



CHINESE AMERICAN MEDICAL ASSOCIATION OF SOUTHERN CALIFORNIA

Proudly presents

“Same Diseases, Different Continents”

CME Activity II

Friday, April 8, 2016

Taipei Medical University

No. 250, Wuxing Street, Xinyi District

Taipei City, Taiwan 110

Program Overview

As nations throughout Asia progressively modernize both socially and economically, their disease patterns begin to resemble those observed in the United States. These health concerns culminate with, and are exacerbated by the rapid aging of the human population in Asia and the United States. Nearly 13% of Taiwan's population is currently 65 years or older and this number is estimated to double within the next fifteen years. As the average age of its citizens increases, so does the prevalence of non-communicable/chronic diseases. In the present day, the Chinese populations residing in Asia and the U.S. are more comparable than ever as environmental and socioeconomic contributors begin to equalize. Thus, strategies for addressing diseases in Asia may be applicable for the Chinese situated in the United States, particularly in Southern California where the Chinese immigrant population continues to grow rapidly.

These considerations suggest knowledge gaps exist in how diseases in similar populations of Chinese patients are managed in different continents at the primary care level. Healthcare delivery in Asia has modernized at an accelerated rate. Thus, comparative data between Asian and Western countries is essential to understanding disease treatment and management from a global perspective. A wider understanding furthers the development and application of new disease-specific knowledge for improved patient outcomes in the United States.

The topics covered in this session in Taiwan will first revolve around liver, non-small cell lung, and nasopharyngeal, and biliary tract cancers, diseases that account for nearly 29% of all deaths in the country, and which are highly prevalent in the Chinese American population. Faculty will discuss both the diagnoses and patient-centered approaches to assessment and management. The CME provided in Taiwan will integrate the country's familiarity with geriatric syndromes and will conclude with a discussion on palliative care communication skills for primary care providers. Physician attendees will adapt the important cultural and communication requirements needed for Chinese patients and their families residing in Taiwan and the U.S.

Program Overview (continued)

This educational meeting is needed to discover whether there are gaps in intercontinental medical knowledge, in addition to addressing gaps in disease-related knowledge, competence, and performance. This will be a live educational forum which will allow our community physicians from Southern California to meet and have an open dialogue with conference lecturers from the U.S. and Taiwan on different approaches to disease management and treatment options that are also culturally sensitive, the goal of which is to improve knowledge, competence, and performance for better patient care.

Target Audience

The target audience for this CME activity will consist of physician members of CAMASC and non-members who primarily serve the Chinese population in the Los Angeles Basin and surrounding areas in Southern California which includes mainly family practice and internal medicine physicians, physicians of all other medical specialties.

CME Credit Requirement

As an IMQ/CMA accredited CME provider, we are required to measure “Changes in Competency/Performance” in all CME activities. All attendees will be asked to complete the Post-Activity Evaluations online by **Monday, April 25, 2016 at 11:59PM** in order to receive CME credit(s).

No Exceptions.

Accreditation Statement



The Chinese American Medical Association of Southern California (CAMASC) is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

Credit Designation Statement

The Chinese American Medical Association of Southern California (CAMASC) designates this live activity for a maximum of **5.5 AMA PRA Category 1 Credit(s)™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Educational Method

The activity will consist of six (6) live lectures, presented by our distinguished faculty members to facilitate the different educational needs of a diverse audience. To meet the educational needs of the attendees, this activity will provide educational interventions for the attendees’ professional development that are based on continuous improvement in the knowledge, competence and performance in clinical practice necessary to provide optimal patient care. Multiple learning methodologies were considered, and the seminar will employ a combination of educational methods, including live didactic lectures, group discussions, case studies, pre & post-test and interactive techniques such as question/answer to enhance teaching/learning engagements.

California Assembly Bill (AB) 1195

This activity is in compliance with California Assembly Bill 1195 which requires continuing medical education activities with patient care components to include curricula in the subjects of cultural and linguistic competency.

Commercial Support

In compliance with the Accreditation Council for Continuing Medical Education (ACCME) and the Institute for Medical Quality/California Medical Association (IMQ/CMA) standards and guidelines, CAMASC has received commercial support for this educational activity through Independent Medical Education grants from the following company: **Gilead Sciences**.

Disclosure Statement

As a CME provider accredited by IMQ/CMA, CAMASC must ensure balance, independence, objectivity and scientific rigor in its educational activities. CME Program Committee Members, Course Director(s), Content Reviewer(s), Faculty members, and all others who are in a position to control or deliver the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigative use of pharmaceuticals or instruments discussed in their presentation. Detailed disclosures will be made prior to the beginning of CME activity.

Americans with Disabilities Act

CAMASC complies with the Americans with Disabilities Act. Please contact our CME Administrator at (213) 572-0631 or camasc@foundationpamc.org no later than Wednesday, March 9, 2016. Every reasonable effort will be made to accommodate your special needs.

Conference Agenda – For CME Activity II

Date: Friday, April 8, 2016

Location: **Taipei Medical University**
No. 250, Wuxing Street, Xinyi District
Taipei City, Taiwan 110



8:00 AM **Registration**

8:30AM **Opening Remarks / Disclosure**

8:45AM **What is a Geriatric Syndrome Anyway?**

Purpose

As the population ages, screening and evaluation for geriatric syndromes, particularly falls, urinary incontinence, frailty, and cognitive impairment, are crucial aspects of outpatient geriatric assessment. American physicians report a knowledge deficit in chronic care. This lecture will address the recognition of the geriatric syndromes, as an important part of the geriatric patient assessment.

Objectives

1. Review geriatric syndromes and assessments in primary care settings
2. Utilize geriatric assessments in screening elderly patients
3. Incorporate the CSHA Clinical Frailty scale in screening for frailty in elderly patients

9:45AM **Palliative Care Communication**

Purpose

Palliative care communication skills are essential for all physicians, but require practice and experience. These include goals of care discussion, advance directives, breaking bad news (diagnosis, prognosis), and DNR orders. This becomes even more difficult when there are different cultural expectations by the patient, family and medical providers. Chinese Americans are one of the fastest growing minorities in the United States, and as many are immigrants, cultural issues often arise that relate to autonomy, patient vs. family centered care, aggressive EOL care, filial piety, and hospice. These same issues arise in Asia, and educational lectures on how doctors in Taiwan address these issues in a culturally sensitive manner will narrow competence and performance gaps.

Emphases:

- (A) Goals of Care and Advance Directives for Outpatients
- (B) Breaking Bad News, Truth Telling, and Prognosis
- (C) Geriatric Inpatients and Goals of Hospitalization

Objectives

Emphasis (A):

1. Describe a goals of care discussion
2. Implement a goals of care discussion for advance directives with patient and family as outpatient

Emphasis (B):

3. Implement a prognosis discussion in patients with acute hospital admission and family
4. Implement a bad news discussion in patients with acute hospital admission and family
5. Identify and resolve family barriers to truth telling

Emphasis (C):

6. Implement a preferences for advance directives discussion in elderly hospitalized patients and family
7. Elicit patient and family understanding and perceptions of the admission and readiness to discuss goals of hospitalization (transfer to ICU)

10:45PM AM BREAK

11:00AM Nasopharyngeal Carcinoma

Purpose

The incidence of nasopharyngeal cancer (NPC) is much higher in Asia than in the US, particularly in South East Asia and South China. Furthermore, NPC in Asia appears to be more closely associated with the Epstein Barr virus, leading to potentially different screening strategies. The incidence of nasopharyngeal cancer is higher in Asian populations in the United States, and new information on the diagnosis and management of this condition will be important for American physicians who care for Asian patients. The care of cancer survivors is a newly recognized area of importance to both primary care providers and oncologists. It is of particular relevance in NPC because of the emerging literature on delayed toxicities from radiation treatments and symptoms. Because of the high survival rates of patients with NPC, discussion of how these patients should be assessed and followed by primary care providers is needed.

Objectives

1. Review the usefulness of EBV serologies in screening and monitoring nasopharyngeal carcinoma
2. Select effective and modern treatment approaches for nasopharyngeal carcinoma
3. Implement coordinated care approaches to assessing and managing symptoms in nasopharyngeal cancer survivors

11:45PM LUNCH

12:45PM Non-Small Cell Lung Cancer

Purpose

The incidence of lung cancer is rising in China, in part related to tobacco use. Tobacco related lung cancers do not express Epidermal Growth Factor Receptor (EGFR) mutations. However, research interest in Asia has been on treating EGFR mutant tumors, which are more prevalent in Asia. Progress in this field is illustrated by the fact that osimertinib, a third generation tyrosine kinase inhibitor, has been approved by the FDA for use in patients with the EGFR T790M mutation. In the United States, interest has been in the development of immunotherapeutic approaches, illustrated by the recent approval of nivolumab as a second line agent for squamous non-small cell lung cancer. The purpose of this lecture is to compare these 2 different approaches to the management of non-small cell lung cancer.

Objectives

1. Summarize new EGFR mutations, including T790M
2. Examine risks and benefits of new targeted therapy agents for non-small cell lung cancer
3. Examine risks and benefits of immune checkpoint inhibitors indicated in non-small cell lung cancer

1:45PM Cholangiocarcinoma

Purpose

While uncommon, the incidence of cholangiocarcinoma is ten times higher in Asia than in the United States, and is increasing in Taiwan and the U.S. with highest rates in the Mekong delta where raw fish is routinely eaten. However, the disease is often confused with hepatocellular carcinoma, as well as combined hepatocellular – choangiocarcinoma, although it has a distinct natural history and different therapy. An educational lecture will help address knowledge gaps of primary care providers.

Objectives

1. Differentiate clinical aspects separating cholangiocarcinoma from hepatocellular carcinoma
2. Review risk factors for cholangiocarcinoma in the US and Asia
3. Integrate cholangiocarcinoma risk factors in screening protocols for Asian patients
4. Select treatment options for cholangiocarcinoma

2:30PM PM BREAK

2:45PM Hepatocellular Carcinoma

Purpose

In studies in San Francisco safety net clinics of hepatitis B positive Asian Americans, there was a significant performance gap between recommended practices for hepatocellular screening in hepatitis B positive patients and actual screening. There may also be a knowledge gap on the part of US physicians on the data regarding screening in Asia and the LIRADS diagnostic reporting system. The primary purpose of this lecture is to review the current data on screening modalities and diagnostic imaging with primary care providers to reduce this performance gap.

Objectives

1. Compare management of hepatocellular carcinoma in Asia and the United States
2. Examine risk factors for developing hepatocellular carcinoma
3. Incorporate AASLD guidelines in screening patients at risk for hepatocellular carcinoma
4. Select appropriate treatment options for, and refer patients with hepatocellular carcinoma

3:45PM Comparing U.S. and Taiwan: Healthcare Delivery Model & Patient Care (non-CME)

NOTE: This lecture is a non-CME activity planned around a panel and group discussion. The lecture will focus on the current healthcare systems in the U.S. and Taiwan in relation to patient care, quality, cost, and outcomes. Participating attendees during this activity will not receive CME Credit.

4:45PM Closing Remarks

CAMASC reserves the right to make changes wherever deemed necessary.