



The CAMS 2009 Annual Scientific Meeting and Gala

The Scientific Meeting and Gala were held on Saturday, November 7, 2009. Again we had the meeting at the Flick Conference Center at Citi and a Red Lantern Gala at Cipriani Wall St.

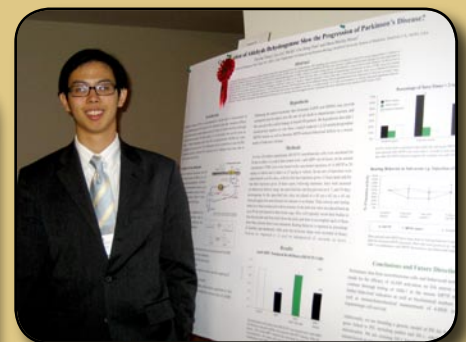
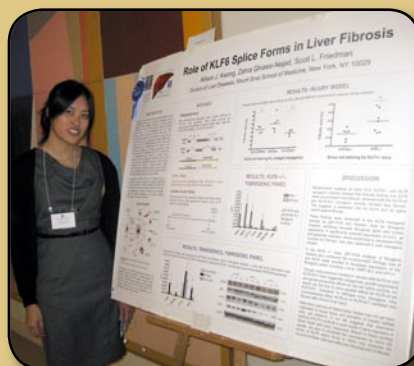
The scientific meeting, with a theme of “Emergency Care of Chinese American Patients,” was attended by 180 participants and for the first time we had a large number of nurses (50) attending. Dr. (Colonel) Geoffrey Ling from Uniformed Services University of Health Sciences, started the morning program with a lecture of “Stroke Team, A New Paradigm”, Dr. Gordon Fung from UCSF then lectured on “Acute Myocardial Infarction, Door to Balloon Time”, followed by the Scientific Award Lecture by Dr. John Fung of Cleveland Clinic, on “Liver Transplant Can’t Wait”. Dr. Paul C. Lee of Cornell then talked about “Life Threatening Pulmonary Emergencies”, and Dr. David Chiu of NYU on “Limb Salvage in Traumatic Amputation”. The morning session was wrapped up with the Keynote lecture by Dr. Benjamin Chu of Kaiser Permanente-Southern California on “Emergency Care in Health Care Reform.” The afternoon session started with Dr. Henry Chung of NYU who lectured on “Psychiatric Intervention in Suicide Prevention”, Dr. Mary Lee-Wong of Beth Israel on Anaphylaxis to Foods, Dr. Jean Yun of St. Vincent’s on “Fractures in the Elderly Chinese Patients,” Dr. Sidney Wu of Cornell on “Emergency Contraception”, Dr. Andrew Lo of Beth Israel on Acute Abdomen Emergencies and lastly, Dr. Amy X. Ma, on “Barriers to Chinese Americans Seeking Emergency Health Care”. There were 15 posters, 10 of which submitted by students or residents were qualified for Poster competition. Two students won the Competition, Allison Kwong of Mt. Sinai and Timothy Cheng of P&S, first and second prize respectively. They both also gave oral presentations. Excerpts of five of the presentations are printed in this issue and all of the talks (in PowerPoint slides) can be viewed from our web (camsociety.org) The posters were displayed in the corridor of the meeting floor for easy viewing, while 17 exhibit booths were shown in two small rooms off the corridor.



Drs. Mary-Lee Wong and Jerry Huo, co-chairs of the CAMS Program Committee



Audiences at the auditorium, with Drs. Blanche Leung and Sun Hoo Foo sitting on the steps in front.



Allison Kwong and Tim Cheng at their posters.

The Dinner Gala was, as in the years past, a beautiful display of color and ambience. Jamie put red lanterns as well as flowers on each table, calling this the Red Lantern Gala. We had a bustling crowd which filled 42 tables, thanks to the co-hosting of CAIPA. Surplus from the dinner (@ about \$11,000 when we collected everything pledged) will go to the CAMS/CAIPA Community Service Fund. Entertainment was provided by the Nai-Ni Chen Dance Company and there were dancing to the P & M Music Band. The CAMS Scientific Award was given to Dr. John Fung and the Community Service Award to Ms. Marie Lam who is the co-founder of Chinatown Health Clinic (see photos). Dr. Johnny Lee with his usual flare was the M.C. A medallion on a spinning stand was given to the outgoing President, Dr. Wilson Ko, by the incoming new president, Dr. Warren Chin. Both gave moving speeches. The text of Dr. Chin's speech is available on the CAMS web site: camsociety.org.



The red-lantern set up and Jamie Seto, the creator



Dr. John Fung with the Scientific Award. Dr. Wilson Ko at his right and Drs. Pak Chung and Johnny Lee at his left.



Ms. Maria Lam receiving the Community Service Award. At her back are Drs. Wilson Ko, Raymond Fong and Warren Chin.

Dr. Wilson Ko receiving the spinning medallion from Dr. Warren Chin



Dance of the Yak
Dance of The Way of Five-Fire



Dr. Johnny Lee the MC



Dr. Benjamin Chu flanked by Frances Wong and Dr. Wilson Ko on his right and Drs. Danny Fong and Jean Yun on his left.

CAMS 2009-2010 Board of Directors w/Dr. George Liu and Jamie Seto. Back row: Drs. Yick M. Lee, George Liu, Danny Fong, Warren Chin, Wilson Ko, Jerry Huo, Savio Woo, Raymond Yung, Clifford Chao. Front row: Jamie Seto and Drs. H.H. Wang, Alice Lee, Wanling Lam, Blanch Leung and Sidney Wu. Outgoing members holding certificates of appreciation.



Business Meeting



A business meeting was held at lunch (which consisted of a piece of tasteless chicken) We were briefed about the “*State of the Society*” at the meeting. Reports were given by Drs. Wilson Ko and Warren Chin (General, Community relations), Raymond Yung (Treasurer),

Perry Pong (Community Affairs), Jerry Huo (Scholarship), Tak Kwan (Nomination) and Mark Li (DC Chapter).

Membership: As of 8/30/09 we have 1312 active members (Life members 389, Regular members 315, Associate members 22, Resident members 84, Student members 170, Honorary members 7 and Chapter members 325- DC 139, Boston 128 and Albany 58)



Treasury: As of 9/30/09, we have in the General Fund, \$354,034; In the Educational Fund, \$117,529 In the Community Service Fund, \$1,699,749.

Scholarships and Summer Research Fellowships: We awarded 7 scholarships and 2 Summer Research Fellowships in 2009. The Scholarship winners were Jimmy Liu Tang, Esther Lin Scholar (UCLA), Alison Kwong, Ruth Liu Scholar (Mt. Sinai), Michael Chi, American Center for Medical Sciences Scholar, (Stanford), Nam Chan (U. Arizona), Yiuka Leung (U. Chicago), Bella Liu (Harvard) and Dianna Ng (Stanford). The two Summer

Fellowships were awarded to Yen Hsia (Case Western) and Timothy Cheng (Columbia).

CAMS/CAIPA Community Service Fund: Four Research grants were awarded in 2009. (1) Osteoporosis in Chinese American Men (NY Downtown Hospital), \$40,000 (2) Gestational Diabetes (Beth Israel), \$33,750, (3) Diabetes Awareness (CB Wang Community Health Center), \$10,000 and (4) To support the CAMS 2009 Scientific Meeting, \$30,000. Total award was \$113,750. The Fund also supported many community functions (dinner galas, health fairs, CAMS vaccination program, CAMS health columns in the Chinese newspapers, blood drive etc) and this totaled \$53,850.

Community Outreach and Education: Flu vaccine CBW Community Health Center and the students of Downstate sponsored a joint flu vaccine program to vaccinate 950 seniors and high risk individuals. A Diabetes Health Fair was organized by the CBW Community Health Center to be held on 11/14/09 and the Center also plans to hold a Diabetes Educational Workshop on 11/20/09 at CPC-Brooklyn. The CAMS Health Columns now appears monthly in 3 Chinese newspapers (in addition to the World Journal and Sing-Tao Daily, Ming Pao now also carries the articles.)

News Conference: A joint news conference (CAMS, CAIPA, CBW Community Health Center and NY Downtown Hosp) was held about the H1N1 influenza (Swine Flu) on 4/29/09; about flu-vaccine on 9/21/09 and we participated in the press conference on diabetes prevention and management on Diabetes Day, 10/29/09.

Liver Cancer Free Campaign: Dr. Mark Li, President of the Mid-Atlantic Chapter, reported on their initiative in starting a liver cancer free campaign, aiming at mobilizing the general community to write to their congressional representatives, NIH and CDC to request increased funding for Hepatitis B research.

Nomination: Dr. Tak Kwan reported that election ballots have been tallied. The winners are; for Vice-President, Dr. Raymond Yung, for Secretary, Dr. Johnny Lee and for Board of Director (3 year term), Drs. Richard Chan, Victor Chang, Clifford Chao, and Paul. C. Lee. Congratulations to all.

CAMS NEWS

New Position: Dr. Wilson Ko, now our Immediate Past President, has been recruited by St. Vincent’s Medical Center Manhattan to be their Director of Cardiothoracic Surgery since August 09. He is also appointed as Professor of Cardiothoracic Surgery at New York Medical College. We are very proud and we applaud these prestigious appointments.

NCAPIP (The National Council of Asian Pacific Islander Physicians) was founded in 2006 and in 2008 gained as a non-profit tax-exempt entity. NCAPIP supports a national health care reform that addresses the critical areas of access, quality, leadership and workforce development, with unique relevance to the Asian Americans, Native Hawaiian and Pacific Islander community. Our President Dr. Wilson Ko went to San Francisco on 10/9/09 to attend their 4th general Board meeting and was elected as the Vice-Chair of East coast (Dr. Dexter Louie as Chair and Dr. Eric Leung as vice-Chair of West coast). CAMS will endorse the NCAPIP’s Health Care reform platform, which is to support universal health coverage for all Americans.

Kaiser Permanente had their 32nd National Diversity Conference in San Francisco on 11/4-6 2009. Dr. Warren Chin attended the meeting and gave a lecture on “Health disparities and Asian American pacific Islanders: challenges to bridging the gap” And he sat next to the President of AMA. The participation of Dr. Chin at the conference earned a \$5000 honorarium for CAMS!

CAMS or our President honored: In 2009, CAMS or our President, often with CAIPA or their President, have been the honoree at many dinner-gala functions. The American Cancer Society Eastern Division at their fund raising dinner on 4/8/09 honored our Past President Dr. Tak Kwan and at their A Night of Hope dinner on 11/14/09 honored our past president Daisy Saw. On 6/13/09, at the PCAMA's (Philippine Chinese American Medical Association) 15th Annual dinner dance & scholarship fund-

raising gala, the induction of their new officers; CCPH (Chinese Community Partnership for Health) at their 2nd Annual Benefit & Award gala on 6/18/09 honored Drs. Wilson Ko and George Liu and at their 8/12/09 fund-Raising dinner honored CAMS. On 10/8/09 New York Downtown Hospital at their 16th Annual dinner gala gave Drs. Wilson Ko and George Liu the Community Leadership Awards. Lastly, on 12/19/09, the Myanmar American Medical Education Society had their gala dinner in Brooklyn in the midst of a blizzard and honored the Presidents of CAMS and CAIPA.



Dr. Daisy Saw, 3rd from left, receiving the award from the American Cancer Society

Dr. Wilson Ko was asked to officiate



Jamie Seto and Dr. H.H.Wang receiving the award for CAMS from CCPH, with Dr. Eric Poon, right, looking on



Drs. Wilson Ko, (at podium) and George Liu (2nd from right) honored by NYDH, with hospital CEO Mr. Jeff Menkes (lower corner)



Drs. Allen Cheung, Mark Li, William Hsu & Warren Chin outside of the Chinese Embassy in D.C.

Drs. Warren Chin and H. H. Wang both attended. The former showed some slides about the activities of CAMS in New York. We congratulate the Chapter for receiving the Liver Excellence Award. The Chapter met again on Sunday 11/8, the day after our Annual Meeting, at the New Chinese Embassy in Washington, DC to launch their Liver Cancer Free Project. Prof. William Hsu, Director of Asian American Diabetic Initia-

tive at Joslin Clinic, also lectured. **The Greater Boston Chapter** met on Saturday, 4/25/09 at the Jumbo Seafood Restaurant of Newton at Newton Center. Dr. H. H. Wang attended. Dr. Qin Huang was elected as their new President. The meeting was attended by about 60 people, many were newly joined student members. Dr. Timothy Wu, pulmonologist at Lahey Clinic, gave a lecture on "Improving lung volumes and improving exercise endurance time in COPD."



Drs. Kevin Lau, & Mina Sun (outgoing & incoming Chapter President, respectively) and H.H.Wang

The Capital District Chapter met on Wednesday, 5/6/09 at the Brown Derby Restaurant in Albany and was attended by about 30 people including Dr. H.H. Wang. Dr. Steven Parnes of Albany Medical School gave a lecture on cochlear implants and his volunteer work overseas. Dr. Mina Sun was elected as the next President.

Newspaper Article: On 7/19/09, the World Journal published articles derogatory and inflammatory on malpractice by the Chinese ob doctors based on distorted facts. Dr. Warren Chin, representing CAMS, together with representatives of CAIPA and ACAP, confronted the editor and with a meeting to resolve this. The newspaper, short of a formal apology, answered in a conciliatory manner. We hope this will never happen again.

Educational Tour: Dr. Y.H. Hsu is arranging an 15 day educational tour from 2/25 to 3/11 2010 to Indochina – Vietnam and Cambodia, plus Hong Kong and Macau. An entire ship has been chartered. Air price from JFK is \$980 and land price is \$2,295. Interested persons should call 212-714-3557 or 800-943-0186

In Memoriam: Belatedly, we learned that Dr. Austin H. "Bill" Kutscher, a long-time member of CAMS, passed away on May 30, 2007. He was 84. Dr. Kutscher was a man with unusually varied career in the health field. He was a champion of patient-centered care for emphysema and COPD patients through symposia, books and advocacy. We shall miss him.

New Members

The following new members have been approved by the Board of Directors at their meetings in October and December, 2009. **Life members:** Jade Yun Hon, M.D., Xin Pang, M.D., Jimmy Wong, M.D., Martin Wong, M.D., Min Aung Wong, M.D., Toa Wong, M.D. **Honorary Member:** John Fung, M.D., Ph.D. **Regular Members:** Suzanna Airiani, M.D., Chun Bai, M.D., Nidia Rosa Carrero, M.D., Yumei Ding, M.D., Jia Hong, M.D., Loli Huang, M.D., Timothy C. Johnson, M.D., Hongmei Li, Ph.D., Xian Min Li, D.O., William Louie, M.D., Tony Quach, M.D., Gloria Tsan, M.D., May Tsui, M.D., Leung Wing Wong, M.D., Linli Yan-Rosenberg, M.D., Christina Zhang, D.O. **Resident Members:** Kum Chen, M.D., Ph.D., Dione Chua, M.D., Sophia L. Fu, M.D., Jason Hu, M.D., Sandy Wang, D.O. **Associate Members:** Zhi Ping Bonica, R.N., Selena Chan, R.N., Rosalind Ha, R.N., Anyi Hsueh, B.S.N., Tiffany Kwong, L.M.S.W., Lily Huang, R.N., Moa Lam, R.N., Susie Larm, R.N., Cajus Lee, B.S.N., Seow Ling Lee, R.N., Yan Ling Liu, R.N., Henry K. Mui, B.S., Mary Sanabria, R.N., Carmen Shum, R.N., Anita Wong, R.N., James Yang, R.N., Seung Yarl Yi, B.S., Ho Yim, D.P.M., Huiwen Ying, R.N., Kam Yuk Lo, R.N., Xu Lan Zeng, R.N., Yan Zhao, R.N. **Student Members:** Michael Chiu, Alice Hon, Joshua Liao, Emily Lau, Kimberly Lau, Benjamin Lok, Dianna Ng, Zi Wang, Julia Zhe Xu, Brian Yuen.

Chapter News: All three Chapters have been active. **The Mid-Atlantic Chapter:** met on 2/8/09 for brunch at the Guilin Restaurant in Rockville, then moved to the home of Dr. Mo-Ping Chow a mile away where Dr. Chow set up a projector in his recreation room. Dr. Chuen-Yen Lau from NIH first lectured on the Update of HIV, then Dr. Lawrence Lam talked about the Jupiter Study.

Liver Transplantation for Hepatocellular Carcinoma

John J. Fung, MD, PhD, Chairman, Department of Hepato-Pancreato-Biliary & Transplant Surgery, Cleveland Clinic Foundation



Hepatocellular carcinoma (HCC) is the most common primary hepatic malignancy with an annual incidence of over one million cases worldwide. The single most important risk factor for the development of HCC is cirrhosis; however, the risk of developing HCC varies with the etiology of cirrhosis. Cirrhosis as a result of chronic viral hepatitis, however, accounts for most primary liver cancer worldwide and numerous epidemiological studies have established a clear association between chronic viral infection and development of HCC.

Liver transplantation (LTX) is conceptually an attractive therapy for HCC in a cirrhotic liver because it incorporates the radical resection of a total hepatectomy combined with liver replacement. While initial results were disappointing, better outcomes have been consistently achieved by refining the selection criteria, with a focus on tumor characteristics, including in particular size, number, lobar distribution, and vascular invasion. A landmark study by Mazzaferro et. al. published in 1996 set the stage for the current guidelines and policies, which are currently

in use to allocate hepatic allografts to those patients with HCC, often referred to as the Milan criteria.

Whether the Milan criteria, and the resulting UNOS policies, are too restrictive has been a controversial issue without a clear resolution. Clearly the use of physical characterization of HCC, e.g. size and number, and pathological characteristics, e.g. degree of differentiation and microvascular invasion, are only surrogate markers for biologic behavior. Genetic markers, such as degree of mutational load, may provide more sensitive predictors for recurrence after liver transplantation.

Future developments in the area of liver transplantation for HCC will focus on improved prognostic testing, use of novel antiproliferative agents, novel immunosuppressive protocols and timely application of liver transplantation. The shortage of livers for transplantation is the limiting factor in the application of this life-saving procedure for a previously dismal prognosis. Living donor liver transplantation is one option to the use of conventional brain-dead donors, however other concerning options of donor sources, such as transplant tourism and executed prisoners, jeopardize broader acceptance of liver transplantation for treatment of HCC.

Life Threatening Pulmonary Emergencies

Paul C. Lee, MD, Associate Professor of Cardiothoracic Surgery, Weill Medical College of Cornell University and Chief of thoracic Surgery, New York Hospital Queens



Pulmonary emergencies are commonly seen in Chinese patients. Rapid diagnosis and treatment by physicians are often life-saving.

Airway obstruction, either from benign or malignant etiologies requires rapid recognition and stabilization. Patients can present with dyspnea, stridor, hoarseness, brassy cough or cyanosis. A careful focused history and physical

should be done, paying special attention to the possibility of foreign body aspiration and history of lung cancer. Chest radiographs should be obtained and if necessary CT of the chest. Medical stabilization of airway involves use of bronchodilators, steroids, racemic epinephrine, and Heliox. If definitive control of airway is indicated, endotracheal intubation is performed. When endotracheal intubation is difficult or not possible, surgical airway should be established by cricothyroidotomy or tracheostomy. Benign airway obstruction such as tracheal stenosis can be treated by YAG laser ablation or tracheal stenting. If a patient is a good surgical candidate, tracheal resection offers a more durable result. Non-small cell lung cancer is the leading cause of malignant airway obstruction. Treatment option includes laser ablation, tracheo-bronchial stenting, photodynamic therapy and radiotherapy. Even though the overall survival for these patients is dismal, treatment goal is the restoration of patient's quality of life and reduction of the need for mechanical ventilation.

Massive hemoptysis carries a significant associated mortality of 7-30%. Bronchial artery is the most frequent origin of bleeding. Common medical causes are acute bronchitis, bronchiectasis, neoplasm and infection. Conservative treatments involve cessation of anticoagulation, correction of coagulopathy, and antitussive therapy. CT of the chest and bronchoscopy are useful in localization of bleeding. During massive hemoptysis, airway can be protected by placement of a bronchial blocker or a double lumen endotracheal tube. Percutaneous embolization should be attempted first, with pulmonary resection as the last resort.

Symptomatic pneumothoraces and pleural effusions require prompt pleural drainage by chest tube. Thorascopic bleb/bulla resection and pleurodesis is performed for complicated and recurrent pneumothoraces. Due to decreased pain and morbidity, thorascopic approach is the preferred treatment. Thorascopic biopsy can help in identifying the etiology of pleural effusion when thoracentesis is not diagnostic. Pleurodesis can be done during the same setting to decrease the risk of recurrent pleural effusion.

In summary, pulmonary emergencies are common. Prompt control of airway and pleural drainage of pneumothoraces or pleural effusions can be life-saving. When necessary, appropriate pulmonary and thoracic surgical consultation should be obtained.

Barriers for Chinese American Immigrants Seeking Emergency Care

Amy Ma, DNP, FNP-BC, Assistant Professor of Nursing, Long Island University and Nurse Practitioner, Pace University



According to the 2006 American Community Survey data, more than 1.6 million foreign born from China reside in the US. While the overall quality of health care in Chinese Immigrant shows progress, continuing to improve the health care remains an issue for this population.

Emergency health care is referred as medical care for an illness or injury that is needed right away from a doctor's office, or emergency room. Significant barriers exist for access emergency health care for Chinese immigrants.

Language remains a major barrier to access emergency health care. Nearly two thirds of the Chinese immigrants are limited in English language. Poor language skills limit the Chinese immigrants' understanding of US health care system; limit opportunity to sign up for government sponsored health insurance; limit the ability to call for help for emergency health care; limit understanding of the disease and treatment options. Poor language proficiency also limit the immigrants' understanding of their legal right. Many Chinese immigrants refuse to access needed emergency health care due to fear of being exiled or denied for immigration application. Alternative healthcare beliefs can be a barrier for Chinese

immigrants to access emergency health care. Many Chinese immigrants believe in the superiority of traditional Chinese medicine over western medicine and therefore delay the process of seeking needed emergency medical care. Traditionally, Chinese tend to rely on family members and friends for advice, include advice on health conditions. The lack of close contact with friends and family members and possible inaccurate assessment of health status may delay an immigrant to seek medical care. Despite the significant improvement of the Chinese immigrants' economic status, many of them still live in poverty. Lack of economic support prevents these immigrants from seeking emergency health care. Other factors such as age, marital status, gender, lack of social support for new immigrants, lack of transportation may also delay or prevent one seeking emergency health care.

Different barriers exist before, during, and after the emergency health care visits. Health care professionals have the responsibility to understand the problems, help solve the problem, educate the public, and promote health care and the health of the community. Different health care disciplines such as medicine and nursing should work together to improve the health care of Chinese immigrants.

Acute Surgical Abdomen

by Andrew Lo, M.D., Attending Surgeon, Beth Israel Medical Center



An acute surgical abdomen is defined as sudden onset of severe abdominal pain due to inflammation, obstruction, infarction or perforation of any abdominal organs. Since 1989, laparoscopy has been used to diagnose as well as treat such acute surgical problems. Three common acute surgical conditions are discussed; cholecystitis, appendicitis and diverticulitis.

Acute cholecystitis presents with right upper quadrant pain often post fatty meal, associated with fever, chills, nausea, vomiting and even jaundice. Ultrasound and or HIDA scan is used to confirm the diagnosis. Treatment is bowel rest, IV antibiotics to cover E coli and Klebsiella organisms. If symptoms are less than 72 hours an urgent laparoscopic cholecystectomy is performed. Symptoms greater than 72 hours may be treated with IV antibiotics and an elective interval laparoscopic cholecystectomy in 4-6 weeks later. If there is concurrent abnormal liver function tests, a preoperative endoscopic ultrasound (EUS) or MRCP should be perform to rule out common bile duct (CBD) stones. Asian patients are more prone to having concomitant common bile duct stones due to hemolysis or liver flukes. A preoperative ERCP is performed to remove the CBD stones.

Acute appendicitis is the most common cause of acute surgical abdomen. Classic presentation is periumbilical pain which later radiates

to the right lower quadrant and subsequently associated with fever, nausea, vomiting and anorexia. Work up with abdominal CT is the best diagnostic test. An urgent laparoscopic appendectomy would be indicated unless there is a perforation along with an abscess. This may be then treated with IV antibiotics, primarily to cover Bacteroides and E coli, and percutaneous drainage of the abscess. An interval laparoscopic appendectomy may be perform in 6-8 weeks.

Diverticulosis increases with age but only small percentage will actually develop diverticulitis. The first attack is the most likely to present with a free perforation. It often presents with left lower quadrant pain, constipation and bloating sensation. A CT scan confirms and stages the severity of the disease. Majority of the cases may be treated with IV antibiotics to cover for Bacteroides and E coli, however, for free perforation, a Hartmann procedure is indicated (resection of the diseased bowel with a proximal end colostomy and closure of the distal stump). The Hartmann procedure is reversed laparoscopically in 3 months.

Asian have a higher incidence of cecal diverticulitis and this mimics acute appendicitis. This type of diverticulum is a true diverticulum and generally is solitary and congenital. If diagnosed by CT scan, majority of the cases can be treated with bowel rest and IV antibiotics. If diagnosed intraoperatively, an appendectomy is performed and patient is treated with IV antibiotics postoperatively.

Psychiatric Emergency – Suicide Prevention and Intervention Strategies: Focus on Asian Americans

Henry Chung, M.D. , Clinical Associate Professor of Psychiatry and
Associate Vice President, Student Health, New York University



Background:

Suicide is the 4th leading cause of death in the United States for those between 18 – 65 years of age; when one accounts for the number of suicide attempts that goes unreported, it is clear that this is major public health problem. Most of those that attempt or complete suicide have a psychiatric disorder that is treatable; most often clinical depression. A sobering fact that often goes unreported is that from 30- 60% of suicide victims have often had a nonpsychiatric physician visit in the prior 3 months. The opportunity for successful intervention at the general or nonpsychiatric specialist level is significant but underutilized.

Focus:

Mental health concerns among Asian Americans are often unreported, unaddressed, and remains a significant health disparity for this group in the U.S. National data supports the following conclusions about suicide: 1) like the US population, Asian males have significantly higher rates of suicide than Asian females 2) Asian females in the ages of 15-24 and over 65 complete suicide at higher rates than other racial groups in the same groups 3) among elderly males and females seeking primary care services with clinical depression, Asian Americans have the highest rates of both death ideation (passive wishes of not living) and suicide ideation (plans or intent to commit suicide) of 40% and 20% respectively 4) In national surveys of college students, Asian students report higher levels of depressive symptoms and suicide ideation than other racial groups with possibly 10% seriously thinking of it in past academic year 5) there is a thought that US born females between ages 15-34 may be at higher risk for suicide ideation and suicide attempt than those who are non US born.

General Risk Factors for Suicide:

- Mental disorders and substance use disorders
- Hopelessness, impulsiveness
- Major physical illness or poor perceived health
- Previous attempts or family history of suicide or attempts
- Significant financial/social/family stress
- Access to lethal means
- Recent local cluster of suicides

Detection and Intervention:

The United States Preventive Services Task Force recommends screening for depression in routine medical care at least yearly using a patient self report instrument. Frequently the PHQ9 is utilized in medical settings because of its validity, reliability, and brevity. It can be obtained at <http://www.depression-primarycare.org/clinicians/toolkits/>. The instrument queries for the presence and frequency of all the symptoms of major depression according to DSM criteria and has a specific question about thoughts of death and self harm. It is frequently used as a depression severity instrument which can help with treatment planning, follow up and management. Scores of 10 or more generally have an 88% sensitivity and specificity for the diagnosis of depression. Because this is a patient self report instrument; clinical confirmation by a health professional is required to rule out other medical or psychiatric diagnoses that could account for the symptoms. If PHQ9 scores are greater than 10, further investigation is warranted. If the suicide item is endorsed, then further questioning is warranted even if scores are less than 10.

Assessing suicide risk:

- Ask about past history of attempts or attempts in the family
- Ask about intensity and frequency of the suicide thoughts; if occurring on any kind of regular basis, especially if intensity is moderate to high, consider treatment if there is a diagnosable disorder, ie treat depression and monitor for reduction of depression and thoughts of self harm
- Warning signs for crisis referral include: 1) having plans and intent to go through with suicide 2) recent attempt made 3) having lethal means 4) significant alcohol or substance abuse

Treating for depression in medical care:

- When suicide risk is present, consider involving family/friends
- Ask for consultation from a mental health professional
- If using antidepressants, monitor for response and side effects at least once a month, preferably twice a month for 2-3 months after starting medication

Resources:

Macarthur Foundation Depression in Primary Care Toolkit
American Foundation of Suicide Prevention Toolkits
Asian LIFENET : number 1-800-LIFENET; Chinese 1-877-990-8585

Job Opportunities

- **Orthopedic Associates of Dutchess County, Poughkeepsie, NY**, an extremely busy large musculoskeletal-focused practice, is seeking a hand-fellowship trained (BE/BC) orthopedic surgeon, and a fellowship trained (BE/BC) interventional pain management physician. E-mail or fax your CV ssteeprook@orthoadc.com or 845-454-6080.
- **The University of Pennsylvania School of Medicine** is recruiting for a Neuropathologist (Assistant Professor, non-tenure academic-clinician), an Infectious Disease open position (Associate, Assistant or Full Professor), a Cell/Developmental Biologist (Assistant, Associate or Full Professor), and a Research Assistant Professor in Innate Immunology.
- **The Children's Hospital of Philadelphia** has an opening of Academic Pediatric Hematologist in the Department of Pathology and Laboratory Medicine (Assistant, Associate or Full Professor) and an opening of a Clinical Pathologist in Microbiology (Associate or Assistant Professor).
- **The University of New Mexico Health Sciences Center** is recruiting for a Developmental Behavioral Pediatrician and the Department of Emergency Medicine seeks a Program Director.
- **The University of Missouri** has two faculty positions (Assistant or Associate Professor) available at the Department of Nutrition and Exercise Physiology.
- **The University of Texas Health Science Center at San Antonio** seeks to hire one tenure track faculty in the Department of Physiology.
- **The Texas A & M Health Science Center** Rangel College of Pharmacy seeks a full time faculty position in Physiology.
- **The University of Texas at Austin** is looking for an Assistant Professor in Exercise Physiology.
- **The National Osteoporosis Foundation**, headquartered in downtown Washington, D.C. is looking for an Executive Director and Chief Executive officer.
- **Post-doctoral positions are available** in Cardiovascular /Respiratory Research, Advanced Rehabilitation Research, Brain-Computer interface (BCI) Research and Development, Pulmonary Mechanics, Cardiovascular and Neuroendocrine Regulation, Central and Peripheral Chemoreceptor Interactions, Smooth Muscle Signaling Mechanisms, Perinatal and Reproductive Biology, and Neural mechanisms of obesity and Salt-sensitive Hypertension. Positions are offered from a variety of institutions. Write for details.
- **The Center for Disease Control and Prevention** is now hiring an Epidemiologist, a Public Health Analyst, a Public Health Advisor, an IT Specialist (Infosec), a Mathematical Statistician, a Health Scientist (Informatics) and an Emergency Management Specialist.

(Please contact Dr. H. H. Wang at hw5@columbia.edu or 201-833-1506 for details of the above)

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 Hsueh hwa Wang, M.D., Editor