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*Nurturing Tomorrow's  
Family doctors*



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An accompanying letter may be signed by the corresponding author on behalf of all authors. This letter must include this statement – "this manuscript is my (our) own work, it is not under consideration by another journal, and this material has not been previously published."

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- A declaration of conflicts of interest by all authors.
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flying doctor services and mobile boat clinics to serve those in the less accessible areas. As of 2013, there are 18 family medicine specialists working in health clinics throughout Sarawak.

This symposium aims to highlight the challenges and limitations as well as the opportunities and impact experienced by family medicine specialists in the field of rural health in Sarawak. Topics include 1. An overview of healthcare services in rural Sarawak by Datu Dr Zulkifli Jantan (20 min); 2. Shunned but not forgotten – Leprosy outreach services in Baram, Miri, by Dr Maurice Steve Utap (20 min); 3. In touch with 'Indu' – Women's health along the Rejang by Dr Jean-Li Lim (20 min); 4. Crossing bridges, building bridges – Providing best healthcare practices to a rural population by Dr Kong Sie Zin (20 min).

**Keywords:** family medicine, rural health, Sarawak

## S07

### Continuing Saga of Women Family Physicians in Different/Difficult Situations

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More than 50% of family physicians are women. They definitely do more than 50% of the work in various settings, including their own homes. The compassionate and continuing care they give to patients they see every day, every mentoring/tutorial session they conduct for students and trainees, every research they carry out and publish given the limited time and resources, every meeting they attend as participants or even as presiding persons, every natural and man-made disaster they encounter necessitating humanitarian efforts, time spent away from their families, especially their young children and ageing parents – these are the continuing challenges in their professional and personal lives. The Asia-Pacific region is in the ring of fire and is visited by natural calamities and disasters every year.

Women family physicians are invited to share their experiences in difficult situations, how they coped and from where they got the strength to continue with the art of living and art of caring.

**Strategies:** Lectures/presentations (for 10 min), Aileen Espina (Philippines, experiencing Typhoon Haiyan), Rima Semiarty, MARS (Indonesia, experiencing the 2009 earthquake in Padang)

Soraya Abubakar (Philippines, experiencing armed conflict which necessitated the transfer of hospital operations), Babylyn Sagum – Enad (Philippines, experiencing the effects of eruption of Mount Pinatubo) and Tsunami as experienced in Japan and Sri Lanka

At the end of the session, there will be synthesis and commonalities in coping mechanisms highlighting the strengths. In addition, lessons learnt and the need for disaster preparedness and management not only for all family physicians but also for the member organisations/institutions of WONCA will be highlighted.

## S07

### Experiences of Mother and Indonesian Doctors During Earthquake in West Sumatra in 2009

Rima Semiarty, Hardisman Dasman

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**Introduction:** West Sumatra as a region lies along the Indian Ocean and at the equator area. The province also has a large number of

volcanoes, of which several are active. Sometimes the volcanoes cause a small thrill, which we consider as a small earthquake. Due to this, the inhabitants of the province frequently face this experience and constantly worry about the possibility of a big volcano earthquake. At the same time, the Sumatra island is also situated between Eurasian and Indo-Australian geological plates. The geological condition contributes to vulnerability of the region to natural disaster, which may be risk of tectonic earthquakes. A big tectonic earthquake occurred in 2004 in the Aceh province, which caused tsunami, and in West Sumatra province in 2009. As doctors in Padang, the capital of the province, we experienced the moment in 2009, both as inhabitants of the city and medical professionals. This paper will describe those experiences from both sides. The paper will benefit for implementing better preparation during disasters in the future.

**Methods:** This report has been developed using qualitative inquiry. Data were primarily obtained from government reports, personal observations and experiences. As the nature of qualitative methodology, this report does not have any intention to make generalisation people experience during the disaster in Indonesia or in the Sumatra region. However, this report aims to provide a deeper understanding of the situation after the earthquake in West Sumatra in 2009 and our experiences during the moment.

**Situation and Experience:** The West Sumatra province had about 5 million people, of which nearly one-third of them lived along the coastal area. After the Aceh tsunami in December 2004, many West Sumatran people were afraid of the Megatrast earthquake that might happen near Mentawai Islands. Moreover, the first big earthquake with a magnitude of about 6 RS happened in the West Sumatra province. The tectonic earthquake also triggered the volcanoes to be more active and cause thrills. This experience made many people more anxious and worried and believed that the Megatrast is inevitable. Finally, the biggest ever earthquake in West Sumatra occurred on 30 September 2009 in the late afternoon at 4:30 PM. The earthquake magnitude was 7.9 RS as officially reported. This big earthquake caused many life casualties and damages in seven districts and municipalities in the province. It was reported that 1117 people died, 1214 were severely injured and more than 135,000 houses and buildings collapsed. The big quake was followed by countless medium and small quakes during the night and within 24 hours. Major building collapses and fire also occurred in Padang, the capital city of the province, where we experienced the moment. Despite having a negative impact, the authority had to stop electricity supply to stop more devastating effects. The situation was worsened as the water treatment plant of the city collapsed, shutting down the water supply. Soon after the first shock, many people ran onto the roads and tried to find the highest location possible due to fear and possibility of tsunami. The situation in the hospitals in the city was also the same and all people panicked. Even Djamil General Hospital, the main referral hospital in West Sumatra, faced major devastation. The four-level outpatient building of the hospital collapsed to the ground. As mother (Dr Rima), all experiences of that moment will give me more value of family strength and role of mother. As doctors, we joined the health volunteer coordinators the next day by opening many field clinics for emergency treatments. In the following days during the week, we also contributed by receiving and distributing donations through 'Ropanasuri Care' on behalf of Dr Rima's own private hospital, Emergency Team of Faculty of Andalas University and coordinating with the local people.

**Recommendation:** The big earthquake taught the lesson that, as a region in 'Megatrast', disasters may come at any time. The inhabitants and especially doctors must be prepared. One of the methods to improve knowledge and awareness of people towards this



situation is to do a disaster simulation. Social relationships within the neighbourhood have to be maintained and improved, which will be very crucial during critical moments and disasters. Improving family strength, trust and harmony is very important to face hard times and for resilience.

## S08

### PSA-Based Population Screening for Prostate Cancer in Japan

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Prostate specific antigen (PSA)-based screening is widely used for the early detection of prostate cancer, and the high rate of PSA testing among middle-aged men may have contributed to the continuous decrease in prostate cancer mortality rates in several countries. However, in the Asia-Pacific region, including Japan, the rate of screening is still very low compared with the USA and western Europe.

Since 2000, PSA-based population screening has been performed in men aged 54–69 years in Kanazawa city, Japan. From 2000 to 2011, 19,620 men participated in this screening programme. A total of 59,019 screenings were performed and 422 prostate cancer patients were detected. The annual serum PSA level of all participants was 2.64 ng/mL in 2000 and gradually decreased to 1.30 ng/mL in 2006. After starting the population screening, the rate of prostate cancer patients with high serum PSA levels decreased; however, there was no change in serum PSA levels in men without prostate cancer. Of all 422 screen-detected patients, 186 patients were detected at repeat screening, and the rate of patients with favourable cancer features was significantly higher among patients detected at repeat screening than at first screening. Survival outcomes of 242 patients, who were detected in 2000 to 2006, were defined, and the probabilities of 8-year cause-specific and overall survival were 97.5% and 93.3%, respectively. Only four patients, all of whom had advanced disease at diagnosis, died from prostate cancer.

Our results demonstrated the favourable trend of prostate cancer detection after the introduction of PSA-based population screening and supported the promotion of PSA-based population screening in the countries in which PSA testing had not been spread. In future, individualised and natural history-adjusted screening systems should be established using these population-based screening cohorts in the Asia-Pacific region.

What will this symposium/workshop cover: PSA-based screening and prostate cancer detection

What are the main take home messages: PSA-based population screening brought the favourable trend of prostate cancer detection in Japan.

**Keywords:** prostate cancer, PSA-based population screening, serum PSA distribution, clinical outcome

## S08

### Current Patterns of Androgen Deprivation Therapy in Men With Advanced Prostate Cancer

**Johannes Vieweg**

In the United States, mortality rates from advanced or metastatic prostate cancer have stabilised or modestly improved in recent years, primarily due to increased awareness and early detection. Despite these trends, 5-year survival for men with metastatic prostate cancer is approximately 30%, and even lower for those men developing hormone-refractory disease. Hormonal ablation

remains the mainstay of therapy for these men, but disease progression will inevitably occur. Recently, novel compounds that target androgen synthesis or androgen receptor signalling have been introduced into clinical practice. In phase III trials, these second- or third-line hormonal interventions have shown to prolong survival, yet long-term risks and impact on quality of life have not yet been rigorously evaluated. In this presentation, we will discuss the rapidly expanding spectrum of hormonal interventions against prostate cancer and critically appraise outcome benefits, quality of life and long-term risks associated with androgen ablative therapies. We contend that despite the undisputable benefits of hormonal therapy in controlling tumour growth, long-term risks and impact on quality of life may have been underestimated, thus highlighting the need for developing new treatments with androgen-independent action profiles.

## S08

### Managing Early Prostate Cancer

**Teng Aik Ong**

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**Introduction:** Localised early prostate cancer defines a group of patients with disease confined to the prostate, with no evidence of spread. However, its management poses a challenge to the clinicians and patients as there are many management options to choose from. There is no single solution that fits all patients.

**Diagnosis:** Prostate specific antigen (PSA) measurement, prostate biopsy (using Gleason grading) and staging scans (MRI and bone scan).

**Decision-making:** Risk stratification is used to classify patients into low-, intermediate- and high-risk groups. D'Amico classification is the most commonly used method of risk stratification. This stratification is useful in advising patients during decision-making.

**Management options:** Surgery (radical prostatectomy) and radiotherapy (external beam radiotherapy or brachytherapy) offer a chance for cure for localised prostate cancer. The 10-year disease-specific survival rates for both modalities of treatment are above 90%. However, significant treatment-related side effects are common. Therefore, active surveillance has been advocated to delay definitive treatment until disease progression. This is especially applicable to patients with low-risk disease. For patients with poor general health and of advanced age, watchful waiting would be appropriate.

**Conclusion:** A multi-disciplinary approach is best for the management of localised prostate cancer as there are numerous factors to be considered. The management plan should be individualised to suit the condition of each patient.

## S09

### Community 5678 Diabetes Education and Management Model

**Wu Ji Xiang**

Recent epidemiological studies show that diabetes may have reached an alert level in the Chinese general population, and the diagnosis and control rates of diabetes in the general Chinese population may be disproportionately low, with the potential for a major epidemic of diabetes-related complications and economic burden.

Studies show that China with a rapid economic growth of direct medical costs for diabetes is much higher than the global growth. Meanwhile, the prevalence of pre-diabetes has rapidly increased,