroke. He is also the recipient of the 2004 American Federation for Medical Research Outstanding Investigator Award. He has contributed to the medical literature publishing in such journals as *Science*, *Nature*, *Nature Medicine*, *Proceedings of the National Academy of Science USA*, *Molecular and Cellular Biology*, *Journal of Clinical Investigation*, *Circulation*, and others.

## **PLENARY SESSION:**

### **DYSLIPIDEMIA – Keynote Lecture**

James K. Liao, MD

Director of Vascular Medicine Research, Associate Professor of Medicine  
Brigham & Women's Hospital, Harvard Medical School, Boston, MA

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Understand the demographics & extent of dyslipidemia in Chinese Patients
2. Appreciate the role of TC:HDL ratio in predicting cardiovascular risks
3. Learn about the important issues of treating diabetes in the Chinese population

Ischemic heart disease is the major cause of death in patients with dyslipidemia and Type 2 diabetes. Presently, there are approximately 124 million people with diabetes, representing about 2% of the world population. It is estimated that this number will double to more than 221 million by the year 2010. The greatest increase in the incidence of dyslipidemia and diabetes will occur in the Asian population, followed by Africa and South America. And this does not even include individuals with undiagnosed diabetes or impaired glucose tolerance with metabolic syndrome, which constitute an additional and substantially greater patient population who are also at risk for coronary heart disease. Thus, dyslipidemia in patients with metabolic syndrome or diabetes could be the primary contributor to cardiovascular disease in next decade.

The United Kingdom Prospective Diabetes Study (UKPDS) has identified the two most important risk modifiers that determine outcomes in diabetics as LDL-C and HDL-C. Recent studies from REVERSAL and PROVE-IT/TIMI-22 indicate that intensive lowering of LDL-C is beneficial in terms of preventing atherosclerotic lesion progression and improving survival after acute coronary events. The dyslipidemia associated with diabetes or metabolic syndrome in Asians, however, is not usually due to very elevated LDL-C levels, but instead, to low HDL-C and high TG. Despite fairly “normal” LDL-C levels, these individuals are still at considerable risk for cardiovascular events and should be relegated to LDL-C treatment goals appropriate for secondary prevention. Thus, the efficacy in LDL-C and TG lowering and HDL-C raising are paramount considerations in the treatment of patients with dyslipidemia. Therapeutic lifestyle changes such as diet and exercise can produce dramatic changes in HDL and TG, and should always be encouraged either before or during pharmacologic treatment. However, in higher risk patients, drug therapy with statins alone or in combination with niacin or fibrates, which are able to elevate HDL-C and reduce TG, in addition to lowering LDL, may be more favorable in terms of reducing cardiovascular risks.



**Dr. David Lau** is a practicing endocrinologist who specializes in diabetes, obesity and lipid disorders. He is currently Professor of Medicine, Biochemistry and Molecular Biology, and Chair of the Diabetes and Endocrine Research Group. Dr. Lau is also President of Obesity Canada, a not-for-profit organization aimed at improving the health of Canadians by reducing the occurrence of obesity through research, education and service.

Dr. Lau is a graduate of the University of Toronto and trained in internal medicine and endocrinology at Harvard Medical School and the University of Toronto. Dr. Lau was Head, Division of Endocrinology and Metabolism, at the University of Ottawa and the Ottawa Hospital from 1990 to 1999.

Dr. Lau's current basic research interests include fat cell biology in health and obesity, development of insulin resistance in obesity and diabetes, and cellular mechanisms of diabetic vascular complications. He is also involved in population health and clinical research programs in diabetes and obesity, and lipid disorders in children and adults.

Dr. Lau has published over 100 scientific papers in peer-reviewed medical journals, periodicals, and books. He serves as Associate Editor of the journal *Adipocytes* and the *Canadian Journal of Diabetes*, and formerly the journal of *Obesity*. He lectures widely to practicing physicians and health professionals across the country and has received teaching awards for undergraduate medical students. He is also actively involved in giving public lectures and forums on diabetes, lipids and obesity.

Dr. Lau has also served as an expert panel member on the WHO-International Obesity Task Force, the 1998, 2003 and 2008 Can. Diabetes Association Clinical Practice Guidelines (CPG) for the diagnosis and management of diabetes, and the 2003 Health Canada Guidelines for Body Weight Classification. Dr. Lau is currently a member of the expert panel committee on the 2008 CDA CPG update.

Dr. Lau was chair of the Obesity Canada Clinical Practice Guidelines Steering Committee and Expert Panel. The evidence-based CPG on the management and prevention of obesity in adults and children was published as a supplement in the *Can. Med. Assoc. Journal* in April 2007.

## **PLENARY SESSION:**

### **Fighting Obesity to Prevent Diabetes**

David C. W. Lau, MD, PhD, FRCPC  
Professor of Medicine, Biochemistry & Molecular Biology  
Chair, Diabetes and Endocrine Research Group  
University of Calgary, AB

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Recognize the emerging global dual epidemics of diabetes and obesity
2. Understand the cellular and molecular links between central obesity and cardiometabolic risks
3. Understand and prescribe the treatment options to prevent diabetes

Diabetes is a serious chronic disease with multiple complications and premature mortality, and exacts an enormous personal and societal burden. The life expectancy for a 40-year old man newly diagnosed with diabetes is estimated to be shortened by as much as 8-10 years. Currently ~250 million people worldwide are affected by diabetes and sadly, the global rate of diabetes is expected to double over the next 30-years from 2000 to 2030. In addition to the increased prevalence of diabetes, close to 200 million people globally are currently estimated to have pre-diabetes (defined as either impaired glucose tolerance, impaired fasting glucose, or both), and the number is expected to skyrocket to 420 million worldwide by 2025. An even faster rise in the prevalence rate in diabetes has been projected for people of Chinese and South Asian heritage.

The increase in diabetes prevalence is due mainly to the rising rate of obesity and to a lesser degree to declining mortality in people with diabetes. About 80-90% of people with type 2 diabetes are overweight or obese (BMI  $\geq 25$  or  $30 \text{ kg/m}^2$  respectively). It is estimated that each kilogram of excess body weight increases the risk of diabetes by 5% and that the number of cases of type 2 diabetes could be reduced by half if weight gain could be prevented. Obesity is a complex chronic disease that has become a serious societal and public health concern both in Canada and globally, and is a major risk factor for diabetes in both men and women.

A concerted effort is required by health professionals, policy makers, and the private sector to reduce the overall level of diabetes and diabetes risk in Canada and the world's population. This can be achieved through the promotion and implementation of environmental policies (in areas such as health, transport, agriculture and finance) that encourage healthy living from an early age. Decision-makers should be helped to understand the huge social and economic consequences to the individual and society of the increasing diabetes and obesity epidemics. The evidence-based Canadian obesity clinical practice guidelines are a small but necessary

step toward increasing the awareness of obesity as a disease<sup>1</sup>. By assisting the health professionals with a clinical guide to manage and prevent obesity, it is hoped that the evidence-based guidelines will be incorporated into daily clinical practice and form the standards of care for people affected by overweight and obesity. The guidelines also serve to remind us that obesity is a societal and public health issue that urgently requires a call to action. Regular physical activity and healthy eating should become integral components of our daily lives, especially those affected by pre-diabetes and diabetes, to optimize health status. A healthier population will transform us into a wealthier and more productive nation. The serious personal and societal consequences of inaction on the looming obesity and diabetes epidemics can no longer be ignored.

Increasing our daily activity by expending an extra 100 kcal (“Healthy 100”) through 30 minutes of moderate intensity, such as brisk walking, or reducing our daily food intake by a similar amount, will result in 10 pounds of body weight loss a year. A leaner person with less body fat, especially intra-abdominal obesity, is at significantly lower risk for the development of type 2 diabetes in susceptible individuals. By accepting the “Healthy 100” challenge, we can become leaders by examples to decrease the personal and health care burden of pre-diabetes and diabetes in North America and globally.

This presentation will review the current prevalence and trends of obesity and diabetes, the rationale and a practical approach for preventing diabetes in individuals who are at risk.

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<sup>1</sup> Lau, D.C.W., Douketis, J.D., Morrison, K., et al. 2007. 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children [summary]. *Can Med Assoc J* 176(8 suppl):S1-S14.

Lau, D.C.W. 2007. Evidence-based Canadian obesity clinical practice guidelines: Relevance to diabetes management. *Can J Diabetes* 31(2):148-152





**Dr. Peter J. Lin** started his studies in the Faculty of Science and Engineering at the University of Toronto. Midway through, he moved over to the Faculty of Medicine where he completed his studies and with his analytic mindset became involved with research. Over the years it became apparent that there was a wide chasm between research and clinical practice and hence, he moved into clinical practice in primary care and eventually into teaching in order to help bridge this gap. He has served as the medical director at the University of Toronto's Health and Wellness Centre at Scarborough for seven years. Currently, he is the Director of Primary Care Initiatives at the Canadian Heart Research Centre. He continues to be a lecturer and speaker with two busy family practices in Toronto. His interests are varied and he has given over 150 lectures in 2007 on various topics such as:

*Medical Topics:*

Drug interactions – CYP P450  
Drug Interactions – Oncology  
Global Vascular Risk assessment  
H.pylori and Peptic ulcer Disease  
PPI Metabolism  
Statistics for you and me  
Psychiatry – Anxiety  
Peripheral Arterial Disease  
Cholesterol Therapy  
Alzheimer's Disease  
Asthma  
Statins – how low  
New DDP-4 Inhibitors

Drug Interactions – Cardiology  
Drug Interactions – Elderly  
Metabolic Syndrome –Epidemic  
GERD (heartburn)  
Colorectal Cancer Screening  
Diabetes – CDA Guidelines  
Diabetes and mental illness  
Migraine  
Obesity – The Epidemic  
Vascular Dementia  
Evolution & Medicine  
Drug safety & statins  
Renin Blockade

Drug Interactions – Psychiatry  
Herb-drug Interactions  
The inner workings of coumadin  
Proton Pump Inhibitor  
Antibiotic Resistance  
Psychiatry - Depression  
Osteoporosis  
Hypertension  
Vertigo  
Atherothrombosis  
Vascular Protection  
Latest Statin Trials

*Other Topics:*

Management Challenges and solutions – Getting your employees motivated  
Pharmacists and Physician Relationships – Improving on the status quo  
Electronic Medical Records and its Revolution – Healthcare in the new millennium

Dr. Lin's audience has varied from the public to students and to specialists. In an effort to raise the knowledge base of the general population, Dr. Lin has spoken at public forums directly to the public. He is also a guest consultant on the radio station CFRB 1010 in Toronto on the Health Show. He has also appeared on Discovery Digital channel and BT (Breakfast Television). He is health columnist for CBC Radio and is heard across 20 cities in Canada. He also sits on numerous advisory boards in an effort to make sure that the messages are clearly delivered to each and every audience. In terms of journals, he has been guest editor for magazines such as Focus on Cardiology. He is a consultant for Perspectives in Cardiology, and is on of the editorial board for The Canadian Alzheimer Disease Review. Dr. Lin has been the chairman of the Dementia Congress in the United States for the last 3 years. He is also on the editorial board of Pri-Med Institute USA. His goal is to take the knowledge out of the research journals and put it back into the hands of the people who can then apply this knowledge on a daily basis. To this end, Dr. Lin's strongest asset is his ability to communicate complex information in a clear and palatable way.

## **(S1) EAST COMPLEMENTS WEST SYMPOSIUM:**

### **Herbal Interactions**

Dr. Peter J. Lin, MD, CCFP  
Director of Primary Care Initiatives, the Canadian Heart Research Centre  
Medical Director of LinCorp Medical Inc., Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Understand basic drug interactions principles
2. Understand common herbals and how they work
3. Understand the interactions between herbals and western medication

This session will explore what we know about the herbals that are used in North America including Ginseng, Ma Huang, St. John's Wort among others. The discussion will be around how these herbals are thought to work and more importantly the key issues in terms of drug interactions between the herbals and western medicine. By understanding this interface, one can manage and guide our patients through the herbal maze. Also we will discuss some of the genetic differences in the Asian population and how this might affect drug and herbal metabolism. In the end the goal is to help patients receive the benefits of their treatments whether it is western or traditional medications while minimizing the risk.



**Dr. Fred Hui** is an examiner and the past president of the Acupuncture Foundation of Canada. He is also currently the examiner for the Medical Council of Canada, the Canadian licensing body for physicians. He graduated as an MD from the University of Toronto and is a lecturer at its Faculty of Medicine.

Dr.Hui's practice idealized the beauty of the integration of Eastern and Western medicine, complimentary and allopathic medicine. He possesses tremendous in-depth knowledge on chelation therapy, natural hormone replacement therapies, Western and Chinese and herbal medicine, acupuncture and various injection therapies. Dr.Hui has earned respect and reputation in the treatment of heart, circulation problems, mercury and other heavy metal toxicity's, neuralgic and musculoskeletal pain, chronic tiredness and other "challenging" problems. His patients described him as "ethical, keen, conscientious, caring and resourceful". He is well known as a newspaper columnist, radio host, much sought after lecturer and keynote speaker. His numerous national TV and media appearances earned him the reputation as an "eloquent, dynamic, smiling and knowledgeable teacher and scholar".

## **(S1) EAST COMPLEMENTS WEST SYMPOSIUM:**

### **Getting the Best of Both World**

Dr. Fred Hui, MD, CCFP, CAFCI  
Lecturer, Faculty of Medicine, University of Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Understand that the 2 systems of medical approaches complement each other
2. Have a logical understanding of Chinese Medicine
3. Know which diseases may benefit from Chinese Medicine when Western Medicine fails.

Chinese Medicine remains “unproven” because anything that pre-exist in nature can not be patentable, vigorous large scale trials have tremendous financial hurdle. Double-blinded placebo controlled randomized trials, not allowed “individualization” which is often required in the practice of Chinese medicine. There are also publication biases against “Illogical” concepts. To wet the appetite of the conference attendees, Dr. Hui will share a few useful tips that can be used to illustrate that there is indeed joy to incorporate some Chinese Medicine ideas into day to day practice. There will be tips on: pre-op and post op wound healing and bleeding management, diarrhea recurrent, sore throat, back pain, dry needling, post-prandial bloatedness etc. Tackling problems from many valid perspectives certainly increase success in the management of different illnesses.



**Dr. Vinti Goel** is a senior scientist in Product Development at CV Technologies in Edmonton, Alberta. She received her BSc and MSc degree from the Haryana Agriculture University in India before doing further training in Canada. She obtained her PhD degree in Nutrition and Metabolism at the University of Alberta in 1997. She then worked as a research associate at the Department of Agriculture, Food and Nutritional Science at the University of Alberta and was involved in clinical trials evaluating the use of Echinacea and COLD-fX. Dr. Goel joined CV Technologies in 2005 and has continued to lead clinical research of COLD-fX and other natural products. She is also involved in the development a novel lipid lowering nutraceutical. Dr. Goel is a life member and Fellow of International College of Nutrition.

## **(S1) EAST COMPLEMENTS WEST SYMPOSIUM:**

### **Evidence Based Use of Herbal or Natural Products**

Jacqueline J Shan, PhD and Vinti Goel\*, PhD  
CV Technologies Inc, Edmonton, AB

#### Objectives:

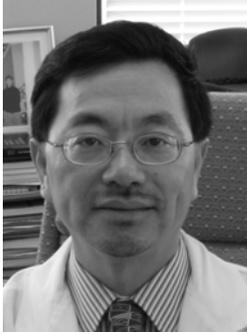
At the end of this presentation, the participant will be able to:

1. Learn about the importance of complimentary and alternative medicine in prevention and treatment of various diseases
2. Discuss the potential use of herbal or natural products in various health issues emerging in Asian and Chinese population

The use of herbal supplements has grown significantly over the last 3 decades throughout the world. According to a recent survey, nearly 20% Americans use botanicals on a regular basis. Most herbal supplements, however, are marketed based on their traditional uses. Evidence based research to provide scientific proof of safety and efficacy is still limited. Botanicals contain multiple biologically active compounds; standardization therefore is an important issue in the quality assurance of these products. Some of the botanicals are also being used as a source of drugs used in mainstream medicine. For instance, *Galgea officinalis*, a plant used medicinally in Europe for centuries, has been found to contain guanidine, and has been utilized to develop an anti-diabetic drug called metformin. A large number of botanicals, however, have not been investigated. Systematic research encompassing *in vitro*, *in vivo* and clinical studies is required to ensure safety and efficacy of botanicals, and subsequently develop them as novel drugs.

This presentation describes the techniques utilized in the development of a natural health product called COLD-fX<sup>®</sup>, which is a proprietary product of CV Technologies Inc and has been approved by Health Canada for the reduction in frequency and symptoms of colds and flu. COLD-fX<sup>®</sup> consists of an extract of American ginseng which is standardized using a proprietary technology known as **Chemical** and **Biological Fingerprinting**. This technology defines natural substances through a series of chemical and biological assays, and ensures quality in terms of both chemical and biological consistency, starting with raw materials right up to the finished product of each manufactured batch. Numerous *in vitro*, experimental and clinical studies have also been carried out to ensure the safety and efficacy of COLD-fX<sup>®</sup>. COLD-fX<sup>®</sup> has been found to be effective consistently in stimulating innate immune responses, in particular the activities of macrophages and natural killer cells, and to shift Th-1 to Th-2 balance more towards Th-1 related immune responses. Clinically, COLD-fX has been shown to be safe and efficacious in the prevention and treatment of upper respiratory infections in a variety of populations including healthy adults, community-dwelling seniors and institutionalized seniors.

\* **Presenter**



**Dr. Joseph Y Chu** is a staff neurologist at the Toronto Western Hospital-University health Network and the William Osler Health Center. He is also an assistant professor and clinical teacher in the Department of Medicine at the University of Toronto. Dr. Chu completed his medical school at University of Toronto in 1978 and residency training in Internal Medicine (1982) and Neurology (1984) at the University of Toronto. He was president of the Chinese Canadian Medical Society (Ontario) from 1984 to 1985, and served as president of the Chinese Canadian Council of the Heart and Stroke Foundation (Ontario) from 2000 to 2002. Currently, he still plays an active role in the Heart and Stroke Foundation (Ontario) and continues to serve as Chairman of the Research Committee at the Chinese Canadian Council of the foundation. One of Dr. Chu's main research interest is to study the epidemiology of stroke and cardiovascular diseases among Chinese Canadians. He has been an invited lecturer in many national and international conferences on this topic including the Chin Y Low Memorial Symposium on Stroke at the 12<sup>th</sup> FCMS conference in San Francisco in 2004.

## **(S2) STROKE SYMPOSIUM:**

### **Stroke Amongst Chinese-Canadians: The Toronto Experience**

Joseph Y Chu, MD, FRCPC, FACP, FAHA <sup>1\*</sup>, Jason K Chu, B.Sc.(Hons), M.Sc<sup>2</sup>, Derek K. Chu, B.HSc.(Hons) <sup>3</sup>, Arthur G. Chung, B.Sc.(Hons), MD <sup>4</sup>

<sup>1</sup> Toronto Western-Hospital-University Health Network and William Osler Health Center, University of Toronto, ON

<sup>2</sup> Faculty of Medicine, St. Louis University, MO, <sup>3</sup> Faculty of Medicine, McMaster University, ON, <sup>4</sup> Faculty of Medicine, University of Western Ontario, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Recognize common risk factors for stroke among Chinese Canadians
2. Understand the unique stroke pattern for patients of Chinese decent
3. The importance of aggressively modifying risk factors for stroke

*Background:* Asians are commonly known to have more intracranial vascular stenosis and a lower incidence of carotid stenosis than Caucasians. A pilot retrospective study from 1990 to 1992 had demonstrated that Chinese-Canadians have a higher frequency of subcortical infarctions and lower frequency of carotid stenosis when compared to Caucasians.

*Methods:* This report is a retrospective, case-mix study over 10 years (1990-1999) on the epidemiological characteristics of cerebrovascular disease among a cohort of Chinese-Canadians seen in an out-patient consultative neurological practice in Toronto.

*Results:* There were 110 Chinese-Canadians with diagnosis of strokes and these were compared to 92 Caucasians with similar diagnosis. Their mean age of onset was 64 years and their average duration of symptom was 1.8 years. Their stroke severity based on the Modified Rankin Scale was severe in 14, moderate in 71 and mild in 25 with 4 deaths. Stroke types based on CT scan showed a statistically significant difference with Caucasians having more cortical infarcts than Chinese- Canadians (50% vs. 25.5%,  $p < 0.05$ ). Only 6.4% of the Chinese-Canadians compared to 32.6% of the Caucasians had carotid stenosis ( $p < 0.05$ ). The other significant difference is in stroke risk factors with higher frequency of smoking ( $p < 0.025$ ) and hyperlipidemia ( $p < 0.05$ ) among the Chinese-Canadian patients.

A similar nine-year retrospective study of hospitalized Chinese-Canadian patients in 2003 will also be presented for comparison purposes. In addition, a national telephone survey supported by the Chinese-Canadian Council of Heart & Stroke Foundation of Ontario on the awareness of stroke symptoms and signs conducted in 2004 amongst Chinese-Canadians showed a very disappointing result of only 30%.

Since Chinese-Canadians with strokes had been found to have a higher incidence of diabetes, it is planned to carry out further research on this important relationship between diabetes and stroke amongst Chinese-Canadians.

*Conclusions:* This retrospective epidemiological study has identified some significant differences in the stroke characteristics and risk factors among Chinese-Canadians. Future multi-center, prospective population-based studies are essential in order to understand the complex interactions between genetics and the environment influencing the stroke patterns amongst Chinese in North America.

**\* Presenter**





**Dr. Sun-Hoo Foo** is the Chief of the Division of Neurology at the New York Downtown Hospital and a Clinical Professor of Neurology at the NYU Langone Medical Centre. He is a past president of the Chinese American Medical Society, and also a past president and chair of the Federation of Chinese American and Chinese Canadian Medical Societies (FCMS). His research interests include studying the epidemiology of cardiovascular diseases amongst American Chinese and also other health issues in Chinese immigrants.

## **(S2) STROKE SYMPOSIUM:**

### **Stroke amongst Chinese-Americans: The New York City Study**

Sun-Hoo Foo, MD, FACP, FAAN

Chief, Division of Neurology, New York Downtown Hospital, NY  
Clinical Professor of Neurology, NYU Langone Medical Centre, NY

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Understand the epidemiology of stroke among Chinese in New York City
2. Describe the prevalence of risk factors for stroke
3. Discuss the future and ongoing study in this population

The epidemiology of stroke was widely studied among white, black and Hispanic patients. Little is known about the characteristics of stroke among Chinese Americans although they are one of the fastest growing ethnic groups in New York City.

According to the 2006 census statistics published by Office of the Minority Health (OMH), there are 14.9 million Asian Americans living in the United States. The OMH defines Asians as people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Asian Americans account for 5 percent of the nation's population, and 25% of them were Chinese. OMH reports Asians/ Pacific Islanders were 20% less likely than white to die from stroke. They had lower prevalence of hypertension and less likely to smoke.

That statistic, which included not just Chinese but also different social economic class in the nation, is very different from what we have here for the Manhattan Chinatown. In 2000 census, the majority (66 %) of those who lived here were Chinese. Nearly 60% of adults in Chinatown were not high school graduates (City, 28 %). 31 % lived below the poverty level, (city, 21%). New York Downtown Hospital (NYDH) serves the New York Chinese communities, 65% of the hospital inpatients are Chinese, and Stroke is the 5<sup>th</sup> most frequent diagnosis in New York Downtown Hospital.

#### **Characteristics of Stroke**

Hospital records of Chinese stroke patients (N=108) at NYDH between year 1994-5 were reviewed. Their social demographics and vascular risk factors were compared with White patients in Northern Manhattan Stroke Study. Our Chinese stroke patient is younger (73y vs. 80, P<. 001) and had more untreated hypertension (23% vs. 6%, P<. 001), more left ventricular hypertrophy (33% vs. 9% P<. 01), higher initial diastolic pressure (32% vs. 17% P<. 05). Although fewer Chinese stroke patients smoked (11% vs. 17%), those who smoked, consumed more packs per day (1.3 packs vs. 0.17 pack P<. 001).

We reviewed additional 843 stroke patients in NYDH from January 1995 to July 1998. Clinical characteristics of the Chinese patients between these two periods of studies (i.e. 1994-5 and 1995-8) were similar.

Comparing of these 843 stroke patients by ethnic groups (503 Chinese, 153 Whites, 88 Blacks, 99 Hispanics): Chinese patients had lower body mass index (C22.8 vs. W26.1, B26.2 and H25.2 respectively) ( $p<0.01$ ), less likely to smoke (C11.8% vs. W22.2%, B22.7 and H32.3%,  $p<0.01$ ), less likely to drink alcohol regularly (C7.8% vs. W28.1%, B34.1% and H29.3%,  $p<0.01$ ). Chinese patients were more likely to have higher blood cholesterol (C204,W192,B192,H197,  $p<0.05$ ) and Diabetes (C33%, W21%, B24%,H28%,  $p<0.05$ ), higher admission blood glucose like Blacks (C161 mg/dl, W145,B161,H153  $p<0.01$ ). Chinese had the highest risk of hemorrhagic stroke (C19.2% vs. W12.4%, B12.5%, H11.1%  $p<0.05$ ). The published US cerebral hemorrhage incidence is usually between 8 - 12.9%. Hemorrhagic stroke was more likely to be fatal than ischemic stroke in NYDH (35.3% vs. 7.0%,  $p<0.001$ ), similar to other studies .

Among Chinese patients, those with hemorrhagic stroke were on average younger (68.4 vs. 72.4) than ischemic stroke patients, had higher systolic and diastolic pressure on admission (163/91 vs. 153/86 mmHg) and higher incidence of left ventricular hypertrophy (47.3 vs. 35.8%). They had higher WBC (11.6 K vs. 9.2 K), higher complications rate (62.7 vs. 28.2%) and in hospital death rate (34.5 vs. 6.1%). Chinese ischemic stroke patients had higher triglyceride level, higher incidence of diabetes mellitus (36.9 vs. 20.9%) and higher platelet count (226 vs. 204K). The odd ratio of hospital deaths among hemorrhagic stroke vs. ischemic stroke patients was 5.43 vs. 1. All the above is statistically significant.

Between Jan to Jun 2001, 752 Chinese residents in Manhattan Chinatown were screened for stroke risk factors and the results were compared to Whites, Blacks and Hispanics in the NHANES III. Many Chinese did not know they have hypertension (C36,W16,B12,H10%  $p<0.01$ ). Chinese patient not only were less aware of having hypertension, those who knew, their high blood pressure control was less than ideal (C65,W53,B51,H48%  $p<0.01$ ). With increasing age, there were statistical significant rise in Cholesterol, Glucose and Blood Pressure. They were not aware of their health status, only 3.1 % ( 28), 1.3 % ( 12), 0.6 % ( 6) stated that they had history of Hypertension, Diabetes mellitus or Hyperlipidemia. Yet of those who denied the history, 33 % ( 289), 20 % ( 188), 43 % ( 391) had clinical hypertension, hyperglycemia and hypercholesterolemia.

### ***The Diet and Stress Factors***

September 2000 to June 2003, 187 sequential stroke cases (44 hemorrhagic) and 204 controls matched on age, gender, and years since immigration were recruited from New York Downtown Hospital: Chinese stroke patients were more likely than controls to have hypertension, a family history of both hypertension and stroke, increased blood pressure, and poor blood pressure control. They had longer history of hypertension, only 17.6% of stroke patients had controlled blood pressure (Control, 42.5%). Logistic regression confirmed that history of hypertension; increased systolic blood pressure and LVH on EKG were strong independent predictors of stroke.

We did not find an inverse relationship of fruit and vegetable intake and risk of stroke. Fruit Juices (>3/week), Fish (>3/week), grain (>5/week) were consumed by more control than stroke patient (43.8 vs.26.2%, 69.2vs.49.9%, 99.0 vs.91.4%, all  $p<0.05$ ). The protective association of poultry intake and risk of stroke found here (66.8 vs.50.9%,  $p<0.05$ ) has not been previously reported.

Using food groups rather than individual foods or nutrients, we were unable to attribute effects to specific factors or mechanisms. These results, however, provide information that can be directly related to dietary pattern, and support current public health recommendations to increase fish, grains, fruit and vegetable intakes.

Moderate exercise (>2/week) (Control vs. Patient: 65.4 vs.66.3%, ns) were not associated with reduced risk of total, ischemic, and hemorrhagic strokes in our study. This may reflect the fact that other hospital patients were used as controls for this study. This may also explain the failure to detect an association of cigarette smoking and stroke (Control vs. patient: Current Smoker, at least 1cigarette/day, 34.3 vs.33.5%, passive smoker 15.7 vs.20.9%, p value: ns. Twenty percent of our control patients were hospitalized with respiratory disease, which might relate to their cigarette smoking).

Logistic regression analysis, controlling for other characteristics, showed that adjusting score was significantly related to stroke with an odds ratio of 0.87 (0.74-0.99, p=0.05) favoring the case control, i.e. the patient control has lower adjusted stress level than stroke patients. These results suggest that increased stress among Chinese immigrants in US is associated with the subsequent development of stroke.

### ***Response Time to Stroke***

The charts of thirty-seven consecutive Chinese patients admitted to New York Downtown Hospital from Dec 2000 to Aug 2001 were reviewed. Ten (27%) came to the ER within 3 hours of symptom onset, 8 (21.6%) between 3-6hr; 9 between 7-12 hr; 10 between 2-7 days. Among the reasons of not presenting to ER immediately were: waited for children to come back from work; waited to see doctor in the office; anticipated improvement next morning; rheumatism and it didn't hurt. Ten (27%) had brain CT taken within 1 hr after registration, 12 (32%) between 1-2 hr, 6 (16%) 2-3 hr, and 9 (24%) >3hr. Overall, 28 (76%) brain CT scan were completed within 3 hr and the median time was 92 min (range 2 min to 16 hr). Presuming other variables such as hypertension control, anticoagulation use, lab result, etc. were favorable, and half of those came to the ER within 3hr could have a Brain CT in 1 hr, only 7% of Chinese stroke patients were eligible to be evaluated for t-PA treatment.

### ***Conclusions***

Chinese American residences in New York Chinatown have a higher prevalence of stroke risk factors including untreated/uncontrolled hypertension, uncontrolled diabetes mellitus, heavy smoking, hyperlipidemia and physical inactivity. They also have an unacceptable higher incidence of cerebral hemorrhage, which is associated with higher mortality and disability. They are less aware of their health status, their stroke risk factors are less well controlled even if they are diagnosed and treated. The unnecessary delay in response time to stroke symptoms is unacceptable. The higher prevalence rate of current smoker of our hospitalized and clinic patient (Male 27%) is alarming and requires further studies.

Stroke may be a small tip of the health risk iceberg of the New York Chinatown. Improved public awareness of the urgency of stroke symptoms, the importance of preventive care, and increased health care access of those underserved may be the best strategies to improve the health status of this community.

The above studies were partially supported by New York Downtown Hospital, Chinese Community Partnership for Health (CCPH), Chinese American Medical Society (CAMS), the United Chinese Health Foundation, American Heart Association, a grant from the National Science Council in Taiwan. Special thanks to my co-investigator Jean Fang, MD and to Susan Lau, Cora Fung, Robert Schneck, Betty Chin for their invaluable assistance.



Dr. David Bonovich is a neurologist at the Chinese Hospital of San Francisco and is also the Chief of Neurocritical Care at Portland Neurovascular Center. Dr. Bonovich graduated from the George Washington University in 1989. Following his internship at Letterman Army Hospital, he completed residency training in Neurology at the University of California, San Francisco. Dr. Bonovich also has additional training in Critical Care Medicine, in Neurocritical Care and Stroke, and in Neurointerventional Surgery. In addition to his clinical practice in the US, Dr. Bonovich is a permanent visiting professor at the University of Santo Tomas in Manila, Philippines and visiting professor at the Peking Union Medical Centre. Dr. Bonovich's clinical interests lie in the area of Neurocritical Care Medicine, large vessel intracranial atherosclerosis, acute management of stroke and subarachnoid hemorrhage, and cerebrovascular disease in the Asian population.

## **(S2) STROKE SYMPOSIUM:**

### **Management Strategies in Intracranial Atherosclerosis**

David Bonovich, MD

Chief, Neurocritical Care, Portland Neurovascular Center

Permanent Visiting Professor, University of Santo Tomas, Manila, Philippines

Fellow, Neurointerventional Surgery, Legacy Emanuel Hospital, Portland, Oregon

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Define intracranial stenosis
2. Review medical management of intracranial stenosis
3. Review surgical/endovascular approaches to intracranial stenosis

Cerebrovascular disease is a significant problem worldwide. Cerebral ischemia is by far the most common cause of stroke or TIA, accounting for approximately 80% of all strokes in the US and Europe. Strokes represent an even greater disease burden in Asia. Higher rates of intracranial atherosclerosis (ICAS) is noted in Asians with strokes and TIA's, and accounts for up to 30% of the strokes in Asians. ICAS is associated with increased rates of stroke within the first 2 weeks of first event and a risk of approximately 20% at 2 years. Metabolic syndrome is associated with stroke progression and silent infarction Asians and is also associated with resistance to acute treatment of strokes. Management of ICAS can be divided into 2 major categories: 1) medical and; 2) surgical. Medical management includes the reducing secondary risk factors as hypertension, dyslipidemia and diabetes, preventing secondary strokes with warfarin or anti-platelet agents, and use of anticoagulation or "high-intensity" antiplatelet therapy in acute phase of strokes secondary to ICAS. Warfarin is associated with increased rates of bleeding complications and does not provide added benefit over aspirin in ICAS. The role of other antiplatelet agents such as aspirin, clopidogrel and ASA-ER dipyridamole in secondary stroke prevention is unclear. Surgical management includes angioplasty with or without stent placement. ICAS stenosis of 79 to 99% benefits significantly from stent placement.

Developing an understanding of what constitute best medical management and the role of surgical intervention are current topics of active investigation.



Dr. Candice C. Wong is an associate adjunct professor in the Department of Epidemiology & Biostatistics, School of Medicine, at the University of California, San Francisco. She completed her medical school at the George Washington University, Washington DC and received further training in Internal Medicine and Public Health before obtaining her PhD in Epidemiology at University of California, Berkley, CA. Dr. Wong's research focuses on the study bio-behavioural determinants of nicotine addiction, and the development of smoking cessation and intervention for Chinese.

## (S2) STROKE SYMPOSIUM:

### **Influence of Health Status on Patterns of Tobacco Use and Readiness to Quit among Chinese Americans Smokers**

Candice Wong, M.D., Ph.D.<sup>1\*</sup>, Janice Tsoh, Ph.D.<sup>1</sup>, Elisa Tong, M.D.<sup>1</sup>, Bruce Cooper, Ph.D.<sup>1</sup>

Fred Hom, M.D.<sup>1,2</sup>

<sup>1</sup>University of California, San Francisco, <sup>2</sup>Chinese Hospital, San Francisco, CA

**Objectives:** Understanding predictors of quitting and intentionality of smoking behavioral change among smokers are critical in the development of smoking cessation program. This presentation describes the influence of health status on patterns of tobacco use and the stages of change for smoking behavior among Chinese Americans participating in the first smoking cessation clinical trial – Chinese Community Smoking Cessation Project.

**Design:** A convenient sample of 465 Chinese smokers who smoked in the past 3 months, indicated a desire to quit smoking and have at least one chronic medical condition (e.g. pulmonary, cardiovascular or diabetes related illnesses) was recruited from hospitals, clinics, health departments and through outreach activities in San Francisco Bay Area. All smokers completed face-to-face interviews conducted in Cantonese, Mandarin or English using culturally and linguistically adapted survey instruments.

**Method:** Smokers recruited from hospitals (IP) and from outpatient settings (OP) were compared by socio-demographic variables, primary diagnoses and patterns of tobacco use (i.e. average daily cigarette use, level of nicotine dependence, and quit attempt past year). In addition, the associations between socio-demographic variables and patterns of tobacco use were assessed while taking into account patients' health status. Next, socio-demographic profile, patterns of tobacco use, confidence to quit, self efficacy to resist smoking and goal of abstinence were summarized by stages of change for smoking behavior. Multiple regressions were used to identify potential predictors for *preparation* stage of change.

**Results:** The sample included 175 IP and 289 OP. Compared to OP, IP were significantly older by 13.5 years, had less education, and were more likely to be retired. IP were less acculturated compare to OP (acculturation score 1.9 vs. 2.4). IP's admissions were primarily for pulmonary (39%), cardiovascular (CVD, 27%), and gastrointestinal diseases (18%). Sixty-five percent of IP's CVD admissions were for coronary artery disease and stroke. In contrast, 8% of the OP had CVD, 41% had CVD risk factors and 15% pulmonary related illnesses (e.g. asthma). Compared to OP, IP smoked, on an average, a third less (4.4 vs. 11.9 cigarettes per day), with lower mean nicotine addiction score (5.5 vs. 6.7). There was no difference in the number of serious past year quit attempts by patient subgroup. After adjustments, being employed was associated with increase tobacco use and IP was associated with decreased tobacco use compared to OP. In addition, IP was significantly associated with lower nicotine dependence. Although years of smoking significantly predicted quit attempt past year, IP status was not significantly associated with frequency of quit attempt past year.

Thirty percent of the smokers were in *preparation* stage, whereas 7% were in *precontemplation* and 63% were in the *contemplation* stages. Years of smoking, average daily cigarette use and nicotine addiction score were negatively associated with stages of change. Compared to Precontemplators and Contemplators, smokers in the preparation stage significantly used tobacco for fewer number of years (35.3 vs. 39.6 and 43.4 years), smoked lower numbers of cigarettes per day (6.5 vs. 9.1 and 10.3 cigarettes per day) with lower average nicotine addiction scores (5.8 vs. 6.5 and 5.9). Although IP reported having more confidence to abstain from cigarette ( $p < 0.000$ ), significantly more IP reported *no goal* (25% vs. 10%) and *total abstinence* (49% vs. 42%) compared to OP. In contrast, OP were significantly more likely than IP to report the *slowly cut down* the number of cigarettes (29% vs. 17%). There was no significant difference in stages of change by patient status. In multiple regression analysis, nicotine dependence, confidence levels and goal of abstinence were significantly associated with preparation stage of change, whereas, demographic variables, acculturation and patient status were all non-significant.

**Conclusions:** Overall, IP were older, more critically ill with poorer disease profile compared to OP. Baseline average daily cigarette use and nicotine dependence were significantly different between IP and OP. Although nicotine addiction score, confidence level and goal of abstinence were significantly associated with being in *preparation* stage, patient status was not. Given that a substantial number of the smokers with health conditions were *contemplators* or *precontemplators*, cessation programs that facilitate smokers' progress to *preparation* stage of change are urgently needed at health care settings. Intervention strategies for health care providers to facilitate smokers progress to *preparation* stage of change include: a) increasing non-smoking messages at each medical encounter; b) providing warnings on the health hazards of smoking salient to the individual patient's health condition; c) enlisting family members to participate in a joint counseling session and to assist in removing smoking paraphernalia from home and environment; and d) emphasizing concerns for the health of family members, particularly those of young children.





**Dr. Raymond W. Lam** is Professor and Head of the Division of Clinical Neuroscience in the Department of Psychiatry, University of British Columbia, and Director of the Mood Disorders Centre of Excellence at UBC Hospital within the Vancouver Coastal Health Research Institute. His research examines clinical and neurobiological factors in seasonal, atypical, difficult-to-treat and workplace depression, biological effects of light, clinical trials and treatment programs for depression. This work has been supported by many agencies including the Canadian Institutes of Health Research and industry research grants. Dr. Lam has published over 270 scientific articles and book chapters, and edited or authored 6 books on depression. He also sits on the editorial boards of 6 international journals, including the Journal of Affective Disorders and the Cochrane Collaboration, and reviews for numerous journals and funding agencies.

Dr. Lam has received many awards for his research and teaching, including the R.O. Jones Memorial Award (Canadian Psychiatric Association, 2007), Silver Anniversary Leadership Award (UBC Medical Alumni, 2006), the Scientific Achievement Award (Vancouver Coastal Health, 2003), the Nancy Roeske Award for Excellence in Medical Student Education (American Psychiatric Association, 1998), and a Special Recognition Award (Canadian Mental Health Association, 1999). He was also the inaugural recipient of the Douglas Utting Prize and Medal for Depression Research (SMBD-JGH/McGill University, 2001).

### **(S3) MENTAL HEALTH ISSUES SYMPOSIUM:**

#### **Update on the Treatment of Major Depressive Disorder – Tailoring an Approach to the “Chinese” Patient**

Raymond W. Lam, MD, FRCPC  
Director of the Mood Disorders Centre of Excellence, UBC Hospital  
Head of Division of Clinical Neuroscience, Department of Psychiatry, University of British Columbia, BC

##### Objectives:

At the end of this presentation, the participant will be able to:

1. Discuss new treatment approaches for patients with major depression
2. Understand the importance of work in the recovery process of depressed patients
3. Discuss management approaches to the Chinese patient with depression

There has been an explosion of information on new treatments for major depressive disorder (MDD), including somatic, pharmacologic and psychotherapeutic approaches, as well as on the extraordinary health and socioeconomic burden associated with this common condition. This presentation will highlight some of these new developments, from re-formulated psychotherapies (e.g., mindfulness-based cognitive behaviour therapy) through new conceptualizations of “antidepressant” medications to “cutting edge” treatments such as deep brain stimulation. Important in the decision about choice(s) of treatment are the many ethnic and cultural differences (e.g., recognition and attribution of symptoms, drug metabolism, use of traditional Chinese medicine, use of mental health services, etc.) in the heterogeneous group of people labelled as “Chinese” or “Asian” within North America. Understanding these differences will help clinicians to tailor their approach to Chinese patients with MDD. For example, the recent focus on optimizing work function in people with MDD may be particularly useful in the clinical care of some Chinese patients who may view functional improvement as more relevant than symptomatic.



**Dr. Peter Chang** graduated from the Faculty of Medicine, University of Hong Kong, in 1968. He took psychiatric training in Hong Kong and in Canada, later qualified as a psychiatrist in the United Kingdom and in Canada, and has been practising Psychiatry in Canada since 1973. In the past he worked at several psychiatric hospitals and general hospitals in Ontario, and had served as Acting Medical Director at Whitby Psychiatric Hospital and Chief of Psychiatry at the Salvation Army Scarborough Grace Hospital. He also served as a past president of the C.C.M.S.(ONT.) and a trustee of the F.C.C.P. Education Foundation. He is now the legal advisor of the F.C.C.P. Education Foundation, and the Chair of the Hong Fook Mental Health Foundation.

In 1992, Dr. Chang graduated from the Faculty of Law, University of Toronto, and was called to the Ontario bar in 1994. He is now practising psychiatry part-time and law full-time.

## **(S3) MENTAL HEALTH ISSUES SYMPOSIUM:**

### **ONTARIO MENTAL HEALTH ACT: 101 FOR THE PRIMARY CARE PHYSICIAN**

Peter Chang, M.B., B.S., DPM, D. PSYCH., FRCPC, J.D.  
Director, Hong Fook Mental Health Foundation

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Understand the process of involuntary hospital admissions and treatment
2. Appreciate the balance between patient confidentiality and a physicians' duty to warn

The law of the land in Ontario upholds individual autonomy and the right of self determination with respect to making health care decisions. An overview of the Health Care Consent Act will demonstrate that no health care services can be administered to a patient without his or her informed consent, except in cases of emergency or mental incapacity.

The Mental Health Act (MHA) further elaborates on the issue of mental incapacity. It attempts to balance the individual right of freedom and security of the person with the basic human right to receive health care, notwithstanding the lack of mental capacity for a temporary or indeterminate period of time. Although MHA permits the involuntary admission to hospital under certain well defined circumstances, such as threat of bodily harm to oneself or to others, or serious physical impairment of the patient, it puts stringent limits on the duration of the involuntary admission. When a patient is admitted for psychiatric assessment, he or she can be held involuntarily for only 72 hours. A certificate of involuntary admission may be issued by a physician who is not the same physician as the one who applied for psychiatric assessment of the patient, and the first certificate is effective for only 2 weeks. The next certificates may be renewed for one month, two months and three months consecutively, based on past history of psychiatric treatment and the likeliness of success in future treatments. After the third renewal of the certificate, a mandatory hearing shall be held before the Consent and Capacity Board.

A new feature in the current Mental Health Act is the availability of Community Treatment Orders (CTO), which is designed to overcome the “revolving door syndrome” and keep patients in the community by means of coerced treatments.

In my opinion, the Form 1 application for psychiatric assessment is underutilized by physicians to the detriment of patients and their families. I can understand the distaste for coercive hospital admissions, but it is sometimes necessary to prevent serious bodily harm to the patient or others, or to prevent serious physical impairment of the patient. After all, the power of the Form 1 can last only 72 hours, and the patient will have the benefit of a review at the end of that period by an independent physician. There is no risk of legal liability to the physician for completing a Form 1 in good faith. On the other hand, there may be liability in cases where the physician fails to protect a patient from harm.

In order to complete a Form 1, it is sufficient that the physician has examined the patient and in his or her opinion, the patient is likely to pose a threat to the safety of the patient or other people. If an opinion can be wrong, it is better that you err on the side of caution.



**Dr. Albert Yeung** is an Assistant Professor in Psychiatry at Harvard Medical School. He is also the Director of Clinical Studies at the Benson-Henry Institute for Mind Body Medicine, Massachusetts General Hospital. Dr. Yeung obtained his MD degree at the National Taiwan University. He then furthered his training in Epidemiology at the Harvard School of Public Health and completed his training in Psychiatry at the Massachusetts General Hospital. Dr. Yeung's research focuses on depression which includes study on culturally sensitive treatment for depressed Asian Americans and assessing the feasibility and effectiveness of telepsychiatry for treating elderly depressed Chinese Americans.

## **(S3) MENTAL HEALTH ISSUES SYMPOSIUM:**

### **Feasibility and Effectiveness of Telepsychiatry Services for Chinese Immigrants in a Nursing Home**

Albert Yeung, MD, ScD<sup>1\*</sup>, Daniel Johnson, B.A.<sup>1</sup>, Nhi-Ha Trinh, M.D., MPH<sup>1</sup>,  
Wan Cheng Claire Weng, B.A., M.A.<sup>2</sup>, Joseph Kvedar, MD<sup>3</sup>, Maurizio Fava, MD<sup>1</sup>  
<sup>1</sup>Massachusetts General Hospital and Harvard Medical School, Boston, MA  
<sup>3</sup>Partners Telemedicine, Boston, MA

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Understand the need for cultural sensitive psychiatric consultation services to nursing home
2. Discuss the use of telemedicine for psychiatric consultation
3. Discuss the telemedicine-based consultation model for Chinese immigrants in a nursing home

**Objective:** This study investigates the feasibility and effectiveness of providing telepsychiatry services to Chinese immigrants in a nursing home.

**Methods:** Subjects were Chinese immigrants in a nursing home who needed psychiatric consultations. The psychiatrist interviewed the patients face-to-face for the initial consultation, and encouraged them to participate in this study to receive telepsychiatry-based follow-up visits. The feasibility and outcomes of telepsychiatry visits, and satisfaction of the subjects, their families, and the nursing home staff were assessed.

**Results:** Nine monolingual Chinese immigrants, eight females and one male, ranging from 54 to 88 years of age were enrolled. The main reasons for psychiatric consultation were mood and behavioral problems. Eight out of the nine (88.9%) subjects participated in videoconference follow-up visits, and one subject (11.1%) declined. Among the eight subjects, six were referred for psychiatric intervention, one for differential diagnosis, and one for suicide assessment. At the end of the study, all six subjects referred for intervention had greatly improved; the subjects, their families, and the nursing staff were highly satisfied with the telepsychiatry service.

**Conclusions:** It is feasible to provide psychiatry consultations to ethnic immigrants in a nursing home despite the fact that many of them are unfamiliar with the technology and suffer from dementia and psychotic symptoms. Telepsychiatry provides an efficient way for ethnic elders in nursing homes to connect with mental health professionals with the appropriate language and cultural background, regardless of location. Telepsychiatry may decrease the disparities in treatment of mental illnesses among ethnic immigrants in nursing homes.



**Dr. Jenny Heathcote** graduated from the Royal Free Hospital School of Medicine, London, UK in 1968. After completing her internship and her residency in internal medicine, she was awarded a MRC research fellowship with the late Dame Professor Sheila Sherlock. Her thesis on the transmission of Hepatitis B was awarded an MD in 1976.

Dr. Heathcote moved to Stanford, USA for further research training and joined the Toronto Western Hospital 28 years ago, where she has built up an internationally recognized clinical liver research unit with a major interest in viral hepatitis and autoimmune liver disease. She is a Senior Scientist in the Toronto Western Research Institute and Division Head - Patient Based Clinical Research.

She has been a Professor at the University of Toronto since 1995, winning the Department of Medicine Clinician Teacher Award in the same year. She was given the May Cohen Award by the Canadian Medical Association for her mentoring of trainees in 2003.

She is a recipient of the Queen's Jubilee Medal for her service to hepatology and received the Canadian Liver Foundation Gold Medal at the Canadian Digestive Diseases Week in 2004. In that year, she also received the Canadian Liver Foundation Lifetime Achievement Award.

In 2005, she was the recipient of the American Association for the Study of Liver Diseases Distinguished Achievement Award for her sustained scientific contributions to the field of liver disease and the scientific foundations of hepatology. In 2006, she received the International Sheila Sherlock Award from the Falk Foundation. In 2008, she was awarded the Department of Medicine, University of Toronto Mentoring Award.

She has been funded by the Canadian Institutes of Health Research for the last 20 years, and since 2003 has been the Director of the National Canadian Research Training Program in Hepatitis C.

Over her career, she has published over 200 papers in the area of autoimmune liver disease and chronic viral hepatitis.

## **(S4) HEPATITIS SYMPOSIUM:**

### **Past, Present and Future: Treatment for Hepatitis C**

Jenny Heathcote, MD

Professor of Medicine

University Health Network (Western Division), University of Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Appreciate the prevalence of Hepatitis C across the world
2. Understand the transmission of Hepatitis C across the world
3. Appreciate current & future treatment and the importance of controlling HCV disease

The first agent Interferon (IFN) to be used to treat Hepatitis C (then called non A non B hepatitis) remains part of the current therapeutic regimen. But now in order to prolong its effect, thereby reducing injections to weekly instead of every other day, IFN has been pegylated (fused with polyethylene glycol). It has been shown that the addition of oral ribavirin (a drug used to treat RSV in children) further enhances the rate of viral clearance, in part because it reduces the relapse rate off treatment. With these two drugs a sustained virologic response (SVR) can be achieved in 30 to 90%, this wide range is because of the marked difference in responsiveness between the 6 different genotypes of CHC. However independent of all genotypes, if the HCV RNA becomes undetectable within one month of the start of therapy over >90% will subsequently achieve SVR if they maintain full dose therapy. New drugs under trial include agents that inhibit the viral enzymes so that replication cannot occur (protease and polymerase inhibitors) but they are ineffective unless given with PegIFN and perhaps also need Ribavirin – so currently it is not possible to eliminate the untoward side effects of PegIFN + Ribavirin. Other agents are in the early phase of development – one mediates its effect via inhibiting host polymerases but it too is currently given with PegIFN although not with Ribavirin (DEBIO).



**Dr. Anna Lok** is the Director of Clinical Hepatology and a professor of Internal Medicine at the University of Michigan, Ann Arbor. She graduated from the Faculty of Medicine at University of Hong Kong in 1977. After finishing her internship and residency in internal medicine at the Queen Mary Hospital in Hong Kong, she completed a fellowship in Hepatology at the Royal Free Hospital in London, UK. Dr. Lok has been a Professor at the University of Michigan since 1995. She received the Hugh R. Butt Award for Distinguished Achievement in Clinical Research in Hepatology in 1996 and the Distinguished Scientist Award from the Hepatitis B Foundation in 2008. She was also named Outstanding Women in Science by the American Gastroenterology Association. Dr. Lok has over 200 peer-reviewed publications in the area of liver disease and chronic viral hepatitis. She has been the associate editor for Hepatology and is currently the co-editor for the Journal of Viral Hepatitis. Dr. Lok is a councilor-at-large for the American Association for the Study of Liver Disease and she has continued to receive funding from the NIH for her research.

## **(S4) HEPATITIS SYMPOSIUM:**

### **Hepatitis B Treatment: When to start and when to stop?**

Anna SF Lok, MD, MRCP

Professor of Internal Medicine, University of Michigan, Ann Arbor MI, USA

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Determine when hepatitis B treatment should be started
2. Determine when hepatitis B treatment should be modified
3. Determine when hepatitis B treatment can be stopped

Substantial advances have been made in the treatment of hepatitis B. However, current treatments suppress but not eradicate hepatitis B virus (HBV). Therefore, most patients will require long durations if not life-long treatment to maintain virus suppression and to derive continued clinical benefit.

**When to start treatment?** With better understanding of the fluctuating nature of chronic hepatitis B infection, and improved treatment options, it is really not a question of whom do we treat but when. Thus the real question is: Should we treat the patient now or later? Every carrier is a potential treatment candidate. The key questions are: what would happen to this patient if he or she is not treated now and what would treatment do for this patient. If the patient has active inflammation or advanced liver disease, the patient should be treated now. If not, treatment should be initiated only if the predicted risk of cirrhosis and liver cancer in the next 10-20 years is high. If the risk is high, treatment should be initiated now. If the predicted risk is low, it is reasonable to observe the patient and start treatment later. Decisions on when to start treatment should also consider the likelihood of a long-term response and the side effects of treatment as well as risk of drug resistance.

Traditionally, treatment recommendation is based on evidence of liver disease, i.e. elevated liver enzymes, histological evidence of inflammation or fibrosis, or clinical evidence of cirrhosis. Recently, some experts suggest that treatment should be based on virus level. Several big studies indicate that persistently high virus level (several decades) is associated with increased risk of cirrhosis and liver cancer. These data indicate that the threshold HBV DNA and ALT levels for initiating treatment should be lower in older patients who may have been infected for a longer period of time.

**When to stop?** In general, treatment should continue until a patient achieves therapeutic endpoint. Discontinuation of treatment may be followed by virologic relapse and hepatitis flare. Interferon is usually given for a finite duration. With pegylated interferon the recommended duration is 12 months for both HBeAg-positive and HBeAg-negative patients.

The endpoint for oral nucleos(tide) analogue therapies is unclear. For HBeAg-positive patients, the general recommendation is to continue treatment until 6-12 months after HBeAg to anti-HBe seroconversion. For HBeAg-negative patients, treatment can be stopped in patients who lose HBsAg, but that happens in roughly 5% of patients after 5 years of treatment. For patients with underlying cirrhosis, treatment is usually administered indefinitely.



**Dr. David K. H. Wong** is a Hepatologist at the Toronto Western Hospital. Dr. Wong 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 was initially appointed full time staff in the Division of Gastroenterology at McMaster University in 2000 and then moved to the University Health Network (UHN)/Mount Sinai Hospital (MSH) in 2002, where he is the Clinical Director of the Liver Clinic at UHN Toronto Western Division. 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.

Dr. Wong's clinical interests lie in the area of viral hepatitis and liver disease in HIV. His educational responsibilities include coordinating the Clinical Hepatology training program for the University of Toronto and co-coordinating the Gastroenterology-Hepatology clinical training program for General Internal Medicine at the UHN/MSH. He is an advisor to the Hepatitis C Secretariat. Dr. Wong also co-ordinates the annual Hepatology Update meeting in Toronto.

**(S4) HEPATITIS SYMPOSIUM:**

**Non-Pharmacologic Management of the Patient with Hepatitis B:  
Who and How to Screen, and How to Recognize the Asymptomatic Patient  
who may have Cirrhosis or Hepatoma**

Dr. David K. H. Wong, MD, FRCPC  
Clinical Director, Liver Clinic, University Health Network (Western Division)  
Assistant Professor of Medicine, University of Toronto, ON

At the end of this presentation, the participant will be able to:

1. Determine who is at risk for hepatitis B in clinical practice
2. Recognize which of HBV-infected patients might have advanced liver disease
3. Learn how to keep HBV-infected patients healthy



**Dr. Mark Rapoport** is an assistant professor in the department of psychiatry at the University of Toronto, in the geriatric psychiatry division, and is a clinical scientist at Sunnybrook Health Sciences Centre. Dr. Rapoport received his medical degree from McMaster University in 1995, and subsequently trained in psychiatry at the University of Toronto. Geriatric Neuropsychiatry has been the focus of his training, clinical work and research to date. His main areas of research are traumatic brain injury in the elderly and the risk of motor vehicle conditions associated with neurological and psychiatric diseases and their treatments.



**Dr. Frank Molnar** is a Canadian Royal College certified specialist in Geriatric Medicine with an active clinical practice at the Ottawa Hospital that involves the diagnosis and assessment of function and safety of hundreds of people suffering from dementia on an annual basis. Large numbers of these cases involve the assessment of fitness-to-drive.

Dr. Molnar has formal research training in the development of screening tools for front-line clinicians (e.g. cognitive impairment, fitness-to-drive in dementia). He is a co-founder of CanDRIVE – a national research team studying medical fitness-to-drive and has numerous publications on the topic. He has presented on the assessment of fitness-to-drive in dementia at numerous regional, national and international venues.

Dr. Molnar will present a practical approach to the assessment of fitness-to-drive in dementia that borrows from research, from the extensive experience of his own clinical practice and from the input of numerous clinicians. He is interested in any new approaches that members of the audience would like to share.

## **(W1) GERIATRIC CARE WORKSHOP I:**

### **Driving and Dementia**

Mark Rapoport, MD, FRCPC  
Sunnybrook Health Sciences Centre, University of Toronto, ON

Frank Molnar, MD, FRCPC  
The Ottawa Hospital - Civic Campus, University of Ottawa, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Appreciate the risks associated with dementia and driving, and the challenges of assessing this for the family doctor.
2. Learn about the limitations of evidence for in-office screening tools and the on-road driving test, and to consider practical opinion-based approaches for assessing the driver with dementia.
3. Learn about the impact of behavioral disturbances on driving in dementia.

Cognitive disorders have a particular propensity to impair driving skill and the insight required to adjust driving habits safely. We will discuss the impact of Alzheimer's disease on driving. Cognitive screening tests have been used extensively for the early identification of dementing disorders, and there is a large literature as well about the association of these tests with driving. The studies utilized either driving records, self-report, simulators and on-road tests as measures of driving safety. We will discuss a recent systematic review of this literature that highlights the limitations of in-office cognitive testing. Behavioral disturbances are common in dementia, and can be associated with particularly risky driving in this population. Cases will be discussed to highlight this issue. Recent data from a Canadian longitudinal study indicates that driving cessation in dementia may be associated with hallucinations and apathy, and that the impact of behavioral disturbance may exceed that of cognitive decline when it comes to retiring from driving. We will also discuss findings from a recent case-crossover study of psychotropic medications and driving in patients with dementia indicating that the prescription of such medications is associated with an increased risk of motor vehicle collisions. The group will additionally be engaged in discussion about sharing the news that driving has become unsafe.



**Dr. Barbara A. Liu** is the Executive Director of the Regional Geriatric Program of Toronto and an Associate Professor of Medicine at the University of Toronto. She has specialty qualifications in Internal Medicine, Geriatric Medicine and Clinical Pharmacology. Her research interests include the appropriateness of drug therapy in the older patient, fall prevention and geriatric service evaluation. She has a clinical practice at Sunnybrook Health Sciences Centre and is medical director of the falls prevention program.



**Ms. Susan Maddock** is a physiotherapist who worked with the Geriatric Outreach Team and was instrumental in developing the highly successful falls prevention program at Sunnybrook Health Sciences Centre. She has coached a large number of allied professionals, from across the province, interested in implementing a falls prevention program in their own organizations. Along with her colleagues, Susan has presented her work on falls prevention at meetings as far away as Barcelona.

## **(W2) GERIATRIC CARE WORKSHOP II:**

### **Preventing Falls in your Older Patient**

Dr. Barbara A. Liu, MD, FRCPC  
Executive Director, Regional Geriatric Program of Toronto  
Sunnybrook Health Sciences Centre, University of Toronto, ON

Ms. Susan Maddock, RPT  
Specialized Geriatric Services, Sunnybrook Health Sciences Centre, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Identify screening tools to identify seniors at risk for falls
2. Identify modifiable risk factors for falls
3. Recognize evidence-based approaches to falls prevention

Accidents are the sixth leading cause of death in older people. Two thirds of these accidental deaths are related to falls. In the US, 75% of deaths caused by falls occur in 13% of population, those over 65 years. Falls are a common problem and a source of significant morbidity and mortality. Falls, in many circumstances are preventable. In this workshop we will review an evidence-based approach to falls prevention and describe a falls prevention program in place at Sunnybrook Health Sciences Centre.



**Dr. Linqi Zhang** is the Director of the AIDS Research Center at Institute of Pathogen Biology, Chinese Academy of Medical Sciences and Peking Union Medical College, Deputy Director of Comprehensive AIDS Research Center at Tsinghua University, and Associate Professor and Staff Investigator at the Aaron Diamond AIDS Research Center at the Rockefeller University in New York.

Dr. Zhang received his doctoral degree in molecular genetics from University of Edinburgh, UK (1992). He has been conducting HIV/AIDS research for nearly 20 years and his primary research interest is HIV pathogenesis, focusing on virologic and immunologic changes during disease and treatment with highly active antiretroviral therapy. His graduate studies focused on “genetic evolution of HIV-1” in an active research group headed by Dr. Andrew Leigh Brown at the University of Edinburgh. After completion of his Ph.D, he joined Dr. David Ho’s research team at the Aaron Diamond AIDS Research Center as post-doctoral fellow in 1993 and then promoted to the member of faculty. Over the past several years, together with Drs. David Ho, Marty Markowitz and Yunzhen Cao, he has made significant contributions to the understanding of virologic and immunologic responses during HIV-1 infection and treatment with antiretroviral therapy highlighted by numerous high impact scientific publications.

His most recent research has focused on developing an effective vaccine against the most dominant HIV-1 strains in China, and novel antiretroviral and immune intervention strategies to control HIV replication. Dr. Zhang has established a wide local network of scientists and physicians to fight the current upsurge of HIV/AIDS in China. On November 11, 2003, he was named as the Director of AIDS Research Center at Chinese Academy of Medical Science and Peking Union Medical College, in the presence of Chinese Minister of Health, Minister of Science and Technology, Minister of Education, and former United States President William Jefferson Clinton. He is the recipient of National Overseas Outstanding Young Scientist Award, ChangJiang Professorship and the Principal Investigator of National Basic Research Project (973 Project) on HIV Virology and Immunology supported by the Chinese Ministry of Science and Technology.

## **DR. HARRY LEE MEMORIAL LECTURE**

### **Changing Landscape of HIV-1 Infection in China**

Linqi Zhang, PhD

Deputy Director & Professor, Comprehensive AIDS Research Center, Tsinghua University  
Director & Professor, AIDS Research Center, Chinese Academy of Medical Sciences and  
Peking Union Medical College, Beijing, People's Republic of China

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Review the general situation of HIV/AIDS in China
2. Identify the unique features of HIV/AIDS in China
3. Discuss China's focuses on future research to tackle the problem of HIV/AIDS problems

The HIV-1/AIDS epidemic in China is at a critical juncture. Historically, human immunodeficiency virus type I (HIV-1) infection has been largely confined to certain high-risk populations such as injection drug users (IDUs) and former commercial blood and plasma donors (FBDs) in geographically disparate rural areas. However, recent statistics show that HIV-1 infection has increased rapidly in urban settings among men who have sex with men (MSM) as well as female sex workers (FSWs). It is feared that China is following the path of some Asian countries where HIV-1 infection is no longer confined to high-risk populations. At our FCMS meeting, I will present the dynamic changes in HIV-1 epidemiology in China with emphasis on the most severely affected Yunnan province. Through our discussion, we can clearly recognize the potential serious situation of HIV-1 in China. Through our joint action, we can work together to prevent the catastrophic consequences. There is an old Chinese saying, "When there is a crisis, there is an opportunity". Indeed, although HIV-1 is already plaguing certain high-risk groups in China, there is still a window of opportunity to prevent the spread of the epidemic into the general population. The time to act is now.



Professor Lap-Chee Tsui is the fourteenth Vice-Chancellor of the University of Hong Kong.

Prior to his present appointment in September 2002, Professor Tsui was Geneticist-in-Chief and Head of the Genetics and Genomic Biology Program of the Research Institute, at The Hospital for Sick Children in Toronto. He was also the holder of the H.E. Sellers Chair in Cystic Fibrosis and University Professor at the University of Toronto.

Born in Shanghai and awarded his bachelor and master's degrees from The Chinese University of Hong Kong, Professor Tsui is a native of Hong Kong. He received his Ph.D. degree from the University of Pittsburgh in 1979. After a brief training in the Oak Ridge National Laboratory, he joined the Department of Genetics at The Hospital for Sick Children. He received international acclaim in 1989 when he identified the defective gene that causes cystic fibrosis, which is a major breakthrough in human genetics. He has also made significant contributions to the study of the human genome, especially the characterization of chromosome 7, and, identification of additional disease genes. He has 290 peer-reviewed scientific publications and 65 invited book chapters and papers.

Professor Tsui has received numerous awards and honours for his outstanding work over the years. His honours include Fellow of the Royal Society of Canada, Fellow of the Royal Society of London, Fellow of Academia Sinica, and Foreign Associate of the National Academy of Sciences (USA). In addition to many national and international prizes, he was awarded honorary doctoral degrees by University of King's College, University of New Brunswick, The Chinese University of Hong Kong, St. Francis Xavier University, York University, Tel Aviv University, University of Toronto and University of Aberdeen.

Professor Tsui has served on the editorial boards for 20 international peer-reviewed scientific journals, numerous scientific review panels, and many national and international advisory committees. He is currently member of the Judicial Officers Recommendation Commission, Council for Sustainable Development and Executive Committee, and Executive Committee of the Commission on Strategic Development of the Hong Kong SAR Government. He received the Order of Canada (Officer), the Order of Ontario, Knight of the Légion d'Honneur of France, and the title of Justice of the Peace (HKSAR).

## **HENRY B. WOO FOUNDATION LECTURE**

### **Lessons Learned from Studying a Single-Gene Disorder**

Professor Lap-Chee Tsui, OC, PhD, FRS, FRSC  
Vice-Chancellor & President, University of Hong Kong, Hong Kong

The Human Genome Project and the advances in genomic technologies have made the cloning of the genes for single-gene disorders relatively easy. There are, however, a few lessons that can be learned from our study of cystic fibrosis, which is a common single gene disorder in the Caucasian population. The gene was mapped by family analysis to the long arm of human chromosome 7 and isolated on the basis of its chromosome localization. It is now well established that CFTR functions as a cAMP-regulated chloride channel in the secretory epithelium but more recent studies show that it may have additional activities. Over 1,300 mutations have been identified in the CFTR gene. Although the most frequent CFTR mutation accounting for 70% of the mutant alleles, comprehensive mutation analysis fail to identify the mutations in all CF patients. In addition, while there is good correlation between certain clinical presentation and CFTR genotype, severity of CF disease could not be predicted by CFTR genotype alone. It is thought that modifier genes and environmental factors are important. While attempts are being made to define the molecular bases of the genetic modifiers, including the use of animal models, it is also found that mutations in CFTR could cause other diseases, which are now sometimes referred as "CF-related diseases". Taken altogether, it can be said that there is really no simple 'single gene' disorders. In addition, our experience re-emphasizes the importance of patient sample and clinical data collection, both of which are crucial to success of study. It is also essential to combine basic science and clinical research, and, to engage in interdisciplinary collaborations.



Dr. Peter Liu is the Heart & Stroke/Polo Chair Professor of Medicine and Physiology at the Toronto General Hospital Research Institute, University Health Network. He was appointed Scientific Director of the CIHR Institute of Circulatory and Respiratory Health in 2006.

Dr. Liu graduated from the University of Toronto, Faculty of Medicine. During his medical training he undertook a research clerkship at Brigham and Women's Hospital in Boston, studying infarct remodeling and heart failure. During his cardiology training, he also pursued a post-doctoral fellowship in cardiovascular imaging and immunology at the Massachusetts General Hospital of Harvard Medical School, and clinical epidemiology at McMaster University. In 1985 he joined the Division of Cardiology at the Toronto General Hospital, University of Toronto. Since 1999, he has been the Heart & Stroke/Polo Chair Professor at the University Health Network and serves as Director of the Heart & Stroke/Richard Lewar Centre of Excellence in Cardiovascular Research at the University of Toronto. The latter coordinates cardiovascular research and promotes mentorship and training of next generation of cardiovascular research leaders.

Dr. Liu focuses his research on the pathophysiology and clinical outcomes of heart failure from bench to bedside. His team has elucidated the role of inflammation in changing heart structure and function, and potential novel treatment targets in heart failure. His laboratory has also identified how viruses and bacteria can accelerate heart failure and coronary artery disease, and is developing novel vaccines to prevent these complications. With support from Genome Canada, CIHR group and team programs, and the Heart & Stroke Foundation, he is also pursuing novel biomarkers and therapeutic targets for early cardiovascular disease identification. He has published over 240 peer reviewed articles in high impact journals, contributed to 19 book chapters and collective works. In addition, he co-chaired a series of Canadian Cardiovascular Society Consensus Guideline Recommendations for heart failure care.

He is the recipient of numerous awards in recognition of his scientific contributions and accomplishments including the Rick Gallop Research Award Recognizing Research Excellence from the Heart & Stroke Foundation of Ontario (2003), the Research Achievement Award from the Canadian Cardiovascular Society (2003), Visiting Research Professor Award from the Royal College of Physicians and Surgeons (2005), and the Extramural Award of Merit from the American College of Cardiology (2005), amongst others. He has served as the scientific program chair for both the Canadian Cardiovascular Society and the Heart Failure Society of America scientific sessions and as chair for several CIHR and NIH scientific review panels. Most recently, he was asked by HUPO (Human Proteome Organization) to co-chair the 6<sup>th</sup> International Initiative on Global Cardiovascular Proteomics.

## **(S5) CARDIOVASCULAR DISEASE SYMPOSIUM:**

### **Epidemiology of Cardiovascular Disease (CVD) in Chinese**

Peter Liu, MD, FRCPC

Scientific Director, Institute of Circulatory and Respiratory Health, Canadian Institutes of Health Research

Heart and Stroke/Polo Chair Professor of Medicine and Physiology, Toronto General Hospital, University Health Network, University of Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Appreciate the changing nature of CVD in Canada and worldwide
2. Learn the pattern of CVD in Canadian Chinese versus the rest of Canada
3. How this is similar or different than that in Chinese

#### **Epidemiology of CVD (including Stroke) in Canada and Canadian Chinese**

Cardiovascular disease (including stroke) remains the number one cause of death in Canada, although the mortality from myocardial infarction and coronary disease is steadily decreasing. Very soon, cancer may become the major cause of deaths in both Canada and the U.S.

Data on Chinese Canadians is much less accurate, because definitions of a Chinese Canadian have not been as well delineated, as for example, the black population in the U.S. The best data is from the SHARE study from McMaster University and data from Statistics Canada. In contrast to the general Canadian population of European origin, Chinese Canadians appear to have much fewer ischemic heart deaths such as myocardial infarction, but have relatively comparable rates of stroke and cancer. Therefore, within the Chinese Canadian population itself, the primary cause of death is cancer (258 and 162/100,000 person-years, in men and women respectively), followed by ischemic heart disease (107 and 40/100,000 p-y in men and women) and stroke (46 and 42/100,000 p-y for men and women), according to data up to 1993.

#### **Epidemiology of CVD in China**

In mainland China, while the number one cause of mortality is cancer (374/100,000 p-y in men), the deaths from cardiovascular (319/100,000 p-y in men) and cerebrovascular causes (310/100,000 p-y in men) are now each very close to that of cancer. Therefore, if cardiovascular and cerebrovascular diseases are combined as having been done in Canada and elsewhere, then heart disease and stroke are the overwhelming number one cause of deaths in China. In contrast to Canada, where the mortality from cardiovascular disease is highest in the rural community, in China, it is mainly the urban population that is exposed to the highest mortality. Canada also has a distinct East to West gradient of decreasing mortality, likely related to risk factors and physical activity. However, similar to Canada,

China has a distinct North-South gradient of cardiovascular mortality, with the highest deaths rate in the northern part of the country.

### **Socioeconomic Factors**

Why has cardiovascular disease become so prevalent in China, and why are the Chinese Canadians somewhat shielded from this dramatic “epidemic”? Modern epidemic of cardiovascular disease is likely a manifestation of the thrifty gene hypothesis, where rapid changes in the socioeconomic and environmental conditions overwhelm our genetic potential to adapt, leading to the development of a disease phenotype. Mainland China has undergone a dramatic socioeconomic change in the last decade and half, with rapid industrialization and change in lifestyle, including western diet, smoking, driving, obesity and diabetes. Observations from MONICA study in Beijing from 1984 to 1999 have documented a 50% increase in cardiovascular mortality in men. This was attributable to an increase of over 1 mmol/L of serum cholesterol in the population, accompanied by increase in obesity, diabetes and smoking in men.

In contrast, in Canada, it was noted that many of the Chinese immigrants continue to maintain certain elements of traditional Chinese diet in contrast to the standard western diet. Also, many Chinese are located in downtown city centres, where the prevalence of obesity is lower and level of exercise is higher.

### **Environmental and Other Risk Factors**

With the rapid industrialization, mainland China is facing not only major economic shifts, but also environmental changes. The level of pollutants in many Chinese cities is way above international accepted levels. There has been clear documentation that the levels of sulphur dioxide and nitrogen dioxide to be directly related to all cause mortality and cardiopulmonary mortality in Chinese cities. This is then coupled to the high prevalence of smoking amongst Chinese men, leading to high mortality in the urban setting. Urban Chinese also shows much less predilection for exercise, and much higher body mass index, particularly in the young generation, including children. The threshold for diabetes amongst the obese is also likely lower in the oriental population, including the Chinese.

However, the persistent high rates of stroke in both the Canadian Chinese and mainland Chinese are likely related to the prevalence of hypertension in both populations. This is attributable mainly to the salt content in the diet, as well as possible genetic and other environmental factors.

### **Genetic Factors**

Data is also emerging that there are unique genetic factors to account for the differences in cardiovascular disease prevalence and outcomes. There are suggestions that the traditional risk factors in western populations, such as the 9q21 risk region in the chromosome, may have different modifier genes in the Chinese vs. western population. The traditional ACE I/D polymorphism appear to have no effect on the Chinese population, while it is important in some European populations. Even in traditional areas of cholesterol metabolism and genetic cardiomyopathies, there are distinct differences in mutations and polymorphisms that have a major impact on the Chinese population in a unique fashion.

This all underscores the differences in human development and migration patterns in ancient times that are the heritage of our genome.

### **Implications for Collaborative Research and Public Policy**

With the differences and similarities in cardiovascular epidemiology, interesting collaborative research studies can readily evolve – why is the Chinese Canadian population so protected from cardiovascular mortality in relative terms in North America? Why is the relatively contribution of stroke mortality so high in the Chinese population? Are there lessons that can be learned across the Pacific?

However, the alarmingly high rates of cardiovascular and cerebrovascular mortality in mainland China demand immediate health, nutritional and economic policy changes to mitigate its impact. These include the aggressive control of hypertension, curtailment of smoking, increases in physical activity and restoration of more traditional Chinese fruit and vegetable type of diet, with an appropriate decrease in salt content. A special focus should be on the young generation, whose life time risk is enormous if the current trend continues. All of these are increasingly important as Chinese population will be one of the dominant economic movers in the world, and the side effect of change must be prevented, before it becomes one of the dominant victims of economic modernization.



Dr. Qingping Feng obtained his medical degree from Southeast University Medical School, Nanjing, China in 1983. After completed his resident training in cardiology, he obtained his PhD in pharmacology from the University of Gothenburg, Sweden in 1993. He then did his post-doctoral training in the University of Western Ontario. Dr. Feng is currently an Associate Professor in the Department of Physiology and Pharmacology with a cross appointment in the Department of Medicine, University of Western Ontario. He is an established scientist at Lawson Health Research Institute and a Career Investigator of the Heart and Stroke Foundation of Ontario. His major research interest is to investigate pathophysiological mechanisms of heart failure. Current research is focused on the regulation of cardiac function by nitric oxide post myocardial infarction and during heart development, as well as signal transduction mechanisms in cardiomyocytes leading to cytokine expression and cardiac dysfunction in sepsis. He has published over 60 peer-reviewed papers in excellent journals including *Circulation*, *FASEB Journal*, *Journal of Biological Chemistry* and *Cardiovascular Research*. His research is currently funded by the Canadian Institutes of Health Research and the Heart and Stroke Foundation of Ontario.

## **(S5) CARDIOVASCULAR DISEASE SYMPOSIUM:**

### **Current Trends in Cardiovascular Research in China**

Qingping Feng, MD, PhD

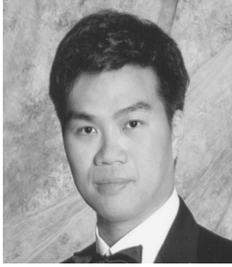
Associate Professor, Departments of Medicine, Physiology and Pharmacology,  
Schulich School of Medicine and Dentistry, University of Western Ontario, London, ON  
Scientist, Lawson Health Research Institute, London, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Discuss current trends in clinical cardiovascular research
2. Discuss current trends in basic cardiovascular research
3. Review opportunities for research collaborations with investigators in China

Cardiovascular disease and stroke are the leading cause of death in China accounting for 40% of total deaths. Major risk factors for cardiovascular diseases include smoking, hypertension, obesity and diabetes. Over the last 2 decades, along with the unprecedented economic boom, cardiovascular research in China has experienced tremendous growth. Significant advances have been made in all phases of cardiology, including imaging, interventional cardiology, electrophysiology, heart failure, and cardiovascular surgery etc. Over the last several years large numbers of Chinese patients have been entered into multi-centre clinical trials. Total number of publications in peer reviewed journals and their citations have been significantly improved. Despite many major advances that China has made in cardiology in recent years, the increased prevalence of cardiovascular diseases as a result of increases in risk factors and an aging population is of major concern. Major challenges facing Chinese health workers are to implement preventative measures to change people's lifestyles and to reduce risk factors of cardiovascular diseases.



**Dr. Chi-Ming Chow** is an attending staff cardiologist at St. Michael's Hospital. He is an assistant 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 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.

He has authored a number of medical education software programs (e.g. CardioMath, ECG Made Simple) that are being used by medical professionals and students internationally. His current areas of research include ethnic differences in cardiovascular disease, investigating new technologies in non-invasive imaging and medical informatics.

He has authored multiple peer-reviewed journals and presented in local, national and international scientific meetings. He is currently a spokesperson for the Heart and Stroke Foundation of Ontario and the Vice-President of the Chinese Canadian Council, Heart and Stroke Foundation of Ontario. He participates actively in health promotion and research among ethnic Chinese.

## **(S5) CARDIOVASCULAR DISEASE SYMPOSIUM:**

### **Hypertension in Chinese**

Chi-Ming Chow, MDCM, MSc, FRCPC, FACC  
Assistant Professor, Department of Medicine  
St. Michael's Hospital, University of Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Review the epidemiology & prevalence of hypertension among Chinese patients
2. Identify specific issues pertaining to hypertension among Chinese patients
3. Discuss specific treatment concerns regarding Chinese patients

Hypertension has become increasingly prevalent among Chinese in their native countries and among ethnic Chinese living in North America. Hypertension is a major contributor to cardiovascular disease morbidity and mortality.

In 2001, the International Collaborative Study of Cardiovascular Disease in ASIA (InterASIA) found that 27.2% of adults in China have hypertension. When compared to data from the 1991 Chinese National Hypertension Survey, the prevalence of hypertension has increased from 20.2% to 28.6% in men and from 19.1% to 25.8% in women. Hypertension is less common among those living in southern China when compared with northern China. Also hypertension is less common in rural areas when compared to urban areas.

In the most recent Ontario Survey on the Prevalence and Control of Hypertension published in 2008, 18.5% of East Asians (comprised of mainly ethnic Chinese) in Ontario have hypertension. The prevalence rate of hypertension is the lowest among East Asians and there is no significant difference in prevalence when compared with White populations.

In clinical trials, pharmacologic therapy effective in white population is also effective in Chinese. However, drug effects, such as coughing or flushing may be greater among Chinese patients.

This is also some evidence that Chinese and other Asian-based herbal therapeutic approaches may reduce blood pressure.



**Dr. Gordon W. Moe** is the Director of Heart Failure Program and Biomarker Laboratory at St. Michael's Hospital and a Professor in the Department of Medicine at University of Toronto. He completed medical school and training in Internal Medicine at University of Toronto. He received his training in Cardiology at Queen's University and then completed research training at both University of Toronto and Harvard Medical School. Dr. Moe is the president of the Chinese Canadian Council, Heart and Stroke Foundation of Ontario. He was a primary panelist of the Canadian Cardiovascular Society Consensus Conference in the Management of Heart Failure. Dr. Moe's research interests include - basic and clinical research in cardiac remodeling and biomarkers in heart failure and, ethnicity and cardiovascular disease.

## **(S5) CARDIOVASCULAR DISEASE SYMPOSIUM:**

### **Managing Congestive Heart Failure in the Chinese**

Dr. Gordon W. Moe, MSc, MD, FRCP(C), FACC  
Director, Heart Failure Program and Biomarker Laboratory, St. Michael's Hospital, ON  
Professor, Faculty of Medicine, University of Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Gain an understanding of the epidemiological data on heart failure in the Chinese
2. Know about the challenges in the diagnosis of heart failure
3. Learn about the practical aspects of management of congestive heart failure

Heart failure is an important clinical and public health problem worldwide. In China, it is estimated that 6 million people have heart failure, a prevalence rate of 0.9% which is comparable to most Western countries. There have been no studies conducted in Chinese that are comparable to the Framingham Heart Study which was conducted in a predominantly Caucasian population. The risk factors for the development of heart failure in Chinese are therefore less clear compared to the Caucasian population. However, there is some evidence to suggest that hypertension is an important and perhaps the most important etiological factor for heart failure. Furthermore, the proportion of patients with heart failure with preserved systolic function may be higher than in the Caucasian population, perhaps reflective of the impact of hypertension. However, with the increasing affluence and westernization of dietary habit and lifestyle, it is quite likely that more contemporary risk factors such as coronary heart disease and obesity have increasingly contributed to the development of heart failure in the Chinese.

In the absence of published data that are specific to the Chinese, the strategies for the diagnosis and management of heart failure in general have to follow those of the treatment guidelines from the Western countries. Given the fundamental nature of the derangements in heart failure, the most effective therapies one use every day such as angiotensin-converting enzyme inhibitors and  $\beta$ -blockers are likely to be effective in Chinese as well. However, the evidence that different ethnic groups have the same mortality benefit from these standard therapies is still slim. Therefore, the better answer to management of heart failure in Chinese is still better prevention.



加拿大華人專業人員聯會 (安大略省)  
The Federation of Chinese Canadian Professionals (Ontario)

## FCCP CONFERENCE 2008

September 28, 2008 (Sunday)

### 89 CHESTNUT CONFERENCE CENTRE

University of Toronto, 89 Chestnut Street, Toronto, ON

#### Symposia on:

- ❖ **Cardiovascular Disease**
- ❖ **Oncology**
- ❖ **Organ Transplant**

#### Schedule at a Glance:

8:30 - 8:50	Registration
8:50 - 9:00	Opening Remarks
9:00 - 12:30	Joint FCCP/FCMS Concurrent Symposia: Cardiovascular Disease and Oncology
12:30 - 2:00	Luncheon Satellite Symposium: Asthma
2:00 - 2:30	FCCP Education Foundation Award of Merit Presentation
2:30 - 3:45	FCCP Symposium: Organ Transplant

#### Speakers:

- ❖ **Dr. Gordon Moe** (*Director of Heart Failure Program and Biomarker Laboratory, St Michael's Hospital, University of Toronto, ON*)
- ❖ **Dr. Peter Liu** (*University Health Network, University of Toronto, ON*)
- ❖ **Dr. Qingping Feng** (*University of Western Ontario, ON*)
- ❖ **Dr. Chi-Ming Chow** (*St Michael's Hospital, University of Toronto, ON*)
- ❖ **Dr. Yee C. Ung** (*Sunnybrook Odette Cancer Centre, University of Toronto, ON*)
- ❖ **Dr. Tao Wang** (*Scadding Court Community Health Clinic*)
- ❖ **Mrs. Betty Wu-Lawrence** (*RN, Chinese Canadian Nursing Association*)
- ❖ **Dr. Carlo DeAngelis** (*Clinical Pharmacy Coordinator for Oncology, Odette Cancer Centre, University of Toronto, ON*)
- ❖ **Dr Patrick Luke** (*Associate Professor, Surgical Director of Kidney/Pancreas Transplant Program, University of Western Ontario, ON; Co-Director of Multi-Organ Transplant Program, London Health Science Centre*)
- ❖ **Dr. Jeff Zaltzman** (*Associate Professor of Medicine, University of Toronto, ON; Director of Renal Transplant, St. Michael's Hospital, ON*)

<b>JOINT FCCP / FCMS CONCURRENT SYMPOSIA</b>			
<b>Cardiovascular Disease</b> (In collaboration with the FCMS)		<b>Oncology</b> (In collaboration with the CCABP, CCPA, CCNA)	
<b>Objectives:</b> ➤ Gain insights into the epidemiology of cardiovascular disease ➤ Explore the current trend of cardiovascular research in China ➤ Discuss the management of hypertension ➤ Update the management of congestive heart failure		<b>Objectives:</b> ➤ Review characteristics of lung cancer and its management ➤ Discuss the needs and strategies to access HPV vaccine through the Cervical Cancer Prevention Initiative. ➤ Discuss factors that contribute to drug-drug interactions and common side effects associated with the use of targeted anti-cancer agents. ➤ Develop strategies through use of standardized assessment tools and care plans to minimize, prevent and manage side effects and drug-drug interactions with new anti-cancer therapies.	
<b>09:00-09:05</b>	Introduction ❖ Dr. Gordon Moe	<b>09:00-10:00</b>	Lung Cancer amongst North American Chinese: Smoking is Not the Only Cause ! ❖ Dr. Yee C. Ung (Sunnybrook Odette Cancer Centre, University of Toronto, ON)
<b>09:05-09:45</b>	Epidemiology of Cardiovascular Disease in Chinese ❖ Dr. Peter Liu (University Health Network, University of Toronto, ON)		
<b>09:45-10:25</b>	Trends in Cardiovascular Research in China ❖ Dr. Qingping Feng (University of Western Ontario, ON)	<b>10:00-10:15</b>	Romance in China Town - HPV Must Die ! ❖ Dr. Tao Wang (Scadding Court Community Health Clinic) ❖ Mrs. Betty Wu-Lawrence (RN, Chinese Canadian Nursing Association)
<b>10:25-10:45</b>	<b>Break &amp; Exhibits</b>	<b>10:00-10:15</b>	<b>Break &amp; Exhibits</b>
<b>10:45-11:25</b>	Hypertension in the Chinese ❖ Dr. Chi-Ming Chow (St Michael's Hospital, University of Toronto, ON)	<b>10:45-12:00</b>	Chemotherapy: -The Side Effect of New Targeted Anticancer Agents -The Clinical Significance of Drug-Drug Interactions of New Orally Administered Targeted Therapies in Cancer ❖ Dr. Carlo DeAngelis (Clinical Pharmacy Coordinator for Oncology, Odette Cancer Centre, University of Toronto, ON)
<b>11:25-12:05</b>	Managing Congestive Heart Failure in the Chinese ❖ Dr. Gordon Moe (Director of Heart Failure Program and Biomarker Laboratory, St Michael's Hospital, University of Toronto, ON)		
<b>12:05-12:30</b>	Concluding Remarks & Panel Discussion	<b>12:00-12:30</b>	Panel Discussion
<b>12:30-2:00</b>	<b>Lunch</b> <b>SATELLITE SYMPOSIUM : Asthma</b>		
<b>2:00-2:30</b>	<b>FCCP Education Foundation Award Presentation</b> Award of Merit Presentation Presentation by the Winner of the Award of Merit 2008		
<b>FCCP SYMPOSIUM : Organ Transplant</b>			
<b>Objectives:</b> ➤ Understand the current role of robotics in surgery ➤ Understand the role for telementoring and telesurgery ➤ Understand the risks and benefits of kidney transplant ➤ Address the organ donation issues in Ontario and Canada ➤ Ethical issues in organ supply for transplant			
<b>2:30-3:10</b>	Surgical Robotics: Not Science Fiction ❖ Dr Patrick Luke (Associate Professor, Surgical Director of Kidney/Pancreas Transplant Program, University of Western Ontario, ON; Co-Director of Multi-Organ Transplant Program, London Health Science Centre)		
<b>3:10-3:40</b>	<b>Kidney Transplant and Organ Donation: Where are we now?</b> ❖ Dr. Jeff Zaltzman (Associate Professor of Medicine, University of Toronto, ON; Director of Renal Transplant, St. Michael's Hospital, ON)		
<b>3:40-3:45</b>	Closing Remarks <b>FCCP Conference Adjourned</b>		



**Dr Yee C. Ung** is a radiation oncologist at the Odette Cancer Centre in Toronto, Ontario. He is a graduate of the University of Alberta, having trained at the Cross Cancer Institute in Edmonton, Alberta. He is an assistant professor in the University of Toronto, serves as the Lung Site Leader at the Odette Cancer Centre, is co-Chair of the Cancer Care Ontario Practice Guidelines Lung Disease Site, an executive member and co-Chair with the National Cancer Institute of Canada Clinical Trials Group Lung Disease Site and on the Board of Directors for Lung Cancer Canada. His research interests include functional imaging (e.g. PET), innovative radiation techniques and guidelines development for knowledge transference and evidence based care.

## **(S6) ONCOLOGY:**

### **Lung Cancer in the North American Chinese: Smoking is not the only cause!**

Dr. Yee C. Ung, MD  
Assistant Professor of Medicine  
Sunny brook Odette Cancer Centre, University of Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

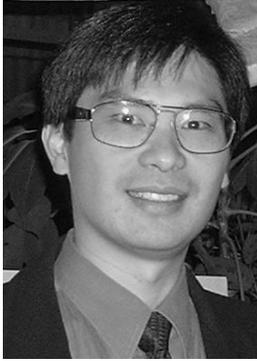
1. Understand the risk factors for lung cancer
2. Understand that there are genetic factors influencing lung cancer
3. Understand therapies available for treatment of lung cancer

Lung cancer is the leading cause of cancer deaths worldwide. While the majority of lung cancers are caused by smoking, globally about 15% of men and 53% of women who develop lung cancer are not attributable to smoking. Epidemiologic studies have identified gender and geographic variations in lung cancer in never smokers, as they are more common in women than in men and more common in South Asia than in the United States. Environmental (e.g. cooking oil vapors, indoor coal fumes and air pollution), genetic and hormonal factors as well as exposure to chemical (e.g. chromium, arsenic, nickel, asbestos) have been implicated.

Lung cancer is broadly divided into two categories: small cell lung cancer (15-20%) and non-small cell lung cancer (75-80%). The treatment for non-small cell lung cancer is dependent on the stage at diagnosis. Surgery is the best treatment for early stage lung cancer and postoperative adjuvant chemotherapy improves outcome in stage II and III patients. Locally advanced but non-metastatic non-small cell lung cancer is primarily treated by definitive chemoradiation or trimodality therapy with chemoradiation followed by surgery. Metastatic lung cancer is primarily treated by palliative chemotherapy and radiation. The treatment for small cell lung cancer is primarily chemotherapy with thoracic radiation and prophylactic radiation for limited stage disease.

Innovations in radiation treatment with improved delivery and targeting of lung cancer have allowed more intense and aggressive treatments to be delivered. Targeted or molecular based therapies (e.g. epidermal growth factor inhibitors) have significant response rates, especially in lifelong nonsmokers.

Advances in the staging and treatment of lung cancer have been progressively improving patient outcomes. A heightened awareness of the differences in lung cancer with regards to ethnicity and non-smoking risk factors may be pertinent to health care issues for the North American Chinese.



**Dr. Cheng Tao Wang** was born in Taiwan and immigrated to Canada at the age of 11. He attended University of Toronto in 1982 in the Engineering Science Program. He graduated from the Faculty of Engineering and Applied Science in 1986 with a BA Sc and in 1988 with an MA Sc. Dr. Wang started his undergraduate medical training at the University of Toronto in 1988 and received his certification in family medicine in 1994. Currently, Dr. Wang serves as a staff physician in the Department of Family and Community Medicine and Cardiac Rehabilitation Clinic at St. Michael's Hospital, Toronto, associate medical director of Cardiac Wellness and Rehabilitation Clinic at Trillium Health Centre, Mississauga, and the medical director at the Healthy Inner-City ESL Family Clinic in Toronto.



**Ms. Betty Wu-Lawrence** is a public health nurse at Toronto Public Health. She is one of the founders of the Chinese Canadian Nurses Association of Ontario which started in 1986. The highlight of her professional path was in 2005 when she was one of the six honorary nominees for *The Toronto Star* Nightingale Award. She was recognized for work she has done with respect to design and implementation of innovative programs that met the needs of immigrants. She worked on programs that include both users of health services and foreign trained professional health care workers. Another significant professional experience she had was that from 1993 to 1996, she was appointed by the Ontario Lieutenant Governor to be a Council member at the newly formed College of Midwives of Ontario. Utilizing her educational preparation in critical care and primary care nurse practitioner she incorporates her language skills in both Mandarin and Cantonese in her present work as a sexual health nurse.

## **(S6) ONCOLOGY:**

### **Romance in Chinatown, HPV Must Go!**

Betty Wu-Lawrence, RN, Med  
Toronto Public Health, Toronto, ON

### **Healthy Women for a Healthy Community through the Cervical Cancer Prevention Initiative, a Multidisciplinary Success**

Dr. Cheng Tao Wang, MD  
Cardiac Rehabilitation Clinic, St. Michael's Hospital, ON  
Associate Medical Director, Cardiac Wellness and Rehabilitation Clinic, Trillium Health Centre, Mississauga, ON  
Medical Director, Healthy Inner-City ESL Family Clinic, Toronto, ON

#### Objectives:

At the end of this presentation, the participant will be able to:

1. Acknowledge that an essential part of needs assessment is to include the client from the beginning of the research process.
2. Be aware of the importance of lateral thinking (de Bona, 1967) to provide health services to match the needs of clients who are faced with changes in their lives socially, culturally and politically.
3. Appreciate the value of multidisciplinary partnership in health care transformation built on the evidence based determinants of health.

In 2001, the Canadian Census recognized that the People's Republic of China was the largest source of new Canadian immigrants. The phenomenon of "*astronaut families*" among Chinese immigrants are characterized by the head of the household living and working in the country of origin while the remaining family members reside in the host country. Such mobility of members in families is cited to have impacted sexual behaviors among Chinese immigrants (Aye et.al. 2001).

"Healthy Community; Healthy Women", (1999), reported on a health needs assessment of Chinese women in Toronto, Canada. This was completed by Nurse Practitioner candidates who responded to data in the "Chinese Health Survey" that only 20% of Chinese women over the age of 65 and 37.5% of Chinese women under 25 years had ever been screened for cervical cancer with Pap smear (Yuan, L., 1998). The needs assessment started with the perceptions of clients (Chinese immigrant women), community members and a key informant on perceived barriers and incentives to the screening services (Wu-Lawrence, B. et al., 1999).

Based on the above findings a multidisciplinary team with Mandarin speaking physicians, nurses, allied health care workers and volunteers got together in 1999 and founded a primary care clinic called the “Healthy Inner City ESL Families” (HICEF). With the goal of removing barriers to access health services, physicians and volunteers worked pro-bono for patients who were uninsured. The outcome of the project is that 96% of women attending the CCPI workshop had accurate knowledge about the Pap test and that 91% participated in Pap testing (Schober, R. et al., 2003).

In 2000, the HICEF clinic team from staff of Toronto Public Health, St. Michael’s Hospital and Scadding Court Community Centre collaborated and gained an award of \$300,000 in funding from the Ontario Ministry of Health for a research project named, “The Cervical Cancer Prevention Initiative” (CCPI). The research was completed in 2003 with 5 studies and an evaluation which led to a total of 12 recommendations. Examples of these recommendations are: Academic linkages needed for “FTHCPs” (foreign trained health care practitioners) to receive credit for volunteer contributions and that “Uninsured” patients required support from policy intervention for financial burdens to be shared among hospitals, government and community health sectors (Schober, R. et al., 2003).

In September of 2007, the Canadian federal, provincial and municipal governments collaborated on a preventative program against sexually transmitted infections and provided free HPV vaccines to Grade 8 school girls. The Chinese Canadian Nurses Association and members of the CCPI team conducted a press conference and produced simplified Chinese fact sheets to enable informed choice on the vaccine. It was recognized that vaccine provision would be relevant for immigrant teens because data from a Toronto Public Health teen birth study showed that recent immigrants have a lower rate of teen births (18.6 per 1,000) compared to the general public (28 per 1,000) (Harwich, D., & Patychuk, D., 1999). Lower rate of teen birth means less unprotected sexual intercourse, therefore less risk and should benefit more from vaccination.

The unique nature of this clinic lies in the partnership between a traditional health care provider (hospital) and a non-traditional health care venue (community centre) with participation of volunteers from the target population. Factors in the success of the project included government funding, service in kind contributions, community-based research, client-focused care, a positive environment for diversity, a multidisciplinary team, volunteers with foreign-trained health care professional backgrounds and teamwork with common goals.

### **References:**

Aral, Sevgi O. & Ward, Helen, (2005) “Modern Day Influences on Sexual Behavior”, Infectious Disease Clinics of North America, Volume 19, Issue 2 (June 2005)

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Schober, R., et al., (2003), "Cervical Cancer Prevention Initiative (CCPI): Final Report", the Ontario Women's Health Council, Ministry of Health and Long Term Care, Ontario, Canada.

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Yuan, Lilian; Joanne Permaul-Woods, Jan Barnsley and Rhonda Cockerill. 1998. *Toronto Chinese Health Survey. Final Report.* Research conducted by the Dept. of Family Medicine, Mount Sinai Hospital. 56 pp.



**Dr. Carlo De Angelis** earned his Bachelor of Science in Pharmacy from the University of Toronto in 1981 and completed a Hospital Pharmacy Residency at Sunnybrook Health Sciences Centre in 1982. He graduated with a Doctor of Pharmacy from the State University of New York at Buffalo in 1984. From 1985 to the present, Carlo has been the Clinical Pharmacy Coordinator for Oncology at the Odette Cancer Centre, Sunnybrook Health Sciences Centre and has owned and managed a community pharmacy, Panacea Pharmacy since 1994.

He is the current President Elect of the Canadian Association of Pharmacy in Oncology.

He is an Associate Professor in the Division of Pharmacy Practice at the Faculty of Pharmacy, University of Toronto and lectures in both the Undergraduate Bachelor of Science in Pharmacy and Doctor of Pharmacy Programs. He has given numerous presentations at local, national and international meetings on various oncology related topics.

His areas of interest include the prevention and management of treatment related side effects in cancer patients, with a particular interest in nausea and vomiting, neutropenia, anemia, pain management and end of life care. Additional interests include practice based research to support the clinical activities of Oncology Pharmacists in symptom management, patient counseling and the roll of Pharmacists in promoting good medication taking behavior in the oncology setting.

Carlo is a passionate advocate of the need for pharmacists in both the community and hospital settings to be more involved in the care of cancer patients.

**(S6) ONCOLOGY:**

**The Side Effect Profile of the New Targeted Anticancer Agents  
&  
The Clinical Significance of Drug-Drug Interactions with New Orally  
Administered Targeted Therapies in Cancer**

Dr. Carlo De Angelis, PharmD  
Clinical Pharmacy Coordinator, Odette Cancer Centre, Sunnybrook Health Sciences Centre  
Associate Professor, Faculty of Pharmacy, University of Toronto, ON

Objectives:

At the end of these 2 presentations, the participant will be able to:

1. Identify the common side effects associated with the use of targeted anticancer agents
2. Discuss the use of standardized assessment tools in the evaluation of side effects related to targeted anticancer therapies
3. Develop strategies to prevent, mitigate and manage side effects associated with targeted anticancer therapies
4. Discuss the factors which contribute to the potential for a drug-drug interaction
5. Discuss the clinical significance of drug-drug interactions
6. Design a care plan to identify the potential for minimized, or prevent drug-drug interaction

**The Federation of Chinese Canadian Professionals (Ontario) Education Foundation**  
**2008 Award of Merit Winner**

***Presented with the Award on September 28, 2008***



**The FCCP (Ont.) Education Foundation is pleased to announce that Professor Hong Guo of McGill University has been chosen to be the recipient of the 2008 Award of Merit. He is cited for his unique research in the field of theoretical and computational condensed matter physics in Canada. His pioneering work in nano and mesoscopic physics, quantum transport theory, and molecular electronics has been stellar, and has contributed to further research in nanotechnology.**

Professor Guo completed his B.Sc. in Physics in 1979 at the Sichuan Normal University, China, a M.Sc. in Software Engineering and a 2<sup>nd</sup> M.Sc. in Experimental Atomic Physics, and then his Ph.D. at the University of Pittsburgh in 1987. He became Professor of Physics at McGill University in 2000, and since 2004 he is the James McGill Chair Professor. He is also an Honorary Professor of the University of Hong Kong, the Senior Visiting Fellow of the National University of Singapore, Overseas Advisor for the Chinese Academy of Sciences in Beijing, and a Fellow in the Canadian Institute for Advanced Research Nanoelectronics Program. He is the Director of the Centre for the Physics of Materials at McGill University, and also the Coordinator of Canadian European Research Initiative on Nanostructures.

His achievements have been celebrated by being named Fellow of the Royal Society of Canada since 2007, and being honored with the Brockhouse Medal of the Canadian Association of Physicists for outstanding Experimental or Theoretical Contributions to Condensed Matter and Materials Physics in 2006.

Professor Guo has been invited to lecture numerous times both internationally and nationally from 2000 on, and is on the Editorial boards of 3 major journals. He has organized many Conferences, and recently in June 2008 the ICQS Workshop on Carbon Nanostructures in Beijing. He is the author of over 200 peer reviewed papers and book chapters.

As an educator, Professor Guo has supervised 11 post-doctoral fellows, 21 doctoral students and 11 Master students. He was awarded the 2005 David Thomson Award of Excellence in Graduate Supervision and Teaching at McGill.

**The Education Foundation Award of Merit is awarded annually to distinguished Chinese Canadians who have made exceptional achievements in their profession or outstanding contributions to the Chinese Canadian community. Previous winners of the award were: Professor Jing M. Chen, 2007 (ecosystem-atmospheric interactions affecting climate changes); Professor Peter Liu, 2006 (heart failure and coronary artery disease); Professor Tak Hang Bill Chan, 2005 (synthetic organic chemistry); Professor Tsun-Kong Sham, 2004 (spectroscopy and synchrotron radiation techniques); Professor Cecil Yip, 2003 (insulin and proinsulin research); Professor Michael Siu, 2002 (mass spectrometry in proteomics); Professor Suning Wang, 2001 (application of advanced materials in Chemistry); Professor Jon Mark, 2000 (wireless communications); Professor David Chuenyan Lai, 1999 (urban geography); Professor Jeffrey K.S. Wan, 1998 (microwave chemistry); Professor Ming Li, 1997 (theoretical computer science); Professor Jing Ming Xu, 1996 (quantum electronics); Professor Julia Ching, 1995 (Chinese philosophy and Religions); Dr. Yuet Wai Kan, 1994, 10<sup>th</sup> Anniversary award (molecular basis of hemoglobinopathies and gene therapy); Professor Choy Leung Hew, 1993 (antifreeze protein in fish); the Honorable David Lam, 1992 (outstanding service to community); Professor Andrew K.C.Wong, 1991 (robotics and artificial intelligence); Professor Wei Kao Lu, 1990 (technology of steel making); Dr. Victor Ling, 1989 (cancer research); Professor Ching Y. Suen, 1988 (Chinese information processing); Dr. George S.K. Wong, 1987 (discovery of the true speed of sound); Dr. Thomas Chang, 1986 (artificial cells in medicine); Professor Tak Wah Mak, 1985 (molecular immunology) and Professor Lap Chee Tsui, 1985 (elucidation of the cystic fibrosis gene).**

**Professor Guo will be presented with the 2008 Award of Merit at the FCCP Conference at 2pm., on Sunday, September 28<sup>th</sup>, to be held at University of Toronto Congress Centre, at 89 Chestnut Street, Toronto. He will be giving a short talk on his work on “Nano: what are we doing?”**

Nano: what are we doing?  
Hong Guo  
Department of Physics, McGill University

Almost everyone has heard something about nano: nano-technology, nano-electronics, nano-medicine, nano-materials, nano-whatever. Exactly what are we doing? In this short presentation, I will speak about some nano-phenomena which are critical for electronics in the near future. I will explain what nano means to a physicist and how it is changing the way we do research.

## "Surgical Robotics: Not Science Fiction"

Over the past decade, robotics have been introduced into the operating room. Robots have been shown to improve surgical precision, dexterity and facilitate minimally invasive procedures. Other aspects of advanced technology will be discussed including telesurgery and telementoring. The talk will uncover the mystery of surgical robotics and discuss its future in surgery.

**Dr Patrick Luke, MD, FRCS(C)**  
**Co-Director of Multi-Organ Transplant Program,**  
**London Health Science Centre**  
**Surgical Director of Kidney/Pancreas Transplant Program,**  
**University of Western Ontario**



Dr. Patrick Luke is an urologist and the interim co-director of the Multiorgan Transplant Program at the London Health Sciences Centre. He finished his residency at the University of Western Ontario, fellowship at the University of Pittsburgh and became an attending surgeon at LHSC since 2000. He has won a number of research and teaching awards and was recently selected as one of Canada's 'Top 40 Under 40' by Caldwell Partners' and the Globe and Mail. His clinical research interests include kidney/pancreas transplantation, surgical robotics, surgical ergonomics and minimally invasive surgery. His team pioneered robotic surgery in urology in Canada and was the first to perform a renal artery resection with the da Vinci robot in North America. His basic science research involves immunotherapy using CD45RB monoclonal antibody, organ preservation during ischemia-reperfusion injury, and treatment of cancer using dendritic cells. Previous research projects included use of telesurgery and telementoring in pre-clinical and clinical medicine. His current research is funded by the Kidney Foundation of Canada, the NIH and the Multiorgan Transplant Program at LHSC. He has over 60 papers published or in press and over 100 abstracts and conference proceedings over the past 6 years. He is currently on the editorial board of the Canadian Urologic Association Journal and acts as a reviewer for numerous journals including Lancet and the American Journal of Transplantation. His surgical renal transplant fellowship program is currently the only American Society of Transplant Surgeons-certified training program in Canada.

## Kidney Transplant and Organ Donation: Where are we now?

Successful Kidney Transplant has been a reality for nearly 55 years. It is the best option for those with end-stage renal disease. However the success in transplant has created a large need for organs available for transplant and ultimately a gap in supply and demand for those waiting. Waiting times for kidneys now exceeds 10 years for some patients.

In this discussion we will explore the risks and benefits of kidney transplant and focus on the current organ donor crisis which exists. The role of Trillium Gift to life will be highlighted, including current strategies to enhance organ donation. In addition some of the ethical issues such as internet exploitation and black market kidney will be discussed.

Dr. Jeff Zaltzman MD, MSc, FRCP(C)

**Associate Professor of Medicine, University of Toronto  
Division of Nephrology, Director of Renal Transplant,  
St. Michael's Hospital**



Dr. Zaltzman was born and raised in Montreal. He completed both his undergraduate studies and Medical School at McGill University. He did a residency in Internal Medicine at The University of Manitoba from 1986-1989, then Moved to Toronto for both Nephrology and Transplant training. In addition he completed his MSc in Clinical Epidemiology at the University of Toronto in 1991-1994. He joined the Division of Nephrology at St. Michael's Hospital in 1993, where he played an active role in the resurgence of the kidney transplant program, and became its director in 2000. He was actively involved with medical education, and was the Director of the Internal Medicine residency program at St. Michael's hospital. He continues as the educational director of Nephrology at the hospital. He has been involved in research ethics and served as he chair of the REB in 1996-98. Most recently he was appointed Medical Director of the Diabetes Comprehensive Care Program at St. Michael's Hospital, in addition to the CMO of Trillium Gift of Life. He has been and continues to be actively involved with the Kidney Foundation of Canada in both the provincial and National levels. His research interests are in the areas of chronic allograft nephropathy, cardiovascular issues in transplantation and transplant ethics.



加拿大華人專業人員聯會 (安大略省)  
The Federation of Chinese Canadian Professionals (Ontario)

## FCCP Conference 2008

### Acknowledgement

#### ORGANIZING COMMITTEE

Conference Chair	:	Elliot Tse
Registration	:	Roslyn Tsao
Volunteers	:	Nancy Chan Angel Wong

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Chinese Canadian Medical Society (CCMS)

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Chinese Canadian Council, Heart & Stroke Foundation of Ontario

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## **ABSTRACT # 1**

### **DIABETES SELF-MANAGEMENT: A CULTURAL APPROACH**

Angela Sun, MPH (1), Edward A. Chow, MD (2), Joyce Chen, BS (3)

(1) Chinese Community Health Resource Center, SF, CA, (2) Chinese Community Health Plan, SF, CA, (3) Chinese Community Health Resource Center, San Francisco, CA.

The National Institute of Health reported that in California, Asian were 1.5 times as likely to be diagnosed with diabetes as non-Hispanic Whites. According to the National Institute of Diabetes and Digestive and Kidney Diseases, every percentage point drop in HbA1c reduces the risk of microvascular complications (eye, kidney, and nerve disease) by 40 percent. For the Chinese immigrants, access to quality health care is often hindered by linguistic, cultural and financial barriers.

**Objectives:** To assess the effectiveness of the Diabetes Self-Management: A Cultural Approach (DSMCA) program on the understanding and management of diabetes in diabetics (type I or II), and to improve management of diabetes as indicated by a decrease in participants' HbA1c after participation in the program.

**Methods:** The program DSMCA uses support groups to administer culturally and linguistically appropriate health education, as well as, provide social, and emotional support to participants and caretakers. A multidisciplinary approach was utilized that included a bilingual clinical and non-clinical staff. The support group sessions included diabetes overview and education on meal planning, medication, blood glucose monitoring, and etc. Quantitative health outcomes measures are used to evaluate the success of the program. Clinical indicators were obtained via HbA1c screenings at enrollment, 3 months after enrollment, and completion of the series (6 months from enrollment). Participants' diabetes knowledge gained was measured via focus group tested pre- and post- questionnaires.

**Results:** A total of 48 participants were enrolled in the support group and 23 consented to the HbA1c screenings. HbA1c change at 6 months: 42.1% participants had significant improvement in HbA1c ( $\geq 1.0\%$  change) and 31.6% participants had significant improvement in HbA1c ( $< 1.0\%$  change). 26.3% participants had no improvement or negative change in HbA1c ( $\leq 0.0\%$  change).  $F(1,18)=16.28, p=0.001$ . Participants ( $n=2$ ) with medication change were excluded from data analysis. Diabetes Knowledge Gained at 6 months: Relative to the pre-questionnaire 56.5% participants scored significantly higher on the post questionnaire, and 43.5% participants scored the same or significantly lower on the post-questionnaire. The analysis suggests that the support group increased patient knowledge and adherence to diabetes treatment recommendations.  $F(1,22)=9.35, p=0.006$ . In addition, 95.6% participants reported an increase in knowledge, 82.6% stated they were able to better manage their diabetes, 78.2% gained emotional support and 52.1% stated they appreciated the opportunity to gather with other diabetic participants.

**Conclusion:** DSMCA demonstrated that a low technology, high-socialization, linguistically and culturally appropriate approach can be a critical tool for improving the management of Diabetes Type I/ II among the immigrant population. The approach utilized in this program can be reproduced for other immigrant communities and other chronic conditions.

## ABSTRACT # 2

### Pregnancy and Labor Complications in New York Chinese Community

Dr. Boris Petrikovsky (1), Dr. Farbod Nabizadeh (2), Dr. Allan Klapper (3), Roman Gordon (4), Dr. William Huang (5)

Objective: To define the prevalence and characteristics of pregnancy and labor complications in Chinese American patients.

Method: A retrospective review of all patients admitted to Labor and Delivery at over a two year period was conducted from January 1st, 2005 to December 30th, 2007. 3726 patients from New York Downtown Hospital and Nassau University Medical Center were included in the study. These included 1586 patients of Chinese descent and 2140 Caucasian controls. Pregnancy characteristics including diabetes mellitus, pre-eclampsia, operative deliveries, C-sections, large for gestational age, pre-term and post-term delivery and postpartum hemorrhage were assessed.

#### Results:

<u>Complications</u>	<u>Study</u>	<u>Control</u>	<u>P Value</u>
Diabetes mellitus	4.60%	3.20%	
Pre-eclampsia	1.20%	3.80%	< .05
Operative Deliveries	5.17%	6.20%	
C-sections	16%	26%	< .05
Large for gestational age	2.90%	5.6%	< .05
Pre-Term Deliveries*	3.40%	6.6%	< .05
Post-Term Deliveries	8%	9.20%	< .05
Postpartum Hemorrhage	4.90%	3.20%	

Statistical analysis included Fisher exact test and chi square when appropriate.

Conclusion: American Chinese patients have lower C-section rates and less occurrence of fetal macrosomia, pre-eclampsia and pre-term births compared to Caucasian patients. However, Chinese Americans appear to have higher levels of gestational diabetes and postpartum bleeding compared to Caucasian patients.

## ABSTRACT # 3

### Prevalence of Smoker and Health Status Among First Generation Chinese Immigrants in New York City Chinatown

**Sun-Hoo Foo, MD** <sup>3</sup>Sonia Suchday PhD<sup>1</sup>, Judith Wylie-Rosett, EdD, RD <sup>2</sup>, Mindy Ginsberg, BSc, MA <sup>2</sup>, Patrick McCauley, BA <sup>2</sup>, Carol Jane Segal-Isaacson, EdD <sup>2</sup>, William Wang, BA <sup>2</sup>,

<sup>1</sup> Institute of Public Health Sciences, Institute of Public Health Sciences of Yeshiva University/Ferkauf Graduate School of Psychology, Bronx, NY, <sup>2</sup> Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, NY, <sup>3</sup> New York Downtown Hospital, Chinatown, Manhattan, NY.

**Objective:** To evaluate the prevalence of smoker and their health status among Chinese immigrants. **Methods:** As part of a larger study assessing acculturation and health among first generation Chinese Immigrants (N=813, Females=199) in NYC Chinatown, participants completed 17 sets of questionnaires (translated into Chinese) including Demographics, Medical history and measurements etc. **Measures & Results:** Data comparing those who never smoke vs. current smoker indicate those who never smoke have better health result: Blood glucose (<100mg/dL) 52.5 vs. 41.40%, Cholesterol (<200mg/dL) 62.7 vs. 62.5%; LDL (<129 mg/dL) 74.4 vs.70%; HDL (<40 mg/dL) 9.2% vs.13.9%, (>60) 42.3 vs.20.80; Triglyceride (<150 mg/dL) 81.5 vs. 73.2%, (>500) 0.4 vs. 1.4%; BMI (<24.9) 63.23 vs. 65.8%, (>30) 4.8 vs. 5.3%. 35.5% of current smoker smokes 1 pack or more/day. This group of immigrants is from China 95.5 vs. 98.7 % (NS), and married 88.80 vs. 94.70 % (NS).

	Never smoke (N= 813)	Current smoker(N= 76)	2 tailed t-test
female sex /age	24%/54.7	11.80%/50.33	0.0001/0.001
Currently employed	2.08	1.59	0.06
Initial SBP/DBP	119.98/73.81	117.66/73.39	0.193/0.691
<b>Blood</b> Glucose	101.84	109.93	0.007
Cholesterol	188.59	186.76	0.0001
HDL	58.17	49.94	0.0001
LDL	108.07	110.77	0.543
Triglyceride	113.56	132.08	0.07
<b>History</b> of DM	8.20%	6.60%	0.351
History of HTN	28%	9.20%	0.0001
History of CVA	2%	1.30%	0.121
History of CVD	3.49	3.39	0.372

**Conclusions:** The prevalence of Chinese male immigrant smoker (10.9%) is higher than female (4.5%), less than all residents of New York City (17.5%) and USA (21%). Many current smokers smoke more than 1 pack/day (35.5% vs. 7% US male). Results also indicate those who never smoke have a better health status than current smoker. All the immigrants are less aware and under report their actual

medical conditions. This underscore not only the higher prevalence of male smoker but also the urgent needs of intense health education for disease prevention and treatment; and to reduce barrier to health care access for all first generation Chinese immigrants.

Funded by NIH grant RO1 HL077809-01 A2

## ABSTRACT # 4

### ASSESSMENT OF RISK FACTORS IN CEREBROVASCULAR DISEASE AMONG CHINESE-CANADIANS: AN 8 YEAR RETROSPECTIVE CASE-MIX PILOT STUDY

**Donald L. Ly**(1), Alice Cheng(2), Joseph Y. Chu(3)

(1) Faculty of Medicine, University of Toronto, (2) Division of Endocrinology & Metabolism, Department of Medicine, St. Michael's Hospital and Credit Valley Hospital, (3) Division of Neurology, Department of Medicine, Toronto Western Hospital-University Health Network and William Osler Health Centre

**Objective:** This is a case-mixed retrospective study of the frequency of risk factors among Chinese-Canadians with stroke compared with non-Chinese-Canadians. In addition, this study will examine the relationship of diabetes-related parameters among patients with stroke.

**Methods:** This is a retrospective, case-mix pilot study examining data from year 2000-2007. Chart reviews were performed to collect data on risk factors among Chinese-Canadians with stroke and comparisons were made to age and sex-matched non-Chinese patients with stroke. Particular emphasis was placed on diabetes-related risk factors among those with stroke. Data was derived from an out-patient consultative neurological practice in Toronto.

**Results:** Thirty seven Chinese-Canadians with a stroke diagnosis were compared to 25 age- and sex-matched Caucasians with a similar diagnosis. The mean age of onset was 64 years. Hypertension and hyperlipidemia were the two most common risk factors among both the Chinese and non-Chinese cohorts. Diabetes was present in 27% of the cases for Chinese-Canadians and 24% for Caucasians. The frequency of other risk factors, type, location, side and etiology of the stroke were also similar between the cohorts.

**Conclusions:** This small retrospective pilot study examining the frequency of risk factors among Chinese-Canadians with stroke compared with non-Chinese-Canadians with stroke is suggestive that the frequency is similar among the two groups. The findings are similar to a previous study<sup>1</sup>. However, the current sample size is small and differences may become apparent as more data is collected. No conclusions could be drawn about diabetes-related parameters due to small sample size. There is definite need for further examination in order to elucidate the possible unique clinical characteristics of strokes among Chinese-Canadians. Future research based on this preliminary study would be important in therapeutic implications for this population.

<sup>1</sup> Chu, J.Y. et al. 2006. Epidemiology of cerebrovascular disease among Chinese-Canadians: A ten years retrospective case-mix study. *Neurology Asia*: 13-18.

## **ABSTRACT # 5**

### **Creating Community Partnerships and Synergies in Promoting Cardiovascular Health in New York City: Strategies Used and Lessons Learned**

**Sally S. Wong, MS, RD, CDN (1), Warren W. Chin, MD, FACC (2), Henrietta Ho-Asjoe, MPS (3)**

(1) Chinese American Healthy Heart Coalition, New York City, NY , (2) Chinese American Medical Society, New York City, NY , (3) Institute of Community Health & Research, NYU School of Medicine, New York, NY.

**Objective:** According to the Center for Disease Control, heart disease and cancer together account for more than half of all deaths in the United States. <sup>1</sup> Heart disease and stroke, the principal causes of cardiovascular disease, are the first and second leading causes of death among Asian Americans and Pacific Islanders over the age of 65. <sup>1</sup> The Chinese American Healthy Heart Coalition was established in April 2000 to address the need for cardiovascular disease prevention and education in New York City. Community partnerships are often used to address issues and disparities in the community. Heart disease and stroke are the first and third leading causes of death among Asian Americans over the age of 65.

**Method:** In response to the emerging needs for evidence-based, culturally appropriate interventions to decrease cardiovascular disease (CVD) disparities among Chinese Americans, the Chinese American Healthy Heart Coalition (Coalition) was established in 2000 to address the need for CVD, stroke and diabetes through prevention and education in New York City. The Coalition has grown from 4 partner agencies at inception to a collaboration of over 30 organizations from the community. The goal is to develop and implement a comprehensive, culturally and linguistically appropriate community-based intervention to increase awareness of CVD and its risk factors.

**Results:** The Chinese American Healthy Heart Coalition embraced the key concepts of the asset-based community development models: (1) coalition-driven: members involved defined and developed mission statement, roles and responsibilities; (2) asset-based: coalitions engaged individuals, associations, and institutions in

program planning and execution; and (3) neighborhood-specific: members were involved in designing programs that were built on strengths and resources of the community.

Conclusion: The Coalition is expected to continue to grow and reach out to more community members. In its 8 years, the coalition has developed a comprehensive network to create culturally-appropriate health education and prevention programs as well as a valuable resource for the Chinese American community in New York City. This continuous partnership with community members will help to fulfill the Coalition's goal in promoting sound nutrition in the prevention of heart disease.

*Reference:*

1. Centers for Disease Control – Deaths, percent of total deaths, and death rates for the 15 leading causes of death in selected age groups, by race and sex: United States, 2001.

## ABSTRACT # 6

### **NATUROPATHIC MANAGEMENT OF ADULT-ONSET DIABETES MELLITUS — ACHIEVING OPTIMAL DIABETIC CONTROL WITHOUT PHARMACEUTICAL INTERVENTION: A CASE REPORT**

**Tam, Jaty (ND)**

Robert Schad Naturopathic Clinic, Canadian College of Naturopathic Medicine

**Objective:** To observe the use of naturopathic interventions in the treatment of a 59 year old female with type II diabetes mellitus and dyslipidemia, uncontrolled by pharmaceutical anti-hyperglycemic or cholesterol lowering agents.

**Methods:** This is a case report of a patient who sought naturopathic treatments at the Robert Schad Naturopathic Clinic, Toronto, Ontario.

**Results:** Treatment included MetaGlycemX, a combination supplement which contains a variety of vitamins, minerals and herbs, including chromium, vanadium, selenium, biotin, cinnamon, epigallocatechin-3-gallate (ECGC), alpha lipoic acid (ALA) and taurine, that have been shown independently to lower fasting glucose, improve insulin resistance, and normalize the lipid profile. Fish oil supplementation was used to further normalize the lipid profile. The treatment protocol also included diet modifications which focused on foods with low glycemic index. Momordica charantia (bitter melon) and glucomannan were added to the diet as functional foods. Lifestyle counselling was incorporated on a weekly basis to support the patient with dietary compliance and psychological aspects that impacted compliance. After 10 weeks of treatment, fasting serum glucose and HgA1c were found to be within optimal diabetic control. Lipid profile was also greatly improved, with triglycerides decreased by 2.5 mmol/L, within the reference range. Peripheral neuropathy was also completely resolved after 10 weeks of treatment.

**Conclusions:** Individualized naturopathic interventions for type II diabetes, with associated peripheral neuropathy, for this patient included supplementation with MetaGlycemX and fish oils, along with dietary and lifestyle counselling. These interventions have succeeded in lowered fasting serum glucose and HbA1c values to within optimal diabetic control. Co-morbid hypercholesterolemia also existed and the treatment has also greatly improved all values in the cholesterol panel (TC, TG, LDL, and HDL).

## ABSTRACT # 7

### Development of Clinical Research for Chinese Patients in the US and Canada

Victor Chang MD, VA New Jersey Health Care System, East Orange, NJ, UMDNJ, Research Committee for Chinese American Medical Society and Federation Chinese American and Chinese Canadian Medical Societies

**Objectives:** Identification of areas and approaches for clinical research in Chinese patients in the US and Canada

**Methods:** Literature review and surveys of doctors in the Federation of Chinese American and Chinese Canadian Medical Societies and the Chinese American Medical Society.

**Results:** The research literature on North American Chinese patients is steadily expanding. Ongoing areas and strategies for clinical research are illustrated in the matrix below.

#### Some Current Research Approaches and Categories

Specialty	Health Care Services, Delivery	Community/ Public Health	Genomics	Epidemiology and Disparities	Psychosocial and Cultural
Internal Medicine	Language barriers, HTN awareness		Hyper-lipidemia	Access to care Body Mass Index, lab normal ranges for LFT, HbA <sub>1c</sub>	
Neurology		Dementia		Hemorrhagic Stroke	Caregivers
Psychiatry	Availability & Use of Psychiatric Services	Depression and PHQ-9		Language and access	Attitudes towards mental illness
Cardiovascular Disease	Access to CV surgery	Dietary Modification	HTN	Hypertension Cardiac cath	
Endocrinology	Diabetes Mgt	Diabetes		DEXA scans normal ranges	Diabetes education
Infectious Diseases	Hepatitis B screen Hepatitis B vaccine	Hepatitis B, TB, HIV	Sepsis		Knowledge and attitudes
OB/GYN		Maternal health		Access	Acculturation
Pediatrics	Barriers to delivery Hepatitis B vacc'n	Asthma, Obesity		Access to care Asthma	Acculturation
Geriatrics	Nursing Homes	Dementia			Caregivers
Hematology Oncology	Cancer screening – breast, cervix, colon, liver	Tobacco cessation	Lung, colon, breast	Incidence, risk factors, mortality	Perceptions of illness, cancer awareness
Palliative Medicine	Availability	Awareness		Hospice use	Perceptions, Caregivers
Clinical Pharmacology		Alternative Medications	CYP 450 variants	CYP and other enzyme variants	Perceptions of Herbal Medications

**Conclusions:** Identification of potential research objectives by research strategy will help stimulate discussion, prioritization, and planning for future research and collaboration to improve the health of Chinese patients in the US and Canada. These views are those of the author and do not represent those of the US Government, CAMS, or the FCMS.

## ABSTRACT # 8

### EPIDEMIOLOGY OF CHRONIC MALIGNANT PAIN AMONG ETHNIC CHINESE CANCER PATIENTS TREATED IN A MULTI-CULTURALLY DIVERSE COMMUNITY SETTING

**Lara Dhingra, PhD** (1), Kin Yui Lam, MD (2), Selina Chan, RN (2), Victor Chang, MD (3), Peter Homel, PhD (1), Jack Chen, MS (1), Wan Ling Lam, MD (2), Wendy Wing Tak Lam, PhD (4), and Russell Portenoy, MD (1)

(1) Department of Pain Medicine and Palliative Care, Beth Israel Medical Center, New York, (2) Asian Services Program, Beth Israel Medical Center, New York, (3) Hematology/Oncology Section, East Orange Veterans Administration Medical Center, New Jersey, (4) Centre for Psycho-Oncology Research & Teaching, University of Hong Kong, Hong Kong

**Objective:** To date, cancer pain has not been systematically evaluated in the Chinese American population. The main goal of this epidemiological survey is to identify the prevalence, characteristics, treatment, and psychosocial impact of pain in a sample of ethnic Chinese cancer patients.

**Methods:** In this cross-sectional study, we have surveyed 138 of a planned  $N = 250$  ethnic Chinese patients in New York's Chinatown who are treated in community oncology practices. Bilingual screening for pain is conducted by the community oncologists. Eligible patients have a history of cancer and persistent or frequent cancer-related pain for the past three months. Participants are referred to a research assistant that is proficient in Cantonese, Mandarin and English and are then administered translated validated questionnaires that assess the following domains: sociodemographics; acculturation; pain (Brief Pain Inventory-Chinese); psychological distress (Chinese Health Questionnaire-12); quality of life (Functional Assessment of Cancer Therapy General-Chinese), and patient satisfaction.

**Results:** Preliminary data from this ongoing study show that frequent or persistent pain has been reported by 58.0% of patients. We have found that most patients are willing to speak candidly about their pain and symptoms. Analyses are underway to explore relationships among pain and sociodemographic, cultural, disease and treatment related, and health-related quality of life variables in the sample.

**Conclusions:** Despite growing interest in reducing disparities in pain care for vulnerable subgroups, especially low-income racial and ethnic minority patients, Chinese Americans have been underrepresented in pain research. Preliminary data from our study indicates that there is a high level of pain and symptom burden among the population. The advent of translated Chinese versions of validated instruments to assess pain, symptoms and other measures of psychosocial functioning, and a thriving partnership among our group of collaborators from academic, medical, and community organizations, have enabled us to investigate these issues in a comprehensive and culturally relevant manner. The proposed study will yield a novel contribution to the current literature on the epidemiology of cancer pain and will guide clinicians and researchers in developing future pain interventions for the ethnic Chinese population.

Supported by the United States Cancer Pain Relief Committee.

## ABSTRACT # 9

### OBSTETRICAL OUTCOMES IN WOMEN OF CHINESE DESCENT COMPARED TO NON-CHINESE WOMEN

**Crystal Chan, MD**, Rose Kung, MD, FRCSC

Department of Obstetrics & Gynaecology, Sunnybrook Health Sciences Centre, University of Toronto.

**Objective:** To determine if obstetrical outcomes differ in women of Chinese descent who present to Sunnybrook Health Sciences Centre in spontaneous labour compared to non-Chinese women. Our hypothesis is that the rates of operative vaginal delivery and Caesarean section are lower in Chinese women.

**Methods:** This is a retrospective review of the obstetrical database at Sunnybrook Health Sciences Centre, an academic tertiary care centre. Women of Chinese descent were identified in the database. A matching control of non-Chinese women admitted in labour within 2 days of the incident case was chosen from the same database. Included in the study were primiparous or multiparous women with singleton pregnancies who presented in spontaneous labour at  $\geq 37$  weeks gestational age, with no contraindications to vaginal delivery. Our primary outcomes were operative vaginal delivery and Caesarean section rates. Secondary outcomes included epidural rate, length of second stage of labour, delivery complications and neonatal complications. Statistical analysis involved Chi-square analysis and Fisher exact test for categorical variables and student t-test for continuous variables.

**Results:** Work in progress.

**Conclusions:** If there is indeed a difference in the rates of operative vaginal delivery and Caesarean section in Chinese compared to non-Chinese women, we will have documented a previously unidentified cultural difference in the outcome of spontaneous labour. Moreover, any demonstrated trends may potentially guide clinical decision-making in this demographic.

## ABSTRACT # 10

### SENIORS MENTAL HEALTH AND ADDICTION SERVICES – EMERGENCY MENTAL HEALTH AND ADDICTION TOOLS AND EDUCATION REDESIGN PILOT

Angelina Yau, B.Sc., ART, MHSc (1), Jaty Tam, B.Eng., N.D., Dr. Joel Sadavoy, MD, FRCPC (2) (1) Senior Project Manager, Department of Psychiatry, Mount Sinai Hospital, (2) Professor of Psychiatry, University of Toronto; Sam and Judy Pencer & Family Chair in Applied General Psychiatry and Head of Geriatric and Community Psychiatry Programs, Mount Sinai Hospital.

**Objective:** To develop and pilot evidence-based protocols that includes tools, decision trees, processes, and elder-friendly environments; as well to build capability by challenging mind-set, enhancing knowledge, skills and attitudes of care providers to better serve vulnerable seniors with age-related mental health and addiction problems presenting to the Emergency Department (ED) to ensure the delivery of needed, appropriate, and ethnoculturally sensitive care in a timely fashion.

**Methods:** This project plans to carry out literature research of models and best practice, and to form a multidisciplinary committee with experts working in the field to strategize and design an actionable, SMART -approached (specific, measurable, attainable, realistic, timely) protocol. It will be followed by collecting extensive feedback from key stakeholders on the design prior to launching the pilot to two Emergency Department sites in the spring of 2009. An outcome and process evaluation will also be designed to measure results and act for further improvement.

**Results:** The project is underway and is targeted to complete by June 2009 with the following outcomes:

1. Develop a “new lens” to see seniors

To properly assess seniors and recognize age-related mental health problems presenting to the ED, key intake questions must be asked to differentiate between delirium and dementia, and to determine if a state of confusion is due to a physical impairment. It is essential to educate the ED staff to think atypically, as well as preparing them with appropriate screening tools and decision guidelines.

1. Modify Physical Environment

Seniors have special environmental needs which should be considered in the ED. These needs span impairments of mobility, hearing, vision, etc. Changes may include non-slip boots, walkers, availability of food & fluid, specialty chairs etc.

2. Enable Hand-offs Communication

It is important that ED front-line staff is provided with pertinent information about the seniors as much as possible upon admittance to the ED. It is equally critical to provide discharge data for community health providers from ED physician to follow up with the senior. The project will attempt to enable communication and collaboration between care providers along the care continuum by improving transfer in and out forms to capture pertinent information.

3. Reduce number of process steps

There will be an assessment of the senior’s journey throughout the entire ED visit. This exercise aims at developing a smooth flow-through of the ED visit for seniors.

**Conclusion:** The project aims to promote system integration, collaboration between key stakeholders and capability building with respect to the care and management of seniors with age-related mental health and addiction problems presenting to the Emergency Department.

**Funded by:** Toronto Central – Local Health Integration Network

## **EXHIBITS**

### **Exhibits are open:**

Saturday	8:00 am -3:30 pm	Giovanni Room, 2nd and 3rd floor Foyer,
Sunday	8:30 am – 12:00	Giovanni Room and 2 <sup>nd</sup> floor Foyer

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601	Abbott
602	Boehringer Ingelheim
603	Sanofi - Aventis/Bristol-Myers Squibb
604	GlaxoSmithKline
605	Novo Nordisk
606	Roche
607	Pzifer
608	Merck Frosst
609	Astra Zeneca
610	Novartis
611	Bristol-Myers Squibb
612	Gilead Sciences, Inc

### **2nd Floor Foyer**

F01	Heart & Stroke Foundation
F02	Canadian Liver Foundation
F03	FCCP/FCMS
F04	Servier
F05	Procter & Gamble
F06	Nestle Nutrition/Elsevier
F07	Registration desk

**3<sup>rd</sup> Floor Foyer** (essentially this area is above the Central and East Ballroom)

F01 Hong Fook  
F02 Mon Sheong

F03 Care First  
F04 Toronto Public Health

F05 Chinese Mental Health Network

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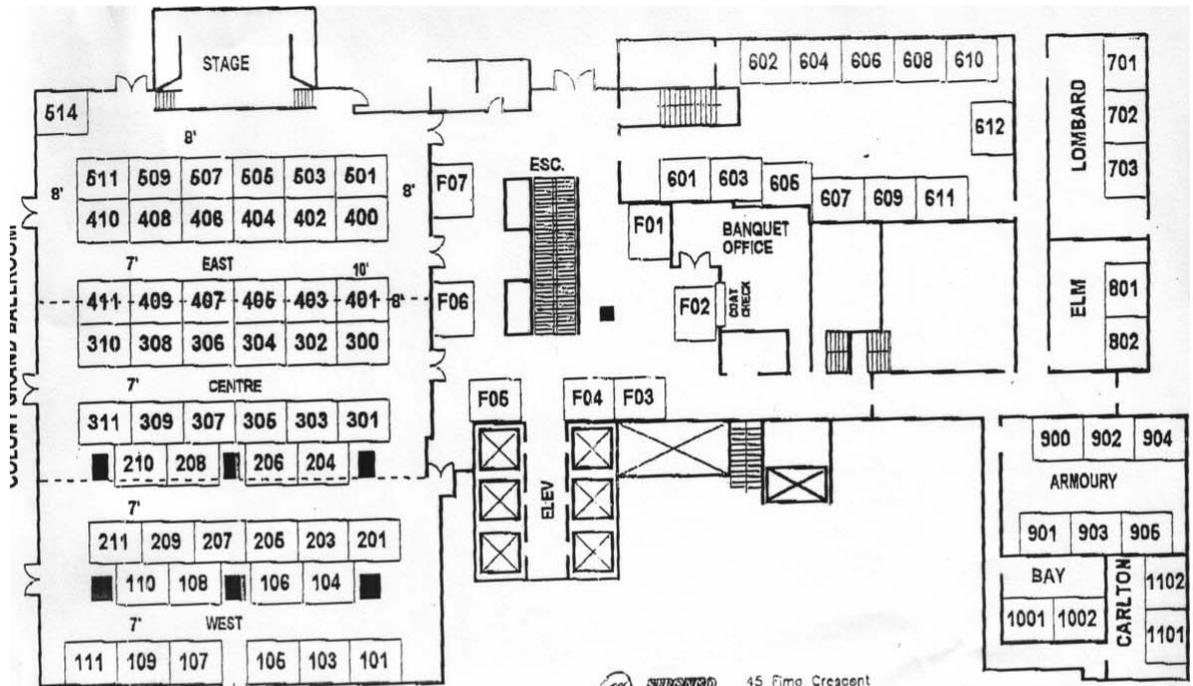
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