

Catalyst



ACCELERATING RESEARCH

March 2010

MICA (P) 166/01/2010 • A NEWSLETTER FOR THE RESEARCH COMMUNITY IN SINGAPORE



Metamorphosing Research



National
Healthcare
Group

Adding years of healthy life

Exclusive Interview with
Professor Judith Swain

Photos from
8th NHG Annual Scientific
Congress 2009

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Celebrating the Best in Research

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Adding years of healthy life

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From The Editor-in-Chief



Dear Colleagues and Readers,

A very Happy New Year to all of you! 2009 had been a roller-coaster year. We battled the extended economy downturn and faced yet another pandemic since SARS. Many projects were either stopped or decelerated while foci shifted. However, we dwelled in the consolation that everyone stood united and arose to brave the unexpected storms together.

The NHG Annual Scientific Congress (ASC) 2009 was a strong testimony on the power of collaboration and partnership. Despite all difficulties, institutions and private partners came together to organise and provide a platform for knowledge exchange between healthcare and research professionals. Hot topics such as Infectious Disease and H1N1 were actively discussed. ASC 2009 was a resounding success and I thank everyone who had contributed in one way or another.

In this issue, we also bring to you the final write-up on the Translational & Clinical Research (TCR) Flagship program. A/Prof Yeoh Khay Guan of NUHS writes how this grant has benefited Gastric Cancer research and testifies on the importance of collaboration in research in order to benefit our patients and population.

NHG is also reviewing its research strategies to meet the demands of the

global biomedical research efforts and local population demographics. In this issue we feature an exclusive interview with Professor Judith Swain, NHG Board Member, and Executive Director of Singapore Institute of Clinical Sciences. Prof Swain shares with us the new research vision of NHG, and gives her personal thoughts on leadership.

Finally, I am pleased to share that NHG, together with NUHS and KTPH have received the AAHRPP (American Association of Human Research Protection Program) reaccreditation in March 2010. This is proof of our commitment towards protecting our research participants under the Human Subject Protection Program. Do read more about the reaccreditation journey on page 9. Once again, I express my gratitude to all who have made the reaccreditation possible.

I hope you enjoy reading the Catalyst and look forward to having your feedback.

Yours Sincerely,

Kin Poo

Your Newsletter, Your Comments

Do you have any of these:

- Research articles to share?
- Research topics that you want covered?
- Comments/Feedbacks on published contents of this newsletter?
- Comic strips/cartoon illustrations that is science/research-related that can bring smiles to your colleagues?

If you have answered "YES" to any of the above, we invite you to write in and share with us your thoughts, feedback on published articles or cartoon clips (original materials, jpeg format please).

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appreciation, with compliments from the Editorial team!

Do remember to add in your contact details, where applicable, for our future communications with you.

The Editorial Team

NHG-NUS Clinician Leadership in Research (CLR) Programme

Alcohol hand-rubs are fast and good!

Dr Angela Chow

Consultant, Department of Clinical Epidemiology, Tan Tock Seng Hospital

Why this project?

Hand hygiene is the single most important measure that can prevent the spread of infections in healthcare settings. The World Health Organization (WHO) and U.S. Centers for Disease Control and Prevention (CDC) have respectively issued guidelines on hand hygiene, promoting the use of alcohol hand-rubs.

Since the introduction of alcohol hand-rubs in Tan Tock Seng Hospital (TTSH), we have adopted the CDC guidelines. These guidelines recommend that alcohol hand-rubs be applied to cover all hand surfaces, but however, do not specify the hand hygiene steps. The recent WHO Guidelines on Hand Hygiene in Health Care have recommended alcohol hand-rubbing with the standard 7-steps adopted in anti-septic hand-washing.

Hand hygiene is important, but education takes time. Busy healthcare professionals are often unable to spare much time for hand hygiene. Hence, it is important to identify and promote the most time-effective hand hygiene protocol, to ensure good hand hygiene compliance. However, very few studies have been conducted in clinical settings during routine patient care. To my knowledge, none has been conducted locally, and none has compared the efficacy of WHO's alcohol hand-rub protocol with that of CDC's.

The purpose of my CLR research study is to evaluate the efficacy of and the time-spent on three hand hygiene protocols during day-to-day patient-care activities.

Research details and findings

From 8 October to 7 November 2007, a prospective randomised controlled trial was conducted in all 20 subsidised general wards at TTSH. A total of 60 medical and 60 nursing staff participated in the study and were randomly assigned to: (1) CDC's alcohol hand-rub protocol, (2) WHO's alcohol hand-rub protocol, or (3) chlorhexidine hand-wash.

All three hand hygiene protocols were observed to be effective in reducing hand bacterial contamination. Median bacterial reduction was not significantly different between hand hygiene protocols [CDC 1,550 cfu/ml vs. WHO 1,050 ($p=0.76$) vs. hand-wash 1,200 ($p=0.74$)]. During routine patient-care, CDC's alcohol protocol (median 26.0 seconds) required significantly less time than WHO's alcohol protocol (38.5 seconds) ($p<0.05$) and chlorhexidine hand-wash (75.5 seconds) ($p<0.01$) respectively.

Impact of research

The study has demonstrated that the CDC alcohol hand-rub protocol, which has been widely adopted in TTSH, was the most

time-effective hand hygiene protocol. The research findings provided the scientific evidence and confidence for continued promotion of the alcohol hand-rub protocol for daily patient-care activities in TTSH. With the wide-spread use of the protocol, it would help improve hand hygiene compliance, and bring about safer care for our patients.

On CLR & beyond

The CLR programme is very well structured and organised. The training modules have not only equipped me with the core skills necessary for research, but have provided me with the invaluable opportunity to meet with seniors and gather precious "tips" on research pitfalls to avoid. I am grateful for the guidance and support of my bosses, my mentor, and the faculty members of the CLR programme. I am also very thankful for the seed funding, which has allowed me to embark on my project. Most importantly, the CLR programme has started me on the clinical research journey, which I plan to continue in the good company of fellow like-minded colleagues. Going forward, I hope to be able to pursue a PhD to further hone my skills, and to inspire and mentor more juniors to join us on this exciting journey.



Dr Angela Chow (second from right) is a public health physician, and is currently a consultant at the Department of Clinical Epidemiology at Tan Tock Seng Hospital/Communicable Disease Centre.

Prior to this, Dr Chow was the Deputy Director of Communicable Diseases Surveillance at the Ministry of Health, where she was responsible for the national surveillance of infectious diseases and developed various critical national surveillance systems and programmes. She had been involved with various areas of public health work at the Ministry of Health, including communicable and non-communicable disease prevention and control, health services development, as well as health education and health promotion. During the SARS outbreak in 2003, she was part of the field response team that carried out epidemiological investigations in hospitals and nursing homes.

Her research interests include infectious disease epidemiology, infection control, and public health surveillance. She has authored a number of research papers, including a landmark paper on "Influenza-associated deaths in tropical Singapore". In addition to the hand hygiene study supported by the CLR programme, she is also the Principal Investigator of other studies, including one examining the risk factors and outcomes of methicillin-resistant staphylococcus aureus (MRSA) infections.

Translational & Clinical Research (TCR)

Flagship Programme on Cancer

Lead PI: A/Prof Yeoh Khay Guan

Vice Dean, Yong Loo Lin School of Medicine, NUS and Principal Investigator, Cancer Programme

Gastric cancer is the second leading cause of cancer death worldwide, and is particularly common in East Asia. It does not get as much attention as other cancers because of its lower incidence in the West. Gastric cancer traditionally carries a poor prognosis with 79% of tumors diagnosed at stage IV and five year survival less than 5%¹. Advanced gastric cancer is generally refractory to chemotherapy, which leads to poor prognosis. It has been shown that if it is diagnosed at an early stage, it is a curable disease. Therefore it is most important to be able to identify high-risk patients for gastric cancer early in the progression of the disease, so that effective medical intervention can be implemented.

In Singapore it is the fifth commonest cancer in men, who have a 1:50 lifetime risk of developing gastric cancer. Claiming approximately 330 lives every year in Singapore, diagnosis of gastric cancer usually occurs at a late stage of the disease when treatment is difficult and often unsuccessful. Therefore more targeted screening in the high-risk population is required to detect gastric tumors at an early and treatable stage. The identification of the high risk population segment first requires the elucidation of predictive risk factors for the development of gastric cancer, which are specific for the local population.

The Singapore Gastric Cancer Consortium (SGCC) is a national coalition of clinicians and scientists working in gastric cancer research. The group focuses on solving important clinical questions to improve the care of gastric cancer patients, facilitated by close interaction between clinicians and scientists, and with synergism that enables biologic discoveries in the laboratory to be validated in the clinical setting. Important research projects include biomarker discovery and validation, the genetic mapping of gastric cancer and clinical trials of new treatment agents. In July 2007, the consortium was awarded the first Translational and Clinical Research (TCR) Flagship Research Grant by the National Research Foundation (NRF) of Singapore.

In addition, SGCC has forged international collaboration with the International Cancer Biomarker Consortium (ICBC) led by Lee Hartwell, Fred Hutchinson Cancer Centre, Seattle, USA; the Cancer Therapeutics Research Group, a multi-centre oncology cooperative group involving five countries (Singapore, Hong Kong, Korea,

Taiwan and Australia); and the Asia Pacific Research Group for Gastric Cancer, comprising participating centres from 10 Asia-Pacific countries.

The aim of the SGCC is to improve the outcomes for gastric cancer in Singapore. This will be achieved by specific research projects focused along 3 themes:

Theme 1 Early detection by screening of high risk groups

Theme 2 Improving biologic understanding of gastric carcinogenesis

Theme 3 Improving treatment by molecular profiling of tumours

Description of SGCC Signature Programmes

1. Unique Clinical Studies

The two large clinical studies are the Gastric Cancer Epidemiology Programme (GCEP) which is a cohort study of 3000 subjects at high risk of gastric cancer, and the Gastric Cancer Biomarker Discovery (GASCAD) study which aims to enrol all patients diagnosed with gastric cancer at the four largest public teaching hospitals in Singapore.

Our GCEP study is the first ever systemic study of screening for gastric cancer in a cohort of 3000 subjects. Benefits to patients include being diagnosed and treated for early gastric cancer, and in treatment of risk factors to reduce their risk of developing gastric cancer. This study provides information on the yield of screening and true risk of pre-cancerous lesions like intestinal metaplasia and atrophic gastritis which will help us design a cost-effective algorithm for targeted screening of gastric cancer in high-risk groups in the Singapore population².

The gastric biopsies of GCEP subjects will build-up a library of tissues that is hoped will document the sequential changes for subjects that develop gastric cancer, allowing the key genetic alterations to be studied. The endoscopic surveillance of GCEP subjects has in turn spun-off studies on the enhancement of detection of early cancer by novel technologies including confocal endomicroscopy, near-infrared Raman spectroscopy and autofluorescence endoscopy as well as a project on robotic enhancement to facilitate endoscopic removal of early cancer lesions.

Meanwhile the GASCAD study will contribute the appropriate blood and tissue specimens required for biomarker discovery



using the latest genomic and proteomic approaches. Subsequently candidate biomarkers discovered will be validated in the high-risk cohort and in the population.

2. Studying the Molecular Biology of Gastric Cancer

Our group has shown that RUNX3 is a critical tumour suppressor gene in gastric cancer in both animal models and in human gastric cancer.

We showed wild-type RUNX3 attenuates Wnt signaling by interacting with a transcription factor, TCF4³ while a RUNX3 mutation, R122C, found in human gastric cancer⁴ does not. Since TCF4 together with β -catenin is a nuclear effector of Wnt signaling pathway, the results strongly suggest that Wnt signaling pathway functions as an oncogenic pathway in gastric cancer (Ito K et al, manuscript in preparation).

We reported earlier that Runx3+/+ cells isolated from stomach epithelium display polarity and form a cell sheet when cultivated in collagen gel, whereas similarly isolated Runx3-/- cells do not show any polarity, do not form cell sheet and grow randomly under the same culture conditions⁵. This suggested that some cell surface molecules involved in cell-cell junction might be a target of RUNX3. We found that one of the tight junction proteins, Claudin-1, is a direct positive target of Runx3 and Claudin-1 has tumor suppressive function. This is interesting because Claudin-1 is a negative target of Snail and Slug that induces epithelial mesenchymal transition (EMT). These results suggest that part of the tumor suppressor function of RUNX3 may be effected by an inhibition of EMT⁶.

3. Genetic Pathways Predict Clinical Prognosis in Gastric Cancer

With current treatments, less than a quarter of gastric cancer (GC) patients survive longer than five years after surgery, making GC the second highest cause of global cancer mortality. Individual GCs are highly disparate in their cellular characteristics and responses to standard chemotherapeutic drugs. Pathway based approaches, rather than single gene studies, may help to unravel this complexity. We have applied computational approaches to identify connections between molecular pathways and cancer profiles. In a large scale study of more than 300 patients, we identified subgroups of gastric cancers distinguishable by their patterns of driving molecular pathways. We showed that

these identified subgroups are clinically relevant in predicting survival duration and may prove useful in guiding the choice of targeted therapies designed to interfere with these molecular pathways. We also identified specific gastric cancer cell lines mirroring these pathway subgroups, which should facilitate the pre-clinical assessment of responses to targeted therapies in each subgroup⁷.

4. Early Phase Clinical Trials: Neoadjuvant Therapies in Operable Gastric Cancer

In patients with early gastric cancer, we have evaluated the role of neoadjuvant chemotherapy of docetaxel, cisplatin and capecitabine before surgery. Preliminary analysis of pre-treatment tumour tissues suggested that a high DNA methylation score correlated with improved treatment outcome and may be used to select patients that may benefit from neoadjuvant chemotherapy. The study is still on-going, and will be used to validate in-vitro derived genomic signature of drug response.

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NHG congratulates



Dr Ng Oon Tek, Associate Consultant, Medicine/CDC Infectious Disease, Tan Tock Seng Hospital on his successful attainment of the NMRC Research Training Fellowship.



Dr Mark Chen, Associate Consultant, Medicine/Clinical Epidemiology, Tan Tock Seng Hospital on his successful attainment of the Clinician Scientist Award (CSA).

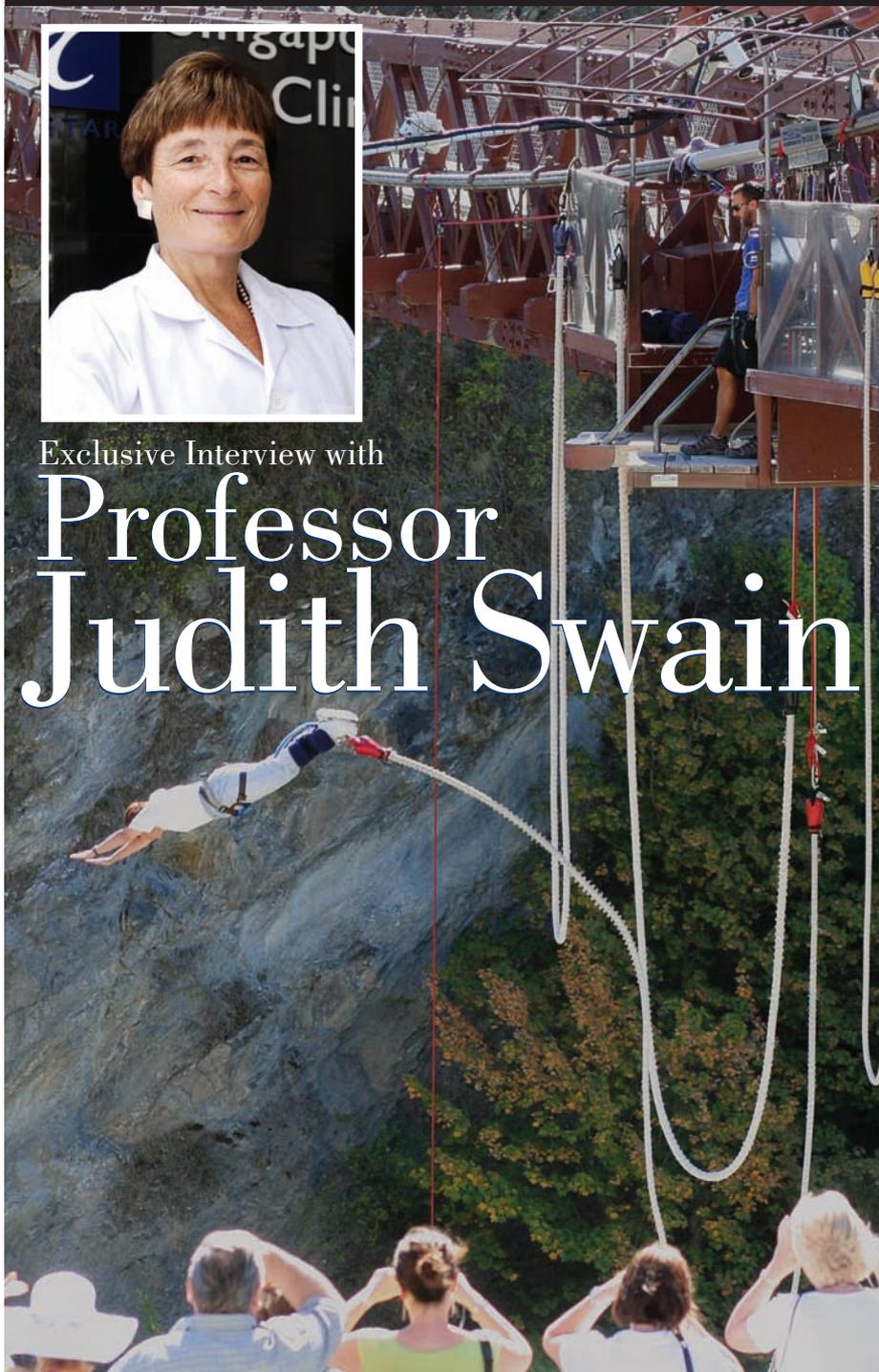
Catalyst is carrying a new series of leadership articles highlighting prominent healthcare leaders in Singapore. For this issue, we have Professor Judith Lea Swain, NHG Board member and Executive Director of SICS with us. Today, Prof Swain wears many hats in her capacity as Executive Director of the Singapore Institute for Clinical Sciences (SICS) within A*STAR, Lien Ying Chow Professor of Medicine at the National University of Singapore (NUS), Board Member of the National Healthcare Group (NHG). She is also chairing the newly formed Steering Committee for Research & Development (SCR&D) in NHG.

We are grateful to have Prof Swain share with us her perspectives on research, healthcare and life.



Exclusive Interview with

Professor Judith Swain



Prof Swain enjoying her bungee jump.

Prof Swain and her husband, Prof Edward Holmes, current Executive Chairman of the National Medical Research Council (NMRC), have been here since 2006 to help drive translational medical research in Singapore.

Prior to taking up this position at SICS, Prof Swain was the Dean for Translational Medicine and the Founding Director of the College of Integrated Life Sciences (COILS) at the University of California in San Diego. Prof Swain has also served as Chair of the Department of Medicine at Stanford University and held multiple professorships in her career. These include the Arthur Bloomfield and George E. Becker Professorships at Stanford University and her appointments as Herbert C. Rorer Professor of Medical Sciences and Professor of Genetics at the University of California.

Prof Swain also served in a number of international advisory committees including those of the Wellcome Trust, and the Canadian Foundation for Innovation. She also acts in the capacity of either director or member of the scientific advisory boards for a number of biomedical technology companies and organizations such as Lexicon Pharmaceuticals Incorporated, Burroughs Wellcome Fund, the Institute of Medicine of the National Academies of Science, and the Board on Army Science and Technology. Prof Swain is also a co-founder of Synecor LLC, a company creating paradigm shifting medical devices.

What are your thoughts on the key strengths / weaknesses of NHG?

One key strength is the master clinicians in NHG and their sophisticated knowledge of diseases in their speciality areas. Another strength is that these same clinicians care for a group of patients who might participate in clinical research studies and clinical trials.

A weakness is the lack of research intensive clinical researchers in NHG. This weakness can be overcome through further developing collaborations with other investigators, both within and outside of Singapore.

How can we leverage on the key strengths?

NHG can leverage its superb master clinicians and patient populations by collaborating with others. Collaborators might include other master clinicians with similar patient populations, and thus bring together a critical mass of patients and investigators to address a question or perform a clinical trial.

What do you think are the key achievements of Singapore and how can it move forward to help healthcare?

Singapore is a window on Asia, and has a healthcare system that works better than most other countries. Because the health system is relatively small, innovative ways to care for the population can be developed and tested. Singapore can also be a hub for studying Asian-relevant diseases, and the differences in disease expression between different ethnic groups.

The SCR&D has been tasked to advise NHG on its research strategy. How do you think the SCR&D can engage the ground in its mission?

The key to engagement is communication, communication, and communication.

The Committee has reached a consensus that the research development portfolio should include things from ground up and top down, directed at current and future strengths existing in NHG. Any researcher who has an opinion on how the research funding, training or infrastructure should progress should approach any of the Committee Members and have their voices heard.

What do you like most about your job?

I like learning new things and I like meeting new people. My work in Singapore allows me to do both.

How do you find time for your family?

My husband also works for A*STAR, so it allows both of us to devote a good deal of time to our work. Like everyone else, there is usually more work to do than time available, so we multitask a lot.

What do you like to do in your spare time? Do you have any hobbies?

Ed and I spend a lot of time on airplanes, so that eats up quite a bit of spare time. But long flights are a chance to catch up on reading. When we have our feet planted on the ground, we try to get out to play some golf. In addition, I like just about all sports, from kayaking, to horseback riding, surfing, hiking, and am always up for trying something new.

I also spend quite a bit of time on advisory committees and boards for different organizations. For many years I have participated in military advisory committees and currently am involved in reviewing all of the U.S. Army Research and Development Laboratories.

Does your personality and love for adventure help in making decisions in your daily work?

I think I tend to be able to make decisions quickly to allow things to move on, and then to make mid-course corrections if necessary. I like jumping right in rather than spending a great deal of time (over)analyzing a problem.

Do you see any correlation between bungee jumping and research?

See above. Just jump in and do it!

To feedback to the SCR&D, you may contact either Farah (Funding) @6496 6965, Selina (Infrastructure) @6496 6910 or Hwee Hian (Training) @6496 6963

SINGAPORE GUIDELINES TO GOOD CLINICAL PRACTICE COURSE 2009

The Singapore Guidelines to Good Clinical Practice (SGGCP) Course 2009 was held jointly with SingHealth on 7 & 8 September 2009, at the Civil Service College Auditorium.

A total of 139 participants attended the intensive 2-day course which covered both theoretical and operational aspects of Clinical Trials Management activities. A wide range of topics was tailored to provide the audience with a comprehensive understanding of drug development process, clinical trial management, regulatory requirements, as well as ethical and legal issues faced in clinical research. The course also included highly-interactive panel discussions where speakers shared knowledge and examples from their varied professions. At the end of each day, participants were given an opportunity to recap their learning through a short quiz.

Majority of the participants were from Singapore's leading healthcare institutions under the National Healthcare Group, the SingHealth Group, and the Parkway Group.

There were also representatives from pharmaceutical companies, academic institutions and regulatory bodies.

The stellar line-up of speakers included renowned figures in the local research community, such as:-

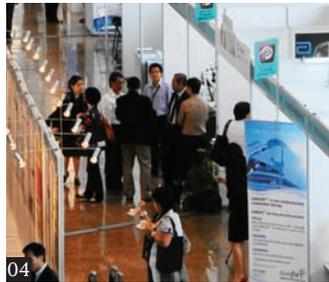
- Mr. Foo Yang Tong, Deputy Director, Clinical Trials Branch, Health Sciences Authority
- Ms. Angie Sim, Regional Director (AP), Global System Quality Assurance, Johnson & Johnson Pharmaceutical Research & Development
- Ms. Patricia Flynn-Valone, Director, Clinical Operations Quality Management in AP & India, Quintiles
- Associate Professor Catherine Tay, IRB Member, CIRB (SingHealth) and DSRB Domain D (NHG)

Participants responded favorably in a survey that the lectures were clear, comprehensive, and very relevant to their research work.

The next rounds of GCP course will be held on 6 & 7 April and 29 & 30 June 2010 respectively.

8th NHG Annual Scientific Congress 2009

The 8th NHG Annual Scientific Congress was held on 16-17 October 2009 at the Suntec Singapore International Convention & Exhibition Centre. It concluded successfully with over 4000 local and regional participants. Here's a recap of the exciting event:



- 01 Professor Edison Liu delivering the keynote lecture at the Opening Ceremony
- 02 Professor David Colin -Thome OBE delivering the Plenary Lecture on Transforming Primary Healthcare – Keeping it Personal
- 03 Delivery of the Plenary Lecture on The Role of Medical Research in Transforming Healthcare by Professor Sir George Radda
- 04 Exhibition at the Concourse
- 05 Dr. David Garwayheath delivered a lecture on Optimising Treatment Strategies In Glaucoma Management

- 06 Professor Randy Kardon shared on The Use of OCT in Neuro-Ophthalmic Conditions
- 07 Panel Discussion at The Singapore Disease Management & Primary Care forum 2009
- 08 Kids from Club Rainbow had a shot at bowling at ASC Charity Bowling
- 09 300 distinguished guests attended the Congress Dinner at the end of Day 1
- 10 Photo-taking with our Congress Speakers
- 11 ASC Charity Bowling with Club Rainbow at HomeTeamNS Starbowl

- 12 Professor Henry Brodaty shared with our audience during an interactive Panel Discussion
- 13 The audience had the opportunity to exchange views with our distinguished-speakers during Q & A sessions
- 14 Photo-taking with our Guest Of Honour at Suntec Convention Center Ballroom Foyer
- 15 The NHG Eye Institute 2nd International Ophthalmology Congress was held concurrently with ASC 2009



12



14



13



15

Dr Dan Yock Young shares his afterthoughts on winning The NHG-NUHS Doctor Award

“Somewhere, something incredible is waiting to be known” (Carl Sagan). But to find it, one will have to “go up all the alleys to see if they are blind.” It seems silly but “if we knew what it was we were doing, it would not be called research, would it?” (Albert Einstein).

I was first attracted to research during my internal medicine training after I first qualified for my specialist degree; I realized that there was so little that we know about diseases. Why does a specific disease happen? How does it occur? How should it be treated and why do patients respond to treatment differently? At times, it seems almost ironical that patients put so much trust in us and yet we can do so little for them.

Research in medicine is no more than an extension of the fundamental intent to provide better health for our patients. My lab has been used to research for alternative ways to treat liver diseases for the past 5 years. Currently, we are looking at stem cells in an attempt to use them for transplant patients who have liver failure but not a liver transplant.

Being on the clinician-scientist track, I am fortunate and thankful that the system allows me to spend up to 80% of my time

on research. Although protected time is relative, the unique opportunity allows us to bring clinical questions back to the lab for dissection, analysis and further interrogation that may hopefully lead to breakthrough discoveries.

A researcher's life has been likened to that of a drug addict. “There are days of high with mostly periods of misery”. The NHG-NUHS Doctor Award has been a high point and I thank NHG and NUHS for this honor. Personally I see this as an acknowledgement and affirmation of the collective effort put in by the medical research fraternity. So, credit must also go to our clinical colleagues who cover our clinical duties uncomplainingly, allowing our research to come to fruition. The real reward of our endeavours, is the challenge of the unknown, the never routine and never mundane tasks that face us, and the hope that we can make life better for our patients and mankind.



ASC 2009 – Fish Oil Research Reigns as Champion Track

Dr Lim Choon Guan

Associate Consultant, Child and Adolescent Psychiatry,
Institute of Mental Health

The current trend for supplements has got to be fish oils. Research has shown that it may be beneficial for many psychiatric disorders – from attention deficit hyperactivity disorder (ADHD) in the young to dementia in the elderly. Many parents are reluctant to place their children on stimulant medication (which has been the first-line treatment prior to the introduction of Atomoxetine). The dilemma is either to put up with the symptoms or risk their children experiencing medication-related side effects, and the balance is tilted towards the former especially with recent reports of the potential association of stimulant medication with sudden cardiac deaths. But with many studies claiming the efficacy of fish oils in treating ADHD being criticized for various reasons from small sample sizes to poor design, there is a need for a larger, well-designed study to accurately investigate its efficacy. Hence, the birth of the Supplements and Social Skills Intervention (SASSI) study, which is led by A/Prof. Daniel Fung.

The overarching objective of the 6-month (24-week), randomized, double-



blind, placebo-controlled trial is to assess whether a nutritional intervention, when combined with a more traditional treatment approach, is more effective than either approach alone in treating conduct disorder and ADHD in children and adolescents. This includes the evaluation of the effectiveness of omega-3 fatty acid dietary supplementation in reducing both conduct disorder and comorbid ADHD / conduct disorder, and social skills training in reducing conduct disorder. A team of dedicated research associates, whose energy have driven the project on nicely, was put together to realise these objectives. Quite aptly, these fun-loving girls are also affectionately called the 'SASSI girls'.

As one of the study investigators, I had the privilege to present the study at one of the clinical tracks at the National Healthcare Group's 8th Annual Scientific Congress 2009, together with Mr. Peter

Clough and Prof. Tomohito Hamazaki. Much to the surprise of my experienced co-speakers, the response was so overwhelming that the organizers had to schedule a repeat session. As Peter put it "I've never experienced anything like that before!"

Many attendees were parents who were interested in the study that we were conducting. Our study also provided other interesting findings, some of which were shared at the session, including "What is the diet of ADHD children and how much fish do they actually take?", "What is the omega-3 content of our local fish, which is not usually featured on most literature or nutritional software?"

Perhaps nature has provided the very panacea we need for difficult behavioural problems. Like how Prof. Hamazaki candidly ended his talk- start asking your neighbour "When was the last time you ate fish?"

B2BResearch Online portal – Supplementary Report Forms FAQ

What are 'Supplementary Report Forms'?

The 'Supplementary Report Forms' are the online versions of the previous hardcopy forms which are used for reporting to the DSRB.

The online Supplementary Report Forms can be used for reporting and/or submission to the DSRB for the following purposes:-

- Study Amendments
- Study Status Reports
- Non-Compliance / Study Deviation Reports
- UPIRTO Reports
- Other Study Notifications
- HSA Clinical Trial Certificate Records

Where can I find the Supplementary Report Forms?

The DSRB Supplementary Report Forms can all be easily accessed through the Task panel (as shown) in the Study Summary Page for each Study.

Who can create and submit these Supplementary Report Forms to the DSRB?

Any member of the Study Team and Protocol Administrator can create, edit and save a new draft form to complete. However, the submission of the form must still be done by the Principle Investigator of the Study.

The 'Create' link for the Study Amendments is missing? What went wrong?

If you do not see the 'Create' link for the Study Amendment,

NHG Successfully Attained AAHRPP Reaccreditation

A major milestone in research ethics is achieved in March 2010 when the Association for the Accreditation of Human Research Protection Programs (AAHRPP) announced that National Healthcare Group (NHG), National University Health System (NUHS) and Alexandra Hospital (AH) have successfully been reaccredited with the prestigious AAHRPP Accreditation Award.



NHG, NUHS and AH were first awarded the AAHRPP Accreditation in March 2007, thereby to become the first ever public healthcare institution outside US to be conferred this prestigious honor. The accreditation had elevated NHG, NUHS and AH to the same platform as other world renowned healthcare institutions as it came with a universal recognition for high standards and a recognized hallmark of excellence in the protection of human participants in research.

Since the inaugural accreditation, the entire research community – the institutions, DSRB members, investigators, research coordinators – has worked tirelessly to heighten the quality of our human subjects’ protection program beyond the threshold of regulatory requirements whilst producing significant medical advancements. The efforts have not gone unnoticed; not only did the research community succeed in the reaccreditation, it did so with a distinction.

During the reaccreditation, the AAHRPP site visitors were pleased with the institutions’ ongoing quest for excellence, which resulted in major milestones, such as the establishment of participant outreach programs, research quality assurance programs, comprehensive training and education, HSPP Toolkits, DSRB online submission system and many other initiatives.

AAHRPP site visitors remarked, “Managements, DSRB members, staff, chairs, and investigators demonstrated great amount of passion

for human participant protection and detailed understanding of the requirements of human participant protection program.”

“The successful reaccreditation is not surprising as it was made possible by the consistent belief and commitment from all the relevant stakeholders since the accreditation 3 years ago, in sustaining and developing a trustworthy human research protection program.”

A/Prof Chin Jing Jih
Chairperson, Research Ethics Committee

On the future that awaits the newly reaccredited organizations, A/Prof. Chin Jing Jih, the Chairman of the Research Ethics Committee who led the reaccreditation effort, shared that “The next phase will be an exciting one, as we embark collectively on a journey of continuous improvement to further enhance the quality of our services and processes, and to take our human research protection program to newer heights.”

An Area of Excellence...

The unique linguistic requirements in Singapore’s multi-ethnic society has been very well addressed by NHG, NUHS and AH. The institutions have successfully implemented a practical and robust consent process through the use of a series of pre-approved short consent documents in Chinese, Malay and Tamil. For convenience, these documents are made accessible electronically to investigators and research staff, who also display a detailed understanding of the exceptional process. The investigator teams are also staffed with qualified translators to present the elements of disclosure in a language understandable to participants or their legally acceptable representatives.

AAHRPP is an independent and non-profit organization, whose main role is to accredit organizations that demonstrate high standard of research participant protection beyond the threshold of regulatory requirements. The AAHRPP Accreditation seal offers assurances to research participants, researchers, sponsors, government regulators, and the general public that a human research protection program is focused first and foremost on excellence.

it means that you either already have an existing draft Study Amendment Form, or you have an Study Amendment Form that is pending review and approval by the DSRB.

Currently, the amendment process does not allow for more than 1 draft Study Amendment Form to be created. Only when the draft Study Amendment Form has been given an review outcome (i.e. Approved or Rejected) by the DSRB, can a new draft be created.

Existing draft Study Amendment Forms cannot be deleted as well. We suggest that users ‘reuse’ any existing draft Study Amendment Forms for other amendments later.

For more information, please download the ‘Online DSRB Supplementary Report Forms Guidebook’ from our website at www.research.nhg.com.sg from the Resources section.

Tasks	
DSRB Approval Letters	View
Study Document Library	View
Study Amendments	View Create
Study Status Reports	View Create
Study Deviation Reports	View Create
UPIRISO Reports	View Create
Other Study Notifications	View Create
HSA Clinical Trial Certificate Records	View Create

The ‘Task’ Panel can be found in the Study Summary Page of each Study.

The ‘View’ link bring up a table of the previous reports that have been submitted for the Study.

The ‘Create’ link brings up a blank new Report Form.



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Who Should Attend:

- Research ethics professionals
- Regulatory affairs experts
- Contract research organisation
- Research investigators
- Project managers
- Clinical trial coordinators
- Clinical research associates / monitors / auditors
- Pharmacovigilance specialists / monitors
- Lawyers specialising in health, ethics and pharmaceutical law

NHG RDO Training Calendar

Date	Time	Training Programme	Course Category	Course Module	Venue	No of Seats
29 Apr	0945-1500	Research Design Workshop	Research Methodology	RM105E	NUH, Advanced Surgery Training Centre, ST Lab, Kent Ridge Wing Level 2	30
30 Apr	1315-1730	Audits, Inspections and Monitoring Preparatory Workshop	Research Ethics	RE105C	Spring Singapore, Podium Building, Level 3, Room PG02	30
06 May 07 May	0845-1700	Project Management & Practical Tools for the Research Team	Project Management	PM 101	NUH, Advanced Surgery Training Centre, Seminar Hall, Kent Ridge Wing Level 2	30
18 Jun	0900-1630	Proper Conduct of Research Workshop for SC – Intermediate I	Proper Conduct of Research	PC201	To be confirmed	30
29 Jun 30 Jun	0900-1800	Singapore Guidelines to Good Clinical Practice	Others	GCP101	To be confirmed	80

For registration and full details, please visit www.research.nhg.com.sg/Search-for-Course.htm