

New features at ENT meeting

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The ENT Summit 2017 introduces new features to delegates to encourage participation during the discussion sessions.

“The two new features in this Summit ... [include] the Chalk Talk where you as the audience are able to contribute to what’s going on during the discussion and the Journal Club,” said the ENT Summit organizer Datuk Dr. Kuljit Singh, consultant ENT surgeon, at the ENT Summit 2017 in Kuala Lumpur recently.

Delegates only had to use the Whatsapp® app to submit their questions and comments to the Whatsapp number provided and they were displayed on the screen. They did not have to provide their name. Then, the moderator, speaker or panelist answered the questions in real time. If they were unable to answer their questions in real time, they answered directly



to the delegates’ number after the event was over.

A unique feature of the conference was The Journal Club, which displayed journal articles that were relevant to the discussion in real

time.

The meeting saw delegates observing a cadaveric demonstration on skull base surgery within the conference venue itself. Delegates also observed live demon-

strations by Dr. Peter Catalano, a prominent ENT surgeon from the US, at a private medical centre in Kuala Lumpur.

“The ENT Summit is a unique meeting for medical education because it encourages peer-to-peer learning, discussion, debate and open forums,” Catalano told *MIMS Doctor*.

New, innovative technologies were introduced during panel discussions and surgeries to reduce risks to patients and improve outcomes. In addition, upcoming technologies were also discussed. New and upcoming technologies include drug elution for the nose to prevent inflammation and recurrent polyps; new navigation tech-

nology used in surgery which is more accurate, user friendly, easy to set up and more cost effective and an implant for the tongue to treat sleep apnoea.

The implant for sleep apnoea is a functional tongue piercing where an elastic implant is placed in the tongue in about 3 minutes using a needle. Patients return to work the day after the procedure. This implant is soon to be available for patients and the clinical trials are being done at Putrajaya Hospital, said Catalano.

The 3-day ENT Summit, which included 3rd Navigated Sinus and Skull Base Surgery, was the eighth such meeting and was known as the Sinus Forum Asia in the first 4 years before it was renamed as the ENT Summit, said Kuljit. This meeting is a replicate of the Sinus Forum that is held in the US by Catalano. Kuljit thanked Catalano for his support and new ideas as one of the main organizing persons of the summit.

Faculty members of the summit from the US, UK, Germany, Singapore and Thailand shared their expertise with 170 ENT specialists from Malaysia and other countries.

“We have evolved. We have different programmes and every programme that we have is different for the last 8 years,” said Kuljit. He also thanked sponsors including Fiagon, Easmed, Entellus, Cook, GSK, Menarini and Sun Pharmaceutical.

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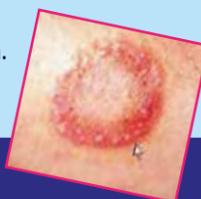


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Dermatophyte Infections of the skin - Tinea Corporis



Duration of Treatment :
T. Corporis : 3-4 wk. / T. Cruris & T. Manus : 2-4 wk.
T. Pedis : 4-6 wk. / Yeast Infections : 2-3 wk.
Pityriasis Versicolor : 2-3 wk.
Seborrhoeic Dermatitis : 2-4 wk.
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Further information is available upon request

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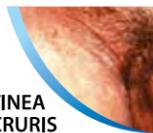
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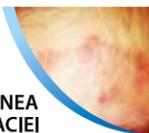
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▶ FROM “OCRELIZUMAB REDUCED DISABILITY PROGRESSION IN PRIMARY PROGRESSIVE MS” FRONT PAGE

discontinuation.

There was a higher incidence of upper respiratory tract infections in individuals on ocrelizumab compared with placebo (10.9 vs 5.9%), while nasopharyngitis and urinary tract infections were more common among those on placebo than ocrelizumab (27.2 vs 22.6% and 22.6 vs 19.8%, respectively). Mild-to-moderate oral herpes was more common among those on ocrelizumab than placebo (2.3 vs 0.4%).

Eleven patients on ocrelizumab (2.3%) reported neoplasms compared with two patients (0.8%) on placebo. The researchers recommended further study on the epidemiology of neoplasms as well as the long-term effects of ocrelizumab or other anti-CD20 agents on MS patients. Furthermore, the ongoing open-label phase of the study will enable the evaluation of ocrelizumab safety, they said.

Based on the hypothesis that the depletion of B-cells may be an effective treatment strategy, researchers randomized 732 individuals (aged 18 to 55 years) with primary progressive MS to either

intravenous ocrelizumab (600 mg in the form of two 300 mg infusions 14 days apart, n=488) or placebo (n=244) every 24 weeks for a minimum 120 weeks and until the occurrence of 253 disability progression events (determined as an increase of ≥1 point [for baseline ≤5.5 points] or ≥0.5 points [for baseline >5.5 points] from baseline on the Expanded Disability Status Scale [EDSS] confirmed for a minimum 12 weeks).

“The efficacy of ocrelizumab in our trial indicates that B cells contribute to the pathogenesis of primary progressive [MS] and that B-cell-mediated inflammation has a direct or indirect role in neurodegeneration,” said the researchers.

While ocrelizumab presents a much-needed treatment for primary progressive MS, the side effects of the drug must also be taken into account, said Calabresi. “[The] side effects will need to be studied in future trials and in phase IV monitoring in the community to understand the extent of the risk,” he said, urging clinicians to assess which patients would best benefit from ocrelizumab.