



(L-R) Emcee Dr Noorul Fatha, Prof John Wong, Dr Tammy Chan, Mdm Halimah Yacob, Dr Chong Yeh Woei and Dr Tan Sze Wee

CANCER PREVENTION – BREAKING THE MYTHS

40th SMA Medical Convention, 11 July 2009, Suntec Singapore

The 40th SMA Medical Convention was held on 11 July 2009 at Suntec Singapore. The theme this year was “Cancer Prevention – Breaking the Myths”, and the focus on prevention aimed to inform the public and medical professionals on the latest trends in cancer prevention and detection. Over 450 participants turned up for the public, lunch and medical symposiums.

Madam Halimah Yacob, Member of Parliament for Jurong GRC, graced the Opening Ceremony. In her address, she highlighted that in Singapore, cancer had consistently been the top cause of mortality and the incidence of cancer had been rising steadily over the years. However, at least one-third of all cancer cases are preventable, and prevention thus offers the most cost-effective long-term strategy for the control of cancer. More specifically, Madam Halimah Yacob mentioned that risk factors such as smoking, unhealthy dietary habits and physical inactivity should be targeted so as to prevent cancers and reduce lifestyle-associated diseases. She also encouraged early detection of cancers to increase the chances of successful treatment, and advised that family physicians play an

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important role to incorporate prevention in primary care.

The Public Symposium commenced with Dr Foo Kian Fong introducing the topic, “Does Altering Your Eating Habits Change the Risk of Cancer?” He recommended a balanced diet and also cautioned against risk factors such as obesity, excessive alcohol intake and dietary carcinogens.

This was followed by concurrent English, Mandarin and Malay Public Symposiums, presenting on the topics, “Getting a Friend to Stop Smoking” and “New Cancer Screening Techniques”. This was the first attempt by the SMA in organising a Malay Public Symposium, in a bid to reach a wider audience. For “Getting a Friend to Stop Smoking”, Dr Kenneth Chan helmed the English session, while Ms Michelle

Shi and Dr Imran Mohd Noor conducted the Mandarin and Malay sessions respectively. This session aimed to explain the process of quitting smoking and how best to support a friend or loved one throughout the situation.

“New Cancer Screening Techniques” was facilitated by Dr Wong Zee Wan (English), Dr See Hui Ti (Mandarin) and Dr Lim Yi Wan (Malay). Through discussing the basis of



Lunch symposium presented by: (L-R) Dr Quek Swee Chong (Chairperson), Dr Teoh Yee Leong and A/Prof Tay Eng Hseon



Medical symposium presented by: (L-R) Dr Lim Hong Liang, Dr Cheah Foong Koon and A/Prof Philip Eng (Chairperson)



Dr Foo Kian Fong



Dr Wong Zee Wan



Dr Kenneth Chan

conventional screening techniques and comparing them to newer screening methods, this topic examined the efficacy of various screening tests for major cancers.

At the Lunch Symposium sponsored by GlaxoSmithKline, the topics “Cancer Vaccines of the Past, Present and Future” and “HPV Vaccination for Cervical Cancer Prevention in Singapore – Are we a Leader or a Lagger?” were discussed. In the first session, Dr Teoh Yee Leong described the different types of vaccines available, as well as the process of developing an ideal cancer vaccine. A/Prof Tay Eng Hseon helmed the second session, speaking on the lessons learned from population-wide cervical screening programmes and their limitations.

The Medical Symposium was held thereafter, with two panel discussions followed by two lectures. The first discussion entitled “Cervical Cancer – To Vaccinate or not to Vaccinate” was chaired by Dr See Hui Ti. Dr Wong Tien Hua provided a family physician’s perspective in advising patients while Dr Quek Swee Chong debunked the persistent myths surrounding the administration of the vaccine.

The second discussion on “Screening Lung Cancer – Useful

REPORT



Dr Quek Swee Chong



Dr See Hui Ti



Dr Wong Tien Hua



Dr Lim Yi Wan



Dr Imran Mohd Noor



Dr Wu Huei Yaw



Dr Lee Soo Chin



Ms Michelle Shi



(L-R) Dr W.C. Cheng, Dr Chong Yeh Woei and Dr Tan Yia Swam



Audience at the Malay Public Symposium



Audience at the Opening Ceremony



Dr Chong Yeh Woei presenting a token of appreciation to Mdm Halimah Yacob

or Harmful” was chaired by A/Prof Philip Eng, while Dr Cheah Foong Koon and Dr Lim Hong Liang discussed the role of bronchoscopy in the screening of lung cancer. The panel also expounded on the evolution of lung screening techniques and the efficacy of the different modalities.

Following the two panel discussions, Dr Wu Huei Yaw commenced on his lecture, “Decision Making in Cancer Screening in the Elderly”. Dr Wu explained that age-specific cancers increase correspondingly with age, and highlighted the challenges in offering cancer screening to the elderly, while recommending for disease-specific screening.

Lastly, Dr Lee Soo Chin addressed the audience on “The Era of Individualising Cancer Management”. Given that inter-individual and inter-ethnic differences influence drug responses, Dr Lee elucidated that understanding tumour and patient factors influencing treatment outcomes would optimise therapy selection.

The 40th SMA Medical Convention closed to resounding applause. The Organising Committee wishes to thank the Guest of Honour, Mdm Halimah Yacob, all guests, speakers and participants for taking time off to be at the Convention, and to all sponsors, advertisers and exhibitors for contributing to the success of the event. **SMA**



SPEECH BY MDM HALIMAH YACOB, MP FOR JURONG GRC

Delivered at the 40th SMA Medical Convention on 11 July 2009, Suntec Singapore.

The topic of Cancer Prevention is indeed a very timely one.

Cancer is an important disease

Cancer is a leading cause of death worldwide. According to the World Health Organization, it accounted for 7.9 million, or 13%, of all deaths in 2007. Deaths from cancer worldwide are projected to continue rising, with an estimated 12 million deaths in the year 2030.

In Singapore, cancer has consistently been the top cause of mortality, and the second most frequent condition of hospital admissions. In 2007, cancer accounted for 27.7%, or about 4800, of all deaths. Based on data from the National Cancer Registry, from 2002 to 2006, the top 3 cancers in men are colorectal, lung, and prostate, while the top 3 cancers in women are breast, colorectal, and lung. The incidence of cancer has also been rising throughout the years. From 1978 to 1982, there were 18,127 cancer cases. This figure has more than doubled to 38,447 cases in the years between 1998 and 2002.

Preventing cancer occurrence

Cancers develop due to a combination of factors like genes, diet, and environment. Most cancers develop slowly, with years of latent period after exposure to a cancer-causing agent. In an ageing population, the burden of cancer on the society is going to be greater.

The truth is, at least one-third of all cancer cases are preventable, and prevention offers the most cost-effective long-term strategy for the control of cancer. In 2007, cancer, cardiovascular diseases, and stroke together accounted for approximately 60% of the total causes of deaths in Singapore. These diseases share many common risk factors such as smoking, obesity, physical inactivity and alcohol consumption.

Smoking is the single most important risk factor for cancer, and it has tremendous costs to the health of the individual as well as society. Dietary modification is also an important approach to cancer control. In fact, obesity is associated with many types of cancers, such as those of the

oesophagus, colorectum, and breast. Regular physical activity and the maintenance of a good caloric balance and a healthy body weight, along with a healthy diet, will considerably reduce our average cancer risks.

Unbalanced diet and physical inactivity are behaviours which are learnt early in life, and these are more difficult to change once imbibed. We must therefore invest in our young and make sure they are consistently educated on the positive health messages. We must provide the supportive environment to facilitate correct health behaviours. This can have substantial impact on the prevention of cancers on top of reduction of other lifestyle-associated diseases such as hypertension, diabetes mellitus, ischemic heart diseases, and stroke later in life.

Preventing cancer morbidity and mortality

While we enhance our efforts to increase the awareness of the importance of lifestyle modification from young, there may still be cancers that develop and are detected in adulthood. Besides preventing the occurrence of cancers, we must also prevent the morbidity and mortality associated with cancer. The strategy is to detect cancers while they are in the early stages.

The National Cancer Centre has published the 8 warning signs of cancer on their website. These are, a sore which refuses to heal, a lump or thickening in the breast or elsewhere, any unusual bleeding or discharge, any change in normal bowel habits, any change in a mole or wart, persistent indigestion or difficulty in swallowing, persistent hoarseness or cough, and impairment of hearing with noise in the same ear. The public will do well to take charge of their health and seek medical advice promptly, because many cancers can be treated if discovered early. A diagnosis of cancer is certainly not a death sentence.

Because early detection of cancer greatly increases the chances for successful treatment, cancer screening in a healthy population is important in order to identify individuals who have disease but do not yet have symptoms. Well-conceived, well-managed national cancer-control programmes can lower cancer incidence and improve the life of cancer patients.

Breast cancer is the top cancer in Singaporean women. BreastScreen Singapore was launched in 2002, and is the first population-based nationwide mammographic breast-screening programme in Asia. Women between the age of 40 to 49 years old should go for a mammogram screen once a year, and women above the age of 50 years old should go for a mammogram screen once every 2 years.

In addition, every year about 200 women in Singapore are detected with cervical cancer and about 100 die from

the disease. CervicalScreen Singapore is the national cervical cancer screening programme launched in 2004, which aims to encourage women between 25 to 69 years old who ever had sex to go for Pap smears once every 3 years.

The National Health Survey conducted in 2004 showed that 4 in 5 Singaporean women aged 25 to 69 years know what a Pap smear is. However, only 52% of women had their Pap smear done in the last 3 years. The survey findings revealed that although the knowledge level of Pap smear is high, many women are not screened once every 3 years. This means that we need to bridge the knowledge-action gap, and encourage our population to adhere to cancer screening guidelines. In this respect, family physicians have an important role to play, because you are your patient's advocates. During their routine follow up for chronic diseases, patients can be encouraged to undergo evidence-based cancer screening.

Spoilt for choice

Having said that, with new medical technologies merging and accessibility to various investigative modalities improving, a myriad of health screening choices exist in the market. What is sufficient for the patient? Is a new tool validated? Is there an evidence-based practice based on the outcome of the screening test? What about false positives and false negatives? Even professional bodies can hold differing opinions about the usefulness of a test as a screening tool. There can be many questions about the cost-effectiveness of a test that at present can perhaps be answered more appropriately at the individual level. Your patients will rely on you to provide medical advice based on their best interests and the most up-to-date evidence. I am confident that you will have a very fruitful time of sharing and learning in today's seminar – Cancer Prevention, Breaking the Myths.

Conclusion and Closing

In closing, I wish to highlight the importance of preventive medicine in cancer and chronic disease control. Many chronic diseases, including cancers, which we know today, have an epidemiologic link to an unhealthy lifestyle. We must therefore do more upstream to prevent the occurrence of these conditions, or to detect them earlier, before they become debilitating diseases. In this respect, family physicians and all healthcare personnel can play a significant role as patient advocates and gatekeepers of health in our community.

Thank you. 