Malaysian Society of Otorhinolaryngologists Head & Neck Surgeons (MSO-HNS)

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NEWSLETTER OF THE MSO-HNS

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Editors:
Dr. Irfan Mohamad
Dr. Ramiza Ramza Ramli

MESSAGE FROM THE PRESIDENT

First and foremost, I would like to thank members for electing me as President elect of the Malaysian Society of Otorhinolaryngologists-Head & Neck Surgeon (MSO-HNS) at our 31st Annual General Meeting on 13 May 2011 at the Borneo Convention Centre in Kuching, Sarawak. It is indeed a great honour to be elected to this position and I pledge to serve to the best of my ability. I must also congratulate Dr Yap Yoke Yeow, the retiring president and the exco committee 2010 - 2011 on a successful year and for their commitment and dedication over the past twelve months.

Executive Committee 2011 - 2012

President
- Dr Yap Yoke Yeow

President Elect
- Dr Primuharsa Putra Sabir Husin Athar

Immediate Past President
- Dr Harvinder Singh

Hon Secretary
- Dr Ramiza Ramza Ramli

Hon Treasurer
- Dr Avatar Singh

EXCOs
- Assoc. Prof. Dr Goh Bee See
- Dr Ida Sadja'ah Sachlin
- Dr Irfan Mohamad
- Dr Jeevanan Jahendran
- Dr Arun Kumar
- Prof. Dr Prepageran Narayanan
- Dr Rosalind Simon
- Assoc. Prof. Dr Vincent Tan

The year 2011 - 2012 has been a special year for our society. Our society has reached its thirtieth (30) birthday in 2011 (1981 - 2011) and has a good foundation which was set up by all past presidents. For the last 30 years, ORL-HNS has undergone a major expansion. We have improved our teaching of ORL- HNS and our service to the public. Our members have increased tremendously in number. The latest total number of our members is 317. In conjunction with our 30th anniversary, the exco has decided to produce a brief history of MSO-HNS evolution. We hope that the book will be ready by end of this year.

I intend to continue the following the activities during my term in office: the 8th Malaysia-Singapore joint Scientific Meeting which will be held in Singapore 2012, MSO-HNS Health Camp 2012, the Annual Scientific Meeting 2013, the 33rd Malaysian Society of Otorhinolaryngologists-Head & Neck Surgeon Annual General Meeting 2013, the 4th Asian Paediatric Otorhinolaryngology Congress 2013, the 5th Malaysian International Otorhinolaryngology Head & Neck Conference 2013.

To improve our CPD activities, MSO-HNS will try to coordinate the activities to avoid overlapping. The idea has been discussed in the exco meeting. This will involved formation of CPD specialty sub-committee for Otology, Rhinology and Head & Neck/Laryngology.

Dr Primuharsa Putra Bin Sabir Husin Athar

President MSO-HNS 2012-2013

The key to the continued success for MSO-HNS is the participation of our members. I urge members to get involved in our organization and stay engaged and united. Give your ideas, time and expertise. As an organization, MSO-HNS will only be as strong as the talents and contributions of its collective membership. I would like to extend a special 'thank you' in advance to all of the members who will volunteer their time, because of their generosity and expertise, MSO-HNS is a thriving organization. I look forward to an exciting year and interacting with a very special group of individuals!

Working together we can make 2012-2013 another great year!
1MSO-HNS ■

30 years of spreading infectious smiles in patients with respiratory tract infections[1,2]

In an era when bacterial resistance represents one of the greatest challenges to global health, it is reassuring that recent analysis of common respiratory pathogens continue to remain susceptible to AUGMENTIN™ [3,4]

References: 1. AUGMENTIN™ IV Prescribing Information version: GDS021/IPI04. **2.** AUGMENTIN™ BD Tablets Prescribing Information version: GDS017/IPI06Mal. **3.** Bryan J. Still going strong at 30: co-amoxiclav. *The Pharmaceutical Journal.* 25 June 2011;286:762-763. **4.** Blackburn RM, Henderson KL, Lillie M, Sheridan E, George RC, Deas AH, Johnson AP. Empirical treatment of influenza-associated pneumonia in primary care: a descriptive study of the antimicrobial susceptibility of lower respiratory tract bacteria (England, Wales and Northern Ireland, January 2007-March 2010). *Thorax.* 2011 May;66(5):389-95. *Epub* 2011 Feb 25.

Abbreviated Prescribing Information for Use in the International Area. Based on the International Prescribing Information (IPI05) and prepared to meet the requirements of the GSK International Pharmaceutical Promotional and Marketing Policy. AUGMENTIN Paediatric Suspension 228mg/5ml and 457mg/5ml. AUGMENTIN BD Tablet 625mg and 1g. AUGMENTIN IV 600mg and 1.2g. Active Ingredients: Amoxicillin trihydrate – Potassium clavulanate. **Indications:** *AUGMENTIN* is an antibiotic agent with a notably broad spectrum of activity against the commonly occurring bacterial pathogens in general practice and hospital. The β-lactamase inhibitory action of clavulanate extends the spectrum of amoxicillin to embrace a wider range of organisms, including many resistant to other β-lactam antibiotics. *AUGMENTIN* 625 mg (500/125 mg) and 1 g (875/125 mg) tablets are indicated for short-term treatment of bacterial infections of the upper and lower respiratory tract (including ENT), genito-urinary tract, skin and soft tissues, bones and joints, and other infections including dental infections, septic abortion, puerperal sepsis and intra-abdominal sepsis. For a list of susceptible organisms, refer to full prescribing information. **Dosage and administration:** *Adults and Children over 12 years:* Mild-moderate infections: One *AUGMENTIN* 625 mg tablet twice daily. Severe infections: One *AUGMENTIN* 1 g tablet twice daily. *Children: AUGMENTIN* 625 mg and 1 g tablets are not recommended in children of 12 years and under. *Renal impairment:* Reduce dosage (see full prescribing information). *Hepatic impairment:* Dose with caution, monitor hepatic function at regular intervals. To minimise potential gastrointestinal intolerance and optimise absorption, administer at the start of a meal. Treatment should not be extended beyond 14 days without review. **Contraindications:** *AUGMENTIN* is contraindicated in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins. *AUGMENTIN* is contraindicated in patients with a previous history of *AUGMENTIN*-associated jaundice/hepatic dysfunction. **Warnings and Precautions:** Before initiating therapy with *AUGMENTIN*, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens. Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity *AUGMENTIN* should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin. Prolonged use may also occasionally result in overgrowth of non-susceptible organisms. Prolongation of prothrombin time has been reported rarely in patients receiving *AUGMENTIN*. Appropriate monitoring should be undertaken when anticoagulants are prescribed concomitantly. Changes in liver function tests have been observed in some patients receiving *AUGMENTIN*. The clinical significance of these changes is uncertain but *AUGMENTIN* should be used with caution in patients with evidence of hepatic dysfunction. Cholestatic jaundice, which may be severe, but is usually reversible, has been reported rarely. Signs and symptoms may not become apparent for up to six weeks after treatment has ceased. In patients with renal impairment *AUGMENTIN* dosage should be adjusted. In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria. **Interactions:** Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with *AUGMENTIN* may result in increased and prolonged blood levels of amoxicillin but not of clavulanate. Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of *AUGMENTIN* and allopurinol. In common with other antibiotics, *AUGMENTIN* may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives. **Effects on Ability to Drive and Use Machines:** None observed. **Pregnancy and lactation:** Reproduction studies in animals (mice and rats) with orally and parenterally administered *AUGMENTIN* have shown no teratogenic effects. In a single study in women with preterm, premature rupture of the foetal membrane (pPROM), it was reported that prophylactic treatment with *AUGMENTIN* may be associated with an increased risk of necrotising enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, especially during the first trimester, unless considered essential by the physician. *AUGMENTIN* may be administered during the period of lactation. With the exception of the risk of sensitisation, associated with the excretion of trace quantities in breast milk, there are no detrimental effects for the infant. **Adverse Reactions:** The following convention has been used for the classification of frequency:- very common >1/10, common >1/100 and <1/10, uncommon >1/1000 and <1/100, rare >1/10,000 and <1/1000, very rare <1/10,000. *Infections and infestations:* Common: Mucocutaneous candidiasis. *Blood and lymphatic system disorders:* Rare: Reversible leucopenia (including neutropenia) and thrombocytopenia. Very rare: Reversible agranulocytosis and haemolytic anaemia. Prolongation of bleeding time and prothrombin time. *Immune system disorders:* Very rare Angioneurotic oedema, anaphylaxis, serum sickness-like syndrome, hypersensitivity vasculitis. *Nervous system disorders:* Uncommon: Dizziness, headache. Very rare: Reversible hyperactivity and convulsions. Convulsions may occur in patients with impaired renal function or in those receiving high doses. *Gastrointestinal disorders:* Adults: Very common: Diarrhoea. Common: Nausea, vomiting. Children: Common: Diarrhoea, nausea, vomiting. All populations: Nausea is more often associated with higher oral dosages. If gastrointestinal reactions are evident, they may be reduced by taking *AUGMENTIN* at the start of a meal. Uncommon: Indigestion. Very rare: Antibiotic-associated colitis (including pseudomembranous colitis and haemorrhagic colitis). Black hairy tongue. *Hepatobiliary disorders:* Uncommon: A moderate rise in AST and/or ALT has been noted in patients treated with beta-lactam class antibiotics, but the significance of these findings is unknown. Very rare: Hepatitis and cholestatic jaundice. These events have been noted with other penicillins and cephalosporins. Hepatic events have been reported predominantly in males and elderly patients and may be associated with prolonged treatment. These events have been very rarely reported in children. Signs and symptoms usually occur during or shortly after treatment but in some cases may not become apparent until several weeks after treatment has ceased. These are usually reversible. Hepatic events may be severe and in extremely rare circumstances, deaths have been reported. These have almost always occurred in patients with serious underlying disease or taking concomitant medications known to have the potential for hepatic effects. *Skin and subcutaneous tissue disorders:* Uncommon: Skin rash, pruritus, urticaria. Rare: Erythema multiforme. Very rare: Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative-dermatitis, acute generalised exanthemous pustulosis (AGEP). If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued. *Renal and urinary disorders:* Very rare: Interstitial nephritis, crystalluria. **Overdosage:** Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident. Gastrointestinal symptoms may be treated symptomatically with attention to the water electrolyte balance. Amoxicillin crystalluria, in some cases leading to renal failure, has been observed. *AUGMENTIN* can be removed from the circulation by haemodialysis. Full Full Prescribing Information is available on request. Please read the full prescribing information prior to administration, available from GlaxoSmithKline Pharmaceutical Sdn Bhd (3277-U), Level 6, Quill 9, 112 Jalan Semangat, 46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia. Abbreviated prescribing information prepared June 2006 version IPI05/aIPI02.

FOR HEALTHCARE AND MEDICAL PROFESSIONALS ONLY.

Full information is available on request from:
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Level 6, Quill 9, 112 Jalan Semangat
46300 Petaling Jaya
Selangor Darul Ehsan, MALAYSIA.
Tel: +603- 7495 2600
Fax: +603- 7954 2191
www.gsk.com.my

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Celebrating 30 Years, Moving Forward Together - Message by The Outgoing President

Looking back

The Malaysian Society of Otorhinolaryngologists was officially registered on January 9th, 1981. Thirty years on, and 300-member strong, we are indebted to the pioneers who birthed our Society and toiled to bring us from strength to strength.

In my six years in the EXCO, I witnessed great strides in the life of MSOHNS. In 2009, Datuk Dr Kuljit Singh put us on the map with the 1st Malaysian International ORL-HNS Congress and produced the first Consensus Guidelines in URTI. In 2010, Dr Pua Kin Choo reached out to the public with a national Head & Neck Cancer Awareness Campaign and provided health services for the Orang Asli in Cameron Highland. In 2011, in Kuching, Dr Harvinder Singh led us in playing host to the world with the ASEAN ORL Congress and produced the Consensus Guidelines for Inflammatory Diseases of the Nose. These are but a few of the 'game-changing' achievements that have set the standard and provided direction for us.

Today, as a collective body of surgeons of the Ear, Nose and Throat, we are uniquely positioned to impact society positively. This is especially true, for example, in the areas of childhood deafness, obstructive sleep apnea, head & neck cancers, and minimally invasive surgery in difficult-to-reach areas. We realize that there are needs that only we can address, problems that only we have the answers to, and challenges that only we are equipped to surmount. It has been my great pleasure and privilege, therefore, to have led the Society in the last one year, cognizant of these challenges and taking advantage of the opportunities presented to us.

In the last one year

To ***push the boundaries of our skills and knowledge***, we developed together in the Otology Updates, in the 3rd ENT Allergy Certificate Course (led by Dr Ramiza Ramli), the MSOHNS Retreat in Facio-plastic and Reconstructive Surgery (led by Dr Vincent Tan), the 7th Joint Malaysia-Singapore Meeting (led by Dr Prepageran), the Annual Scientific Meeting (led by Dr Goh Bee See) and as a climax, in the stellar event of the Inaugural Asean Sleep Congress and 4th Malaysian International ORL - HNS Congress led by Dr Jeevanan and his organising committee.

To ***influence the direction of healthcare*** we engaged policy makers through dialog with the honorable Minister of Health Dato Sri Liow Tiong Lai and Director-General of Health Datuk Dr Hasan Abdul Rahman on critical issues such as screening for OSA in public transport drivers, sleep-study facilities in every state, insurance compensation for sleep surgeries and CPAP, head and neck cancer awareness. Dialogs with the MMC on ENT fee schedule revisions were led by Dr Arun Kumar.

To ***impact the public positively*** we reached out in public ***Head & Neck Cancer Awareness and Screening*** programs in Penang (led by Dr Pua Kin Choo), Miri (led by Dr Doris Evelyn Jong), Kota Kinabalu (led by Dr Halim), Alor Setar (led by Dr Masaany) and Klang (led by Dr Pria and Sushil Brito). The climax of this was the MSOHNS Health Camp in Bentong (led by Dr Ida Sadjaah Sachlin) on 7th January where we screened over 500 members of the public for head & neck cancer. These programs were overall coordinated by Dr Avatar Singh and Dr Rosalind Simon.

Dr Yap Yoke Yeow

President MSO-HNS 2011-2012

To develop ***effective healthcare delivery*** we collaborated with the Malaysian Medical Association and respective state divisions to provide ***ENT Primary Care Updates*** to general practitioners and paramedic staff in eleven states. This provided a platform for mutual learning, partnerships, and empowering early ENT care on the ground. The contribution of our many members in these talks was greatly appreciated, and has set a new standard for continuous medical education. We also published the ***Consensus Statement in the Management of Obstructive Sleep Apnea*** (led by Dr Rosalind Simon) and the ***Guide in the Management of Peripheral Vertigo*** (led by Dr Philip Rajan).

To keep us all updated on the on-goings of our fraternity, Dr Irfan Mohammad and Dr Ramiza have given us two issues of our revived ENT Newsletter!

▶ *(Continued on page 4)*

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▶ (Continued from page 3)

I am infinitely indebted to my Executive Committee members whose enormous sacrifices made these successes possible. Please join me in congratulating and thanking this tireless team of able and talented leaders. I sincerely believe they have not only been the 'dream team' but have been a shining example of how consensus, teamwork and bold execution can make any dream a reality.

I would also like to thank all the members of the Society who have contributed to and supported these programs unstintingly. Truly, together we have made a difference.

Where are we headed?

In my own 'crystal ball,' I can see many exciting challenges ahead.

We are increasingly sub-specialized and our professional development programs needs to be more focused. The public is far more aware today of options available to them and this presents an opportunity for us to engage them. Policy-makers need our professional advice and we want to see best practices implemented to the benefit of the nation.

On this note, I wish Dr Primuharsa Putra, the incoming President all the best. I have full confidence that he will bring us to greater heights and I urge the Society to fully support him in his plans and program as I do.

We listen to needs. We breathe new life. And we speak boldly!

We are E N T. ■

Hospital Tuanku Fauziah - In Focus

By Dr Amirozi bin Ahmad

The Speech & Language section also provides different services for the general public. Patients with various speech impairments, whether adults or children, are often referred to theit team for further management

The ENT Department of Hospital Tuanku Fauziah was founded in 1997. It started with 1 Medical Officer, 2 paramedics and one supporting staff. Fifteen years on, it has expanded to a department consisting of 2 Specialists, 4 Medical Officers, 6 paramedics, 2 Audiologists, 2 Speech & Language Therapists and 3 supporting staff.

It is the only ENT Department in the whole state of Perlis and accepts referrals from the surrounding Health Clinics as well as referrals from the northern part of Kedah. It is situated within the Specialist Clinic block of the hospital and is headed by Dr Amirozi Ahmad and assisted by Dr Zulkifli Hamir Basah.

The ENT Department of Hospital Tuanku Fauziah has been serving the people with diseases of the ear, nose, throat and head and neck. We also provide services for people with communication disorders such as speech, language, voice, hearing and swallowing problems. We have been able to provide these services with the help of our team of dedicated staff.

▶ (Continued on page 5)

▶ *(Continued from page 4)*

The Audiology section of the ENT department provides many services such as hearing assessments for adults and children as well as conducting hearing aid trials for patients that need the use of a hearing aid. Another important service being run by them is the neonatal hearing screening for high-risk babies that has been ongoing since 2009. They have been seeing about 15-25 babies per month since the service first started.

The Speech & Language section also provides different services for the general public. Patients with various speech impairments, whether adults or children, are often referred to theit team for further management. They are also part of the hospital's Stroke Team, that are involved in active management of stroke patients. The Stroke Team is very active in providing the services including regularly visiting the patients' houses. The Fibreoptic Endoscopic Evaluation of Swallowing (FEES) procedure is also commonly done at the ENT Clinic for most of these patients.

The department also carries out various courses and workshops that are open to staff from other departments as well as the surrounding health clinics. All these events are organized in order to increase awareness of ENT problems to help in early detection and prompt management.

Some of the topics that are covered in our courses include General Updates in ENT, Speech-Language Pathology & Hearing Awareness, Tracheostomy Care and Head & Neck Malignancies.

One of our courses held every year is the Speech-Language Pathology & Hearing Awareness Workshop. The main objectives of this workshop are to increase the awareness regarding early detection of speech problems in children and early hearing screening for children as well as neonatal babies at high risk for hearing problems.

On the 13-14th of January 2012, the department had a "Family Day" event at Timah Tasoh Lake Resort in Perlis. The objective of this event was to foster relationships and strengthen bonds between staff and their family members. Various activities were organized for adults as well as children and everyone had a great time. ■

7TH MALAYSIA -SINGAPORE JOINT SCIENTIFIC MEETING

By Dr Amirozi bin Ahmad

The 7th Malaysia - Singapore Joint Scientific Meeting was conducted on Sunday, 13th November 2011 at Holiday Inn in Melaka. This yearly event is organized by both the Malaysian ORL society and the Singapore ORL society with each country taking turns to host the event. This provides a platform for the ENT surgeons from each country to strengthen ties and collaboration and to further exchange and share new ideas. There was also a residents section where 3 residents from each country presented their research and the top three were awarded prizes.

This year's event was very successful and was attended by more than 40 doctors from across the causeway. It started with the welcome address by both presidents, followed by presentations by ENT surgeons; 3 from each country and was followed by the highlight of the event; the residents' presentation. This was then concluded with prizes for the best 3 residents' presentation and a speech by Prof Dr Victor Lim. The presentations were very lively with lots of discussion. The 1st prize winner in the resident presentation was Dr Neville Teo with his innovative presentation titled "Development of a micro-clip and application technique for use in laryngeal microsurgery". 2nd place was a tie with 2 winners, Dr Roslenda Abdul Rahman who presented on "Prevalence of hearing impairment among preterm very low birth weight babies at the age of one year" and Dr Tan Keng Lu: Biofilms "Host Vs Invaders"

The event was concluded with a scrumptious lunch and a promise to meet again next year in Singapore! ■

THE BUTTERFLY EFFECT

Dr Philip Rajan, Dr Rekha Balachandran.
Hospital Raja Permaisuri Bainun Ipoh.

It is said…

a butterfly flapping its wings in China,
…can cause a hurricane halfway across the world

Old Chinese Proverb

One of most the difficult jobs in our profession, is to inform patients that they have cancer. This is even more daunting when the diagnosis is made at an advanced stage and we are left with little in terms of treatment options.

Many people are unaware that as a group, head and neck cancer is the number one cancer group apart from breast cancer in Peninsula Malaysia. In 2006, there were 2,884 cases of head and neck cancers in Peninsular Malaysia, forming the largest cancer group apart from female breast cancer (3,525), followed by colorectal cancer (2,866) and lung (2,048). Among the head and neck cancers, nasopharyngeal cancer is the most frequent, accounting for 1125 cases in 2003 and 981 cases in 2006. It is the third most common cancer among Chinese males in Peninsula Malaysia. Interestingly the Bidayuh community of Sarawak has among the highest incidences in the world.

In 2007 and 2008 a multi-institutional study of NPC in Malaysia found that more than half of all new cases were diagnosed at stage III and IV of the disease. This is what has prompted the idea of using facebook to educate both the public as well as other members of the medical profession to recognize the early signs of NPC. In cancer, early detection often means better prognosis and long term survival. This is especially true in NPC where the 5-year overall survival rate reduces from 85% in the early stage to 66% in later stages.

Dato' Dr Mah Hang Soon , Dr Ch'ng May Lee, Dr Raja Lope and Dato' Dr Gurdeep Singh at the Launch of the Facebook Page

▶ (Continued on page 7)

▶ (Continued from page 6)

In this modern era, where health information is a mere mouse click away, it seems opportune to use social media networks as tools in the control of cancer. The Internet has many advantages: it is cheap, mostly user friendly and available to the public 24 hours a day. The social media network Facebook (FB) has close to 850 million users worldwide. Considering its popularity and ease of access, Facebook has the potential to raise awareness of NPC and become an effective educational tool.

Dr Rekha Balachandran explaining the Facebook Page

Logo for Facebook Page

Using a FB page to educate its users on the early signs and symptoms of a cancer such as NPC has potentially far reaching effects. We created a page/group on Facebook called "Nasopharyngeal Carcinoma Awareness Page". Contained in this page are video shows in 3 different languages i.e. English, Bahasa Melayu and Mandarin on NPC. Facebook users are encouraged to view them and even "share" the videos on their own Facebook pages. In this way we hope to disseminate information on the causes and symptoms of NPC. The public is also encouraged to answer a quiz which will show how much they have learned from the video.

Promoting Awareness of Nasopharyngeal Carcinoma

Dr Rosalind Simon, speaking on 'Nasopharyngeal Carcinoma the Forgotten Cancer'

We sincerely hope that every person who visits this Facebook page will go on to share it with their friends. Together we can create a 'butterfly effect' in the digital world. Join us in ensuring every man and woman who has this cancer, recognizes the symptoms early and comes forth for early diagnosis and treatment. Visit us at www.facebook.com/NPC.awareness. ■

Using a FB page to educate its users on the early signs and symptoms of a cancer such as NPC has potentially far reaching effects. We created a page/group on Facebook called "Nasopharyngeal Carcinoma Awareness Page"

The Perak ENT Teaching Programme for Primary Care

Dr Philip Rajan, Hospital Raja Permaisuri Bainun, Ipoh

The year 2011, marked an important milestone in the teaching calendar of the Department of Otorhinolaryngology, Hospital Raja Permaisuri Bainun Ipoh. The fourth quarter of the year saw the launch of a number of inaugural teaching programmes catering for various categories of medical profesionnals.

The workshops conducted included the following:

1) Primary Care & ENT Symposium; 9 Oct 2011

2) 1st Ipoh FESS Course; 14-16 Oct 2011

3) ENT in Primary Care Workshop; 31 Oct-1 Nov 2011

4) Vertigo Masterclass – Foundation; 19 Nov 2011

ENT in Primary Care

The ENT in Primary Care programme was specifically designed to strengthen ENT management at primary care, conscious of the fact that many of our young doctors have limited exposure to ENT diseases and come from varied training backgrounds.

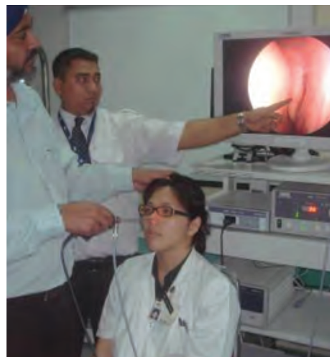
Picture handbooks and DVD's

A series of handbooks on Otology (Ear), Rhinology (Nose) and Head and Neck Diseases were published, pooling the experience of a number of senior specialists'. The handbooks rich in pictures, flow-charts and simple explanations will serve as useful guides and quick reference for doctors in primary care. The accompanying DVD' demonstrates how common procedures are performed.

Advances in Imaging

The participants were shown digital otoscopes and endoscopes which provide clearer images compared to traditional equipment and enhance the ability of the clinician to make a diagnosis.

State Health Director Dato' Dr. Hj. Ahmad Razin accompanied by Dato' Gurdeep Singh, Department Head, Dr. Ch'ng May Lee, State Deputy Health Director and Dr Raja Lope, Hospital Director at the launching of the handbooks in ENT



Dr Harvinder showing the participants what a turbinate looks like

Demonstrating 'nasal packing' for epistaxis

Innovation

A specially constructed model of the human face was design by the department together with the Occupational Therapy Unit to teach participants how to perform nasal packing.

'Hands- on' Practical Sessions

Practical workshops were incorporated into the programme to train the participants how to handle emergencies.

Participants

The programme drew approximately 100 participants, a large number of whom were house-officers. Specialists Dr Avatar Singh, Dr Lina Ling, Dr Sanjay Gudwani and Dr Geetha Kasturia from Hospital's Taiping and Teluk Intan assisted in the teaching and training.

Participant learning how to change a tracheostomy tube

Dr Rosalind presenting Dr Lina with a copy of the handbooks

Logo for Nasopharyngeal Carcinoma on Facebook

Changing Trends in Education

A novel approach, to be launched at the 2nd Perak ENT in Primary Care workshop, will see the utilization of digital social media. A campaign to increase awareness on Nasopharyngeal Carcinoma (the 3rd highest cancer among Malaysian males) will be featured on Facebook, serving not only to educate the public but medical professionals as well. ■

Head & Neck Cancer Symposium 2012 in Hospital Ampang

By Dr.Shahrul Hitam, Course Director

The ORL-HNS Department of Hospital Ampang just concluded its Head & Neck Cancer Symposium from the 10 to 11th May 2012. The symposium was an overwhelming success, with participants attending from all over Malaysia.

This 2-day symposium emphasized all the latest advances in the management of the head and neck cancers and also a comprehensive evidence-based multidisciplinary approach for the management of head and neck cancers.

The distinguished invited faculty included both local and international speakers who were willing to spend and share their valuable knowledge and vast experiences in managing head and neck cancer patients.

From left to right:
Dr Shahrul Hitam (Course Director), Dr Chris Hobbs, Dr Revadi, Prof Christopher Goh, Dr Sushil Brito (Head of Department)

The highlight of the symposium was a panel discussion where a variety of cases were presented and discussed by our faculty with interaction from the participants Our international speakers included Professor Christopher Goh, Dr Jeeve Kanagalingam and Dr Chris Hobbs from Singapore.

I would like to express my extreme gratitude to my Head of Department, Dr Sushil Brito-Mutunayagam, and ORL staff for their unstinting support, diligence and commitment to make this event a success. ■

Head & Neck Cancer Awareness in Klang

Dr Sushil Brito-Mutunayagam

MSO HNS with the Department of ORL Hospital Tengku Ampuan Rahimah Klang headed by Dr Pria organized the MSO-HNS Oral, Head & Neck Cancer Awareness Program at the hospital auditorium on 2-11-2011. The aim of the programme was to promote awareness of Head & Neck Cancers with the Public and encourage early detection of Head & Neck Cancers. The Klang ORL surgeons did a great job by putting up an exhibition for the pubic, conducting a public forum and exhibitions at the hospital entrance with free Cancer Screening.

A total of 250 people attended the awareness programme. Those who needed further evaluation were sent to the Department of ORL Klang. The event was also covered by Astro Malaysia. The concept of awareness which is done as a road show will help educate the public. The department intends to run more programs like this in the future. ■

May is..... Better Hearing and Speech Month

Dr Philip Rajan, Hospital Raja Permaisuri Bainun, Ipoh

...Some say that we were given two ears but only one mouth so that we should listen twice as much as we talk...

...Others say we were given two ears but only one mouth because listening is twice as hard as talking...

This May marks the 85th anniversary of Better Hearing and Speech Month (BHSM). Not many are aware that this month is dedicated to raising awareness about communication disorders and to promoting treatment that can improve the quality of life for those who experience problems with speaking, understanding or hearing.

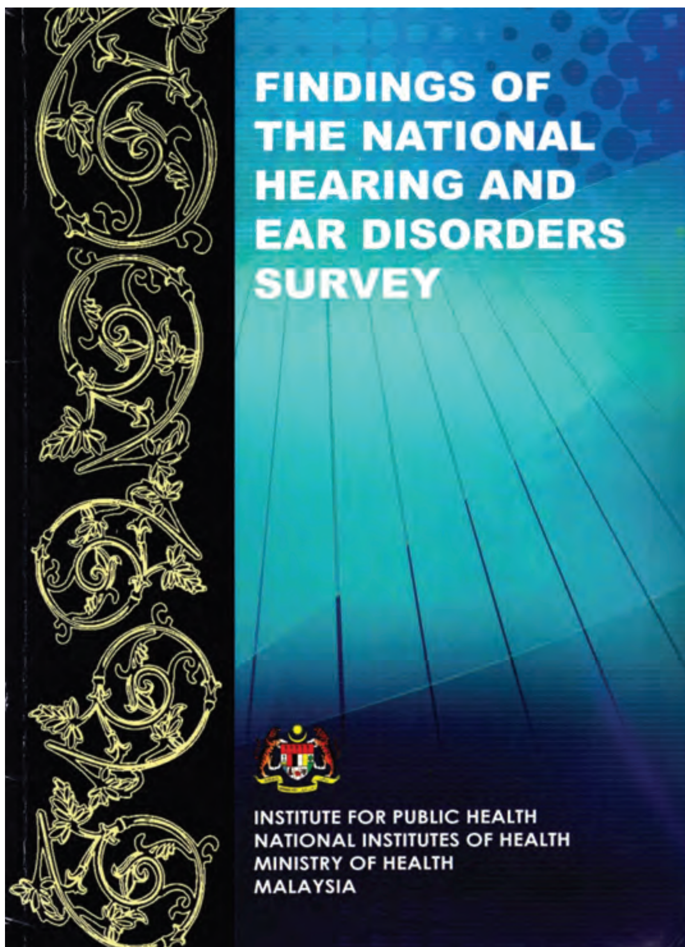
In Malaysia, this awareness programme was first launched in 2009. The year 2009 was particularly significant for Otorhinolaryngology services, Ministry of Health Malaysia in addressing hearing and speech disorders. In 2009 the findings of the National Hearing and Ear Disorders survey was published by the Institute for Public Health, Ministry of Health, Malaysia. The survey found 1 in 5 Malaysians had some form of hearing loss.

The National Cochlear Implant Programme from the Ministry of Health Malaysia, initiated in 2008 published its formal cochlear implant service, operational policy in 2009. To date more than 100 deaf patients have received a cochlear implant from this programme.

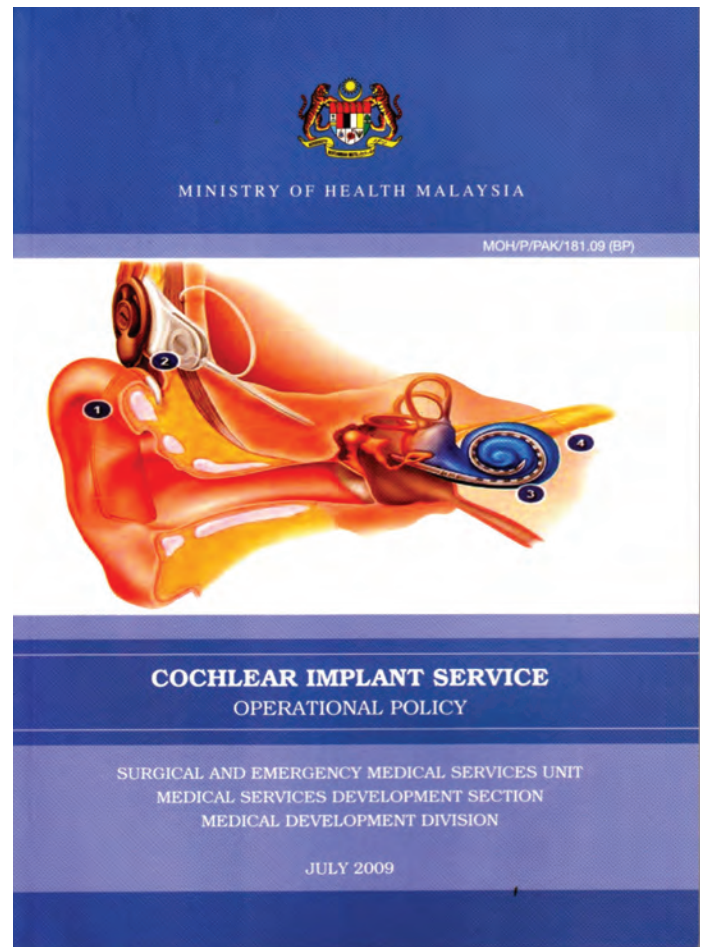
Better Hearing and Speech (BHS) Month Logo

Guidelines for high risk neonatal screening for use in Ministry of Health hospitals was published in the second half of 2009.

(Continued on page 11)



The National Hearing and Ear Disorders Survey



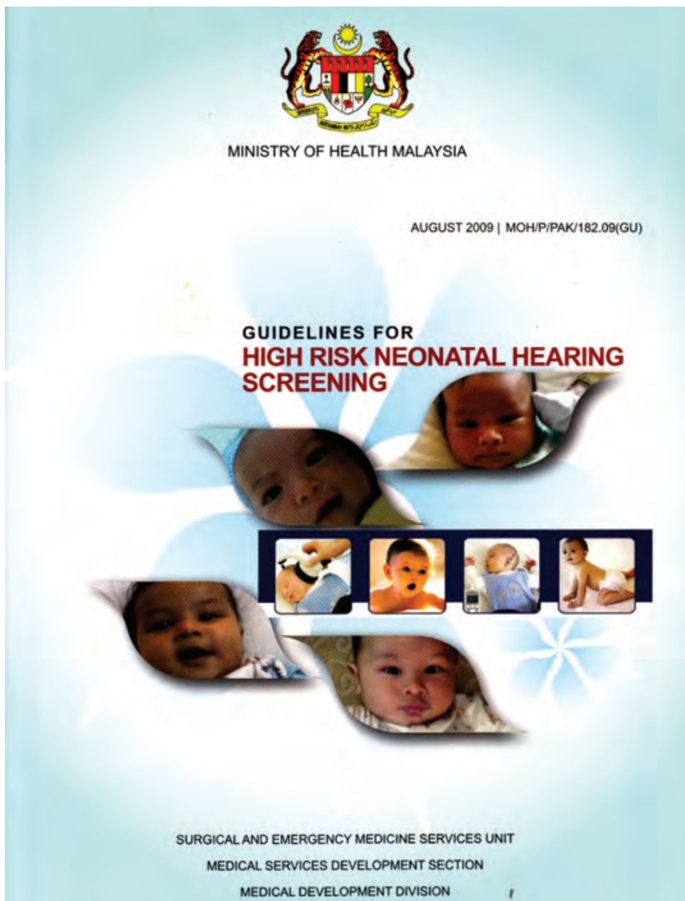
Cochlear Implant Service, Operational Policy

▶ *(Continued from page 10)*

The National Registry for Hearing and Otology Related Disease/ Cochlear Implant was started in 2009. It started off with five hospitals. The number of participating hospitals continue to grow each year.

Promoting Better Hearing and Speech

Despite the progress made, expansion of audiology and speech services is still hampered by a lack of qualified audiologists and speech therapists. However as more and more graduates are produced locally, in time this will no longer be an issue. Meanwhile existing programmes continue to grow. Universal newborn hearing screening is already practiced in certain hospitals such as Hospital Sultanah Bahiyah, Alor Setar. Later this year, clinical practice guidelines on otitis media with effusion will be available. Nationwide promotion of the guidelines, which will follow the launch, will further increase awareness among primary care practitioners on the importance of early detection of hearing and speech disorders. In addition to this the MyHealth Portal, Ministry of Health contains regularly updated information on common hearing and speech disorders.



MINISTRY OF HEALTH MALAYSIA

AUGUST 2009 | MOH/P/PAK/182.09(GU)

GUIDELINES FOR
HIGH RISK NEONATAL HEARING SCREENING

SURGICAL AND EMERGENCY MEDICINE SERVICES UNIT
MEDICAL SERVICES DEVELOPMENT SECTION
MEDICAL DEVELOPMENT DIVISION

Guidelines for High Risk Neonatal Hearing Screening

CRC

Certificate of Appreciation

awarded with gratitude to

OTORHINOLARYNGOLOGY HEAD/NECK SURGERY DEPARTMENT
HOSPITAL RAJA PERMAISURI BAINUN

NATIONAL TOP ACHIEVER DATABASE ENTRY 2011

in

NATIONAL ORL REGISTRY -
HEARING AND OTOLOGY RELATED DISEASE/COCHLEAR IMPLANT

DATO DR ABD MAJID MD NASIR
ADVISOR

DATIN DR SITI SABZAH MOHD HASHIM
PRINCIPAL INVESTIGATOR

HRPB Ipoh participating in the registry, 2011

Launching of "Better Hearing and Speech Month" 2012 HRPB Ipoh by Perak State Health Committee Chairman, Dato' Dr Mah Hang Soon

Staff from the Audiology and Speech Therapy Unit HRPB Ipoh

Participants from the Special Education School at the Better Hearing and Speech, Public Forum, Ipoh 2012

Many forms of therapy are available today to treat hearing and speech disorders. The crucial element for a successful outcome is early identification and intervention. ■

Report : Bentong Health Camp

By Dr Ida Sadja'ah Sadlin

The aim of our program remains, to: 1) promote awareness, 2) encourage early detection, and 3) emphasise the growing impact of head & neck cancers to the Malaysian public

The year 2012 started off with charity activities like the BENTONG HEALTH CARNIVAL led by Dr Ida Sadja'ah Sachlin, advised by Datuk Dr Kuljit Singh and Dr Yap Yoke Yeow.

The Malaysian Society of Otorhinolaryngologist - Head and Neck Surgery in collaboration with the Ministry of Health and Institute Jantung Negara held its annual public service on health care cost trends, or as we endearingly call it - health camp, at Bentong Community Hall, Bentong Pahang.

This event was held on the 7th of January 2012 at the Bentong Community Hall. The turnout was of about 550 people. A group of 27 Otorhinolaryngologists and 46 paramedics from Hospital Kuala Lumpur, Hospital Temerloh, Hospital Tengku Ampuan Afzan, Kuantan, Hospital Sungai Buloh, Hospital Sultanah Aminah, Johor as well as University Kebangsaan Malaysia Medical Centre and University Islam Antarabangsa were involved in this "health camp". The honorable Minister of Health, YB Dato Seri Liow Tiong Lai officiated and launched the 2012 Nationwide Head & Neck Cancer Awareness campaign and pledged his support for this crucial effort.

The aim of our program remains, to: 1) promote awareness, 2) encourage early detection, and 3) emphasise the growing impact of head & neck cancers to the Malaysian public.

Twelve (12) general Otorhino-laryngology (ORL) screening stations managed by doctors and paramedics, 4 endoscopic stations and 2 mobile booths for hearing assessments were running during the event. Two endoscope companies supplied their camera systems namely CarlStorz and Endodynamics. Perfect Hearing Company provided the mobile hearing screening booths. Health promotion, posters viewing and exhibition were also organized simultaneously and pamphlets and handouts on Head & Neck cancer awareness were distributed during the day. Professor Goh Bee See from UKMMC delivered a talk on head and neck cancers.

▶ (Continued on page 13)

▶ (Continued from page 12)

During the "health camp" we found five suspicious cancer cases which were referred to the nearest hospitals for follow up and management. More than 10 cases of hearing problems were detected and hearing aid fitting were arranged. Most importantly we created awareness among the community of ENT related diseases and Head and Neck cancer.

We also had a dialog with YB Dato Seri Liow regarding several matters, such as the Fee schedule, Insurance reimbursement for CPAP, Sleep Studies and surgeries for Obstructive sleep apnea. The press (Chinese and English) expressed interest in carrying more features for ENT related diseases.

The contributions of all the doctors, paramedics, companies and volunteers at the camp are gratefully appreciated. In the future we are looking forward, as a society, to continuing providing these services to the community. ■

MSO-HNS Retreat @ PD

By Assoc. Prof. Dr.Vincent Tan, Conference Organizer
MSOHNS Retreat Conference 2011

On 16th-17th December 2011, the MSOHNS organized a retreat conference at Avillion Port Dickson, in Negeri Sembilan. The theme of the conference was Facial Plastic Aesthetic & Reconstructive Surgery, a subspecialty field in Ear, Nose and Throat, Head and Neck Surgery that is gaining more prominence and importance. The topic was chosen with the intention of increasing awareness and interest in facial plastic surgery within our local ENT fraternity, of fostering more camaraderie and forging a closer relationship between the different specialties involved with facial plastic surgery. In addition, it was planned in the picturesque resort of Avillion Port Dickson as a getaway from the hustle and bustle of large cities for all involved. The invited foreign faculty consisted of Dr Peter Lohuis from Netherlands Cancer Institute, an experienced ENT, facial plastic surgeon who is well-trained in head and neck ablative, reconstructive and cosmetic surgeries. It was his first trip to Asia and it decidedly proved to be an eye-opener for him! The faculty also included some local plastic and reconstructive surgeons from HKL, UKMMC and USM. There were definitely ample opportunities for a free exchange of ideas to learn from one another. The conference also featured a local experienced aesthetic physician doing a live demo of filler and botulinium toxin injection on a patient. The two days gathering was packed with lectures covering the different aspects of facial plastic surgery such as rhinoplasty, free flap surgery from basic concepts to how-do-it, facial nerve reanimation, botulinium toxin and filler injections among others. MSOHNS also hosted a sumptuous dinner for all the attending members and their family, who ranged from toddlers to grandparents.

Besides showering in open-air bathrooms in the beautiful rooms built on stilts, all guests were greeted in the early morning by the sounds of waves crashing on the sand...

▶ (Continued on page 15)

MSOHNS Annual Scientific Meeting 2012

By Dr Irfan Mohamad

This year, MSOHNS Annual Scientific Meeting was held on Friday 13th April 2012 at the Hotel Istana in Kuala Lumpur. A total of 11 presenters took part in sharing their research outcomes. The program started with a guest lecture entitled 'Functional Endoscopic Sinus Surgery-A Modern Surgical Concept?' by Associate Professor Andreas W Hilger from Ipswich and Norwich University Hospitals, United kingdom. He elegantly presented the history of FESS in a way to answer the key question of his talk "Is FESS really a new concept?' Those who attended the lecture felt that this was undoubtedly a session worth-attending .

Dr Andreas Hilger presented a detailed history of FESS

The meeting is among the best national-level platform for ORL residents to present their thesis work. Here are some of the presented at this year ASM:

- Objective assessment of hearing threshold in dark and light environment (Dr Chew YK)
- Assessment of depression, anxiety and stress in nasopharyngeal carcinoma patients in University Malaya Medical Centre (Dr Tan KL)
- Effect of second generation intranasal corticosteroid on allergic rhinoconjunctivitis (Dr Aneeza WH)
- A study of the change in the severity of apnea immediately after modified cautery assisted palatal stiffening operation (Dr Nur Hashima AR)
- The prevalence of sensorineural hearing loss in beta-thalassemia patient treated with desferrioxamine (Dr Kong MH)
- Role of nasal irrigation by using alkaline nasal solution in allergic rhinitis as an adjunct therapy (Dr Chentilnathan P)
- Ultrasonic scalpel for a bloodless tongue surgery; A case series (Dr Ali YA)

Dr Tang Ing Ping received the award for specialist category from Prof Andreas Hilger

The MSOHNS award for specialist category went to Dr Tang Ing Ping from University Malaya Medical Centre (UMMC). The title of the paper was 'Epithelial migration of the atelectatic pars flaccida tympanic membrane'. For the Medical Officer category, Dr Roshni Menon also from UMMC won the award with the paper titled 'Creation and verification of 3D models of paranasal sinuses'. The program attracted about 50 participants including specialists from the Ministry of Health, Universities and Private hospitals. It was a really interactive session. The program was concluded with 'Updates in the management of Allergic rhinitis' by Associate Professor Goh Bee See.

We hope to receive more papers next year! ■

The MSOHNS award for specialist category went to Dr Tang Ing Ping from University Malaya Medical Centre (UMMC). The title of the paper was 'Epithelial migration of the atelectatic pars flaccida tympanic membrane'

▶ (Continued from page 13)

The conference was a success! It was attended by 52 MSOHNS members, from Perlis to Sabah, many of whom brought along their family to enjoy the beautiful and serene surroundings of the resort by the sea. Besides showering in open-air bathrooms in the beautiful rooms built on stilts, all guests were greeted in the early morning by the sounds of waves crashing on the sand... The three days getaway had plenty of activities available both for children and adults, not to mention lush, green landscapes and a long stretch of sandy beach very soothing to the soul. We believe that this very therapeutic getaway, although short, it refreshed our bodies and enriched our minds. ■

Task Integrated Objective Structured Clinical Examination: An Innovative Model for Postgraduate Training in Medical Education

By Shahid Hassan
Department of Medical Education/ORL-HNS, School of Medical Sciences, USM

The current practice of assessment, globally is facing the serious challenges of validity, reliability, standard setting and feasibility. The traditional methods of clinical examination as long and short cases and orals are often challenged for their subjectivity leading to unreliability and inadequate content validity. The oral test although comparatively more valid due to face-to-face questions are also less reliable for problems of standardized questions, inconsistent marking and lack of sufficient testing time. Development of an "objective structured clinical examination" (OSCE) was sought as a solution to these problems. But the fragmented representation of the context in a number of stations in OSCE makes it less authentic for an integrated judgment of performance. Yet another method to thought of, was the workplace-based assessment (WPBA) but it take a snapshot (1) as a predefined attribute of a more complex integrated assessment such as long case. However due to the problem of feasibility it is less likely that high stakes examination as summative assessment, will ever be able to attain workplace-based assessment such as Mini-CEX and DOPS. To be judged as competent at clinical skills not only require students to perform a particular skill, but also to integrate and demonstrate their abilities to communicate knowledge effectively and appropriately and to express appropriate emotions in a clinical setting like a proper clinician (2). Such observation on the part of the examiners needs integrated judgment of overall clinical performance with continuity of the tasks performed (3).

In the context of the current situation the author would like to propose a new format named the 'task integrated objective structured clinical examination" or TIOSCE modified from OSCE. However, it is a different version of OSCE in which though the principle concept is the same as that of an OSCE, the continuum of clinical skill's work up of the same patient's is followed through to test multiple short attributes of clinical competences. As it retains most of the favorable features of OSCE it (TIOSCE) also addresses some of the odds features of OSCE.

TIOSCE as Modified OSCE:

TIOSCE is a modified OSCE, which is developed to assess the attributes of complex clinical skills in fragmented but maintained continuum of overall clinical performance demonstrated in multiple structured stations and rated as integrated professional judgment.

TIOSCE may comprise of 15-20 stations of 5 minutes each. The stations can be divided into groups based on sub-specialty with 3-5 stations (see stations 1-5 in the example that follows). Each group covering the multiple attributes of same clinical scenario or patient to test a candidate's abilities in history taking, physical examination, analytic reasoning (diagnostic skills), counseling and problem solving (therapeutic or surgical skills) over a range of context developed as TOSECA stations. One examiner will be present at each interactive station with questions to test student's analytic clinical reasoning and problem-solving skills (4).

▶ (Continued on page 16)

TIOSCE is a modified OSCE, which is developed to assess the attributes of complex clinical skills in fragmented but maintained continuum of overall clinical performance demonstrated in multiple structured stations and rated as integrated professional judgment

▶ (Continued from page 15)

Table 1:

No	Inquiry in history taking	Score	No	Inquiry in history taking	Score
1	Duration of the lesion		6	Numbness or weakness	
2	Onset of the lesion		7	Time that tumor ulcerated	
3	Occupation of the patient		8	Bleeding tendency	
4	Similar lesion in family		9	Sudden change in tumor size	
5	Pain in the area of lesion		10	Change towards hardness	

Table 2:

Q. No	Answer/ Performance		Response		Score
Q1A	Examination of facial nerve function		Yes	No	2
Q1B	1	Examining the FN branch 1 (frowning of forehead)	Yes	No	1
	2	Examining the FN branch 2 (tight closing of eyes)	Yes	No	1
	3	Examining the FN branch 3(blowing or whistling)	Yes	No	1
	4	Examining the FN branch 4 (showing the teeth)	Yes	No	1
	5	Examining the FN branch 5 (smiling)	Yes	No	1
Q2A	Obvious deviation of opposite angle of the mouth		Yes	No	1
Q2B	Will have no obvious sign and the deviation of angle of the mouth will appear on smiling or talking		Yes	No	2
Total checklist score					
Evaluator's rating	Outstanding	Pass	Borderline	Fail	

Assessors in TIOSCE rate the performance of a candidate using a checklist with "yes" or "no" options on performance of each item rather than a global rating of 15 Likert scale or A-D anchored rating scale to reduce the subjectivity of evaluation (5).

Example from "Head and Neck" Subspecialty of ENT Assessment as Five Integrated Stations of TIOSCE:

Station No 1: History Taking in which exhibit as Picture or video is provided (see figure on page 18), which initiates questions that students have to respond to by answering in a sheet provided and marked from 1 to 10 (see table 1).

Station No 2: Physical Examination for which simulated patient is (see figure) provided and the examiner asks questions. **Q1. A)** Choose the physical examination that concerns you most to decide on surgical management of this lesion and **B)** demonstrate each step of that examination. **Q2. A)** What is the sign of mandibular branch of facial nerve palsy and **B)** how it can be differentiated in a patient with cervical branch palsy. Explain it to the examiner. Checklist and marking scheme provided to evaluator (see table 2).

Station No 3: Investigations for which exhibit as CT Scan (see figure) and an examiner is provided who ask the candidates to answer these questions.

▶ (Continued on page 17)

▶ (Continued from page 16)

Table 3:

Q. No	Answer/ Performance	Response		Score
Q1A	C.T. Scan of the parotid region	Yes	No	1
Q1B	Tissue biopsy from the ulcerated lesion	Yes	No	1
Q2A	Axial view of this C.T. scan shows a well circumscribe homogenous mass arising from the superficial lobe and implicating the deep lobe with no tissue plan seen between the two lobes	Yes	No	2
Q2B	Involvement of the deep lobe is to decide on type of surgical procedure on parotid gland	Yes	No	1
Total checklist score				
Evaluator's rating	Outstanding	Pass	Borderline	Fail

Table 4:

Q. No		Answer/ Performance	Response		Score
Q1	The differential diagnoses are:				
	1	Muccoepidermoid carcinoma	Yes	No	1/ 2
	2	Acinic cell carcinoma/ lymphoma	Yes	No	1/ 2
	3	Adenocarcinoma	Yes	No	1/ 2
	4	Pleomorphic adenocarcinoma	Yes	No	1/ 2
Q2	Acinar cell carcinoma or lymphoma is the most likely diagnosis with following characteristics		Yes	No	2
	1	Abundance of acinar cells/ lymphoma	Yes	No	1/ 2
	2	Some mitotic figures	Yes	No	1/ 2
Total marks scored by the candidate					

Q1: Select 2 most important investigations (write as A and B in the answer sheet) and give reasons for selecting those 2 investigations before reaching a diagnosis. **Q2:** The examiner next will display the CT Scan if the candidate has answered correctly Q1A and will ask to, **2A)** interpret the CT scan findings to the examiner and **2B)** the examiner must take note of comment or no comment on the deep lobe of the parotid gland. A checklist and marking scheme is also provided to evaluator (see table 3).

Station No 4: HPE, which is presented as slide or picture and an examiner (see figure) who ask the candidates to answer the following questions. **Q1:** Give your differential diagnosis at this point before proceeding to read the HPE slide/picture. **Q2:** Read the slide, which shows the histopathological examination and tell the diagnosis. Write three (3) characteristic features that support yours in diagnosis? Answer and marking scheme provided to the evaluator (see table 4).

Station No 5: Surgical management for which exhibit as picture or specimen provided: (see figure). Students respond to questions in a sheet as shown above. **Q1:** If Acinic cell carcinoma parotid were the diagnosis, what surgical procedure would you like to do in this case?

▶ (Continued on page 18)

▶ *(Continued from page 17)*

Table 5:

Q. No	Answers	Response		Score
Q1	Total paritodectomy with excision of involved skin and preservation of facial nerve.	Yes	No	2
Q2	Total paritodectomy with following components	Yes	No	1
	Superficial lobe	Yes	No	1
	Deep lobe	Yes	No	1
Total marks scored by the candidate				

Q2: Carefully watch the specimen or the picture provided as exhibit and tell the type of parotidectomy performed and the evidences in favor of your answer. Answer and marking scheme provided to the evaluator and 2 marks are allocated for correct answer of Q1 and 1 mark each for 3 components of Q2 respectively. Total 5 marks for station No 5 (see table 5).

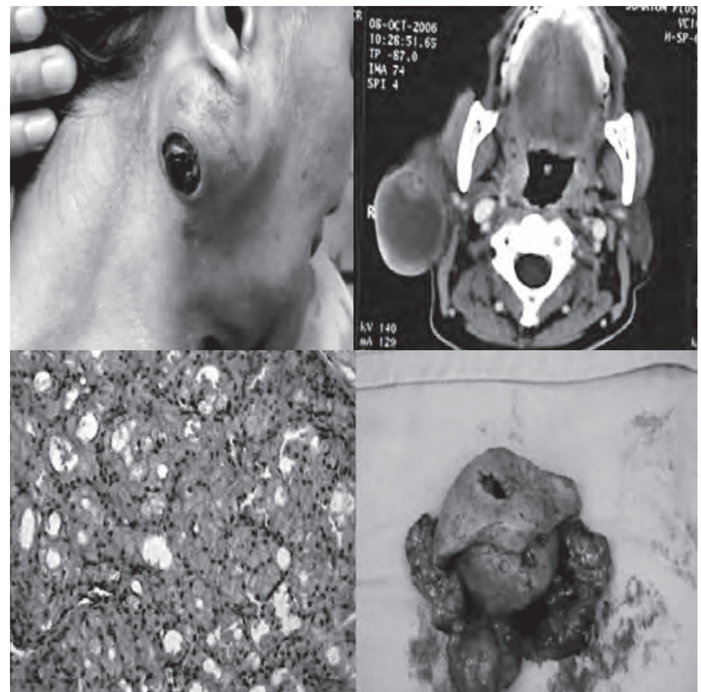


Figure: Pictures show patient's lesion, CT scan, HPE of biopsy and the Specimen

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Telfast®
fexofenadine HCl 180mg
All-In-One Power

TRULY NON-SEDATIVE[1]

When you need to stay
Awake, Alert & Attentive

- Truly Non-Sedative[1]
- Strong efficacy in relieving symptoms of AR and CIU[2,3]*
- Non-sedative and non-impairing even at supratherapeutic dose[4]
- Fast relief within 30 minutes[5]
- No dosage adjustment in special risk groups[6]

* AR : Allergic Rhinitis CIU : Chronic Idiopathic Urticaria

References: 1. Tashiro M, *et al. J Clin Pharmacol* 2004;**44**:890-900. **2.** Van Cauwenberger P, *et al. Clin Exp Allergy* 2000;**30**(6):891-9 **3:** Kaliner MA, *et al. Ann Allergy Asthma Immunol* 2003;**90**(6):629-34 **4.** Mohler SR, *et al. Curr Med Res Opin* 2002;**18**(6):332-7 **5:** Potter PC. *Curr Opin Allergy Clin Immunol* 2001;**14**(2):14-6 **6:** Telfast® Prescribing Information

ABBREVIATED PRESCRIBING INFORMATION
TRADE NAME: Telfast Active Ingredient: Fexofenadine Hydrochloride **PHARMACOTHERAPEUTIC CLASS:** Third generation non sedating H1 antihistamine **DOSAGE FORM AND STRENGTH:** Tablet, Fexofenadine HCL 180mg **INDICATIONS:** Telfast 180mg is indicated for the relief of symptoms associated with chronic idiopathic urticaria and allergic rhinitis in adults and children 12 years of age and above. Symptoms treated effectively include sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery red eyes. **DOSAGE AND INSTRUCTIONS OF USE:** For adult and children above the age of 12: One tablet once daily. **CONTRAINDICATIONS:** Fexofenadine is contraindicated in patients with known hypersensitivity to any of its ingredients. **PRECAUTIONS:** As with most new drug there is only limited data in the elderly and renally or hepatically impaired patients. Fexofenadine should be administered with care in these special groups. **UNDESIRABLE EFFECTS:** The most commonly reported adverse events are headache, drowsiness, nausea, dizziness, and fatigue. The incidence of these events observed with fexofenadine HCL was similar to that observed with placebo. **INTERACTIONS:** Co administration of fexofenadine HCl with erythromycin or ketoconazole has been found to result in a 2 – 3 times increase in the level of fexofenadine in plasma. Administration of an antacid containing aluminium and magnesium hydroxide gels 15 minutes prior to fexofenadine HCl caused a reduction in bioavailability. It is advisable to leave 2 hours between administration of fexofenadine HCL and aluminium and magnesium hydroxide containing antacids. Ref No. TEL/V01/11/05

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Because health matters

sanofi-aventis (Malaysia) Sdn. Bhd. (334110-P) 8th Floor, PNB Damansara, No. 19, Lorong Dungun, Damansara Heights, 50490 Kuala Lumpur. Telephone: 03-2089 3333 Fax: 03-2089 3338/9 *For healthcare professional use only.*

MY.FEX.11.01.01

Consistent NASAL and OCULAR relief for Allergic Rhinitis[1,2]

An ADVANCED, PATIENT-PREFERRED# Device[3,4]

No smell[4], minimal or no aftertaste[3]

SMALLER SPRAY VOLUME (50µL)[3]
fine mist, no or little drip down throat/nose[3]

SIDE ACTUATION

SHORT NOZZLE

VIEWING WINDOW

0030635
Avamys™
fluticasone furoate
27.5 Micrograms Per Spray
Aqueous Nasal Spray
120

In a study involving 127 patients with SAR/PAR, patients preferred Avamys™ over fluticasone propionate nasal spray overall (60% versus 33%; p = 0.003).[4]

References: 1. Keith PK et al. Curr Med Res and Opin 2009;25(8):2021-2041. **2.** Scadding GK et al. Expert Opin Pharmacother 2008;9(15):2707-2715. **3.** Berger W et al. Expert Opin Drug Deliv 2007;4:689-701. 4. Meltzer EO et al. Clin Ther 2008;30(2):271-279.

Abbreviated Prescribing Information. Based on full International Prescribing Information IPI 03Mal and prepared to meet the requirements of the GSK International Pharmaceutical Promotional and Marketing Policy. Brand name: AVAMYS™ NASAL SPRAY. **Active Ingredient:** Fluticasone furoate. **Indications:** Adults/Adolescents (12 years and older) - Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) and ocular symptoms (itching/burning, tearing/watering, and redness of the eye) of seasonal allergic rhinitis. Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) of perennial allergic rhinitis. Children (2 to 11 years) - Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) of seasonal and perennial allergic rhinitis. **Dosage and administration:** AVAMYS™ Nasal Spray is for administration by the intranasal route only. For full therapeutic benefit regular scheduled usage is recommended. Onset of action has been observed as early as 8 hours after initial administration. It may take several days of treatment to achieve maximum benefit. An absence of an immediate effect should be explained to the patient. **Populations:** For the treatment of seasonal allergic rhinitis and perennial allergic rhinitis: **Adults/Adolescents (12 years and older) -** The recommended starting dosage is two sprays (27.5 micrograms per spray) in each nostril once daily (total daily dose, 110 micrograms). Once adequate control of symptoms is achieved. dose reduction to one spray in each nostril once daily (total daily dose, 55 micrograms) may be effective for maintenance. **Children (2 to 11 years) -** The recommended starting dosage is one spray (27.5 micrograms per spray) in each nostril once daily (total daily dose, 55 micrograms). Patients not adequately responding to one spray in each nostril once daily (total daily dose, 55 micrograms) may use two sprays in each nostril once daily (total daily dose, 110 micrograms). Once adequate control of symptoms is achieved, dose reduction to one spray in each nostril once daily (total daily dose, 55 micrograms) is recommended. **Children (under 2 years of age) -** There are no data to recommend use of AVAMYS Nasal Spray for the treatment of seasonal or perennial allergic rhinitis in children under two years of age. **Elderly -** No dosage adjustment required. **Renal impairment -** No dosage adjustment required. **Hepatic impairment -** No dosage adjustment is required in patients with mild to moderate hepatic impairment. There are no data in patients with severe hepatic impairment. **Contraindications:** Hypersensitivity to to any of the ingredients. **Warnings & Precautions:** Fluticasone furoate undergoes extensive first-pass metabolism, therefore the systemic exposure of intranasal fluticasone furoate in patients with severe liver disease is likely to be increased. This may result in a higher frequency of systemic adverse events. Caution is advised when treating these patients. Concomitant administration with ritonavir is not recommended because of the risk of increased systemic exposure of fluticasone furoate. Systemic effects of nasal corticosteroid may occur, particularly at high doses prescribed for prolonged periods. These effects vary between patients and different corticosteroids. Fluticasone furoate has a negligible (0.50 %) systemic bioavailability at intranasal doses of up to 24 times the recommended adult daily dose (2640 micrograms per day). Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adrenal suppression. If there is evidence for higher than recommended doses being used, then additional systemic corticosteroid cover should be considered during periods of stress or elective surgery. Fluticasone furoate 110 micrograms once daily was not associated with hypothalamic-pituitary-adrenal (HPA) axis suppression in adult, adolescent or paediatric subjects. However the dose of intranasal fluticasone furoate should be reduced to the lowest dose at which effective control of the symptoms of rhinitis is maintained. As with all intranasal corticosteroids, the total systemic burden of corticosteroids should be considered whenever other forms of corticosteroid treatment are prescribed concurrently. Results from a placebo controlled knemometry study of fluticasone furoate 110 micrograms once daily observed no clinically relevant effects on short-term lower leg growth rate in children. However, growth retardation has been reported in children receiving some nasal corticosteroids at licensed doses. It is recommended that the height of children receiving prolonged treatment with nasal corticosteroids is regularly monitored. If growth is slowed, therapy should be reviewed with the aim of reducing the dose of nasal corticosteroid if possible, to the lowest dose at which effective control of symptoms is maintained. In addition, consideration should be given to referring the patient to a paediatric specialist. If there is any reason to believe that adrenal function is impaired, care must be taken when transferring patients from systemic steroid treatment to fluticasone furoate. **Interactions -** Fluticasone furoate is rapidly cleared by extensive first pass metabolism mediated by the cytochrome P450 3A4. In a drug interaction study of fluticasone furoate with the potent CYP3A4 inhibitor ketoconazole there were more subjects with measurable fluticasone furoate plasma concentrations in the ketoconazole group (6 of the 20 subjects) compared to placebo (1 of the 20 subjects). This small increase in exposure did not result in a statistically significant difference in 24-h serum cortisol levels between the two groups. Co-administration with ritonavir is not recommended because of the risk of increased systemic exposure of fluticasone furoate. The enzyme induction and inhibition data suggest that there is no theoretical basis for anticipating metabolic interactions between fluticasone furoate and the cytochrome P450 mediated metabolism of other compounds at clinically relevant intranasal doses. Therefore, no clinical studies have been conducted to investigate interactions of fluticasone furoate on other drugs. (see Warnings and Precautions, and Pharmacokinetics). **Effects on Ability to Drive and Use Machines:** Based on the pharmacology of fluticasone furoate and other intranasally administered steroids, there is no reason to expect an effect on ability to drive or to operate machinery with AVAMYS Nasal Spray. **Pregnancy and Lactation:** Adequate data are not available regarding the use of AVAMYS Nasal Spray during pregnancy and lactation in humans. AVAMYS Nasal Spray should be used in pregnancy only if the benefits to the mother outweigh the potential risks to the foetus. **Fertility:** There are no data in humans. **Adverse Reactions:** Clinical Trial Data.

Respiratory, thoracic and mediastinal disorders	
Very common:	Epistaxis
In adults and adolescents, the incidence of epistaxis was higher in longer-term use (more than 6 weeks) than in short-term use (up to 6 weeks). In paediatric clinical studies of up to 12 weeks duration the incidence of epistaxis was similar between AVAMYS Nasal Spray and placebo.	
Common:	Nasal ulceration

Post Marketing Data

Immune system disorders	
Rare:	Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria

Overdosage: Symptoms and Signs: In a bioavailability study, intranasal doses of up to 24 times the recommended daily adult dose were studied over three days with no adverse systemic effects observed. Treatment: Acute overdose is unlikely to require any therapy other than observation. **Full Prescribing Information is available on request. Please read the full prescribing information prior to administration, available from: GlaxoSmithKline Pharmaceutical Sdn Bhd (3277-U) Level 6, Quill 9, 112, Jalan Semangat, 46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia. Abbreviated prescribing information prepared locally August 2010 based on IPI03Mal.**

For medical and healthcare professionals only.
Full prescribing information is available upon request from:

GlaxoSmithKline Pharmaceutical Sdn Bhd (Co. No.3277-U)
Level 6, Quill 9, 112, Jalan Semangat,
46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia.
Tel: (603) 7495 2600 Fax: (603) 7954 2191

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