



A-3-02, Block A, Oasis Square
No.2 Jalan PJU 1A/7A
Ara Damansara, 47301 Petaling Jaya

Tel: 603-76112043
Fax: 603-76112044
Email: mshoffice@haematology.org.my
Website: www.haematology.org.my

Message from the Editor

Welcome to year 2022!

With the success of the nation's Covid-19 vaccination programme, hospitalization and severe cases has been on a reducing and manageable trend. While many events are still held virtually, some normalization of physical events are now making a comeback. MSH has produced a consensus statement on Covid-19 vaccination for haematology patients as well as a guideline for management of VTE in Covid-19 pts.

The virtual Malaysian Society of Haematology Scientific Conference 2021 has been a resounding success and a hybrid or physical event is expected for 2022. This year is also an election year where members will vote for a new MSH committee to steer the society for the next 2 years. Members are encouraged to join the 2022 Annual General Meeting expected to be held concurrently with the scientific meeting.

Moving forward, many more new haematologists are now practising both in the public and private sector and access to expertise is now more accessible to the public. MSH has also engaged with the Ministry of Health to discuss the revision of professional fees as many new cutting-edge services such as haploidentical bone marrow transplants, cellular and targeted therapies are now more common and being offered to patients. Such high-end therapies may be labour intensive and would require an update to the professional fees.

Lastly, MSH has also engaged a professional web designer to revamp the MSH website to be more mobile friendly and intuitive. Do log in to have a look!

Jerome Tan



COUNCIL MEMBERS 2020-2022

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Dr. Jameela Sathar

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Dr. Lily Wong

MSH OFFICE SECRETARY

Ms. Elizabeth Thong

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Current Affairs



The **Malaysian Society of Haematology** has a fresh new website design! Professionally designed to be more mobile friendly and intuitive



"We act as an authoritative body for consultation in matters of professional and public interest related to haematology."

MSH logo competition winner!

After an intense competition and a whopping 36 entries, a winner is finally selected using a weighted algorithm among the votes. The logo below is the winning logo which garnered the most number of points.



However, the MSH committee felt the old logo with the wordings "Malaysian Society of Haematology" separated from logo, should be retained as the new MSH logo. This will be brought up to the coming AGM for endorsement.

PEMAKLUMAN BERKENAAN PEMANSUHAN TEMPOM SAH LAKU (VALIDITY PERIOD) BAGI SIJIL PENDAFTARAN PAKAR PERUBATAN (FORM 13) DI BAWAH SEKSYEN 14C AKTA PERUBATAN 1971 (PINDAAN 2012)

Adalah dimaklumkan bahawa Majlis Perubatan Malaysia (MPM) dalam menyuaranya kali ke-410 telah bersetuju untuk memansuhkan tempoh sah laku bagi Sijil Pendaftaran Pakar Perubatan dalam Daftar Pakar Perubatan Negara/National Specialist Register (DPPN/NSR), selaras dengan Akta Perubatan 1971 (Pindaan 2012).

Sehubungan itu, berkuat kuasa 21 September 2021, semua sijil pendaftaran pakar semasa akan dipinda mengikut kepada perkara-perkara yang berikut:

- 1) Tempoh sah laku (validity period) selama lima (5) tahun pada Sijil Pendaftaran Pakar Perubatan (Form 13) akan dimansuhkan;
- 2) Akses untuk melajani sijil secara maya (e-certificate) di dalam sistem NSR akan ditutup bagi semua pengamal berdaftar buat sementara waktu. Sebarang perkembangan lanjut akan dimaklumkan kemudiannya;
- 3) Pengamal yang ingin mendapatkan salinan sijil pendaftaran secara salinan keras (hardcopy) dan salinan lembut (softcopy) boleh mendapatkan salinan berkenaan dengan menghubungi sekretariat MPM di telefon 03-26812171 (no. sambergang: 129, 283 & 211) atau emel kepada ecsmg@mmc.gov.my.

Sekian, terima kasih

KETUA PEGAWAI EKSEKUTIF
MAJLIS PERUBATAN MALAYSIA

12 Oktober 2021

NO renewal of NSR required

In a release letter by the Chief Executive Officer of MMC dated 12th October 2021, the requirement for the NSR registration to be renewed after 5 years has been abolished. This is effective from 21st September 2021



Current Affairs



MSH PRIVATE FEE COMMITTEE

By Dr Tengku Ahmad Hidayat

MSH has formed a private fee committee consisting of Clinical Haematologists working in the private sector. Mandate has been given to this committee led by Dr Tengku Ahmad Hidayat for negotiating the professional fee schedule with the Ministry of Health. Other members of the team comprised of Dr Alan Teh, Dato' Dr Chang Kian Meng, Dato' Dr Vijaya Sangkar and Dr Goh Kim Yen.

The committee held a meeting with representatives of MOH on 25th Nov 2021 and has agreed on a professional fee schedule for peripheral blood stem cell mobilization, bone marrow transplants and therapeutic apheresis. Under consideration is the fee proposal for combined bone marrow aspiration and trephine biopsy, blood transfusion orders and therapeutic venesection.

MSH Private Fee Committee

Dr Tengku Ahmad Hidayat

Dr Alan Teh Kee Hean

Dato' Dr Chang Kian Meng

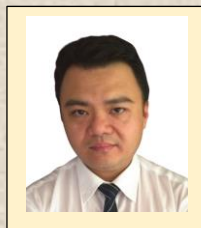
Dato' Dr Vijaya Sangkar

Dr Goh Kim Yen

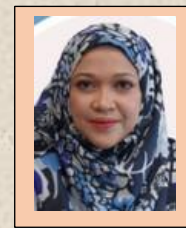
New HAEMATOLOGY PRACTITIONERS IN THE PRIVATE SECTOR 2021/2022



Dr Hon Siong Leng
Sunway Medical
Centre



**Dr Xavier Sim
Yoon Han**
Subang Jaya
Medical Centre



**Dr Nur Adila
Anuar**
KPJ Ampang
Putri



Dr Yong Kar Ying

The first haematologist to be based in the MOH **Hospital Miri Sarawak**. May Dr Yong KY improve and expand the services in northern Sarawak 🙏

Education & Training



MSH 2021 SCIENTIFIC CONFERENCE (VIRTUAL) 5TH-7TH AUGUST 2021



The MSH scientific conference 2021 concluded successfully via a fully virtual platform, a first for MSH. The platform chosen was via Virtualive. A total of 715 delegates registered for the conference with 58.6% of participants attended with their laptops, 36.4% with their mobiles and 5% tablets. There were 40 local speakers and 6 overseas speakers.

A total of 57 clinical and 30 laboratory abstracts were submitted. The clinical abstract was won by Dr Tan Sui Keat, titled "Risk factors and outcome of Covid-19 infection in haematology patients". The laboratory abstract went to Dr Alif Sarifuddin on comparison of coagulation parameters between Covid-19 patients with and without pneumonia in a single tertiary hospital in Kuala Lumpur. The morphology quiz was won by Dr Alia Suzana from HUKM.

The society wishes to thank and congratulate the organizers led by Dr Ahlam based in HTAA Kuantan. The next MSH scientific conference in 2022 would be organized by Hospital Universiti Kebangsaan Malaysia led by Prof Dr. Fadilah Abdul Wahid. It is expected to be held in a hybrid fashion in September 2022.

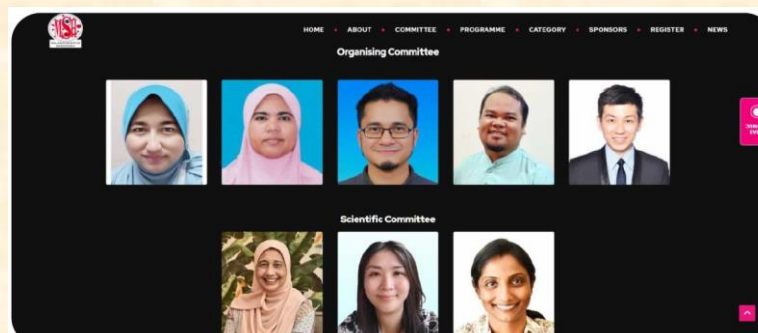


Organizing Committee

Dr Ahlam Naila Kori
 Dr Sharifah Suryani Binti Syed Rahim Shah
 Dr Ismail Bin Ibrahim
 Dr Sopian Bin Abdul Wahab
 Dr Yip Kam Hoo

Scientific Committee

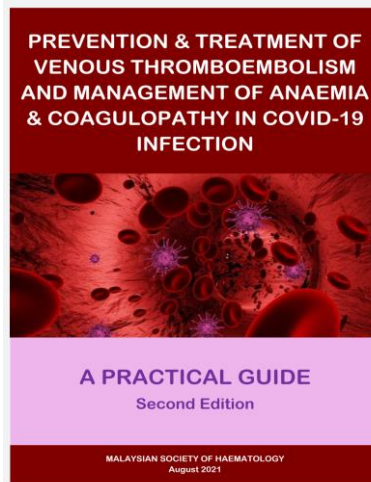
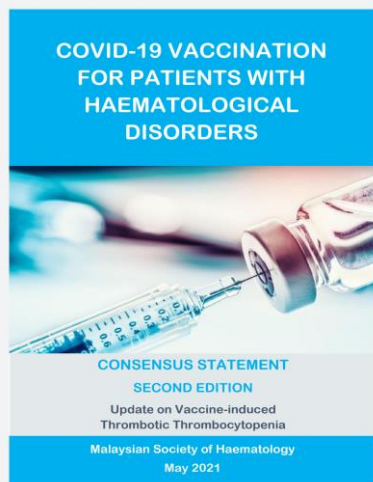
Dr Jameela Sathar
 Dr Mandy Yap Yee Yee
 Dr Veena Selvaratnam



Education & Training



COVID-19 vaccination consensus statement and A Practical Guide for Prevention & Treatment of VTE and Management of anaemia & coagulopathy in Covid -19, produced by MSH spearheaded by Dr Jameela Sathar and team.



MSH EXIT EXAMINATION NOV 2021

The MSH Clinical Haematology exit exam was conducted on 16th Nov 2021 in University Kebangsaan Malaysia Medical Centre (UKMMC). The examiners were led by chief examiner Dr Haris Abdul Rahman, Emeritus Prof Dr Cheong Soon Keng, Prof Dr Fadilah A Wahid, Prof Dr Bee Ping Chong, Dato Dr J Vijaya Sangkar, Dr Jameela Sathar, Dr Leong Chooi Fun, Dr Ahlam Naila Kori, Dr Rudy Yeoh, Dr Tan Sen Mui and Dr Lau Ngèe Siang.

Five candidates passed this exam. Congratulations to Dr Christopher Liam, Dr Yong Kar Ying, Dr Tan Sui Keat, Dr Ganesh Kasinathan and Dr Fan Rui Jeat.

New haematology trainees 2021/2022

Dr Ho Sook Yee (HRPB Ipoh)

Dr Chong Guan Yong (HUKM)

Dr Nor Saaidah Kamal Rodin (HUKM)

Dr Hany Haqimi bin Wan Hanafi (HUSM)

MSH has also issued a joint press statement with Academy of Medicine Malaysia supporting an inclusive Covid-19 vaccination programme to include pregnant women & breastfeeding mothers, immunocompromised and cancer patients – March 2021



Patron: His Royal Highness, Sultan of Perak, Sultan Nazrin Muazzam Shah
ACADEMY OF MEDICINE OF MALAYSIA

3 March 2021

JOINT PRESS STATEMENT

Support an Inclusive COVID-19 Immunisation Plan

The Academy of Medicine of Malaysia, its Colleges, Chapters as well as other medical organisations listed below congratulate the Ministry of Health (MOH), Ministry of Science, Technology and Innovation (MOSTI) and the government for a successful launch of the National COVID-19 Immunisation Plan. We are encouraged to see our colleagues on the frontlines get vaccinated as they continue to protect and serve Malaysia.

We also welcome the government's decision to include pregnant and breastfeeding mothers as well as immunocompromised people, namely cancer patients, in the immunisation plan (as announced on 1 March 2021). Both pregnant women and those with immunosuppression—i.e. people who have weakened immune systems and reduced ability to fight off infection—are at high risk of severe illness from COVID-19.

The World Health Organisation (WHO) stated that 1 in 4 babies born to women with COVID-19 were premature. Pregnant women are also more likely to end up in intensive care, if only as a precaution and for additional monitoring. Separately, a study in the United States found that the mortality rate among cancer patients with COVID-19 was 25.6%, compared to the overall case mortality rate of 1.8%. So, it is imperative that this vulnerable population obtain the vaccine alongside others with comorbidities.

We recognise that there is some hesitancy due to the limited research on the efficacy of the vaccine on pregnant women and those with immunosuppression. However, existing studies show that the COVID-19 vaccine can still offer protection to these populations. The WHO's Scientific Advisory Group of Experts on Immunisation and US Center for Disease Control have all concluded that the known and potential benefits of vaccinating pregnant and immunosuppressed people outweigh the known and potential risks. In fact, both the US and UK have identified cancer patients, including those undergoing chemotherapy and treatment, as priority groups for the vaccine, subject to the advice of their treating physicians. The US has also prioritised vaccinating pregnant women alongside those with underlying medical conditions.

We support the government's decision to take a similarly inclusive approach here in Malaysia. As immunosuppressed people come in variable diagnoses and conditions, each individual's medical team should conduct risk-benefit assessments which include the best time and treatment plan that will empower them to get vaccinated. There must be adequate communication and coordination with community stakeholders, from medical specialists to community clinics and care homes, to ensure that all immunosuppressed groups can make informed decisions based on their situation.

Regarding people living with HIV, who are also an immunosuppressed group, we stand with UNAIDS, the Malaysian AIDS Council and Malaysian Society for HIV Medicine in urging the government to allow all PLHIV to get the COVID-19 vaccine, regardless of their CD4 count or viral load. The science states that all types of COVID-19 vaccines are safe for PLHIV and while it may not induce a full immune response, some protection is better than none. The exclusion of some PLHIV in the national immunisation programme also risks further stigmatising an already vulnerable population.

Finally, we urge the government to clarify where these vulnerable groups fall on the priority list in the National COVID-19 Immunisation Plan. The vaccine rollout process in the Malaysia also does little to inform pregnant women and immunosuppressed patients of their risk status. It also falls short of providing resources for educating those with comorbidities on the COVID-19 vaccine as it relates to their condition. We urge the government to provide necessary updates to the app that will allow patients to empower themselves with the information and resources to get vaccinated according to their risk group.

The consensus within the medical community is clear: The known benefits of vaccinating pregnant and immunosuppressed people dwarf potential risks. Malaysia's immunisation strategy must be inclusive and empower high-risk, vulnerable groups with the information to make good decisions. The national immunisation plan must fully embody its motto: Lindungi diri, Lindungi semua as a pandemic somewhere is a pandemic everywhere.

We, the Undersigned:

1. Academy of Medicine of Malaysia
2. Chapter of Breast and Endocrine, CoS
3. Chapter of Oncology, CoR & Malaysian Oncological Society
4. Chapter of Anaesthesiology
5. College of Dental Specialists
6. College of Emergency Physicians
7. College of Obstetricians and Gynaecologists
8. College of Ophthalmologists
9. College of Paediatrics
10. College of Pathologists
11. College of Public Health Medicine
12. College of Radiology
13. College of Surgeons
14. Malaysian Association of Rehabilitation Physicians
15. Malaysian Society of Haematology
16. Malaysian Urological Foundation
17. University of Malaya Cancer Research Institute

Education & Training



ITP Patient Workshop, 20th Nov 2021 iSpace, Plaza VADS

A virtual ITP patient workshop organized by Novartis in collaboration with MSH was recorded in a studio in Plaza VADS where patients are able to dial-in live to listen to the panellists. The panellists from Hospital Ampang were Dr Jerome Tan, Dr Veena Selvaratnam, Dr Low Pei Ling and Puan Diyana. It also included live Q&A session with patients.



“REAL TALK” WITH CML EXPERTS

Organized by Novartis, video interviews were recorded with CML haematologists Dr Chew Lee Ping based in Hospital Umum Kuching, Sarawak and Dr Jerome Tan from Hospital Ampang, Selangor, focusing on the real-world challenges and unmet needs of Chronic Myeloid Leukaemia in Malaysia. A third episode is being planned.

Real talk with CML expert *Episode 1*



Real talk with CML expert *Episode 2*



STAYING INFORMED ON BLOOD CANCERS

Published in The Star on 31st July 2021, Dr Haris (SJMC), Dr Chew Lee Ping (H. Umum Sarawak) and Prof Bee Ping Chong (UMMC) talks about the different types of blood cancers, the manifestations of such cancers and the very effective treatments we have today.

NEW THERAPEUTIC OPTIONS IN NON-HODGKIN LYMPHOMA

Dr Edmund Chin from UMMC gives an overview on the various new therapeutic options in the treatment of NHL in Sin Chew Daily on 3rd Jan 2022.



Research & Trials



Recruitment closed

Recruitment for STIMULUS-MDS 2, a phase 3 double blind RCT multicentre trial of Azacytidine with or without MBG453 for the treatment of intermediate, high, very high risk MDS or CMML-2 has closed recruitment in Hospital Ampang, Selangor. Led by Principal Investigator Dr Tan Sen Mui and team, a total of 5 patients were successfully recruited into this trial.

New DLBCL trial!

A phase 3 double blind RCT of Tafasimab + Lenalidomide add on to standard R-CHOP therapy is available now in Hospital Ampang Selangor, Hospital Pulau Pinang, Hospital Sultanah Bahiyah Alor Setar, Hospital Umum Sarawak Kuching, University of Malaya Medical Centre and Hospital Universiti Sains Malaysia.

On-going EnTIC trial (Stop TKI trial)

This investigator initiated trial supported by MSH funding, led by Dr Chong Siew Lian in Hospital Ampang is still on-going.

A total of 74 pts has been recruited so far (40 patients from Ampang, 14 from Penang, 18 from HSAJB, 1 from Melaka and 1 from Taiping)

Research projects currently supported by MSH funding

MEDICATION ADHERENCE TO PROPHYLAXIS TREATMENT AMONG SEVERE HAEMOPHILIA A IN NATIONAL REFERRAL CENTER OF HAEMATOLOGY IN MALAYSIA - Dr. Fadzlin Mohd Mokhtar

A PROSPECTIVE OBSERVATIONAL STUDY IN CHRONIC MYELOID LEUKAEMIA PATIENTS AFTER TYROSINE KINASE CESSATION- Dr. Chong Siew Lian

GENERATION OF IPSC CELL LINES DERIVED FROM DONOR PERIPHERAL BLOOD MONONUCLEAR CELLS FOR DOWNSTREAM USE IN THE DEVELOPMENT OF DIAGNOSTIC REAGENT CELLS SUITABLE FOR THE ASIAN POPULATION- Prof Dr. Veera Nadarajan

ASSESSING IMMUNE RESPONSE TO COVID-19 VACCINATION AMONG PATIENTS WITH CHRONIC MYELOID LEUKAEMIA - PHASE -1 - Prof Dr. Gan Gin Gin

Research & Trials



CAR-T clinical trials at Pusat Terapi Sel, HCTM UKM

By Dr. Wint Wint Thu Nyunt

Pusat Terapi Sel (PTS), Hospital Canselor Tuanku Muhriz Universiti Kebangsaan Malaysia (HCTM UKM) is currently recruiting patients with relapsed B- acute lymphoblastic leukaemia (B-ALL) or relapsed/ refractory B- non-Hodgkin lymphoma (B-NHL) for autologous CD19-directed chimeric antigen receptor T (CAR-T) clinical trials.

CAR-T cell therapy has a potential to save the lives of many patients with relapsed B-ALL or relapsed/ refractory B-NHL with the aim of complete remission of the disease, and hence, prolonged overall survival and good health-related quality of life.

Clearly, there is an unmet need to improve the outcome of current standard salvage therapy for relapsed B-ALL or relapsed/ refractory B-NHL especially those patients who have failed or not eligible for standard therapy including hematopoietic stem cell transplantation. CAR-T cell therapy is a novel strategy that represents a significant milestone in the field of immunotherapy with an unprecedented success demonstrating higher remission rates compared to conventional salvage chemotherapy. CAR-T cell therapy is a short treatment procedure, and its anti-cancer effect can last so long.

What is CAR-T cell therapy?

CAR-T cell therapy is a novel treatment strategy in which a patient's own T cells are genetically engineered in the laboratory so that the resulting CAR-T cells recognize and attack the cancer cells.

Process of autologous CAR-T cell therapy

Leukapheresis: Mononuclear cells (MNC) are collected from the patient via apheresis procedure.

Manufacturing process in the lab: T cells are isolated and activated. The patient's own T cells are genetically engineered to express synthetic receptors called chimeric antigen receptors (CAR) on their surfaces. With the use of lentiviral-vector technology for gene transfer and permanent T-cell modification, these genetically engineered T cells express CAR. CAR-T cells are cultured to grow and expand the number of cells.



Apheresis of mononuclear cells (photo credit to Dr. Wint)



Research & Trials



Infusion of CAR-T cells: The patient receives lymphodepleting chemotherapy prior to CAR-T cell infusion. The CAR-T cells are infused into the same patient.



Viewing of CAR-T cell culture in flask (photo credit to Plutonet Sdn. Bhd.)



CAR-T cell infusion (photo credit to Prof. S Fadilah Abdul Wahid)

In the patient's body, CAR (e.g. CD19-directed) allows the CAR-T cells to recognize and attach to a specific protein or antigen on cancer cells (e.g. CD19), resulting in killing these chemorefractory cancer cells. CAR-T cells remain in the body for a long time after infusion, helping to keep the patient in remission, with an effect equivalent of giving the patient “a living drug”.

Enrolment into the clinical trial

- First and recruitment visit at Pusat Terapi Sel, HCTM UKM
- Blood investigations for screening
- Assimilation test
- Disease assessment prior to CAR-T cell therapy
- Leukapheresis of mononuclear cells
- Lymphodepleting chemotherapy and CAR-T cell infusion
- Monitoring for safety and efficacy

Assimilation test: Assimilation test will be performed to assess whether T cells from patients are well-functioning enough to produce good-quality CD19-directed CAR-T cells. 100 ml of peripheral blood will be taken from the patient at PTS clinic, HCTM UKM and the sample will be sent immediately to cGMP certified Lab Plutonet Sdn. Bhd., Cyberjaya.

Production of autologous CD19-directed CAR-T cells: In the cGMP certified Lab Plutonet Sdn. Bhd., manufacture of CAR-T cells is performed from peripheral blood mononuclear cells collected from the patient. A lentiviral vector is used to carry a second generation CD19-directed CAR with a 4-1BB co-stimulatory and CD3ζ signalling domains. CAR-T-cell transduction and expansion are performed. Transduction efficiency and cell viability are examined at the time of cell infusion.

Research & Trials



Meeting with clinical trial advisors in Hospital Boren Beijing, China (photo credit to Prof. S Fadilah Abdul Wahid)



Research Agreement Signing Ceremony Between UKM and Plutonet Sdn. Bhd. 23rd July 2020 (photo credit to Pusat Terapi Sel)

SUCCESS!



“A young lady with relapsed B-ALL post allogeneic haematopoietic stem cell transplantation was enrolled into our CAR-T clinical trial and successfully received CAR-T cell therapy in our centre in September 2021. She had grade 1 CRS and her 3-week hospital stay is uneventful. So far, she achieved complete remission with measurable residual disease (MRD) negativity. Currently, she is happily enjoying her life with travels around Malaysia, together with regular follow-ups with us”

We would like to sincerely thank the CAR-T UKM research group headed by Prof. S Fadilah Abdul Wahid (the principal investigator of CAR-T clinical trials as well as the head of Pusat Terapi Sel) for the great team work and commitment. Our gratitude to Mr. James Then Khong Lek, the director of Plutonet Sdn. Bhd. (the main sponsor of the clinical trials) and his team for the financial and technical support. We would also like to thank the HCTM UKM, PTS and MAKNA clinical staffs and all haematologists for their assistance in managing the patients. Thanks to the management of HCTM UKM and UKM for their support. And the last, but not the least, we thank the patients and patients' family members for participating in these clinical trials, their cooperation and giving informed written consents for photos and clinical data.

For detailed information, kindly contact:

Mr. Razif: 03 9145 7727

Dr. Wint Wint Thu Nyunt: wint@ppukm.ukm.edu.my

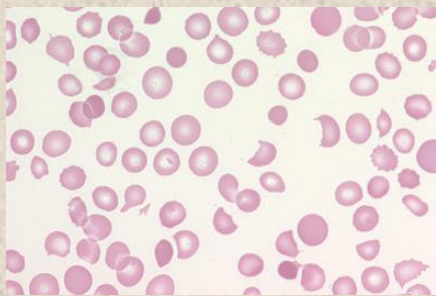
Prof. S Fadilah: sfadilah@ppukm.ukm.edu.my

Articles and Opinion



Atypical Haemolytic Uraemic Syndrome (aHUS)

By Jerome Tan



Microangiopathic haemolytic anaemia

Microangiopathic haemolytic anaemia (MAHA) is not uncommonly seen in a peripheral blood film. While it is more commonly associated with medical disorders such as severe hypertension, cancers, kidney disorders, prosthetic heart valves, certain drugs or eclampsia, a spectrum of more ominous thrombotic microangiopathies (TMA) such as haemolytic uraemic syndrome (HUS), atypical haemolytic uraemic syndrome (aHUS) and thrombotic thrombocytopenic purpura (TTP) should not be forgotten. While these TMAs have some common overlapping features, the underlying pathophysiology and treatment modalities may be very different.

“aHUS is associated with a defect of the complement system”

Knowledge of the underlying mechanism of aHUS has increased in recent years. Atypical HUS is associated with a defect of the complement system, either acquired or hereditary. There may be a triggering factor involved in initiating the manifestations of aHUS.

The complement system is part of the immune system whereby it promotes the phagocytosis of microbes by macrophages and neutrophils. It also can create “pores” on the membrane of microbes via a membrane attack complex (MAC) thus destroying the target. Regulators of the complements include plasma proteins such as protein H and I as well as membrane proteins such as CD35, 46, 55 and 59. Factor H plays a central role in discriminating self-molecules vs target microbes thereby regulating the destruction of a particular target.

Autoantibodies to Factor H or mutations in the regulatory complement proteins impairs the normal process of complement discrimination and activation. These lead to the unregulated complement mediated cell damage. Some aHUS may have mutations in other molecules such as diacylglycerol kinase E, plasminogen, factor XII or thrombomodulin. Cobalamin C deficiency, an inborn error of metabolism which impairs conversion of B12 to its active metabolites may also result in the manifestation of aHUS.

“This leads to unregulated complement mediated cell damage”



Articles and Opinion



The common end result is endothelial damage and formation of microthrombi in the small vessels, capillaries and arterioles. It may be challenging to differentiate aHUS with secondary HUS which may occur in a variety of other associated medical conditions. Demonstration of the genetic mutation in these complement regulators may be the key. However, in some cases of aHUS, no genetic mutations can be identified yet.

Frequencies of the most common mutations identified in aHUS patients

Mutated Gene/Protein	Type	Frequency (%)	Death or ESRD 3-10 years after onset (%)
Factor H (including CFH/CFHR1 hybrid gene)	Loss of complement regulation	24-28	70-80
MCP (CD46)	Loss of complement regulation	5-9	<20
Factor I	Loss of complement regulation	4-8	60-70
C3	Gain of complement activation	2-8	60-70
Factor B	Gain of complement activation	0-4	70
Thrombomodulin	Possibly loss of complement regulation and pro-coagulative state	0-5	50-60
CFHR1/3 deficiency with anti-Factor H autoantibodies	Loss of complement regulation	3-10	30-70
Diacylglycerol kinase ϵ	Prothrombotic	0-3	46
None identified		30-48	50

Source: Jokiranta T Sakari. HUS and atypical HUS. Blood (2017) 129 (21): 2847-2856

Based on the pathophysiology of unregulated complement activation, complement inhibition is a rational therapeutic choice in aHUS. Unfortunately, the costs of complement inhibitors are prohibitive and may limit patient access to these life/organ saving therapies. However, as a first step, much progress has made in understanding the disorder, recognizing the syndrome and making a diagnosis. A thousand-mile journey begins with the first step.



Articles and Opinion



The *Hidden* Costs of Private Practice

Many practitioners choose this pathway for a variety of reasons. However private practice is a different kettle of fish compared to being a wage earner. A conventional private practitioner is an independent contractor whereby his professional services are contracted by the hospital. There are many costs involved in running your own business some of which may not be obvious. These costs exclude the hospital services which are billed to patients.

Rental and overhead costs

This is obvious. You need a place to practice. The private hospital rents you its premises to practice which may include utility bills. The bigger your clinic, the higher the rent. The fancier and more equipment you need, the higher the rent. Economics 121. Sometimes even electricity usage is billed separately. You may also need to rent a carpark from the hospital if you need one.

Clinic assistant or nurse

The cost of hiring of an assistant is upon you. Sometimes an assistant may be provided by the hospital for a fee.

Hospital management fee

The hospital has to provide several services including billing and account services to collect your professional fee from insurance companies and patients. The practitioner is charged for these services. Conventionally it is a percentage of your professional fee which you charge your patients and it can be anywhere between 5-40%.

Bad debt

Yes, bad debt is a cost. Insurance claims may take months and it could be disputed delaying disbursement. Patients may not be able to settle the full amount despite paying an initial deposit. As a business proprietor, you are required to remit an estimated income tax every 2 months in advance (known famously as CP500). In the event there is bad debt, you could apply to the IRB for a refund after 2 years but it may be a lengthy process. In essence, you could be paying taxes in advance on uncollected monies.

Articles and Opinion

Personal audit and accounting services

In order for you to provide your best service and attention to patients, you will require personal accounting and audit services to handle your financial and taxation matters. You don't want to be running to the IRB up and down to sort out your accounting matters every time.

Indemnity insurance and annual practicing licence (APC)

It is compulsory for a practitioner to have an indemnity insurance. Based on a renowned indemnity provider, the Malaysian Protection Society (MPS) which is based in UK, the annual cost of membership indemnity for full time private practice for year 2022 is anywhere between RM6,320-RM135,210 per annum depending on your specialty and risk profile. And the amount is increasing almost every year. An APC will cost only RM100 per year.

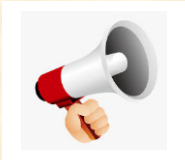
CPD points

Yes, it is compulsory to obtain 20 points every year to renew your APC. The idea is for practitioners to upskill with continuous medical education. However, this comes with a cost to the practitioner. To invite renowned speakers and attend international conferences are a costly affair and participants are usually charged in foreign currencies. For example, the recent online ASH annual scientific conference 2021 with extended access costs USD1,300.



You may be wondering how does a private practitioner bear all these ever-increasing costs? Yes, the answer lies in their professional fee which is charged to patients for services rendered. And professional fees are capped by law in the 13th schedule of the Private Healthcare and Facilities Act.

Pharma Corner



NEW!

Patients' Assistance Programme

A new patients' assistance programme for **Ponatinib (Iclusig)** is now available for patients treated in the **private sector**. A means-based assessment is done through Axios International. Access is evaluated yearly based on co-payment, the amount depending on patient's ability to purchase via OOP or medical insurance. Contact your local pharma representative for more details.

Patent and Utility Innovation protection

In Malaysia, a patent/utility innovation is managed by the Intellectual Property Corporation of Malaysia (MyIPO) under the Ministry of Domestic Trade and Consumer Affairs. Generally, exclusive rights are only applicable in the country or region in which a patent has been filed and granted, in accordance with the law of that country or region.

A patent is an exclusive right granted for an invention, which is a product or a process that provides a new way of doing something, or offers a technical solution to a problem. A patent provides protection for a period of 20 years from the date of filing. A utility innovation is an exclusive right granted for a 'minor' invention. Utility innovations are protected for an initial period of 10 years which may be extended for another two 5-year terms, providing a total protection period of 20 years. A patent owner has the right to use the patented invention, or may license to other parties to use the invention, or sell the right of the invention to someone else who will then become the new owner of the patent. The total cost for patent application in Malaysia is RM1,390 and for utility innovation RM1,240.

Malaysia is a party to the patent corporation treaty (PCT), a member of the WTO and World Intellectual Property Organization. Applicants may use these systems for acquiring protection in Malaysia.

A search for patent filed in Malaysia can be done at www.myipo.gov.my

Source: MyIPO, ITA

Pharma Corner



Missing your free pens from drug makers?

By Jerome Tan



Not only the free pens but the stethoscope tags, labelled tourniquets, pen drives, paperweights, calenders, card holders and many more. You name it, it has been given before. Promotional gifts are seen as a marketing effort to influence the prescription habits of their clients i.e. the healthcare providers (HCP), thus the code of marketing practices were established.

As early as 2009, the code drawn up by the Pharmaceutical Research and Manufacturers of America prohibited drug companies from giving company branded items to physicians. This is a voluntary restriction by the industry. In Malaysia, the Pharmaceutical Association of Malaysia (PhAMA) has drawn up a Code of Pharmaceutical Marketing Practices since 1978. It has undergone numerous reviews and editions since then. According to the PhAMA website, it has currently 41 member companies, the vast majority well known multinational companies.

In the latest 21st Edition Code of Pharmaceutical Marketing Practices published in 2019, offering promotional aids to healthcare providers (HCP) are prohibited. According to the code, "Pens and notepads can be provided to HCPs in the context of company organized events or third-party scientific events for the purpose of taking notes during the meeting. They must not bear the name of any medicine, campaign names, tag lines and logos of the therapeutic area but may bear the name of the company providing them". In addition, they must be of minimal value, no more than RM 15/item.

"Pens can be provided only for taking notes during events and valued no more than RM15 each"

In addition, giving of thumb drive is only allowed to store information and proportionate to the size of information provided. Items to enhance the provision of medical services and patient care which does not exceed RM500 per item, may be given occasionally. Samples of product should be the smallest commercial pack of each strength and clearly labelled "Samples-not for sale". Food and beverage of not more than RM15/item can be distributed to HCP if tied to disease awareness campaign blitz.















Companies which flout the said code can be suspended, expelled or fined up to RM100,000 if found guilty by the association's ethics committee. However, companies which are not members of PhAMA may not need to abide by this code. It also does not cover over-the-counter products.

There you have it. No more pens from most pharmaceuticals. Except during events, for taking notes and only if it costs less than RM15 :P

Jokes Corner



Witty Definitions

- *  **School***
A place where Parents pay, and children play.
- * **Life Insurance***
A contract that makes you poor all your life, so that you can die rich!
- *  **Nurse***
A person who wakes you up to give your medicine so you can sleep well.
- *  **Marriage***
It's an agreement in which a man loses his bachelor's degree, and a woman gains her masters...
- *  **Tears***
The hydraulic force by which masculine physical power is defeated by feminine water power.
- *  **Conference***
The confusion of one man multiplied by the number present.
- *  **Conference Room***
A place where everybody talks, nobody listens, and everybody disagrees later on.
- *  **Father***
A banker for the family provided by nature.
- *  **Boss***
Someone who is early when you are late and late when you are early.
- * **Politician***
One who shakes your hand before elections and shakes your confidence after.
- *  **Hospital***
An institution which holds your ills by pills and kills you by bills.
- *  **Smile***
A curve that can set a lot of things straight.
- *  **Government Office***
A place where you can relax after your strenuous home life.
- *  **Yawn***
The only time married men ever get to open their mouth.
(I like this one 😊)
- *  **Etc*.**
A sign to make others believe that you know more than you actually do.
- *  **Committee***
People who can do nothing individually and sit to decide that nothing can be done together.
- * **Meetings***
Where hours are spent and minutes are kept.

LAUGHTER MAKES LIFE FUN



Incredible! A Tibetan monk has been discovered in the mountains of Nepal. He is considered the oldest person the world at 201 years old. He is in a state of trance or meditation called "taketat".

When he was discovered in a mountain cave, they thought he was a mummy. However, scientists examining what they thought was a mummy discovered that he had vital signs and was alive! Among his things, they found a piece of paper that said "Stop believing the bullshit you read on Whatsapp"

Covid-19 restrictions

Only 5 people are allowed at Christmas but 30 for a funeral. I will be holding a funeral for my pet turkey that sadly passed away on 25th Dec

