THE INTERNIST

COLLEGE OF PHYSICIANS MALAYSIA

CONTENTS

OVERVIEW

02
COPM COUNCIL 2022-2024
04
MESSAGE FROM THE PRESIDENT
05
EDITOR'S NOTE

COPM IN 2022

06
ANNUAL SCIENTIFIC CONGRESS 2022
12
PRE-CONGRESS MRCP (UK) PACES PREPARATORY COURSE IN CONJUNCTION WITH THE ANNUAL SCIENTIFIC CONGRESS COLLEGE OF PHYSICIANS MALAYSIA 2022
16
ACUTE INTERNAL MEDICINE ULTRASOUND WORKSHOP
18
HIGHLIGHTS FROM THE DERMATOLOGY CHAPTER (2022) – DR STEVEN CHEN'S VISIT TO MALAYSIA
20
MAXIMUSS (MASTER AND EXPLORE IN IMAGING OF MEDICAL ULTRASONOGRAPHY SKILL)
21
PLATELET REFRACTORINESS IN A PATIENT WITH RELAPSED B-ACUTE LYMPHOBLASTIC LEUKEMIA POST-TRANSPLANT AND POST-CAR-T CELL THERAPY
25
TRIBUTE TO PROFESSOR DR. PHILIP GEORGE PARIKIAL (1962-2022)

2023 CALENDAR

26
COLLEGE OF PHYSICIANS MALAYSIA CALENDAR FOR 2023

THE NEW FACE OF THE COLLEGE OF PHYSICIANS OF MALAYSIA

2023 will see to a new beginning for the College of Physicians of Malaysia. As we enter the 50th year of our existence, the CoPM recognises its pivotal role in driving the future of physicians in this country and strives to do better through a massive year-long restructuring process. we are now delighted to introduce our newly restructured secretariat with their respective roles.

DR FARHANA BINTI AHMAD AFFANDI

PORTFOLIO
MRCP PACES Examinations
Strategic Planning & development

EMAIL
farhana.affandi@copm.online

MUHAMMAD AFIQ MUSTAKIM BIN SHARUDIN (AFIQ)

PORTFOLIO
Weekly Webinars
The Internist
Chapters
Social Media

EMAIL
afiq@copm.online

SITI ADILAH BINTI ABU BAKAR

PORTFOLIO
Human Resource
Finance Management
Workshops

EMAIL
siti.adilah@copm.online

TO FURTHER ENHANCE COMMUNICATIONS, WE HAVE ALSO SET UP THESE ADDITIONAL EMAIL ADDRESSES:

COPM President	:	president@copm.online
COPM Secretariat	:	secretariat@copm.online
MRCP PACES Exams Office	:	mrcp.paces@copm.online

WE WANT TO HEAR FROM YOU

To enhance our visibility, ensure that our future activities fully meets the needs of our members and to garner new ideas about how we could best serve our current and future members, we we will be reaching out to you through our state representatives. If you have any ideas to share with us or would like to get involved with any of our activities, please contact the relevant administrative team member, or just write to us on secretariat@copm.online

COLLEGE OF PHYSICIANS MALAYSIA
COUNCIL 2022-2024

DATUK SERI DR. PARAS DOSHI

President

ASSOC. PROF. DR. AHMAD IZUANUDDIN ISMAIL

Vice-President

PROF. DR. TAN MAW PIN

Honorary General Secretary

DR. TEE HOI POH

Honorary General Treasurer

COUNCIL MEMBERS

Dr. Cheah Wee Kooi

Prof. Dr. Lee Yeong Yeh

Dr. Prem Kumar Chandrasekaran

Dr. Sia Koon Ket

Dr. Pravind Nayaranan

Dr. Hooi Lai Ngoh

Dr. Firdaus Mat Lawi

Dr. Kalwinder Singh Khaira

Dato' Wira Dr. Ramachandran A/L Lakshminarayanan

PAST PRESIDENT

Professor Dr. Letchuman Ramanathan

SECRETARIAT

Farhana binti Ahmad Affandi
CEO of College of Physicians Malaysia

Siti Adilah binti Abu Bakar
HR and Finance Executive

Muhammad Afiq Mustakim bin Sharudin
Creative and Administrative Executive

COLLEGE OF PHYSICIANS MALAYSIA
COMMITTEES 2022-2024

CHAPTERS AND STATE REPRESENTATIVES
- Prof Dr Lee Yeong Yeh
- Associate Prof Dr Prem Kumar Chandrasekaran
- Dr Kalwinder Singh Khaira

MRCP/PACES AND INTERNATIONAL AFFAIRS
- Datuk Seri Dr Paras Doshi
- Dr Firdaus bin Mat Lawi
- Dr Cheah Wee Kooi

CONSTITUTION
- Dr Hooi Lai Ngoh

WAR ON CANCER
- Prof Dr Letchuman Ramanathan
- Dr Pravind A/L Narayanan

COPM SECRETARIAT
- Prof Dr Tan Maw Pin
- Dr Hooi Lai Ngoh

ACCOUNT/FINANCE
- Dr Tee Hoi Poh

CPD, NSR AND MASTERS
- Dr Firdaus bin Mat Lawi
- Dr Cheah Wee Kooi
- Dr Pravind A/L Narayanan

BUILDING
- Assoc Prof Dr Ahmad Izuanuddin Ismail
- Dato' Wira Dr Ramachandran A/L Lakshminarayanan

COPM & AMM RELATION
- Prof Dr Letchuman Ramanathan
- Datuk Seri Dr Paras Doshi
- Dr Hooi Lai Ngoh
- Dr Kalwinder Singh Khaira

COLLEGE OF PHYSICIANS MALAYSIA
STATE REPRESENTATIVES

JOHOR
- Dr Hooi Lai Seong

KEDAH
- Dr Tharmalingam AL Palanivelu

PERAK
- Dr Cheah Wee Kooi

SABAH
- Dr Giri Shan Rajahram

SELANGOR
- Dato' Dr Azmillah Rosman

PULAU PINANG
- Dr Hooi Lai Ngoh

PERLIS
- Datuk Seri Dr Paras Doshi

KELANTAN
- A/P Dr Nazri bin Mohamed @Mustafa

MELAKA
- Vacant

SARAWAK
- Dr Kalwinder Singh Khaira

PAHANG
- Dr Tee Hoi Poh

TERENGGANU
- Dr Firdaus Mat Lawi

NEGERI SEMBILAN
- Vacant

KUALA LUMPUR
- Vacant

MESSAGE FROM THE PRESIDENT

Datuk Seri Dr. Paras Doshi

DEAR PHYSICIANS,

The continuing fall in COVID cases in Malaysia has led to a quick – some may say too quick –"scaling down" of testing, rates of vaccination, mask wearing, and social distancing. Input from our colleagues elsewhere suggest that we may nearing the tail end of the pandemic. The welcome breather will give us a chance to catch our breath and appraise our responses to the pandemic and how we can prepare for a catch up in 2023. Our focus will now be to prioritize illnesses that were not able to be addressed over the tumultuous two years – including the Non-Communicable Diseases pandemic.

College of Physicians Congress 2022 – Acute medicine and Unity among Physicians

The College of Physicians held its Annual Scientific Congress which was themed on Acute Medicine which was a resounding success. With participation from over 700 local and international delegates, the Congress also witnessed attendance from several overseas College Presidents. The Pre Congress MRCP workshops were oversubscribed, and the Acute Medicine Workshops also proved to be extremely popular with the delegates.

The Khoo Kah Lin Physician Cup proved to be an exciting and nail-biting affair as teams from all over the country including government and university hospitals gathered in pursuit of the prize to be crowned champions. The inaugural COPM Physicians' dinner was a poignant affair with every subspeciality showing up in force in keeping with the theme of 'Unity among Physicians'. It proved to be a heartwarming manner to end the year on a positive note. It also served as reminder that we are all however physicians first and specialists second.

The College understands the need to remain relevant to its members and to be a channel to disseminate important information to its members. The Internist has thus far been the primary channel for this cause. Recently launched initiatives such as the Thursday COPM Physician Webinar series has gained considerable traction and enjoys immense participation and views from its members.

In addition, the College is currently in the midst of setting up a website **www.copm.online** to cater to the needs of its members. With input from its members, we shall continually update the website in a bid to present a new, improved image to physicians both locally and overseas. The website shall also feature a section on the War on Cancer which was championed extensively by our late Professor Emeritus Datuk Khalid Yusoff.

The College of Physicians has embraced its new additional role as playing host to the MRCPUK Secretariat which is actively involved in coordinating the MRCP Examinations in Malaysia including the PACES Examinations under the guidance of the preexisting PACES Steering Committee chaired by Prof Datuk Dr Kew Siang Tong. The College has also recruited additional secretariat power to do justice to the intensive administrative role that it has taken on. The College shall work closely with the Steering Committee in supporting new PACES Centers. Hospital Tuanku Fauziah and Hospital Sultanah Nur Zaharah joined the growing list of hospitals catering to the MRCPUK PACES examinations while Hospital Ampang rejoined the fray after a 4 year hiatus.

The opening of new centers is an effort to reduce the backlog of candidates waiting for an examination spot and streamline MRCP PACES Courses being offered by hospitals all over the country. This initiative will be critical for ensuring that our junior physicians are accorded every available opportunity to progress unimpeded in their post graduate journey.

As part of my term, I am keen to ensure that the College grow its footprint outside urban areas like the Klang Valley and makes its presence felt in the East Coast of Malaysia and East Malaysia. To this effect, the College shall hold its Annual Scientific Congress for the first time ever in East Malaysia. It shall be held in Kuching, Sarawak on November 17th -19th 2023. Please do block your dates! In addition, we shall have our first ever MRCPUK Examination Centre in East Malaysia at Kuching Hospital Umum Sarawak.

There are but a few of the exciting developments so far – but if the first few months of this year are anything to go by, 2023 shall be a very eventful year indeed. We would like to encourage all our physician members to continue to contribute updates and happenings to the Internist as we chronicle our growth in 2023.

Datuk Seri Dr. Paras Doshi
President, College of Physicians of Malaysia

EDITOR'S NOTE

Dear Members,

This issue highlights the big leaps the College of Physicians of Malaysia has taken in the past six months as we emerge from the pandemic to take on the challenges associated with overcrowded hospitals, long waiting lists and shortage of specialists. The College has been undergoing major structural reforms alongside hosting its first annual scientific meeting in four long years, as well as playing catch up the delivery of MRCP PACES examinations.

Our new College administrative line-up, comprising fresh new faces with new ideas will now strive to uphold to role of the College as a professional body representing physicians and dedicated to the generation of future physicians, to ensure we do our part in the delivery of quality healthcare in our country. We will be conducting a roadshow to introduce our officeholders and administrative team to our members, identify the real issues bugging our members and budding physicians, and gain fresh ideas on how we should best serve the needs of current and future physicians.

Building on the long-standing relationship between Malaysian physicians and the UK Federation of Royal Colleges to deliver the MRCP PACES, the College has identified new centres to deliver an increasing number of places this year and next year, in an effort to address the large backlog of medical officers waiting to sit for their PACES examinations.

Our engagement with the Royal Colleges now extends beyond examinations and we have involved our UK examiners in the delivery of PACES training with the strong support provided by the medical department of the brand new Universiti Teknologi MARA medical centre in Puncak Alam. In addition, we have worked with the International Office of the Royal College of Physicians, London, to deliver our first ever Clinical Leadership training course at Taiping Hospital. We are also proud of the breakthrough in now supporting the Training-the-Trainers courses delivered jointly by the Universities and Ministry of Health for Clinical Supervision of both Masters of Internal Medicine and Parallel Pathway specialty training.

This year will see a record number of places offered for the MRCP PACES examinations, as well as continued delivery of our weekly webinars and further establishment of our Clinical, Leadership And Management Programme (CLAMP). Annual Scientific Congresses have returned with a bang and a facelift through the introduction of new traditions. We look forward to an action-packed year, and further growth of the College to closely serve the changing needs of healthcare in Malaysia. We should also formally thank Miss Rajini Kandiah as well as her trusted assistant Miss Lillian Ng Sait Fwong for their dedicated service as the Malaysian MRCP PACES Secretariat for the past 40 years. Thank you too, to all of you whose unyielding support has not only helped the College pull through the pandemic with our heads held high, but also provided us with a highly success year in 2022.

TAN MAW PIN

Honorary General Secretary

ANNUAL SCIENTIFIC CONGRESS 2022

The 2022 College of Physicians of Malaysia Annual Scientific Congress was held as a joint effort with the Malaysian Advanced Acute Internal Medicine and Ultrasound Society (MAAIMUS). The response to this event which occurred at the Berjaya Times Square Hotel from 1st to 3rd of December 2022 was overwhelming! The meeting was attended by a total of 791 registered delegates which had included international delegates from Brunei, Indonesia, Myammar, United Kingdom, India, Pakistan, Hong Kong, Singapore, Sri Langka, Maldives, Canada, Sudan and China.

Our fringe programmes included the MRCP PACES communication and history stations which was facilitated by local and international MRCP examiners who happened to be in the country for the final diet for 2022 of the MRCP PACES examinations held at the Sunway Hospital and the University of Malaya Medical Centre. A workshop was held on the final day of the conference targetted at housemen and medical officers on bedside ultrasound scanning. In addition, a physician's quiz competition for the Datuk Dr Khoo Kah Lin Cup was hotly contested by a total of 108 delegate consist of consist of 36 teams with Batu Pahat Hospital emerging as winners. The cup was presented by Datin Dr Liew Yin Mei, Datuk Dr Khoo Kah Lin's widow.

Full house attendance on first day.

Arrival of Crown Prince of Perlis.

The packed three-day scientific programme celebrated Malaysia's strength in its physician workforce in internal medicine as well as across medical subspecialties. The quality of all the talks delivered by the highly accomplished speakers is certainly worthy of mention. The College's mission in linking existing medical subspecialists and holding us together is fulfilled and further crowned with a glorious gala dinner. Who would ever conceive a room full of Malaysian physicians finding out who our new Health Minister is from Harith Iskandar, the best comedian in the world, while an equally accomplished Rizal van Giesel ensured those present momentarily laughed away the heavy burden on all their shoulders in meeting the healthcare needs of our nation.

The Opening Ceremony was attended the His Royal Highness the Crown Prince of the state of Perlis, Duli Yang Teramat Mulia Tuanku Syed Faizuddin Putra Ibni Tuanku Syed Sirajuddin Jamalullail, who is also patron of MAIMUSS. 16 members were royally conferred as Fellows of the College of Physicians of Malaysia as a peer recognition of their attainment as a medical subspecialist. The lifetime achievement award was presented in absentia to Datuk Dr Goh Khean Lee. This was followed by the inaugural Datuk Dr Lim Kee Gin lecturer delivered by none other than Tan Sri Dr Abu Bakar Suleiman.

President of the College of Physicians Malaysia speaking at the Opening Ceremony

Dr Pravind led the procession as the mace bearer

Lifetime Achievement Award to Professor Emeritus Dato' Goh Khean Lee, collected on his behalf by Dr Tee Hoi Poh

Dr Hirman Ismail Deputy Director, Medical Development Division

ANNUAL SCIENTIFIC CONGRESS 2022

PHOTOS GALLERY

DYTM Tuanku Syed Faizuddin Putra Jamalullail first Recepient of the Honorary Fellow of the College of Physicians Malaysia

Honorary Fellows for the College Overseas President

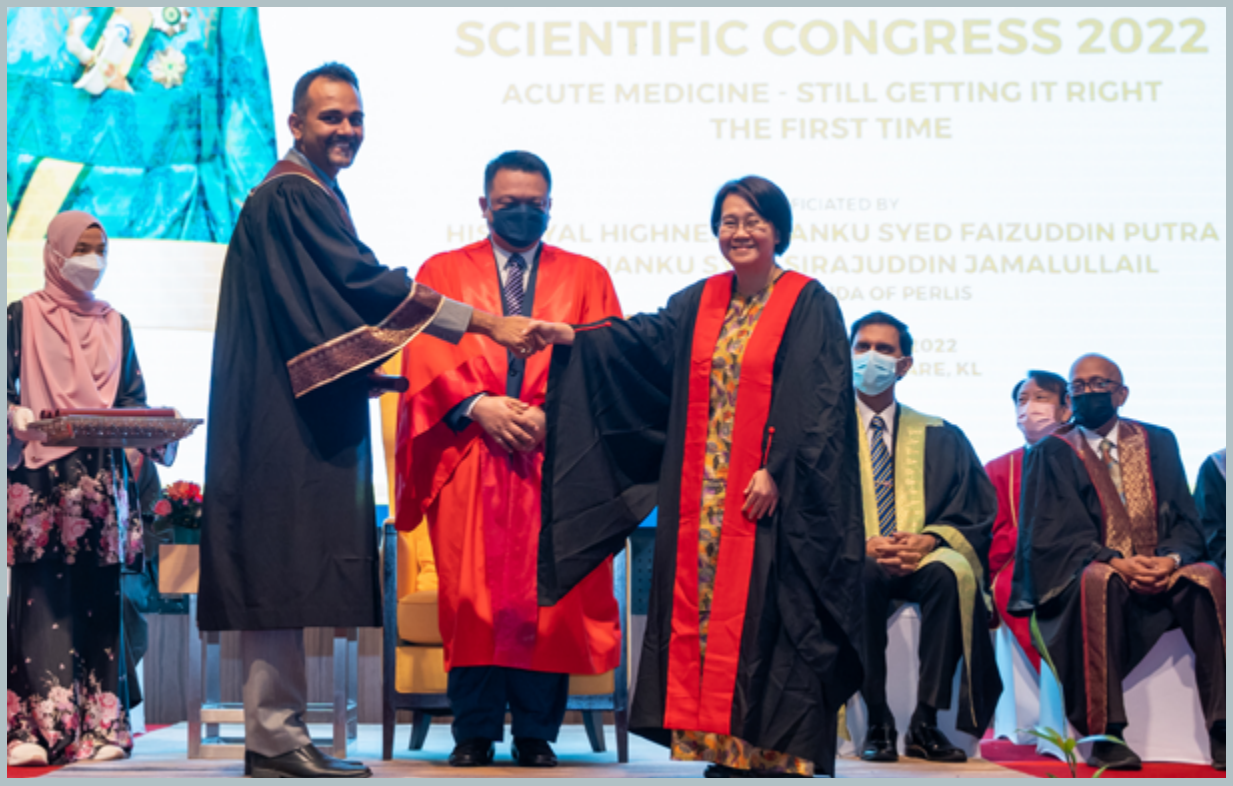
ANNUAL SCIENTIFIC CONGRESS 2022

PHOTOS GALLERY

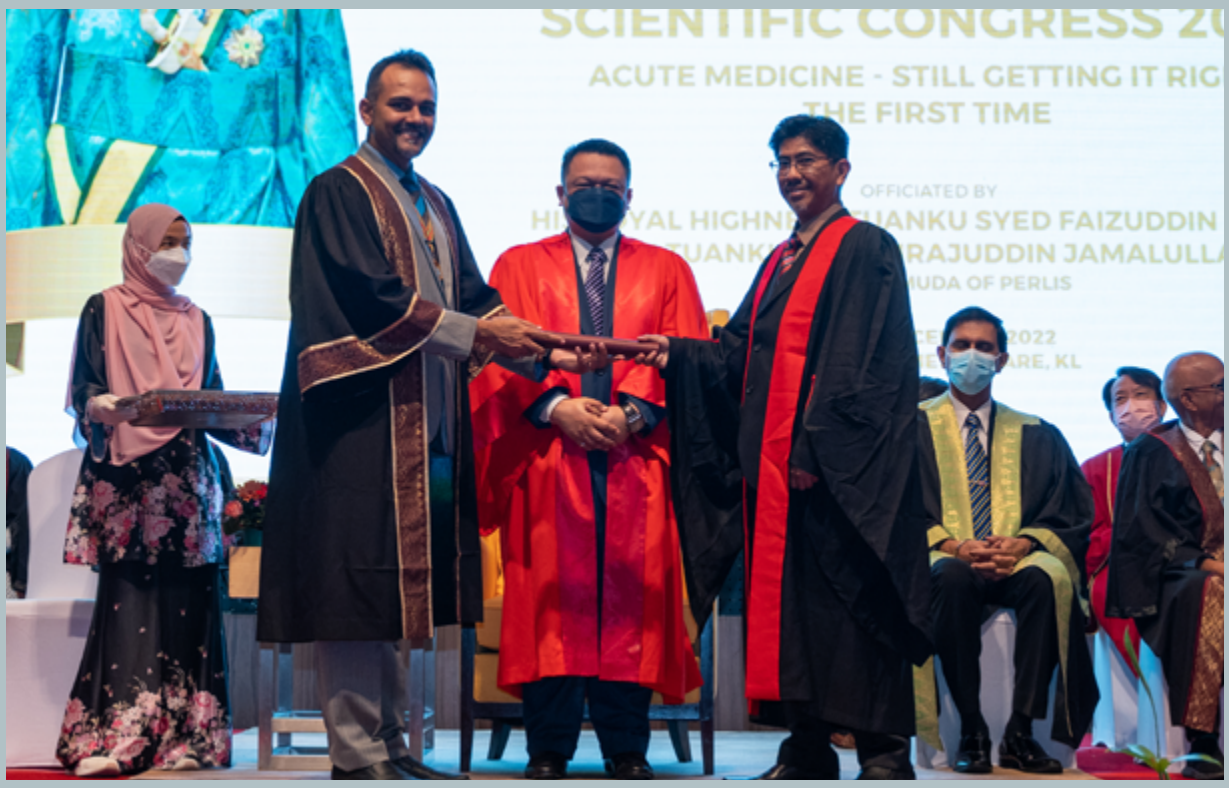
Token of Appreciation (a replica of the President's Medal) awarded to the Past President Professor Dr. Lethcuman Ramanathan

COLLEGE OF PHYSICIANS MALAYSIA

FELLOW RECIPIENTS

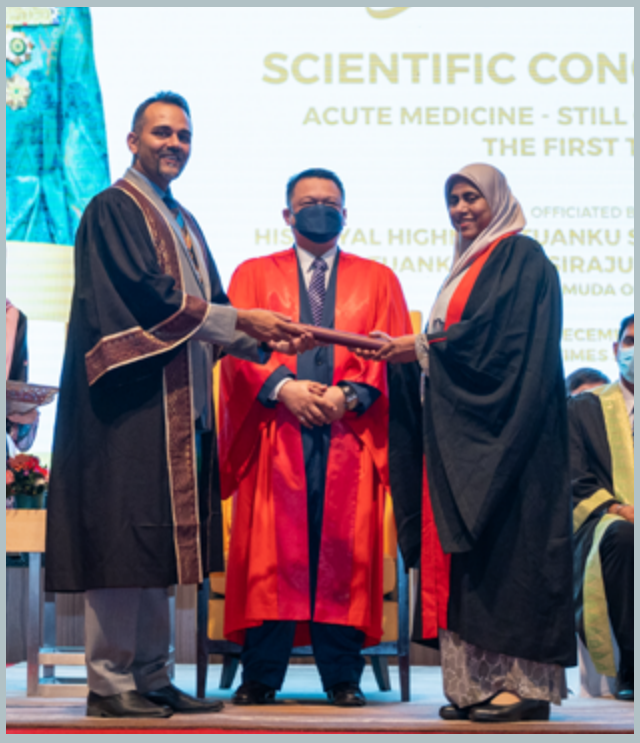


FELLOW RECIPIENTS



COLLEGE OF PHYSICIANS MALAYSIA

FELLOW RECIPIENTS



FELLOW RECIPIENTS

DATUK DR LIM KEE JIN ORATION
COLLEGE OF PHYSICIANS MALAYSIA

"MEDICAL PROFESSIONALISM IN AN ERA OF VERY RAPID CHANGE IN HEALTH."

TAN SRI DATO' DR ABU BAKAR SULEIMAN, 3RD DECEMBER 2022

DATUK DR LIM KEE JIN was a distinguished physician who made important contributions to the local medical fraternity and to the country.

Kee Jin was born into a middle class family in Penang, and grew up in a comfortable environment of an extended peranakan family. He was interested in medicine, but complied with his father's wishes and was admitted to the Dental course at King Edward VII Medical College in Singapore. He did well and came top of the class in his first year examinations in 1941.

During the second year of the Dental course on 8 December 1941, the second world war came to Malaya, and Singapore was bombed. The Medical College was taken over by the Japanese authorities, the staff interred and the Malayan students faced difficulties returning to their respective homes. Kee Jin managed to return home and endured life in Penang under Japanese occupation.

After the war, Kee Jin quickly returned to the Medical College and applied to transfer to the Medical course. He faced repeated rejections in this effort, until Professor McGregor, a Professor of Physiology went to great length to help him and eventually gained approval for Kee Jin to transfer to the Medical Course, on condition that he pass the Chinese and Malay language examinations. Kee Jin returned to Penang, attended tuition in these two subjects and passed the examination in 1948 that enabled him to be admitted into the Medical Course.

Later as a medical student, he was among the students from the Medical College and Raffles College that were interviewed by The Carr – Saunders Commission that was looking into the prospects of higher education in Malaya. The students strongly recommended that a university be established.

The Commission recommended for the amalgamation of the College of Medicine and Raffles College to become of the University Malaya in Singapore, and this was established in 1949. Lim Kee Jin graduated from this University Malaya in Singapore in 1952.

He then completed housemanship in General Hospital Penang and later became Medical Registrar to Dr H A Reid, who became well known for his research in snake venom. Kee Jin became involved in this snake venom research while working with Dr Reid.

Kee Jin was awarded the Queens Scholarship to further his studies in the United Kingdom in 1953, but was requested to delay his departure due to the shortage of doctors. He eventually left for Edinburgh in 1956, and Dr Reid arranged for him to work with Sir Derrick Dunlop at the Royal Infirmary in Edinburgh. He successfully obtained the membership of the Edinburgh and London Royal Colleges of Physicians.

Kee Jin returned to Malaya in 1958 and became a consultant Physician and head of a medical unit at General Hospital Johor Baru (GHJB), and became the senior consultant in Internal Medicine in the late 1960's.

In his daily work, Kee Jin took a scholarly approach to medicine and focused on learning at every opportunity, and promoted positive attributes and good professional practice among doctors working with him. His constructive approach towards clinical reasoning and clinical problem solving on a daily basis was helpful to the younger doctors working with him.

He organized regular educational sessions after working hours, consisting of lectures, medical journal reading sessions and regular case presentations. Theseactivities led Kee Jin to successfully obtain financial support from the Johor Mentri Besar to help develop the Post Graduate Centre at GHJB, a first of its kind in the country.

Kee Jin also led an informal programme of learning for younger doctors interested to prepare for the examinations of the Royal Colleges of Physicians. Since the 1960s, nearly thirty doctors working in Kee Jin's medical unit successfully became members of the Royal Colleges of Physicians in the United Kingdom, Ireland and Australasia.

Kee Jin's success in enabling so many doctors to qualify as specialists in Internal Medicine, had been noticed by the Ministry of Health (MOH). Soon after I obtained my membership of the RACP, in 1974, the Director General of Health Tan Sri Dr Abdul Majid Ismail requested Kee Jin to start a formal programme of training in Internal Medicine for the country. Kee Jin accepted this challenge, and we discussed the type of preparations that would be necessary for this project. He delegated me the responsibility to travel to the MOH in Kuala Lumpur to discuss this with the Director General (DG) of Health. That meeting was interesting!

The DG of Health had previously requested Professor Danaraj, the Dean of Medicine at University Malaya to start Postgraduate programmes in medicine for the country. Danaraj had declined as he claimed to be busy with undergraduate medicine. This had led the DG of Health to request Datuk Dr Lim Kee Jin to initiate the postgraduate programme in Internal Medicine. When Danaraj heard that Kee Jin had agreed to start this programme, he then announced that University Malaya medical faculty would start the 2 years Master courses in Pathology and Psychiatry. Later the energetic young academics at the medical faculty at Universiti Kebangsaan Malaysia (UKM), would successfully seek the support of the government through Datuk Musa Hitam, then Deputy Prime Minister to start the various postgraduate courses in the different specialties in medicine. It is interesting that Lim Kee Jin's acceptance to start the postgraduate course in Internal Medicine was the inflection point that resulted in the local medical schools to start postgraduate specialist training.

It so happens, Kee Jin was successful in training so many to become specialists in a manner that is similar to the "alternative pathway" now championed by MOH to enable more doctors to qualify to become members and fellows of the various Royal Colleges in the UK.

Lim Kee Jin was a distinguished physician with numerous accomplishments, including at one time being considered for the position of Dean of the Medical School at the National University of Singapore. His leadership for many years of the Johore Area Rehabilitation Organisation (JARO) ensured the growth of this organization and support from influential members of the local community to continue to provide opportunities to the disabled to be employed and for them to provide services and products to the community.

He became President of the Malaysian Medical Association (MMA) in 1969 and during his presidency started the Berita MMA, and functioned as its editor for sixteen years. During his presidency he initiated the formation of the Malaysian Medical Association Foundation (MMAF). The Berita MMA and the MMAF have continued to prosper and are important legacies of his presidency of the MMA. Kee Jin was also an active member of the Malaysia Nature Society (MNS) and made contributions working with Tan Sri Salleh Mohd Nor, President of MNS. Kee Jin was also active in the early days of the Association of Physicians and the College of Physicians.

Dr Lim Kee Jin in his younger days

Following his retirement from the MOH, Kee Jin worked to develop the Johore Specialist Hospital in Johor Baru, and working together with Tan Sri Siti Saadiah led to the development of a national network of hospitals known as the Kumpulan Perubatan Johor (KPJ). He remained on the board of KPJ for many years. Dato Dr Lim Kee Jin was also the Pro Chancellor of The International Medical University (2003-2007).

Dato Dr Lim Kee Jin was a great professional, teacher and role model.

Johor Baru General Hospital pioneers (from left) Sachi, Dr Lim Kee Jin, Dr Thomas Ng, Dr Ng Chuan Wai with then Johore Crown Prince HRH Tunku Mahmud Iskandar. (Photo Courtesy of New Straits Times)

DATUK DR LIM KEE JIN ORATION
COLLEGE OF PHYSICIANS MALAYSIA

"MEDICAL PROFESSIONALISM IN AN ERA OF VERY RAPID CHANGE IN HEALTH."

Tan Sri Dato Dr Abu Bakar Suleiman delivering his oration for the Inaugural Datuk Dr Lim Kee Jin

We have all as a nation gone through the challenging ordeal of living and responding to the Covid 19 Pandemic. It is good to reflect on some lessons learnt in living through the pandemic. Our health system, social support system and infrastructure were all overwhelmed. The people on the ground however worked endlessly and heroically to deal with the effects of the pandemic. Doctors, nurses, health professionals and others in the social sector worked so very hard, and some literally lived for days continuously at places of work without going home. The national lockdown imposed caused many problems. Volunteers emerged everywhere and worked very hard in helping to cope with these problems in many different ways. Many were involved in preparing and distributing meals during the lockdown. The list of people helping and doing good was endless. We are grateful to all these people all over the country for their truly heroic deeds.

There have been many lessons learnt in living through the pandemic, and I will only mention a few of them :

- Masks are useful, and vaccines are powerful tools.
- The scientific community working together had achieved some amazing things
- The concept of self-care adopted during the pandemic can have good outcomes that can be continued to maintain wellness throughout life, well after the crises of the pandemic had abated.
- The adoption of technology in response to the pandemic will continue, and Telehealth and Telemedicine for example, will turn out to be better and more effective experiences in many cases.
- The working-from-home practice has made many jobs non-location specific, and be as productive as working in the office.
- Everyone is not treated equally, especially in a pandemic.
- We have the capacity for resilience, and mental health need to be taken seriously.
- Community is essential, as is technology, and sometimes, there is a need for humility.

Without delving too much into issues that had repeatedly been raised, the pandemic laid bare the need for increased allocation for the national health budget, and to radically transform the health system. We need to balance our investments in curative medicine and public health, and to strengthen the development of human resource for health, strengthen the health system's transition into digital health and digital medicine and the application of data science and artificial intelligence in health. Health is all about social justice, and we need to address the inequalities in access to health and the disparities to the various segments of the population that was exposed through the pandemic.

In terms of public health and the Covid 19 pandemic, we realized that good science is not good enough! Proven medical and non-medical interventions will not help to control pandemics if governments and communities are reluctant to follow the science. Public health professionals need to work with policy makers to communicate science in a way that is acceptable and instills trust in decision-making.

Public health infrastructure need to be strengthened with capabilities to access accurate real-time data and coordinated surveillance. Artificial Intelligence-based surveillance systems, genomic sequencing done at local level, robust case identification, diagnostics and contact tracing capacity must be developed and sustained. Our investment in epidemiological intelligence will be very important.

We need to address the source of health inequities, in housing, education, employment and other social drivers that produce inequities in health and as emphasized by Sir Michael Marmot, "Health inequities and the social determinants of health are not a footnote to the determinants of health. They are the main issue" To advance health in our country, we must advance equity and social justice.

The government and we, the citizens need to ensure that the public health system are better prepared to face emergencies of the future. We can study the recommendations of the WHO Policy Brief on Covid 19 responses to 5 key areas of public health systems, relating to governance, information, services, determinants and capacity. Our local Public Health community need to develop broader adaptive capacity leadership, and to develop skills needed for this, including integration with broader climate change planning and action. Covid 19 had demonstrated how essential public health is to well-functioning societies, and the high economic cost associated with an unprepared health system.

Hospitals had developed what amounted to disaster plans to deal with the increased volume of patients and staff shortages, and discharged patients as early as possible and monitor them at home or at community and quarantine centres aided by monitoring with the use of technology. Indeed many patients were not admitted to hospitals and were managed and monitored at home or at quarantine centres. This type of extended services outside hospitals were necessary to cope with the huge workload encountered during the pandemic.

A crisis can often precipitate a strategic inflection point. Crises may expose vulnerabilities within the system, it can also reinforce the value of certain strategies adopted. It makes reliance on the status quo impossible, and makes innovations and experimentation necessary. Crises then can catalyse change, as not to transform will result in failure.

In 2020 local doctors and teams of health professionals showed professionalism in their commitment to address problems during the outbreak in different communities with limited health resources. They applied scientific and medical knowledge to solve problems, applied epidemiological principles to monitor and predict the progress of the pandemic. They applied communication skills to engage in education, outreach and problem solving in all communities.

At one stage, I was impressed to be shown the ability of data scientists who were not doctors, at Bank Negara, who were able to apply artificial intelligence tools to predict the progress of the outbreak by analyzing the daily data reported. This was an example of the glimpse of the future in terms of the application of data analytics and artificial intelligence tools for prediction and prevention.

The innovations in healthcare delivery involving extended and remote care outside hospitals that was widely applied, together with the use of technology for monitoring and involving patients and their families in their own care to cope with the pandemic, will likely continue to be practiced after the acute crisis of the pandemic.

Medical education had also been severely disrupted by the Covid 19 pandemic and educational institutions had to contend with the various restrictions imposed, and yet continue to deliver the various courses. At the International Medical University despite the difficulties faculty and the staff had adapted, innovated and continued to deliver the various courses. Our experience with e-learning, online learning flipped classrooms and other innovations for the last fifteen years had been helpful. Plans are in place to quickly expand and extend the learning at our clinical skills and simulation centres, and further invest in capabilities applying augmented reality and virtual reality to further strengthen student learning and complement the physical exposure to patients that students are able to have in the hospitals and in the clinics.

As is the case in many countries, Malaysia has long realized the need for major health reform, and I had been involved in the government health financing studies for this purpose in the 1980s and 90s. However, the will on the part of political and civil service leaders in government to achieve this objective has been lacking! The Covid 19 pandemic has ignited some discussion on this as it appears that some political leaders have understood the critical need for this to occur if Malaysia is to develop into a higher income country.

In this consideration what role can the medical profession constructively play in reforming the health system into one that is equitable, productive, effective, efficient and responsive to the needs of the population?

Health and healthcare involves human activities and interactions that need to be guided by a value system based on ethics and morals, along with considerations of performance metrics, payment strategies and governance structure that instill integrity, responsibility and accountability in the system. Healthcare is an exceedingly complex enterprise that economists and medical ethicists had recognized medical professionalism as an essential mediating force in healthcare.
Medical professionalism will not be enough to help drive the complex and profound changes needed for the health system, however it can help shape the direction that is to be taken.
Medical professionalism based on the social contract remains important, and has to be developed and practiced in a manner consistent with the realities of the rapidly changing environment.

Medical professionalism cannot remain as ideals or principles based and be abstract to the public: There has to be clearer descriptions of professionalism that is accompanied by specific behaviors reflecting good standards of professionalism in the appropriate context. Professionalism need to be viewed in more dynamic and behavioral perspectives, so that it can be developed, strengthened, taught and evaluated. This approach emphasizes the importance of professionalism in regular practice, in medical education and helps make the pursuit of professionalism more realistic and practical.

The Physician Charter on Medical Professionalism (2002) offers a current definition of professionalism, and most would agree with the core commitments in the Charter which includes :

- The doctor's responsibility to minimize healthcare disparities due to patient race or sex
- To provide necessary care regardless of the patient ability to pay
- To put the patient's welfare above the doctor's financial interests.

The "Guide to Good Medical Practice" from The Malaysian Medical Council and The General Medical Council describes desirable characteristics consistent with the core principles of the Physician Charter as well as the 6 domains of competence in the American Accreditation Council for Graduate Medical Education. These definitions of professionalism include new responsibilities of doctors to improve systems of care and optimize the health of the population, to be accountable to individual patients and society for quality of care and to act as "guardians" of healthcare resources.

To further build on this, Lesser et. al have proposed a framework for conceptualizing professional behaviors in 2 key domains :

- Individual interactions with patients, family members, and colleagues in the healthcare team
- Organizational interactions in the management and governance of care delivery settings and in professional organisations.

Their framework relied on The Physician Charter to identify 4 core values of medical professionalism :

- Compassionate, respectful and collaborative orientation, with a focus of being "in service" of the patient.
- Integrity and accountability
- Pursuit of excellence
- Fair and ethical stewardship of healthcare resources.

This development and systems perspectives of professionalism relating to behaviors emphasizes the importance of context as the local environment has a bearing on behaviors. The systems approach to professionalism points to the need to look at the organizational and environmental context and to align external influences to foster professional behaviors. There has to be an alliance between society and medicine advocating for policy and organizational change to enhance professionalism for the benefit of patients and the community.

This approach enables the development of professionalism from learning the competencies to its continuing development in medical practice. Professional leaders need to develop partnerships with leaders in healthcare delivery and in developing policies on health, including those dealing with health reform and health financing so that professional behaviors can be enhanced and not hindered.
There will be a need to conduct research on how healthcare delivery systems and public policy can support professional behaviors, and also how teaching and assessment strategies can support key competencies of professionalism.

Doctors in Malaysia have been very active in doing good for the community in so many different ways especially at the grassroot level. However in taking a systems perspective on professionalism, the profession through the professional societies can be more active and organized in advocacy in two main area :

- To promote systems of care that ensure all patients have access to needed care
- To address socioeconomic factors directly associated with health outcomes

Their input towards our country's efforts at making major transformations of the health system, greatly strengthening the public health system in preparing for future disease outbreaks and transforming the medical education system to prepare graduates ready for the future health system will need consistent, constructive advocacy by leaders of the health profession, focused on the importance of medical professionalism.
There will be a need for the College of Physicians and the Academy of Medicine to develop a public agenda for this and be in a position to share the national leadership in the process of transforming the health system of our country.
This will be a major challenge for the health profession to be actively involved in making contributions towards nation building at the highest level.

REFERENCES

1. Relman AS. Medical professionalism in a commercialized healthcare market JAMA 2007, 298 (22) 2668 – 2670

2. Lucey CR, Johnston SC. The transformational effects of Covid 19 on medical education JAMA 2020 : 324 : 1033 – 1034

3. Rosemary Rowe, Michael Calnan. Trust relations in healthcare – the new agenda Eur J Pub Health 2006 : 16 : 4-6

4. Hall, MA. Arrow on Trust J Health Polit Policy Law 2001.26 (5) 1131-1144

5. ABIM Foundation, AC P-ASIM Foundation and European Federation of Internal Medicine Medical Professionalism in The New Millennium : A Physician Charter Annals of Internal Medicine 2002 : 136 : 3 : 243-246

6. Lesser CS, Lucey CR, Egener B, et al A behavioral and systems view of professionalism JAMA 2010 : 304 : 2732-2737

7. Skochelak SE A decade of reports calling for change in medical education. What do they say? Acad Med 2010, 85 (Suppl 9) S26-S33

8. Ginsburg S, Regehr C, Hatala R, et al Context, Conflict and Resolution : A New Conceptual Framework for Evaluating Professionalism Acad Med. 200 : 75 (10) (suppl) S6-S11

9. Cohen JJ, Cruess S, Davidson C Alliance Between Society and Medicine. The Public's Stake in Medical Professionalism JAMA 2007 : 298 (6) 670-673

10. Swensen SS, Meyer GS, Nelson SL, et. al Cottage Industry to Post Industrial Care – The Revolution in Health Care Delivery N Eng/J Mek 2010 : 362 (5)e 12 (1-4)

11. Leach DC Professionalism : The Formation of Physicians Am J Bioeth 2004 ; 4 (2) 11-12

12. Gruen BL, Pearson SD, Brennan TA Physician – Citizens – Public Roles and Professional Obligations JAMA 2004.29(1) 94-98

13. Hafferty FW, Castellani B The Increasing Complexities of Professionalism Acad Med 2010 : 85 (2) 288-301

14. Lucey C, Souba W The Problem with The Problem of Professionalism Acad Med 2010, 85 (6) 1018-1024

PRE-CONGRESS MRCP (UK) PACES PREPARATORY COURSE IN CONJUNCTION WITH THE ANNUAL SCIENTIFIC CONGRESS COLLEGE OF PHYSICIANS MALAYSIA 2022

REPORT BY DR PRAVIND NARAYANAN

ORGANISING CHAIRPERSON, PRE CONGRESS MRCP (UK) PACES PREPARATORY COURSE,
ANNUAL SCIENTIFIC CONGRESS, COLLEGE OF PHYSICIANS MALAYSIA

Pre Congress Registration

As part of the summative assessments in the Parallel Pathway Training of Internal Medicine in Malaysia under the Ministry of Health courses such as this would truly benefit the candidates who are preparing and it gave them a true insight in what is been expected in the Paces Examinations. We invited renowned senior MRCP PACES Examiners both locally and from the International Faculty to share their knowledge and experience on how to take on the PACES Examinations. It is of great pleasure to have the combination of both faculties which gave the participants a holistic overview of how the assessments are made in the real examinations.

This preparatory course was designed specifically for those who were in the preparation for MRCP PACES exams and we also invited those preparing for the Masters in Medicine(Internal Medicine) Malaysia exams to join in. The pandemic posed a temporary pause in the delivery of the PACES examinations but now the examinations have resumed and the number of examination slots have also been dramatically increased. The programme for this year was very precise, concise and exam oriented whereby the crux of the discussion was mainly focused on the tips and tricks of passing the PACES exams focusing on Stations 2 which is the History Taking, Station 4 which is the Communication Skills and Station 5 which is the Integrated Clinical Assessment or also known as Brief Clinical Consultation (BCC).

Datuk Seri Paras with Co-Chair Organizer Dr Rafiz Abdul Rani

The Examiner Faculty was as follows:

International Faculty
- Dr Simon Dover
- Dr Anne Dornhoust
- Dr Stephen Green
- Dr Matt Thomas
- Dr Abhijit Mate
- Dr Harish Shetty

Local Faculty
- Datuk Seri Dr Paras Doshi
- Prof Dr Ahmad Izuanuddin
- Prof Dr Goh Bak Leong
- Prof Dr GR Letchuman Ramanathan
- Prof Dr Shahrul Bahyah
- Dato Dr Tharmalinggam Palanivelu
- Prof Dr Mohd Shahrir Said
- Datuk Dr Christopher Lee
- Dr Shanthi Viswanathan
- Dr Richard Lim Boon Beng
- Prof Datuk Seri Dr Sree Raman
- Dr Cheah Wee Kooi
- Dr Lavanya Narayanan

Opening Ceremony by Dr. Rosaida binti Hj Md Said (second from the left)

We had an overwhelming participation of about 110 candidates who had registered for the course and the feedback we received from the them was indeed encouraging. This was in fact the largest ever MRCP Paces Preparatory Course ever organised in Malaysia involving international faculty. We had participants coming from all the states in Malaysia from as far as north of Perlis to the east coasts state of Terengganu downsouth Johor and not forgetting Sabah as well as Sarawak.

Datuk Seri Paras Briefing the Examiners

Last but not least, this event would not have been a success without the great support from our Secretariat and Support team both from the College of Physicians Malaysia as well as from the Hospital Al-Sultan Abdullah UITM team led by Dr Rafiz Abdul Rani assisted by Dr Am Basheeri Alias who gave their best support in ensuring the event went on smoothly. The state of art campus in Puncak Alam was a great venue for the event to take place.

I would also like to take this opportunity to thank Datuk Seri Dr Paras Doshi the President of the College of Physicians Malaysia for having the trust in me to organize the event and hopefully it had benefitted all the participants who will be sitting for the MRCP Paces Examinations. With this sharing of knowledge, as exemplified by this course, it is our best of hope that we will be able to train better doctors to become physicians who are well equipped to fulfill their role in the Vision of Health i.e providing better health care so that our patients can attain better health.

PHOTOS GALLERY

Candidate and Examiners Group photo

Our Mock PACES examiners

Examiners in Action

Our committed Team

ACUTE INTERNAL MEDICINE ULTRASOUND WORKSHOP

REPORT BY DR ZAINURA CHE ISA

Most acute care physicians dealing with critical and acutely ill patients use Point of Care Ultrasound (POCUS) when providing care to their patients. Incorporating POCUS with standard clinical practice by a trained clinician can improve the diagnostic performance and the outcome of patients. Recently, acute care physicians such as critical care physicians /intensivists and emergency physicians include POCUS as part of their specialty training while most internal medicine residency training programs have only recently begun to include POCUS in their curricula.

Clinicians managing patients at the bedside use POCUS to answer specific questions such as the presence or absence of intraperitoneal free fluid in the abdomen or compressible or non-compressible vessels. POCUS examination can evaluate multiple body systems, especially when dealing with a complex patient with undifferentiated hypotension to assess the heart, inferior vena cava, lungs, abdomen, and lower extremity veins. Furthermore, serial POCUS examinations can investigate changes in clinical status or evaluate response to therapy, such as monitoring the heart, lungs, and inferior vena cava during fluid resuscitation. These features distinguish POCUS from comprehensive ultrasound examination evaluating the specific organs done by a Radiologist.

The acquisition of skills and knowledge of POCUS is now easier with the advent of technology and social media. The most appealing part of the POCUS examination now is the easier accessibility of ultrasound in the clinical areas.

AMM-COPM collaborated with MAIMUSS to hold a hands-on workshop on Acute Medical Training for Junior Officers during the Annual Scientific Congress 2022 on 3rd December at Hotel Berjaya Time Square. This workshop was a hands-on workshop incorporating POCUS examination with standard care. Participants were exposed to multiple clinical scenarios and guided on utilizing POCUS in each case scenario. The POCUS examination taught during this workshop includes basic lung, cardiac and vascular ultrasound. During this workshop, all 96 participants were able to revise their resuscitation skills both in securing airways and blood circulation.

Organising Committee and Facilitators

HIGHLIGHTS FROM THE DERMATOLOGY CHAPTER (2022) – DR STEVEN CHEN'S VISIT TO MALAYSIA

REPORT BY DR LATHA SELVARAJAH MBBS, MRCP, ADV M DERM, AM AND ASSOC PROF HENRY FOONG BOON BEE MBBS, FRCP, FAMM

The Dermatology Chapter has been actively organizing many workshops, meetings and conferences throughout 2022. The highlight of our event was the Central Regional Scientific Meeting held on 20th November 2022 at Hilton Kuala Lumpur. This was a hybrid event with live streaming and zoom webinar to allow a chance for more participants to join. This was followed by clinical teaching the next day at the Department of Dermatology, Hospital Kuala Lumpur.

We had the privilege of having Dr Steven T Chen MD, MPH, MS-HPEd, Assistant Professor of Dermatology, Harvard Medical School, Co-Director, Comprehensive Cutaneous Lymphoma Program, MGH Cancer Center, Director, Blistering Disorders Clinic, Vice Chair of Education, Department of Dermatology, Massachusetts General Hospital, Boston, USA to share his expertise and knowledge with us. Dr Steven Chen delivered a total of 3 lectures, which included topics like Inpatient Dermatology, Cutaneous Lymphoma and New Updates in Pemphigus and Pemphigoid. As an expert in cutaneous malignancies, namely cutaneous lymphomas, immune-related drug reactions and autoimmune blistering conditions, Dr Steven Chen summarized the key points in diagnosis and management of these patients, as well as practical tips in day-to-day clinical practice.

This hybrid meeting also hosted a variety of other topics presented by our local consultant dermatologists, such as Itch Mediators in Atopic Dermatitis by Dr Leong Kin Fon, What's New in Melasma by Assoc Prof Henry Foong Boon Bee, and Updates on Androgenetic Alopecia by Dr Sean Yong. The meeting was also spiced up with debates on hot topics in dermatology such as antibiotics in acne vulgaris: The Good and the Bad by Dr Latha Selvarajah and Dr Evelyn Yap and Androgenetic Alopecia: Starting oral medications early or topical first by Assoc Prof Kwan Zhenli and Dr Goh Siew Wen. Complex case discussions were presented by Dr Lai Shiau Wei (Cutaneous vasculitis), Dr H'ng Mooi Khin (Cryoglobulinemia) and Dr Heh Ding Yang (Cutaneous meliodosis).

On the second day of this event, Dr Steven Chen was brought to the Department of Dermatology, Hospital Kuala Lumpur to conduct clinical teaching for the dermatologists and dermatology trainees. Among topics discussed were oncodermatology emergencies, and the key differences in certain severe cutaneous adverse drug reactions (SCARs) in these patients. As the subject-matter expert in dermato-oncology and SCARs, Dr Steven Chen explained on rare conditions such as progressive immune checkpoint inhibitors (ICI)-related mucocutaneous reactions (PIRME) an SJS-like reaction in the setting of ICI use and differ from classic SJS with its delayed onset, initial benign appearance, near absence of ocular involvement, and favourable treatment responsiveness with a benign clinical course. He also presented case discussions on cutaneous mucormycosis in the immunocompromised host, Grade 4 Acute Graft vs Host Disease (GVHD) which appears very similar to SJS/TEN and the importance of dermatology consultations/ referrals on management of inpatient dermatologic immune related adverse events (irAEs). He was also later brought to visit our Dermatology Ward in Hospital Kuala Lumpur.

This two-day meeting was indeed a fully-packed programme focusing on the challenging conditions in dermatology, and updates in the management of these dermatological problems. It provided a space for discussion and stimulated the interest in oncodermatology. Both the dermatologists and dermatology trainees, as well as all other participants benefited tremendously and gave very positive feedback for this successful event.

MAXIMUSS (MASTER AND EXPLORE IN IMAGING OF MEDICAL ULTRASONOGRAPHY SKILL)

MAXIMUSS (Master And eXplore in Imaging of Medical UltraSonography Skill) is a point of care ultrasonography program that began in 2022 and is directed by Dr Chin Wei Ven, Acute Internal Medicine fellow under MAAIMUSS society. This point of care ultrasound program's goal is to guide and expose clinicians to the use of ultrasound in daily clinical practice. Technological advancements have revolutionized ultrasound practice, henceforth using ultrasound intelligently will improve the accuracy and precision of clinical management in terms of diagnostic, therapeutic, and monitoring. The program included lectures and hands-on workshops ranging from basic point of care ultrasound views in echocardiography, abdomen, lung, and vascular to more advanced knowledge on intricate measurements and clinical ultrasound usage.

Sarawak is a diverse and vast region with numerous district hospitals. As logistic issue is one of the major setbacks, communication, referrals, and case discussions between consultants, specialists, medical officers, house officers, and other health care staffs rely heavily on telecommunication. Ultrasound images allow clinical information to be conveyed in an objective, scientifically based, and solidly proven manner. Thus, mastering bedside point of care ultrasound is a necessary skill for all clinicians in order to enhance personalised clinical management.

This program's ideas are not only providing guidance on clinical usage of ultrasound, but also enlighten clinicians when ultrasound is not applicable. Although ultrasound is a valuable clinical tool for supporting and streamlining the clinical processes of diagnosis, treatment, and monitoring, ultrasonography findings cannot be used as a stand-alone parameter. An excellent clinician uses a constellation of thorough history taking, physical examination, investigation, clinical experiences, and logical thinking that blends common sense and medical skills to diagnose and treat a clinical disease. Thus, we hope the participants will utilize the ultrasound probe as their "seventh sense" as opposed to being a slave to the probe and have their minds fixated on the imaging results without appropriate clinical direction. In other words, you knew what you were looking for before you picked up your ultrasound probe.

Overall, MAXIMUSS's main belief and goal is to teach participants how to use ultrasound probes intelligently. The ultimate message for all participants is to remember that technological advancement exists to help us rather than to rule over us.

TRAINING OF TRAINERS
HOSPITAL HOSPITAL TUANKU JAAFAR, SEREMBAN

REPORT BY DR CHONG HUI MIN, HOSPITAL TUANKU JA'AFAR SEREMBAN

Dr. Fauzi (Head of Department of Medical Hospital Tuanku Najihah) giving his talk

MEDICAL DEPARTMENT OF HOSPITAL TUANKU JA'AFAR, SEREMBAN held a Training of trainers for national postgraduate medical curriculum (Negeri Sembilan) on 16 Feb 2023 in Auditorium Gemilang HTJS.

We invited lecturers from university: Prof Madya Dr. Nor I'zzati Saedon, Dr. Sheriza Izwa Zainuddin, Dr. Anim Md Shah, and Ministry of health speakers: Dr. Fauzi Azizan Abdul Aziz, Dr. Shoban Raj A/L Vasudayan, Dr. Norhayati Binti Mohd Jaa'far.

A total of 28 delegates comprising Head of departments of Internal medicine, Nephrology, Dermatology, Consultants from variable subspecialties and specialists attended the programs. It was a good interesting series of sessions started from 9am and concluded at 4pm.

Informative presentations were focused on current internal medicine national postgraduate medical curriculum(IM NPMC).There was interactive discussion between speakers and delegates. We have a clear picture of the paradigm shift of internal medicine postgraduate training and understanding on the system after the programme.

The TOT was a conjoined effort ofeach and every organising committee from general internal medicine physicians. Great guidance and support received from College of Physician Malaysia had led to success of the TOT.

We must also thank the dedicated speakers and trainers who gave the talks and presentations.

We hope the training will bring more trainers to train the future physicians of the country.

Dr. Sheriza Izwa giving her talk

PLATELET REFRACTORINESS IN A PATIENT WITH RELAPSED B-ACUTE LYMPHOBLASTIC LEUKEMIA POST-TRANSPLANT AND POST-CAR-T CELL THERAPY

WINT WINT THU NYUNT[1], MOHD RAZIF MOHD IDRIS[2], TIMOTHY LIM[3], RABEYA YOUSUF[4], S FADILAH S ABDUL WAHID[2]

[1] MAHSA University, Selangor, Malaysia; [2] Pusat Terapi Sel (PTS), Faculty of Medicine, Hospital Canselor Tuanku Muhriz Universiti Kebangsaan Malaysia (HCTM UKM), Kuala Lumpur, Malaysia; [3] Plutonet Sdn. Bhd, Selangor, Malaysia, [4] Blood Bank Unit, Department of Diagnostic and Laboratory Services, HCTM, UKM, Kuala Lumpur, Malaysia

BACKGROUND

PLATELET REFRACTORINESS (refractoriness to platelet transfusion) is a suboptimal response to platelet transfusions on more than one occasion (i.e., platelet count increment is smaller than expected after platelet transfusion).[1] Platelet count increment refers to the increase in platelet count following platelet transfusion. Post-transfusion platelet increment of <10x10^9/L on at least two consecutive occasions indicates refractoriness to platelet transfusion.[2]

We report the occurrence of platelet refractoriness with identification of anti-HLA class I alloantibody in a patient with relapsed B-acute lymphoblastic leukaemia (B-ALL) post-transplant.

CASE REPORT

In May 2017, a 39-year-old lady presented with anaemia, leucocytosis and thrombocytopenia (platelets 29x10^9/L) and was diagnosed as B-ALL. She is married with two children. She received chemotherapy and achieved complete remission. In April 2018, she underwent allogeneic haematopoietic cell transplantation (allo-HCT) (human leucocyte antigen (HLA)-matched brother donor, both blood group B+). There was secondary graft failure at D+36 post-allo-HCT. She received second stem cell infusion in May 2018 and achieved complete remission. She had persistent thrombocytopenia and mild leucopenia since allo-HCT. In July 2021 (3 years+ after allo-HCT), her disease relapsed. She was referred to Hospital Canselor Tuanku Muhriz Universiti Kebangsaan Malaysia (HCTM UKM) to enroll into the autologous CD19-directed Chimeric Antigen Receptor -T (CAR-T) cell therapy clinical trial.

In September 2021, she received autologous CAR-T cell therapy. She had febrile neutropenia and grade 1 cytokine release syndrome. Platelet count prior to leucodepleting chemotherapy and CAR-T cell infusion (day -6) was 53x10^9/L. During her hospital stay for CAR-T cell therapy, platelet counts were decreasing in trend. (Figure 1)

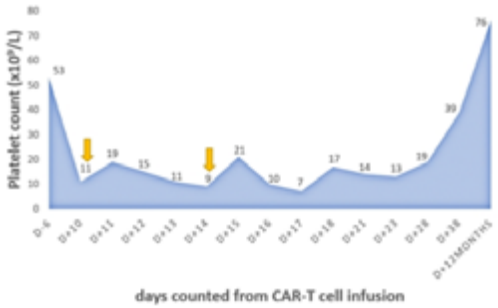


Figure 1. Trend of platelet counts in our patient
(Yellow arrow indicates platelet transfusion.)

At day+10 post-CAR-T, platelet count was 11x10^9/L but she had no bleeding manifestation. Since she was a hospitalized patient with febrile neutropenia, random platelets (2 units) were transfused. However, post-transfusion platelet count increment was less than expected (platelet count at 24 hours post-transfusion was 19x10^9/L). (Figure 2) It was noted that platelet transfusion did not result in the expected increase in platelet count, and this led to suspicion of refractoriness to platelet transfusion

THE INTERNIST COLLEGE OF PHYSICIANS MALAYSIA 32

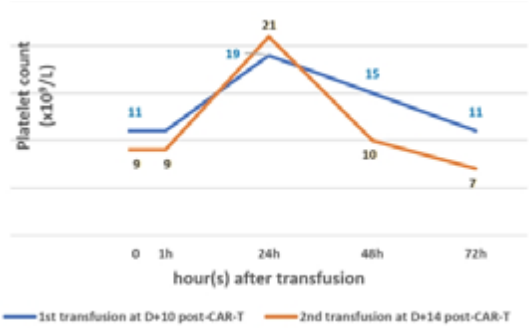


Figure 2. Pattern of response to platelet transfusion in our patient

At day+14 post-CAR-T, platelet count was 9x10^9/L, with no bleeding manifestation. Apheresis platelets (1 unit) were transfused. Suboptimal response to platelet transfusion was observed (platelet counts at 1 hour and 24 hours post-transfusion were 9x10^9/L and 21x10^9/L, respectively). (Table 1)

With recognition of platelet refractoriness, her blood sample was sent to the laboratory at Pusat Darah Negara to detect the alloimmune cause of platelet refractoriness. Platelet immunology test reported that the result was positive and platelet alloantibody with HLA class I specificity was detected when testing the patient's serum against allogeneic platelet antigen panel. During her hospital stay, she had no bleeding manifestation and platelet levels remained stable; and hence, watchful observation was performed with no prophylactic platelet transfusion. Platelet counts were gradually increasing in trend. (Figure 1) Platelet count at day+28 post-CAR-T was 19x10^9/L.

Disease assessment at day+28 post-CAR-T showed complete remission with incomplete haematologic recovery (CRi) with measurable residual disease (MRD) negativity. Platelet count at 12 months post-CAR-T was 76x10^9/L. Her disease status is complete remission with MRD negativity until now (i.e., duration of response: 16 months to date). Currently, she is well.

Parameter	Value at D+10	Value at D+14	Unit
Body weight	58	58	kg
Height	157	157	cm
Body surface area	1.59	1.59	m^2
Platelet count before transfusion	11	9	$x10^9/L$
Platelet count at 1 hour after transfusion	-	9	$x10^9/L$
Platelet count at 24 hours after transfusion	19	21	$x10^9/L$
Platelet increment at 1 hour	-	0	$x10^9/L$
Platelet increment at 24 hours	8	12	$x10^9/L$
Corrected count increment at 1 hour	-	0	

Table 1. Analysis of platelet increment in our patient

CASE REPORT

Our patient had pre-existing thrombocytopenia following allo-HCT, even after achieving complete remission. During her hospital stay for CAR-T cell infusion, possible causes of thrombocytopenia were multi-factorial: disease-related (relapsed B-ALL), therapy-related (chemotherapy-induced myelodysplasia, recent leucodepleting chemotherapy and CAR-T cell therapy) and platelet refractoriness (anti-HLA class I alloantibody). In our patient, alloimmune cause (anti-HLA antibody) was detected for platelet refractoriness and non-immune cause such as fever may also co-exist.

Platelet refractoriness is defined as a repeated suboptimal response to platelet transfusions with lower-than-expected posttransfusion count increments.1 In our patient, platelet count increments were lower than expected after transfusion on 2 consecutive occasions and platelet refractoriness was identified.

Immediate post-transfusion platelet count (obtained 10 minutes to 1 hour after platelet transfusion is completed) and platelet count at 24 hours post-transfusion are used to establish the diagnosis of platelet refractoriness and to determine the causes. There are two mechanisms contributing to platelet refractoriness: (1) non-immune and (2) alloimmune.1 (Table 2) An increase in the immediate post-transfusion platelet count and a fall to baseline by 24 hours is consistent with a non-immune mechanism. Absence of an increase in the immediate post-transfusion platelet count is consistent with an alloimmune mechanism. In our patient, the immediate post-transfusion platelet count did not increase, indicating that platelet refractoriness was alloimmune refractoriness. (Figure 2)

Table 2. Causes of platelet refractoriness[1]

Non-immune causes (more common)
Fever, infection, sepsis
Bleeding
Disseminated intravascular coagulation
Splenic sequestration
Medication (amphotericin B, heparin)
Graft-versus-host disease
Alloimmune causes
Antibodies against human leucocyte antigen (anti-HLA-A and anti-HLA-B antibodies)
Antibodies against human platelet-specific antigen (Anti-HPA antibodies)

Table 2. Causes of platelet refractoriness[1]

Typical patterns of response to platelet transfusion are shown in figure 3.

For normal platelet recovery and survival, the platelet count increases after transfusion and remains elevated, with a gradual decline by approximately 3 days.

In non-immune mechanism of platelet refractoriness, the platelet count initially rises, but transfused platelets are consumed or sequestered so rapidly that the decline in platelet count is accelerated, with a return to the baseline platelet count within 24 hours. In non-immune refractoriness, the immediate post-transfusion platelet count increment tends to be reasonably high and the platelet count at 24 hours post-transfusion is similar to baseline. This is referred to as normal platelet recovery with reduced platelet survival.

Platelets express HLA class I antigens, ABO antigens and platelet-specific antigens on their surface. Alloimmunization to platelets refers to development of antibodies against antigens on allogeneic platelets. In alloimmune mechanism of platelet refractoriness, the platelet count never rises. In alloimmune refractoriness, the immediate post-transfusion platelet count generally does not increase or increases only slightly.

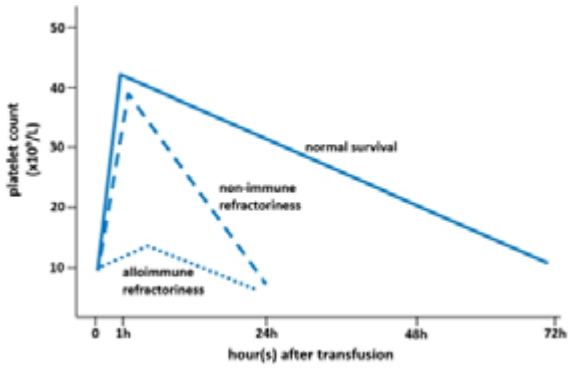


Figure 3. Typical patterns of response to platelet transfusion

Response to platelet transfusion can be determined by using formulas such as platelet increment (PI) or corrected count increment (CCI). Platelet increment is calculated by subtracting the pre-transfusion platelet count from the post-transfusion platelet count. PI of <10x10^9/L on at least two consecutive occasions indicates refractoriness to platelet transfusion. Corrected count increment is a measure of response to platelet transfusion that "corrects" the absolute platelet count increment for the recipient's size and number of platelets transfused. CCI is primarily used for research studies to allow comparable assessments of platelet count increment. Refractoriness to platelet transfusion was defined by the TRAP trial[3] as ≤4-hour CCI of <5,000 after two sequential transfusions of ABO-compatible platelets, at least one of which had been stored for no more than 48 hours. The results of data analysis of response to platelet transfusion in our patient were shown in table 1.

Alloimmunization refers to development of antibodies directed at blood cell antigens. Exposure to blood cell antigens can occur through prior transfusions, pregnancy or haematopoietic cell transplantation. The most common types of epitopes are from the HLA system, which are present on platelets, white blood cells and various immune tissues.

Platelet refractoriness refers to the failure to achieve an adequate response to platelet transfusion on at least two consecutive transfusions.

Alloimmune platelet refractoriness refers to platelet refractoriness that is caused by alloantibodies.

HLA alloimmunization does not always cause platelet refractoriness. In the Trial to Reduce Alloimmunization to Platelets (TRAP), among 530 patients, alloimmunization (lymphocytotoxic antibodies against HLA class I antigens) developed in 17 to 45 % of patients depending on the platelets transfused; platelet refractoriness developed in 7 to 16 % of patients depending on the platelets transfused; and alloimmune platelet refractoriness developed in only 3 to 13 % of patients depending on the platelets transfused.3

Alloimmunization accounts for a minority of cases of platelet refractoriness. In the platelet dose (PLADO) trial, which evaluated platelet dosing strategies in patients with thrombocytopenia due to chemotherapy or haematopoietic stem cell transplant, refractoriness to platelet transfusion developed in 14% of patients who received at least two platelet transfusions (102 of 734 patients).[4] Alloimmunization was present in only 8% of (8 of 102) observed cases of platelet refractoriness, suggesting that non-immune causes of platelet refractoriness were frequent whereas alloimmunization contributed to platelet refractoriness less commonly.[4]

Here, we report the occurrence of alloimmune platelet refractoriness with identification of anti-HLA class I alloantibody in a patient with relapsed B-ALL post-transplant.

Interventions to prevent platelet refractoriness include (1) avoiding unnecessary blood transfusions, (2) pre-storage leucoreduction of blood products to prevent alloimmunization and platelet refractoriness, (3) transfusion of ABO identical or ABO compatible platelets (ABO matching) to prevent platelet clearance by pre-formed antibodies in the recipient directed against ABO antigens, and (4) treatment of conditions that contribute to platelet consumption and reduced platelet survival.

CONCLUSION

In a patient with thrombocytopenia, even though many known causes were identified for thrombocytopenia, recognition of platelet refractoriness and additional laboratory work-up (by performing platelet immunology test) are necessary to explore the additional contributing cause of thrombocytopenia and to identify platelet refractoriness and its cause.

ACKNOWLEDGMENTS

We acknowledge the CAR-T UKM research group headed by Prof. S Fadilah Abdul Wahid (the principal investigator of CAR-T clinical trials); Mr. James Then Khong Lek, the director of Plutonet Sdn. Bhd. (the main sponsor of CAR-T clinical trials) and his team; the HCTM UKM, PTS and MAKNA clinical staffs and all haematologists for the great teamwork in managing the patient. We thank the patient for her cooperation and giving informed written consent for clinical data.

WE WISH YOU A HAPPY NEW YEAR 2023.

REFERENCES

1. Cohn CS. Platelet transfusion refractoriness: how do I diagnose and manage? Hematology Am Soc Hematol Educ Program. 2020;2020(1):527-532. doi: 10.1182/hematology. 2020000137.

2. Slichter SJ, Davis K, Enright H, Braine H, Gernsheimer T, Kao KJ, Kickler T, Lee E, McFarland J, McCullough J, Rodey G, Schiffer CA, Woodson R. Factors affecting posttransfusion platelet increments, platelet refractoriness, and platelet transfusion intervals in thrombocytopenic patients. Blood. 2005;105(10):4106-14. doi: 10.1182/blood-2003-08-2724.

3. Trial to Reduce Alloimmunization to Platelets Study Group. Leukocyte reduction and ultraviolet B irradiation of platelets to prevent alloimmunization and refractoriness to platelet transfusions. N Engl J Med. 1997;337(26):1861-9. doi: 10.1056/NEJM 199712253372601.

4. Hess JR, Trachtenberg FL, Assmann SF, Triulzi DJ, Kaufman RM, Strauss RG, Granger S, Slichter SJ. Clinical and laboratory correlates of platelet alloimmunization and refractoriness in the PLADO trial. Vox Sang. 2016;111(3):281-291. doi: 10.1111/vox. 12411.

TRIBUTE TO PROFESSOR DR. PHILIP GEORGE PARIKIAL (1962-2022)

REPORT BY ASSOCIATE PROFESSOR PREM KUMAR CHANDRASEKARAN

PROFESSOR PHILIP GEORGE was born on 28th October 1962 and had his early education in Toronto and later in Ipoh when his father returned and was posted as a veterinary surgeon. He continued his higher education in the University of Mangalore in Manipal and came back and served in the Ministry of Health in Ipoh. He then entered the Masters' Program in the National University of Malaysia and subspecialised in Addiction Psychiatry, having worked in Canberra and later Kuala Lumpur upon his return. Other than private practice in his spare time, his last posts in the International Medical University were that of Head of Department of Psychiatry and Assistant Dean. He passed away on 25th November 2022.

From someone who was a senior we looked up to in university, to the 'pull' who enticed many of us to venture into the field of psychiatry and to the mentor who kept re-affirming that kindness, humility and work ethics mattered most in our vocation, he consistently exuded his innate gift of making everyone around him feel special. He had patience like no other and was non-judgemental, always analysing before acting on his emotions – truly a learning curve and trial for many an impatient clinician he inspired. His stamina for delivery of garnered knowledge was bar none and he had turned up without fail at the recording studio of the radio channel LiteFM weekly to talk about mental health.

Other than his professional workplace commitments, Professor Philip had in the course of his career worked for and achieved many milestones. His passion was Addiction Medicine and he was on the committee of the Addiction Medicine Association of Malaysia and a pioneer trainer for the National Drug Substitution Therapy group. He was active in the Malaysian Psychiatric Association, the Manipal Alumni Association of Malaysia where he was one of the founding editors of its Manipal Alumni Health and Science Journal. He was also a past president of the Malaysian Healthy Ageing Society and the guiding voice in having the Psychiatry Chapter of the College of Physicians, Academy of Medicine of Malaysia formed and thereafter instrumental in fostering an on-going collaboration with the Academy of Family Physicians of Malaysia.

He had also contributed many scholarly articles to numerous scientific journals and was a keen supporter of the Malaysian Medical Association (but an even more ardent supporter of Liverpool Football Club!). Unbeknownst to many of us, his contributions extended further with charitable endeavours to the Little Sisters of the Poor, Monfort Boys Home and the Malaysian Catholic Doctors' Association, both in pro-bono and financial capacities. Despite accolades received, Professor Philip remained humble at all times, a virtue he unknowingly propagated for the rest of us to imbibe, emulate and re-propagate again. His life mission of prioritising other's happiness and well-being before his was a truly endearing quality.

We will all miss the wonderful moments shared with him, the build-up to conferences, the research, scientific articles and thence publications, and basically just working with him in academia and being guided by the ideas and wisdom he selflessly shared...and not forgetting his efforts to keep us all socially connected during the pandemic, being the one who was always in favour of fraternity support groups. Mere words cannot describe the devastating loss we colleagues and countless other patients and friends feel – our profession may have lost an esteemed psychiatrist but many of us have also lost a most kind, giving and valuable friend, probably the best as it gets.

In closing, we are constantly reminded of what Sarah mentioned at his wake if we find ourselves about to judge or get angry with someone: "Stop! Think what Philip would do." May Professor Philip rest in peace and may his family – his wife Dr. Susan, daughter Rachel and 'adopted' son Miles, father Dr. George, brother Dr. Martin, sister Sarah and brothers-in-law Dr. Paul, George and Lew - have the strength to get through this difficult period. Many thanks for all the lessons in life, undoubtedly thankfully received and will henceforth be faithfully applied.

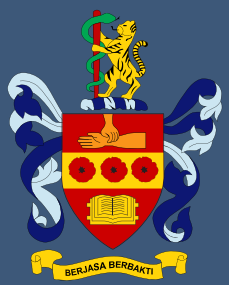
COLLEGE OF PHYSICIANS MALAYSIA

CALENDAR FOR 2023

The College remains true to its mission to provide training opportunities to develop a professional medical workforce of the highest quality.

Discounts will be offered to all members for our paid events. Please do share our college events calendar and information about upcoming events with colleagues to help ensure our events are able to benefit as many as possible.

JANUARY	FEBRUARY	MARCH
Weekly Webinar on every Thursday: Gastroenterology & Hepatology	**Weekly Webinar on every Thursday:** Respiratory Medicine	**5th March 2023**, Council Meeting **Weekly Webinar on every Thursday** **MRCP(UK) PACES Examination**, Kuala Lumpur
APRIL	**MAY**	**JUNE**
Weekly Webinar on every Thursday	**Weekly Webinar on every Thursday**	**4th June 2023,** Council Meeting **11th June 2023,** AGM Meeting **8th – 9th June 2023,** Clinical Audit Workshop
JULY	**AUGUST**	**SEPTEMBER**
Weekly Webinar on every Thursday **MRCP(UK) PACES Examination,** Penang	**9th – 10th August 23,** Management of the Acutely Ill Medical Patient Workshop **Weekly Webinar on every Thursday**	**3rd September 23,** Council Meeting **Weekly Webinar on every Thursday**
OCTOBER	**NOVEMBER**	**DECEMBER**
Weekly Webinar on every Thursday **MRCP(UK) PACES Examination,** Kuala Lumpur	**17th – 19th November 2023,** CoPM Annual Scientific Congress 2023, Kuching **8th – 9th November 23,** Clinical Leadership Day Workshop **Weekly Webinar on every Thursday** **MRCP(UK) PACES Examination,** Johor Bahru	**3rd December 23,** Council Meeting **Weekly Webinar on every Thursday**



COLLEGE OF PHYSICIANS MALAYSIA
Unit 1.6, Level 1, Hive 4
Taman Teknologi Mranti,
Lebuhraya Puchong - Sg Besi, Bukit Jalil,
57000 Kuala Lumpur, MALAYSIA

TEL: +603-8996 0700 / +6017-857 1503
FAX: +603-8996 4700
EMAIL: admin@cpamm.asc.org.my
www.acadmed.org.my