



2008
K-INT
Starts



Program

Proceedings



Advances in Cancer Therapy Over the Next Ten Years

THE 10th KURE INTERNATIONAL MEDICAL FORUM (K-INT) in 2017

Date: July 13-15, 2017

Venue : National Hospital Organization

Kure Medical Center / Chugoku Cancer Center

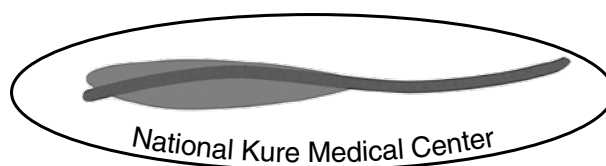
President : Kiyomi Taniyama

第10回 呉国際医療フォーラム

- 会長: 谷山 清己(院長)
- 開催期間: 2017年7月13日(木)~15日(土)
- 会場: 呉医療センター4F 地域医療研修センター
- 開催: 国立病院機構 呉医療センター・中国がんセンター
- 後援: 広島大学大学院医歯薬保健学研究所

The 10th Kure International Medical Forum (K-INT)

“Advances in Cancer Therapy Over the Next Ten Years”



July 13 – 15, 2017

At National Hospital Organization

Kure Medical Center and Chugoku Cancer Center



Kiyomi Taniyama, MD, PhD.
President of the 10th K-INT
Visiting Professor of Hiroshima University

Dear all distinguished guests and participants,

We are pleased to welcome all of you to the 10th anniversary of K-INT.

In 2008, Kure International Medical Forum (K-INT) was organized at Kure Medical Center and Chugoku Cancer Center (KMC CCC) to facilitate the international academic activities of the Kure and Hiroshima areas of Japan.

KMC CCC is a referral hospital with 700 beds and has several functions as a cancer center, circulatory center, emergency care center, and perinatal center in Kure city. We are proud of its highly sophisticated and integrated medical services provided for patients. K-INT is a special place where many international guests can establish new contacts both inside and outside of Japan while sharing novel knowledge of medicine and learning the traditional customs of Japan.

In this year, we will hold the 10th K-INT at KMC CCC between July 13 and 15. Its main theme is “Advances in Cancer Therapy Over the Next Ten Years.” Special symposia upon these theme will be held on the evening of July 14 and during the whole day of July 15. I am very grateful to each of you for the success of K-INT during the past 10 years, and look forward to the next 10 years.

As indicated below, different themes were selected for K-INT each year.

2008	Topics on Vascular Surgery in Asia
2009	Perinatal Medicine in Asia
2010	Chemotherapy in Asia: Lung and GI cancers
2011	Endoscopic Surgery in Asia: Current issues and future perspectives
2012	Emergency Medicine in Asia: How do we deal with it?
2013	Trends of Hepatobiliary and Pancreas Disease in Asia
2014	Approach to the Cancer Metastasis in Asia
2015	Team Approach in Modern Medicine
2016	Current Standards and Future Challenges

Kure is a small city with about 250,000 residents and is located 20km east of Hiroshima city. It is famous for the presence of a large shipbuilding company and a beautiful panorama of the inland-sea, *Setonaikai*.

Guest speakers and participants at K-INT will be in three optional tours. One is the inspection tour to KMC CCC on the morning of July 13. The other two tours are excursions to two UNESCO World Heritage sites: Hiroshima Peace Memorial Park on the morning of July 14 and Miyajima-Shrine on July 16. The last excursion is guided by young medical staff and student nurses at KMC CCC. In this setting, K-INT has an educational aspect as well. You would be able to enjoy sightseeing and meet young Japanese citizens in their native land.

Sincerely yours,

Kiyomi Taniyama, M.D., Ph.D.

Kure International Medical Forum

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NHO KMC CCC*

*; NHO KMC CCC; National Hospital Organization Kure Medical Center / Chugoku Cancer Center

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Kure International Medical Forum
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Revision at July 12, 2016

The 10th Kure International Medical Forum (K-INT)

Advances in Cancer Therapy Over the Next Ten Years

July 13 (Thu) – 15 (Sat), 2017

National Hospital Organization (NHO)

Kure Medical Center / Chugoku Cancer Center (KMC CCC) Convention Hall

Address: 3-1 Aoyama-cho, Kure, 737- 0023, Japan

July 13 Thursday, 2017

1. Inspection Tour of NHO KMC CCC 10:00 - 12:00
2. Inspection Tour of NHO KMC CCC Training Center 13:30 - 14:30
3. Invited Lecture for Student Nurses 15:30 - 16:30
 - 1) Boonnak SRIKASEM, Rajavithi Hospital, Bangkok, Thailand
Wantanee TIPTHAWORNNUKUL, Rajavithi Hospital, Bangkok, Thailand
CA Oral Cavity and Free Flap
 - 2) Praewdao PANTURAT, Queen Sirikit National Institute for Child Health, Bangkok, Thailand
Telling Story: Gentle Sound and Lullaby by Mother for Children during Cardiac Catheterization
4. International Lecture for Residents 16:45 - 17:15

Chaired by Tsuyoshi TORII, NHO KMC CCC, Kure, Japan

 - 1) Susumu YOSHIKUNI, Hiroshima Kyoritsu Hospital, Hiroshima, Japan
Healthcare in Singapore: From Japanese Doctor's Point of View
 - 2) Yukako YAGI, Memorial Sloan Kettering Cancer Center, NY, USA
Oscar LIN, Memorial Sloan Kettering Cancer Center, NY, USA
Fellowship Program at MSKCC
5. July 13 Evening Seminar 19:00 - 20:00

Chaired by Yoshinori YAMASHITA, NHO KMC CCC, Kure, Japan

Hiroyuki ITO, Kanagawa Cancer Center, Yokohama, Japan

Education and Training for Next Generation's Surgeons, Nurses and Co-medicals to Next Decade

Sponsored by Johnson & Johnson K. K. Medical Company
6. July 13 - 15 Poster Viewing

July 14 Friday, 2017

7. July 14 Luncheon Seminar 12:00 - 13:00

Chaired by Kiyomi TANIYAMA, NHO KMC CCC, Kure, Japan

Kazuhiro YOSHIDA,

Gifu University, Graduate School of Medicine, Graduate School of Medicine, Gifu, Japan

Providing Esophagogastric Cancer Therapy with Team Medical Care

Sponsored by TAIHO PHARMACEUTICAL CO., LTD.

8. Violin Mini Concert 16:15 - 16:30

by Yuko UCHIYAMA, Mie, Japan

9. Opening Ceremony 16:30 - 17:00

1) Congratulations

by Kazutoshi KOMURA Mayor of Kure City

by Yutaka HARA President of Kure Medical Association

by Atsushi OCHIAI Director, Exploratory Oncology Research and
Clinical Trial Center, National Cancer Center

by Wataru YASUI Dean, Graduate School of Biomedical & Health Sciences,
Hiroshima University

2) Welcome and Opening Address

by Kiyomi TANIYAMA President of the 10th K-INT

10. Celebration of the 10th K-INT 17:00 - 17:25

1) by Students of KMC affiliated Kure Nursing School

2) by Citizen Volunteers 'Ondo-no Funauta'

11. July 14 Evening Session

➤ **SYMPOSIUM -1**

"Advances in Pediatric Cancer"

Chaired by Naoto FUJITA,

Hiroshima Red Cross Hospital and Atomic-bomb Survivors Hospital, Hiroshima, Japan

1) Masashi SAITO, NHO Okayama Medical Center, Okayama, Japan

An Infant with Multiple Congenital Abnormalities Who Was Transferred Internationally 17:30 - 17:45

2) Sirachai PIYACHON, Queen Sirikit National Institute for Child Health, Bangkok, Thailand

Atypical Teratoid Rhabdoid Tumor (AT/RT) of Central Nervous System:

Management and Outcome in Our Institute in 9 Patients 17:45 - 18:00

3) Suranetr LAOWONG, Queen Sirikit National Institute for Child Health, Bangkok, Thailand

Liver Sarcoma in Children: Rare Case Presentation 18:00 - 18:15

12. July 14 Evening Seminar 19:00 - 20:00

Chaired by Takeshi MIMURA, NHO KMC CCC, Kure, Japan

Kazuhiro UEDA, Yamaguchi University Graduate School, Ube, Japan

Strategies for Improving the Early Outcomes after Lung Cancer Surgery

Sponsored by Covidien Japan Inc.

13. Presidential Welcome Party 19:00 - 21:00

at Navy Beer Hall

July 15 Saturday, 2017

14. Satellite Program

9:00 - 10:15

➤ **Pathology Session**

Chaired by Wataru YASUI,

Graduate School of Biomedical & Health Sciences, Hiroshima University, Hiroshima, Japan

- 1) Samreung Rangdaeng, Chiang Mai University, Chiang Mai, Thailand
Application of Whole Slide Imaging for Quality Assurance Program in Non-Gynecologic
Cytology by Thai Society of Cytology 9:00 - 9:15
- 2) Chiung-Ru LAI, Taipei Veterans Hospital, Taipei, Taiwan
Cytopathology Specimens in the Era of Precision Medicine--Do More with Less 9:15 - 9:30
- 3) Oscar LIN, Memorial Sloan Kettering Cancer Center, NY, USA
Molecular Applications with Cytology Specimens 9:30 - 9:45
- 4) Yukako YAGI, Memorial Sloan Kettering Cancer Center, NY, USA
Digital Pathology and Computational Pathology initiative at Memorial Sloan Kettering
Cancer Center 9:45 - 10:00
- 5) Ririno HONMA, Hiroshima University, Hiroshima, Japan
Biological Significance of Transcribed-ultraconserved Regions in Gastric Cancer 10:00 - 10:15

15. July 15 Morning Session

10:30 - 11:30

➤ **SYMPOSIUM -2**

“Advances in Translational Research”

Chaired by Takashi ONOE, NHO KMC CCC, Kure, Japan

- 1) Kazuhiro TAGUCHI, NHO KMC CCC, Kure, Japan
Novel Mechanism Underlying Tumor Immune-evasion Across Tumor Endothelial Cells 10:30-10:45
- 2) Jing, WU, Beijing Shijitan Hospital, Beijing, China
Variable levels of long non-coding RNA expression in the carcinogenesis of DNA Mismatch
Repair Proficient Early-stage Colon Cancer 10:45 - 11:00
- 3) Boon Cher, GOH, National University of Singapore, Singapore
Drug Development for Cancer in the Current Era: From a Clinician Scientist's Perspective 11:00 - 11:15
- 4) Seonyang PARK, Inje University Haeundae Paik Hospital, Busan, Korea
Searching for Molecular Markers of Acute and Chronic Graft-vs-Host Diseases
Developing after Allogeneic Hematopoietic Stem Cell Transplantation 11:15 - 11:30

16. Poster Discussion

11:30 - 12:00

17. July 15 Luncheon Seminar

12:00 - 13:00

Chaired by Kiyomi TANIYAMA, NHO KMC CCC, Kure, Japan

Atsushi OCHIAI, National Cancer Center, Kashiwa, Japan

The Role of Pathologists in Personalized Medicine

-To Make an Appropriate Diagnosis for Patients-

Sponsored by Chugai Pharmaceutical Co., Ltd.

18. Group Photo

13:00 - 13:15

➤ **SYMPOSIUM -3**

“Advances in Diagnosis and Treatment”

Chaired by Dr. Kazuhiko SUGIYAMA, Hiroshima University Hospital, Hiroshima, Japan

- 1) Anak Agung Gde Yuda ASMARA, Sanglah Hospital, Udayana University, Bali, Indonesia
The Incidence of Bone Tumors of the Hand in Sanglah Hospital from 2013 to 2016 13:30 - 13:45
- 2) Satomi MIURA-SUEHIRO, NHO KMC CCC, Kure, Japan
Primary Cardiac Rhabdomyosarcoma Developed after Receiving Radiotherapy
for Left Breast Cancer 18 years prior 13:45 - 14:00
- 3) Van Cau, NGUYEN, Hue University of Medicine and Pharmacy, Hue, Vietnam
Multidisciplinary Care of Cancer in Hue, Vietnam: Overcoming Current Obstacles to Initial Set Up
a Multidisciplinary Team Approach in the Management of Breast Cancer 14:00 - 14:15
- 4) Jedzada MANEECHAVAKAJORN, Rajavithi Hospital, Bangkok, Thailand
Cancer and Quality of Life Study in Medical Oncology Unit, Rajavithi Hospital, 20-Years Experience
14:15 - 14:30
- 5) Onsiri SERIRAT, Rajavithi Hospital, Bangkok, Thailand
Malignancy-associated Sweet's Syndrome: A Case Report and Literature Review 14:30 - 14:45

20. Coffee Break 14:45 - 15:15

➤ **SYMPOSIUM -4**

“Advances in Endoscopy”

Chaired by Toshio KUWAI, NHO KMC CCC, Kure, Japan

- 1) Shiaw-Hooi HO, University Malaya, Kuala Lumpur, Malaysia
A South-East Asian Multi-center Survey on ESD Outcomes for Gastro-esophageal Tumors
In Low Volume Centers 15:15 - 15:30
- 2) Hiroyuki FUJII, NHO KMC CCC, Kure, Japan
Endoscopic Submucosal Dissection with a Scissors-type Knife for Post-Endoscopic Mucosal
Resection Recurrence Tumor Involving the Colon Diverticulum 15:30 - 15:45
- 3) Saud ISHAQ, Birmingham City University, Birmingham, UK
Technology for improving polyp detection rates? Endocuff , Endoring, FUSE and G-EYE
- are we there yet? 15:45 - 16:00
- 4) Kuiliang, LIU, Beijing Shijitan Hospital, Capital Medical University, Beijing, China
Capsule Endoscopy in Intestinal Lymphagiectasia:
A Novel Endoscopic Classification and its Clinical Correlation 16:00 - 16:15

21. Closing Remarks 16:15 - 16:20

by Katsuyuki MORIWAKI Vice President of the 10th K-INT

22. Funfest for Reunion 16:20 - 16:30

“Free Discussion on Prospect for the 11th K-INT”

Chaired by Yoshinori YAMASHITA, NHO KMC CCC, Kure, Japan

24. Poster Presentation

➤ **Poster Presentation**

- P-01) Putu Feryawan MEREGAWA, et al., Udayana University, Sanglah General Hospital, Denpasar, Bali, Indonesia
Profile of Metastatic Bone Disease of the Spine from January 2014 – January 2017 in Sanglah General Hospital
- P-02) Zainarda, et al., Sanglah General Hospital/ Faculty of Medicine, University of Udayana, Denpasar.
Spinal Metastases and Plain X-ray Findings from Various Primary Cancers:
Retrospective Study of Pathologically-Confirmed Cases
- P-03) I G.N. Yudhi SETIAWAN, et al., Udayana University, Sanglah General Hospital, Denpasar, Bali, Indonesia
Comparative Effectiveness and Functional Outcome of Open-door versus French-door Laminoplasty
for Multilevel Cervical Myelopathy - A Meta Analysis
- P-04) Kazutoshi KONOMATSU, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
Endoscopic Full-thickness Resection for Inverted Meckel's Diverticulum Using Double-balloon Enteroscopy;
Second Report
- P-05) Hiroyuki FUJII, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
Cholesterol Crystal Embolization without History of Endovascular Interventions Presenting as Foot Ulceration
and Renal Failure; Second Report
- P-06) Mariko MORIKAWA, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
Shorter Hospitalization for Prostate Biopsy and Impact on Nursing Care; Second Report
- P-07) Yuko Okada, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
Strategy for Phlebitis Induced by Epirubicin and Administration Time; Second Report
- P-08) Hiromi UJIHARA, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
Trends in Pharmaceutical Intervention Status from PRE-AVOID Report Data; Second Report
- P-09) Naoki YOSHIKAWA, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
Transfusion-related Acute Lung Injury after Emergency Surgery; Second Report
- P-10) Chinami MATSUMOTO, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
An Infant with Transient Hypothyroidism Due to Excessive Maternal Intake of Iodine; Second Report
- P-11) Ayano NISHI, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
Perception of Pain When Holding a Child Facing Away or Toward During a Blood Sample; Second Report
- P-12) Yurie MORI, et al., Kure Medical Center/ Chugoku Cancer Center, Kure, Japan
Sequential Analysis of Changes in Psychological Feelings of Pregnant Women after Emergency Cesarean Section;
Second Report
- P-13) Ichiro TSUBOI, et al., NHO Fukuyama Medical Center, Fukuyama, Japan
Acute Infective Endocarditis with Iliopsoas Abscess
- P-14) Hiroshi KAMAMOTO, et al., NHO Fukuyama Medical Center, Fukuyama, Japan
Approaches of Nurses to Patients with Head and Neck Cancer Treated by Chemotherapy and/or Radiotherapy
- P-15) Shiori TAKISAWA, et al., NHO Fukuyama Medical Center, Fukuyama, Japan
Effects of a Team Approach to Helping Patients with Diabetes

Proceedings

TOPICS

“Advances in Cancer Therapy Over the Next Ten Years”

ABSTRACTS

- International Lecture
- Pathology Session

July 14 (Fri), 2017

- Symposium -1 **“Advances in Pediatric Cancer”**

July 15 (Sat), 2017

- Symposium -2 **“Advances in Translational Research”**
- Symposium -3 **“Advances in Diagnosis and Treatment”**
- Symposium -4 **“Advances in Endoscopy”**
- Poster Discussion

July 16 (Sun), 2017

- Free Discussion **“Prospect for the 11th K-INT”**

TOPICS

Advances in Cancer Therapy Over the Next Ten Years



Kikuo NAKANO, MD, PhD

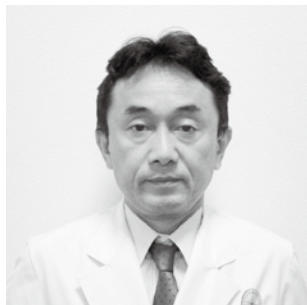
Vice-President

Director, Department of Respiratory Medicine

NHO KMC CCC

Kure, Japan

Over the past decade, major advances have been made in the management of cancer. One area that has made tremendous progress is the identification of sequencing in genetic information, which results in true precision-based medicine. For example, the identification of epidermal growth factor receptor mutated non-small cell lung cancer (NSCLC) and the development of molecular targeted therapies have launched an era of precision medicine for NSCLC. Specifically, there is work developing an immune checkpoint blockade or inhibitor that is designed to target inhibitory checkpoint molecules, such as programmed cell death protein ligand-1. This has emerged as a promising therapeutic activity for NSCLC. As such, precision-based medicine will be a major front for advances in cancer therapy over the next few years. However, a number of open questions remain about making optimal choices in molecular targeted therapies and the biomarkers for predicting the efficacy of immune checkpoint blockade therapy. In order to further advance precision-based medicine, it is essential to broadly share contemporary cancer research data. With this aim in mind, we invite researchers from Asian countries, England and U.S.A. to the 10th K-INT conference to discuss how cancer therapy will evolve over the next ten years.



Shoji SHIMOSE, MD, PhD
Dean of Medicine,
NHO KMC CCC
Kure, Japan

Congratulations on ten years of successful annual K-INT conferences in Kure City. This year, the main theme for the 10th K-INT is “Advances in Cancer Therapy Over the Next Ten Years”.

Over the last ten years, the treatment for bone metastases has developed considerably, especially in terms of bone-target agents. Bone metastases can lead to serious skeletal related events, including pathologic fracture, radiation or surgery to bone, and spinal cord compression. The bone microenvironment makes it especially conducive to the development of metastatic lesions, such as thru the release of growth factors from the bone matrix through osteoclast-mediated bone resorption.

Two types of bone-targeted agents are now generally used in the treatment of metastatic bone cancer. The first type are bisphosphonates (BPs), which are synthetic analogs of pyrophosphate that bind to hydroxyapatite and are taken up by osteoclasts, inducing apoptosis of the osteoclasts. In particular, nitrogen-containing BPs (e.g., pamidronate and zoledronic acid) inhibit the activity of farnesyl pyrophosphate (FPP) synthase, a key enzyme in the mevalonate pathway. They arrest the transmission of the cellular signal at the level of small signaling proteins, which are essential for cellular function and survival in osteoclasts. The second type includes the RANKL (receptor activator for nuclear factor- κ B ligand) inhibitor (denosumab), which is a human monoclonal antibody that binds to RANKL. This inhibits osteoclast function and prevents generalized bone resorption and local bone destruction.

Although the anti-tumor activity of BSs and the RANKL inhibitor is mainly attributed to their ability to inhibit osteoclast-mediated bone resorption, several preclinical studies also suggest a possible direct anticancer effect from these bone-targeted agents. Research over the next 10 years will clarify whether these bone-targeted agents have a direct anticancer effect.

Healthcare in Singapore: from Japanese Doctor's Point of View

Susumu YOSHIKUNI

Department of General Medicine, Hiroshima Kyoritsu Hospital, Hiroshima, Japan

Singapore's healthcare system is highly evaluated internationally and was ranked sixth in the WHO's ranking of the world's healthcare systems in 2000, (Japan was at tenth place). But Singapore's healthcare system is different from that of Japan in many aspects. For example Singapore does not have public health insurance system and patients without private health insurance have to pay their medical expense by themselves.

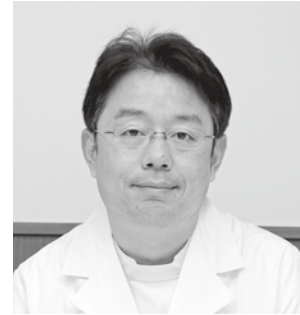
In Singapore, 30 Japanese medical doctors are working in 6 Japanese clinics today. They have obtained conditional medical licenses that allow them to treat Japanese patients under the supervision of a Singaporean doctor.

I worked at a Japanese clinic in Gleneagles hospital (Singapore) from 2008 to 2017. Gleneagles hospital is one of the big private hospitals where specialists in various fields open their clinics and perform procedures, such as endoscopy, cardiac catheterization or surgery. Japanese patients in my clinic, who need to be treated with hospitalization or surgery, are referred to specialists in the hospital.

I would like to introduce Singapore's healthcare system from my working experience for 8 years.

Susumu YOSHIKUNI, MD

Department of General Medicine, Hiroshima Kyoritsu
Hospital, Hiroshima, Japan

**EDUCATION**

2002	Bachelor of Medicine, Hiroshima University, Hiroshima, Japan
2012	Graduate Diploma in Family Medicine, Singapore
2015	Graduate Diploma in Mental Health, Singapore

WORKING EXPERIENCE

2002 – 2003	Resident, Hiroshima University Hospital, Hiroshima, Japan
2003 – 2006	Resident in Pediatrics, Onomichi General Hospital, Onomichi, Japan
2006 – 2008	Pediatrician, Fuchu General Hospital, Fuchu, Japan
2008 – 2017	General Practitioner, Nippon Medical Care, Gleneagles Hospital, Singapore
2017 – present	Hiroshima Kyoritsu Hospital, Hiroshima, Japan

Fellowship Program at MSKCC

Oscar LIN, Yukako YAGI

Memorial Sloan Kettering Cancer Center, New York, USA

MSKCC is a hospital specifically for cancer. Therefore, there is no residency program. The overview of fellowship program will be discussed.

Oscar LIN, MD, PhD

Chief, Cytology Service, Attending Pathologist,
Memorial Sloan Kettering Cancer Center New York, USA



EDUCATION

1988	MD, University of Sao Paulo, Sao Paulo, Brazil
2002	PhD, University of Sao Paulo, Sao Paulo, Brazil

WORKING EXPERIENCE

1989 – 1991	Resident – Surgery , University of Sao Paulo, Sao Paulo, Brazil
1991 – 1995	Resident – Anatomic and Clinical Pathology, New York University Medical Center, New York, USA
1991 – 1995	Teaching Assistant – Pathology, New York University School of Medicine, New York, USA
1995 – 1996	Fellow – Oncologic Pathology, Memorial Sloan Kettering Cancer Center, New York, USA
1996 – 1997	Fellow – Cytopathology, Memorial Sloan Kettering Cancer Center, New York, USA
1997 – 1998	Pathologist, Hospital Sirio Libanes, Sao Paulo, Brazil
1998 – 1999	Supervisor Physician – Pathology, University of Sao Paulo Hospital of Clinics, Sao Paulo, Brazil
	Pathologist – Anatomic Pathology, Laboratorio Fleury, Sao Paulo, Brazil
1999 – 2004	Assistant Attending Pathologist, Memorial Sloan Kettering Cancer Center, New York, USA
1999 – 2011	Medical Director – School of Cytotechnology, Memorial Sloan Kettering Cancer Center, New York, USA
2000 – 2016	Head – Fine Needle Aspiration Service, Memorial Sloan Kettering Cancer Center, New York, USA
2005 – 2011	Associate Attending Pathologist, Memorial Sloan Kettering Cancer Center, New York, USA
2011 – 2015	Acting Chief – Cytology Service, Memorial Sloan Kettering Cancer Center, New York, USA
2011 – present	Attending Pathologist, Memorial Sloan Kettering Cancer Center, New York, USA
2015 – present	Chief – Cytology Service, Memorial Sloan Kettering Cancer Center, New York, USA

Yukako YAGI, Ph.D.

Director of Pathology Digital Imaging, Associate Attending,
Department of Pathology, Memorial Sloan Kettering Cancer
Center, New York, USA

**EDUCATION**

1987	Bachelor of Science, Tokyo Science University
2006	Doctor in Medicine, Tokyo Medical University

WORKING EXPERIENCE

1987	Nikon Corporation, Tokyo, Japan
1995	Visiting Scholar, Research Systems Engineer, Dept of Radiology, The Imaging Science and Information Systems Center, Dept of Radiology, Georgetown University, Washington DC, USA
1997 – 2006	Clinical Instructor of Pathology, Univ of Pittsburgh Medical School Director of Technical Management of Univ of Pittsburgh Medical Center Health System, Pittsburgh, PA, USA
1997 – 1998	Research System Engineer Dept of Pathology, Univ of Alberta, AB Canada, (National Kidney Foundation)
2003 – 2006	Adjunct associate Professor in Emergency Medicine, Tokai Univ
2006	Adjunct Instructor of Pathology, Case Western Reserve Univ, Cleveland, OH, USA
2007	Instructor of Pathology, Harvard Medical School & Massachusetts General Hospital. Boston, MA, USA
2008 – 2016	Assistant Professor of Pathology, Harvard Medical School & Assistant Pathologist. Massachusetts General Hospital, Boston, MA, USA
2016 – present	Director of Pathology Digital Imaging, Associate Attending, Department of Pathology, Memorial Sloan Kettering Cancer Center, NY, USA

Application of Whole Slide Imaging for Quality Assurance Program in Non-Gynecologic Cytology by Thai Society of Cytology

Samreung RANDAENG, Somruetai SHUANGSHOTI,
Kanyaprin BHUMMICHITRA, Wanwisa HIMAKHUN, Anant KARALAK, Supinda KOONMEE

Thai Society of Cytology:
Committee for quality assurance in non-gynecologic cytology

Background: Cytological slides are impossible to duplicate. Quality assurance program using glass slides was hampered with damage during transportation and stained fading. Whole slide imaging (WSI) may circumvent these obstacles.

Materials and Methods: Twenty WSI from fine needle aspiration from four superficial organs including thyroid, breast, lymph node and salivary glands with relevant clinical information were distributed to 27 enrolled participants laboratories in Thailand. Answers were submitted through web-based program. Reference answers were provided immediately following answer submission of each question.

Results: Out of 27 participants, three performed well without any major discrepancy from 20 reference answers while three other laboratories had 5 to 6 major discrepancies. The remainder hovered around 1 to 3 major discrepancies.

Conclusion: WSI can be replaced glass slides for quality assurance program for non-gynecologic cytology. However, period for learning is needed for participants to familiarize with this new approach.

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EDUCATION

1982	MD, Chiang Mai University, Faculty of Medicine, Chiang Mai, Thailand
1986 - 1991	Residency training in anatomic and Clinical Pathology, Baylor College of Medicine, Houston, Texas, USA
1991 - 1992	Fellowship in Cytopathology, Baylor College of Medicine, Houston, Texas, USA
1992 - 1993	Fellowship in Molecular Pathology, Baylor College of Medicine, Houston, Texas, USA

WORKING EXPERIENCE

1986 - 1993	Resident and fellow, Baylor College of Medicine, Houston, Texas, USA
1993 - 2000	Instructor, Department of Pathology, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand
2000 - present	Associate Professor, Department of Pathology, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand
2001 - 2005 and	Chairman, Department of Pathology, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand
2012 - 2016	
2004 - present	President, Thai Society of Cytology, Bangkok, Thailand

(Memo)



Cytopathology Specimens in the Era of Precision Medicine---Do More with Less

Chiung-Ru LAI

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The recently expanded advances in targeted therapies and molecular diagnostics have revolutionized the field of pathology, especially the practice of cytopathology. Molecular testing for the purpose of personalized medicine done by cytopathology specimens has grown rapidly, because for these advanced staged patients, the primary tumor is often unresectable or not available for testing. The suitability of cytopathology specimens for molecular testing has been well studied and reported. Therefore, the cytopathology specimens are usually called “A Goldmine for Molecular Testing” by many experts.

The cytopathology specimens used in molecular testing include cell blocks, prepared slides (direct and imprint smears, cytospin; cell transferred and scraping), residual fixed samples (liquid based preparation), and fresh specimen. The modality of testing contains immunostains, tumor mutational assays, fluorescence in situ hybridization (FISH), next-generation sequencing (NGS). A multidisciplinary team is crucial and should be composed of clinician, cytopathologists/cytotechnologist and the molecular laboratory. They have to discuss the testing priorities, especially when multiple tests are needed, but only a small amount of specimen could be used.

For effective testing, cooperation between the cytopathologists/cytotechnologists and molecular laboratory is essential. The cytopathology laboratory should prepare ideal cytopathology specimens for the molecular testing. The cytopathologists/cytotechnologists should evaluate the specimen adequacy, overall cellularity, and tumor cellularity/tumor fraction. Then, pick up the target area or slide for testing. If the tumor cellularity/fraction is not high enough, some tumor enrichment techniques could be applied, such as macrodissection, microdissection, laser capture microdissection, cell transfer technique or cell scraping. In this presentation, I will describe the practical experience of this model at the Department of Pathology, Taipei Veterans General Hospital, Taiwan.

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EDUCATION

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WORKING EXPERIENCE

1985- 1989	Residency, Department of Pathology, Taipei Veterans General Hospital, Taipei, Taiwan
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1991- 2006	Attending, Department of Pathology, Taipei Veterans General Hospital, Taipei, Taiwan
2006- present	Cytopathology Section Chief, Department of Pathology, Taipei Veterans General Hospital, Taipei, Taiwan

(Memo)



Molecular Applications with Cytology Specimens

Oscar LIN

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This activity will discuss the use of cytology specimens for molecular studies and targeted therapy.

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EDUCATION

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2002 PhD, University of Sao Paulo, Sao Paulo, Brazil

WORKING EXPERIENCE

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1991- 1995 Resident – Anatomic and Clinical Pathology, New York University Medical Center, New York, USA
1991- 1995 Teaching Assistant – Pathology, New York University School of Medicine, New York, USA
1995- 1996 Fellow – Oncologic Pathology, Memorial Sloan Kettering Cancer Center, New York, USA
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1997- 1998 Pathologist, Hospital Sirio Libanes, Sao Paulo, Brazil
1998- 1999 Supervisor Physician – Pathology, University of Sao Paulo Hospital of Clinics, Sao Paulo, Brazil
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1999- 2004 Assistant Attending Pathologist, Memorial Sloan Kettering Cancer Center, New York, USA
1999- 2011 Medical Director – School of Cytotechnology, Memorial Sloan Kettering Cancer Center, New York, USA
2000- 2016 Head – Fine Needle Aspiration Service, Memorial Sloan Kettering Cancer Center, New York, USA
2005- 2011 Associate Attending Pathologist, Memorial Sloan Kettering Cancer Center, New York, USA
2011- 2015 Acting Chief – Cytology Service, Memorial Sloan Kettering Cancer Center, New York, USA
2011- present Attending Pathologist, Memorial Sloan Kettering Cancer Center, New York, USA
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(Memo)

Digital Pathology and Computational Pathology initiative at Memorial Sloan Kettering Cancer Center

Yukako YAGI

Memorial Sloan Kettering Cancer Center, New York, USA

Department of Pathology, Memorial Sloan Kettering Cancer Center has been adopted the WSI in clinical environment and integrated into laboratory information system for last several years.

We will discuss the program overview and future direction.

Yukako YAGI, Ph.D.

Director of Pathology Digital Imaging, Associate Attending, Department of Pathology,
Memorial Sloan Kettering Cancer Center, New York, USA

EDUCATION

1987	Bachelor of Science, Tokyo Science University
2006	Doctor in Medicine, Tokyo Medical University

WORKING EXPERIENCE

1987	Nikon Corporation, Tokyo, Japan
1995	Visiting Scholar, Research Systems Engineer, Dept of Radiology, The Imaging Science and Information Systems Center, Dept of Radiology, Georgetown University, Washington DC, USA
1997- 2006	Clinical Instructor of Pathology, Univ of Pittsburgh Medical School Director of Technical Management of Univ of Pittsburgh Medical Center Health System, Pittsburgh, PA, USA
1997- 1998	Research System Engineer Dept of Pathology, Univ of Alberta, AB Canada, (National Kidney Foundation)
2003- 2006	Adjunct associate Professor in Emergency Medicine, Tokai Univ
2006	Adjunct Instructor of Pathology, Case Western Reserve Univ, Cleveland, OH, USA
2007	Instructor of Pathology, Harvard Medical School & Massachusetts General Hospital. Boston, MA, USA
2008- 2016	Assistant Professor of Pathology, Harvard Medical School & Assistant Pathologist. Massachusetts General Hospital, Boston, MA, USA
2016- present	Director of Pathology Digital Imaging, Associate Attending, Department of Pathology, Memorial Sloan Kettering Cancer Center, NY, USA



(Memo)

Biological Significance of Transcribed-ultraconserved Regions in Gastric Cancer

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Transcribed-ultraconserved regions (T-UCRs) are a novel class of long non-coding RNAs transcribed from UCRs that are completely conserved among orthologous regions of the vertebrate genomes. It has been reported that T-UCRs have distinct signatures in human cancers. We aimed to clarify the involvement of T-UCRs in cancer biology of gastric cancer (GC), especially focusing on mechanism of the transcriptional regulation and target genes regulated by T-UCRs. We narrowed down the T-UCRs to be analyzed using a previous report of microarray analysis and further validation by qRT-PCR. In situ hybridization (ISH) of the T-UCRs was also done to confirm their expression in tissue sections. When the candidates have a CpG island in right upstream of the coding region, we performed bisulfite genomic DNA sequencing. In the other case, we explored the interaction between miRNAs that have consensus sequence with the candidate T-UCR. Luciferase assay was performed to verify the promoter activity of CpG island and direct interference of transcription by miRNAs. Uc.416+A was picked out through validation studies, and Uc.160+ was also selected as a candidate due to solid evidence of cancer specific methylation in several cancers. qRT-PCR and/or ISH detected significant downregulation of Uc.160+ and upregulation of Uc.416+A. By in silico study, we figured out that Uc.160+ had CpG islands upstream of the coding regions, and bisulfite sequencing revealed cancer specific methylation in the promoter regions. In silico study disclosed the complementary site between Uc.416+A and miR-153. Concordantly, an inverse correlation between miR-153 and Uc.416+A was identified by qRT-PCR and the direct interaction of them was suggested by luciferase assay. MTT assay elucidated that Uc.416+A affected cell growth of GC. We provided evidence for an important role of T-UCRs in cancer biology. Our approach would be useful for effectively selecting T-UCRs that have a essential role in cancer biology.

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EDUCATION

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(Memo)

An infant with multiple congenital abnormalities who was transferred internationally

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The patient was a one-month-old female baby, whose father is Japanese and mother is Chinese. Her mother had returned to China because she decided to give birth in her hometown. At 36 weeks and 6 days, the baby was born weighing at 2760 g. After first suckling, the infant experienced hypoxemia and then was transferred to the NICU. After being diagnosed with Pierre Robin syndrome (PRBNS) and pneumonia, she was endotracheally intubated and antibiotics were administered. Owing to such intervention, she recovered from the acute-subacute phase and thereafter her general condition stabilized. Thereafter, she was transferred to our hospital by medical air service at was one month and 20 days old while still being endotracheally intubated. Because her medical certificate had been written in Chinese we could not understand it at all. As a result, we examined her all over again and diagnosed her with PRBNS, an atrioventricular septal defect, cleft palate, gray matter heterotopia, hypoplasia of the corpus callosum, unilateral sensorineural hearing loss, sublingual tumor, the multidrug-resistant bacteria carrier status including CRE, and the presence of cytomegalovirus specific antibody. No chromosomal abnormalities were detected. An excision of the sublingual tumor are performed, and thereafter she was successfully extubated. After confirming that her respiratory condition was sufficiently stable, she was discharged, and since then has been followed up at our hospital on a regular basis. While providing the child with medical care, we recognized differences in the medical practices and perception about medical services between China and Japan. In addition, the language difference between the two countries led to both confusion and misunderstandings among the patient's family and hospital staff. We therefore herein describe and discuss some of the issues associated with international patients in this session.

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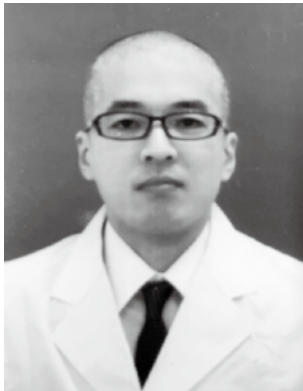
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2014 MD, Asahikawa Medical College, Asahikawa, Japan

WORKING EXPERIENCE

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(Memo)

Atypical Teratoid Rhabdoid Tumor (AT/RT) of Central Nervous System: Management and Outcome in Our Institute in 9 Patients

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Background : Atypical teratoid/rhabdoid tumor (AT/RT) is a rare and highly malignant embryonal central nervous system neoplasm. There is no current standard management. Poor outcomes are associated with treatment resistance.

Objective: To determine the outcomes of childhood central nervous system AT/RT with different treatment strategies.

Method : We retrospectively reviewed medical records and magnetic resonance imaging (MRI) in patients who were diagnosed with central nervous system AT/RT during January 2011 to December 2016 at Queen Sirikit National Institute of Child Health, Bangkok, Thailand.

Result : Nine patients were enrolled in this study. The mean age of clinical onset or at diagnosis was 22 months; range 1 month - 67 months. Most common presentation are progressive hydrocephalus or macrosomia (33%). Location of tumors are infratentorial (33%), intraventricular (22%), spinal cord (22%), parietal lobe (11%) and pineal region (11%). Five patients underwent total/subtotal tumor removal, 3 patients underwent tumor biopsy and one patient underwent partial tumor removal. Four patients received subsequent adjuvant therapy; chemotherapy combined with radiation in one, chemotherapy alone in two and one with radiation alone. Eight patients were noted to have disseminated disease. Six patients died. The mean time to death is 7.6 months; range 2.25 - 17 months. Three patients were lost to follow-up but all of them were advised to palliative care. Two patients who had longer survival time (13.5 and 17 months), their age was more than 3 year, one received multiple surgical resection followed by radiotherapy and the other received total tumor removal, radiation and chemotherapy.

Conclusion : AT/RT is an aggressive malignancy with poor outcomes. Multiple therapeutic strategies have been attempted to increase survival. Our study suggests adjuvant therapy especially radiation may help to prolong survival time.

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EDUCATION

2006	MD, Faculty of medicine Chiangmai University, Chiangmai, Thailand
2013	Neurosurgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

WORKING EXPERIENCE

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(Memo)

Liver sarcoma in children : Rare case presentation

Suranetr LAORWONG

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Case 1

A 13-yr-old girl was referred to pediatrician with prolong fever. After abdominal ultrasonography, liver abscess was diagnosed and consulted surgery for percutaneous drainage. During the procedure, there was no pus from percutaneous drainage and liver tumor was suspected. Liver biopsy was done after that and undifferentiated embryonal sarcoma stage III was the final diagnosis. After chemotherapy, Rt lobectomy was done and no postoperatively complications. After 2 years follow up, she was fine and no evidence of recurrent tumor.

Case 2

A 5-yr-old girl was diagnosed as acute appendicitis from the provincial hospital and undergone appendectomy before referred to our hospital. Hemoperitoneum was found intraoperatively. CT whole abdomen was done postoperatively and huge liver mass was detected in segment 5, 6 and protusion to segment 4. The malignant liver tumor was suspected but the tumor markers were unspecified. She was undergone open tumor biopsy and the pathological report was undifferentiated embryonal sarcoma. She was treated as liver sarcoma stage III with chemotherapy and segmentectomy 5, 6 after shrinkage of mass. There are uneventful complication after surgery and 2 years follow up.

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EDUCATION

- 1999 Doctor of Medicine, Bangkok metropolitan medical college, Bangkok, Thailand
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WORKING EXPERIENCE

- 1999 Internship, Nakorn-nayok Hospital, Nakorn-nayok, Thailand
- 2000 General Practitioner, Kornburi Hospital, Nakorn-ratchasima, Thailand
- 2006 Pediatric Surgeon, Queen Sirikit National Institute of Child Health, Bangkok, Thailand
Instructor, the College of Medicine, Rangsit University, Bangkok, Thailand
- 2010 Pediatric Surgeon, Vachira Phuket Hospital, Phuket, Thailand
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- 2012 Pediatric Surgeon, Queen Sirikit National Institute of Child Health, Bangkok, Thailand
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(Memo)



Novel Mechanism Underlying Tumor Immune-evasion Across Tumor Endothelial Cells

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Recently, it has attracted attention that tumor cells escape from immune surveillance while establishing tumor microenvironments. Tumor endothelial cells (TECs), which constitute the lining of the tumor vessels, develop in a tumor microenvironment and when coming into contact with circulating immune cells. Therefore, TECs possibly control trafficking or the anti-tumor reaction of immune cells. We focused on the immuno-suppressive function of TECs and investigated a novel mechanism underlying tumor immune-escape across TECs. We established a mouse cancer-model using the B16 mouse melanoma cell line and examined phenotypes of TEC in tumors. TEC expressed MHC class I/II and co-stimulating molecules, and the programmed death-ligand 1 (PD-L1), suggesting the suppressive antigen-presenting cell property of TECs. To identify the function of exogenous antigen presentation, we used B16 cells transfected to ovalbumin (B16-OVA). We detected that B16-OVA tumor derived-TECs presented a tumor-derived OVA peptide on their MHC class I molecule. To test the immuno-suppressive capacity of TECs against antigen specific T cells, TECs purified from B16 (without OVA) or were B16-OVA (with OVA) tumors were co-cultured with OVA specific CD8 T cells (OT-I cells) under stimulation by OVA-pulsed bone marrow dendritic cells (BMDCs) *in vitro*. B16-OVA tumor-derived TECs significantly suppressed OT-I CD8 T cells compared to B16 tumor-derived TECs. Furthermore, this suppression was abrogated by PD-L1 blockade using an anti-PD-L1 antibody. Similarly, in cytotoxic assay, B16-OVA tumor-derived TECs suppressed the antigen-specific cytotoxicity of T cells and this suppression was also abrogated by PD-L1 blockade. In conclusion, these results suggest that TECs regulate the immune response of tumor antigen-specific T cells via the PD-1/PD-L1 pathway and may contribute to tumor immune-evasion.

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EDUCATION

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(Memo)

Variable Levels of Long Non-coding RNA Expression in the Carcinogenesis of DNA Mismatch Repair Proficient Early-stage Colon Cancer

WU Jing, LI Qian

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Backgrounds: Colorectal cancer (CC) is a class of heterogeneity disease which is due to the accumulation of genetic and epigenetic variations, so precision medicine, based on molecular subtype, is inevitable.

Aims: This study aimed to characterize the expression profile of lncRNAs in DNA mismatch repair proficient (pMMR) early-stage colon cancer (CC).

Method: The microsatellite instability (MSI) status was examined by a multiplex PCR. The expression of lncRNA and mRNA was analyzed by microarrays. The differentially expressed genes were determined by bioinformatic analyses and validated in tissue samples by quantitative real-time polymerase chain reaction (qRT-PCR). CCK8 and transwell migrant experiment were used to detect the effect of the two candidate lncRNAs in cell lines.

Results: We found that 58 out of 67 (CC) were pMMR (86.5%), While 39 out of 42 colonic adenoma were pMMR (90.7%). microarray analysis revealed that 3,296 lncRNAs and 2,711 mRNAs were significantly aberrant expression in the pMMR early-stage CC compared with that in the NC, the co-expression lncRNA and mRNA networks indicated five hot spots with significantly high co-expression degrees. In the classic malignant transformation model of pMMR-CC, we found 15 lncRNA significantly expression trend. Bioinformatic analyses indicated that these differentially expressed genes were mainly involved in in the process of cell division, angiogenesis, apoptotic, differentiation, the PI3K-Akt/p53/TNF pathways and others. Further qRT-PCR revealed that 4 out of 6 lncRNAs were significantly up-regulated while the other 2 lncRNAs were down-regulated in the CC. Stratification analysis demonstrated that 5 out of 6 lncRNAs were significantly associated with TNM stage and/or distant metastasis in this population. The down-regulated expression of ENST00000609220 and ENST00000455974 could suppress the cell viability and migration of SW480、SW620 and Caco-2 .

Conclusions: Differentially expressed lncRNAs were significantly associated with clinical features of patients with pMMR CC and may participate in the tumorigenesis of pMMR CC.

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EDUCATION

1980- 1985 MD, Lanzhou Medical University, Lanzhou, China
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2007- present Director, Department of Gastroenterology,
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(Memo)

Drug Development for Cancer in the Current Era: From a Clinician Scientist's Perspective

Boon-Cher GOH

Cancer Science Institute, Singapore

Patients with cancer are living longer and with better quality of life, as a result of more effective treatment available. Development of drugs for oncology treatment is still a process with high attrition, and requires close interaction between the laboratory scientists and clinician scientists, and should be guided by more intelligently designed clinical trials, with application of valid biomarkers. In this talk I will attempt to discuss some of the pitfalls of phase I oncology clinical trials, and consideration of some factors that have led to failure of drug development with examples.

Boon-Cher GOH, MD

Adjunct Professor, Cancer Science Institute, National University of Singapore

EDUCATION

1989	MBBS, National University of Singapore, Singapore
1993	Member of the Royal College of Physicians, UK
1994	Master of Medicine (Internal Medicine)
2001	Fellow of the Academy of Medicine, Singapore
2011	Fellow of the Royal College of Physicians, Edinburgh, UK

WORKING EXPERIENCE

1991- 1995	Resident Physician, National University Hospital, Singapore
1997- 1999	Research Fellow, Section of Hematology-Oncology and Committee on Clinical Pharmacology, University of Chicago, USA
2000- 2005	Consultant, Department of Hematology-Oncology, National University Hospital, Singapore
2009- present	Deputy Director, Cancer Science Institute, Singapore
2008- present	Director of Investigational Medicine Unit, National University of Singapore
2011-2017	Head, Department of Hematology-Oncology, National University Cancer Institute, Singapore



(Memo)

Searching for Molecular Markers of Acute and Chronic Graft-vs-Host Diseases Developing after Allogeneic Hematopoietic Stem Cell Transplantation

Seonyang PARK

Inje University Haeundae Paik Hospital, Busan, Korea
Seoul National University Hospital, Seoul, Korea

Allogeneic hematopoietic stem cell transplantation (allo-HSCT) is one of the most important therapeutic modalities for patients with hematologic malignancies. Acute and chronic graft-vs-host diseases (GVHD) are the most troublesome complications developing early and late, respectively, after allo-HSCT. Acute GVHD, while the diagnosis is straightforward, is the main cause of unsuccessful transplantation with the current immunoprophylactic measures. Chronic GVHD is the most common cause of late morbidity in patients given allo-HSCT. Early and accurate diagnosis of chronic GVHD is essential for successful treatment, but has largely been based on late-developing clinical features only.

Numerous reports have been published regarding the predicting strategies for acute GVHD pre-transplant which may help to develop personalized prophylactic measures. Discovery of diagnostic biomarkers of chronic GVHD has also been the focus of many studies post-transplant in an effort to enable early intervention and predict treatment outcomes. So far, however, controversy prevails and no general consensus has been made. They remain to be one of the obstacles to be overcome in the next 10 years for successful management of patients with hematologic malignancies. Recent technical advances in whole genome studies have shed some lights in these areas, as well. We have been pursuing studies to search for molecular markers predicting acute GVHD pre-transplant, and facilitating diagnosis of chronic GVHD post-transplant in patients undergoing allo-HSCT. Current understanding on these areas and our data will be presented.

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EDUCATION

1975 MD, Seoul National University College of Medicine, Seoul, Korea
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WORKING EXPERIENCE

1975-1980 Resident, Seoul National University Hospital, Seoul, Korea
1980-1983 ROK Army, Korea
1983-2016 Staff Hematologist, Seoul National University Hospital, Seoul, Korea
1986-1988 Research Fellow, The Scripps Research Institute, La Jolla, CA, USA
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(Memo)

The Incidence of Bone Tumors of the Hand in Sanglah Hospital from 2013 to 2016

Anak Agung Gde Yuda ASMARA

Udayana University Sanglah Hospital

Background: Tumors involving the hand skeleton are rare. However, a basic knowledge of hand tumors is necessary for every clinician. This is due to the importance of distinguishing typical benign tumors from life or limb threatening malignant ones. In this study we want to describe the incidence of bone tumors of the hand in Sanglah Hospital.

Methods: This study is a review of osseous hand tumors presented to the department of orthopedic surgery, Sanglah Hospital in Denpasar, Bali, from January 2013 to December 2016.

Results: We had 412 cases of bone tumors, with 97 cases (23.5%) involved hand. With 35 cases were malignant. The most common tumors were giant cell tumors and metastase bone disease. Other tumors were bone cyst, giant cell tumor of the bone, bone cyst, osteochondroma and soft tissue tumors. Primary malignant tumors were extremely rare and we have reported 4 chondrosarcoma, 5 osteosarcoma and 7 Ewing's sarcoma involving the hand skeleton.

Conclusion: This study describes the incidence of bone tumors of the hand in Sanglah Hospital. Hand is not the majority location of bone tumors (23.5%). The history, physical examination, laboratory and radiographic data as well as clinicians' knowledge of specific hand tumors are required for the best management strategy.

Keywords: Bone tumors, Hand tumors, Malignant bone tumors

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WORKING EXPERIENCE

2006-2011	Resident, Ortophaedic and Traumatology Subspeciality, University of Indonesia Medical Faculty, Depok, Indonesia
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(Memo)

Primary Cardiac Rhabdomyosarcoma Developed after Receiving Radiotherapy for Left Breast Cancer 18 Years Prior

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The heart is an organ where primary malignant tumors very rarely develop. In particular, the incidence of cardiac rhabdomyosarcoma (RMS) is extremely low. It has been reported that the risk of second malignant tumors in mediastinum is increased by radiotherapy in women with breast cancer. However, little is known about the association between irradiation to heart and cardiac RMS. Here, we report a case of a 68-year-old woman with primary cardiac RMS. She suddenly presented syncope at a workplace, and was taken to the emergency room at our hospital. Several imaging tests, including echocardiogram and cine magnetic resonance imaging, detected two tumors in the right ventricle (RV) and its outflow tract, which had almost obstructed the main trunk of the pulmonary artery (PA). To avoid sudden PA occlusion by the tumor, we emergently performed surgical excision of the tumors from the RV. Pathological analysis revealed that these tumors were embryonal type RMS. She had received radiotherapy after mastectomy for left breast cancer 18 years ago, and no recurrence of breast cancer has been detected. This cardiac RMS is considered as a second malignant tumor related to radiotherapy for breast cancer.

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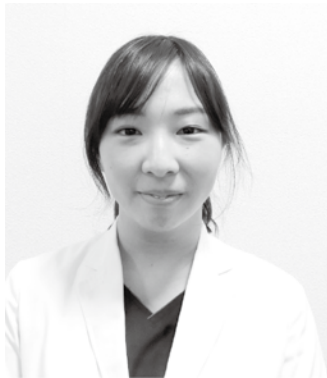
EDUCATION

2015 MD, Ehime University School of Medicine, To-on, Ehime, Japan

WORKING EXPERIENCE

2015- 2017 Resident, Kure Medical Center, Kure city, Hiroshima, Japan

2017- present Staff, Obstetrics and Gynecology, Kure Medical Center/ Chugoku Cancer Center, Kure, Japan



(Memo)

Multidisciplinary Care of Cancer in Hue, Vietnam: Overcoming Current Obstacles to Initial Set Up a Multidisciplinary Team Approach in the Management of Breast Cancer

Cau Van NGUYEN

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Breast cancer is a widespread disease that is increasingly a complexity of diagnostic and treatment due to involving many specialties. So, conventional decision making done by oncologists is unreasonable for this kind of disease. The reality is that multidisciplinary team approach of breast cancer has been established as a standard of care in many healthcare systems of development countries but this kind of approach is still not common in developing countries including Vietnam. Current evidence on the impact of breast cancer multidisciplinary team meetings on survival and quality of life as well as cost savings have demonstrated by many published studies reporting positive impact of multidisciplinary team meeting is highly more than the studies that failed to show benefits.

Since 2013 under supports of American Society of Clinical Oncology, we have organized regularly the Annual National Conference in Hue city focused on the Multidisciplinary Team Meeting for cancer including breast cancer.

The success of the conference has been highly appreciated by the President of Vietnam Cancer Society and the local government and has been widely recommended in many parts of the country for cancer management.

The benefits of this approach was clear, however, in order to apply this new approach for breast cancer care in Hue in a comprehensive way, we have some challenges that need to overcome. This is the reason why I write this article to share with you about our effort for first step and hope for your suggesion so that we can implement this value-based cancer care better in Hue and Vietnam in future.

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(Memo)

Cancer and Quality of Life Study in Medical Oncology Unit, Rajavithi Hospital, 20-Years Experience

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The aims of cancer therapy are the best results in response rate and prolong survival, cost-effectiveness, and acceptable quality of life (QoL). The difficulty in continuous assessment QoL in our OPD unit which more than 30 patients per period is the major problem and each assessment takes time 10 to 20 minutes. According to the long waiting time about 20 minutes between finished exam to administration therapy, we training the assistant staffs or nurses to help the patients to assess QoL by themselves. These long term practice could include more than 60 percent of cancer patients received treatment assessment and improved our management.

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(Memo)

Malignancy-associated Sweet's Syndrome; A Case Report and Literature Review

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Sweet's syndrome is an infrequent skin disease characterized by sudden onset of fever, leukocytosis and erythematous plaques or nodules. Paraneoplastic Sweet's syndrome (Malignancy-associated) account for 15-20% which the incidence is increasing in recent years. It is commonly related to hematologic malignancy. As the presenting feature which can precede, follow or concurrent with underlying malignancy, herein is the present case report an association with Mycobacterium tuberculosis and cervical cancer and systemic steroid is the mainstay of treatment even there is no established guidelines for treatment of malignancy-associated Sweet's syndrome.

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(Memo)

A South-East Asian Multi-center Survey on ESD Outcomes for Gastro-esophageal Tumors In Low Volume Centers

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Endoscopic submucosal dissection (ESD) outcomes have traditionally been reported from high volume centers in Far East Asia. Data from low volume centers in other parts of Asia remain sparse. We conducted a retrospective survey with a structured questionnaire of 5 tertiary centers in 3 South-East Asian countries. Details of training and clinical outcomes of ESD cases, with follow-up data from these centers, were analyzed. Seven endoscopists from the 5 centers were included in the analysis. They performed a total of 35 cases of ESD in the upper gastrointestinal tract (UGIT) over a 6-year duration. Details of the lesions excised were as follows: median size was 20 mm, morphologically 20 (68.6%) were flat/depressed and 6 (17.1%) were submucosal, and histologically 27 (77.1%) were neoplastic. The median duration of ESD procedures was 105 minutes, with an en-bloc resection rate of 91.4%. There was 1 (2.9%) case of delayed bleeding, but no perforation nor mortality in any of the cases. The recurrence rate after ESD was 5.7%. A prolonged ESD duration was influenced by a larger size of lesion (25 mm, $p = 0.02$) but not by factors related to the training experience of endoscopists. We concluded that ESD in the UGIT is feasible and safe even in low volume centers in South-East Asia.

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WORKING EXPERIENCE

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(Memo)



Endoscopic Submucosal Dissection with a Scissors-type Knife for Post-Endoscopic Mucosal Resection Recurrence Tumor Involving the Colon Diverticulum

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Background: Advantages of endoscopic submucosal dissection (ESD) include the ability to control resection size and shape and permit *en bloc* resection of large and ulcerated lesions. However, even with ESD, endoscopic treatment is challenging for post-endoscopic mucosal resection (EMR) recurrence of colorectal tumors because of severe fibrosis. Moreover, lesions involving the colon diverticulum are considered contraindication for endoscopic treatment because of perforation risk as there is no muscle layer. We report successful resection of post-EMR recurrence of tumor invading the colon diverticulum by ESD, using the newer scissors-type knife - SB Knife Jr, (Sumitomo Bakelite, Tokyo, Japan). This scissors knife enables grasping the target tissue and facilitating controlled difficult dissection.

Case: A 79-year-old woman, with a polypoidal tumor (Paris 0–Is) in the sigmoid colon was referred for ESD. The patient had polyp removed from sigmoid colon in piecemeal fashion 5 years earlier. We noted a post-EMR scar on the left side of the lesion and ESD was started from the anal side. We used hyaluronic acid + indigo carmine for the submucosal injection. Under the mucosal layer, we could identify the tumor invading a diverticulum and severe fibrosis due to post-EMR scar around this diverticulum. Severe fibrosis made lifting difficult. First, we dissected severe fibrosis carefully, leaving a part of the adjacent diverticulum. Next, submucosal dissection was performed, grasping and pulling the tissue carefully at the part of the muscle defect; these steps were repeated in an alternating sequence. Finally, the lesion was *en bloc* resected without perforation. The resection surface including the muscle defect was closed with clips to avoid delayed perforation. Pathologic findings revealed high-grade tubulovillous adenoma with a negative margin. Tumor size was 17×12 mm. The patient was observed for few days in our hospital and discharged without adverse events.

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(Memo)

Technologies for Improving Polyp Detection Rate: Endocuff, Endoring, FUSE, G-EYE- Are We There Yet?

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Worldwide, colorectal cancer is the third commonest cancer. Over 90% follow an adenoma-to-cancer sequence over many years. Colonoscopy is the gold standard method for cancer screening and early adenoma detection. However, considerable variation exists between endoscopists' detection rates. This presentation considers the effects of different endoscopic techniques on adenoma detection, mechanical advances, such as cap-assisted colonoscopy, FUSE, EndoCuff and G-EYETM, with reported detections rates of up to 69%. However, before definitive recommendations can be made for their incorporation into daily practice, further studies and comparison trials are required.

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(Memo)



Capsule Endoscopy in Intestinal Lymphagiectasia: A Novel Endoscopic Classification and its Clinical Correlation

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Aim: Capsule Endoscopy (CE) is useful in diagnosis of intestinal lymphagiectasia (IL). However, systemic analysis of endoscopic and clinical characteristics remains unavailable.

Method: Review the endoscopic characteristics of patients underwent CE in our endoscopy center between 2011 and 2015 and develop a novel endoscopic classification to investigate its clinical correlation.

Results: A total of 54 patients with median age of 24 (4-56) years were included. 42 cases were diagnosed as primary IL. Typical endoscopic characteristics included scattering, grouping or diffuse white-yellow spotty, patchy or scaly lymphagiectasia. Untypical characteristics included enlarged, swollen or extremely dilated villi, possibly “white-veil-like” or “pavement-like” appearance, and “blue bleb” (dilated vein) can be noted sometimes. The endoscopic classification was established as follows: type I, alteration mostly restricted to untypical abnormal villi; type II, scattering typical lymphagiectasia, usually involving one or two of all three third bowel segment; type III, diffuse typical patchy or scaly lymphagiectasia, mostly involving whole bowel. According to this criteria, 17 (31.5%) , 24 (44.4%) and 13 (24.1%) cases were classified into type I, II and III respectively. The patients falling into type III are all diagnosed as primary IL and the average age was significantly younger than type I and type II. As for complications, a total of 16 cases of lymph leakage, 2 cases of stenosis (both type I) and 5 cases of bleeding were noted. Lymphatic leakage was detected both by capsule endoscopy and bowel albumin scintigraphy in 10 cases and the judging of leaking location were all consistent using these two modalities, but CE provided more precise information than scintigraphy.

Conclusion: Providing comprehensive evaluation of whole small bowel, CE may play a great role in diagnosis, management and surveillance of IL. Endoscopic classification of IL may correlate with specific clinical outcome.

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(Memo)

P-01

Profile of Metastatic Bone Disease of the Spine from January 2014- January 2017 in Sanglah General Hospital

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Objectives: The incidence of the metastatic bone disease is very difficult to determine accurately and develop about two – third of the cancer patients. It's very important that know the primary cancer that previously spread to the bone. This problem will be caused pain in the spreading area, damage and weakness of the bone, especially in the spine.

Material and Method: About twenty-one patients who had metastatic bone disease of the spine from January 2014 – January 2017 in Sanglah General Hospital had collected from the data of the spine reports. This mini research is the descriptive retrospective study, which had researched the variables about sex, age, level of the vertebrae involvement, motor neuron impairment, and biopsy result and analyzed with spss v22.0.

Results: We identified that female had metastatic bone disease of the spine more than male (61.9% : 38.1%). By age variables there are 57.1% adolescent and adult, and 42.9% elderly. By level of the vertebrae, thorax involvement is 42.9%, thoracolumbal 4.8%, lumbar 42.9%, lumbosacral 4.8%, and multiple vertebrae 4.8%. By motor neuron sign, the upper motor neuron sign is 42.9% and lower motor neuron sign 57.1%. Then, from the biopsy result, about 4.8% origin from osteosarcoma, cervix and uterus carcinoma 4.8%, nasopharynx carcinoma 4.8%, renal carcinoma 9.5%, breast carcinoma 19.0%, lung carcinoma 19.0%, cervix adenocarcinoma 4.8%, prostat adenocarcinoma 14.3%, gastrointestinal carcinoma 9.5%, and breast adenocarcinoma 9.5%.

Conclusions: The most common metastatic bone disease of the spine in Sanglah General Hospital from January 2014 – January 2017 are in female, occur of adolescent and adult people, level of verbrae is in thoracolumbal, lower motor neuron is most common, then lung and breast carcinoma are very dominantly for the biopsy result.

Keywords: Metastatic Bone Disease of The Spine, Sex, Age, Level of Vertebrae, Motor Neuron, Biopsy result.

P-02

Spinal Metastases and Plain X-ray Findings from Various Primary Cancers: Retrospective Study of Pathologically-confirmed Cases

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Introduction: Metastases to the spine are a common manifestation of systemic neoplasia. Breast, prostate, and lung cancer are responsible for more than 80% cases of metastatic bone disease. Metastases to the spine can involve the bone, epidural space, leptomeninges, and spinal cord.

Method: We retrospectively review the record of spine pathological fracture patients with neurologic deficits who underwent surgical intervention (decompression-stabilization-spinal fusion-biopsy) in Sanglah hospital during one year period, between March 2016- March 2017. Level of spine involved, plain x ray findings, and extension of mass expansion on MRI was recorded.

Result: Most patients suffer pathologic fracture on thoracic spine level, followed by lumbo-sacral level and none on cervical spine level. Compressive fracture was a major finding on plain x-ray, either with pedicle destruction or not. The extradural lesions account for most of the MRI findings, followed by intradural/extramedullary and intramedullary lesion. Primary tumors that leads to bone metastases in this serial cases in the order of incidence are: prostate, breast, cervix, kidney and lung cancer

Discussion: The thoracic spine is most commonly involved possibly due to greatest bone marrow contain in it to receive metastatic deposit and an intrinsic factors inherent to the tumor. The vertebral body typically involved because of rich blood supply and sinusoidal vascular distribution lead to bony destruction. An extradural masses are initially osseous lesion that originate within a portion of the vertebra, while intradural/extramedullary commonly occur as tertiary drop metastases.

Keywords: spine; metastatic bone disease

P-03

Comparative Effectiveness and Functional Outcome of Open-door Versus French-door Laminoplasty for Multilevel Cervical Myelopathy - A Meta Analysis

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INTRODUCTION: There are a variety of procedures for treating cervical multilevel compressive myelopathy. Cervical laminoplasty is a technique that well-established and is considered to be a gold standard. The variations of this technique include open-door laminoplasty, and double-door (French door) laminoplasty. Recently, it is unknown whether there is a significant difference between these laminoplasty methods.

MATERIAL AND METHODS: To investigate differences outcome among these laminoplasty methods, we performed a meta-analysis. Seven comparative studies were identified using electronic databases until 2016. The data extraction was collected under basic characteristics and outcome of the methods. The risk of bias and level of evidence were assessed according to GRADE system. The available data were analyzed using the Review Manager (Version 5.3 from the Cochrane Collaboration 2014).

RESULTS: The results showed significant higher postoperative Japanese Orthopaedic Association (JOA) score in open-door laminoplasty (ODL) than French-door laminoplasty (FDL) (weighted mean difference [WMD] = 0.59; 95% confidence interval [CI]: 0.24 to 0.95; $p < 0.01$). The recovery rate of ODL significantly higher than FDL (WMD= -5.77; 95% CI: -11.44 to -0.09; $p = 0.05$). The cervical lordotic angle in the ODL group were significantly lesser than the FDL group (WMD= -2.66; 95% CI: -3.49 to -1.84; $p < 0.01$). The axial canal diameter post operatively also showed no significant difference (WMD= 11.89; 95% CI: -3.47 to 27.24; $p = 0.13$). The operative time in ODL was significantly lesser than FDL (WMD = -3.08; 95% CI: -6.21 to 0.05; $p=0.05$).

CONCLUSION: These results suggest that neither cervical laminoplasty approach is superior to the other based on the postoperative radiological data and complication rate. But the open-door laminoplasty provide a higher functional outcome and recovery rate and offer a shorter operative time compared than French-door laminoplasty.

Keywords: Open-door laminoplasty, French-door laminoplasty, multilevel cervical myelopathy, Meta-analysis

P-04

Endoscopic Full-thickness Resection for Inverted Meckel's Diverticulum Using Double-balloon Enteroscopy; Second Report

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Background: Meckel's diverticulum contains all layers of the small bowel wall and is usually treated by surgery. Inverted Meckel's diverticulum is rare, with only two reports of endoscopic resection. As preoperative diagnosis of an inverted Meckel's diverticulum is difficult, it was not diagnosed prior to resection in either case, and consequently perforation due to endoscopic resection was reported in one case. In the current case, we diagnosed the condition preoperatively, and subsequently used two detachable snares prior to resection to prevent hemorrhage or perforation. We then safely treated the inverted Meckel's diverticulum using endoscopic full-thickness resection with double-balloon enteroscopy (DBE).

Case: A 78-year-old man was admitted to our institution because of anemia and a positive fecal occult blood test. Abdominal ultrasound identified a hypoechoic polypoid lesion, with a hyperechoic head. A contrasted abdominal computed tomography scan also identified an elongated pedunculated polypoid lesion, with fat tissue in its center, in the distal ileum. Capsule endoscopy demonstrated a submucosal tumor-like lesion, and selective contrast-enhanced radiography indicated an elongated intraluminal polypoid lesion that was approximately 8 cm in size. Retrograde DBE indicated that the polypoid lesion exhibited intestinal villous mucosa on the surface at the head and typical mucosal features at the stalk of the antimesenteric attachment. This indicated that the lesion was an inverted Meckel's diverticulum, and endoscopic full-thickness resection with DBE was attempted. First, the stem of the polyp was closed with two detachable snares before resection to prevent hemorrhage or perforation. Then, conventional polypectomy with DBE was performed. The resection surface was closed with four clips after the polypectomy. Histopathological analysis revealed an 80 × 10 mm inverted Meckel's diverticulum without ectopic tissue. The patient was discharged 2 days later without adverse events.

Keywords: inverted Meckel's diverticulum, double-balloon enteroscopy, endoscopic full-thickness resection

P-05

Cholesterol Crystal Embolization without History of Endovascular Interventions Presenting as Foot Ulceration and Renal Failure; Second Report

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Background: Cholesterol Crystal Embolization (CCE) is a possible complication of endovascular interventions and cardiovascular surgery such as angiography, percutaneous coronary intervention and coronary artery bypass grafting. Meanwhile, some reports indicate that CCE often occurs without a history of endovascular interventions.

Case: A 79-year-old male with a clinical history of cryptogenic chronic renal failure. Right foot ulceration appeared for more than five months before admission. Ischemic gangrene was suspected, but excluded because of a normal ABI value. He was treated by external medication and followed up. After four months, renal function suddenly decreased (Cr 3.68 mg/dl BUN 67 mg/dl), and livedo reticularis spread to the lower limb. He was admitted to our hospital. After admission, CT scan revealed multiple abdominal aortic aneurysms and diffuse aortic atherosclerosis (Shaggy aorta). A skin biopsy from livedo reticularis of the lower limb was taken, and histopathological examination documented an arteriolar obstruction by cholesterol crystal. We diagnosed CCE based on the skin biopsy result. Transabdominal ultrasonography examination showed that some structure was bulging outward into aortic lumen from the surface of artery wall while moving rhythmically in synchronization with heartbeats. Since the lesions spread downstream of the structure, we thought this structure was the cause of embolization. Since renal failure progressed quickly, subsequently becoming end-stage renal failure, hemodialysis was introduced. The patient was subsequently treated with oral corticosteroid, atorvastatin, eicosapentaenoic acid and then LDL-apheresis was started. Along with the initiation of these treatments, CRP decreased gradually, and the foot ulceration and livedo reticularis slowly began to change for the better. After two-months of hemodialysis and 10-times LDL-apheresis, the patient was weaned off hemodialysis.

Conclusion: We recently encountered a case of CCE without history of endovascular interventions with successful treatment by corticosteroid, statin and LDL-apheresis.

Keywords: Cholesterol Crystal Embolization (CCE), skin biopsy, statin, LDL-apheresis

P-06

Shorter Hospitalization for Prostate Biopsy and Impact on Nursing Care; Second Report

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Background: The hospitalization period for prostate biopsy patients is shifting toward shorter durations, from 3 days and 2 nights to 2 days and 1 night, according to the Diagnosis Procedure Combination guidelines. Shorter hospitalization provides both a health and an economic advantage for patients and hospitals.

Objective: To clarify how nursing care for prostate biopsy patients should be improved along with shorter hospitalization by identifying differences in stress factors.

Materials and Methods: Ninety prostate biopsy patients were divided into two groups, each including 50 patients; A group (3 days and 2 nights) and 40 patients: B group (2 days and 1 night) group. The survey was conducted at hospital admission and discharge. Stress factors were compared by an index from the KMCCCC Stress Survey Sheet (modified from Nursing for the elderly I, Proceedings of The Japan Society of Nursing, 29, 67-69, 1998 and Nursing for adults I, Proceedings of The Japan Society of Nursing, 34, 196-198, 2004). Significant difference was assessed as $p < 0.05$ by chi-squared test. Patients signed consent forms and this study was approved by the KMCCCC ethics committee.

Results: Stress factors: there was a significant difference in the indexes for complications (Laboratory results, Pain and Hematuria) compared with indexes for hospitalization. Admission/discharge: there were significant differences in the indexes for Pain, Fever, Anuresis, Excretion, Sleep and Hospital staff in the A group, and Pain and Fever in the B group. At both survey times, the index of Pain stress was significantly higher in the B group. At discharge, Pain stress was indicated by 5 patients in the B group.

Conclusions: These data showed 'Pain' as the biggest stress factor for all prostate biopsy patients. At discharge, Pain stress was indicated only in the B group, as such, nursing care for prostate biopsy patients in the trend of shorter hospitalization should be focused on pain management.

Keywords: nursing, prostate biopsy, shorter hospitalization, stress factor

P-07

Strategy for Phlebitis Induced by Epirubicin and Administration Time; Second Report

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Background: Epirubicin (EPI) injection is indicated as a therapy for patients with breast cancer. EPI is also well known as highly emetic and an inducer of phlebitis. According to KMCCCC guidelines, combination chemotherapy regimen using antiemetic agents is recommended for FEC (5FU/ Epirubicin/ Cyclophosphamide) chemotherapy and EC (Epirubicin/ Cyclophosphamide) chemotherapy.

Objective: To study EPI-induced phlebitis in terms of the correlation between antiemetic agents (fosaprepitant and aprepitant capsule) and administration time (AT).

Methods: Seventy-five patients were enrolled in this retrospective study.

- (1) Cases with phlebitis were classified by antiemetic agents and gauge of injection needle, and analyzed in terms of AT.
- (2) For all cases, injection needle gauge and AT were analyzed.

Significant difference was assessed as $p < 0.05$ by ANOVA.

Patients signed consent forms and this study was approved by the KMCCCC ethics committee.

Results: Fosaprepitant was injected to 37 patients (49.3%) and an aprepitant capsule was given to 38 patients (50.7%).

- (1) There was a significant difference in AT (phlebitis: 5.6 min vs. no phlebitis: 3.3 min, $p = 0.0182$). Phlebitis was observed in 5 cases (6%). In all of these 5 cases, the antiemetic agents were fosaprepitant.
- (2) Means of AT were 2.0 min by 18G needle, 2.5 min by 20G needle, and 5.8 min by 22G needle.

Discussion: EPI leads to damage to the intima of vessels because of its acidity. Shortening of AT means less exposure to an acid agent, such as EPI. A large injection needle is one option to shorten AT.

Conclusion: To reduce risk of phlebitis, AT should be shorten by using a large injection needle. Side effect risk from an aprepitant capsule is lower than that by fosaprepitant, and as such, an aprepitant capsule is regarded as the first-line antiemetic agent when using a large injection needle.

Keywords: phlebitis, epirubicin, fosaprepitant, aprepitant capsule, administration time, injection needle gauge

P-08

Trends in Pharmaceutical Intervention Status from PRE-AVOID Report Data; Second Report

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Background: The Japanese Society of Hospital Pharmacists collects PRE-AVOID (be PREpared to AVOID adverse drug reactions) reports. These reports contain data about cases where there was prevention or alleviation of an adverse reaction, drug interaction, or inadequate therapeutic effects as a result of performing pharmacological patient care. (Pharmaceutical intervention such as medicine inspection on prescriptions were not candidates for PRE-AVOID reports). Our hospital also collects PRE-AVOID reports in pharmaceutical services for inpatient. Since 2011, our hospital has had inpatient-ward-resident pharmacists, and, in 2014, they started to type out the laboratory values (taken from electric hospital chart system) on the in-house prescription.

Objective: We examined pharmaceutical intervention by pharmacists by investigating PRE-AVOID reports at our hospital.

Methods: We investigated 350 cases reported over seven years from April 2009 to March 2016 at our hospital. Based on the reporting format by the Japanese Society of Hospital Pharmacists, we classified the reports by their onsets.

Results & Conclusions: There were 253 reports regarding pharmacists' activities such as auditing medicine prescribed, managing history of the medicine, and instructions for taking the medicine. The number of PRE-AVOID reports demonstrated an upward trend after the introduction of ward-resident pharmacists. Almost all of the reports were from resident pharmacists in the inpatient wards. Forty-six of 350 cases were related to laboratory values, and 29 of those were about renal function. The ratio was in increase after a modification of in-house prescriptions. This survey indicated that, in our hospital, resident pharmacists in inpatient wards contributed to safer medical treatment, and laboratory values entered on the in-house prescriptions assisted in more appropriate medical therapies.

Keywords: PRE-AVOID, resident pharmacist inpatient ward, laboratory values

P-09

Transfusion-related Acute Lung Injury after Emergency Surgery; Second Report

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Introduction: Transfusion-Related Acute Lung Injury (TRALI) is a nonhemolytic blood transfusion complication characterized by the acute onset of non-cardiogenic pulmonary edema with an infiltrative shadow of both lung fields, and occurs within the first six hours following transfusion of blood products. This is diagnosed by the detection of leukocyte antibodies in blood products. In cases with other risk factors, for example a patient is going into shock or in serious septicemia, the diagnosis is possible TRALI. This case report is about possible TRALI after blood transfusion in an emergency surgery.

Patient Background: A pregnant woman in her 30s, ectopic gestation in the eighth week of pregnancy, reproductive history (-), and transfusion history (-).

Clinical Progression: Emergency surgery was performed because of a tubal rupture due to ectopic gestation. She went into shock due to severe perioperative bleeding, and subsequently 8 units of RBC, six units of FFP, and 20 units of PC were transfused. Five hours postoperatively, her respiratory status worsened, pO₂ was 56.1 mmHg and pCO₂ was 41.8 mmHg. Non-cardiogenic pulmonary edema was confirmed in chest radiography. Immunologically screening were performed; serum HLA antigens (-), plasma protein antibodies (-), plasma protein deficiency (-), and plasma antigranulocyte antibodies (-). Antigranulocyte antibodies were detected in one of nine transfused blood packages. These results led to a diagnosis of possible TRALI.

Conclusion: In this life-saving case, prompt treatment was performed as TRALI was suspected at the early phases of onset. A proactive approach is indicated by sharing risk information between a laboratory and clinical departments about complications caused by transfusion, including risks such as TRALI.

Keywords: transfusion-related acute lung injury (TRALI), possible TRALI, transfusion, sharing risk information, complication, emergency surgery

P-10

An Infant with Transient Hypothyroidism Due to Excessive Maternal Intake of Iodine; Second Report

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Background: Thyroid hormone is essential for the development of the central nervous system especially during the neonatal period. Hypothyroidism in this period induces irreversible mental retardation.

Therefore, congenital hypothyroidism (CH) has been applied in national newborn screen program including Thailand and Japan. It is highly recommended to start supplementation of levothyroxine (L-T₄) before infants become two weeks -old.

Case report: The patient was an 11- days-old male infant. His thyroid-stimulating hormone (TSH) level measured in a dried blood spot was high (26.6 μ U/ml, cutoff 10 μ U/ml) and was instructed to visit our hospital on suspicion of CH. He presented with a failure to thrive due to poor sucking. His serum free T₄ was low (0.86 ng/dL) and TSH was high (79.6 μ U/ml) and suggested to have CH. A detailed interview revealed excessive maternal intake of the seaweed '*konbu*', which contain a large amount of iodine during 28 to 32 weeks of the pregnancy. His urine contained a large amount of iodine (3,090 μ g/g·Cre ;, reference value 500-1,500 μ g/g·Cre). We started treatment with supplementation of 5 μ g/kg L-T₄ from the first visit. The required amount of L-T₄ to maintain serum TSH and free T₄ level within normal limits gradually decreased. His iodine level in urine normalized (786 μ g/g·Cre) before reaching two months -old. Supplementation of L-T₄ was discontinued before reaching 8 months -old.

Discussion: Iodine deficiency is rare in Japan, but the dietary habit of consuming seaweed sometimes causes neonatal transient hypothyroidism due to excess intake of iodine. A detailed medical interview and avoidance of gratuitously long treatment is important.

P-11

Perception of Pain When Holding a Child Facing Away or Toward During a Blood Sample; Second Report

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In this study, we evaluated differences in perceptions of safety and fear based on how a child is held (facing away or facing toward) when a blood sample is taken.

A questionnaire was also given to their guardians. There were 33 subjects including infants and preschool children and their guardians that provided consent to participate in this study at Kure Medical Center. The facing away group was assigned to 16 patients (48%) and the facing towards group was assigned to 17 patients (52%). We scored the responses of patients to our blood examination by using the Children's Hospital Eastern Ontario Pain Scale (CHEOPS) during three phases (I: from entering treatment room to puncturing vein, II: from puncturing vein to drawing a needle, and III: from drawing a needle to going out of treatment room). We also asked guardians for their input thru a questionnaire.

There were no significant differences in the CHEOPS score between the two groups in any phase. Similarly there were no significant differences in the CHEOPS score between the two groups based on age or gender. We speculate that the main reason for finding no differences is that children feel more secure when held by their guardians regardless of how they were held. Facing a child away while holding them may be better for children who are aware of the procedure and discomfort in collecting a blood sample.

P-12

Sequential Analysis of Changes in Psychological Feelings of Pregnant Women after Emergency Cesarean Section; Second Report

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It is well known that some mothers have negative psychological feelings such as regret, guilt, and confusion after emergency cesarean section. Although mothers accept their clinical situations, it is still unclear when and how such mothers overcome their negative feelings. We performed sequential analysis from admission to discharge about psychological feeling changes of eight pregnant women that underwent unplanned emergency cesarean section. All the women were obstetrically low risk, and were interviewed prior to discharge by midwives regarding psychological feelings toward the unplanned cesarean section. We established seven time points to assess psychological feelings. The gathered data were classified into several categories, and assessed at every time point. From the interviews, 267 items were extracted from the interviews, and classified into 41 categories and 91 sub-categories. At the time point of the admission, almost all of the women had mixed feelings of anxiety and expectation about having a baby. In some women, negative feelings such as anxiety and commotion reached a peak level just before the surgery, and a sense of negative self-worth-dispraise arose after the surgery. However, other women had feelings change to positive reactions such as accomplishment at a very early time point after the surgery. Finally, all pregnant women accepted that they did not have vaginal deliveries and had positive feelings of happiness and accomplishment until discharge. The present study revealed that perception and psychological feelings regarding an emergency cesarean section differed among women, and that the time point of change from negative to positive feelings depended on the social and clinical situations of individual pregnant woman.

P-13

Acute Infective Endocarditis with Iliopsoas Abscess; Second Report

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A 42-year-old man presented at a clinic with fever, back pain, and a history of atopic dermatitis and ulcerative colitis that was under treatment with sulfasalazine (2 g/day). A blood test at that time revealed CRP 27.64 mg/dL. He was prescribed with an antibiotic, which did not improve his symptoms. On the following day, he was referred to our hospital, where he presented with fever, lower right back pain, and chills. He was admitted and we conducted blood tests, measured arterial blood gas, and started blood cultures. Assessment using contrast CT revealed an iliopsoas abscess that we treated with intravenous meropenem (3 g/day). He complained of chest discomfort on admission day 2, but electrocardiographic findings were unremarkable. The blood culture was positive for *S. aureus* and we started the patient on intravenous vancomycin (2 g/day). However, he went into shock early in the morning of admission day 3, and a chest X-ray revealed cardiomegaly with pulmonary edema. He was transferred to the ICU and intubated. Infective endocarditis was suspected, and transthoracic echocardiography (TTE) in the parasternal long-axis view showed normal wall motion and EF >60%. The posterior leaflet of the mitral valve (P1) had a valvular aneurysm with perforation. Color Doppler echo imaging revealed severe mitral regurgitation. The findings of subsequent transesophageal echocardiography were similar to those of TTE, but vegetation or an abscess of the mitral valve annulus was not found. Since conservative medical management was suboptimal for curative treatment, we considered that valvular surgery was required. However, our institution does not have a cardiovascular surgery department, so we immediately transferred him elsewhere for emergency valvular surgery. The postoperative course was unremarkable and the patient was discharged from that institution 20 days later. Here we describe acute infective endocarditis with an iliopsoas abscess and present a review of the literature.

P-14**Approaches of Nurses to Patients with Head and Neck Cancer Treated by Chemotherapy and/or Radiotherapy; Second Report**

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Purpose: The present study aimed to define relationships between patients with head and neck cancer who had not yet experienced adverse reactions to anticancer drugs or radiotherapy and nurses to find factors that could support patients to prevent adverse events.

Methods: Seven ward nurses who cared for patients with head and neck cancer consented to participate in this study, which proceeded between October 2015 and August 2016. One of our investigators conducted a semi-structured interview with each nurse individually in a private room. The nurses were allowed to talk freely, and the interviews were recorded with the written permission of all participants and analyzed.

Results: We extracted and classified 61 recordings from the interviews into 14 categories. We selected four categories that comprised explanations of the types of adverse reactions that patients would likely experience, support for patients concerning self-care, individual lifestyle guidance corresponding to the status of each patient, and self-care guidance according to the daily life of their patients.

Conclusion and Discussion: Most patients started chemotherapy or radiotherapy on the day of or day after admission. Nurses and attending doctors need to understand the anxiety patients feel regarding their disease status and potential adverse reactions to therapies, and they should help to relieve anxiety and reduce stress at the time of admission. Patients need to be taught the importance of self-care to protect themselves against adverse reactions and provided with methods that they can implement over the long term.

P-15

Effects of a Team Approach to Helping Patients with Diabetes; Second Report

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Background: Before the Diabetic Center was established at Fukuyama National Hospital in April 2016, registered nutritionists only provided lifestyle guidance including dietary management to hospitalized patients with diabetes. Since June 2016, diabetology physicians, registered nutritionists, pharmacists, physical therapists, and registered nurses have formed teams to provide comprehensive lifestyle guidance classes to inpatients with diabetes. **Purpose:** To determine the effects of lifestyle guidance classes delivered by such a team to inpatients with diabetes.

Methods: We analyzed the content of lifestyle guidance provided to patients with diabetes, the number of patients who attended classes, and the effects of the program on their lifestyles between June 2015 and March 2017. **Results:** The quality of guidance was improved and the length of the guidance classes increased from 40 min once per month to eight 40-min classes per month after implementing the team approach. The number of patients per class increased from 1.8 to 3.8 after implementing the team approach. The team approach quelled anxiety about diabetes mellitus for one patient and motivated another to implement dietary improvements.

Discussion: The team approach to treating patients with diabetes has enabled individualized lifestyle guidance, helped such patients to comprehensively understand their treatment, and allowed them to more easily improve their lifestyles. Lifestyle guidance should be provided regularly to diabetic outpatients.

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1. The presentation schedule is as conveyed by the secretariat prior to the congress. There will be no timekeeper present. All speakers are asked to keep to the allocated time: 15 minutes or 10 minutes (individually indicated). The presentation time includes discussion time.
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3. Please prepare presentation materials (PowerPoint 2003/2007/2013 ver.) in English.
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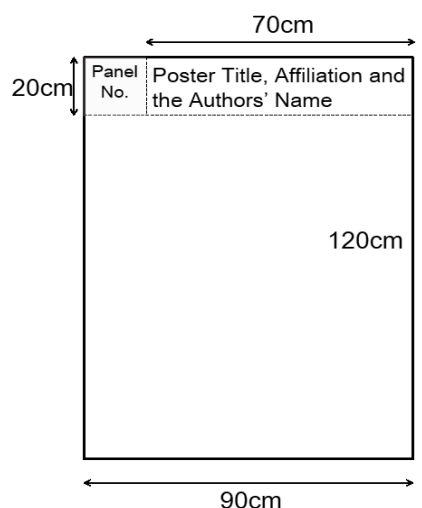
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