

The Sydney Chinese Lions Teal Ribbon Scholar Scheme 2009 - Inaugural Presentations

Lions' Object:

To provide a forum for the open discussion of all matters of public interest

***To partner with individuals and organizations to improve our community
and to help those *We Serve****

The Lions Club of Sydney Chinese Teal Ribbon Scholar Scheme is proposed with a view to supporting mainland public health/medical professionals to further their professional development or research in Sydney Australia for the diseases of ovarian cancer, uterine cancer, cervical cancer, food allergies, sexual assault, substance abuse, polycystic ovarian syndrome, pain and distress disorder (includes PTSD), obsessive and compulsive disorder, dissociative identity disorder, Tourette syndrome and fragile X syndrome. The objectives of the Scheme are to facilitate experience sharing between mainland and local workers, to enhance technical exchange on diseases management and prevention, and to encourage collaboration and networking.



This year we have received many applications stemming from different Provinces in China. The vetting committee members of the Scheme include Lion Dr Danforn Lim JP (Chairman), Lion Dr Anthony Cheung JP, Lion Dr Lisa Cheng JP, Lion Janet Hung JP and Lion Eileen Zhang. After three rounds of the selection process, two eminent Chinese gynaecologists - Professor Xiaowen Tong (from Tongji University, Shanghai) and Professor Xiping Luo (from GuangZhou Medical University, GuangDong) were selected to receive the Scheme's Scholar title as well as the scholarship funding to support their participation in the Scheme.

To fulfill part of the Scheme's prescribed conditions, both Prof Tong and Prof Luo arrived in Sydney on 3rd January 2010. Each of them delivered two presentations in English while they were in Sydney. They also visited the Faculty of Medicine of the University of New South Wales discussing future collaboration projects. The public presentation session was held in the evening of 6 January, 2010 at Zilver Restaurant. It was attended by over 70 members and guests of Sydney Chinese Lions. VIP guests included Consul Dr Fuxiang He of the Consulate General of the Peoples Republic of China in Sydney, Councilor Lion Ernest Wong, Professor Charlie Xue, WHO Expert Advisory Panel Member and RMIT Professor, Professor Felix Wong of the University of New South Wales, Dr Andrew Zuschmann of the Australian Medical Association, Dr GQ Wai of CMASA, Mr Max Ma JP of Tong Ren Tang, Dr Xiao Zhu, Undergraduate Coordinator of UNSW, Dr Chris Zaslowski, Head of the Chinese Medicine Program, UTS and others.

The function was a great success and it was widely reported by the Chinese media. On the basis experience gained on this occasion, the club is considering running this very meaningful project again next year.

An Abstract by Prof Xiaowen Tong, MD

Sydney Chinese Lions Teal Ribbon Scholar 2009

Minimally invasive surgery in the management of gynecologic cancers : our experience

Tong Xiaowen MD

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The role of minimally invasive surgery in the management of gynecologic cancers has been a controversial issue over the past decades. Recently, much technical progress has been achieved and this enables an experienced endoscopic surgeon to perform most of the gynecologic oncologic procedures including hysterectomy, omentectomy, pelvic and paraaortic lymph node dissections.

Although the value of laparoscopy with respect to oncological safety and patient's outcome has not been formally recorded and tallied in prospective randomized clinical trials, many studies involving thousands of patients have revealed the favourable and superior oncologic outcomes of laparoscopy when compared to traditional laparotomy. Therefore, the laparoscopic approach has become widely accepted for certain oncological conditions, especially when early stage cancer cases are treated.

From Jun 2003 to Dec 2009 minimally invasive surgery has been used in the management of 192 cases of cervical carcinoma, 183 cases of endometrial carcinoma, 37 cases of primary peritoneal carcinoma and 11 cases of early stage ovarian cancer in our hospitals. The safety, morbidity, and recurrence rate are discussed based on this limited data. Nevertheless, the data support the following conclusions: minimally invasive surgery is a safe and effective therapeutic procedure for the management of early-stage cervical cancer, ovarian cancer and endometrial cancer in advanced stage with a far lower morbidity rate than reported in the open approach and is characterized by far less blood loss and shorter postoperative hospitalization time. The role of laparoscopy in ovarian cancer surgery may be divided into the three following categories: 1) laparoscopic staging of apparent early ovarian cancer; 2) laparoscopic assessment of the extent of the disease and potential for resectability; 3) laparoscopic reassessment, or second-look operation, or rule out recurrence. To formally evaluate and ascertain the overall oncologic outcomes of this procedure, multicenter randomized clinical trials with longer follow-up periods are necessary.



Sydney Chinese Lions Teal Ribbon Scholars and Members of the Vetting Committee

An Abstract by Prof Xiping Luo

Sydney Chinese Lions Teal Ribbon Scholar 2009

The Fact of Cervical Cancer Screening in China

In China, cervical cancer is the second most common cancer found in women. Although there is no official data of morbidity in cervical cancer nationally, an estimated number of 100,000-120,000 new cases are being diagnosed each year, which amounts to 20% of new cases worldwide. The majority of cases arise from rural areas. The incidence age of patients with cervical cancer has gradually changed over the years. Aggravated by HPV infections, the trend of incidence age of patients has become younger. Before the 1970s, less than 20% of the patients were below 40 years of age. However, the number of patients in the same age group has gone up to 30% after the 1980s. HPV 16 and HPV 18 are the two most common types of HPV infections found in China, similar to western countries. Next are HPV 58 and HPV 52. However this is different from western countries as they have HPV 45 and HPV 31 next in line. Currently in China, great difficulties exist in cervical cell screening. A key problem is the severe lack of cellular pathologists for identifying the abnormal cervical cells. Despite the fact that TCT has been developed and made available in most hospitals in China as early as 2000, a specialist in cellular pathology has to examine an average of 100 films per day, which is a distinct overload. Hence, it is of vital importance to provide ample training to have a good supply of qualified specialists in cellular pathology. Today the Chinese government has recognized the seriousness and importance of cervical cancer screening. In the coming three years, the government is offering financial support for 10 million rural women to have pap smear testing, in order to make inroads on early diagnosis of cervical abnormalities and self-protection awareness. The cervical cancer vaccine developed in China is still in the clinical trial stage. Medical insurance companies are yet to provide cover for the vaccines. Further, there is still a lot to be done to research into the positive effects of the vaccine to Chinese women with cervical cancer and its side effects. Cooperating and exchanging information with Australian scholars in this field would undoubtedly be beneficial to our cause in promoting prevention and cure of cervical cancer in China.



Sydney Chinese Lions and Guests at Inaugural Teal Ribbon Scholars Presentations