

## CONVENTION ORGANIZING COMMITTEE

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### WELCOME TO THE KAMA SEOUL CONVENTION 2015

#### A JOINT SYMPOSIUM OF KAMA, KMA, KHA

*“Uniting Physicians of Korean Heritage through Medical Science”*

August 5-8, 2015, Seoul, South Korea

#### CO-HOSTED BY

Korean American Medical Association (KAMA)  
Korean Medical Association (KMA)  
Korean Hospital Association (KHA)

#### CO - CHAIR OF ORGANIZING COMMITTEE

John H. Won, MD (USA)

KIM Dong Ik, MD (Korea)

Convention Chair : Yanghee Woo, MD

Scientific Program Chair : Yukio Sonoda, MD

Fundraising Chair : Stanley Kim, MD

Liaison to Korea : Sung Wu Steve Sun, MD

Research Chair : David Kim, MD, MPH, PhD

Cultural Chair : Carl Yorita, MD

WKMSO - KAMSA Liaison : Michael Choi, MD

WKMSO Convention Team : Seo Yeon An MS3, Kang Han MS3

Daniel Lee, MS2

#### SPECIAL ADVISORS

MOON Jeong-Lim, MD, PhD, HYUNG Woo Jin, MD, PhD,

YANG Han-Kwang, MD, PhD, LEE Sahng Hoon, MD



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## WELCOME MESSAGE

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**Chair, Organizing Committee USA**

**President of KAMA**

John H. Won, MD

Dear Distinguished Guests, Colleagues, and Friends,

It is my great privilege to extend a warm welcome to all of you for participating in the KAMA Seoul Convention 2015- A Joint Symposium of KAMA, KMA, and KHA. This convention is truly a unique and a historical event. The joint symposium is the culmination of effort across the United States and Republic of Korea representing unity and collaboration. We are firmly rooted in a belief that by working together, we can achieve much more. KAMA USA is grateful to all those involved, especially Congresswoman Moon Jeong-lim, KMA President Dr. Choo Moojin, KHA President Dr. Park Sang-geun, and Organization Committee Chair Dr. Kim Dong-ik. Also, we are very thankful to our fellow Korean physician colleagues, leaders of health policy, and heads of various hospitals. Without a doubt, I had the pleasure working with the best convention team over the past 18 months.

The theme of 2015 Seoul Convention is "Uniting Physicians of Korean Heritage through Medical Science." We have assembled some of the brightest and the most dedicated physician leaders across the Pacific. However, this symposium is much more than just a scientific meeting. It represents the will and the determination of people of two great countries, the United States and the Republic of Korea. After all, we are the byproduct of a nation who believes in hard work, determination, and mutual respect. When Korea was faced with one of the most difficult challenges in its recent history, we witnessed firsthand the determination and the will of Korean people and their government working swiftly to protect the nation. We witnessed how the international community came together quickly and stood together shoulder to shoulder offering a helping hand. It was important for KAMA to be here at this important time and be a part of this supportive global community.

Over the next 3 days, we will be addressing many health related issues relevant to Koreans and Korean-American communities. We will be discussing health policies and disparities affecting our population. We will be talking about prevention and the latest treatment of various cancers that are more prevalent among Korean population. We will discuss ways in which our effort can be more global so that many people irrespective of ethnicity can benefit. We will address mentorship for our medical students and young physicians who are our future leaders. Furthermore, Seoul convention will be an opportunity for us to explore and appreciate this beautiful country. In addition to scientific sessions, I encourage you to attend the opening ceremony as well as closing gala. It will also serve as a wonderful background to interact and develop a long term lasting friendship.

Finally, I wish to personally thank each and every KAMA member who made this special long journey to Korea with your family. Your support of KAMA is appreciated more than I can ever express.

I look forward to a very memorable and a truly fantastic convention. Thank you very much and welcome to Seoul.

Warm regards,

John H. Won, MD  
President of KAMA



## WELCOME MESSAGE

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### Chair, Organizing Committee

KIM Dong-Ik, MD, PhD

It is my great honor to welcome you all to the KAMA Seoul Convention - Joint Symposium of KAMA · KMA · KHA on behalf of the Organizing Committee and I would especially welcome all the colleagues from KAMA who have come far for attending this gathering.

I would also like to send my heartfelt gratitude to Dr. John Won, the president of KAMA, Dr. Moo-Jin Choo, the President of KMA and Dr. Sang-Keun Park, the president of KHA for all your support for a successful preparation and hosting of this joint symposium.

This Joint Symposium is more than just a revival of the Joint Symposium between KMA and KAMA in the 70s and 80s. It will enhance the range and level of exchanges in medical science and health policies between the medical communities in the US and Korea leading to future-oriented progress.

It is my firm belief that we need to keep direct and close channels to communicate and exchange information each other in this face-changing era for continued progress and growth.

I am confident the KAMA Seoul Convention will strengthen our channels and network that our seniors have built up overcoming many difficulties for the past 40 years and open another window of opportunities for the next-generation collaboration.

Thank you once again for all your passions and support for this convention and I hope you will enjoy the whole events.



Dong-Ik Kim, MD, PhD  
Chair, Organizing Committee  
KAMA Seoul Convention- Joint Symposium of KAMA · KMA · KHA

## WELCOME MESSAGE

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**Chair, KAMA Seoul Convention 2015**  
**Chair, KAMA Health Policy Committee**

Yanghee Woo, MD

Dear Distinguished Guests, Honored Colleagues, Faculty and Friends,

As the Chair of the KAMA Seoul Convention 2015-A Joint Symposium of KAMA, KMA, & KHA, I am honored to welcome you to this unprecedented medical convention to "Unite physicians of Korean heritage through medical science." The KAMA US Convention Team is proud to co-host this event with the Korean Organizing Committee in this fascinating city of Seoul. As the most wired city in the world ranked #1 in technology readiness, Seoul is an ideal place to exchange cutting-edge medical information amongst our outstanding assembly of world-renowned faculty and convention attendees. During the next few days, August 5 - 8, I hope that each of us will take this rare opportunity to share our scientific knowledge and healthcare experiences, foster mentee-mentor relationships, make new friends, and start everlasting collaborations that will fortify the healthcare bond between South Korea and the United States for a healthier tomorrow.

This unique Korea-US medical forum signifies, for the first time, a well organized collaboration between the Korean American physician leaders and dedicated members of the Korean healthcare system to jointly address the healthcare issues that disproportionately affect Koreans, globally and Korean Americans, nationally. This powerful interchange brings us one step closer to carrying out KAMA US's commitment "To Improve the Health of the Korean American Community through National Collaboration and Action" through research, education, awareness and where needed, changes in management guidelines and healthcare policies. The KAMA Seoul Convention 2015 highlights diseases of ethnic disparity such as gastric cancer, hepatitis B and liver cancer, cervical cancer, and depression among the elderly along with healthcare issues of medical innovations and information technology that greatly impact how we face the current healthcare challenges.

I am greatly encouraged by the commitment of the KA physicians who have traveled across the globe despite the recent MERS outbreak in South Korea to attend this convention and our generous supporters who have helped us overcome the formidable financial and logical challenges KAMA US faced throughout the year in preparation of this event. I would like to especially thank Chairman Dae Won Yoon of Ilsong Educational Foundation, Drs. Larry Kwak and Yuman Fong from City of Hope, Drs. HT Lee & James Lee from Columbia University, and Drs. Do Heum Yoon and Woo Jin Hyung of Yonsei University Severance Hospital, Dr. Moon Jung Lim and the Korean government, Dr. Han-Kwang Yang (SNUH), Dr. Kim Dong Ik (KAMS), Dr. Choo Moojin (KMA), Dr. Park Sang-keun (KHA), and my amazing sunbaes of KAMA US leadership - John, Stanley, Yukio, Steve, and David whose support has made this a personally rewarding experience for me. Thank you and welcome to Seoul!

Sincerely,

*Yanghee Woo*

Yanghee Woo, MD  
Chair, KAMA Seoul Convention 2015  
Chair, KAMA Health Policy Committee

## WELCOME MESSAGE

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### Scientific Committee Chair

Yukio Sonoda, MD

Dear Friends and Colleagues,

Welcome to the Annual Convention of the Korean-American Medical Association!

In conjunction with the Korean Medical Association and the Korean Hospital Association, we have assembled an outstanding program that will increase your knowledge on the relevant topics to physicians practicing in both the United States and Korea.

With the theme of the convention "Uniting Physicians of Korean Heritage Through Medical Science", I think you will find the scientific program both informative and educational.

As you can see from the program, many of the global leaders in medicine will be giving presentations in their respective fields.

As scientific program chair, it has been a privilege to work with Dr. Yanghee Woo, 2015 Convention Chair, and our Korean counterparts on this year's scientific program. We hope that the meeting will provide you with the opportunity to learn about the latest clinical advances as well as developments in research, practice, and treatment.

As part of the program, we hope that you will interact with both the speakers and the other attendees during both the panel discussions and social events.

I hope that you will enjoy the meeting.

Yukio Sonoda, MD  
2015 Scientific Program Chair

## WELCOME MESSAGE

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**President  
Korean Medical Association**

CHOO Moojin, MD, PhD

On behalf of Korean Medical Association, I would like to convey my heartiest congratulations on the KAMA Seoul Convention-Joint Symposium of KAMA · KMA · KHA and my warmest welcome to all the colleagues from the US.

KAMA has contributed to increasing exchanges among Korean–American physicians in American society over the past 40 years. KAMA and KMA have had a close relationship by co-hosting Joint Symposium of Korea-US Scientific Convention in the 70s and 80s and continued exchanges on various areas thereafter.

It is all the more meaningful that we once again co-host such a joint symposium in Seoul, and this time together with KHA and KAMS, bringing key players of medical society in Korea together.

I sincerely believe that the KAMA Seoul Convention- Joint Symposium of KAMA · KMA · KHA will be a great platform for deepening understanding of each other and fostering exchanges in medical science and health policies between Korea and the US. Moreover, it will serve as an opportunity to feel and breathe Korean culture more closely.

Lastly, but not the least, I am sure we are one in serving for the great mission of our profession : people's health and happiness.

I wish the KAMA Seoul Convention- Joint Symposium of KAMA · KMA · KHA will end in great success.

Thank you.

Sincerely yours,

A handwritten signature in black ink, reading "Moojin Choo". The signature is fluid and cursive, written in a professional style.

Choo, Moojin, MD, PhD  
President  
Korean Medical Association

## WELCOME MESSAGE

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**President  
Korean Hospital Association**

PARK Sang-keun, MD, PhD

Dear KAMA members

On behalf of Korean Hospital Association, I'd like to thank and welcome President John H. Won of the Korean-American Medical Association (KAMA) for hosting the 2015 KAMA Seoul Convention.

Also, I sincerely welcome the members of KAMA who came here to participate in the 2015 KAMA Seoul Convention. I also would like to thank all the Korean healthcare workers who dedicate themselves to the development of domestic medical care even under the difficult situation caused by MERS.

The KAMA Seoul Convention is co-hosted by the Korean Hospital Association (KHA), Korean Medical Association (KMA) and the Korean-American Medical Association (KAMA), and is expected to be a chapter of sharing medical policies and technologies of Korea and the United States.

In 1975, KAMA hosted its conventions in Korea and the U.S. alternately and contributed to the domestic medical development as a stepping-stone for medical exchanges between Korea and the United States. However, from the 1990s, the conventions were held solely in the United States, and so many people missed the exchange and interaction that followed each convention between Korean doctors in Korea and the United States.

Considering this, this year's KAMA convention is to be held in Seoul through the cooperation between KHA and KMA, which represent Korean medical groups. This is very meaningful for us and I hope that this convention could become a momentum for the continuous exchange and mutual development between Korean doctors in Korea and the United States.

In the 2015 KAMA Seoul Convention, I hope you find the advanced medical services we offer here in Korea satisfactory. I also hope for you to have a good time and great memories during your four days of stay in Korea.

Again, I sincerely welcome all the members of KAMA and I will do my best to ensure the success of the 2015 KAMA Seoul Convention.

Thank you very much!

Sang-keun Park, MD, PhD  
President Korean Hospital Association

## WELCOME MESSAGE

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**President  
Korean Academy of Medical Sciences**

LEE Yoon Seong, MD

It is a great honor for me to deliver a congratulatory message as the president of Korean Academy of Medical Sciences (KAMS) on the 2015 KAMA Seoul Convention.

For last 40 years, the Korean-American Medical Association (KAMA) has been playing a pivotal role in exchanging medical knowledge and strengthening friendly relations between Korean doctors and Korean-American doctors.

In this respect, Korean Academy of Medical Sciences which holds 160 medical societies as its members has high expectations regarding this event. I would like to express my sincere thanks and congratulations to Dr. John Won, the president of KAMA, Dr. Moo-Jin Choo, the President of KMA and Dr. Sang-Keun Park, the president of KHA, for all your support for this remarkable joint symposium.

I value this meeting for a very timely and meaningful one because the main topics of this year's conference show the current trends in medicine.

I sincerely hope that this meeting would be a momentum for the exchange of most updated medical knowledge and help to promote friendly relationship among the participants.

Finally, I would like to send my gratitude to Dr. Dong-Ik Kim, the organizing committee chair and its members who had dedicated their effort during the period of preparation, which resulted in such a successful meeting.

I hope that your stay in Seoul would be the most pleasant and enjoyable one.

Thank you.

Yoon-seong Lee, M.D.  
President  
Korean Academy of Medical Sciences



## WELCOME MESSAGE

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**Chair  
KAMA Board of Directors**

Brice B. Choi, MD

Dear distinguished guests and colleagues,

It is with great pleasure that I welcome you to the 2015 Joint Convention of KAMA, KMA & KHA. This is also KAMA's 41st annual national convention. Here, we have gathered to share medical scientific advances and friendship among physicians of Korean heritage in Korea as well as in the USA. This in and of itself is of significant value. However, from a historical perspective our gathering signifies something much deeper. We as leaders in our communities in Korea and the USA hold great responsibilities in numerous dimensions.

The history of the Korean physician in the USA goes back to the 19th century, when Dr. Soh Jaipil (서재필) became the first Korean to receive an American medical degree from George Washington University in 1892. Since then, many Korean physician graduates from Korea have come to the USA for further training and have contributed immensely to health care as well as academic advances in the USA. Furthermore, for the past few decades, these first generation Korean American physicians contributed enormously to academic and technical advances of the medical system in our homeland, Korea. Without contribution from these dedicated Korean American physicians, the magnificent technical and academic advances of Korean Medicine would have been difficult to achieve.

In 2015, we face different challenges. In the USA, there are an estimated 14,000 physicians of Korean heritage. However, many of these young physicians and students are second generation Koreans, and they often lack first-hand familiarity of Korea or Korean culture, and a high percentage of them do not speak the Korean language fluently. Many of these future leaders have little aspiration to be associated with Korean communities (in USA) or Korea. We, both physicians in Korea and Korean American physicians in the USA, have an obligation to embrace these young Korean American physicians and students, and to bestow upon them a sense of camaraderie, community and the value of their Korean heritage.

Many more issues to be tackled in the future reside. These issues include sharing expertise in various medical specialties, health care delivery issues, medical education, North Korean health crisis, inequality of health care of Korean population in US, and many more. We can handle these challenges more effectively if we work together. The foundation of our strength will be dependent on fostering solidarity among members of KAMA and the KMA.

In order for us to succeed, all of us need to work together to lay a solid foundation for the long term. I urge you to volunteer your talents and time so that we may grow together. In particular, we need to pay more attention to nurturing the next generation of Korean physicians, our leaders in the upcoming decades. In the process, I assure that true friends will be made. I look forward to working together with you in the near future.

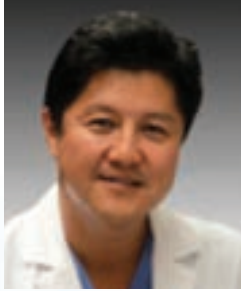
Thank you,

Brice B. Choi (최 병일), MD  
Chairman of the Board of Directors,  
Korean American Medical Association



## WELCOME MESSAGE

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**Vice Chair  
KAMA Board of Directors**

Stanley Kim, MD

There is a fairy tale from Koryo dynasty about a princess (Jiknyeo, 직녀) and a shepherd (Gyunwoo, 견우) who were in love but had to be separated by the king, father of the princess. But since they missed each other so much, magpies and crows came together to create a bridge called “Ojakgyo,” the bridge of the magpie and the crow. And through this bridge, the princess and shepherd were finally able to meet once a year.

This year, KAMA and KMA/KHA are finally meeting at the KAMA-KMA -KHA joint convention, our own “Ojakgyo” of sorts. And it’s all thanks to the many magpies and crows who have helped make this meeting come true. It’s impossible to list all of them on this page, but we should particularly thank Dr. John Won, KAMA President, Dr. Moo Jin Choo, KMA President, Dr. Dong Ik Kim, past president of Kamsm and Dr. Sang Geun Park, President of KHA, for their hard work.

As a physician who spent the first 26 years of his life in Korea, including medical school, and another 26 years in US as a resident, fellow, and finally a practicing physician, this Ojakgyo is particularly meaningful to me. Korean medical technology has advanced so much that it is now a point of pride and a privilege to be a graduate of a Korean medical school. On the other hand, the US has been and probably will continue to be the leader of medicine in the whole world. And combining these two superpowers in medicine will enhance not only the medical field itself but also the pride and status of doctors of Korean Heritage on both sides of Pacific.

It is believed that it rains when Gyunwoo and Jiknyeo meet because of their tears, and I have no doubt that it will always rain too when KAMA and KMA/KHA meet together and have a convention like this, which has been made possible through our hard-worked sweat and well-earned tears of joy.

The 2015 KAMA-KMA/KHI convention is a small first step toward a big successful arena of collaboration—we should feel grateful to be part of this redefining moment.

Stanley Kim, MD  
Vice Chair, KAMA Board of Directors  
President, KAMA NY/NJ Chapter

## WELCOME MESSAGE

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### Secretary General Korean American Medical Association

Sung Wu (Steve) Sun, MD

Dear Friends and Distinguished Guests,

I would like to express my deepest appreciation to everyone who have joined us in Seoul this week in support of 2015 Korean American Medical Association Seoul Convention and the Joint Symposium of KMA, KHA, and KAMA in this time of turmoil.

KAMA has been serving a vital role of being the platform to unite Korean American Physicians throughout the United States since 1974. Over the years, the strengths of Korean American Physicians have grown tremendously. KAMA and its members now serve the needs of the communities around the world and have played an important role in the advancement of medical science in variety of disciplines.

In order to celebrate the achievements and to promote mutual understanding between physicians in Korea and the Korean American Physicians, Joint Symposium of KMA, KHA, and KAMA have been organized. From the inception of the joint scientific symposium, collaboration between the physicians from both sides of the Pacific Ocean has been vital and robust. Organizing committee of physicians from Korea and the United States worked hard to put together an excellent program, which is scientifically relevant and timely.

I would like to commend and celebrate the extraordinary efforts and dedication of KAMA president John Won, convention chair, Yanghee Woo, scientific chair, Yukio Sonoda, vice chairman of the KAMA board of directors, Dr. Stanley Kim and the rest of the KAMA executive committee members who have worked for more than a year to realize the vision of building friendships and meaningful collaborations between Physicians of Korean Heritage. It has been a privilege to be part of such devoted group of people.

We could not have achieved such a feat of putting together a wonderful program this week without the assistance of the members of Organizing Committee from Korea. I would like to take the opportunity to thank all of physicians and support staff members here in Korean.

KAMA 국제회의의 서울 개최를 위해 많은 성원을 해주신 대한의사협회의 추 무진 회장님 (president of KMA, Dr. Moojin Choo), 대한병원협회의 박 상근 회장님 (president of KHA, Dr. Sang-keun Park), 학회준비위원회의 김 동익 위원장님 (past president of KAMS, Dr. Dong-Ik Kim), 문 정림 국회의원 (congresswoman, Jeong-Lim Moon) 그리고 준비위원회의 모든 성원들께 진심으로 감사드립니다.

Thank you and have a wonderful time in Korea.

Sung Wu (Steve) Sun  
Secretary General  
Korean American Medical Association

## CONGRATULATORY LETTERS

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**OH Byung Hee, President & CEO**

Seoul National University Hospital

On behalf of Seoul National University Hospital, it is with great pleasure I extend my congratulations to Dr. John Won and the Korean American Medical Association's Executive committee on the KAMA SEOUL CONVENTION 2015-A JOINT SYMPOSIUM OF KAMA, KMA, & KHA. I am delighted to join all of us at SNUH to welcome you to Seoul and to wish you a successful convention in South Korea.

Since its inception in 1974, many KAMA leaders and members have had strong ties to Seoul National University and I support KAMA commitment to foster unity among physicians of Korean heritage in the United States. Seoul National University Hospital (SNUH), the representative medical center of Korea, has raised the Korean healthcare system to world-class standards in the medical sciences, as well as medical education, research, and patient care. At SNUH we focus on the development of globalization of our medical technology and have expanded our reach to the United States. Therefore, we share KAMA's commitment to foster collaboration between the physicians of our two nations to continue to elevate patient care to a new level.

Again, congratulations to KAMA US for their successful KAMA Convention in Seoul.

Byung-Hee Oh, President & CEO  
Seoul National University Hospital

## CONGRATULATORY LETTERS



### 국회의원 문 정 림

(새누리당 비례대표, 국회보건복지위원회)

안녕하십니까? 대한민국 국회 새누리당 문정림의원입니다.

저는 가톨릭의대 재활의학 교수로서 뇌성마비와 발달장애 아동들을 진료하는 재활의학 전문의로서 20여년간 의료현장에서 진료와 교육과 연구를 해온 의사 출신 국회의원이자, 금번 『KAMA Convention 2015』의 고문입니다.

먼저, 『KAMA Convention 2015』 공동위원장이신 원준희 KAMA 회장님과 김동익 KAMS 전 회장님을 비롯해 대회장이신 추무진 KMA 회장님, 박상근 KHA 회장님께 감사의 말씀을 드립니다. 그리고 이 행사를 준비해 주신 조직위원회 위원 및 직원, 특히 미국에서 고국을 방문하신 KAMA 회원 및 가족 여러분께 특별한 감사의 말씀을 드립니다.

『KAMA Convention 2015』이 개최되기까지 많은 분들의 수고와 헌신이 있었습니다. 지난해 7월, 원준희 KAMA 회장님은 저를 찾아와 이 행사 개최의 필요성을 강조하시며 도움을 요청하셨습니다. KAMA의 역할과 중요성, 한미 양국의 한인의사간 교류 활성화와 상호협력이 얼마나 중요한지 잘 알고 있기에, 저는 KAMA, KMA, KAMS, KHA 회장님과의 만남을 주선하였습니다. 그 이후 몇 번의 만남을 거쳐 『KAMA Convention 2015』를 개최하게 되었습니다.

1974년 재미 8개 한국 의과대학 동창회 대표들을 중심으로 창립된 KAMA는 그동안 **미국의(미국내 한인 의사들의) KMA와 같은 역할**을 수행해 왔습니다. 1975년부터 매년 양국을 오가며 합동학술대회를 개최하는 등 양국 한인 의사간 교류와 협력에 힘써왔습니다. 그러나 1989년 이후, 의사들의 참여 저조로 양국 한인 의사의 만남이 **중단되었습니다.(축소되었습니다.)**

이제 한미 양국의 한인의사간 새로운 협력의 장을 모색해야 할 때입니다. KAMA는 2010년 이후 이민 1.5~2세대를 중심으로 개편되며 새로운 도약을 모색하고 있고, 침체기를 겪던 양국 한인 의사간 교류협력 활성화를 위해 많은 노력을 해왔습니다. 이제 이러한 노력이 가시적 성과를 나타내고 있습니다. 금번 『KAMA Convention 2015』가 한미 양국의 한인의사 및 의료 교류차에 있어 중요한 시간이 되길 기대합니다.

앞으로도 한인 의료 네트워크 구축과 화합을 통해 학술교류, 정책교류는 물론 한국인으로서의 정체성과 긍지 확인 그리고 생명존중과 인권을 지키는 의사로서 인류애를 발휘하는 공동의 목표를 이루시길 기원합니다.

감사합니다.

2015년 8월 5일  
국회의원 문 정 림

## CONGRATULATORY LETTERS

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*Embassy of the United States of America  
Seoul, Korea*



**Ambassador  
to South Korea**  
Mark W. Lippert



The Korean American Medical Association (KAMA) plays an important role in advancing health care and I am pleased to participate in this year's convention in Seoul.

With a stated goal to exchange and share the latest medical technology and information related to patient care, KAMA seeks to help communities across our two nations address relevant medical conditions and health policies.

KAMA's President, Dr. John H. Won, has stated that KAMA "unwaveringly believes that by working together with determination, we can make a difference one person at a time. This spirit of compassion and initiative will grow and sustain KAMA for many years to come."

The United States shares this sentiment as we work together with the Republic of Korea to advance better healthcare systems that enhance quality of life in the most cost-effective ways.

In fact, KAMA's goals to strengthen and broaden relationships between Korean and American physicians is one of many examples that demonstrates how our bilateral relationship is moving well beyond our traditional security alliance into new frontiers of global cooperation.

Korea and the United States share strong traditions in biomedical, medical sciences, and public health research, and we have a long history of public and private sector health collaboration. Joint efforts to advance vaccine development, pandemic influenza preparedness, liver cancer and cancer genomics, and chronic and infectious disease research have undoubtedly had a positive impact on global public health.

Another strong example of how South Korea and the United States are demonstrating global leadership in global public health is the Global Health and Security Agenda. Launched in 2014 in Washington, DC, the GHSA is a White House-initiative designed to accelerate progress toward the vision of a world safe from naturally occurring, deliberate or accidental infectious disease threats. At the conclusion of the successful 2014 GHSA, the Republic of Korea volunteered to host the second annual meeting in Seoul. Building on its experience helping to combat the Ebola outbreak in West Africa and its efforts to contain the MERS situation in South Korea, the Ministry of Health and Welfare plans to highlight its MERS experience as a case study at the 2015 GHSA in order to share its lessons learned with the international community and to improve its own ability to respond to future public health emergencies. And we greatly appreciate the Republic of Korea's leadership in this regard.

Let me again congratulate KAMA on its 2015 Seoul Convention. I wish you the best of luck over the course of the three-day convention and I thank you for your efforts and contributions in the field of healthcare.

Sincerely,

Mark W. Lippert  
Ambassador to South Korea



## CONGRATULATORY LETTERS

CHARLES E. SCHUMER  
NEW YORK

COMMITTEES:

BANKING  
DEMOCRATIC POLICY & COMMUNICATIONS  
FINANCE  
JUDICIARY  
RULES

### United States Senate

WASHINGTON, DC 20510-3203

March 14, 2015

Korean American Medical Association  
200 Sylvan Ave. #22  
Englewood Cliffs, NJ 07632



Dear Friends:

Please accept my felicitations as the Korean American Medical Association gathers for the Korean American Medical Association Spring Gala 2015, "Tribute to Korean American Physician Leaders". It is a pleasure to have the opportunity to recognize the outstanding contributions of the Korean American Medical Association, its leadership and contributions to the medical field as you celebrate this momentous occasion.

Established in 1974, the Korean American Medical Association is reflective of its memberships, innovative policies, rich traditions and commitment to improving the health and wellness of Korean and Korean American communities across the United States. Representing over 18,000 doctors KAMA has launched national projects that effect Korean Americans and their families especially hard. It is a pleasure to recognize the incredible work that KAMA has undertaken over the years and its commitment to improve the life and wellbeing of over 2 million Korean Americans in the United States today.

I applaud all gathered here today for your commitment to strengthen Korean Americans and their impactful work in the medical field. I would like to recognize this year's *Honored Guest Speakers*; Waun Ki Hong, M.D., F.A.C.P., D. M.Sc, Division Head, Cancer Medicine, MD Anderson Cancer Center, recipient of the *KAMA Lifetime Achievement Award* and Robert M. Wah, MD, President, AMA on their featured roles during this Award & Scholarship Fundraising event. As you embark on another year, please know that your commitment to further the prosperity of Korean-Americans and medical professions continues to benefit all Americans.

Congratulations and thank you for your hard work and dedication on behalf of all New Yorkers. Best wishes for a wonderful evening!

Sincerely,

A handwritten signature in blue ink that reads "Charles Schumer". The signature is fluid and cursive.

Charles E. Schumer  
United States Senator

## CONGRATULATORY LETTERS



**ANDREW M. CUOMO**  
GOVERNOR

STATE OF NEW YORK  
**EXECUTIVE CHAMBER**  
ALBANY 12224

March 14, 2015

Dear Friends:

It is a pleasure to send greetings to everyone gathered for this Spring Gala hosted by the Korean American Medical Association.

The Empire State values organizations that represent the interests and concerns of our professional communities, including many dedicated physicians working in various areas of medicine. Founded in 1974, the Korean American Medical Association provides a voice for the nationwide community of physicians who share a connection through their common ancestry and professional affiliation.

New Yorkers recognize the valuable efforts of your members, as they uphold high standards of medicine while addressing health concerns that are prevalent among the Korean community. On this occasion, I join in congratulating your honorees and wishing your members continued success as they promote excellence in the practice of medicine and help improve our healthcare system.

Warmest regards and best wishes for an enjoyable evening.

Sincerely,

A handwritten signature in blue ink, appearing to read 'A. Cuomo', written over a faint, larger version of the signature.

ANDREW M. CUOMO

**WE WORK FOR THE PEOPLE**  
PERFORMANCE \* INTEGRITY \* PRIDE

printed on recycled paper



## CONGRATULATORY LETTERS



STATE OF NEW JERSEY  
OFFICE OF THE GOVERNOR  
P.O. BOX 001  
TRENTON  
08625  
(609) 292-6000

CHRIS CHRISTIE  
GOVERNOR

August 5, 2015

Dear Friends:

On behalf of the State of New Jersey, I am pleased to extend greetings to everyone gathered for the 41<sup>st</sup> anniversary Korean American Medical Association's National Convention.

Since its inception, KAMA has been a leading medical and advocacy organization in our Nation. The countless achievements of the Association signify the hard work, dedication and leadership of its members. Medical professionals play an integral role in our society, and the Convention provides an opportunity to further mobilize Korean American physicians to collaborate and improve the health of the communities they serve. I commend KAMA and everyone affiliated for your commitment in this important endeavor.

Best wishes to all for an enjoyable event.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris Christie".

Chris Christie  
Governor

## CONGRATULATORY LETTERS



GRACE MENG  
HOUSE OF REPRESENTATIVES  
Washington, D.C. 20515

August 5, 2015

Korean American Medical Association  
200 Sylvan Ave. #22  
Englewood Cliffs, NJ 07632



Dear Korean American Medical Association:

I am pleased to extend my warmest greetings to all gathered at the Korean American Medical Association's 2015 Seoul Convention.

The Korean American Medical Association (KAMA) was established as a not-for-profit organization and represents more than 18,000 doctors in the United States. Its members are linked by their Korean heritage, immigrant history in the U.S., service experience, and dedication to improving health in their communities. KAMA's Health Policy and Community Outreach Committees gather physicians and community organizations to overcome ethnic disparities in the healthcare system. The association has launched several projects for addressing depression, stomach cancer, Hepatitis B/liver cancer, and cervical cancer, with the aims of prevention, early detection, and effective treatment. These projects have been implemented in the New York metropolitan area, Washington D.C., Atlanta, and Los Angeles.

With more than two million Korean-Americans residing in the United States, it is vital to address the unique health needs of the Korean-American community. I commend the Korean American Medical Association for its unwavering commitment to supporting physicians and to bettering public health.

Please accept my best wishes for a wonderful celebration and much continued success!

Sincerely,

A handwritten signature in black ink, appearing to read "Grace Meng".

Grace Meng  
Member of Congress

## CONGRATULATORY LETTERS



Ron Kim  
Member of Assembly  
District 40, Queens

Chairman  
Task Force on New Americans

### NEW YORK STATE ASSEMBLY

DISTRICT OFFICE  
136-20 38th Avenue Suite# 10A, Flushing, New York 11354  
(718) 939-0195 • FAX: (718) 939-1238

ALBANY OFFICE  
Room 429, Legislative Office Building, Albany, New York 12248  
(518) 455-5411 • FAX: (518) 455-4905

Email: [kimr@assembly.state.ny.us](mailto:kimr@assembly.state.ny.us)



COMMITTEES  
Education  
Housing  
Social Services  
Corporations, Authorities  
and Commissions  
Governmental Operations  
Children and Families

MEMBER  
New York State Black,  
Puerto Rican, Hispanic and  
Asian Legislative Caucus

New York State  
Assembly/Senate  
Puerto Rican/Hispanic  
Task Force

July 20, 2015

Korean American Medical Association  
200 Sylvan Avenue #22  
Englewood Cliffs, NJ 07632

Dear Friends,

It is my pleasure to congratulate the Korean American Medical Association (KAMA) US on its 41<sup>st</sup> Anniversary *KAMA National Convention, "Uniting Physicians of Korean Heritage through Medical Science"* in Seoul. This marks a joyous and proud occasion for the Korean American physician community to mobilize towards a new era of excellence.

Since its inception in 1974, the KAMA US has been instrumental in effectively advocating and representing the voices and interests of Korean American physicians and medical students in the United States. To achieve its goal of supporting its members by helping them grow professionally and providing essential healthcare services to the community, KAMA US has spearheaded a number of events and programs.

I would like to take this opportunity to commend Dr. Dong Ik Kim, the chairman of the Korean Convention Organizing Committee, the Korean Medical Association (KMA), the Korean Hospital Association (KHA), the Korean Academy of Medical Sciences (KAMS), and Korean Department of Health and Welfare for their active collaboration. I would also like to appreciate all the hard work and dedication of the KAMA US convention committee members for making this momentous event possible.

On behalf of the New York State Assembly, I would like to express my deepest gratitude and all the wishes to the KAMA US for their continued excellence and look forward to continuing my close work with the Korean American Medical Association.

Sincerely,

Ron Kim  
Member of Assembly  
District 40, Queens



## CONGRATULATORY LETTERS

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**Chairman, Board of Trustees  
Ilsong Educational Foundation  
Hallym University & Hallym University Medical Center**

YOON Dai Won, MD, PhD

On behalf of Hallym University Medical Center, it is a great honor and privilege for me to present the congratulatory message on the occasion of 2015 KAMA Seoul Convention.

I would first like to extend my deep appreciation to Dr. John H. Won, KAMA President, Dr. Yanghee Woo, KAMA Convention Chair, and the Organizing Committee for their time and effort they have put in to make this convention possible.

It is my firm belief that 2015 KAMA Seoul Convention on "Uniting Physicians of Korean Heritage Through Medical Science" is indeed a timely and crucial initiative for KAMA in the era of globalization.

In the 21st century, the innovative advancement of science and technology embarked on a new chapter in world history. In particular, the revolutionary development of life science was one of the major drivers for changing the world. Now we are entering an age of bioeconomy and the life science technologies become more important than ever. Given this reality, the role of physicians has been emphasized as well.

Korea was just a small country in East Asia before the WWII. After going through the Korean War in the 1950s, it made remarkable progress in the economic development in the 1960s and 1970s, achieving so-called the 'Miracle on the Han River.' What is more surprising is that Korea finally joined the OECD in 1996 and successfully hosted G20 Summit in 2010. Now Korea has developed into one of the leading countries, rising as the seventh largest economy in the world.

At this juncture, KAMA's initiative for "Uniting Physicians of Korean Heritage Through Medical Science" is truly meaningful. I am certain that this is a valuable opportunity to show Korean people's competence.

I sincerely hope that KAMA achieves another miracle through the 2015 KAMA Seoul Convention, taking a lead in developing Korea's medical science in the world.

Hallym University Medical Center will offer support for the success of the 2015 KAMA Seoul Convention and help KAMA go ahead with new plans for the future. Once again, I would like to congratulate all KAMA members on the opening of the 2015 KAMA Seoul Convention. I wish this convention a resounding success. Thank you.



Dai-Won Yoon, MD, PhD  
Chairman, Board of Trustees  
Ilsong Educational Foundation  
Hallym University & Hallym University Medical Center

## GENERAL PROGRAM

### Convention at a Glance

DAY 0 Wednesday August 5	DAY 1 Thursday August 6	DAY 2 Friday August 7	DAY 3 Saturday August 8
<b>Arrival → Registration → Scientific Program → Scientific Program</b>			
Registration 9am – 5pm	National Assembly	Opening Lecture	Specialty Cancers
		Imaging & Intervention	Global Health
		Disease of the Elderly	Distinguished Lectures
		Plenary Lectures	Liver Diseases
<u>Cultural Activities</u> Blue House Tour Seoul City Tour Shopping Tour Lotte World	News Breaking Session: Emerging Infectious Diseases	Innovation & Technology	Oral Presentation
		Healthcare Disparities	Gastric Cancer
		Women's Health	Opportunities in US
		<b>Rest and Recover</b>	
President's Dinner Invitation Only	Opening Ceremony KMA Sponsored At Lotte Hotel	US Physician Dinner At Lotte Hotel	Farewell Gala KHA Sponsored At Lotte Hotel

## GENERAL PROGRAM

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### Venue Information

All official KAMA Seoul convention 2015 functions are held at the following locations within Seoul Lotte Hotel. Directions are available in the hotel lobby.

- **Emerald Room:** Thursday PM session: Saturday lunch buffet
- **Sapphire Ballroom A/B:** Friday and Saturday Scientific Sessions
- **Crystal Ballroom:** The Opening Ceremony and the Farewell Gala
- **US Physician Dinner:** Belle Vue Suite (not shown here)
- **Pine Room:** Open between 9:00-21:00 for registration and assistance



**Emerald Room**  
Main Building 2F



**Belle Vue Suite**  
36th Floor



**Sapphire Ballroom A/B**  
Main Building 3F



**Crystal Ballroom**  
Main Building 2F

Please call the convention chair, Yanghee Woo, MD for conference related questions during the convention at 323-558-8996.

# OPENING GALA

## KAMA Convention 2015 Joint Symposium of KAMA, KMA and KHA OPENING CEREMONY

*Sponsored by the Dr. CHOO Moo-Jin and the Korean Medical Association*

Seoul Lotte Hotel, Crystal Ballroom 2F, Thursday, August 6, 2015

5:30PM – 6:00PM	<b>Registration</b>	
6:00PM – 6:05PM	<b>Opening Remarks by Masters of Ceremonies</b>	
	WOO, Yanghee, MD <i>KAMA US Convention Chair</i> and KMA MC (TBD)	
6:05PM – 6:20PM	<b>Greetings by Presidents of KMA, KHA and KAMA</b>	
	CHOO, Moo-Jin, MD, PhD <i>President, KMA</i> PARK, Sang-Keun, MD, PhD <i>President, KHA</i> John H. Won, MD <i>President, KAMA</i>	
6:20PM – 6:45PM	<b>Welcome Messages</b>	
	CHUNG, Ui Hwa <i>Speaker of the National Assembly</i> MOON, Jeong-lim, MD, PhD <i>House Steering Committee</i> <i>National Assembly Republic of Korea</i> RHEE, Mok Hee <i>Health &amp; Welfare Committee</i> <i>National Assembly, Republic of Korea</i> Mark W. Lippert <i>US Ambassador to Korea</i>	KIM, Choon Jin <i>Chair of Health &amp; Welfare Committee</i> <i>National Assembly, Republic of Korea</i> SHIN, Yee Jin <i>Spokesperson, Saenuri Party</i> <i>National Assembly, Republic of Korea</i> Robert M. Wah, MD <i>AMA President</i>
6:45PM – 6:55PM	<b>Report by Chairman of Organizing Committee</b>	
	KIM, Dong Ik, MD, PhD <i>Past president of KAMS</i>	
6:55PM – 7:00PM	<b>Special Saxophone Performance</b>	
	By KIM, Ji Hong, Executive Board Member of KMA	
7:00PM – 8:00PM	<b>Dinner and Special Performances</b>	
	• “Tae Pyung Moo” Korean Traditional Dance • Fusion Style Traditional Korean Music performance	
8:00PM – 8:30PM	<b>Desserts</b>	
8:30PM	<b>Closing Remarks by Masters of Ceremonies</b>	



# FAREWELL GALA

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## KAMA Convention 2015 Joint Symposium of KAMA, KMA and KHA FAREWELL GALA

*Sponsored by the Dr. Sang-Keun Park and the Korean Hospital Association*

Seoul Lotte Hotel, Crystal Ballroom 2F, Saturday, August 8, 2015

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- 5:45PM – 6:00PM**     **Registration**
- 6:00PM – 6:30PM**     **Reception**
- 6:30PM – 6:40PM**     **Opening Remarks by Masters of Ceremonies**  
Stanley Kim, MD  
*Vice Chairman of the Board KAMA*  
and  
KHA Master of Ceremony (TBD)
- 6:40PM – 7:00PM**     **Farewell Messages**  
PARK, Sang-Keun, MD, PhD  
*President, KHA*  
CHOO, Moo-Jin, MD, PhD  
*President, KMA*  
KIM, Dong Ik, MD, PhD  
*Chairman of the Korean Organizing Committee*  
LEE, Hyucksang, MD, PhD  
*Chairman of the Board*  
*Inje University Seoul Paik Hospital*  
OH, Byung-Hee, MD, PhD  
*President and CEO*  
*Seoul National University Hospital*  
MOON, Jeong-lim, MD, PhD  
*Member of National Assembly Republic of Korea*  
*House Steering Committee*  
John H. Won, MD  
*President, KAMA*
- 7:00PM – 8:00PM**     **Dinner**
- 8:00PM – 8:30PM**     **Performances by**  
• Minhye Clara Kim: Cello  
  
• The Julliard Cello Ensemble:  
Minhye Clara Kim, Michael J Won, Jessica Hong, and Kevin J. Won
- 8:30PM – 8:45PM**     **Closing Remarks**  
Yanghee Woo, MD and KHA Master of ceremony (TBD)

## US PHYSICIAN DINNER

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*You & Your Family are  
Cordially Invited to the  
U.S. Physician Dinner!*

Hosted by  
Dr. & Mrs. John H. Won

Friday Evening , August 7, 2015  
6:00 PM to 10:00PM  
The Belle-Vue Suite, Lotte Hotel, Seoul, Korea



## GENERAL PROGRAM



### Things to Do In Seoul!

#### BLUE HOUSE TOUR

Cheongwadae-ro, Jongno-gu, Seoul

Free admissions for a 90 minute tour.  
For security reasons, you must sign up for the tour on your own on the webpage below.

+82-2-730-5800

<http://english1.president.go.kr/tours/information.php>

#### EVERLAND SUMMER SPLASH

One of the main summer festivals in Everland, a Theme Park for children 199, Everland-ro, Pogok-eup, Cheoin-gu, Yongin-si, Gyeonggi-do

<http://www.everland.com/web/multi/english/everland/main.html>

Lotte World  
Amusement Park- See Lotte Concierge

#### CITY TOURS

Recommended places to visit in Seoul :

N-Tower

Shopping at Namdaemon Market,  
Myungdong Market , Street Food,  
Apgujeong Rodeo Street

Gangnam 63 Building – Aquarium

Site Seeing Tours: Seoul City Tour -  
[en.seoulcitybus.com](http://en.seoulcitybus.com)

#### MUSEUM TOURS

NATIONAL MUSEUM OF KOREA  
Yongsan-dong 6-ga 168-6  
+82 2 2077 9000 [www.museum.go.kr](http://www.museum.go.kr)

NATIONAL FOLK MUSEUM OF KOREA  
Samcheongro 37, Jongno-gu  
+82 2 3704 3114 [www.nfm.go.kr](http://www.nfm.go.kr)

NATIONAL PALACE MUSEUM OF KOREA  
12 Hyoja-ro, Jongno-gu  
+82 2-3701-7500  
[www.gogung.go.kr](http://www.gogung.go.kr)

WAR MEMORIAL KOREAN WAR  
8 YongSan-dong 1  
+82 2 709 3139 [www.warmemo.or.kr](http://www.warmemo.or.kr)

## GENERAL PROGRAM

### Scientific Program at a Glance

<b>THURSDAY, AUGUST 6</b>		
14:00-16:30	NEWS BREAKING SESSION: MERS & GLOBAL ID	Sapphire Room A
<b>FRIDAY, AUGUST 7</b>		
08:00-08:30	OPENING LECTURE	Sapphire Room A
08:30-10:30	SESSION 1: Imaging & Intervention	Sapphire Room A
	SESSION 2: Diseases of the Elderly	Sapphire Room B
11:00-12:30	PLENARY LECTURES	Sapphire Room A/B
13:30-15:10	SESSION 3: Innovation & Technology	Sapphire Room A/B
15:30-17:30	SESSION 4: Healthcare Disparities in KA	Sapphire Room A
	SESSION 5: Women's Health	Sapphire Room B
<b>SATURDAY, AUGUST 8</b>		
08:00-09:40	SESSION 6: Specialty Cancers	Sapphire Room A
	SESSION 9: Global Health	Sapphire Room B
10:00-11:30	DISTINGUISHED LECTURES	Sapphire Room A/B
12:30-14:30	SESSION 7: Liver Diseases	Sapphire Room A
	SPECIAL SESSION A: Oral Presentations	Sapphire Room B
15:00-17:20	SESSION 8: Gastric Cancer	Sapphire Room A
	SPECIAL SESSION B: Resident/WKMSO Seminars	Sapphire Room B

## GENERAL PROGRAM

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### Highlight the Special Lecturers

KAMA Recognizes Our Plenary and Distinguished Lecturers for their Outstanding Achievements in Advancing Medical Science and Healthcare.

#### Plenary Speakers

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Robert M. Wah, MD  
*69th President of AMA*

*“Together We Are Stronger-Medical Organizations”*



CHOO MooJin, MD, PhD  
*President of KMA 2015-2016*

*Areas of Improvement Identified in Korea's National Communicable Disease: Management System through the Recent MERS Outbreak*

#### Distinguished Lecturers

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LEE Sung-gyu, MD, PhD  
*World's leading liver transplant surgeon*

*“Toward More than 400 Liver Transplantations a Year at a Single Center”*



Larry Kwak, MD, PhD  
*World's leading translational scientist in anticancer immune therapy*

*“Bench to Bedside Development of Cancer Immunotherapy”*



## THURSDAY OVERVIEW

### Special Seminar at The National Assembly Thursday- August 6, 2015



### News Breaking Session - Sapphire Room A

EMERGING INFECTIOUS DISEASES Chairs: TDA	
14:00-14:30	MERS-CoV: Strategies for Management of a New Global Threat Suraj K. Saggat, MD
14:30-15:00	MERS-CoV: What You Need to Know Pan S, Ko, MD
15:00-15:30	TBA: Korea KI Moran, MD, PhD
15:30-16:00	TBA: Korea KWON Yong Jin, MD, PhD
16:00-16:30	Panel Discussion

Middle East Respiratory Syndrome, or camel flu is caused by MERS-CoV. It has killed 33 Koreans during the two months outbreak since May 20, 2015. Globally, 530 lives have been taken by the MERS-CoV, which is 36% mortality to date. Scientists in Korea have its genome.

## EMERGING INFECTIOUS DISEASES

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**Suraj K. Saggar, MD**

Attending Partner  
North Jersey Infectious Diseases  
Englewood, NJ, USA

### **Hospital Affiliations**

Holy Name Medical Center, Teaneck, NJ  
Englewood Hospital and Medical Center, Englewood, NJ  
Select Specialty Hospital, Rochelle Park, NJ

D.O. University of Richmond, Richmond, VA  
B.S. Philadelphia College of Osteopathic Medicine, Philadelphia, PA  
Infectious Diseases Fellow. St. Michael's Medical Center, Newark, NJ  
Internal Medicine Residency. St. Michael's Medical Center, Newark, NJ

Diplomate American Board of Internal Medicine; American Osteopathic Board of Internal Medicine; American Board of Infectious Disease

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### **MERS-CoV: Strategies for Management of a new Global Threat**

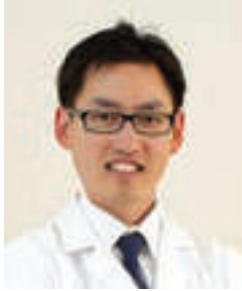
By Dr. Suraj Saggar

Middle Eastern Respiratory Syndrome is a relatively newly identified Coronavirus that has rapidly spread from the Middle East to become a global threat. In an increasingly connected world, emerging and established ID threats are able to proliferate quickly. Given its high case-fatality rate & lack of effective treatment or a vaccine; the understanding its natural history, clinical symptoms and the institution of proper infection control guidelines are paramount. Virology, epidemiology, clinical presentations, diagnostic testing, testing algorithms for persons under investigation, personal protective equipment for healthcare personal, therapeutic management and experimental treatments will all be discussed. It is known that MERS-CoV is spread to people in close contact; unfortunately nosocomial transmission has occurred commonly. Cultural factors contributing to the rapid spread in Korea will be examined. Personal experience in preparing for a potential Ebola Outbreak in the local community will also be discussed as a broader model for understanding how to prepare for new and re-emerging infectious diseases. The need for strong health systems using strict infection control measures (such as prevention and control, isolation, contact tracing and quarantine) to prevent the spread of the virus and protect health-care workers and others will be emphasized.



## EMERGING INFECTIOUS DISEASES

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**Pan S. Ko, MD**

Internal Medicine  
Infectious Diseases  
Englewood Cliffs, NJ, USA

Dr. Ko is an expert in infectious diseases who serves the community through healthcare and promotes excellence in the medical field by applying his skills and knowledge to those in need of medical assistance. He received a B.S. in engineering science from New Jersey Institute of Technology (2000) and his doctorate of medicine from St. George's University (2005). He then completed his training with an internal medicine residency (2008) and infectious disease fellowship (2010) at Seton Hall University / St Michael's Medical Center, Newark, NJ. He currently treats patients in New Jersey with several hospital affiliations, which include Englewood Hospital, Holy Name Hospital, HUMC at Pascack Valley Hospital. He commits his free time volunteering with Sharing Your Gift Foundation and has been on several medical missions trips to treat infectious diseases in patients in under developed countries including those living in Nicaragua, Mexico, and the Dominican Republic.

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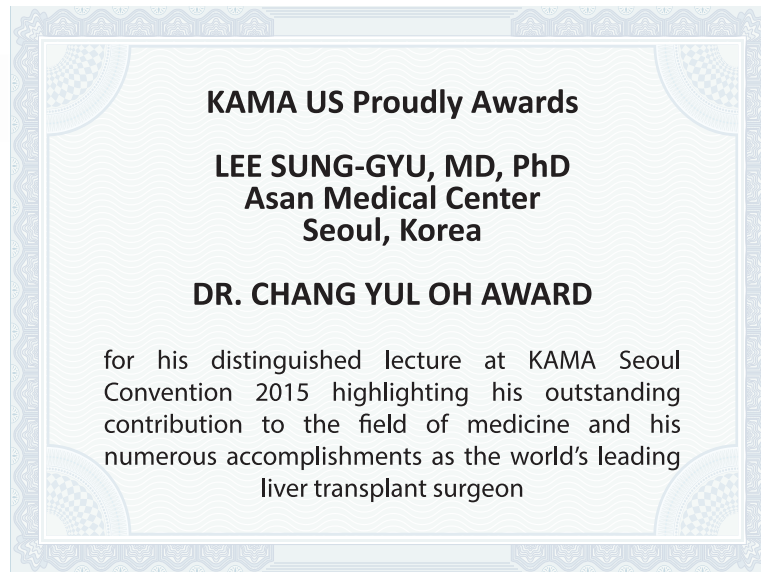
### **Mers-CoV. What You Need to Know**

By Dr. Pan Ko

MERS-CoV made headlines as a novel Coronavirus since the SARS epidemic in 2003. MERS-CoV started from the Arabian Peninsula in 2012 and made headway to the Republic of South Korea. As of July 12th there have been 174 cases and 36 related deaths. As opposed to the SARS outbreak, there has been a significant criticism from the government and health organizations as to how the cases were handled. We will be covering the epidemiology of the cases found in S. Korea including the first patient who was transmitted. The role of transmission as well as prevention of the spread of infection will be also be discussed. The recent article from NEJM "2014 MERS-CoV Outbreak in Jeddah — A Link to Health Care Facilities" will be touched upon as well.

## SPECIAL AWARD

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The Dr. Chang Yul Oh Award was established in the honor of the Korean American physician for whom it is named after. Dr. Oh was a prominent first generation Korean American academician instrumental in the founding of KAMA and served as KAMA president 1978-1979. One year after Dr. Oh passed in 1996, his family and friends established the Dr. Chang Yul Oh Memorial Fund, which sponsored the Dr. Chang Yul Oh Memorial Lecture. The purpose of the named lecture was to bring a distinguished speaker each year to address at KAMA's Annual Scientific Meetings. Dr. Sung Gyu Lee of Asan Medical Center is the recipient of the Dr. Chang Yul Oh Award 2015.



The Choi Chai Chang Award- announced and presented at the annual meeting- recognizes a KAMA member who has made outstanding contribution to the field of medicine or to the growth of KAMA. In Sook Song-Yu, MD, the first person to chair the committee responsible for selecting the annual recipient organized the committee and drafted its by-laws. The inaugural award was given to Bong Hak Hyun, M.D., KAMA's first Scientific Committee Chair. The KAMA US 2015 Dr. Choi Chai Chang Award is given to Dr. Lee Sung-Gyu of Asan Medical Center.

## CONGRATULATORY LETTERS



세브란스  
SEVERANCE

재미한인의사협회 서울총회 격려사

재미한인의사협회(KAMA)의 ‘2015 서울 국제학술대회’ 개최를 진심으로 축하합니다.

창립 41주년을 맞은 KAMA는 한미 양국 간의 의사들의 우호증진과 학술교류에 앞장서왔으며, 지난 시기 미국의 선진 의학을 한국에 이어주고 많은 한국 의사들의 성공적인 미국 내 연수와 진출의 든든한 후원자였습니다.

특히 창립 이듬해인 1975년부터 꾸준히 학술대회를 열어 초청받은 한국 의사들이 국내 의학의 소중한 성과들을 국제적으로 알릴 수 있는 디딤돌이 됐음을 기억하고 있습니다.

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그러나 대한의사회, 대한병원협회와 공동으로 서울에서 성황리에 학술대회를 개최함으로써 새로운 발전의 계기를 마련할 수 있게 됨을 기쁘게 생각합니다.

이번 서울 학술대회를 위해 먼 여정에도 불구하고 참석해주신 ‘원준희’ 회장님을 비롯한 모든 KAMA 회원 분들의 감사를 드리며, 한국과 미국 한인 의사들의 발전과 우의를 다지는 성공적인 학술대회가 되기를 기대합니다. 감사합니다.

2015. 8.

연세대학교 의무부총장 겸 의료원장 정 남 식

## FRIDAY AUGUST 7, 2015 - OVERVIEW

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- 08:00-08:30**    **OPENING LECTURE by CHUN Hoo Geon, MD, MSC (SAPPHIRE ROOM A)**
- 08:30-10:30**    **SESSION 1: IMAGING & INTERVENTION (SAPPHIRE ROOM A)**
- Critical Limb Ischemia Management in Outpatient Setting
  - Advances in Cardiac Imaging
  - Update on Liver MRI
  - MD Role of X-sectional Imaging in Gynecologic Malignancies
  - Uterine Artery Embolization for Symptomatic Fibroids & Adenomyosis
  - Panel Discussion
- 08:30-10:30**    **SESSION 2: DISEASES OF THE ELDERLY (SAPPHIRE ROOM B)**
- Healthcare for the Elderly
  - Korean National Strategies Against Dementia
  - Depression in the Elderly
  - Gout: The Disease of Kings in Fast Food Nations
  - Outcomes Assessment in Geriatrics
  - Panel Discussion
- 10:30-11:00**    **COFFEE BREAK (SAPPHIRE ROOM FOYER)**
- 11:00-12:30**    **PLENARY LECTURES (SAPPHIRE ROOM A/B)**
- Robert M. Wah, MD - Together We are Stronger- Medical Organizations
  - CHOO Moo-jin, MD - Areas of Improvement Identified in Korea's National Communicable Disease: Management System through the Recent MERS Outbreak
- 12:30-13:30**    **LUNCH (FREE TIME)**
- 13:30-15:20**    **SESSION 3: INNOVATION & TECHNOLOGY**
- Minimally Invasive Approaches to Liver Cancer
  - Simulation & Training in Surgery
  - Revolutionizing Medical Training Through Technology
  - Healthcare IT Trends
  - Health IT in the US- Better Information for Better Decisions
  - Panel Discussion
- 15:20-15:40**    **COFFEE BREAK (SAPPHIRE ROOM FOYER)**
- 15:40-17:40**    **SESSION 4: HEALTHCARE DISPARITIES (SAPPHIRE ROOM A)**
- Health Care Racial and Ethnic Disparities in particular as it pertains to Asian Americans access to care and outcomes
  - Healthcare Disparities in KAs
  - HPV and Cervical Cancer in KAs
  - Gastric Cancer in KAs: Time to Improve Outcome
  - Effectiveness of National Cancer Screening
  - Panel Discussion
- SESSION 5: WOMEN'S HEALTH (SAPPHIRE ROOM B)**
- Uterine Cervical Cancer in Korea
  - Surgery for Endometrial Cancer
  - Breast Cancer
  - The "Kaizen" Approach to Surgery for Advanced Ovarian Cancer
  - Infertility in Women with Cancer
  - Panel Discussion
- 18:30-**            **US Physician Dinner**  
**KAMA Sponsored WKMSO Dinner Out on the Town**

## SESSION 1 & 2 OVERVIEW

08:00-8:30		<b>OPENING LECTURE</b>	SAPPHIRE ROOM A
<b>The Evolution &amp; Modernization of Medicine in Korea</b> CHUN Hoo Geun, MD, PhD			
08:30-10:50		<b>SESSION 1</b>	SAPPHIRE ROOM A
<b>Imaging &amp; Intervention</b> Chairs: KIM Dong Ik, MD, PhD (Korea) & Peter B. Park, MD (U.S.A)			
08:30-08:50	<b>Critical Limb Ischemia Management in Outpatient Setting</b> Peter Park, MD		
08:50-09:10	<b>Advances in Cardiac Imaging</b> Rido Cha, MD, PhD		
09:10-09:30	<b>Update on Liver MRI</b> LEE Jeong Min, MD, PhD		
09:30-09:50	<b>Role of X-sectional Imaging in Gynolocologic Malignancies</b> CHOI Hyuck Jae, MD, PhD		
09:50-10:10	<b>Uterine Artery Embolization for Symptomatic Fibroids &amp; Adnomyosis</b> KIM Man Deuk, MD, PhD		
10:10-10:30	<b>Panel Discussion</b>		
08:30-10:50		<b>SESSION 2</b>	SAPPHIRE ROOM B
<b>Diseases of The Elderly</b> Chairs: BAE Sang Sul, MD, PhD & Sung Wu Sun, MD			
08:30-08:50	<b>Healthcare for the Elderly</b> YOON Jong Lull, MD, MPH, PhD		
08:50-09:10	<b>Alzheimer's Disease</b> KIM Ki Woong, MD, PhD		
09:10-09:30	<b>Depression in the Elderly</b> OH Byoung Hoon, MD, PhD		
09:30-09:50	<b>Arthritis in the Elderly</b> CHOI Hyon-Kyoo, MD, PhD		
09:50-10:10	<b>Outcomes Assessment</b> Steve Sung Wu Sun, MD		
10:10-10:30	<b>Panel Discussion – Q&amp;A</b>		



## OPENING LECTURE

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### CHUN Hoo Geun, MD, DMSc

Director, Comprehensive Cancer Institute  
Vice President, External Affairs and Collaborations  
Seoul St. Mary's Hospital

Professor, Internal Medicine, Catholic University of Korea  
Seoul, Korea

#### Education and Degrees

MD Catholic Medical College, Seoul, Korea  
M.M.Sc. & D.M.Sc. Graduate School, Catholic Medical College, Seoul, Korea

#### Post Graduate Training:

Resident, Internal Medicine; Catholic Medical Center, Seoul, Korea  
Post-doctoral Fellow, Sloan-Kettering Institute for Cancer Research, Rye, NY  
Resident, Internal Medicine; Southern Illinois Univ School of Medicine, Springfield, IL  
Fellow, Medical Oncology; Memorial Sloan-Kettering Cancer Center, New York, NY

#### Evolution and Modernization of Medicine in Korea

By Hoo Geun Chun, Md, DMSc

While patient care by traditional (herbal) medicine was initially described in the old Shilla dynasty scriptures, the first governmental facility for modern (Western) medicine in Korea, the Royal Che-Jung Won, was established in 1885 by King Kojong of Yi Dynasty. Since then, a number of public, missionary, and private facilities (including Severance Hospital in 1904) was established to provide Western-style patient care and education throughout the period of Japanese rule. After independence from Japan, medical schools were established in South Korea including Seoul National University, School of Medicine in 1946.

It wasn't until a decade later that the American system of medical education and research was truly adopted through the "Minnesota project" in 1955-1961, which sprouted the practical modernization of Korean medicine. Then in the 1960s-1970s, many Korean medical graduates went to the United States for postgraduate courses and additional clinical training. These pioneering Korean physicians became the foundation of the Korean-American Medical Association in 1974 (The Founding President, Dr. Chai Chang Choi).

Since then, Western medicine in Korea has continuously progressed and matured in both quantity and quality. Currently there are 42 medical schools and 44 tertiary academic medical institutes in Korea. Especially in the last 15 years, healthcare in Korea has improved and advanced tremendously to the top-ranking global quality. Several Korean medical institutes have become world leaders in bone marrow transplantation, eye surgery, gastric cancer surgery, heart surgery (for congenital, ischemic, and valvular heart diseases), organ (liver and kidney) transplantations as well as Robotic surgeries. Many Korean investigators and institutions have been instrumental in pivotal global clinical trials, especially in oncology. Some have served as study chairmen and the significant outcomes of these trials have been well presented in international scientific meetings and published in prestigious peer-reviewed periodicals.

Many of the leading Korean hospitals attract ever-increasing number of international patients from Middle-East, Russia as well as neighboring Asian countries. For the past several years, a quickly growing number of foreign medical professionals including those from North America have undergone clinical training and education in Korean academic institutes. There are 3 driving forces for the success of Korea's healthcare; the system (National Health Insurance Corporation), man power (Healthcare professionals), and the infrastructure (State-of-the-Art facilities, Cutting-edge equipment, Advanced healthcare IT).



## CHAIRS OF SESSION 1

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### **KIM Dong-Ik, MD, PhD**

Professor  
Department of Radiology  
Yonsei University Severance Hospital  
Seoul, South Korea

Dr. Dong Ik Kim is a Professor of Radiology and Neurosurgery at Yonsei University College of Medicine, the Director of Interventional Neuroradiology, Severance Hospital, Yonsei University, and Director of Integrative Research Institute for Cerebral and Cardiovascular Diseases. Dr. Kim earned his MD and PhD from Yonsei University College of Medicine, Seoul, Korea. He completed his Internship at Severance Hospital, Yonsei University and Residency in Radiology at the same. His fellowship was in neuroradiology also at Yonsei University, Severance Hospital. Dr. Kim's clinical and research focus is in the management of Neurovascular disease by imaging diagnosis and endovascular treatments. His research interest includes the evaluation and development of neurovascular devices.

Dr. Kim has held numerous a leadership positions both in and outside of academia including Vice Dean of Yonsei University College of Medicine (1996-2002), Director of Severance Integrative Research Institute for Cerebral & Cardiovascular Diseases, and President of Korean Society of Radiology (2008-2011). Dr. Kim is the Chair of this convention's Organizing Committee and was instrumental in the fortifying the collaboration between KAMA US, KAMS, KAMA, & KHA as the previous KAMS president to make possible the KAMA Seoul Convention 2015.



### **Peter Park, MD**

Medical Director  
Vascular & Interventional Specialist, PC  
Old Bridge, NJ, USA

Dr. Peter Park is the medical director of Vascular and Interventional Specialists, PC, an office based interventional radiology practice located in central NJ. Dr. Park is president of the CNJ Angioclub, vice president of NY/NJ Kama chapter, president of CNJKADA, and Assistant Professor at Drexel Medical School. He did his residency at Mt. Sinai Medical Center and IR fellowship at Yale-New Haven. He resides in Colts Neck, NJ with wife Sung and their three children, Sabrina, Jack and Olivia.

## SESSION 1 - IMAGING & TECHNOLOGY

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**Peter B. Park, MD**

Medical Director  
Vascular and Interventional Specialists, PC

Dr. Peter Park is the medical director of Vascular and Interventional Specialists, PC, an office based interventional radiology practice located in central NJ. Dr. Park is president of the CNJ Angioclub, vice president of NY/NJ Kama chapter, president of CNJKADA, and Assistant Professor at Drexel Medical School. He did his residency at Mt. Sinai Medical Center and IR fellowship at Yale-New Haven. He resides in Colts Neck, NJ with wife Sung and their three children, Sabrina, Jack and Olivia.

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### **Critical Limb Ischemia Management in Outpatient Setting**

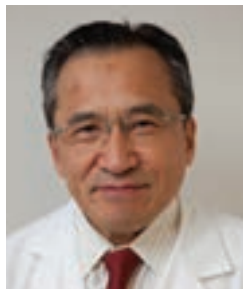
by Dr. Peter B. Park

Critical limb ischemia (CLI) continues to be a significantly morbid disease process for the aging population. The epidemiology and natural history of CLI is discussed, along with the pathophysiology of the disease process. A review of the literature in regards to the different treatment modalities is presented to help the physician optimize therapy for patients with CLI. I will briefly examine emerging therapies for the treatment of CLI and provide an algorithm to help guide the practicing physician on how to approach the critically ischemic limb with regard to the complicated issues surrounding these patients.

Critical limb ischemia is defined as limb pain that occurs at rest, or impending limb loss that is caused by severe compromise of blood flow to the affected extremity. Although the hallmark of peripheral arterial occlusive disease is an issue of supply vs demand, that is, inadequate blood flow to supply vital oxygen demanded by the limb, critical limb ischemia (CLI) occurs after chronic lack of blood supply, setting off a cascade of pathophysiologic events that ultimately lead to rest pain or trophic lesions of the legs, or both. If left untreated, CLI ultimately leads to limb loss secondary to lack of adequate blood flow and oxygenation through the distal extremities. Thus, CLI is considered the “end stage” of peripheral arterial disease (PAD).

## SESSION 1 - IMAGING & TECHNOLOGY

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### Rido Cha, MD, FACC

Associate Professor of Medicine  
Cooper Medical School of Rowan University  
Director, Cardiac Imaging  
Director, Adult Congenital Program  
Copper University Hospital, Camden, NJ, USA

Rido Cha, MD, FACC was educated at Korea University College of Medicine and then trained in internal medicine at Episcopal Hospital in Philadelphia, PA, and in cardiovascular diseases at Deborah Heart and Lung Center, Browns Mills, NJ.

Dr. Cha is board certified in Internal Medicine, Cardiovascular Diseases, Echocardiography and Nuclear Cardiology. He is interested in the broad range of Cardiac Imaging, Echocardiography, Nuclear Cardiology, Cardiac CT and Cardiac MR. He also has expertise in Adult Congenital Heart disease and Valvular Heart disease. He has a great passion for teaching and was awarded "Teacher of the Year" on six occasions.

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### Advancements in Cardiac Imaging

Dr. Rido Cha

Non-invasive cardiac imaging method used to obtain the images related to the structure and function of the heart. Non-invasive tests are easier to perform and safer than invasive cardiac catheterization. With technological advancements over the past decade, the number of tests that physicians can order has increased exponentially.

The advantages of these modalities are:

- Portability of anatomical and hemodynamic assessment from Echocardiography
- Extensive previous clinical research of Nuclear Stress Imaging for the evaluation of Coronary Artery Disease (CAD)
- Anatomical information and high negative predictive value of CAD by Coronary CTA
- Detailed anatomical analysis and tissue characterization by Cardiac MR
- Assessment of metabolism and quantification of coronary blood flow by PET

There are ongoing advances in this technology including faster processing of data as well as 3D/4D applications. Over the next decade, non-invasive cardiac imaging will undergo an extraordinary transition and provide safer, earlier diagnosis of cardiac pathology for our patients.

## SESSION 1 - IMAGING & TECHNOLOGY

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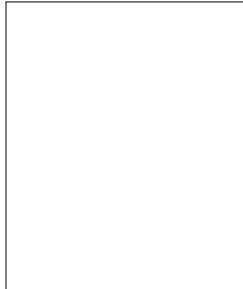
**LEE Jeong Min, MD**

Professor  
Department of Radiology  
Chief, Abdominal Imaging & Nonvascular Intervention  
Seoul National University Medical School, Seoul, Korea

Professor Jeong Min Lee graduated from Cheonbuk National University and has done his training at Cheonbuk National University Hospital. He was the instructor and assistant professor in Radiology at Cheonbuk National University Hospital. He later moved to Seoul National University Hospital and was the assistant professor and currently is the professor in the Department of Radiology in Seoul National University College of Medicine. He is also the chief radiologist of abdominal imaging and nonvascular intervention section. Professor Lee's area of interest is abdominal imaging and image-guided tumor ablation.

## SESSION 1 - IMAGING & TECHNOLOGY

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### CHOI Hyuck Jae, MD, PhD

Associate Professor  
Department of Radiology  
Kangwon National University Hospital  
Kangwon, South Korea

MD Graduate Medical School, Seoul National University, Seoul, Korea  
Masters Seoul National University, Seoul, Korea  
PhD Seoul National University, Seoul, Korea

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### **Role of cross-sectional imaging in gynecologic malignancies in Korea**

By Dr. Hyuck Jae Choi

For gynecologic malignancies, International Federation of Gynecology and Obstetrics (FIGO) staging adopts surgical staging (endometrial cancer and ovarian cancer) and clinical staging (cervical cancer). However, cross-sectional imaging complement adds additional increments of diagnostic information and these days it becomes essential in the management of patients with gynecologic malignancies. For ovarian cancer patients, computed tomography and magnetic resonance imaging (MRI) are useful, especially when there is peritoneal seeding. For endometrial cancer patients, contrast-enhanced MRI is used for staging. By contrast, cervical cancer patients are evaluated with noncontrast-enhanced MRI. In addition to anatomical imaging, functional imaging (diffusion weighted imaging and dynamic contrast imaging) becomes more and more important in the management of patients with gynecologic malignancies.

This session will place recent update of cross-sectional imaging in staging and post-treatment



## SESSION 1 - IMAGING & TECHNOLOGY

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**KIM Man Deuk , MD, PhD**

Associate Professor of Radiology  
Yonsei University Severance Hospital  
Seoul, South Korea

MD	Yonsei University Medical College (YUMC), Seoul, Korea
Internship	Severance Hospital, YUMC, Seoul, Korea
Residency	Radiology, Severance Hospital, YUMC, Seoul, Korea
	Served as Captain M.C. in the Korean Army
Research Fellowship	Dotter Institute, Oregon Health & Science University, Portland, OR

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### **Uterine Artery Embolization for Symptomatic Fibroids and Adenomyosis**

By Dr. Man Deuk Kim

Uterine artery embolization (UAE) is effective and valuable for the treatment of symptomatic fibroid tumors and has an acceptable long-term success rate. However, controversy continues over inclusion criteria regarding fibroid size. Some authors have suggested that treatment of fibroids 10 cm in diameter or larger should be avoided because of the high incidence of complications, such as infection, sepsis, uterine necrosis, and death, whereas other authors have reported no significant increase in complications of fibroids larger than 10 cm. The volume reduction rate after GnRH agonist pretreatment in our study ranged from 6% to 69%. Pretreatment with GnRH agonists, before UAE of large fibroids, was safe for patients with large fibroids and did not prevent performance of UAE.

Knowledge regarding the presence of ovarian artery (OA) collateral supply to the fibroid before performing UAE is important for planning UAE as well as for selecting and counseling the patients, because OA embolization (OAE) itself may result in alteration of ovarian function. Patients with small or nonvisible uterine artery (UAs) on contrast-enhanced MR angiography and those with enlarged OA on contrast-enhanced MR angiography showed a higher tendency toward ovarian artery embolization.

Cervical leiomyomas comprise fewer than 5% of all uterine leiomyomas. Poor vascularity was a frequent finding, and the results of UAE were disappointing, indicating a need for caution in selecting and counseling patients for UAE.

Adenomyosis is characterized by endometrial glands and stroma located haphazardly deep within the myometrium, with adjacent smooth muscle hyperplasia. UAE with the 1-2-3 protocol is safe and highly effective to achieve complete necrosis of adenomyosis. Dark signal intensity (SI) of adenomyosis on T2WI is the most favorable MR imaging predictive factor for UAE, followed by low SI of adenomyosis; heterogeneous SI or SI equal to that of the myometrium is an unfavorable predictive factor on MR imaging. Inferior mesenteric artery (IMA) was the second most common (1.3%) source of collaterals to the uterus as found during UAE. IMA collaterals occurred more frequently in patients with adenomyosis than in patients with fibroids alone, resulting in a high frequency of treatment failure.

## SESSION 2 - DISEASES OF THE ELDERLY

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### **BAE Sang-Cheol, MD, PhD**

Director of Hanyang University Hospital for Rheumatic Diseases  
Director of Clinical & Genetic Epidemiology & Economics  
Institute of Rheumatology  
Hanyang University, Seoul, Korea

Sang-Cheol Bae, MD, PhD is the Director of the Clinical Research Center for Rheumatoid Arthritis, funded by the Ministry for Health and Welfare, Korea. Professor Bae acquired his MD (1984) and PhD (1993) from Hanyang University, Seoul, Korea. He was a rheumatology research fellow and instructor at the Brigham and Women's Hospital Harvard Medical School, Boston, USA. In 1998, he also obtained a MPH from the Harvard School of Public Health, Boston, USA.

Professor Bae's major research interests include clinical epidemiology; clinical trials and innovative treatment development; clinical economics and outcomes research; and translational research in genetic epidemiology and pharmacogenetics in the field of rheumatic diseases, particularly rheumatoid arthritis and systemic lupus erythematosus. He has published over 515 articles on these topics in several national and international peer-reviewed journals including, Nature, Nature Genetics, Annals of Rheumatic Diseases, Arthritis and Rheumatism, Human Molecular Genetics, Rheumatology and Quality of Life Research, to name a few.

Throughout his illustrious career, Professor Bae has been honoured with numerous academic awards, including the 2008 Distinguished Clinical Investigator Award by the Asia Pacific League of Associations for Rheumatology, 2010 Hanmi Proud Doctor Award by the Korean Medical Association, 2011 Korean Rheumatology Academic Award by the Korean College of Rheumatology and the 2012 Hanyang University Outstanding Scholar Professor award.



### **Steve Sung Wu Sun, MD**

Geriatrician  
Memorial Sloan Kettering Cancer Center  
Assistant Professor of Clinical Medicine  
Weill Cornell Medical College, New York, NY, USA

Sung Wu Steve Sun, MD is a geriatrician who is devoted to assessment and treatment of elderly patients who are undergoing cancer treatment. Dr. Sun's particular interests are in identifying prognostic factors from comprehensive geriatric assessment and to develop interventions to improve outcomes. He has completed geriatric fellowship program at Long Island Jewish Medical Center and I have been involved in the management of geriatric syndromes in elderly patients. Dr. Sun was involved in geriatric education of Internal Medicine residents and medical students. His particular interests among geriatric syndromes were of dementia, falls and assessment of functional capacity in the elderly population. Dr. Sun was selected as one of the ten traveling fellows for the Annual R13 Conference Series, "From Bedside to Bench" for the research agenda for "Does Mental and Physical Activity Promote Cognitive Vitality in Late Life" supported by National Institute of Health, National Institute of Aging and American Geriatrics Society. He has participated in Internal Medicine residency program curriculum development workshop for end of life care. He has also completed executive model faculty development fellowship program in general medicine at UNC Chapel Hill and has also participated in faculty development workshops at American Board of Internal Medicine and National Board of Medical Examiners.

## SESSION 2 - DISEASES OF THE ELDERLY

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### **YOON Jong Lull, MD, MPH, PhD**

Professor of Family Medicine and Geriatrics  
College of Medicine, Hallym University, Seoul, Korea

Jong Lull Yoon, MD, MPH, PhD is a Professor of Family Medicine and Geriatrics at Hallym University College of Medicine. Dr. Yoon serves as the Vice President of the Korean Academy of Long-Term Care and as professional member of the Long-Term Car Insurance Investigation Committee of the Korean Ministry of Health and Welfare. With his advisory role in the Korean Geriatrics Society and as a Chair of the Geriatric Committee of the Korean Academy of Family Medicine, Dr. Yoon is a Korean physician leader in the healthcare for the elderly.

He received his MD from College of Medicine and MPH from the School of Public Health at Seoul National University, Seoul, Korea. His PhD is in Preventive Medicine from Korea University. Later he did his post-doctoral fellowship at the Webb-Waring Institute, University of Colorado Health Science Center, prior to current position

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### **Healthcare for the Elderly: Issues in Korea**

By Dr. Jong Lull Yoon

The world population is growing really fast, both in the developed countries and even more in the less developed regions. More remarkable ageing changes are happening in the older population group itself. The number of the oldest old aged 80 or over has been increasing more rapidly than that of the older population as a whole. This means that ageing demographics could trigger a high prevalence of chronic disorders and functional impairments.

The appropriate continuum of care should be a seamless preventive intervention to reduce the speed and slope of the deterioration process with aging. There should be specific roles of health care providers in each practical position with an organic connection system: active health promotion in the community primary care, elderly-friendly geriatric care system in acute hospitals, intensive functional rehabilitation in post-acute care, and finally various long-term care services in the community or facilities. There are many problems with continuous care for the elderly in acute and post-acute care settings in Korea. The bottom line in the community primary care is to provide a designated physician for an older patient.

In acute care phase, a geriatric center or an elderly-friendly geriatric ward with a geriatric care interdisciplinary team should be provided.

And, the biggest problem with post-acute care in Korea is that there is no hospital or facility to take a role for sub-acute care.

Comprehensive and continuous care for the elderly should be geared to achieve an ultimate goal of successful ageing and improvement of their quality of life. Individualized services based on a proper assessment of each patient should be carefully selected and provided.

## SESSION 2 - DISEASES OF THE ELDERLY

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### **KIM Ki Woong, MD, PhD**

Professor, Department of Brain and Cognitive Science  
Seoul National University College of Natural Science, Seoul, Korea  
Professor, Department of Psychiatry & Behavioral Science  
Seoul National University College of Medicine, Seoul, Korea  
Professor, Interdisciplinary Program in Neuroscience  
Seoul National University, Seoul, Korea

Head, Department of Neuropsychiatry  
Head, Dementia and Other Cognitive Disorders Center  
Seoul National University Bundang Hospital, Seongnam, Korea

Director, Korean National Institute of Dementia  
President, Korean College of Geriatric Psychoneuropharmacology

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### **Korean National Strategies Against Dementia**

By Professor Ki Woong Kim

Korea is one of the fastest-aging countries in the world. According to the rapid population aging, number of dementia patients is expected to double every 17 years, reaching 2 million in 2041. To face this dementia epidemic, Korean government prepared the first National Dementia Plan (NDP) in 2008 and second NDP in 2012. The third NDP that will go into effect from 2016 to 2020 is under preparation. The first and second NDPs have four main aims to make Korea where people can live with dementia without discomfort; 'Promoting early diagnosis and prevention of dementia', 'Enhancing care quality and public awareness for dementia', 'Developing systematic and individualized management of dementia', and 'Building key infrastructures for dementia management'. In 2012, the Dementia Management Act (DeMA) went into effect and the National Institute of Dementia (NID) was established as the headquarter of conducting the National Dementia Plans based on the DeMA.

After introducing the National Dementia Early Detection (NDeED) service based on the first National Dementia Plan, the diagnostic rate of dementia was considerably improved up to 73.8% in 2012 from 38% in 2008. The Long-term Care Insurance that provides services in accordance with level of a patient's functional impairments was established in 2008. Last year, special grade for dementia patients was introduced to allow more dementia patients without physical disabilities to be eligible for the services. Since 2012, we have built four dementia information channels; 'Dementia Information 365' (a web-based information portal), 'National Dementia Helpline', and two mobile applications named 'The Companion' (an app assisting care) and 'Check Dementia' (an app assisting diagnosis and prevention). Through these four unified channels, we try to keep Korean people informed up-to-date and credible information about dementia 24 hours a day, 365 days a year.

There is an old Korean saying that 'a long illness wears out even a good son's filial devotion'. This is why the Korean society should be timely and efficiently prepared to face this dementia epidemic. At the same time, we hope our experiences can also make a meaningful contribution to the global efforts to overcome dementia.

## SESSION 2 - DISEASES OF THE ELDERLY

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### OH Byoung Hoon, MD, PhD

Chief Professor  
Department of Psychiatry  
Yonsei University, College of Medicine, Seoul, South Korea

#### Education & Training

M.D.        Medicine, Yonsei University, College of Medicine, Seoul, Korea  
PhD        Psychiatry, Kyung Hee University College of Medicine, Seoul, Korea  
Residency   Psychiatry, Yonsei University Medical Center, Severance Hospital, Korea

#### Major Research Interest or Specialty

Cognitive Neuroscience  
Geriatric Psychiatry – Dementia, Depression  
Community Mental Health

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#### Depression in the Elderly

By Dr. Byoung Hoon Oh

Depression is characterized by mood-affect, thought-cognition, Psychomotor activity and somatic manifestations. Especially elderly depression is more represented by thought-cognition and somatic manifestations. And it is also associated with comorbid mental and physical conditions that may lead to increasing suicide and decreasing life expectancy. Diagnosis of elderly depression consists of history taking, laboratory, neurocognitive test, brain imaging technique and genetic study. As for its treatment, physical treatment such as pharmacological treatment, electroconvulsive therapy, and phototherapy has been emphasized but should also include psychosocial intervention such as supportive, family, and cognitive-behavioral psychotherapy.



## SESSION 2 - DISEASES OF THE ELDERLY



### Hyon-Kyoo Choi, MD, PhD

Professor of Medicine  
Department of Rheumatology Harvard University Medical School  
Director of Clinical Epidemiology, Massachusetts General Hospital  
Boston, MA, USA

#### Education & Training

MD	Medicine	Yonsei University College of Medicine, Korea
MPH	Epidemiology	Harvard University, Cambridge, MA, USA
DrPH	Epidemiology	Harvard University, Cambridge, MA, USA
Rotating Internship	Medicine and Surgery	Yonsei University Severance Hospital, Seoul Korea
Research Fellow	Pharmacology Division	Yonsei University College of Medicine, Seoul, Korea
Internship	Internal Medicine	State University of New York, Buffalo, NY, USA
Residency	Internal Medicine	Framingham Union Hospital, Framingham, MA, USA
Clinical & Research Fellow	Rheumatology Dept. of Medicine	Barnes Hospital (Wash U. Medical Ctr), St. Louis, MO
Clinical & Research Fellow	Arthritis Unit Dept. of Medicine	Massachusetts General Hospital, Boston, MA USA

#### Gout: The Disease of Kings in Fast Food Nations

By Dr. Hyon-Kyoo Choi

Gout is the most common inflammatory arthritis in the elderly (e.g., 10% of men and 5% of women in the US), and an excruciatingly painful inflammatory arthritis caused by hyperuricemia. Gout is further complicated by a high level of cardiovascular (CV)-metabolic comorbidities and their sequelae (e.g., premature death). The latest American College of Rheumatology gout management guidelines (established through international collaboration) endorses patient education on diet, lifestyle, treatment objectives, and management of comorbidities as a core therapeutic measure in gout. To that effect, reducing obesity (with daily exercise and a healthy diet) and limiting intake of red meat and sugary (fructose-rich) beverages are recommended to collectively help reduce SUA levels, the risk of gout, insulin resistance, and CV-metabolic comorbidities. Conversely, dairy products, vegetables, nuts, legumes, fruits (less sugary ones), and whole grains are healthy dietary choices for gout patients. Xanthine oxidase inhibitor therapy (allopurinol, febuxostat) is the first-line pharmacologic urate-lowering therapy approach in gout for the indications of frequent or advanced (tophaeous) gout, or gout with urolithiasis or chronic kidney disease > stage 2. Prior to initiation of allopurinol, HLA-B\*5801 screening should be considered in populations where the HLA-B\*5801 allele frequency is high (e.g., high risk Asians), as HLA-B\*5801 positive subjects have up to a 100 times higher risk for severe allopurinol hypersensitivity reaction. Pharmacologic antiinflammatory prophylaxis is recommended for all gout patients when pharmacologic urate lowering is initiated, and should be continued if there is any clinical evidence of continuing gout disease activity and/or the serum uric acid target has not yet been achieved. Despite these recommendations, there are a wide variety of practical barriers to effective care of gout, a 'curable' inflammatory arthritis. Appropriate education of patients and treating physicians should play a key role in improving the standard of gout care worldwide.

## SESSION 2 - DISEASES OF THE ELDERLY

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**Sung Wu Sun, MD, FACP**

Assistant Professor of Clinical Medicine  
Weill Cornell Medical College  
Memorial Sloan Kettering Cancer Center, New York, NY

### Improving Outcomes in Elderly Cancer Patients

Cancer is a disease of the elderly. In the United States, approximately 60% of cancer diagnoses and 70% of cancer mortalities are in patients aged 65 and above. Baby Boomers turned 65 in 2011 and 10,000 people have celebrated their 65th birthday every day since and will continue until 2030. By 2030, one in five Americans will be 65 or older (72 million). With exploding geriatric population in the United States, improving quality of cancer care in this group will be a huge task to be undertaken.

Outcomes of cancer treatment can be assessed in several ways which could be debated. The most important hard outcomes that can be considered are mortality rates and morbidity rates. Although patient survival may be viewed as the most important quality indicator of cancer care delivered, how the patients live out their lives through the period of cancer treatments and after, have become the focus of many researchers in oncology field. Our vulnerable elderly patients with cancer are particularly at high risk of developing disability and poor quality of life after treatment of cancer.

By incorporating geriatric principles from planning stage of the elderly cancer patient's treatment we can improve the treatment outcomes of the frail elderly cancer patients. Comprehensive geriatric assessment (CGA) would aide in predicting potential toxicities and complications before beginning one's treatment. This knowledge gained from CGA will give the opportunity for the patient and the provider to reflect on patient's desired treatment outcomes and devise the best treatment plan tailored to the patient's needs and wishes. Select patients may be candidate for pre-habilitation which would build up their functional reserve capacity before undergoing noxious treatments and may prevent the cascade of events which could lead to horrific state of decompensation. Even after the careful planning and preparation, many elderly patients may still decompensate and manifest signs and symptoms of geriatric syndromes. Treating these geriatric patients would require experienced interdisciplinary team of practitioners who can work as a cohesive team to manage their needs, ultimately improving the quality of life of the frail elderly cancer patients.

By incorporating geriatric principles into every step of the cancer treatment, elderly cancer patients' quality of life and longevity may be improved.

## PLENARY LECTURES

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**PARK Sang-Keun MD, PhD**

President, Korean Hospital Association

Dr. Park, Sang-Keun, a leader of Korean healthcare, has led numerous medical and hospital association. He has been the president of the Korean Hospital Association (KHA) since 2014 and is the President of the Korean Society of Insurance Medicine as well as the president of the Korea Tertiary Hospital Association. He is also the President & CEO of Inje University Paik Hospital and serves as the Director of Appraisal Committee, Korea Medical Dispute Mediation and Arbitration Agency.

Dr. Park received his medical school education from Yonsei University College of Medicine earning his MD in 1973. He also earned a master's degree from Yonsei University and a PhD from Korea University. As the president of KHA, Dr. Park has been instrumental in the collaboration between KAMA and KHA for the success of this convention.



**Stanley Kim, MD**

Vice Chair, KAMA Board of Directors  
President, KAMA NY/ NJ  
President, Edison Nephrology Consultants, LLC  
Edison, NJ, USA

Dr. Stanley Kim was born in Korea but moved to the United States after graduating from the Yonsei College of Medicine in Seoul, Korea in 1989.

He completed his internal medicine residency at an Albert Einstein-affiliated hospital in New York and completed his nephrology fellowship at the New York Mount Sinai medical center in 1996.

After three years of working at a nephrology group in NJ, Dr. Kim founded his own nephrology practice in 1999. The practice started as a nephrology specialty clinic called Edison Nephrology Consultants, LLC in Edison, NJ and eventually expanded into what it is today, a comprehensive medical clinic called SBK MD Group. It is comprised of three clinics: one in Edison, NJ, one in Woodbridge, NJ, and one in Fort Lee, NJ. Dr. Kim also runs three Fresenius dialysis centers as a medical director and is a nephrology consultant at JFK medical Center, Raritan Bay Medical Center, Robert Wood Johnson at Rahway, Englewood Medical Center, and Holyname Medical Center.

As an active Korean American physician organizer, he founded Central NJ Korean Doctors' Association (CNJ KADA) in 2006 and served as its first president for two years. He has been serving various positions in KAMA, the Korean American Medical Association, since 2007. Currently, he serves as the organization's Vice Chair of the KAMA board, President of KAMA NY/NJ chapter, and Fundraising Committee Chair of KAMA 2015.

## PLENARY LECTURES

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**Robert M. Wah, MD**

President American Medical Association

Robert M. Wah, MD, a reproductive endocrinologist and ob-gyn in McLean, Va., became the 169th president of the American Medical Association in June 2014. Dr. Wah served as chair of the AMA Board of Trustees from June 2011 to June 2012. He practices and teaches at the Walter Reed National Military Medical Center in Bethesda, Md., and the National Institutes of Health. As division head and vice chairman of the Navy's largest ob-gyn training program, Dr. Wah was voted Teacher of the Year by his residents, and his group started the first military IVF program on the West Coast. He has served on the faculties of Harvard Medical School, University of California, San Diego, and Uniformed Services University of the Health Sciences.

A nationally recognized expert in health information technology, Dr. Wah is chief medical officer for Computer Sciences Corporation. He works with public and private agencies using technology to deliver better information for better decisions. He is regularly ranked in Modern Healthcare magazine's "50 Most Influential Physician Executives" and was featured on the cover of Washington Technology. Dr. Wah previously served as associate chief information officer for the Military Health System in the Office of the Secretary of Defense. In 2008 Dr. Wah graduated from the Advanced Management Program at Harvard Business School.

Dr. Wah served as the first deputy national coordinator in the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services (HHS), working with the HHS secretary to advance the president's executive order to have electronic medical records for most Americans and was chief operating officer setting up the ONC.

A member of the AMA House of Delegates for 17 years, Dr. Wah has served as chair of the AMA Council on Long Range Planning and Development. He was elected national chairman of the Junior Fellows of the American College of Obstetricians and Gynecologists (ACOG), before being elected chair of the AMA Young Physicians Section. He served on the ACOG Executive Board and Health Care Commission and is active in the American Society for Reproductive Medicine, the Association of Military Surgeons of the United States and the Medical Society of Virginia.

Born and raised in Oregon, Dr. Wah graduated Phi Beta Kappa from the University of Oregon with a bachelor's degree in chemistry and received his MD from the Oregon Health Sciences University. He did his ob-gyn residency at the National Naval Medical Center in Bethesda and reproductive endocrinology fellowship at Harvard in the Brigham and Women's Hospital in Boston.

Dr. Wah served more than 23 years on active duty as a captain in the U.S. Navy Medical Corps. He is certified by the American Board of Obstetrics and Gynecology in both ob-gyn and reproductive endocrinology.

Dr. Wah and his wife, Debra Ann, live in McLean and have one daughter.

## PLENARY LECTURES

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**CHOO Moo-Jin, MD, PhD**

President  
Korean Medical Association

Dr. Moo-Jin Choo received his MD from Seoul National University College of Medicine and earned his PhD from the Graduate School of Medicine Seoul National University. He then completed his residency in Otolaryngology, spent two years at as a research fellow in the Department of Otolaryngology, University of California Davis, CA, USA, and returned to Korea and became the Director of the MediSeoul Clinic of Otorhinolaryngology between 2002-2014. He has been leading the Korean Medical Association into the new era of healthcare and medical science as the President since June, 2014. He has recently been re-elected to his second term. Dr. Choo has been instrumental in the successful collaboration between the Korean American Medical Association and the Korean Medical Association. .



## PLENARY LECTURES

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### Plenary Lectures

August 7, 2015

11:00-12:30

#### **Together We Are Stronger-Medical Organizations**

By Dr. Robert M. Wah

There are many forces at work in the Healthcare system. Physicians must join together to help improve the system for their patients and the profession. Will discuss how the American Medical Association, the largest physician organization in the US defines itself in multiple dimensions. Will outline the 3 major goals for the AMA strategic plan. Will outline recent advocacy victories and remaining challenges.

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#### **Areas of Improvement Identified in Korea's National Communicable Disease Management System through the Recent MERS Outbreak**

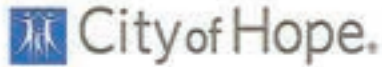
By Dr. Choo, MooJin

Blind spots in the initial response system of the disease control authorities and the structural problems in the disease prevention mechanism under Korea's public health sector were brought to attention by the recent MERS outbreak in Korea. Such structural issues were further aggravated by various limitations already present in Korea's medical system, resulting in loss of lives, serious economic loss and widespread social anxiety as well as damage to Korea's national image.

Many lessons were learned from the recent MERS outbreak. The government and the medical society need to cooperate in reexamining and revamping the national disease control system, and the public also needs to learn how to properly and wisely respond to a public health crisis.

First, the government should motivate hospitals to proactively carry out disease prevention activities and provide necessary fiscal support. Second, government should create plans on enhancing disease prevention and control system at primary and secondary medical facilities, in addition to the current focus on larger hospitals. Third, new communicable diseases that require special attention should be identified for thorough preventative management. Fourth, a stronger research and development system for prevention and control of communicable diseases must be built by fostering experts and building relevant capabilities. Fifth, the capabilities of the public health system need to be reinforced for the establishment of a national communicable disease control system. Sixth, the medical care delivery system must be improved with a focus on preventing and controlling communicable diseases and changes need to be brought into hospital visiting culture including the introduction of hospital rooms not allowing non-medical professionals residing as patient care-givers. Lastly, the system for communicable disease prevention and control supervision should be revised, and a system for reporting and sharing information should be established to enable efficient execution of policies.

## CONGRATULATORY LETTERS



Yuman Fong, M.D.  
Professor of Surgery  
Chair, Department of Surgery

1500 E. Duarte Road  
Duarte, CA 91010-3000  
yfong@coh.org  
www.cityofhope.org



July 27, 2015

Dear KAMA members,

On behalf of the Department of Surgery at City of Hope Medical Center, I am extending to you my best wishes for a successful meeting in Seoul. Special congratulations to Dr. John Won, President of KAMA, and all the members of the executive committee and program committee, who have clearly put together an amazing program for this meeting.

Since 1974, KAMA members and leadership have fostered important ideals in international collaboration. The goal of KAMA in "Uniting Physicians of Korean Heritage through Medical Science" is one that we share at City of Hope Medical Center. Our clinicians and scientists have been working towards this ideal to promote international collaboration in science and medicine. Many important contributions in this regard have been from our Korean-American physicians and scientists working with KAMA and with many distinguished universities in Korea. For this upcoming meeting, City of Hope will be represented by Dr. Larry Kwak, Dr. Yanghee Woo, Dr. John Park, and Dr. Jinha Park, distinguished Korean clinician-scientists.

The Department of Surgery at City of Hope Medical Center is proud to be a supporter and partner of KAMA. We wish you a successful and productive meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "Yuman Fong", written over a white background.

Yuman Fong, MD  
Chair, Department of Surgery  
Associate Director, International Programs  
City of Hope Medical Center

## SESSION 3 OVERVIEW

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12:30-13:30	<b>LUNCH</b>	EMERALD ROOM
13:30-15:20	<b>SESSION 3</b>	SAPPHIRE ROOM A/B
<b>INNOVATION &amp; TECHNOLOGY</b> Chairs: LEE Hwang Joon, MD, PhD (Korea) & Yukio Sonoda, MD (U.S.A)		
13:30-13:50	<b>Minimally Invasive Approaches to HCC</b> James O. Park, MD	
13:50-14:10	<b>Simulation and Training in Surgery</b> RHA Koon Ho, MD, PhD	
14:10-14:30	<b>Revolutionizing Medical Training Through Technology</b> James A. Lee, MD	
14:30-14:50	<b>Healthcare IT Trends</b> JEONG Ji Hoon, MD, MPH, PhD	
14:50-15:10	<b>Health IT in the US-Better Information for Better Decisions</b> Robert M. Wah, MD	
15:10-15:20	<b>Panel Discussion</b>	
15:20-15:40	<b>COFFEE BREAK</b>	SAPPHIRE FOYER

## SESSION 3 - INNOVATION & TECHNOLOGY

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**LEE Wang-Jun, MD, PhD**

CEO & Chairman  
MyungJi Hospital  
Gyeonggi-do, Korea

Wang-Jun Lee, MD, PhD is one of the leading young pioneers in the Korean healthcare sector. He is the CEO and the president of Seonam University, College of Medicine, Myong-Ji Hospital (with 628 beds) and runs two more general hospitals along with 2 long term care facilities. Also he is the CEO of South Korea's most influential healthcare news & publishing company, 'The Korean Doctors' Weekly', founded in 1992. As one of the leading NGO activists in the medical aid area for migrant workers in South Korea, now he serves as a vice chairman of the Migrant Health Association in South Korea. Also as a board member of the Korean Hospital Association, he is in charge of secretary general of the Korean Healthcare Congress, which is top healthcare related annual congress in Asia. Dr. Lee graduated from Seoul National University, College of Medicine. He achieved board of surgery in Seoul National Univ. He was awarded a Ph.D. degree from the same university.

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**Yukio Sonoda, MD**

Gynecologic Oncologist  
Memorial Sloan Kettering Cancer Center  
New York, NY, USA

Yukio Sonoda, MD is a board-certified gynecologic oncologist who specializes in the surgical treatment of known or suspected tumors of the female genital tract. Dr. Sonoda works as part of a multidisciplinary team of doctors and nurses who care for women with cancer. His areas of expertise include surgery for cancers of the ovary, endometrium, cervix, vulva, and vagina. He has a special interest in the use of minimally invasive techniques for the treatment of these tumors. Dr. Sonoda is the Scientific Chair of the KAMA Seoul Convention 2015- A Joint Convention of KAMA, KMA, & KHA.

## SESSION 3 - INNOVATION & TECHNOLOGY

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### James O. Park, MD

Associate Professor  
HPB Surgical Oncology  
Department of Surgery  
University of Washington Medical Center  
Seattle, WA, USA

Dr. Park is a UW associate professor of surgery, recruited to the UW after completion of surgical oncology training at Memorial Sloan-Kettering Cancer Center in New York. He received his MD from University of Pennsylvania and trained at University of Chicago hospitals for his Internship and Residency in General Surgery.

Dr. Park's clinical practice focuses on the treatment of benign and malignant diseases of the liver, gall bladder, bile duct, pancreas and upper gastrointestinal tract. He is a core member of the multidisciplinary UW Liver Tumor Clinic, the largest and longest-running clinic of its kind in the Pacific Northwest, as well as, the multidisciplinary Pancreas Cancer Specialty Clinic at the Seattle Cancer Care Alliance. He specializes in robotic, laparoscopic and open liver, pancreas, bile duct, gallbladder and bowel resections, as well as, minimally invasive and open radiofrequency ablation (RFA) and irreversible electroporation (IRE, also known as NanoKnife) therapies.

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### Minimally Invasive Treatment of HCC

By Dr. James O. Park

Hepatocellular carcinoma (HCC) is the second most lethal cancer worldwide, responsible for over 746,000 deaths in 2012. It is the fifth most common cancer in South Korea, and its incidence in the United States is anticipated to rise due to fatty liver disease resulting from the obesity and diabetes epidemic. When localized, minimally invasive surgical approaches, i.e. resection and ablative therapies, can be applied in the treatment of HCC, as a potentially curative measure or as bridging therapy toward orthotopic liver transplantation. This talk provides a brief description of these procedures, their specific indications and outcomes as it pertains to the treatment of HCC



## SESSION 3 - INNOVATION & TECHNOLOGY

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### RHA Koon Ho, MD, PhD

Professor of Urology / Director, Yonsei daVinci Training Center  
Chief Operating Officer, Severance Hospital  
Yonsei University, Seoul, Korea

Dr. Koon Ho Rha is Professor of Urology and Robotic and Minimally Invasive Surgery Center. He received both his premedicine education magna cum laude and his M.D. degree from the Yonsei University, Seoul. Dr. Rha was trained at the Mayo Clinic in Minnesota as a rotating resident, underwent fellowship training in minimally invasive and laparoscopic surgery at the Johns Hopkins Medical Institution as Engineering and Urology endowed fellow, and served as visiting Assistant Professor in Urology at the Johns Hopkins University School of Medicine. During his stay, he also completed "Business in Medicine" a 1-year MBA program at the School of Business Administration and Education.

Prior to his return to Yonsei in 2003, Dr. Rha obtained extensive experience in minimally invasive and laparoscopic surgery at Yonsei University and co-invented a novel surgical procedure "Video-Assisted Minilaparotomy Surgery (VAMS)" with Dr. SC Yang, which is now commercially available through Thompson Surgical, Inc. Dr. Rha was instrumental in setting up the robotic surgery program at Yonsei University in 2005, which became the first program in the world to reach 10,000 cases in November 2013. During the last 8 years, Dr. Rha has performed the most cases in Asia with more than 1950 cases of robotic cases including some 1700 cases of robotic prostatectomies. With cumulative experiences, Dr. Rha's team developed world's first robotic approaches of nephroureterectomies and single-incision partial nephrectomies. His research interest includes robotic platform and device development. He has given more than 350 lectures on robotic surgery. He also performed live surgery or proctored more than 60 occasions, including US, China, Japan, Taiwan, Czech Republic, Singapore, Hong Kong, Saudi Arabia and Malaysia.

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### Innovation and New Technology in Surgery

By Dr. Koon Ho Rha

Since the beginning of the 21st century, the emergence of innovative technologies has made further advances in minimal access surgery possible. Robotic surgery and telepresence surgery effectively addressed the limitations of laparoscopic procedures, thus revolutionizing minimal access surgery. Surgical robots provide surgeons with technologically advanced vision and hand skills. As a result, such systems are expected to revolutionize the field of surgery. In that time, much progress has been made in integrating robotic technologies with surgical instrumentation. However, robotic surgery will not only require special training, but it will also change the existing surgical training pattern patterns and reshape the learning curve by offering new solutions, such as robotic surgical simulators and robotic telementoring. This presentation provides an introduction to medical robotic technologies and reviews the evolution of a surgical robot, and discusses future prospects for innovation. In the future, surgical robots should be smaller, less expensive, easier to operate, and should seamlessly integrate emerging technologies from a number of different fields. We believe that, in the near future as robotic technology continues to develop in the near future, we believe that almost all kinds of endoscopic surgery will be performed by this technology.

## SESSION 3 - INNOVATION & TECHNOLOGY

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### James A. Lee, MD

Edwin K. and Anne C. Weiskopf Associate Professor of Surgery  
Chief, Endocrine Surgery  
Vice Chair, New Media  
Founder, COACHmed  
Department of Surgery Columbia University Medical Center  
New York, NY USA

#### Education & Training

MD	Columbia College of Physicians & Surgeons, New York, NY, USA
Internship	Surgery, NY Presbyterian Hospital (Columbia), New York, NY, USA
Residency	Surgery, NY Presbyterian Hospital (Columbia), New York, NY, USA
Research Fellow	Adult Stem Cell, NY Presbyterian Hospital (Columbia), NY, NY, USA
Fellowship	Endocrine Surgery, UC San Francisco, San Francisco, CA, USA

#### Current Positions

Executive Council of the American Association of Endocrine Surgeons  
Program Chair, American Association of Endocrine Surgeons meeting, 2016  
Co-editor, Surgical Endocrinopathies: Clinical Management and Founding Figures

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#### Revolutionizing Medical Training Through Technology

By Dr. James Lee

The current paradigm of medical education through on-the-job training is antiquated and dangerous. Modern work hours restrictions for trainees as well as the public's plummeting tolerance for medical error make the need for a safer training system all the more critical. Fortunately, educators can now leverage advances in technology to teach through a system of pre-training. Cognitive pre-training is a methodology used by many organizations, such as NASA, in which trainees learn foundational knowledge in advance of being exposed to real-life situations making these experiences safer and more educational. However, the quality of the pre-training depends on the quality of the pre-training material. COACH is the Wikipedia for medicine but with expert review and vivid multimedia. This cutting-edge e-learning system empowers both teachers and learners to enrich the multimedia knowledgebase so that the knowledgebase evolves with its users and provides the ideal basis for a system of cognitive pre-training.

## SESSION 3 - INNOVATION & TECHNOLOGY

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### JEONG Jihoon, MD, MPH, PhD

Professor  
Acting Director of Institute for Future or Higher Education  
Kyung Hee Cyber University  
Seoul, South Korea

Dr. Jihoon Jeong is a Professor of the Department of Mobile Convergence Technology, and Acting Director of the Institute for the Future of Higher Education, Kyung Hee Cyber University. He received his doctorate of medicine from Hanyang University, Korea (1996), his masters of public health in healthcare management from Seoul National University, Korea (2003), and this Ph.D. in biomedical engineering from USC, USA (2007). Dr. Jeong has extensive experience in the healthcare informatics and serves on numerous public committees including the Future Seoul Advisory Committee and the IT Strategy Committee, Seoul Metropolitan Government and the Innovation Committee of Gyeonggi Province, South Korea. Among his numerous peer-reviewed papers are "Designing HIPAA-compliant DICOM import/export UML model and implementing prototype using Public Key Infrastructure", RSNA 2004. CODE: 0928RI-p and "Utilizing the XML binding model for DICOM Structured Reporting to improve usability over the Internet", RSNA 2004. CODE: 0922RI-p.

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### Future Trend in IT-Convergence Medicine

By Dr. Jihoon Jeong

Information Technology is affecting a lot of industries and Healthcare and Bio-Medicine is not an exception. In this presentation, I will introduce various IT convergence cases applied to bio-medicine and healthcare industry and its overall trend. Digital healthcare, personal big data, artificial intelligence / deep learning, and rapid collaboration for innovation will be the core themes.

## SESSION 3 - INNOVATION & TECHNOLOGY

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**Robert M. Wah, MD**

169th President of the AMA

### **Health IT in the US-Better Information for Better Decisions**

By Dr. Robert M. Wah

Dr. Robert Wah will cover the progress made in the United States getting more widespread use of Health information technology (IT). HE will also discuss the intersection of Health IT, Cloud Computing and Cybersecurity. Dr. Wah will share about the opportunities for Data Analytics in Healthcare and his expert opinion about the need for agile IT.

## FRIDAY SESSION 4&5 OVERVIEW

15:40-17:40		SESSION 4	SAPPHIRE ROOM A
<b>HEALTHCARE DISPARITIES IN KOREAN AMERICANS</b> Chairs: LEE Won Chul, MD, PhD (Korea) & Yanghee Woo, MD (U.S.A)			
15:40-16:00	<b>Health Care Racial and Ethnic Disparities in particular as it pertains to Asian Americans access to care and outcomes</b> Joseph Cooke, MD		
16:00-16:20	<b>Healthcare Disparities in KAs</b> David Kim, MD, PhD, MBA		
16:20-16:40	<b>HPV and Cervical Cancer</b> Susan Park, MD, MPH		
16:40-17:00	<b>Awareness to Action for a Healthier Korean American Community</b> Yanghee Woo, MD		
17:00-17:20	<b>Effectiveness of National Cancer Screening</b> KIM Yeol, MD, PhD		
17:20-17:40	<b>Panel Discussion</b>		
15:30-17:30		SESSION 5	SAPPHIRE ROOM B
<b>WOMEN'S HEALTH</b> Chairs: LEE Soon Nam, MD, PhD (Korea) & Dennis Chi, MD (U.S.A)			
15:30-15:50	<b>Uterine Cervical Cancer in Korea</b> KIM Seung Cheol, MD, PhD		
15:50-16:10	<b>Surgical Approach to Endometrial Cancer</b> Yukio Sonoda, MD		
16:10-16:30	<b>Breast Cancer</b> IM Seok, MD, PhD		
16:30-16:50	<b>The "Kaizen" Approach to Surgery for Advanced Ovarian Cancer</b> Dennis Chi, MD		
16:50-17:10	<b>Infertility in Women with Cancer</b> PARK Chanwoo, MD, PhD		
17:10-17:30	<b>Panel Discussion</b>		



## SESSION 4 HEALTH DISPARITIES

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### **LEE Won Chul, MD, Dr Sci Med**

Professor of Preventive Medicine  
Catholic University College of Medicine  
Chairman of Korean Society of Preventive Medicine  
Seoul, South Korea

Professor Won Chul Lee's educational background include a BM in Medicine, MS in Preventive Medicine, and Dr MD Sci also in Preventive Medicine from the Catholic University, College of Medicine, Seoul, South Korea. He spent two years in New York City at the Columbia University, New York, NY, USA for his postdoctoral research fellowship in epidemiology. Professor Lee has been leading the field of Preventive Medicine in South Korea and has held numerous leadership position which include President of the Korean Society of Epidemiology, Dean of the Graduate School of Public Health, Catholic University, currently hold the position of Chairman of the Korean Society of Preventive Medicine, recently voted into office as the Vice President of both the Korean Medical Association and the Korean Academy of Medical Sciences.



### **Yanghee Woo, MD**

Associate Professor of Clinical Surgery  
Director of GI Minimally Invasive Therapy  
Department of Surgery  
City of Hope National Medical Center, Duarte, CA USA

Chair, KAMA US Health Policy Committee

Yanghee Woo, MD is a 1.5 generation Korean American upper GI cancer surgeon with expertise in robotic surgery. Dr. Woo received her BA from Princeton University where she majored in Political Science and East Asian Studies and her MD from Drexel University College of Medicine. She completed two years of research fellowship in Dr. Yuman Fong's laboratory at the Memorial Sloan Kettering Cancer Center and her general surgery residency at the New York Presbyterian Hospital- Columbia University Medical Center (NYP-CUMC) in New York, NY, USA. Then, Dr. Woo undertook an unconventional international surgical fellowship in gastric cancer and robotic surgery at Yonsei University Severance Hospital in Seoul, Korea under the mentorship of Dr. Woo Jin Hyung. She returned to NYP-CUMC for four years to establish a multidisciplinary gastric cancer program and introduce robotic gastric and pancreatic cancer operations to her team. She has recently joined Dr. Yuman Fong, Chair of Surgery at City of Hope as the Director of the GI Minimally Invasive Therapy.

She is passionate about eliminating healthcare disparities that adversely affect the Korean American people through education, research, collaboration and action. She combines her interests in gastric cancer development and progression with her innovative surgical approaches to provide the best individualized treatment for her patient while at the same time tackling the national and global challenge of gastric cancer as a disease of ethnic disparities. As the Chair of the KAMA US Health Policy Committee, she is partnering with scientists and other clinicians to identify methods for early detection and superior outcome of gastric cancer in our communities.

## SESSION 4 HEALTH DISPARITIES

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**Joseph T. Cooke, MD**

Chairman, Department of Medicine  
New York Presbyterian Queens  
Flushing NY, USA

Joseph T. Cooke, M.D. is the Chairman of the Department of Medicine at New York Presbyterian Queens in Flushing N.Y. New York Presbyterian Queens (NYPQ) is a 500-bed full service community hospital that serves the most culturally and ethnically diverse populations in the United States. This includes one of the largest Asian communities in the United States.

Dr. Cooke is an Associate Professor of Clinical Medicine, and Healthcare Policy and Research at the Weill Cornell Medical Center. He is also a Vice Chairman of the Weill Department of Medicine at Weill Cornell Medical College. Prior to his current position, he also served as the Division Chief of Pulmonary Critical Care Medicine, and he was the Chief Quality and Patient Safety Officer for the Weill Cornell Physician Organization and for New York Presbyterian Weill Cornell Medical Center. He was successful in improving Quality and Safety at the center as manifested by success in E Prescribing and the Physicians Quality Reporting System.

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### **Health Care Racial and Ethnic Disparities in particular as it pertains to Asian Americans access to care and outcomes**

By Dr. Joseph T. Cooke

The landmark Institute of Medicine Report "Crossing the Quality Chasm" highlighted the fact that the U.S. health care delivery system does not provide consistent, high-quality equitable medical care to all people. Equitable being defined as providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status. Asian American and Pacific Islander (AAPI) populations are one of the fastest growing ethnic minority communities in the US, and it is among this population there are considerable opportunities to improve access to High Quality medical care. Approximately 16.6 million AAPIs reside in the USA and represent over 30 countries of origin and more than 100 languages. Nearly two-thirds of AAPIs were foreign born, while 38 percent of Asian Americans do not speak English fluently. I will point out some of the disparities that exist, and try to elucidate what is being done at Federal and local levels to reduce these disparities. Where I am able I will highlight how New York Presbyterian Queens is contributing to improving the quality and access to care for Asian Americans in particular in the New York area.

## SESSION 4 HEALTH DISPARITIES

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### **David Seil Kim, MD, PhD, MBA**

Assistant Residency Program Director  
Division of Minimally Invasive Surgery  
Department of Obstetrics & Gynecology  
Cedars-Sinai Medical Center  
Assistant Clinical Professor, The David Geffen School of Medicine, UCLA  
Los Angeles, CA USA

David S. Kim, MD, PhD, MBA, FACOG is a faculty member and Assistant Residency Program Director of the Department of Obstetrics & Gynecology at the Cedars-Sinai Medical Center in Los Angeles and also holds appointments as Assistant Clinical Professor at UCLA and USC. Dr. Kim is responsible for the coordination of residency training, all residency program activities and assists in the administration of the residency program at the Saban Community Clinic (formerly the Saban Free Clinic) and California Hospital Medical Center. Dr. Kim completed his residency in obstetrics and gynecology at The George Washington University, Washington, DC. He earned his medical degree from the State University of New York Health Science Center at Brooklyn (Downstate). Dr. Kim earned his master's in Science in Clinical Research from the University of Hawaii and his master's in Business Administration (MBA) from the University of Hawaii's Shidler College. He then went on to earn his PhD in Clinical Research at the University of Hawaii. He serves as the President of the Korean American Graduate Medical Association.

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### **Health Care Disparities in Korean Americans**

By Dr. David Seil Kim

The objective of this presentation is to provide an introduction to understanding the demographics of Korean Americans compared to Asian Americans, identifying the health care disparities of Korean Americans, and identifying strategies to reduce health care disparities. An ideal vision for eliminating the health disparities of the Korean American community would involve improving cancer screening, access to health care for the undocumented, and changing hazardous health behaviors. Using a SWOT analysis, we can develop a framework for developing a plan to improve the health care outcomes for the community.

## SESSION 4 HEALTH DISPARITIES

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**Susan Park, MD, MPH**

Gynecological Oncologist  
Los Angeles, CA, USA

### **Education & Training**

MPH	Health Policy and Management, UCLA, Los Angeles, CA, USA
GynOnc Fellowship	UCLA/Cedars-Sinai, Los Angeles, CA, USA
Residency	OB/GYN, Administrative Chief Resident, UCLA, Los Angeles, CA, USA
Residency	OB/GYN, UCLA, Los Angeles, CA, USA
MD	David Geffen School of Medicine at UCLA Los Angeles, CA, USA

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### **Human papillomavirus and Cervical Cancer**

By Dr. Susan Park

Human papillomavirus (HPV) has been linked to several anogenital and oropharyngeal conditions, both benign and malignant. Given the burden associated with HPV-related diseases, the development of strategies to prevent HPV through vaccination is a major public health priority. However, despite the HPV vaccine's introduction in 2006, vaccination rates remain low, especially in ethnic minorities communities like Korean Americans. Barriers include patient/parent driven factors as well as provider driven factors and systematic barriers. Ongoing studies looking at treatment efficacy, alternate dosing strategies, and population trends enhance recommendations both in the United States and internationally to improve vaccination rates. Specifically in the Korean American community, many eligible patients can be identified and interventions specifically designed to improve HPV vaccination rates.

## SESSION 4 HEALTH DISPARITIES

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**Yanghee Woo, MD**

Associate Clinical Professor  
Director of Minimally Invasive Therapy  
Division of Surgical Oncology  
Department of Surgery  
City of Hope, Duarte, CA, USA

### **Awareness to Action for a Healthier Korean American Community**

by Dr. Yanghee Woo

As Korean Americans, we are at higher risk for developing stomach cancer than the general American population. Although our overall rate of all cancers is lower than other ethnic groups, many factors contribute to a Korean American having increased risk of developing gastric cancer. Prevention, early detection, accurate diagnosis and proper multidisciplinary treatment strategies are essential in gastric cancer care. We need to understand the disease and increase our awareness of this health problem in order for us to affectively treat and eliminate gastric cancer from our community.

Korean Americans are a growing community, and with our growth, our health issues require special attention. According to the 2010 US Census the number of Koreans and Korean-Americans living in the United States increased 32.3% from 2000 to 2010 to reach 1.7 million. Los Angeles, California is the home to the highest number of ethnically Koreans living in the United States with Bergen County in New Jersey boasting the highest concentration of Korean American residents. For example 52% of the population of Palisades Park is Korean American. As Korean American community grows in number and influence in the United States, the health issues affecting our members are slowly being revealed. Gastric cancer is a disease that requires particular attention.

Several studies have found that while stomach cancer is not as common in Korean-Americans (KAs) as Koreans living in South Korea, Korean American men are at 4.3 times higher risk of developing gastric cancer than whites and 2.6 times higher than blacks. Stomach cancer for US Korean females was 4.5 times higher than whites and 2.6 times higher than blacks. Also a recent study found that Koreans living in LA had the highest among all ethnic groups to have stomach cancer incidence rate at 37.4/100,000.

Prevention is essential to decreasing the incidence of gastric cancer in the KA population. The recommendations for prevention of gastric cancer are similar to the recipe for a healthier living. Primary prevention requires healthy dietary habits by decreasing salty, pickled, smoked food consumption and increasing the amount of water we drink and fresh fruits and vegetables we eat. Smoking cessation is also recommended to decrease the risk of developing, not only gastric cancer, but other malignancies as well. Treatment of H. pylori infection is also recommended.

Equally as important are early detection, accurate diagnosis, and proper treatment and central to improving the long-term survival and quality of life of every Korean American diagnosed with gastric cancer. For accurate diagnosis of gastric cancer, upper endoscopy must be performed. Due to the low overall incidence of gastric cancer in the US and the lack of cost-effective screening program, there are no recommendations for screening for gastric cancer in the United States. While early detection is the not only reason for the survival difference, the overall five-year survival for gastric cancer patients in South Korea is 64% compared to 25% in the United States. I believe that due to the higher relative risk of gastric cancer among KAs, screening endoscopy in KAs should be selectively implemented in our community. The exact algorithm for screening is unclear and studies to determine the proper age and compounding risks are needed to help guide our recommendations.



## SESSION 4 HEALTH DISPARITIES

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### **KIM Yeol, MD, PhD**

Chief, Senior Scientist  
Cancer Early Detection Branch  
Head, Senior Scientist  
Division of Cancer Management Policy  
Korean National Cancer Center  
Seoul, South Korea

### **Education & Training**

Post Doc. Fellow	Department of Symptom Research, MD Anderson Cancer Center, USA
PhD	Preventive Medicine, SNU College of Medicine, Seoul, Korea
MPH	Graduate School of Public Health, SNU, Seoul, Republic of Korea
MD	Seoul National University College of Medicine, Seoul, Korea
Fellow	Department of Family Medicine, SNUH, Seoul, Korea
Epidemic Intelligence Service Officer, Korea Centers for Disease Control and Prevention	
Resident	Department of Family Medicine, SNUH, Seoul Korea

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### **Effectiveness of National Cancer Screening**

By Dr. Yeol Kim

Cancer screening is one of the most effective methods for cancer control. Korean National Cancer Screening Program (KNCS) started from 1999 to provide organized cancer screening for reducing cancer burden in the low income people. Since 2002, KNCS has expanded the target population and provided all people to take regular cancer screening when they come to certain age. This program covers five major cancers; stomach, colon, liver, breast, and uterine cervix cancer. National Health Insurance (NHI) beneficiaries in the lower 50% income stratum receive KNCS by free. The upper 50% income stratum can have KNCS services with 10% of out of pocket cost.

The KNCS provided cancer screenings for different kinds of cancer according to life stage based on age. Women are provided cervix cancer screening from the age of 30 biennially. Both men and women start stomach cancer screening at the age of 40 by endoscopy or radiography biennially. At the same age of 40, women start breast cancer screening by mammography biennially. The liver cancer screening is provided to only high risk group aged 40 or more who are HBV, HCV carrier or have liver cirrhosis by ultrasonography and serum alpha-feto protein examination annually. The colorectal cancer screening is provided to people aged 50 or more by fecal occult blood test (FOBT) annually. If the result of FOBT is positive, then the participants can receive double contrast barium enema (DCBE) or colonoscopy for further evaluation.

National Cancer Statistics of Korea reported that there were 224,177 new cases of cancer in 2012 and 75,334 people died from cancer in 2013, which accounted for 28.3% of all causes of deaths. The relative 5-year survival rate dramatically improved to 68.1% during 2008-2012 from 41.2% reported during 1993-1995. The proportion of early stage of the five cancers for KNCS have been increasing. About 56.8% of stomach cancer, 37.7% of colorectal cancer, 45.4% of liver cancer, 55.3% of breast cancer, and 57.9% of cervix cancer are detected in restricted stage in SEER during 2008-2012. The great improvement of cancer survival rate and early cancer proportion is believed to be contribution of the KNCS.

## CONGRATULATORY LETTERS

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SEOUL ST. MARY'S HOSPITAL  
CATHOLIC UNIVERSITY OF KOREA



Dear Members and Friends of Korean-American Medical Association,

On behalf of faculty and staff of Seoul St. Mary's Hospital, Catholic University of Korea, it is with immense pleasure and pride that we convey this congratulatory remark to the Korean-American Medical Association (KAMA) on its Annual Convention 2015 in Seoul.

We have witnessed the growth, achievement and maturation of KAMA and its physician leaders since its inception in 1974. Furthermore, alumni of Catholic University School of Medicine have been instrumental in KAMA's efforts both in Korea and United States (US).

Seoul St. Mary's Hospital and Catholic University of Korea support KAMA and its members to continue to foster the leadership of Korean American physicians in US and work to improve healthcare of their communities as well as academic activities. Moreover, SSMH commends KAMA for their efforts, dedication, and service to Koreans and Americans alike.

We extend our sincerest wishes for a successful Annual Convention 2015 and would like to welcome all members and friends of KAMA to Seoul. We would also like to invite all of you to visit this prestigious academic medical institute, Seoul St. Mary's Hospital, during stay in Korea. We sincerely look forward to seeing you at the KAMA Convention and our State-of-the-Art facility in Gang Nam.

Sincerely,

Hoo Geun Chun, MD, DMSc.  
Former President, KAMA  
Director, Catholic Comprehensive Cancer Institute  
Vice-President, External Affairs and Collaborations  
Seoul St. Mary's Hospital  
Professor, Department of Internal Medicine  
Catholic University of Korea

Ki-Bae Seung, MD, PhD  
President, Seoul St. Mary's Hospital  
Professor, Department of Internal Medicine  
Catholic University of Korea

## SESSION 5 WOMEN'S HEALTH

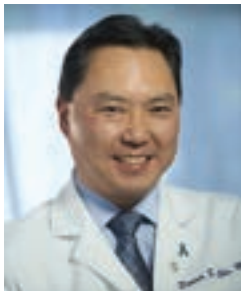
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### **LEE Soon Nam, MD, PhD**

Professor, Department of Internal Medicine  
Section of Hematology / Oncology  
Vice President  
Ewha Womans University Hospital  
Seoul, South Korea

Soon Nam Lee, MD, PhD is currently the Vice President of Ewha Womans University Hospital where she is also a Professor of Internal Medicine. She is an alumna of Ewha Womans University where she earned her MD, MS and PhD degrees. She also completed her internship and residency in Internal Medicine at the same university hospital. After completing her fellowship in the hemato-oncology at the Seoul National University, Seoul, South Korea, she spent a year at Northwestern University Cancer Center, Chicago, IL, USA as a visiting scholar. Professor Lee has been an active leader in cancer having served as a member of lymphoma subcommittee chair of the Korean Cancer Society Group, Editor in Chief of the Korean Journal of Hematology and Korean Journal on Thrombosis and Hemostasis. In addition, she also lead the Korean Society of Hospice and Palliative Medicine between 2008-2009 as its President and the Korean Association for Clinical Oncology 2013-2014.



### **Dennis Chi, MD**

Deputy Chief, Gynecology Service  
Co-Director, Pelvic Reconstructive Surgery  
Department of Surgery Memorial Sloan Kettering Cancer Center  
Professor of Ob/Gyn  
Weill Cornell Medical College, New York, NY, USA

Dr. Chi is the Deputy Chief of the Gynecology Service and was the Director of the Gynecologic Oncology Fellowship (2001-2014) and the Pelvic Reconstruction Clinical Research Fellowship at MSKCC. Dr. Chi is the principal investigator of four current MSKCC IRB-approved prospective clinical protocols (computed tomography and serum CA-125 for the management of newly diagnosed ovarian cancer; patient-reported outcomes after laparotomy; quality of life after pelvic exenteration; and acute normovolemic hemodilution) and has received approval to be the principal investigator of a randomized, phase III trial of the Gynecologic Oncology Group (GOG) comparing primary cytoreductive surgery to neoadjuvant chemotherapy in patients with advanced ovarian cancer.

## SESSION 5 WOMEN'S HEALTH

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### **KIM Seung Cheol, MD, PhD**

Professor and Director  
Division of Gynecologic Oncology  
Department of Obstetrics and Gynecology  
Ewha Womans University Mokdong Hospital  
Ewha Womans University College of Medicine  
Seoul, Korea

#### **Education & Training**

MD                    Medicine, Seoul National University, College of Medicine, Seoul, Korea  
PhD                    Medicine & Ob / Gyn, SNU College of Medicine, Seoul, Korea  
Medical Officer    Captain, Republic of Korea Army  
Residency           Dept. of OB/GYN, Samsung Cheil General Hospital, Seoul, Korea

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#### **Uterine Cervical Cancer in Korea**

By Dr. Seung-Cheol Kim

Cervical cancer is the most common gynecologic cancer in Korea with slow decreasing trend in its incidence over several decades. In spite of high incidence rate compared with other developed countries the mortality rate is approximately similar to that of OECD average. Relatively lower mortality rate of cervical cancer in Korea could be explained by two special points of practice in gynecologic field in Korea.

Well-established screening system including the internet-based Telecervicography and low-cost colposcopy enables clinicians to detect cervical cancer in its early stage which results in favorable five year survival rate of patients. Physicians in the primary clinic who are not competent to the colposcopy can perform Telecervicography as an adjunctive test of cytology or HPV DNA test. Colposcopy and biopsy are carried out less conservatively in terms of medical cost in Korea than in other OECD countries.

Excellent surgical technique of gynecologic surgeon in Korea is another plausible answer to low mortality of cervical cancer. Nerve sparing radical hysterectomy, laparoscopic radical hysterectomy, and robotic radical hysterectomy are undergone nation-widely by most of gynecologic oncologic surgeons in Korea. These high techniques for complicated surgery seem to be originated from unique 'Hand Dexterity' of Korean.

In conclusion, low mortality of cervical cancer considering its high incidence in Korea is attributed to efficient screening system and well-trained gynecologic surgeons.

Keywords: Cancer, Uterine cervix, Incidence and Mortality, High techniques, Korea

## SESSION 5 WOMEN'S HEALTH

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### Yukio Sonoda, MD

Gynecologic Oncologist  
Memorial Sloan Kettering Cancer Center  
New York, NY, USA

Yukio Sonoda, MD is a board-certified gynecologic oncologist who specializes in the surgical treatment of known or suspected tumors of the female genital tract. Dr. Sonoda works as part of a multidisciplinary team of doctors and nurses who care for women with cancer. His areas of expertise include surgery for cancers of the ovary, endometrium, cervix, vulva, and vagina. He has a special interest in the use of minimally invasive techniques for the treatment of these tumors. Dr. Sonoda is the Scientific Chair of the KAMA Seoul Convention 2015- A Joint Convention of KAMA, KMA, & KHA.

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### **Surgery for Endometrial Cancer**

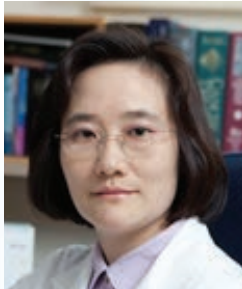
By Dr. Yukio Sonoda

Endometrial cancer typically presents at an early stage and surgery alone can be curative in many of these cases. Traditionally, surgery for early-stage disease has been carried out using an open approach; however, the use of minimally invasive surgery has rapidly grown in the field of gynecologic oncology. This talk will review the use of minimally invasive surgery for endometrial cancer as well as the use of robotic surgery and sentinel node mapping for this disease.



## SESSION 5 WOMEN'S HEALTH

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**IM Seock An, MD, PhD**

Professor  
Section of Hematology-Medical Oncology  
Department of Internal Medicine  
Laboratory of Experimental Therapeutics and Cancer Epigenetics  
Cancer Research Institute  
Seoul National University, College of Medicine

Dr. Im's clinical work focused on the development of tailored therapy through translational research and clinical trials. Dr. Im's laboratory members are working with novel agents including DNA damage repair targeting agents and HER-targeting agents to maximize their clinical utility and to find potential predictive biomarkers. Dr. Im has been involved in several early phase clinical trials to test novel anticancer agents and also participates in many late phase clinical trials for breast cancer and gastric cancer.

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### **Tailored Management of Metastatic Breast Cancer: Challenges and Successes**

By Professor Seock An Im

Metastatic breast cancer (mBC) treatment was dependent on cytotoxic chemotherapy for long time. However, over the past twenty years, treatment has evolved to a more target-directed approach. We now employ tailored therapy based on the presence or absence of estrogen receptor (ER), progesterone receptor (PgR), and human epidermal growth factor receptor 2 (HER2). In this presentation, I would like to focus on recently published representative phase III or randomized phase II clinical trials in each subtype of mBC.

Everolimus which inhibits mTOR has shown promising efficacy in hormone receptor (HR) positive mBC in combination with exemestane (phase III BOLERO-2 trial) who failed previous non-steroidal aromatase inhibitors. Loss of cell cycle control is a hallmark of cancer, and aberrations in the cyclin-CDK-RB (cyclin-dependent kinase-retinoblastoma protein) pathway are common in breast cancer. Consequently, inhibition of this pathway is an attractive therapeutic strategy, based on recently published preclinical and clinical data, selective CDK4/6 inhibitor, PD0332991, shows that preferentially effective in ER(+) mBC in combination with letrozole or fulvestrant (2-4).

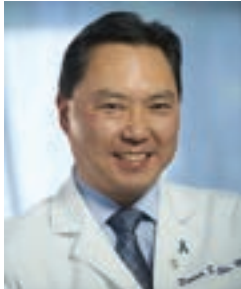
Amazing dream comes true in HER2+ mBC. Targeting different portions of the HER signaling pathway are in various stages of development. Notably, pertuzumab, a humanized monoclonal antibody that binds to a dimerization domain of the extracellular portion of the HER2 receptor, was recently approved for use in HER2+ mBC as 1st line therapy. The combination of pertuzumab plus trastuzumab plus docetaxel, as compared with trastuzumab plus docetaxel, significantly prolonged progression-free survival (PFS) and overall survival (OS), with no increase in cardiac toxic effects (5). Lapatinib, a small-molecule tyrosine kinase inhibitor was currently prescribed for HER2 + mBC who failed anthracycline, taxane and trastuzumab. Trastuzumab emtansine (T-DM1) is a human epidermal growth factor receptor 2 (HER2)-targeted antibody-drug conjugate (ADC) composed of trastuzumab, a stable thioether linker (MCC), and the cytotoxic agent DM1 (derivative of maytansine). The phase III randomized trial EMILIA has shown that T-DM1 provided better objective tumor responses and significantly improved PFS and OS compared to lapatinib and capecitabine in HER2+ mBC with a prior taxane and trastuzumab regimen (6).

Patients with triple negative breast cancer, particularly those with the BRCA mutation, have more limited treatment options. Recent data has shown that PARP inhibitor have significant anti-tumor effect in BRCAmBC. From translational research results published for several years, targeting PIK3CAmBC may offer exciting new possibilities for the treatment of this often fatal disease.

One of the newly developed chemotherapeutic agents for mBC is Eribulin which is a non-taxane microtubule dynamics inhibitor with a mode of action distinct from most other tubulin targeted agents. In phase III EMBRACE clinical trial, eribulin showed improved OS compared with treatment of physician's choice (7).

As we are presented with an ever increasing number of treatment options, the timing and combinations of therapeutic agents used becomes ever more complex in the age of personalized care, but we are hopeful that ultimately this will lead to improved patient outcomes.

## SESSION 5 WOMEN'S HEALTH



**Dennis Chi, MD**

Deputy Chief and Head, Section of Ovarian Cancer Surgery  
Gynecology Service  
Department of Surgery  
Memorial Sloan Kettering Cancer Center  
New York, NY USA

### **Improvement in rates of cytoreduction to no residual for stages IIIB-IV ovarian, fallopian tube and primary peritoneal cancer: a change in surgical approach and individualized surgeon feedback**

Stephen J. Lee, MD; Rudy Suidan, MD; Maria Quincy, BA; Yukio Sonoda, MD; Douglas Levine, MD; Mario Leitao, MD; Ginger Gardner, MD; Elizabeth Jewell, MD; Oliver Zivanovic, MD; Dennis S. Chi, MD

**Objective:** To examine the rates of cytoreduction at primary surgery for ovarian, tubal and peritoneal carcinoma

**Methods:** All patients with ovarian, tubal and peritoneal carcinomas at our institution from 1/1/2001 through 12/31/2013 were identified. Only patients who had undergone primary cytoreductive surgery with stage IIIB-IV disease were included. Cases classified as stage IIIC solely by lymph node metastases were excluded. Cytoreductive outcomes were classified as no residual, optimal (residual  $\leq$  1 cm), suboptimal (residual  $>$  1 cm) and unresectable. Three time periods were selected for comparison corresponding to changes in quality improvement: 2001-2004, incorporation of extensive upper abdominal surgery (group 1); 2005-2010, immediate period after institutional analysis revealed significant survival improvement between no residual and optimal cytoreduction (group 2); and 2011-2013, implementation of anonymous individualized surgeon feedback regarding rates of cytoreduction (group 3). Clinicopathologic data were collected from the medical record. Appropriate statistical tests were used.

**Results:** In all, 926 patients underwent primary cytoreductive surgery for stage IIIB-IV ovarian, tubal and peritoneal carcinoma. Median age of the entire cohort was 61 years (range, 19-96), BMI was 25.7 kg/m<sup>2</sup> (range, 15.9-58.5) and ASA class 2 (range, 1-4). Primary site of disease was ovary in 695 cases (75%), fallopian tube in 144 cases (16%) and peritoneum in 87 cases (9%). The majority had stage IIIC disease (77%) and serous histology (91%). Over the three time periods, there was a significant improvement in rates of cytoreduction to no residual - 28% (63/224, group 1), 42% (181/432, group 2) and 55% (148/270, group 3) ( $p < .001$ ) (Fig. 1). There were no significant differences in rates of carcinomatosis or upper abdominal disease among the three groups.

**Conclusion:** The use of extensive upper abdominal surgery and the implementation of an anonymous feedback system of individual surgeon's cytoreduction rates significantly improved the rate of cytoreduction to no residual.

## SESSION 5 WOMEN'S HEALTH

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### **PARK Chanwoo, MD, PhD**

Associate Professor  
Department of Obstetrics & Gynecology  
Cheil General Hospital & Women's Healthcare Center  
Dankook University College of Medicine

Chanwoo Park, MD, PhD received his doctorate of medicine and PhD in medical science at Hallym University, Chuncheon, Korea. He then went on to complete his internship and residency at the Kangdon Sacred Heart Hospital, Hallym University, Seoul, Korea. Dr. Park's clinical fellowship was in reproductive endocrinology and infertility at Samsung Cheil Hospital, Seoul, Korea. During his career he spent a year as a research fellow at the Division of REI, Dept. of Ob/Gyn at the Southwestern Medical Center, University of Texas, Dallas, TX, USA.

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### **Infertility in Women with Cancer**

By Dr. Chanwoo Park

Chemo- and radiation therapies used to treat cancer can have the unintended effect of making patients infertile. Most young women with cancer are highly interested in preserving their fertility so they might have children in the future. The decision to protect their fertility from the damaging effects of chemo- and radiation therapy is complicated by their age, marital status, whether they can delay treatment.

Various fertility preservation (FP) options are now available ranging from well-established techniques such as embryo or mature oocyte cryopreservation to more experimental novel technologies including ovarian tissue cryopreservation. At the time of cancer diagnosis, plans for fertility preservation must consider the individual patient's priorities in conjunction with the cancer treatment strategy.

Conventional ovarian stimulation (OS) regimen is started in the early follicular phase, and this procedure may require a total of up to 6 weeks. Because the time frame until the initiation of the chemo- and/or radiotherapy is limited, this time frame is unacceptable in many cancer patients. With new approach of a random-start controlled ovarian stimulation (COS), COS can be started at any time during the menstrual cycle in the setting of urgent FP.

While conventional OS is associated with marked increase in estradiol (E2) levels, sometimes 10 to 20 times of the levels in natural cycles, OS using aromatase inhibitors (Letrozole) has been used to minimize E2 especially in hormone sensitive tumor such as endometrial and breast cancers

Ovarian tissue can be obtained at the time of diagnosis without additional OS, and this technique has the added benefit of minimally interfering with cancer treatment plan. Ovarian cortical strips can be cryopreserved for future use in tissue transplantation.

As we move toward the more investigational technologies, fertoprotection is an important emerging area of clinical intervention using GnRH analogs and investigation and in vitro follicle growth and follicle transplantation are the focus of a great deal of preclinical research.

## CONGRATULATORY LETTERS



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Chief Executive Officer

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John Won, MD  
KAMA President

Dear Dr. Won,

NewYork-Presbyterian/Queens congratulates you, KAMA, KMA & KHA on the occasion of this Joint Symposium being held in Seoul.

We recognize that this is a momentous convocation for your membership and appreciate the opportunity to support you. Your gathering is assembling the leading academicians from the United States and Korea. It is fostering a valuable collaboration of incomparable value for educational exchange. We celebrate you on your successes and know that there will be many more in the future.

Our Korean Health Initiative at NewYork-Presbyterian/Queens shares your focus on reducing healthcare disparities among Korean Americans and is pleased to participate in your initiatives. We look forward to a long-term partnership aimed at improving clinical, culturally competent care.

Our very best wishes to you and your membership for a most successful and rewarding meeting.

Most sincerely,

A handwritten signature in black ink that reads 'Stephen S. Mills'.

Stephen S. Mills  
President & Chief Executive Officer  
NewYork-Presbyterian/Queens

## SATURDAY OVERVIEW

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- 08:00-9:40**      **SESSION 6: SPECIALY CANCERS (SAPPHIRE ROOM A)**
- Metastatic Spine Tumors
  - Advances in Lung Cancer Treatment
  - Robotic Thyroidectomy as a Minimally Invasive Surgery
  - MD Role of X-sectional Imaging in Gynolocologic Malignancies
  - New Therapies for Advanced Prostate Cancer
  - Panel Discussion
- 08:00-09:40**      **SESSION 9: SPECIAL SESSION ON GLOBAL HEALTH (SAPPHIRE ROOM B)**
- Evolution of Medical Engagement with DPRK since 2007
  - US-North-South Korea Healthcare Outreach
  - Bringing Hepatitis Treatment to the Impoverished
  - International Hospital Collaborations
  - Panel Discussion
- 9:40-10:00**      **COFFEE BREAK (SAPPHIRE ROOM FOYER)**
- 10:00-11:30**      **DISTINGUISHED LECTURES (SAPPHIRE ROOM A/B)**
- Larry Kwak, MD, PhD      - Bench to Bedside Development of Cancer Immunotherapy
  - LEE Sung Gyu, MD, PhD      - Toward More than 400 Liver Transplantation a Year at a Single Center
  - Question & Answer
- 11:30-12:30**      **LUNCH (Emerald Room)**
- 12:30-14:30**      **SESSION 7: LIVER DISEASES (SAPPHIRE ROOM A)**
- Hepatitis B & Hepatoma
  - Hepatitis C and Hepatocellular Carcinoma
  - Interventional Treatment of Liver Metastases
  - Surgical Treatment of HCC
  - Anesthesia for Complex Liver Diseases
  - Panel Discussion
- 12:30-14:30**      **SPECIAL SEMINAR A: Research / Oral Abstract Presentation (SAPPHIRE ROOM B)**
- 4 student/resident/ fellow presentations
  - 4 attending presentations
- 14:30-15:00**      **COFFEE BREAK (SAPPHIRE ROOM FOYER)**
- 15:00-17:20**      **SESSION 8: STOMACH CANCER (SAPPHIRE ROOM A)**
- H. pylori and Gastric Cancer
  - Endoscopic Treatment of Gastric Cancer
  - Minimally Invasive Surgery for Advanced Gastric Cancer
  - Challenges of Gastric Cancer Treatment in the United States
  - Global Standardization of GC Treatment
  - Panel Discussion
- 15:00-17:20**      **SPECIAL SEMINAR – WKMSO – Resident Session**
- Role of the AMA
  - Expected Roles and Contributions to International Society As a Medical Doctor
  - Insight into Obtaining a Residency in US for FMG
  - Medical Training & Practice in US a FMG
  - Personal Experience
  - Personal Experience
  - Panel Discussion



## SATURDAY SESSION 6 & 9 OVERVIEW

08:00-09:40		SESSION 6	SAPPHIRE ROOM A
<b>SPECIALTY CANCERS</b>			
Chairs: LEE Jin Su, MD, PhD (Korea) & Larry Kwak, MD, PhD (U.S.A)			
08:00-08:20	Metastatic Spine Tumors LEE Chong Suh, MD, PhD		
08:20-08:40	Lung Cancer Bernard Park, MD		
08:40-09:00	Robotic Thyroidectomy as Minimally Invasive Surgery CHUNG Woong Youn, MD, PhD		
09:00-09:20	New Therapies for Advanced Prostate Cancer William Oh, MD		
09:20-09:40	Panel Discussion		
08:00-09:40		SESSION 9	SAPPHIRE ROOM B
<b>GLOBAL HEALTH</b>			
Chairs: CHOI Jae Wook, MD, PhD (Korea) & Alice Kim, MD (U.S.A)			
08:00-08:20	Evolution of Medical Engagement w DPRK since 2007 Owen Lee-Park		
08:20-08:40	DPRK Health Issues: Opportunities for Lasting Change Heidi Linton		
08:40-09:00	Bringing Hepatitis Treatment to the Impoverished Alice Lee, MBBS, PhD		
09:00-09:20	Overview of Healthcare Globalization Initiatives: Introducing Hallym's Global Network KIM Yong Sun, MD, PhD		
09:20-09:40	Panel Discussion		
10:30-11:00		COFFEE BREAK	SAPPHIRE FOYER

## SESSION 6 - SPECIALTY CANCERS

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**LEE Jin Soo, MD, MPH, PhD**

Chief Scientist, Research Institute  
National Cancer Center Korea, Seoul, Korea

Adjunct Professor, University of Texas  
MD Anderson Cancer Center  
Houston, TX USA

### Education & Training

Premedical Degree Seoul National University; Seoul, Korea  
MD Seoul National University; College of Medicine; Seoul, Korea  
MPH Seoul National University; School of Public Health; Seoul, Korea  
PhD Seoul National University; School of Public Health; Seoul, Korea

Medical Oncology Fellow University of Texas M. D. Anderson Cancer Center, Houston, Texas  
Residency Internal Medicine, St. Joseph Hospital; Chicago, Illinois  
Internship Seoul National University Hospital; Seoul, Korea Rotating Internship

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**Larry Wonshin Kwak, MD, PhD**

Cancer Center Associate Director  
Translational Research & Developmental Therapeutics  
Dr. Michael Friedman Professor for Translational Medicine  
Director, Toni Stephenson Lymphoma Center  
City of Hope National Medical Center

### Education & Training

BS, MD 6-year Honors Program, Medical Education, Northwestern Medical School,  
Chicago, IL  
PhD Tumor Cell Biology, Northwestern University Medical School, Chicago, IL, USA  
Internship & Residency Internal Medicine, Stanford University Medical Center, Palo Alto, CA, USA  
Fellowship Medical Oncology, Stanford University Medical Center, Palo Alto, CA, USA

## SESSION 6 - SPECIALTY CANCERS



**LEE Chong-Suh, MD, PhD.**

Chairman & Head Professor of Orthopedic Surgery  
Samsung Medical Center  
Department of Orthopedic Surgery  
Samsung Medical Center  
Sungkyunkwan University School of Medicine, Seoul  
South Korea

### **Metastatic Spinal Tumor**

By Dr. Chong-Suh Lee

Primary spinal tumor comprise of just 4-5% of all spine tumor. Therefore, about 95% are all metastatic tumor<sup>1,2</sup>. With continued growth of the elderly population and extending survival periods of cancer patients, the prevalence of metastatic spinal tumor is also increasing. More than 1.4 million new cases of cancer was diagnosed in the US in 2008<sup>3</sup>. Roughly half of these patients will eventually die of their disease, a rate that has remained relatively unchanged for the past half century. Complications related to cancer caused 565,650 deaths in 2008<sup>3</sup>.

There are 18,000 new spinal metastasis cases diagnosed each year<sup>6,13,14</sup>. It is estimated that over the 10% of patients with cancer will develop a symptomatic spinal metastasis<sup>15,16</sup>. Spinal metastases are most likely to originate from breast, lung, or prostate tumors, thyroid cancer and renal cell cancer reflecting the high prevalence of these tumors and their tendency to metastasize to bone<sup>18,19,20,21</sup>. Brihaye et al. found that 16.5% of symptomatic spine metastases arose from breast cancer, 15.6% from lung cancer, and 9.2% from prostate cancer<sup>22</sup>. Up to 10-20% of spine metastases have no known source<sup>6,23,24</sup>.

Most common symptoms is pain which occurs in 83-95% of patients. Spinal metastatic disease with cord compression is noted to occur in 5-14% of patients with cancer, making this problem a significant economic burden to the patient and the economy<sup>34</sup>. Approximately 20% of metastatic spinal tumors impinge on the spinal cord, causing neurologic deficits<sup>26</sup>.

Up to 50% of spinal metastases require some form of treatment, and 5-10% require surgical management<sup>35,36,37,38</sup>. The one of principles of treatment for metastatic spine tumor is choosing as less invasive method as possible if treatment outcome is same or surgical treatment is not urgent.

Surgical and medical oncology is a diverse, complex field in medicine and has undergone a significant **paradigm shift** over the past few decades. Advancement of imaging technology has contributed to better preoperative planning. Development of highly conformational radiation technique including radiosurgical technique such as stereotactic radiosurgery and intensity-modulated radiation therapy permit the the delivery of high-dose radiation to tumors, while avoiding radiotoxicity to spinal cord contributing to a decline in surgical treatment of metastatic spinal disease which has been once thought as surgical indications<sup>40</sup>. Minimally invasive techniques including vertebral augmentation and vascular embolization provide great benefit to patients. These recent new development have resulted in an increased postoperative survival rate, and a decreased complication rate and accordingly, has altered drastically the treatment paradigm during the last two decades with multimodal and multidisciplinary approach which change the spectrum of indications and goals of operation in metastatic spine disease. Most surgeons agree that surgery is offered only to patients with an estimated life expectancy of more than 3 months<sup>41</sup>. Even though, surgeons and radiation oncologists have not reached a consensus on the indications for surgery for those patients with a metastatic tumor compressing the spinal cord, the range of indication of surgical treatment was shifted to more complex one which has never been thought as a surgical indication.

For appropriate management of metastatic spine tumor, goals and strategies of treatment should be discussed in multidisciplinary team including patients and their family for clear understanding of treatment and desired outcomes.

## SESSION 6 - SPECIALTY CANCERS

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### **Bernard Park, MD**

Thoracic Surgeon  
Deputy Chief of Thoracic Surgery Service  
Memorial Sloan Kettering Cancer Center  
New York, NY USA

Bernard Park, MD is the Deputy Chief of Clinical Affairs of the Thoracic Surgery Service at Memorial Sloan Kettering Cancer Center. He is a general thoracic surgeon specializing in the surgical treatment of non-heart chest diseases of the lung, airway, esophagus, mediastinum, chest wall, and pleural spaces. Dr. Park's expertise is in the treatment of chest cancers, including lung cancer, esophageal cancer, mediastinal tumors such as thymoma, chest wall tumors, and malignant pleural mesothelioma. He has extensive experience in minimally invasive video-assisted thoracic surgical (VATS) approaches and am a pioneer in robotic thoracic surgery, having been one of the first to develop the robotic lobectomy technique for the treatment of localized lung cancer. He also utilizes cutting-edge diagnostic and palliative modalities, such as endobronchial ultrasound (EBUS), navigational bronchoscopy, and stenting.

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### **Advances in Lung Cancer Treatment**

By Dr. Bernard Park

Worldwide, lung cancer remains one of the deadliest and most difficult to treat. In the last decade there have been several stunning advances in the detection and treatment of lung cancer. The presentation will focus on three of the most significant developments in the management of this challenging disease. The first is the continued evolution of minimally invasive surgical approaches as both the standard of care for early stage disease and increasingly applicable for locally advanced tumors. The second is the demonstration that low dose CT screening of the high-risk population dramatically reduces lung cancer mortality. Last and perhaps most significant, is the identification and targeting of actionable molecular targets in non-small cell lung cancer.

## SESSION 6 - SPECIALTY CANCERS

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### CHUNG Woong Youn, MD, PhD

Professor  
Department of Surgery  
Yonsei University College of Medicine  
Director of Endocrine Surgery  
Director of Thyroid Cancer Clinic  
Yonsei University Health System, Seoul, Korea

Woong Youn Chung, MD, PhD is internationally recognized as the father of robotic thyroidectomy for his development and of a novel surgical technique, the gasless transaxillary thyroidectomy. He is currently the executive director of the Korean Association of Endocrine Surgeons and a founding member of the Clinical Robotics Surgical Association. Professor Chung has given numerous lectures around the world about the surgical treatment of endocrine diseases and trained many surgeons on the same. He was instrumental in the establishment of the MIS/Robotic Surgery Center at Yonsei University Severance Hospital where he served as director 2009-2010. He is the author several textbook chapters on endocrine surgery and author of over 100 peer-reviewed publications.

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### Robotic thyroidectomy as a minimally invasive surgery

By Professor Woong Youn Chung

A robotic approach has been developed to overcome the limitations of endoscopic thyroidectomy, facilitating manipulation and shortening the learning curve. This system enables the surgeon to control the 3-dimensional high-definition camera, reducing physiological tremors and enabling free dexterity of movement using articulated instruments. Therefore, robotic surgery has been found to eliminate many problems encountered with conventional endoscopic techniques. Recently, robotic thyroidectomy with neck dissection via a gasless trans-axillary approach was shown to yield similar oncologic outcomes as conventional open procedures, as determined by postoperative radioactive iodine scans, serum thyroglobulin concentrations, and number of retrieved cervical lymph nodes. We also found that the robotic technique was safe and feasible in thyroid cancer patients, yielding excellent cosmetic results, reduced pain, improved sensory changes and decreased postoperative voice changes and swallowing discomfort. For surgeons, the use of a robot offers a shorter operation time and the need for a shorter learning curve than conventional endoscopic thyroidectomy. Robotic thyroidectomy also causes less musculoskeletal discomfort to surgeons than open or endoscopic thyroidectomy. The advantages of robotic surgery over open or endoscopic surgery suggest that robotic thyroidectomy with neck dissection may become the preferred surgical option for patients with thyroid cancer. Further analyses of surgeons' experience, assessments of long-term outcomes, and randomized controlled trials remain important. Many surgeons expect the robotic surgery as a new technology in the development process of minimally invasive surgery, will be further improved. I will show the overview of the current robotic thyroid surgery, future developments in thyroid surgery and strategies taken to advance minimally invasive surgery.



## SESSION 6 - SPECIALTY CANCERS

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### **William K. Oh, MD**

Chief, Division of Hematology and Medical Oncology  
Professor of Medicine and Urology  
Ezra M. Greenspan, MD Professor in Clinical Cancer Therapeutics  
Icahn School of Medicine at Mount Sinai  
Associate Director of Clinical Research  
The Tisch Cancer Institute

Dr. William K. Oh, an expert in the management of genitourinary malignancies, including prostate, renal, bladder, and testicular cancers, is Chief of the Division of Hematology and Medical Oncology and the Associate Director for Clinical Research for the Tisch Cancer Institute at the Icahn School of Medicine, Mount Sinai, New York, NY, USA. Dr. Oh's research interests include novel biomarkers and therapeutics in advanced prostate cancer and has served as the principal investigator in the use of systemic treatments for prostate cancer and multiple clinical trials in prostate and other GU cancers. He has authored more than 250 original articles, reviews and book chapters on these topics.

Dr. Oh received his MD from NYU School of Medicine and completed his internal medicine training at the Brigham and Women's Hospital in Boston. Dr. Oh subsequently completed his fellowship in medical oncology at the Dana-Farber Cancer Institute in 1997. Prior to joining Mount Sinai in 2009, Dr. Oh was at the Dana-Farber Cancer Institute and Harvard Medical School in Boston, MA, USA for 14 years where he had served as the Clinical Director of the Lank Center for GU Oncology and Gelb Center for Translational Research. He was also the founding Chair of the Data and Safety Monitoring Committee for Phase I/II Trials at the Dana-Farber/Harvard Cancer Center.

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### **New Therapies for Advanced Prostate Cancer**

By Dr. William D. Oh

There have been more drugs approved by the US Food and Drug Administration for the treatment of castration-resistant prostate cancer in the past 5 years than in the prior 3 decades. While an improvement in the understanding of the pathogenesis of castration-resistant prostate cancer has undeniably accelerated the transition of novel approaches from "bench to bedside," the recent successes in the treatment of prostate cancer are also a result of the efforts of clinical investigators to redefine the framework in which drugs for castration-resistant disease are evaluated. This presentation will explore the shifting paradigm in drug development for castration-resistant prostate cancer over the past several decades, including appropriate sequencing of new agents. In addition, the early use of chemotherapy for metastatic hormone-sensitive prostate cancer has altered the standard of care for this disease state.

## CHAIRS OF SESSION 9 - GLOBAL HEALTH

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### **CHOI Jae Wook, MD, MPH, PhD**

Head Professor  
Department of Preventive Medicine  
Korea University College of Medicine  
Seoul, Korea

Dr. Jae Wook Choi received his doctorate in medicine from Korea University College of Medicine, his Masters of Public Health in health administration from Seoul National University and his PhD in Preventive Medicine from Korea University Seoul, Korea. Dr. Choi has extensive experience in Healthcare and Policy Health Safety. He has been serving as the Director of the Research Institute for Healthcare Policy, Korean Medical Association and the Director of the Institute for Occupational & Environmental Health at Korea University, Seoul, Korea. Previously has served on the Advisory Committee for Policy of Industrial Accident Compensation and the Korea Occupational Safety and Health Agency (KOSHA), Seoul, Korea.

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### **Alice Unah Lee, MBBS, FRACP, PhD**

Associate Professor  
Gastroenterologist and Hepatologist,  
Concord Repatriation General Hospital  
University of Sydney

Dr. Alice Unah Lee was educated in Sydney, Australia. She is a clinician with passion in addressing the disparities in access to health care. She is currently working on programmes in DPRK, Papua New Guinea and Pacific islands through a charity specifically found, hepatitis B Free. ([www.hepatitisbfree.org.au](http://www.hepatitisbfree.org.au)).

## SESSION 9 GLOBAL HEALTH

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### Owen Lee-Park

BS Candidate  
Cornell University  
Ithaca, NY, USA

Born and raised in Seoul, Owen Lee-Park immigrated to the United States in 2005. While studying at Cornell University, Lee-Park came across Dr. Indong Oh's autobiography, which detailed his medical trips to North Korea over the past several decades. Inspired by his work, Lee-Park contacted Dr. Oh, who eventually introduced him to Dr. Kee Park and Dr. Kevin Yoo, two Korean-American neurosurgeons who had also been going to Pyongyang. Accompanying these two doctors on their medical trip to Pyongyang in 2013 marked the beginning of Lee-Park's active involvement with various student and physician-led medical projects involving North Korea.

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### **Friends in Health: DPRK; The Evolution of Health Focused North Korea Engagement**

By Owen Lee-Park

Friends in Health(FIH): DPRK is a sub-chapter of KAMA Global Outreach whose aim is to improve healthcare for the people of North Korea. With the support of Dr. Kee Park, Korean-American neurosurgeon and Chair of KAMA Global Outreach, FIH has inspired an increasing number of student and physician-led projects to engage the secluded nation through medicine. The objective of this presentation is to describe the evolution of the organization from the viewpoint of physicians and medical students who have been involved with the medical service trips to Pyongyang. The presentation will accomplish this objective by first describing in depth some of the initiatives that have resulted from FIH's trips to North Korea. Then, the presenter will share with the audience numerous anecdotes from the participants to demonstrate the impact that their involvement has had on their own perspectives, as well as on the amount of medical knowledge exchanged with and the quality of health care provided in North Korea. The presentation will end with a discussion on some of the available projects for those in the medical communities in South Korea and the United States, who may be interested in being part of the movement to call for solidarity for fellow Koreans in DPRK.

## SESSION 9 GLOBAL HEALTH

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**Heidi Syren Linton**

Executive Director  
Christian Friends of Korea (CFK)

Heidi Linton has worked with Christian Friends of Korea in a variety of capacities since its founding in 1995, and has served as Executive Director since 2002. She holds a Master's Degree from New York University, and a Bachelor's Degree from the University of Washington. In the last 2 decades, CFK has delivered over \$80 Million USD worth of aid (including food, medicine, medical supplies and equipment, renovations and technical upgrades, agricultural supplies and equipment and other goods) to approximately 30 tuberculosis, hepatitis and other healthcare facilities in the DPRK.

Heidi regularly leads CFK visits to the DPRK to confirm delivery of all shipments and to engage in technical projects. In October 2014, solar-powered gravity-fed water systems and solar-powered lighting systems were installed by American and Australian volunteers working side by side with scores of local North Koreans at two remote health care centers. Other projects completed in 2014 included the construction and grand opening of a medical training center, delivery of several training workshops, as well as confirmation of multiple shipments of relief goods. CFK also continues to facilitate ongoing development of the National TB Reference Lab together with Stanford University School of Medicine and skilled volunteers. A CFK team expects to visit DPRK from May 19-June 6, 2015 and will report on activities following the trip.

Heidi and her husband, Andrew Linton (a co-founder of CFK whose parents, grandparents, and great-grand parents were all lifelong Presbyterian missionaries to Korea) have three grown children and live in North Carolina.

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### **DPRK Health Issues: Opportunities for Lasting Change**

By Heidi Linton

A significant majority of the North Korean people continues to suffer greatly from chronic malnutrition and related diseases, lack of access to clean water and sanitation, and epidemic levels of tuberculosis and hepatitis along with many other health and life challenges. Despite the considerable challenges of working within a diplomatic and security context as fraught as this one, it is both possible and critically important to address the symptoms while also working to eliminate the underlying causes.

Christian Friends of Korea (CFK) has been working in the DPRK for 20 years, from the grassroots to the central level, to address issues of hunger/malnutrition, clean water, facilities renovations, renewable power applications, food security, and medical and diagnostic training, all while building meaningful relationships, working partnerships and trust. Responsible engagement by ordinary people is bringing life and health to those who are suffering, help and encouragement to staff and officials trying under difficult circumstances to help the sick, and deepening understanding and trust between peoples who have been estranged for nearly 70 years. In the process, people, families and communities are being deeply impacted and forever changed. Much has been accomplished, and much more remains to be done. For those willing to sacrifice and sincerely engage, the opportunities are significant.

## SESSION 9 GLOBAL HEALTH

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**Alice Unah LEE MBBS, FRACP, PhD**

Associate Professor  
Gastroenterologist and Hepatologist  
Concord Repatriation General Hospital  
University of Sydney.

Educated in Sydney, clinician with passion in addressing the disparities in access to health care. Working on programmes in DPRK, Papua New Guinea and Pacific islands through a charity specifically found, hepatitis B Free ([www.hepatitisbfree.org.au](http://www.hepatitisbfree.org.au)).

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### **Bringing hepatitis treatment to the impoverished**

By Dr. Alice Unah Lee

Disparities in health care are not a new issue continues to be a significant global issue. Effort over the past decades by large funding programmes and advocacy groups have made significant progress in addressing the needs regions of low income. Global burden of disease due to hepatitis B is highly variable, the highest prevalence occurring in areas with the lowest income. Despite hepatitis now causing as many deaths as that from malaria and HIV, programmes to address the significant burden of disease are still absent.

WHO produced guidelines for the prevention, treatment and care of chronic hepatitis B patients for the first time this year. Programmes to address the complexities and chronicity of required therapy has meant that it has been left in the too complex and too hard basket. For the first time, global programmatic guidelines are recommended; antivirals are now advised to be on the essential drug lists. Put together with commitment to making therapies cost affordable means that therapy is now a reality for many in the resource poor setting.

Bridging the needs require a holistic approach, from prevention (vaccination and harm minimization), care of patients with liver disease and antiviral therapy programme. Not only are medicines needed, but infrastructure, laboratory supports, education and establishment of a procurement pathway remains a significant challenge. Nevertheless, there is a real possibility that this is within the reach for even the most remote communities. Partnerships with local health care providers, exploring best ways to integrate into current services and continued advocacy remains a challenge. Given that over 200 million are likely to have chronic infection, the challenge of funding sourcing will require creative solutions to be explored. The potential benefits are long lasting and far-reaching.



## SESSION 9 GLOBAL HEALTH

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**KIM Yong-Sun, MD, PhD**

Head of International Cooperations & Research  
Hallym University Medical Center,  
Anyang Korea

Yong-Sun Kim, MD, PhD is a Professor and Chair of the Department of Microbiology and the Director of the Ilsong Institute of Life Science at the Hallym University. Aside from his leadership in the field of international hospital partnerships; his research field of interests include the pathogenic mechanisms of neurodegeneration and the diagnosis of human prion diseases; and the role of endogenous retroviruses in aging and neurodegenerative disorders.

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### **Overview of Healthcare Globalization Initiatives: Introducing Hallym's Global Network**

By Dr. Yong Sun Kim,

Healthcare worldwide that undergoes a more dramatic change than many other systems or industries has naturally demanded a real time global network. Increased attention to healthcare globalization led to a sustained effort for extensive cooperative actions and sharing of expertise. In response to the needs of the time and society, Hallym University Medical Center ("HUMC") has been engaged in a decade-long international endeavor such as;

1. Hosting joint international academic conferences and expanding co-research with the partner institutions
2. Increasing importance of medical staffs/students exchange program that best describes bright prospects for global healthcare
3. Devoting to helping out the world's underprivileged

With its excellent partner universities including Columbia University College of Physicians and Surgeons, Weill Cornell Medical College, NewYork-Presbyterian Hospital, George Washington University Medical Center, UCLA Health in the US, Uppsala University in Sweden, the University of Oulu in Finland, the University of Padova in Italy, and Japanese institutions such as Nagasaki University, Nagoya City University and Kyoto Prefectural University of Medicine, "HUMC" co-hosts joint international symposia, exchanges students and faculty members every year, and also expands its focus to collaborative research, with a belief that the advancement of basic medicine will not only benefit medical players but also 'dedicate to the welfare of humankind,' a motto for "HUMC".

The number of the medical students participating in a month-long rotation at those partner universities has steadily risen over the last decade. Not being limited to the clinical treatment of disease, the exchange program surely permits the students to see another country's healthcare delivery system, ethics, relationship between doctor and patient, and so forth. The students describe their experiences as positive and also demonstrate significant growth.

In the meantime, "HUMC" has been also involved in various activities for the world's underprivileged, being part of the Official Development Assistance (ODA) projects in Iraq, Vietnam, Paraguay, Kenya, Laos, Afghanistan, and Cameroon. For the projects, Hallym has played a crucial role as a Project Management Consultant (PMC) designated by the Korea International Cooperation Agency (KOICA) in hospital construction, education and clinical trainings on hospital management for medical staff and administrative employees.

With an aim to further strengthen the past global network and to make thorough preparation for the next 10 years, "HUMC" envisions to forge collaborative ties with more institutions around the world and keep broadening its global horizons.

# KAMA US

## KAMA Convention Preparation Trip to Korea July 2014, February 2015



First KAMA Convention Prep Mtg



Signing of the MOU by Dr. Moojin Cho, KMA Pres, Dr. Sang Keun Park, KHA Pres, & Dr. John H. Won, KAMA President



KAMA Executive Committee meets with Congresswoman Moon's staff



Key meeting with KHIDI Main Office



Meeting with SNUH President /CEO Prof. Oh Byung-hee and Drs. Yang and Lee



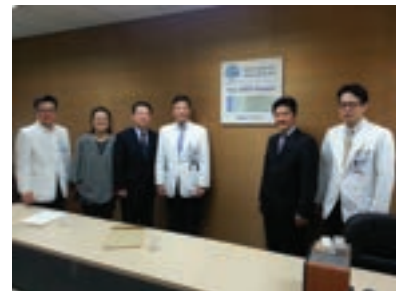
Past KAMA President Dr. Hoo Geun Chun, now Director of Cancer Center at Seoul St. Mary's Hospital & President Ki Bae Seung



Preparing for Convention



KAMA execs visit Prof. Namsik Chung, President & CEO, Yonsei Univ Health Systems



Talks of collaboration with SNU cancer centerdirector Dr. Tae-You Kim



Visit with Dr. Seung Gyu Lee at Asan Hospital



Visiting Dr. Hann with Dr. Stanley Kim, Severance Alumni



Dr. Won in the Doctor's Weekly

## CONGRATULATORY LETTERS

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**LEE Hyuck Sang, MD, PhD**

Chairman, Board of Trustees  
Inje Educational Foundation  
Inje University and Paik Hospitals



**INJE EDUCATIONAL FOUNDATION**  
**INJE UNIVERSITY & PAIK HOSPITALS**



On behalf of the faculty members and staff of Inje University and Paik Hospitals, I congratulate KAMA on your 41st anniversary scientific convention to be held in Seoul, Korea. We are very proud of Korean-American physicians for your exemplary dedication to patient care, medical research, and cutting edge innovations. Through your collaborative effort and KAMA leadership, I am certain that the future of your organization will remain very bright.

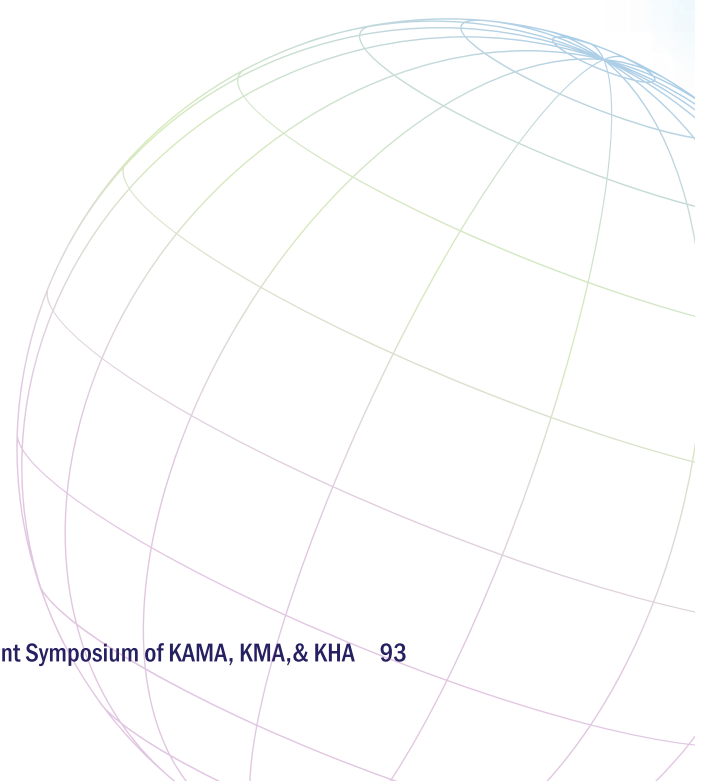
I applaud KAMA's effort to hold a joint symposium with KMA, KAMS, and KHA. Through this joint symposium, we can learn more and advance patient care to a higher level. I congratulate Dr. John H. Won and his executive team on all their effort to have a very successful convention in Seoul.

Finally, I would like to welcome KAMA members and their families to Seoul. I hope that your visit to Seoul will be both enjoyable and memorable.

Congratulations and welcome to Seoul.

Hyuck Sang Lee, MD, PhD

이사장 이혁상  
인제대학교 백병원



## DISTINGUISHED LECTURE AND SESSION 7 OVERVIEW

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<b>08:00-09:40</b>	<b>DISTINGUISHED LECTURES</b> Chairs: John H. Won, MD (U.S.A) & LEE Yoon Sung, MD, PhD (Korea)	<b>SAPPHIRE ROOM A</b>
<b>10:00-10:30</b>	<b>LEE Seung Gyu, MD, PhD</b> Toward More than 400 Liver Transplantations a Year at a Single Center	
<b>10:30-11:00</b>	<b>Larry Kwak, MD, PhD</b> Bench to Bedside Development of Cancer Immunotherapy	
<b>11:00-11:30</b>	<b>Panel Discussion</b>	
<b>11:30-12:30</b>	<b>LUNCH</b>	<b>EMERALD ROOM</b>
<b>12:30-14:30</b>	<b>SESSION 7</b>	<b>SAPPHIRE ROOM A</b>
	<b>LIVER DISEASES</b> Chairs: LEE Hyuck Sang, MD, PhD (Korea) & WANG Hee Jung, MD, PhD (Korea)	
<b>12:30-12:50</b>	<b>Hepatitis B &amp; Hepatoma</b> RYU Soo Hyung, MD, PhD	
<b>12:50-13:10</b>	<b>Hepatitis C and Hepatocellular Carcinoma</b> JEONG Sook Hyang, MD, PhD	
<b>13:10-13:30</b>	<b>Interventional Treatment of Liver Metastasis</b> CHO Sung Bum, MD, PhD	
<b>13:30-13:50</b>	<b>Surgical Treatment for HCC</b> WANG Hee Jung, MD, PhD	
<b>13:50-14:10</b>	<b>Anesthesia for Complex Liver Diseases</b> H T Lee, MD, PhD	
<b>14:10-14:30</b>	<b>Panel Discussion</b>	



## CHAIRS OF THE PLENARY LECTURES

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**John H. Won, MD**

President  
Korean American Medical Association

Dr. John H. Won is the current President of KAMA 2015 and Co-Chair of the Seoul Convention Organizing Committee. Dr. Won completed his undergraduate study in nutritional biochemistry at Cornell University in 1987. He continued his study at Columbia University College of Physicians & Surgeons where Masters of Science was awarded. Dr. Won received his MD from New York Medical College where he also completed his residency in urology. Currently, he is a clinical instructor in urology at Weill Cornell Medical College. His clinical interest includes urologic oncology and stone diseases. Dr. Won resides in New York City with his wife, Soyun Lee and 2 sons Michael (17yo) and Kevin (13).

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**LEE Yoon-Seung, MD, PhD**

President  
Korean Academy of Medical Sciences (KAMS)

Dr. Yoon-Seung Lee will lead the various societies of the medical science of Korea as the newly elected president of KAMS 2015-2016. Since its establishment in October 6, 1966, KAMS has continued to expand in many medical fields of medical research, medical education, and publications.

- The Korean Academy of Medical Sciences (KAMS) is contributing to the improvement of Korean public health by supporting many curriculum activities of member societies such as researches in a new medical knowledge, and a new technology and strengthening its member societies.
- KAMS activities are to sponsor and exchange the medical research activities of the researchers.
- KAMS, as a non-profit organization is organizing various conferences and publishing medical researches to support the new technology and knowledge.
- KAMS is sponsoring the medical research of its member societies and helping the member societies to freely interchange their study or ideas to improve their relations with the other members.
- KAMS trains medical specialties in special fields and medical training of its members.
- KAMS does research on the public health care policy and also evaluates and provides medical information.
- KAMS activities include exchange of academic achievements in medical science and development of medical fields with international society.



## DISTINGUISHED LECTURE

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### LEE Sung Gyu, MD, PhD

Distinguished Endowment Professor of Surgery,  
Hepato-Biliary Surgery and Liver Transplantation,  
Asan Medical Center,  
Ulsan University College of Medicine,  
Seoul, Korea

Dr. Sung-Gyu Lee is currently Endowed Chair Professor of Surgery, Hepato-Biliary Surgery and Liver Transplantation at Asan Medical Center, Ulsan University Medical School. He is Member of The National Academy of Sciences, Republic of Korea from 2013.

He had M.D. and Ph.D. at Seoul National University School of Medicine in 1973 and 1986. He went through the internship and the residency courses from 1973 to 1978 at Seoul National University Hospital, having been in the Visiting Fellowship of Lahey Clinic & New England Deaconess Hospital, Boston, USA from 1986 to 1987. He was also Clinical Observer of HepatoBiliaryPancreatic Surgery at National Cancer Center, Tokyo, Japan in 1987, and Visiting Professor of Liver Transplantation at Medizinische Hochschule Hannover, Hannover, Germany in 1992.

Now, His major field includes Adult Living-Donor Liver Transplantation, Oncological Surgery for Hepatocellular Carcinoma and Perihilar Cholangiocarcinoma.

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### SELECTED RECENT PUBLICATIONS

1. Long-term outcome of ischemic type biliary stricture after interventional treatment in liver living donors: a report of two cases. Korean J Hepatobiliary Pancreat Surg. 2015
2. Fenestration of liver cysts in polycystic liver disease to improve quality of life: a case report and literature review. Korean J Hepatobiliary Pancreat Surg. 2015
5. Liver transplantation for metabolic liver disease: experience at a living donor dominant liver transplantation center. Pediatr Gastroenterol Hepatol Nutr. 2015
6. Twenty-year survival post-liver transplant: challenges and lessons. Hepatol Int. 2015
7. Conjoined unification venoplasty for graft double portal vein branches as a modification of autologous Y-graft interposition. Liver Transpl. 2015
8. Role of bone marrow-derived progenitor cells in de novo liver regeneration in human liver transplants. Liver Transpl. 2015
9. Optimal methods for measuring eligibility for liver transplant in hepatocellular carcinoma patients undergoing transarterial chemoembolization. J Hepatol. 2015
10. Robotic versus laparoscopic liver resection: a comparative study from a single center. Langenbecks Arch Surg. 2014
11. Total hepatectomy, pancreatoduodenectomy, and living donor liver transplantation using innovative vascular reconstruction for unresectable cholangiocarcinoma. Transpl Int. 2015
12. Update on experience in paired-exchange donors in living donor liver transplantation for adult patients at ASAN Medical Center. Transplantation. 2014

## DISTINGUISHED LECTURE

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### **Toward More Than 400 Liver Transplantation a Year at a Single Center**

By LEE Sung Gyu, MD, PhD

The first liver transplantation (LT) at the Asan Medical Center (AMC) was successfully performed using whole deceased donor liver in August 1992. In the initial stage of development, the liver transplantation program was seriously restricted by a lack of deceased donor organs. As a breakthrough to activate the program, the first pediatric living donor liver transplantation (LDLT) in Korea was successfully performed at AMC in 1994. The success of pediatric liver transplantation and the shortage of organs provided the necessary incentives to attempt living donation in adults. Knowledge of sophisticated hepatobiliary surgery, accumulated through our large number of patients, finally resulted in the first successful adult LDLT using a left lobe in February 1997. Innovative techniques and perioperative approaches for successful LDLT have evolved rapidly resulting in improved survival. The growing needs for adult LT have built our transplantation program. More than 80% of LT at our institution have been performed using LDLTs, whose volume and outcome have been improved remarkably. In 2011, for the first time, the number of LT reached more than 400 cases due to the increased deceased donor liver transplantation (DDLTL) regardless of the stationary number of LDLT (yearly around 320) in 2010 and 2011. In this presentation, we have reviewed our experience with LT to describe how it was possible to perform this large number of cases at a single center.

## DISTINGUISHED LECTURE

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### Larry Wonshin Kwak, MD, PhD

Cancer Center Associate Director, Translational Research & Developmental Therapeutics  
Dr. Michael Friedman Professor for Translational Medicine  
Director, Toni Stephenson Lymphoma Center  
City of Hope National Medical Center

Dr. Kwak graduated from the 6-year combined B.S.- M.D. Honors Program in Medical Education from Northwestern University Medical School in 1982 and earned his Ph.D. in tumor cell biology there in 1984. He then completed a residency in internal medicine and a fellowship in medical oncology at Stanford University Medical Center in California.

Thereafter, he served as Head of the Vaccine Biology Section, Experimental Transplantation and Immunology Branch, at the National Cancer Institute (NCI) for 12 years. His NCI laboratory is credited with the pioneering bench-to-clinic development of a therapeutic cancer vaccine for B-cell malignancies, which was recently reported as positive in a landmark national Phase III clinical trial. This was one of three recently positive Phase III clinical trials of cancer immunotherapy.

From 2004-14 Dr. Kwak served as Chairman of the Department of Lymphoma and Myeloma and Co-Director of the Center for Cancer Immunology Research at the University of Texas, M.D. Anderson Cancer Center in Houston, Texas, where he also held the Justin Distinguished Chair in Leukemia Research. As Chair, his department successfully captured extensive research support, including large team science grants, such as two SPORE grants in Lymphoma and Multiple Myeloma, respectively, from the NCI and a SCOR program project grant awarded by the Leukemia and Lymphoma Society. He also led the expansion of the department's laboratory research space and launched biospecimens banks to support translational research.

On April 1, 2015, Dr. Kwak will join City of Hope National Medical Center in Los Angeles as its inaugural Cancer Center Associate Director, Translational Research & Developmental Therapeutics. A committed physician, scientist, and mentor, his vision is to assemble and lead research teams to integrate basic discoveries from academic laboratories with translational clinical development to first-in-human clinical trials of novel "home-grown" therapeutics, such as next generation cancer immunotherapies. He will play a key role in the future direction of City of Hope's translational and precision medicine and "teamwork science" initiatives.

In May 2010 Dr. Kwak was named to the TIME100, one of the world's 100 most influential people by TIME magazine, for his 20 year commitment to the science of cancer immunotherapy.

## DISTINGUISHED LECTURE

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### **Bench-to-bedside Development of Cancer Immunotherapy**

By Larry W. Kwak, MD, PhD

Activating the immune system with vaccines has emerged as a promising cancer treatment. Recent positive Phase III clinical trials of therapeutic cancer vaccines include the FDA-approved Sipuleucel-T prostate cancer vaccine, a melanoma peptide vaccine, and a personalized lymphoma protein vaccine. In particular, in the most recent trial, patients with previously untreated advanced stage follicular lymphoma were treated with a standard chemotherapy regimen until clinical remission. 177 out of 234 enrolled patients achieved complete response and were subsequently randomized to receive either active or control vaccine. After a median follow-up of 56.6 mo (range 12.6 - 89.3 mo), median time to relapse after randomization for the active vaccine arm was 44.2 mo, versus 30.6 mo for the control arm (p-value = 0.045; HR = 1.6), validating the vaccine target as a tumor rejection antigen.<sup>1</sup>

Future directions include development of next generation cancer vaccine formulations with improved potency, such as DNA vaccines based on novel genetic fusions of chemokine receptor ligands with patient-specific tumor antigens,<sup>2</sup> which are completing development and nearing entry into first-in-human clinical trials.

In addition, as tumor-induced immune suppression remains an obstacle limiting their potency, novel strategies combining cancer vaccines with agents that mediate release from immune suppression will be needed. For example, myeloid-derived suppressor cells (MDSC) are a major component of the immune suppressive microenvironment in cancer patients. Given their potent inhibitory effect on T cells, it is speculated that depletion of MDSC would potentiate antitumor immunity. Currently, the obstacle that prevents reversal of MDSC-induced immune suppression in patients is the lack of a specific marker. Using a live cell-based peptide phage display platform, we discovered cell surface-bound S100 family proteins (an alarmin) as a diagnostic and therapeutic mouse MDSC-specific target. A specific peptide therapeutic not only completely removed intratumoral MDSC in mouse tumor models, but also inhibited tumor growth.<sup>3</sup> Based on these data, we hypothesize that similar human MDSC markers can be identified and targeted.

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## SESSION 7 LIVER DISEASE

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**LEE Hyuck Sang, MD, PhD**

Chairman  
Inje University Paik Hospital  
Seoul, South Korea

Hyuck Sang Lee, MD, PhD is the Chairman, Board of Trustees, Inje Educational Foundation (Inje University and Paik Hospitals). Dr. Lee received his MD, PhD from Seoul National University and completed his surgical training at SNUH Seoul, Korea. Dr. Lee was a visiting surgeon at Memorial Sloan-Kettering Hospital gastric and mixed tumor service. Dr Lee has been a leading figure in liver surgery in Korea and around the world. He has served in numerous leadership and academic positions including the President of the Korean Liver Transplantation Society, Co-Chairman, The 4th Congress of Asian Society of Transplantation, Congress President of 3rd Congress of Asian Society of Hepato-Biliary-Pancreatic Surgery, Chairman, Scientific Committee, the 15th World Congress of Collegium International Chirurgiae Digestivae, President, Korean Association of Hepato-Biliary-Pancreatic Surgery, President, Korean Association of Gastroenterology, President, Korean Surgical Society, Governor-at-large (Korean Chapter) of American College of Surgeons, and a Member of National Academy of Medicine of Korea. Dr Lee has trained and mentored many leading liver transplant and hepato-biliary surgeons in Korea.

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**WANG Hee Jung MD, PhD**

Professor  
Department of Surgery  
Ajou University  
Suwon, South Korea

Hee Jung Wang is Professor of Department of Surgery and Director of Organ transplantation Center and Division of Hepatobiliary Surgery and Liver Transplantation at the Ajou University and its Hospital, Suwon Korea, where he has been a faculty member since 1994.

Professor Wang obtained his medical degree from the Yonsei University College of Medicine in 1981. He then undertook professional training at Inje University Seoul Paik Hospital, achieving certification of surgeon specialist in 1986, followed by a Master's degree at Inje University in 1992 and a PhD at the same in 1999.

He trained in liver transplantation at Pittsburgh Liver transplantation center in 1993. He moved to Ajou University Hospital in 1994, and started 'liver surgery and liver transplantation program' in 1995. He annually performs 150 hepatectomies and 40 liver transplantations at the same hospital. He has been the Chair of Korean Cancer Biomarker Consortium since 2009, and his field of interest is in the development of novel prognostic gene signature and companion diagnostic tool of molecular targeted therapy for HCC. He has more than 158 scientific papers, including 43 SCI papers, and 12 book chapters.



## SESSION 7 LIVER DISEASE

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**RYU Soo Hyung , MD, PhD**

Department of Internal Medicine  
Seoul Paik Hospital  
Inje University College of Medicine,  
Seoul, South Korea

### **Hepatitis B and Hepatoma**

By Dr. Soo Hyung Ryu

Hepatocellular carcinoma (HCC), a prototype of hypervascular tumors, is one of the most common malignancies in the world, especially hyperendemic in the Far East where chronic hepatitis B virus (HBV) infection is highly prevalent. Chronic HBV infection is a major risk factor of HCC in South Korea, approximately more than 70% in etiologies of HCC. Therefore, it is very important to suppress HBV replication continuously, ideally permanently, to reduce incidence of occurrence of HCC. Even in dysplastic nodule (DN), a premalignant lesion, the suppression of HBV viremia is essential because higher HBV viremia is one of predictors of the progression of DN to HCC.

HCC is characterized by a clinical feature of a poor prognosis or a high mortality because of already far-advanced stages, frequent vascular invasion, multiple intrahepatic or extrahepatic metastases at the time of diagnosis, and poor liver function of the background cirrhotic liver, in which more than 90% of HCC arise. Furthermore, frequent recurrence after treatment even with surgery is a major limitation to long-term survival.

Several mechanisms have been proposed to explain the development of HCC in patients with chronic hepatitis B (CHB), including the insertional mutagenesis of HBV genomes, and inflammation or regenerative hyperplasia initiated by an immune response to HBV infection. In addition, a number of pathways have been known to contribute to the development, growth, angiogenesis, and even metastasis of HCC. Of various factors, metastatic tumor antigens (MTAs) or metastasis-associated proteins have been investigated vigorously as an intriguing target in a field of hepatocarcinogenesis. According to recent studies including ours, MTAs are not only involved in the HCC development and growth, but also closely associated with the post-operative recurrence and a poor prognosis or a worse response to anti-cancer therapy.

In this presentation, MTAs will be briefly introduced in light of the molecular mechanism in hepatocarcinogenesis including the interaction with hepatitis B x protein (HBx) in the HBV-associated HCC development. In addition, prognostic significance and the clinical application of MTA in HCC also will be discussed.

## SESSION 7 LIVER DISEASE

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### JEONG Sook-Hyang, MD, PhD

Department of Internal Medicine  
Seoul National University Bundang Hospital  
College of Medicine, Seoul National University  
Bundang, South Korea  
E-mail: jsh@snuh.org

Dr. S H Jeong graduated from Seoul National University, trained at Seoul National University Hospital, and now works for Seoul National University Bundang Hospital, Department of Internal Medicine, since 2005. She spent 10 years of practice and research in Korea Cancer Center Hospital from 1994-2004. From 2001 to 2002, she worked as a visiting scientist in National Institute of Health, Liver Disease Branch, in U.S.A. As a clinical investigator, her research interest is in epidemiology and clinical outcomes of viral hepatitis, liver cancer, and autoimmune liver disease. The nationwide epidemiology, disease outcome and burden of HCV infection are the main theme of her recent research. She has been acting the chief of clinical practice guideline committee of The Korean Association for the Study of the Liver (KASL) for management of hepatitis C.

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### Hepatitis C and Hepatocellular Carcinoma

By Dr. Sook-Hyang Jeong, MD, PhD

Chronic infection of hepatitis C virus (HCV) can lead to liver cirrhosis or hepatocellular carcinoma (HCC). The pathogenesis of HCC from chronic HCV infection is not clearly elucidated, though many evidences support direct and indirect role of HCV in hepatocarcinogenesis. Liver cirrhosis is accompanied by 85% of HCV-based HCC patients suggesting that chronic inflammation and regenerative process induced by HCV infection can lead to clonal proliferation of hepatocytes and malignant transformation. In addition, HCV proteins such as core, NS3, NS4 or NS5A showed multiple oncogenic effects in vitro and in vivo, although HCV genome is not integrated into host genome, distinctively from hepatitis B virus (HBV).

The epidemiology and clinical features of HCV-related liver disease show a considerable regional difference. HCV is attributable to 10-15% of liver cirrhosis and HCC in Korea, while to 60% in the United States (US). HCV-based HCC patients were older, having more advanced liver disease, smaller tumor size, and lower alpha fetoprotein level than those of HBV-related HCC in many studies. Although HCV-related HCC patients underwent less surgical resection or liver transplantation for curative treatment of HCC than HBV-related HCC patients, overall survival rates reported from many studies were similar to HBV-based HCC.

Successful antiviral therapy including pegylated interferon alpha and ribavirin resulted in not only improvement of liver function but also reduction of HCC development, but it does not completely eliminate the risk of HCC, especially in patients with advanced fibrosis, liver cirrhosis or old age. Therefore, continuous surveillance for HCC is required for those patients. The awareness of HCV infection is quite low in Korea, while it has been increasing in US after birth cohort screening. Highly effective, directing antivirals (DAA) against hepatitis C virus may promise the elimination of HCV-related liver disease in the coming decades.

## SESSION 7 LIVER DISEASE

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### CHO Sung Bum, MD, PhD

Professor of Radiology  
Anam Hospital  
Korea University College of Medicine  
Seoul, South Korea

Professor Sung Bum Cho is an interventional radiologist at Anam Hospital and professor of radiology at Korea University College of Medicine. He received his MD from Korea University College of Medicine where he also earned his PhD at the Graduate School. He completed his internship at Anam Hospital and residency in radiology at the same. He served as the Chairman of Radiology, Kyungsan Dongsan Hospital, Kyungsan city, Kyungsang Buk-Do, Korea. He then completed an interventional radiology fellowship at Anam Hospital.

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### Interventional treatment of liver metastasis

By Dr. Sung Bum Cho, MD, PhD

About 20-25% of colorectal cancer patients have liver metastases at the time of diagnosis and resection is still the treatment of choice for liver metastases. However, only 20-30% of patients have resectable liver metastases. So, various alternative treatments to surgical resection have been developed; ablation techniques (ethanol ablation, cryoablation, radiofrequency ablation (RFA), microwave ablation, laser ablation), chemoembolization (conventional-TACE (c-TACE), DEB-TACE), and selective internal radiation therapy (SIRT).

RFA is the most widely used ablation treatment. RF electrode is placed directly into the tumor under US or CT guidance. The agitation and friction of ions created by radiofrequency energy through the electrode produce heat and induce coagulation necrosis of tumor tissue. RFA is usually used for inoperable patient with liver metastases less than 5 in number and less than 3 cm in size. Solbiati et al reported 93.1% of technical success rate and 11.9% of local tumor progression rate. The survival rate at 1-, 3-, 5-, 7- and 10-year was 98, 69.3, 47.8, 25 and 18%, respectively. The survival time was longer when there was no local tumor progression (median survival 63 months,  $P < 0.001$ ). Major complication was developed in 1.3% of patients.

Normal liver cells have low radiation thresholds and can't tolerate tumoricidal radiation doses. Normal liver parenchyma is supplied by hepatic arterial and portal venous blood flow, but liver metastatic tumors are almost exclusively supplied by hepatic artery. The purpose of SIRT is to deliver high-energy radioactive particles selectively to the tumor, while minimizing damage to the normal parenchyma. The most commonly used radiopharmaceutical is Yttrium-90 (Y-90), which is a pure  $\beta$ -emitter with mean penetration depth of 2.5 mm (max. 10mm) and a half-life of 64.2 hr. Y-90 is coupled to glass (Therasphere) or resin-based microspheres (SIR-sphere) which is 25-35 microns in size. Y-90 microspheres are infused through an angiographic catheter into the hepatic artery, travelling distally to lodge at the tumor arteriolar level. In most studies, SIRT was used in the setting of salvage or palliative treatment in chemorefractory patients. Hendlisz et al reported that disease control rate and time to liver progression were significantly higher in SIRT + systemic chemotherapy group than in systemic chemotherapy alone group in their multicenter, randomized, controlled phase III study. The overall survival (10 months) was higher than those of best supportive care in heavily pretreated patients. In the multicenter study for 606 pretreated patients, the median overall survival of SIRT group was equal or higher than those of biologic target agent group. SIRT showed therapeutic potential in several studies, but more multicenter, large scale randomized controlled trials are needed to establish its definite role in the treatment of colorectal liver metastasis.

## SESSION 7 LIVER DISEASE



**WANG Hee Jung MD, PhD**

Professor  
Department of Surgery  
Ajou University  
Suwon, South Korea

Wang Hee Jung is Professor of Department of Surgery and Director of Organ transplantation Center and Division of Hepatobiliary Surgery and Liver Translation at the Ajou University and its Hospital, Suwon Korea, where he has been a faculty member since 1994.

Professor Wang obtained his medical degree from the Yonsei University College of Medicine in 1981. He then undertook professional training at Inje University Seoul Paik Hospital, achieving certification of surgeon specialist in 1986, followed by a Master's degree at Inje University in 1992 and a PhD at the same in 1999.

He trained in liver transplantation at Pittsburgh Liver transplantation center in 1993. He moved to Ajou University Hospital in 1994, and started 'liver surgery and liver transplantation program' in 1995. He annually performs 150 hepatectomies and 40 liver transplantations at the same hospital. He has been the Chair of Korean Cancer Biomarker Consortium since 2009, and his field of interest is in the development of novel prognostic gene signature and companion diagnostic tool of molecular targeted therapy for HCC. He has more than 158 scientific papers, including 43 SCI papers, and 12 book chapters.

### **Anatomical liver resection in early HCC**

By Dr. Wang Hee Jung

Systematic liver resection which removes the portal segment containing the tumor in hepatocellular carcinoma (HCC) patients is a preferred operative technique because of its tendency to invade and spread along portal veins. However, limited liver resections are performed in many cases to preserve liver function and to reduce the possibilities of postop liver failure, owing to high prevalence of liver cirrhosis (>70%) among those patients. The success of hepatic resection for HCC relies on the ideal balance between the functional reserve of the residual liver and the best local control of the tumor. Therefore, most surgeons believe that anatomical liver resection (AR) for early HCC is beneficial for prognosis, and they seem to choose it whenever possible. There is a consensus among surgeons that the Glissonian approach best fulfills these needs.

Although AR is superior to non-anatomical liver resection (NAR) in oncological and anatomical aspects, it is still under debate whether AR is also better in recurrence/survival rates after surgery. No prospective randomized trial is available to date, and two meta-analyses on the topic have shown conflicting findings. Because comparisons of AR and NAR remain biased owing to technical issues, varying degree of cirrhosis, etiology, and tumor presentation, the superiority of AR over NAR could not be definitely determined. Two arguments must be examined, as to the difference of prognosis between the AR and NAR.

The first argument concerns the technical aspect of the hepatic resection. The AR must, first, be defined and its minimal requirements must be clarified to distinguish it from NAR. The comparison of prognosis is of no significance if all individual researchers have different definition of AR. The anatomical variation must, also, be taken into consideration. The right liver has both types of variation in Glisson pedicles: "the number of branches" and "sliding of origin". The left liver, however, has Glisson pedicles that vary solely in the number of branches. This difference may urge the surgeons to somehow modify and compromise the anatomical resection of tumor when resecting tumors in right hemiliver, reducing the success rate of AR. The definition of AR, thus, may be controversial in such cases. In cases of trisectionectomy, hemihepatectomy and sectionectomy, the liver resections are very close to AR. However, if the tumor slightly invades the resection plane or if satellite nodule(s) is (are) present in adjacent segment, the resection plane must be modified. This may not satisfy the definition of AR.

In case of segmentectomy that removes a single Couinaud segment, anatomical resection of S2,3 or 4 in left liver can be performed without much trouble because of lower variation rate, whereas that of S5,6,7, or 8 tend to be less successful. If any compromise is made during operation, it is, no longer, be considered as AR.

The second argument is that retrospective studies comparing AR and NAR –the only available data up to date– possess many biases. Two groups (AR and NAR) have vast differences in liver function, the amount of removed liver parenchyme, tumor biology and the amount of transfusion.

In this lecture, I would like to discuss the anatomical variation of right liver and definition of AR and systematic liver resection. Yet retrospective, recent literature concerning the prognosis of AR and NAR is, also, to be analyzed in an effort to exclude biases, proposing research issues in the future.



## SESSION 7 LIVER DISEASE

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**H. Thomas Lee, MD, PhD**

Professor of Anesthesia  
Director of Transplantation Anesthesia  
Columbia University Medical Center  
New York, NY, USA

H. Thomas Lee, MD PhD is a tenured professor in the Department of Anesthesiology, the Vice Chair for Laboratory Research, and Director of Transplantation Anesthesiology at Columbia University, New York, USA. He received his BSE in bioengineering from University of Michigan, Ann Arbor, MI and his MD from New York Medical College, Valhalla, NY. After completing his residency training at Stanford University, Palo Alto, CA and Columbia University Medical Center, Dr. Lee has been an integral leader in the Department of Anesthesiology, Columbia University in New York.

Professor Lee currently holds two active R01 grants from the National Institute of Health. The main area of Dr. Lee's research focuses on the protective roles of ischemic preconditioning and adenosine receptor modulation against renal ischemic reperfusion injury. In addition, modulation of renal protection with inhalational anesthetic and local anesthetics are being studied. He uses multiple molecular and biochemical approaches as well as in vivo techniques to better understand both the injurious and protective signaling pathways involved in the injury. His current research aims at elucidating the multiple cytoprotective biochemical and signaling pathways in human renal cells against anoxic and oxidant insult. In addition, precarious balances toward necrotic and apoptotic cell deaths are being investigated.

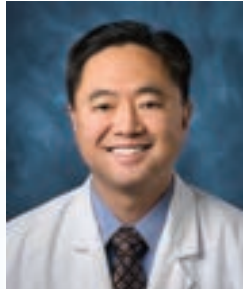
### **Anesthesia for Liver Disease**

Liver plays an extremely complex and important physiological role and is one of the most difficult organs to replace. Liver metabolizes drugs, toxins, nutrients and regulates temperature as well as glucose metabolism. The incidence and prevalence of liver disease due to alcohol abuse, fatty liver disease and hepatitis is increasing globally. Anesthesiologists face several perioperative challenges when patients with liver disease need surgery as patients with chronic or end-stage liver disease have increased risk of morbidity and mortality after anesthesia and surgery. Patients with liver disease have diverse range of physiological perturbations from fully compensated cirrhosis to severe coagulopathy, multiple organ failure and catastrophic metabolic derangement. Application of clinical scoring systems (Child-Turcotte-Pugh and model for end stage liver disease) and the nature of surgical procedures determine the perioperative risk for these patients. The anesthetic management of patients with hepatic dysfunction must account for impaired drug metabolism, hyperdynamic circulation, shunt induced hypoxemia, hyper- and hypo-coagulable states and multiple remote organ dysfunction involving the brain, kidney, lung and the heart. Furthermore, medical or surgical procedures in patients with impaired liver function may exacerbate liver dysfunction further and result in life-threatening hepatic failure. It is essential to preoperatively assess possible hepatic encephalopathy, pleural effusions, hepatopulmonary syndrome, hepatopulmonary hypertension, hepatorenal syndrome, cirrhotic cardiomyopathy, and coagulation disorders. Liver transplantation is the only option available currently to treat end stage liver disease and anesthesiologists play a critical role in preoperative selection, intraoperative as well as postoperative management of these patients. Patients who were previously excluded from transplantation due to end stage extra-hepatic organ dysfunction (e.g., Porto-pulmonary hypertension) are now being considered for surgery due to improved anesthetic and surgical techniques. This presentation reviews the current body of knowledge of perioperative assessment, monitoring, and management of hepatic disease in patients who will undergo surgery.



## RESEARCH & EDUCATION

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### **David Seil Kim, MD, PhD, MBA**

Assistant Residency Program Director  
Division of Minimally Invasive Surgery  
Department of Obstetrics & Gynecology  
Cedars-Sinai Medical Center  
Assistant Clinical Professor  
The David Geffen School of Medicine, UCLA  
Los Angeles, CA USA

### **KAMA Research Abstract Presentations**

This year is a very special convention, in part, because of the inaugural launch of KAMA USA sponsoring original research abstract submissions and presentations for the first time. A call for abstracts was sent out in January 2015 for online submission for this year's convention.

Abstracts submitted in all areas of clinical and basic science specialties were considered for oral or digital poster presentation. All abstracts were required to be original work.

The call for abstracts was sent out nationally, and we had a very good response of 30 excellent abstract submissions representing all parts of the country. All submissions were peer-reviewed and scored based on: scientific merit, originality, and relevance.

The KAMA Research & Education Committee members independently scored the abstracts and were blinded to authors and institutions. The abstracts were divided into two categories, medical student/resident/fellow or attending investigators. The student category oral presenters had \$1000 of their air travel costs and hotel housing subsidized by KAMA.

We are pleased to announce that the Committee selected 8 abstracts for oral presentation and 9 selected for digital poster presentation. These presentations are a small representative cross section of the important research being done by Korean American physicians.

The oral presentations will be presented Special Seminar A: Research/Abstract Presentations on August 8, 2015 from 12:30-14:30 pm in Sapphire Room B.

David Seil Kim, MD, PhD, MBA  
Chair, KAMA Research & Education 2015

## ORAL PRESENTATION OVER VIEW

12:30-14:30		SPECIAL SEMINAR A	SAPPHIRE ROOM B
<b>RESEARCH / ORAL PRESENTATIONS</b> Chairs: Dr. KIM Na Young(Korea) & Dr. David Kim (U.S.A)			
12:30-12:40	<b>Improving HPV Vaccine Awareness &amp; Education in the Korean American Community</b> Brendan Kim		
12:40-12:50	<b>Preoperative Predictors of Spinal Infection within the National Surgical Quality Inpatient Database</b> HAN Byoung Jun		
12:50-13:10	<b>Gene expression profiles of human primary and metastatic reveal UBE2C as a potential therapeutic target gene</b> Dr. Jenny Hong		
13:10-13:20	<b>Obstructive Sleep Apnea in Congenital Central Hypoventilation Syndrome Patients on Diaphragm Pacing</b> Annie Wang		
13:20-13:30	<b>Comparison of Perioperative Parameters for Robotic Assisted Laparoscopic Pediatric Robotic Pyeloplasty and Re-do Pyeloplasty</b> Dr. Minki Baek		
13:30-13:40	<b>Gastric Cancer Prevention and Early Detection Program for an at Risk Population – A Prospective Study of the Korean American Community</b> Dr. Yanghee Woo		
13:40-13:50	<b>"Importance of Tumor Grade in Esthesioneuroblastoma Survival: A Population-Based Analysis and the UCLA Experience 2002-2014</b> Dr. Jeffrey Suh		
13:50-14:00	<b>Birthplace and esophageal cancer incidence patterns among Asian-Americans</b> Dr. Jae Kim		
14:00-14:20	<b>Special Lecture: Planning a career in academic medicine</b> Dr. William Oh		
14:20-14:30	Q&A		
14:30-15:00		COFFEE BREAK	EMERALD ROOM

## Special Seminar A: Research & Oral Presentations

### SEMINAR CHAIRPERSONS

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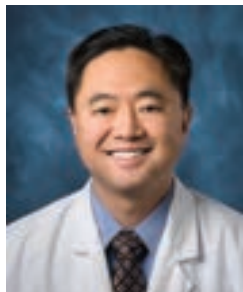


**KIM Nayoung, MD, PhD**

Professor  
Department of Internal Medicine  
SNU, Bundang Hospital  
Bundang, Korea

Nayoung Kim, MD, PhD graduated from Seoul National University College of Medicine (1986), and earned her PhD. (1991). She stayed at Gastrointestinal Motility Laboratory in Brown University, USA as a Research Fellow (1994-1995). She was a Research Scholar at Membrane Biology Laboratory, UCLA Medical School, USA (1999-2002). Her research focuses on the various aspects of *Helicobacter pylori*, especially, on the epidemiology of *Helicobacter pylori* (*H. pylori*), the pathogenesis of *H. pylori*-induced gastrointestinal disease, and the effect of *H. pylori* infection on the development of gastric cancer. She also performs leading research regarding gastroesophageal reflux disease (GERD) and peptic ulcer disease. Dr. Kim is currently studying the aging in the stomach and colon in the F344 rat model and clarifying why the aged stomach is seriously responded by the NSAID using animal model. She actively participates in the Korean Academic Society activities and is Congress Chairwoman of Korean Society of Neurogastroenterology and Motility since April 2015 and Executive Board Member, Academic Affairs of Korean Medical Association. She has 101 SCI publications in the various GI areas as a first author or corresponding author.

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**David Seil Kim, MD, PhD, MBA**

Assistant Residency Program Director  
Division of Minimally Invasive Surgery  
Department of Obstetrics & Gynecology  
Cedars-Sinai Medical Center  
Assistant Clinical Professor  
The David Geffen School of Medicine, UCLA  
Los Angeles, CA USA

David S. Kim, MD, PhD, MBA is a faculty member and Assistant Residency Program Director of the Department of Obstetrics & Gynecology at the Cedars-Sinai Medical Center in Los Angeles and also holds appointments as Assistant Clinical Professor at UCLA and USC. Dr. Kim is responsible for the coordination of residency training, all residency program activities and administration of the residency program at the Saban Community Clinic (formerly the Saban Free Clinic) and California Hospital Medical Center. Dr. Kim completed his residency in obstetrics and gynecology at The George Washington University after his MD from the State University of New York Health Science Center at Brooklyn (Downstate and his master's in Science in Clinical Research from the University of Hawaii and has an MBA from the University of Hawaii's Shidler College. He then went on to earn his PhD in Clinical Research at the University of Hawaii. He serves as the President of the Korean American Graduate Medical Association.

## ORAL PRESENTATION

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### Medical Student/Resident/Fellow Oral Abstract Presentations:

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#### **Annie Wang (USC), Medical Student**

Obstructive Sleep Apnea in Congenital Central Hypoventilation Syndrome Patients on Diaphragm Pacing

Annie Wang is a second year medical student at the Keck School of Medicine at USC. She is a Keck Walker Trust Scholar and USC Asian Pacific Alumni Association Distinguished Scholar. Annie plans to become a pediatrician and serve the Los Angeles patient population.

#### **Brendan Kim (UC Berkeley), Pre-Medical Student**

Improving HPV Vaccine Awareness and Education in the Korean American Community

Brendan Kim is a KAGMA intern conducting public health research that addresses health disparities in the Korean American community. He graduated from UC Berkeley majoring in integrative biology and currently in the process of applying to medical school.

#### **Jenny Hong, MD (Cedars-Sinai Medical Center), Fellow**

Gene expression profiles of human primary and metastatic reveal UBE2C as a potential therapeutic target gene

Jenny was born in Seoul and grew up in Texas. She received her BA, MPH, and MD at Johns Hopkins. She completed general surgery residency at Johns Hopkins/WHC followed by 3 years at NIH for surgical oncology/immunotherapy fellowship. She is currently a fellow in Complex Surgical Oncology at Cedars-Sinai Medical Center.

#### **Nathan ByoungJun Han (NYU) Medical Student**

Preoperative Predictors of Spinal Infection within the National Surgical Quality Inpatient Database

Nathan ByoungJun Han graduated from Rice University and currently attends NYU School of Medicine. He has received AOA Carolyn Kuckein Fellowship and was awarded 1st place ePoster at 2015 AANS conference for research in eye tracking and hydrocephalus. Han plans to pursue a career in Neurosurgery.

## ORAL PRESENTATION

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### Attending Physician's Oral Abstract Presentations:

#### **Jae Kim, MD (City of Hope)**

Birthplace and esophageal cancer incidence patterns among Asian-Americans.

Jae Y. Kim, M.D. is Chief of Thoracic Surgery at City of Hope, an NCI designated Comprehensive Cancer Center in Southern California. He attended Harvard College and UCSF Medical School. He completed general surgery residency at UCSF and cardiothoracic surgery fellowship at MD Anderson.

#### **Jeffery Suh, MD (UCLA)**

Importance of Tumor Grade in Esthesioneuroblastoma Survival: A Population-Based Analysis and the UCLA Experience 2002-2014.

Dr. Suh is an Associate Professor of Head and Neck Surgery at UCLA. He specializes in treating complex sinus disease and sinonasal tumors. He is active in research, with over 69 peer-reviewed publications and a textbook. His favorite hobby is searching for the perfect wave to surf.

#### **Minki Baek, MD, PhD (Texas Children's Hospital, Baylor College of Medicine)**

Comparison of Perioperative Parameters for Robotic Assisted Laparoscopic Pediatric Robotic Pyeloplasty and Re-do Pyeloplasty.

Dr. Baek graduated from Seoul National University College of Medicine. He is an Associate Professor in the Department of Urology at Sungkyunkwan University School of Medicine, Samsung Medical Center. He is currently a Clinical Research Fellow in the Division of Pediatric Urology, Department of Surgery, at Texas Children's Hospital, Baylor College of Medicine.

#### **Yanghee Woo, MD (City of Hope)**

Gastric Cancer Prevention and Early Detection Program for an at Risk Population – A Prospective Study of the Korean American Community.

Yanghee Woo, M.D., is an Associate Clinical Professor of Surgery and the Director of GI Minimally Invasive Therapy at City of Hope National Medical Center (Duarte, CA). She is dedicated to the cure of patients with gastric cancer (GC) and the global elimination of GC through education and research.



## STUDENT / RESIDENT / FELLOW ORAL ABSTRACTS

**Improving HPV Vaccine Awareness and Education in the Korean American Community**

**Objective:** To improve HPV vaccine awareness and education in the Korean American community in Los Angeles, CA

**Methods:** The learning needs and perceived barriers to receiving the HPV vaccine were investigated. Then culturally sensitive seminar was given to the Korean American community to improve awareness of the HPV vaccine. Phases: 1 Identify community partners for recruitment; 2. Develop focus groups of KA mother to assess awareness; 3. Survey of ObGyn's in Koreatown (LA) about HPV vaccine availability; 4. Develop and implement a culturally sensitive HPV vaccine education small groups/seminar for the community. **Results:** Focus group participants were on average 41 years old, with 2.4 children (ranging from 3 months to 18 years old). In phase 2, most parents did not know much about the HPV vaccine. Most did not regard their daughters to be at high risk for developing an HPV infection because of young age or not being sexually active. Additional barriers included 58% of ObGyn's surveyed did not provide the HPV vaccine. In phase 4, 14 women attended the seminar (average age 21). Most did not have a gynecologist (86%) for well woman exams. Many (36%) were unaware of HPV, though 36% knew HPV was a sexually transmitted infection. Some (21%) knew HPV was a cause of cervical cancer. The most favored educational format/venue was a small group setting (43%), online (36%), seminar (14%), and social gathering (7%). In the curriculum intervention, the mean score for the pretest was 69% (SD 8%) and post test score was 93% (SD 8%,  $p < 0.001$ ).

**Conclusion:** Many barriers are keeping Korean American women from receiving the HPV vaccine. However, culturally appropriate small group settings are helpful in improving awareness.

**Gene expression profiles of human primary and metastatic reveal UBE2C as a potential therapeutic target gene**

**Purpose:** Most melanoma cells are resistant to endoplasmic reticulum stress-induced apoptosis. Ubiquitin proteasome pathway is vital for cells to restore normal ER function. Ubiquitin-conjugating enzyme E2C (UBE2C) participates in cell cycle progression and checkpoint control by degradation of mitotic cyclins. We examined UBE2C's biological function in melanoma cell growth. **Experimental Design/Results:** We examined the gene expression profile of metastatic and primary melanoma using a cDNA microarray. We discovered that UBE2C gene expression was higher in metastatic melanoma than that in primary melanoma of any tumor thickness. Further microarray data analysis from human melanoma cell lines showed that UBE2C basal expression was high across the melanoma panel and the expression level was different among melanoma cell lines. We demonstrated that UBE2C gene silencing significantly inhibited melanoma cell (M207, M375) growth at day 4 and day 6 after UBE2C siRNA treatment. Furthermore, we revealed BRAF inhibitor, PLX4032, decreased UBE2C expression through the MAPK pathway inhibition. The combination of PLX4032 and UBE2C silencing has an additive effect on growth inhibition in M328 and M14 cells. UBE2C gene silencing sensitized melanoma cells (M14, M328) to BRAF inhibitor. UBE2C silencing resulted in a higher percentage of apoptotic cells and cells in G2-phase arrest in M207 and M375 cells. **Conclusions:** Our data suggests that UBE2C may be a valuable therapeutic target for melanoma resistant to BRAF blockage. The combination of a BRAF inhibitor, PLX4032 and UBE2C silencing has a significant additive effect on the inhibition of melanoma cell growth. UBE2C may be a therapeutic target for melanoma therapy.

**Obstructive Sleep Apnea in Congenital Central Hypoventilation Syndrome Patients on Diaphragm Pacing**

**Objective:** To assess the presence of obstructive sleep apnea (OSA) in congenital central hypoventilation syndrome (CCHS) patients ventilated by diaphragm pacing (DP), and whether OSA can be improved by changing DP settings. **Methods:** We reviewed polysomnograms (PSG) of fifteen CCHS patients, mean age  $15.4 \pm 7.8$  years, BMI  $22.0 \pm 6.0$  kg/M<sup>2</sup>, and 60% female, ventilated by DP during sleep. The following data were collected: (1) PHOX2B genotype, (2) BMI, (3) medication, (4) adenotonsillectomy, (5) SpO<sub>2</sub>, (6) PETCO<sub>2</sub>, (7) apneas, (8) apnea-hypopnea index (AHI), and (9) DP settings. **Results:** Nine PSGs were performed with tracheostomy capped, and 13 PSGs were performed after patients were decannulated. OSA (AHI > 1.5) occurred in 6 of 9 PSGs in patients with tracheostomy capped. Immediate severe OSA occurred with tracheostomy capping in 3 patients; therefore, studies were completed with tracheostomy uncapped. OSA occurred in 2 of 13 PSGs for patients who were decannulated. In 63% PSGs with OSA, AHI was  $14.1 \pm 16.3$  per hour. In 75% PSGs with OSA, hypoxemia occurred with lowest SpO<sub>2</sub> of  $70.2 \pm 11.9\%$ . 50% PSGs with OSA had hypoventilation, with PETCO<sub>2</sub> of  $58.0 \pm 2.4$  torr. In 2 of 5 PSGs with OSA, OSA improved by decreasing DP tidal volume (AHI decreased from  $11.1 \pm 2.5$  to  $1.8 \pm 2.5$  events/hour; PETCO<sub>2</sub> decreased from  $57.5 \pm 3.5$  to  $38.5 \pm 0.7$  torr; and SpO<sub>2</sub> increased from  $76.5 \pm 0.7\%$  to  $93.0 \pm 7.1\%$ ). No changes were attempted in 1 of 5 patients. One patient had to be on BPAP. **Conclusion:** OSA occurs in CCHS patients ventilated by DP. However, reducing DP tidal volume settings can improve OSA without compromising gas exchange.

**Preoperative Predictors of Spinal Infection within the National Surgical Quality Inpatient Database**

**Background:** Surgical-site infections (SSIs) are a major cause of morbidity and mortality, and they increase the length and cost of hospitalization. In patients undergoing spine surgery, there is limited large-scale data on patient-specific risk factors for SSIs. **Methods:** The American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) database was searched for all spinal operations between 2006 and 2012. The rates of 30 day surgical site infections were calculated, and univariate analysis of selected preoperative risk factors was performed. Multivariate analysis was then used to identify independent predictors of SSIs. **Results:** 1110 of the 60179 patients (1.84%) had a postoperative wound infection. There were 527 (0.87%) deep and 590 (0.98%) superficial infections. Patients with infections had greater rates of sepsis, longer lengths of stay and more return visits to the operating room. Independent predictors of infection were female gender, inpatient status, insulin dependent diabetes, preoperative steroid use greater than 10 days, hematocrit less than 35, BMI greater than 30, wound class, ASA class and operative duration. **Conclusions:** Analysis of a large national patient database revealed many independent risk factors for SSIs after spinal surgery. Some of these risk factors can be modified preoperatively to reduce the risk of postoperative infection.

## ATTENDING ORAL ABSTRACTS

**Importance of Tumor Grade in Esthesioneuroblastoma Survival: A Population-Based Analysis and the UCLA Experience 2002-2014.**

**OBJECTIVE:** To investigate prognostic factors for survival in patients diagnosed with esthesioneuroblastoma, including emphasis on tumor grade. **METHODS:** Retrospective, population-based cohort study of patients in the Surveillance, Epidemiology, and End Results (SEER) tumor registry who were diagnosed with esthesioneuroblastoma from January 1, 1973, to January 1, 2010. Also analyzed were all patients treated at the UCLA Medical center from 2002-2014 with this tumor. Main outcome measures were overall and disease-specific survival. **RESULTS:** The SEER cohort included 281 patients with a mean age of 52 years. There were 154 males (54.8%) and 127 females (45.2%). Kaplan-Meier analysis demonstrated an overall and disease-specific survival rate of 61% and 70% at 5 years and 50% and 64% at 10 years, respectively. Multivariable Cox regression analysis showed that advanced tumor grade and modified Kadish stage (hazard ratio, 4.930; 95% CI, 2.635-9.223;  $P=0.001$ ) portended worse disease-specific survival, and radiation therapy (hazard ratio, 0.499; 95% CI, 0.272-0.916;  $P=0.03$ ) improved disease-specific survival. Patients with low-grade tumors demonstrated an overall and disease-specific survival rate of 84% and 92% at 5 years and 67% and 87% at 10 years, respectively. Multivariable analysis of low-grade tumors only revealed receiving surgery ( $P=0.004$ ) as an independent positive predictor of disease-specific survival. High-grade tumors demonstrated overall and disease-specific survival of 40% and 50% at 5 years and 34% and 43% at 10 years, respectively. Multivariable analysis of high-grade tumors showed modified Kadish stage (hazard ratio, 2.025; 95% CI, 1.430-2.866;  $P<0.001$ ) predicted worse disease-specific survival, and radiation therapy (hazard ratio, 0.433; 95% CI, 0.228-0.864;  $P=0.02$ ) independently predicted improved disease-specific survival. **CONCLUSIONS:** We report the largest study investigating prognostic factors for survival, with the inclusion of tumor grade, in patients diagnosed with esthesioneuroblastoma. Patients with high-grade tumors had substantially worse survival rates than patients with low-grade tumors. Multivariable analysis revealed only receiving surgery as an independent predictor of disease-specific survival for patients with low-grade tumors, while modified Kadish stage and postoperative radiation therapy were significant factors in predicting disease-specific survival in patients with high-grade tumors. This study highlights the growing evidence that tumor grade should be a key factor in predicting survival in patients with esthesioneuroblastoma, and that adjuvant radiation therapy improves survival rates among patients with high-grade, but not low-grade, tumors.

**Effect of preexisting sensitivity to amphetamine on the GABA deficit induced vulnerability to psychosis.**

**OBJECTIVE:** GABA deficit created by iomazenil has been repeatedly shown to create vulnerability to psychotomimetic agents, and also can enhance pre-existing psychosis in schizophrenia. Interestingly, it was preliminarily observed that the more vulnerable the subject to the psychotomimetic agents, like tetrahydrocannabinol and meta-chlorophenylpiperazine, the less the addition of iomazenil (IOM) induced the vulnerability to psychosis. Based on this observation, it was hypothesized that the pre-existing sensitivity to amphetamine (AMPH) induced psychosis would be inversely related with additional change in psychosis induced by the addition of iomazenil. **METHODS:** A subthreshold dose of AMPH (0.1 mg/kg) was administered by intravenous infusion. Seventeen healthy subjects received placebo IOM followed by placebo AMPH, active IOM followed by placebo AMPH, placebo IOM followed by active AMPH, active IOM followed by active AMPH in a randomized, double-blind crossover design over 4 test days. Psychotomimetic effects was measured by Positive and Negative Syndrome Scale (PANSS). **RESULTS:** There exists significant correlation ( $R=-0.6$ ,  $P=0.011$ ) between PANSS positive symptoms subscale score induced by AMPH+Placebo and the increase in PANSS positive symptoms subscale by addition of iomazenil (AMPH+IOM). **CONCLUSIONS:** Negative correlation between preexisting sensitivity to amphetamine and iomazenil induced vulnerability to psychosis was observed as hypothesized. This is consistent with previous findings with psychotomimetic agents of different receptor profiles, suggesting common underlying mechanism between pre-existing vulnerability to psychosis and GABA activities.

**Birthplace and esophageal cancer incidence patterns among Asian-Americans.**

**OBJECTIVES:** The incidence of esophageal adenocarcinoma in the US has risen rapidly over the last 30 years, whereas the incidence of esophageal squamous cell carcinoma (SCC) has fallen dramatically. In contrast, parts of Asia have extremely high rates of SCC, but virtually no adenocarcinoma. Within the US, Asian-Americans as a whole, have low rates of esophageal adenocarcinoma and higher rates of SCC. It is unclear what the patterns are for those Asians born in the United States. The relative influence of ethnicity and environment on the incidence of esophageal cancer in this population is unknown. **METHODS:** We identified all cases of esophageal adenocarcinoma and SCC from the California Cancer Registry 1988-2004, among 6 different Asian ethnicities. Time trends were examined to calculate the annual percentage changes in regression models. **RESULTS:** SCC was much more common than adenocarcinoma in both foreign-born and US-born Asian-Americans. Rates of SCC were slightly higher among US-born Asian men (4.0 per 100,000) compared with foreign-born Asian men (3.2 per 100,000) and White men (2.2 per 100,000),  $P=0.03$ . Rates of adenocarcinoma were also slightly higher among US-born Asian men (1.2 per 100,000) compared with foreign-born Asian men (0.7 per 100,000),  $P=0.01$ . Rates of SCC decreased for both US-born and foreign-born Asians during this period, whereas adenocarcinoma remained low and stable. **CONCLUSION:** These results provide better insight into the genetic and environmental factors affecting the changing incidence of esophageal cancer histologies in the United States and Asia.

**Gastric Cancer Prevention and Early Detection Program for an at Risk Population – A Prospective Study of the Korean American Community**

**BACKGROUND:** Gastric cancer development is multifactorial with varying incidence rates. People of Korean heritage have the highest rate of gastric cancer in the world and among Americans. The population-specific risk factors and the effectiveness of selective screening in the Korean American communities have not been studied. **METHODS:** Korean Americans living in Northern New Jersey over 40 years of age without a known history of gastric cancer were eligible to participate in this prospective study. Each participant received a 30-minute one-to-one consultation with a gastric cancer surgeon, given a 44-item questionnaire, and underwent an upper endoscopy with biopsies. The consultation included assessment for the presence of relevant history, symptoms, and signs. The questionnaire addressed patient-specific demographic, epidemiologic, and cultural information. Two gastroenterologists blinded to the consultation and questionnaire results performed the upper endoscopies. **RESULTS:** Between September 2013 and September 2014, one hundred participants enrolled in our study. All participants denied the presence of alarm symptoms, such as acute weight loss, melena or persistent vomiting. Risk factors, including prior H. pylori infection (25%), family history of gastric cancer (15%), cigarette smoking (16%), and daily intake of salty and pickled foods (87%) were present. On upper endoscopy, 18% of the participants were found to have "moderate to severe H. pylori-associated chronic active gastritis". Other endoscopic findings were mild gastritis (61%), severe erosive gastritis (4%), polyps (4%), and metaplasia (21%). Only 4 patients had normal mucosal pathology. Gastric dysplasia or cancer has not yet been identified. **CONCLUSION:** Korean Americans have high rates of modifiable risk factors for developing gastric cancer. Novel population-specific gastric cancer prevention and early detection strategies should be designed to eliminate gastric cancer from the Korean American Community.

## ORAL PRESENTATION

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**William K. Oh, M.D.**

Chief, Division of Hematology and Medical Oncology  
Professor of Medicine and Urology  
Ezra M. Greenspan, MD Professor in Clinical Cancer Therapeutics  
Icahn School of Medicine at Mount Sinai  
Associate Director of Clinical Research  
The Tisch Cancer Institute

### **“How to succeed in academic medicine”**

By Dr. William K. Oh

Of course, there is no single recipe for success in any career, especially in an arena as complex as academic medicine. However, there are several key common threads to most successful careers in academic medicine, which I believe can be focused on. These include strong mentorship, passion for your interests, building collaborations and support from the institution. I will review these both in the context of my own career and how young faculty can use these guidelines for their own success.

## CONGRATULATORY LETTERS

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**KIM Tae You, MD, PhD**

Director  
Seoul National University Cancer Hospital



Dear KAMA members and colleagues,

On behalf of Seoul National University Cancer Hospital (SNUCH), I would like to congratulate the opening of 2015 Korean American Medical Association (KAMA) Convention to be held on Aug 6th in Seoul.

With active participation and cooperation of its members, KAMA has become the representative organization of Korean-American medical personnel. I would like to show respect to the president and the members of KAMA who made great contribution to the development of the organization.

As the leading cancer hospital in Korea, SNUCH has made efforts to provide patient-centered medical care, cutting-edged translational and clinical research, and IT-based health care information. With KAMA convention, we would like to extend mutual collaboration and networking with KAMA members in regards to patient care and research.

Again, I would like to show my utmost appreciation to the organizing committee members for the preparation of KAMA Convention, and wish the success of this meeting. Thank you.

Best Regards,

Tae-You Kim, M.D., Ph.D.

Director

Seoul National University Cancer Hospital



## SATURDAY SESSIONS 8

15:00-17:20	<b>SPECIAL SEMINAR B</b>	SAPPHIRE ROOM B
<b>WKMSO / Resident Seminar</b> Chairs: LEE Hae Eun, MD, PhD (Korea) & Stanley Kim, MD (U.S.A)		
15:00-15:20	<b>The AMA legacy in Medical Education</b> Robert M. Wah, MD	
15:20-15:40	<b>Expected Roles and Contribution to International Society As a Medical</b> SHIN Dong Chun, MD, PhD	
15:40-16:00	<b>Insight into Obtaining a Residency in US for FMG</b> David Kim, MD, PhD, MBA	
16:00-16:20	<b>Medical Training &amp; Practice in US as Foreign Medical Graduate".</b> SONG Joon , MD	
16:20-16:40	<b>Personal Experience</b> Steve Sun Wu Sun, MD	
16:40-17:00	<b>Personal Experience</b> AHN Kyung Heup, MD, PhD	
17:00-	<b>Panel Discussion</b>	



## CO-CHAIRS OF SESSION 8, GASTRIC CANCER

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### **CHUN Hoo Geun, Md, Dmsc.**

Director, Comprehensive Cancer Institute  
Vice President, External Affairs and Collaborations  
Seoul St. Mary's Hospital

Professor, Internal Medicine  
Catholic University of Korea, Seoul, Korea

Professor Hoo Geun Chun is currently the director of the Comprehensive Cancer Institute at Seoul St. Mary's Hospital where also serves as the Vice President of External Affairs and Collaborations. After graduating medical school and internal medicine residency in Korea at Catholic Medical College and the Catholic Medical Center, Seoul, Korea; Dr. Chun completed an internal medicine residency in the United States at the Southern Illinois University School of Medicine. He then went on to a fellowship in medical oncology at the Memorial Sloan Kettering Cancer Center, New York, NY, USA. Prior to returning to Korea in 2009, he was the director of Solid Tumor Service, Division of Oncology/Hematology, Department of Medicine at the Westchester Medical Center, Valhalla, New York. Dr. Chun is a former president of the Korean American Medical Association (2005).

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### **YANG Han-Kwang, MD, PhD**

Professor, Chief, Division of GI Surgery  
Department of Surgery & Cancer Research Institute  
Seoul National University Hospital  
Seoul National University College of Medicine  
E-mail: hkyang@snu.ac.kr

Professor Han-Kwang Yang is internationally recognized as a leading expert in gastric cancer. Dr. Yang is involved in several large scale RCT's for gastric cancer treatment. He is the Korean principal investigator (PI) of REGATTA study (Phase III study for the role of gastrectomy in stage IV gastric cancer with a single incurable factor; a collaborative study between JCOG and KGCA). He is also one of the investigators of CLASSIC trial, KLASS trial as well as the Korean PI of a phase II study studying the role of neoadjuvant imatinib treatment in large gastric GIST (a collaborator study between Japan and Korea). His translational research interests are Gastric Carcinogenesis, DDS, familial gastric cancer, and biomarkers.

## SESSION 8 GASTRIC CANCER

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**Woo Jin Kim, MD**

Gastroenterologist  
Kaiser Permanente  
Los Angeles, CA, USA

Dr. Woojin Kim is currently a staff gastroenterologist at West Los Angeles Kaiser Permanente Medical Center specializing in interventional GI procedures. Prior to that, he completed his general gastroenterology fellowship at UCLA /Cedars Sinai combined hospital programs and his interventional GI fellowship at Columbia University Medical Center. Internal medicine residency was completed at Boston University Medical Center and he received his MD degree from Brown University. Throughout his training, Dr. Kim's research focus has been on H. pylori and gastric cancer.

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### **The role of *Helicobacter pylori* in the pathogenesis of gastric malignancies**

by Dr. Woo Jin Kim

*Helicobacter pylori* is the world's most common chronic bacterial infection, colonizing more than half of the population globally. Although all strains cause persistent gastric inflammation, most cases are asymptomatic; only 15% result in peptic ulcer disease and less than 2% of cases will develop gastric adenocarcinoma or the even rarer mucosa associated lymphoma (MALT). Considerable evidence implicates H. pylori in the pathogenesis of gastric malignancies-still a major burden in much of the world. Interactions between host factors, environmental factors and specific H. pylori constituents (or virulence factors) are important in determining the outcome of infection. Despite the relative ease of eradicating H. pylori with 1–2 week course of proton pump inhibitors and antibiotics in individuals, whether to actively seek occult H. pylori infection at the population level to attempt to prevent the burden of H. pylori-associated gastric malignancy remains surprisingly controversial.

## SESSION 8 GASTRIC CANCER

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**CHOI Il Ju, MD, PhD**

Professor  
Department of Cancer Control & Policy  
Graduate School of Cancer Science and Policy  
National Cancer Center

MD	Seoul National University College of Medicine, Seoul, Korea
PhD	Medical Science, Seoul National University Graduate School
Research Fellow	Baylor College of Medicine, Department of Gastroenterology, Houston, TX, USA
Chief	Gastric Branch, Research Institute and Hospital, National Cancer Center, Korea
Head	Center for Gastric Cancer, National Cancer Center, Korea

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### **Endoscopic treatment for gastric cancer**

By Dr. Il Ju Choi

Early gastric cancer (EGC) is defined as gastric cancer in which tumor invasion is limited to the mucosa or submucosa. D

Diagnosis of EGC has increased in Korea because of national cancer screening program which provides endoscopy every 2 year-interval to the general population aged over 40 years. Recently, endoscopic resection (ER), including EMR and recently endoscopic submucosal dissection (ESD), is accepted as a curative treatment for EGC without the risk of lymph node metastasis. ESD is the preferred technique to surgery because of better short-term treatment outcomes, better quality of life by preserving entire stomach, and cost-effectiveness. However, ER is associated with complications such as bleeding (0-15.6%) and perforation (1.2-5.2%), and less commonly stenosis (0.7-1.9%) for lesions at the gastroesophageal junction or pyloric channel. These complications can be largely preventable and can be usually managed by endoscopic treatment.

ER is considered a standard treatment for EGCs that meets the absolute indication for ER, i.e. intramucosal differentiated-type cancer,  $\leq 2$ cm in size without ulcerative findings. The 5-year overall survival rates after ER are usually more than 90%, which is acceptable for standard treatment. The expanded indication for endoscopic resection was proposed based on the zero risk for lymph node metastasis found from the pathology results from EGC patients who underwent surgery. However, it is still considered as an investigational treatment due to the limited data on the technical feasibility and long-term outcomes on the survival and recurrence.

Our recent studies show that ER for EGC has long-term survival rates, which are comparable to those of surgery not only for absolute indication but also for expanded indications. Fewer adverse events occurred after ER. Although metachronous GCs develop in a rate about 3%/year after ER, they are usually treatable by repeated ER and did not affect survival. However, careful endoscopic surveillance is essential to detect new cancer at an early stage. H. pylori eradication is recommended to reduce the risk of metachronous GC, but this strategy cannot completely abolish the risk. Although ESD is an excellent method for EGC treatment, there are several remaining issues on the indications, pathological evaluations, techniques, training, and long-term outcome.

## SESSION 8 GASTRIC CANCER

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### WOO Jin Hyung, MD, PhD

Professor, Department of Surgery  
Director, Gastric Cancer Center  
Yonsei Cancer Center, Yonsei University Health System  
Seoul, South Korea

Professor Woo Jin Hyung is recognized internationally as one of the leading gastric cancer surgeons in the world for his pioneering work on surgical innovation. He is renowned for his expertise in minimally invasive approaches to the treatment of gastric cancer patients and his standardization of robotic radical gastrectomy.

Professor Hyung obtained his MD degree from Yonsei University in 1993. He subsequently started his internship/residency at Severance Hospital. His areas of research interest are surgical oncology especially gastric cancer and image-guided surgery.

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### Minimally Invasive Surgery for Advanced Gastric Cancer

By Professor Woo Jin Hyung

Minimally invasive (laparoscopic or robotic) treatment for gastric cancer has gained popularity because it provides better short-term (e.g., reduced pain) and long-term (e.g., increased quality of life) results. Minimally invasive surgery (MIS) for the treatment of early gastric cancer (EGC) is a safe and efficient alternative to open gastrectomy. Recently, surgeons experienced in MIS techniques have suggested that they could be successfully applied to the treatment of advanced gastric cancer (AGC).

Currently, generally accepted indication of MIS for gastric cancer is that the patient has a clinical diagnosis of EGC. Because of an inaccurate perioperative diagnosis, a significant number of patients with AGC have been treated using MIS. Moreover, experienced surgeons have begun to treat patients with AGC using MIS, and have reported acceptable short-term and long-term outcomes.

In our experience, even serosa-positive cancer (T4a) patients treated using MIS experienced similar survival and recurrence outcomes, compared to open surgery. The results of meta-analyses demonstrated that compared with open surgery, laparoscopic gastrectomy with D2 LN dissection had similar overall survival rates, comparable numbers of retrieved LNs, less blood loss, less pain, reduced postoperative complications, and shorter hospital stays. However, the reduced postoperative complication rate resulted from a decreased incidence of minor complications (e.g., wound infections and postoperative ileus), but the incidence of major complications was similar to open surgery. Recently, large-scale multicenter RCTs started enrollment of patients to assess the feasibility and short- and long-term safety of laparoscopic gastrectomy for AGC in Korea, Japan, and China. These studies will reveal the real efficacy of MIS for gastric cancer and aid in the development of guidelines for surgeons.

The use of MIS for the treatment of gastric cancer is evolving. The clinical indications are expanding to its use in function-preserving surgery and in more extensive surgeries. Technical difficulties and lack of evidence have hindered rapid and widespread use of MIS for gastric cancer, but it seems to be promising approach. The results of the many well-designed studies that are in progress are expected to indicate that MIS is as safe and effective as open conventional surgery.

## SESSION 8 GASTRIC CANCER

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### KANG Yoon-Koo, MD, PhD

Professor of Medicine  
Asan Medical Center  
University of Ulsan College of Medicine  
Seoul, South Korea

Dr Kang received his MD from SNU and specialized in internal medicine and oncology/ hematology. In 1992, he also received a PhD from SNU. Before joining the Asan Medical Center, Dr Kang finished a research fellowship at the National Cancer Institute at NIH, USA and led the clinical program of hematology/oncology and the Laboratory of Experimental Therapeutics at the Korea Cancer Center Hospital in Seoul.

Dr Kang is an expert in clinical development of new anti-cancer therapies. He has directed Clinical Research Center for several years at Asan Medical Center and has led a number of important international clinical trials. His main interests are in the treatment of gastric cancer, hepatocellular carcinoma, and GIST. He is currently the Chairman of the Korean Cancer Study Group (KCSG) and the Korean GIST Study Group and member of professional societies such as the Korean Cancer Society, American Society of Clinical Oncology, European Society of Medical Oncology, and the American Association of Cancer Research. He is on the editorial board of Cancer Research and Treatment, Gastric cancer, Clinical Colorectal Cancer, and Clinical Investigation. He has published more than 300 papers in peer review journals.

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### Advances in the system treatment of gastric cancer

By Dr. Yoon-Koo Kang

For metastatic or recurrent advanced gastric cancer (AGC), combination chemotherapy is the standard of care with around 1 year median overall survival. Combination fluoropyrimidine, platinum +/- epirubicin or docetaxel is consensus 1st line regimen worldwide. Doublet of oral fluoropyrimidine (capecitabine or S-1) and cisplatin or oxaliplatin is preferred in East Asia, while triplet of oral fluoropyrimidine, platinum, and epirubicin is preferred in UK, HongKong, and Australia. For HER2 positive cases, ToGA study clearly demonstrated that addition of trastuzumab (H) to doublet of fluoropyrimidine (F) and platinum (P) improved survival, and now is standard of care for this patient population. Following the success in breast cancer, pertuzumab is now being tried also in HER2 positive AGC. JACOB trial is comparing pertuzumab + HXP with HXP alone in HER2 positive AGC. After failure of 1st line chemotherapy, the benefit of chemotherapy (taxane or irinotecan) has been recently established based on 3 randomized phase 3 trials in the world. For HER2 (+) patients, TDM-1 is being compared with standard taxane in GATSBY trial. The efficacy of antiangiogenic therapy has been recently established also in gastric cancer. The AVAGAST study had not demonstrated the benefit of adding bevacizumab to cytotoxic chemotherapy in AGC. But, recent REGARD and RAINBOW trials have shown benefit of ramucirumab alone or in combination with paclitaxel in 2nd line AGC. So, for HER2 negative AGC, ramucirumab plus taxane has become a new standard. Finally, like in other solid tumors, immune checkpoint inhibitors are being tried in AGC and very promising results have been reported in early phase trials. So, now several phase 3 trials of immune checkpoint inhibitors are on going in AGC.



## SESSION 8 GASTRIC CANCER

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**Yanghee Woo, MD**

Associate Clinical Professor  
Director of Minimally Invasive Therapy  
Division of Surgical Oncology  
Department of Surgery  
City of Hope, Duarte, CA, USA

### **Challenges of Gastric Cancer Treatment in the United States**

by Dr. Yanghee Woo

Gastric cancer is a formidable world health problem with varying national incidences and outcomes. The incidence of gastric cancer in North America is one of the lowest in the world with 21,600 patients diagnosed in United States in 2013. Unfortunately, the surgical outcome and survival of our patients is one of the worst falling far below East Asian countries such as Japan and Korea.

Unique to the patient population of gastric cancer patients in the United States is the ethnic heterogeneity of the patients. The risk of developing gastric cancer is significantly higher for blacks, Hispanics, Asians and recent immigrants from high-incidence countries living in the United States when compared to the white population and there is suggestion that the outcomes may also be different in these subpopulations. In addition, the age at time of diagnosis, the stage of diagnosis, and percent of obese patients are significantly higher in the United States when compared to the Eastern high incidence countries with national screening programs and a differing diet. This diversity of patient population poses distinct challenges, as well as, providing opportunities for gaining insight into the epidemiology and biology of gastric cancer, not possible in other parts of the world.

To improve the outcome of gastric cancer patients in the United States, several areas of gastric cancer care need to be addressed. First, we need to shift the stage at which we first diagnose our patients. At this time, most patients are diagnosed with advanced gastric cancer where cure is difficult to achieve with surgery alone and survival even with multimodality treatment (additional chemotherapy and radiation affords) 26% over-all five-year survival. Secondly, the accuracy of T and N staging of the patients need to be improved. More accurate clinical staging will also help with appropriate surgical treatment for patients with early or locally advanced gastric cancer. Moreover, surgical treatment of gastric cancer must rise to an international standard, which requires proper training and standardization of techniques including completeness of D2 lymphadenectomy. Regardless of the extent of lymphadenectomy, however, accurate pathologic staging of patients tumors are hindered by inadequate number of lymph nodes retrieved or evaluated. Third, all gastric cancer patients, like for other solid tumors of the gastrointestinal tract, should be cared for by a multidisciplinary team with a multimodality strategy. Unfortunately, less than 50% of the patients receiving care for their gastric cancer in the United States are treated in this setting. With the risk of recurrence after R0 resection being highest within the first three years; follow-up of patients who have received "curative" treatment should also be consistent. Lastly, as we work to develop more effective systemic treatments for recurrent or metastatic gastric cancer; community based prevention, early detection and patient centered proper diagnosis, accurate clinical staging and appropriate treatment must be tackled concurrently and imperative in providing the best outcome for every one of our cancer patients.

## SESSION 8 GASTRIC CANCER

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### YANG Han Kwang, MD, PhD

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E-mail: hkyang@snu.ac.kr

#### Education:

M.D. Seoul National University College of Medicine, Seoul, Korea  
M.S. Seoul National University College of Medicine, Seoul, Korea  
Ph.D. Seoul National University College of Medicine, Seoul, Korea

#### Postdoctoral Training:

Intern in Seoul National University Hospital, Seoul, Korea  
Resident in General Surgery, Seoul National University Hospital, Seoul, Korea  
General Surgery Fellowship, in General Surgery, SNUH, Seoul, KOREA  
General Surgery Fellowship, in General Surgery, SNUH, Seoul, KOREA  
Visiting Fellow, NCI-Navy Medical Oncology Branch, NCI, NIH, Bethesda, MD, USA  
Guest Researcher, Cell Regulation & Carcinogenesis, NCI NIH, Bethesda, MD, USA

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### Global Standard of Gastric Cancer Treatment

By Professor Han Kwang Yang

The key word for gastric cancer treatment in 1970-80's were lymph node dissection. In 1990's to 2000 was adjuvant chemotherapy. Now 2010's, the key word would be minimal access surgery. Korean Laparoscopic Gastrointestinal Surgery Study Group (KLASS) started as a small conference in 2004 and became an official study group of Korean Gastric Cancer Association in 2005. Core values of KLASS are 'Contribution', 'Ethical', 'Creativeness', 'Dynamic', 'Diversity', 'Patient-oriented' and 'Excellency'. KLASS has provided educational programs but also conducted world-leading clinical trials for minimal access surgery (KLASS-01, 02, 03). The success of KLASS would be due to 'Shared leadership'. International activities include collaboration with JGCA, Kanto LAG conference but most importantly as Japan-Korea Laparoscopic Gastric Surgery Joint Seminar since 2005 (China joined since 2013). This international seminar provided not only podium to share experience but also published English textbook and international collaborating studies. The result of large-scale RCT for AGC comparing laparoscopic vs. open gastrectomy including KLASS (Korea), CLASS (China) and Japanese study will be available after 2018 and we should expect increase of laparoscopic gastrectomy. We should provide training program for senior surgeons who are not familiar with laparoscopic approach. KLASS already did this in 2007. Now, KLASS encourages clinical studies focused on different procedures (not anymore the validity of minimal access surgery) such as KLASS-04 (LAPPG vs. LADG) or KLASS-05 (LA double tract proximal gastrectomy vs. LATG). KLASS also pays attention to encourage next generation. With development of laparoscopic surgery, visual augmentation technology will be more available. Robotic surgery is very promising but still need evidence development.

As surgical oncologist, through patient care, we can conduct many studies either clinical trials or translational researches in collaboration with other scientists. Surgical oncologist can bring clinical questions to laboratory (OR to Bench). We are also actively establishing PDX models in NSG mice in collaboration with Jackson Laboratory in the United States. With genomic profile and chemosensitivity data, we would be able to provide genomic profile based selection of chemotherapy to the patient.

## CONGRATULATORY LETTERS

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**KIM Kwang Tae, MD, PhD**

President  
International Hospital Federation

Dear KAMA members,

Hearty congratulations on the 41st Anniversary KAMA National Convention being held in Seoul in a landmark joint symposium with Korean Medical Association and Korean Hospital Association, under the theme of "Uniting Physicians of Korean Heritage Through Medical Science", joined by medical students of Korean heritage from around the world.

We live in an increasingly interconnected world. As we have just experienced in Korea, we live in an age of no borders in patients among hospitals and nations. Along with the increasingly aging population, chronic diseases and end-of-life issues also require innovative ideas from around the globe. It is heartening to have medical professionals of Korean heritage from around the globe sharing experiences and knowledge, comparing notes, through this convention. I am excited about the topics that will be covered in the scientific sessions and special lectures.

The remarkable advancement in healthcare delivery and technology made in Korea gives us the platform from which we can build an affordable, quality-care model for the patients globally.

I welcome you to Seoul and wish KAMA and the participating medical students a fruitful convention and all the success!

Very truly yours,

Kwang Tae Kim, MD  
President  
International Hospital Federation

## SPECIAL SEMINAR B -WKMSO/RESIDENT SESSION CHAIRS

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**LEE Hye-yeon, MD, PhD**

Professor of Department of Anatomy,  
Yonsei University College of Medicine  
Seoul, Korea

Professor Hye-yeon Lee earned her MD, PhD from Yonsei University College of Medicine, Seoul, Korea. After coming on staff at Yonsei University College of Medicine as an Instructor in 1993, she quickly rose to Assistant Professor in 1995, Associate Professor of Anatomy in 2000, and full Professor in 2006. During that time, she also completed her visiting research fellowship in the Department of Anatomy of University College of London, UK and in the Orthopedic Biomechanical lab, Mayo Clinic, Rochester, MA, USA. She served as the Vice Dean of Student Affairs at Yonsei and has been an Executive Board member of the Academic Affair of Korean Medical Association. Dr. Lee is a passionate advocate for resident training and medical education.

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**Stanley Kim, MD**

Vice Chair  
KAMA Board of Directors

Dr. Stanley Kim was born in Korea but moved to the United States after graduating from the Yonsei College of Medicine in Seoul, Korea in 1989.

He completed his internal medicine residency at an Albert Einstein-affiliated hospital in New York and completed his nephrology fellowship at the New York Mount Sinai medical center in 1996.

After three years of working at a nephrology group in NJ, Dr. Kim founded his own nephrology practice in 1999. The practice started as a nephrology specialty clinic called Edison Nephrology Consultants, LLC . in Edison, NJ and eventually expanded into what it is today, a comprehensive medical clinic called SBK MD Group. It is comprised of three clinics: one in Edison, NJ, one in Woodbridge, NJ, and one in Fort Lee, NJ. Dr. Kim also runs three Fresenius dialysis centers as a medical director and is a nephrology consultant at JFK medical Center, Raritan Bay Medical Center, Robert Wood Johnson at Rahway, Englewood Medical Center, and Holyname Medical Center.

As an active Korean American physician organizer, he founded Central NJ Korean Doctors' Association (CNJ KADA) in 2006 and served as its first president for two years. He has been serving various positions in KAMA, the Korean American Medical Association, since 2007. Currently, he serves as the organization's Vice Chair of the KAMA board, President of KAMA NY/NJ chapter, and Fundraising Committee Chair of KAMA 2015.

## WKMSO / RESIDENT SESSION

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**Robert M. Wah, MD**

169th President of the AMA

### **The AMA legacy in Medical Education**

By Dr. Robert M. Wah

Dr. Wah will discuss the history of the AMA and Medical Education in the US. He will describe the current strategic AMA initiative in undergraduate Medical Education. Dr. Wah will also outline the current AMA organizational structure for International Medical Graduates and Minority healthcare issues.



## WKMSO / RESIDENT SESSION

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### **SHIN Dong Chun, MD, PhD**

Chair, Department of Preventive Medicine  
Yonsei Univ. College of Medicine  
Seoul, Korea

Chair, Finance and Planning Committee  
World Medical Association

Dr. Shin is a chair of the Department of Preventive Medicine at Yonsei University College of Medicine in Seoul, Korea and a director of the Institute for Environmental Research at Yonsei University. He joined the leadership of Korean Medical Association (KMA) in 2006 and is currently serving as a chair of Executive Committee of International Affairs of KMA.

He graduated from Yonsei University College of Medicine in 1980, was awarded his Ph.D. in 1989, and served as a visiting scholar at the University of Michigan School of Public Health from 1991 to 1993. His research field is exposure and risk assessment of PBTs such as dioxins, PCBs, PBDE, PAHs, phthalates, and a wide range of environmental toxic chemicals. Shin has been a faculty member since 1988 and published more than 164 articles that were cited in peer-reviewed journals including 38 papers in major international journals.

### **Expected Roles and Contribution to International Society As a Medical Doctor**

By Dr. Dong Chun Shin

Korea National Environmental Health Action Plan toward 10 years (2006-2015) was established under his leadership and he has been a co-representative of the Korea Environmental Health Forum since 2006.

Physicians are one in serving for people's health and happiness and this great mission does not limit on treating patients in their everyday lives but goes beyond borders of communities and countries. Physicians need to be involved in improving health care systems in the direction that it increases accessibility, quality and patient safety. This responsibility can be better and more effectively fulfilled through organized medicine such as activities of national medical associations and intergovernmental bodies and institutions.

Based on their professional knowledge and experiences of contribution to the society they belong to, physicians also have responsibilities to help other countries establish their own sustainable healthcare systems and medical education systems. Various development assistance projects including governments' ODA projects can provide a good opportunity for physicians to serve the mission.

Physicians also should be strong advocates for social issues such as human rights, climate change issues, social determinants of health, and etc. Physicians are from the nature of their profession the ones closely connected to the public and especially underprivileged people.

In this respect, the presentation will look over wide range of physician's roles and contributions to communities and international society and various platforms to achieve those responsibilities.

## WKMSO / RESIDENT SESSION

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### David Seil Kim, MD, PhD, MBA

Assistant Residency Program Director  
Division of Minimally Invasive Surgery  
Department of Obstetrics & Gynecology  
Cedars-Sinai Medical Center  
Assistant Clinical Professor, The David Geffen School of Medicine, UCLA  
Los Angeles, CA USA

### Education & Training

1988-1993	Undergraduate - B.S. degree in Biochemistry/Molecular Biology, Minor in Political Science at The University of California, at San Diego (La Jolla, CA)
1993-1997	Medical School - M.D. degree, State University of New York Health Science Center at Brooklyn (Downstate), New York, NY
2004-2005	Masters in Science – Biomedical Sciences/Clinical Research-NIH Funded- University of Hawaii, Manoa, Honolulu, HI
2006-2008	Masters of Business Administration (MBA) - Shidler School of Business, University of Hawaii, Manoa, Honolulu, HI
2005-2014	PhD –Biomedical Sciences/Clinical Research, University of Hawaii, Manoa, Honolulu, HI
1997-2001	Residency - Obstetrics and Gynecology, The George Washington University, Washington, DC

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### Insight into Obtaining a Residency in the US for Foreign Medical Graduates

By Dr. David Seil Kim

Matching into a US residency program is becoming more difficult than ever before. For 2015, the National Resident Match Program (NRMP) announced the largest residency match in history. There were 41,334 registered applicants for the match, and 30,212 residency positions offered. Of these registrants, 12,380 were graduates of foreign medical schools and only 6301 matched to a US residency (approximately 50%), compared to a 94% match rate for seniors from US allopathic medical schools. The objective of this presentation will be to offer practice insights and strategies for foreign medical graduates pursuing a residency in the US.

## WKMSO / RESIDENT SESSION

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### **SONG Joon, MD, PhD**

Clinical Associate Professor  
Department of Obstetrics and Gynecology  
Medical Director  
New York Robotic Gynecology & Women's Healthcare  
New York University School of Medicine  
New York, NY, USA

### **Education & Employment**

1987	MD, Chung Nam National University, Dae Jeon, Korea
1987-1992	Intern & Resident, OB&GYN, Korean National Medical Center, Seoul, Korea
1991	Master of science, Pathology, Korea University Medical School, Seoul, Korea
1992- 1995	Military Service, Korean Airforce
1995- 1996	Fellow, Reproductive Endocrinology, Korea University Hospital/
1996- 1998	Attending physician, OB&GYN, Korean National Medical Center
1995- 1997	PhD, OB&GYN, Korea University Medical School, Seoul, Korea
1999- 2001	Research Fellowship, OB&GYN, Yale University, New Haven, CT, USA
2001- 2003	Associate Research Scientist, Yale University/ New Haven, CT, USA
2003- 2007	Intern & Resident, OB&GYN, Nassau University Medical Center (SUNY Stony Brook program)/East Meadow, Stonybrook, NY, USA
2007- 2008	Attending Physician, OB&GYN, Nassau University Medical Center/East Meadow, NY, USA
2008- 2010	Clinical Assistant Professor, OB&BYN, SUNY Stony brook University, Stonybrook, NY, USA
2010- present,	Clinical Associate Professor, OB&GYN, NYU School of Medicine, New York, NY

## WKMSO / RESIDENT SESSION

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### Sung Wu Sun, MD, FACP

Memorial Sloan Kettering Cancer Center  
New York, New York, USA

- 11/2010 – Present    Assistant Professor of Clinical Medicine  
Weill Cornell Medical College  
Primary Care Medicine Preceptor  
Problem Based Learning Preceptor
- 07/2005 – 06/2010    Clinical Assistant Professor of Medicine  
Clinical Skills Course for second year Medical Students  
New York Medical College
- 09/2004 – Present    Core Faculty  
The Mount Vernon Hospital  
Affiliate of New York Medical College  
Internal Medicine Residency Program
- 01/2005 – 04/2005    Preceptor  
Clinical Skills Course for second year Medical Students  
New York Medical College
- 09/2003                Teaching Fellow  
Parker Jewish Institute for Health Care and Rehabilitation  
Long Island Jewish Medical Center, New Hyde Park, NY  
Gisele Wolf-Klein, MD  
Teaching duty in charge of internal medicine residents (PGY-1) and Albert  
Einstein College of Medicine (AECOM) students (3rd year)
- 07/2002 – 06/2003    Chief Resident

# KAMA US

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## KAMA Leadership 2015

### EXECUTIVE COMMITTEE

President:	Dr. John H. Won, NY
Fundraising:	Dr. Stanley Kim, NJ
Convention Chair:	Dr. Yanghee Woo, CA
Scientific Chair:	Dr. Yukio Sonoda, NY
General Secretary:	Dr. Sung Wu Steve Sun, NY
Research & Education:	Dr. David Kim, CA
Vice President:	Dr. Daniel Kim, NY
Vice President:	Dr. Yong Kim, NY
Vice President:	Dr. Bernard Park, NY

### COMMITTEE CHAIRS

Special Awards	Dr. John Oh, NV
Scholarship	Dr. Peter Park, NJ
Health Policy	Dr. Yanghee Woo, CA
Global Outreach	Dr. Kee Park, Cambodia
	Dr. Peter Chung, FL
Medical Student Liaison	KAMSA President - Andy Lee, NY WKMSO President – Michael Choi, NY

### REGIONAL VICE PRESIDENTS

Dr. Deborah Chang, HI  
Dr. David Chang, IL  
Dr. George In, CA  
Dr. Stanley Kim, NY/NJ  
Dr. Chester Koh, TX  
Dr. Song Na, GA  
Dr. Henry Paik, MA  
Dr. Sohyun Park, VA  
Dr. John Oh, NV  
Dr. Kyung No, WA



# KAMA US

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## KAMA Board of Directors

**Chairman:** Brice Choi, MD

**Vice Chairman:** Stanley Kim, MD

**Board Members:** Jeffrey Ahn, MD  
Jai-Ock Chu, MD  
David Kim, MD  
Roger Kim, MD  
Theodore Y Kim, MD  
Chester J. Koh, MD  
Howard S. Lee, MD  
John Oh, MD  
Kee Park, MD  
Stanley J Shin, MD  
James Suh, MD  
Carl Yorita, MD

**Newly elected  
board member 2015:** Yanghee Woo, MD

## KAMA Goals And Vision

18,000 KA Physicians  
and Growing



### VISION

- Unite the physicians of Korean heritage to further global interaction
- Facilitate Korean American physicians to excel in all aspects of their medical career
- Foster educational and medical outreach and mentorship
- Share medical knowledge and skills for bettering the world community



### GOALS

- To unite physicians of Korean heritage through scientific collaboration and social networking.
- To strengthen KAMA throughout the United States by active national engagement of KAMA's regional chapters.
- To grow KAMA membership by providing for the needs of our KA physicians and promoting service to our communities.
- To mentor the development of our future generations by supporting KAMSA and maintaining a close working relationship with the medical students.
- To achieve a national KA physician voice by regaining our AMA delegate seat and promoting issues that affect us.
- To serve as a national platform for health disparity issues, health policies, and other relevant concerns.
- To develop a mutually beneficial partnership with physicians in Korea, including KMA, KAMS, KHA, and Korean Health and Ministry Department.
- To impact the Global Community by active participation in healthcare all around the world.

## National Initiatives & Community Programs

KAMA US has launched an all out initiative to unite and support the efforts of the regional chapters and individual physicians around the country to improve the healthcare of our communities in the United States.

- National campaign to reduce healthcare disparities in the Korean American community
  - Coast to Coast collaboration between the KAMA regional chapters to address the health issues that affect our community
  - Topic specific awareness and educational seminars for both for the non-medical and medical community members
- Medical student mentorship program in partnership with the Korean American Medical Student Association (KAMSA)
  - Career development
  - Research opportunities
  - International externships
- Active partnerships with private and academic medical institutions to develop effective Korean American Medical Program to ensure proper access and healthcare delivery to our community members
  - City of Hope National Cancer Center
  - New York Presbyterian Hospital Queens
- Creation of web-based health information blog for patients in both the Korean and English language
- KAMA membership directory of physicians for physician – physician referrals and for patients – self referrals

If you have a project you would like to partner with KAMA US or are interested in getting involved, please contact Yanghee Woo, MD at [ywoo@coh.org](mailto:ywoo@coh.org) or call 323-558-8996. Also you can get more information by contacting the KAMA US main office or visit us at [kamaus.org](http://kamaus.org).

200 Sylvan Ave. #22  
Englewood Cliffs, NJ 07632  
[info@kamaus.org](mailto:info@kamaus.org)  
Tel (201) 567-1434

## KAMA US

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KAMA US Health Policy Committee urges physician leaders to join in our national campaign to address the healthcare disparities in the Korean American Community!

“Improving the Health of Korean American Community through National Collaboration and Action.”

-KAMA 2015

KAMA National Health Policy Committee strives to

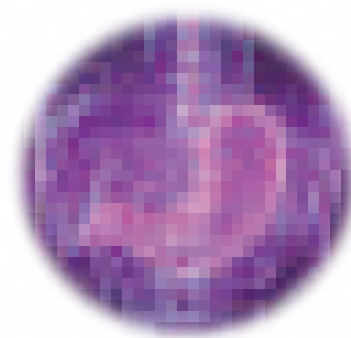
- ✓ Identify and educate ourselves and our communities about health issues that effect Korean Americans
- ✓ Recognize the existing efforts by experts
- ✓ Investigate the causes and the solution to the health issues
- ✓ Unite the efforts of all those who care
- ✓ Create guidelines and fight for policy changes
- ✓ Move toward improvement of KA health and a healthier America

Disproportionately higher incidence and mortality

1. H. pylori / Gastric Cancer
2. Hepatitis B / Liver Cancer
3. Depression / Suicide

Low Screening Rates

1. Cervical Cancer / HPV –
  2. Breast Cancer
  3. Colon Cancer
- Many others???



Contact Dr. Yanghee Woo, KAMA Health Policy Committee Chair  
at [ywoo@coh.org](mailto:ywoo@coh.org) or 323-558-8996.

# KAMA US

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## Kamsa-kama Mentorship Program

### PURPOSE:

1. To serve a need of our medical student community
2. To impact on the future of medicine in the United States and beyond by raising the next generation of leaders from the very intelligent and motivated group of Korean American medical students

### KAMA's Role:

1. Enable the KAMSA members
2. Identifying mentors in our community
3. Accessibility of the practicing physicians and surgeons
  - Various level of involvement in the mentorship program
  - Email/phone exchange
  - Participation in regional events, sit on advisory panels, give talks
  - One-on-one mentoring
4. Sponsor events to foster networking, exchange of advice, and mentor-mentee relationships



*Education is not the filling of a pail, but the lighting of a fire.*

*- William Butler Yeats*

*Education is simply the soul of a society as it passes from one generation to another.*

*- Gilbert K. Chesterton*

If you would like to serve as a mentor to our KAMSA members, please contact our Research and Education chair,  
Dr. David Kim at [drdskim@gmail.com](mailto:drdskim@gmail.com).



## KAMA US

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### Hallym Hospital- Kama Us Medical Student Externship In Korea

- Chairman Dai Won Yoon of Ilsong Foundation has graciously offered to provide support for medical students from the United States of Korean heritage seeking to learn about the Korean medical school clinical clerkships.
- In agreement with Dr. Yoon, KAMA US is proud to launch a newly created medical student externship in South Korea with Hallym Hospital.
- Hallym Hospital will host five medical students from the United States through KAMA US to spend a month rotating at one of their hospitals.
- Housing will be provided for the duration of rotation in Korea.
- More information will be posted on [KAMAUS.org](http://KAMAUS.org) for any interested medical students



## Global Health

KAMA US is committed to global health and international collaborations to improve the lives of people around the world.

Two of the main goals of KAMA US are:

- To impact the Global Community by active participation in healthcare all around the world
- To develop a mutually beneficial partnership with physicians in Korea, including members of KMA, KAMS, KHA, and Korean Health and Ministry Department

KAMA's global outreach efforts have been spearheaded by Drs. Peter Chung (Cardiac Surgeon) and Kee Park (Neurosurgeon), who have committed their lives to serving others in countries in need of medical care. They have organized and led numerous medical missions trips abroad to many countries in South Africa, South and Central American, and East Asia. KAMA US endeavors to assist in these outreach efforts.

Korean American Missions Health Council (KAMHC)'s medical missions have mobilized hundreds of Korean American physicians to serve those in need around the world. Led by Dr. Peter Chung, the current chair of KAMHC and co-chair of KAMA US Global Health Committee, they have held five biannual medical mission conferences for the last 10 years inspiring many to join.

In addition, the KAMA North Korea D2D (Doctor to Doctor) Initiative, under the leadership of neurosurgeon Dr. Kee Park, co-chair of KAMA Global Health Committee, has organized biannual trips (May and in the fall) to Pyongyang, North Korea for medical exchange since 2007, under official invitation from the KMA (Korean Medical Association). Our team shares a common vision of serving the most isolated populations and constantly engaging with our North Korean counterparts to break down political and cultural barriers.

This year, KAMA US plans to have our annual KAMA Convention in Seoul with the support of the Korean Medical Association, the Korean Hospital Association and Korean Academic Medical Society, and KHIDI solidifying our commitment to collaboration between physicians in Korea and the United States.

Other KAMA US Global Health initiatives include:

1. KAMA US' support of the World Korean Medical Student Association's conference in Seoul to be held in conjunction with KAMA Seoul Convention and the participation of Korean American Student Association members at the conference.
2. New externship program for Korean American medical students at Hallym Hospitals with the support of Dr. Dai-Won Yoon, the CEO of Ilsong Foundation.

## KAMA US

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### KAMA Past Presidents

1974~6	Chai Chang Choi, MD
1977	Kwang Soo Lee, MD
1978	Bong Hak Hyun, MD
1979	Chungyul Oh, MD
1980	Kyu Taik Lee, MD
1981	Hwayoung Chun, MD
1982	Kyung Jin Ahn, MD
1983	Soo Young Oh, MD
1984	Nae Kwan Chung, MD
1985	Hyung Mo Lee, MD
1986	Chan Sung Ko, MD
1987	Chang Soo Ahn, MD
1988	Henry Hong Kwah, MD
1989	Sung Kyu Song, MD
1990	In Sook Yu-Song
1991	Yong-Myun Rho
1992	Young Sei Kwon
1993-4	Jong Koo Kim
1995	Man Tack Lee
1996	Chol Lee
1997	Youngick Lee
1998	Richard S. Rhee
1999	Dong Myung Kwak
2000	Kwanho Song, MD
2001	S. Howard Lee, MD
2002	Byungse Suh, MD
2003	Jae Ock Chu, MD
2004	Heung Soo Sul, MD
2005	Hoo Geun Chun, MD
2006	Jeffrey Ahn, MD
2007	Chung Taik Chung, MD
2008	Daniel Kim, MD
2009	E. Edmund Kim, MD
2010	Barnard Park, MD
2011-2	Chul Soo Hyun, MD
2013	Kristy Kim

## Conventions Past

2014 – Honolulu, HI

2013 - Los Vegas, NV

2012 – Los Angeles, CA

2011 - Seoul, S. Korea

2010 – Cruise

2009 – Houston, TX

2008 – Cruise

2007 – Palm Springs, FL

2006 – Palm Beach Gardens, FL

2005 – Miami, FL

2004 – Orlando, FL

1984 – Puerto Rico

1980 – New York, NY (5th)

1975-79 Seoul, S. Korea



# KAMA US



100 years of Korean American physician history



Dr. Hong honored at Spring GALA



Dr. Larry And Ruth Kwak



Dr. Kim gives KAMA sponsored seminar



Dr. Sun, Congresswoman Dr. Moon & Dr. Sang Hoon Lee, two of KAMA Convention Advisors



Woman Docs of KAMA



KAMSA Volunteers



KAMA NJ\_NY Inauguration



Korean health delegates visit KAMA DC



KAMA sponsors a KAMSA dinner



KMA-KHA-KAMA 조인식



Kama Spring Gala 2015



Pre Convention Visit to Dr. LEE Sung Gyu



International rotation to change your life



Dr. Park, President KAMA DC



## WKMSO / RESIDENT SESSION

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**세계한인의대생연합**  
WORLD KOREAN MEDICAL STUDENTS' ORGANIZATION

**WKMSO President**  
Junghoon Choi



August 5<sup>th</sup>, 2015

Dear Korean American Medical Association,

On behalf of World Korean Medical Students Organization, it is my great pleasure to congratulate the Korean American Medical Association on its 41<sup>st</sup> annual convention in Seoul, Korea.

As the leading Korean physician organization in America for more than four decades, KAMA has made invaluable contributions to the Korean American society and beyond. This year's convention in Seoul is yet another demonstration of KAMA's commitment to continue and expand its service to the world. The exchanges made among the participants of the convention will serve as the catalyst for positive changes for years to come.

Being a recent medical school graduate, I would especially like to express my gratitude for KAMA's dedication for future generation of physicians through its collaboration with WKMSO. With the guidance of KAMA and its physicians, medical students throughout the world have gained access to experience world-class medicine and to build relationships with their mentors and colleagues – A truly priceless opportunity.

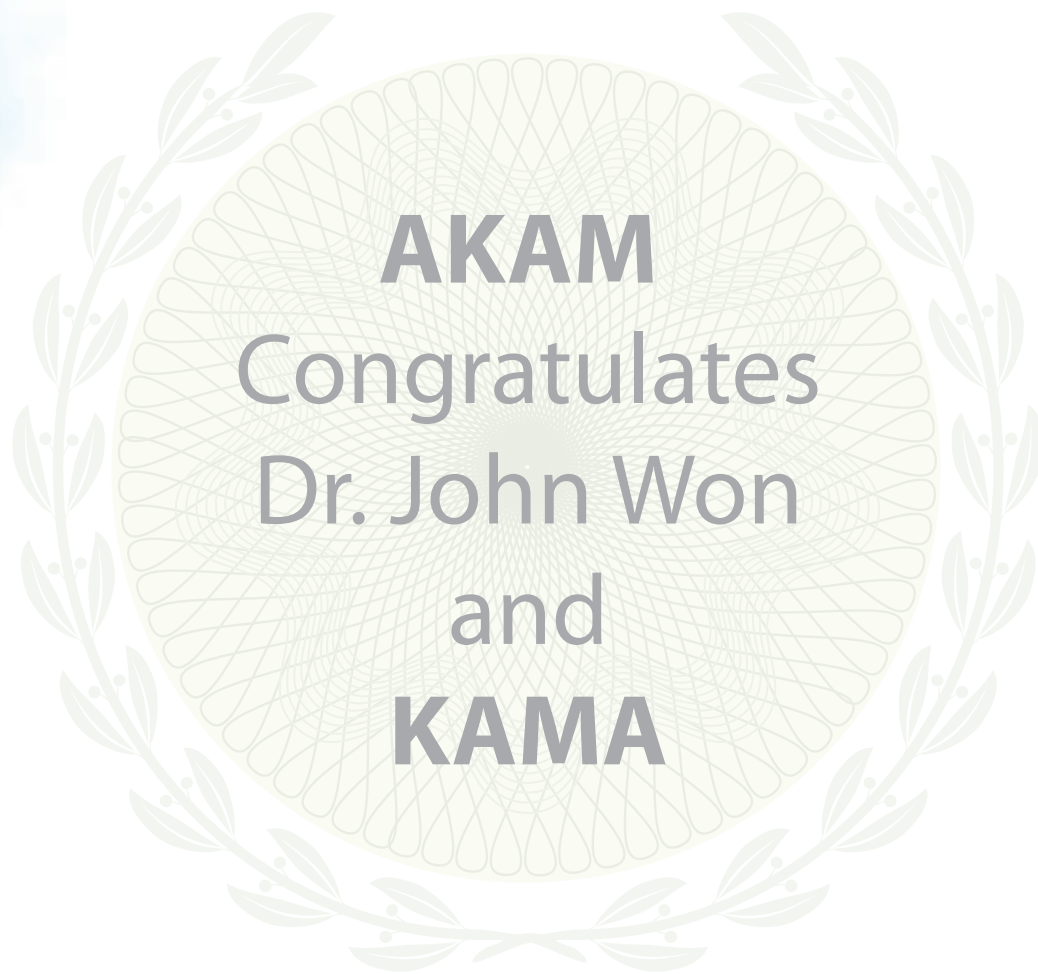
Congratulations again for KAMA's yet another successful convention. Thank you for the hard work to make this incredible event possible. WKMSO and I are truly honored to be part of it.

Sincerely,

Junghoon (Michael) Choi, MD  
WKMSO President  
PGY-1 Resident, New York Medical College

## REGIONAL CHAPTERS & AFFILIATES

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[WWW.AKAM.ORG](http://WWW.AKAM.ORG)

## REGIONAL CHAPTERS & AFFILIATES

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# KAMA NY/NJ

### KAMA NY/NJ Chapter

It is odd to say that it was not until this year that KAMA NY/NJ Chapter was created. In the past, there was no practical need for a separate NY/NJ chapter, as the past presidents and most of the participants in KAMA activities were from NY/NJ. There are also a few active local Korean American medical associations, including KAMPANY, AKAM, CNJ KADA.

However, since a few years ago, KAMA has become a truly national organization, and many local chapters have become stronger and more active. KAMA leadership has realized the need for a separate NY/NJ Chapter. KAMA NY/NJ Chapter is not exclusive of existing Korean American medical associations; rather, it will serve as a platform for any Korean American physicians or medical associations to reach out for help regarding academic, political and charitable activities. One of KAMA NY/NJ Chapter's goals is to rekindle the interest and involvement of the first generation KA physicians who founded KAMA and fostered the sense of spirit and leadership in medicine in 1.5 and 2nd generation Korean American physicians.

Although KAMA NY/NJ chapter has just been born, its future is very bright.

### **Advisory members**

Dr. Howard Lee

Dr. Chung Taik Chung

Dr. Jai Ok Chu

### **Officers**

President; Dr. Stanley Kim

Executive vice president: Dr. Peter Park

Vice Presidents: Dr. James Whang

Dr. EunKwangByun

Secretary General: Dr. James Park

Treasurer: Dr. Hong Suk Lee

Public Relation: Dr. James Choi

## REGIONAL CHAPTERS & AFFILIATES

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KOREAN AMERICAN GRADUATE MEDICAL ASSOCIATION

### Congratulations KAMA on a Successful Convention in Seoul!



David Seil Kim, MD, PhD, MBA  
President



Monica Lee, MD  
Vice President, Los Angeles County



Sunny Park, MD  
Vice President, Orange County



Jenny Hong, MD  
Secretary



Andrew Kim, MD  
Treasurer

KAGMA is proud to be a supporter &  
partner of KAMA USA

## REGIONAL CHAPTERS & AFFILIATES



### Korean American Medical Association of Southern California

KAMASC - 남가주 한인 의사협회

#### 2015 OFFICERS

**2015 President**  
George In, M.D.

**Vice Presidents**  
Kyung Mo Han, M.D.  
Samuel Lee, M.D.  
David S Kim, M.D.  
Dong H Kim, M.D.  
Sun Woo Lee, M.D.

**Treasurer**  
Brian Huh, M.D.

**Secretary General**  
Paul Choi, M.D.

**Secretary**  
Jason Rhee, M.D.

**Immediate Past President**  
Min Young Cha, M.D.

**President Elected**  
Ho S Bae, M.D.

**Membership**  
Alex Kang M.D.  
Jason Park, M.D.

**Sports and Recreation**  
Young Rae Kim, M.D.  
Pilsoo Oh, M.D.

**Liaison**  
Youngik Lee, M.D.

**Education**  
Sang Hyun Baik, M.D.  
Hun Ku Kang, M.D.

**Advisory**  
Wilson Park, M.D.  
Thomas Kim, M.D.  
Piter H Lee, M.D.  
Han Joo Kim, M.D.  
Benjamin Song, M.D.  
Joe Dong Kim, M.D.

**KAMA National President**  
David Ko, M.D.

**Bylaw Committee**  
Dong Hoon Kim, M.D.

**Coordinator**  
Rebekah Kim

520 South Virgil Ave. #302  
Los Angeles, CA 90020  
Cell: 213-698-0303  
Fax: 213-386-7733  
kamas2015@gmail.com

Greeting from Korean American Medical Graduate  
of Southern California(KAMASC).

We support and thank KAMA US for the great work  
you do on behalf of the Korean American physicians.

Geore In, M.D.

KAMASC President



## REGIONAL CHAPTERS & AFFILIATES



Central New Jersey • 중부뉴저지 한인 의사협회  
**Korean American Doctors Association**

### Officers (Mar. 2012-2014)

*President*  
Dr. Peter Park

*Vice-President*  
Dr. Sang H. Song

*Treasurer*  
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Congratulations to **KAMA**

and Dr. John H. Won

on successful

Seoul Scientific Convention.

## REGIONAL CHAPTERS & AFFILIATES

# KAMA of DC, MD and VA



The Korean American Medical Association of DC, MD and VA consists of more than 200 physicians of Korean heritage from various specialties. The organization aims to achieve mutual growth through fellowship among the members and to serve the medical needs of the Korean American community in the greater D.C metropolitan area.

A summer scientific program is held over 3 days every year in the beautiful Chesapeake Bay area of Maryland which has also been a great time for physicians and their families to make long lasting friendships. There is also an annual holiday party in Virginia every December. A general group meeting is held quarterly.

The DC area KAMA has been a leader in reaching out for the medical need of the Korean American community in the area. Two half day educational medical seminars of various topics were given in Virginia and Maryland in 2014. Many KAMA member physicians have been consistently volunteering at different health fair events organized by the other associations in the area.

The DC area KAMA is also dedicated to its role as mentors to the rising new generations of physicians. For 2015, a pilot shadowing program for senior high school and college students is planned.

**Theodore Y. Kim, M.D. :** Chairman of the Board, 2006 President

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**David Yang :** Executive Director

## REGIONAL CHAPTERS & AFFILIATES

# KAMA of Georgia



Our Georgia KMA has been established well over 35 years and currently has 117 members.

We meet regularly four times a year and our last meeting was held in December 2014 for annual Christmas party. More than seventy people including family members came and all had a great time. The next spring meeting is scheduled on April 18th.

We have health fairs for Korean community in Atlanta on annual basis. We are planning to have student information sessions for local medical students and college students, which we had done in the past. We are active in charitable programs in Atlanta region.

The current executive members:

*Song Na: the President*

*Sean Koh: the Vice President and President-elect*

And the board members:

*Kelly Ahn, Brice Choi, David Song, Kun Kim, Yunjae Lee, Won Seok, Ellen Koo, Changsoo Kim*



## REGIONAL CHAPTERS & AFFILIATES

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# KAMA Hawaii

*Congratulates KAMA US for their Seoul Convention  
and  
support their commitment to Korean American physicians*

Dr Philip J. Suh (President of KAMA Hawaii)

Dr Carl Yorita (KAMA US Board of Directors)

Dr. Deborah Chang (KAMA Regional Vice President)



## REGIONAL CHAPTERS & AFFILIATES

### From KAMA Texas



On behalf of KAMA Texas, we offer our heartfelt congratulations to KAMA for its successful Gala in New York! As we did with the successful 2009 KAMA Convention in Houston, Texas, we look forward to continued partnership with KAMA to promote the collective interests of physicians of Korean heritage by providing forums for education and motivation, networking, mentorship for the physicians-to-be and community services both near and far.

Sean Kim DDS, MD  
President, KAMA Texas  
[www.kamatexas.org](http://www.kamatexas.org)

### KAMA Texas Leadership

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## REGIONAL CHAPTERS & AFFILIATES

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## REGIONAL CHAPTERS & AFFILIATES

# Korean American Medical Student Association (KAMSA)

The Korean American Medical Student Association, KAMSA, is a national organization committed to providing networking and leadership opportunities for medical students of Korean heritage. We offer personalized mentorship programs and research opportunities with physicians in the Korean American Medical Association (KAMA). We are a group of over 300 members and have chapters extending across the US, including NY, Chicago and LA. While working closely with KAMA, we hold various events from formal dinner gatherings to national conferences to fun informal outings. As future Korean American doctors, we also value the importance of advocating for our community's health concerns and KAMSA empowers the community to take responsibility for its overall well-being by organizing events addressing issues surrounding access to care, preventive measures and health literacy.



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KAMSA contact: [kamsa.usa@gmail.com](mailto:kamsa.usa@gmail.com)

## REGIONAL CHAPTERS & AFFILIATES

**1** substitutes for Korean medical students by converging their opinions to have influence on current policy statement.

- Holding Seasonal delegates general meeting
- Publishing & Distributing leaflets
- Holding concert talking about policy statement



**4** provides Korean medical students not only being provided an advanced medical knowledge but also various programs.

- Holding Research camp
- Internship programs
- Young Doctor's Forum



**2** is a cornerstone to Korean medical students who want to participate in global medical society through attending meetings and global programs which can make them sharing cultures and experiences with other countries medical students from around the world. All of these activities will provide them appropriate knowledge to the global level.

- Attending IJMA general assembly
- Exchanging Programs
- Hosting international forum



**5** makes the field of communication for Korean medical students which plays a key role in exchanging their ideas, thoughts, feelings.

- Smile Road (Marching across the nation)
- Smile Orchestra
- Doctoring Camp



**3** supports Korean medical students to be provided superior quality of medical education contents.

- Publishing medical education sourcebook
- Constitution of Student report committee



**6** gives Korean medical students various chances for contributing to society by providing them volunteer work opportunities.

- 1% donation campaign
- Work camp
- Sharing relay (Tissue, Hematopoietic stem cell, Blood donation)
- Campaign which changes recognition about blood donation.





## REGIONAL CHAPTERS & AFFILIATES



# 세계한인의대생연합

WORLD KOREAN MEDICAL STUDENTS' ORGANIZATION

**World Korean Medical Students' Organization (WKMSO)** is a group of medical students with Korean identity around the world. WKMSO's aim is to facilitate building of knowledge and development of skills that are required to address the growing health needs of Korean communities in Korea and worldwide.

WKMSO and its council members seek to empower our members by providing them with support and resources. We connect the members from different continents through student exchanges and gatherings in Korea, China, Argentina, Brazil, Australia, New Zealand, UK and America. In the 2014-2015 school year, WKMSO plans to organize regional events, such as global outreach opportunities, in addition to student gatherings and our annual convention that will take place in Seoul in August 2015.

WKMSO has received support from Korean medical organizations, companies, and our members. We are very thankful for them. We would not be able to do what we are doing without their help. WKMSO will continue to strengthen our partnerships with other medical and community organizations.



### CONNECT



### EMPOWER

- WKMSO Monthly Meetings
- Social Party and Picnic
- Community Outreach Programs

- WKMSO Annual Conferences
- Young Doctor's Forum
- Global Health Forum

### OUTREACH



- > We connect medical students who are interested in volunteering and global healthcare.
- > We empower our students by learning about medicine from health workers with lectures and hands-on experience.
- > We reach out to Korean communities with free health clinics, patient education and the training of their next generations.

## REGIONAL CHAPTERS & AFFILIATES

### Global Medical Missions Alliance

The Global Medical Missions Alliance (GMMA) was inaugurated with a calling to reach out the next generation of God's people so that they would respond to the Call to the world mission, the Great Commission of Jesus Christ. Medical mission is an effective tool to fulfill the Great Commission, and GMMA desires to challenge the next generation of Christian healthcare professionals to participate in this great work.

Vision Statement: "GMMA strives to mobilize and to serve the global community by empowering healthcare professionals and networking with other mission organizations to bring God's healing to all nations."

We are a Medical Missions Organization that brings the message of Jesus' healing and love to: **MOBILIZE** mission minded healthcare professionals to connect what God is doing in the rest of the world.

**MENTOR** the next generation of healthcare professionals to move forward into the medical mission field.

**NETWORK** healthcare professionals with global medical mission organizations.

**SUPPORT** local church medical mission work across the globe.



Visit our website: [GMMa7.org](http://GMMa7.org) (under construction: you may visit <http://www.kamhc.net/main/>)

or write to us at: Email: [GMMa7.org@gmail.com](mailto:GMMa7.org@gmail.com)

Phone: 714.444.3032

Address: P.O. BOX 4825, Irvine, CA 92616

GMMA (Global Medical Missions Alliance) is a Christian Non-Profit mission organization under KAMHC (Korean American Missions Health Council) which is incorporated by Christian Health professionals. KAMHC, registered in 2006, is headquartered in California as a non-profit 501(c)3 organization.



REGIONAL CHAPTERS & AFFILIATES

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REGIONAL CHAPTERS & AFFILIATES

**Catholic University of Korea**  
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Support and congratulate  
**2015 KAMA Seoul Convention**



## RESEARCH & EDUCATION

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### **Korean American Medical Association Convention 2015** **August 5-8, 2015** **Seoul, Korea**

#### **COURSE INFORMATION**

This annual scientific convention is committed to delivering the latest and state of the art information to help improve the lives of both non-Korean and Korean heritage patients. In collaboration with the Korean Medical Association and the Korean Hospital Association, the conference aims to accomplish the following objectives:

- To educate physicians about the current medical topics focusing on the diseases that disproportionately affect the Korean-American population.
- To familiarize physicians about treatment strategies for these diseases.
- To foster the exchange of medical knowledge between Korean-American and Korean physicians.

#### **Target Audience**

Korean-American and Korean Physicians and Health care professionals.

#### **Course Design**

This course is comprised of lectures and interactive audience participation encouraging the intellectual exchange of ideas between faculty and participants.

#### **Evaluation**

A course evaluation form will provide attendees with the opportunity to review the sessions and the speakers and to identify future educational needs.

#### **Outcomes Measurement Survey**

Six months after the end of the course an Outcomes Measurement Survey will be sent to all participants to help us determine what positive impacts have been made on participant practice as a result of the course.

#### **Accreditation Statement**

Memorial Sloan Kettering Cancer Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

Memorial Sloan Kettering Cancer Center designates this live activity for a maximum of

**21.0 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The AMA has determined that physicians not licensed in the United States but who participate in this CME activity are eligible for **AMA PRA Category 1 Credits™**.

#### **Faculty Disclosure**

It is the policy of Memorial Sloan Kettering Cancer Center to make every effort to insure balance, independence, objectivity, and scientific rigor in all continuing medical education activities which it sponsors as an ACCME accredited provider. In accordance with ACCME guidelines and standards, all faculty participating in an activity sponsored by Memorial Sloan Kettering Cancer Center are expected to disclose any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services which are discussed by the faculty members in an educational presentation and/or have provided support for this course. As required by the ACCME, when an unlabeled use of a commercial product or an investigational use not yet approved for any purpose is discussed during an educational activity, Memorial Sloan Kettering Cancer Center requires the speaker to disclose that the product is not labeled for the use under discussion or that the product is still investigational.

## RESEARCH & EDUCATION

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### List of Digital Poster Presentations for KAMA Seoul 2015

**1. Laparoscopic antrectomy and outcomes of multifocal gastric carcinoids with diffuse neuroendocrine cell hyperplasia**

Jenny Hong, MD  
Cedars-Sinai Medical Center, Los Angeles, CA

**2. The Impact of Epidural Analgesia on the Rate of Venous Thromboembolism without Chemical Thromboprophylaxis in Major Oncology Surgery**

Jenny Hong, MD  
Cedars-Sinai Medical Center, Los Angeles, CA

**3. Optimizing Genetic Testing in Patients with Triple Negative Breast Cancer**

Jenny Hong, MD  
Cedars-Sinai Medical Center, Los Angeles, CA

**4. Development and Implementation of Clinical Practice Guidelines Decreases Mortality Following Injury.**

Sojung Yi, Lois Collins MD, Audrey Spencer MD, Elliott R. Haut MD, Babak Sarani MD  
The George Washington University, Washington, DC

**5. Eye Movement Tracking in Shunted Hydrocephalus and Suspected Shunt Malfunction**

ByoungJun Han BS, David Harter MD, Jeffery Wisoff MD, Paul Huang MD, Uzma Samadani MD, PhD  
New York University School of Medicine, New York, New York

**6. Effect of preexisting sensitivity to amphetamine on the GABA deficit induced vulnerability to psychosis**

Kyung-Heup Ahn MD, Mohini Ranganathan MD, John Krystal MD, Deepak Cyril D'Souza MD  
Yale Medical School, New Haven, CT

## RESEARCH & EDUCATION

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### List of Digital Poster Presentations for KAMA Seoul 2015

#### **7. Natural History of Hydronephrosis after Robotic Extravesical Ureteral Reimplantation in Children**

Chester Koh MD, Minki Baek MD, PhD  
Texas Children's Hospital, Houston, TX

#### **8. Novel mutation c.439C>T (p.R147C) of X-linked dominant chondrodysplasia punctata (Conradi-Hunermann-Happle syndrome)**

Haneol S Jeong BA, BBA, Katherine Gordon MD, Nnenna Agim MD  
University of Texas Southwestern Medical Center, Dallas, TX

#### **9. Does High Altitude Cause Hypoventilation in Patients with Congenital Central Hypoventilation Syndrome?**

Lucia Kang BS, Natalie Vajda, Sheila Kun, Thomas G. Keens MD, Iris A. Perez MD  
Keck School of Medicine, University of Southern California, Los Angeles, CA

#### **10. An Obvious case of liver malignancy or is it? A case of Hepatic Adenomatosis.**

Monica Lee, MD, Los Angeles, CA

#### **11. Potent Anticancer Effect of Mushroom Extract in Combination with Vitamin C on Human Bladder Cancer Cells**

Michael J. Won, The Dalton School, New York, New York

*The video posters will be available for viewing Thursday, August 5th through Saturday, August 7th in the Sapphire Ballroom Foyer.*



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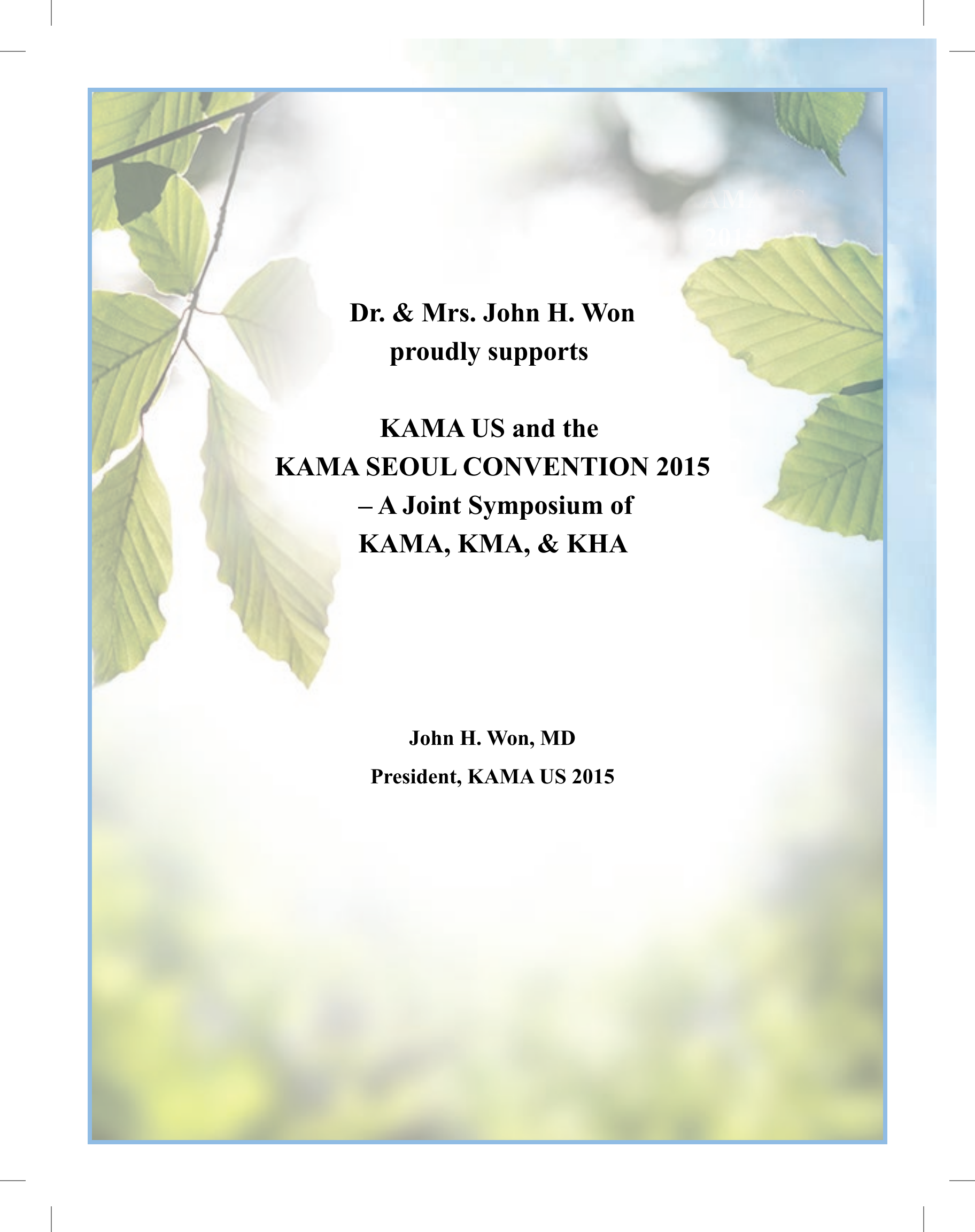
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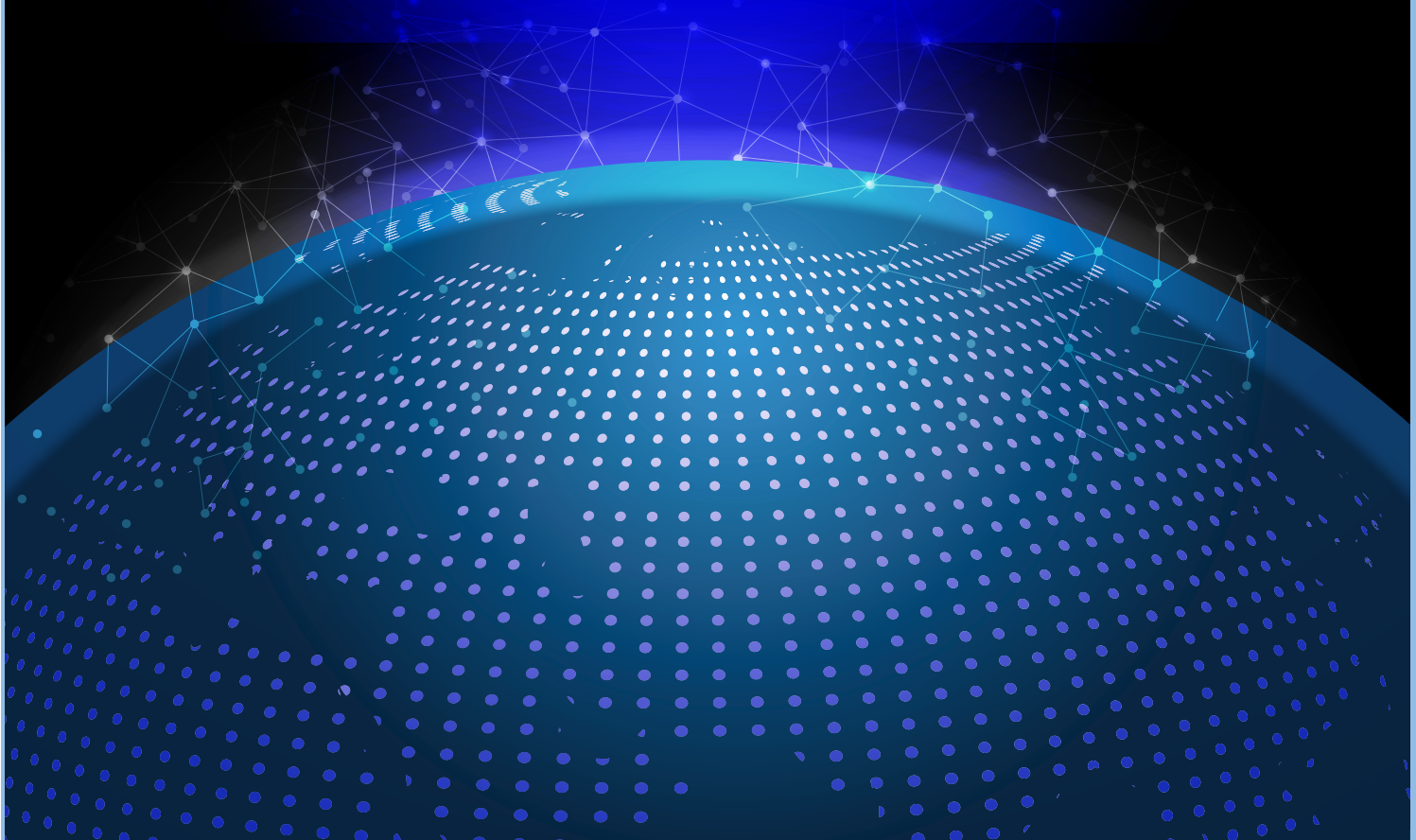
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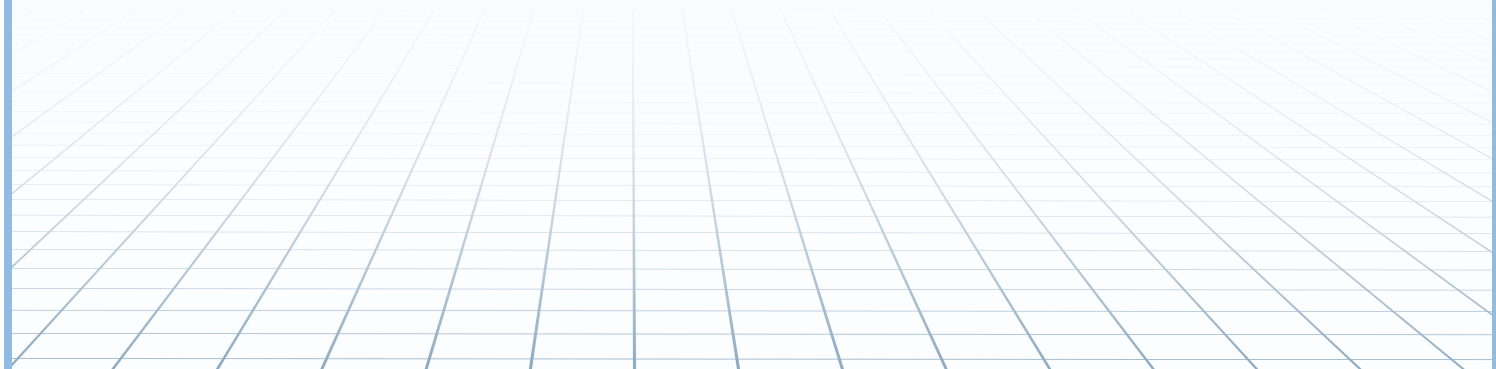
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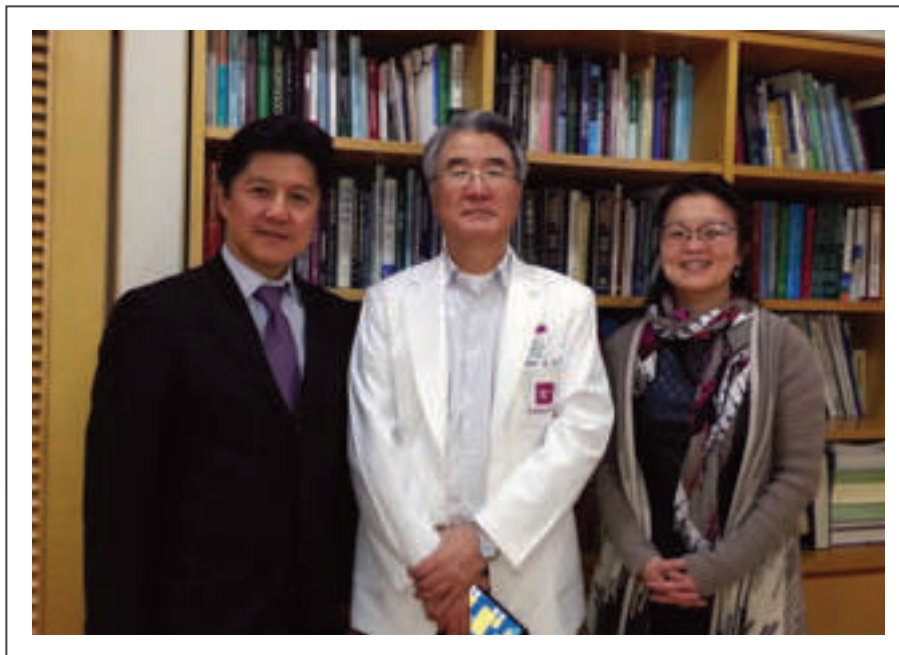
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***Dr. Jemo Kang***

***Best Wishes for a Successful  
KAMA Seoul Convention 2015***





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For referral to a Holy Name physician, or for information about programs and services, call **1-877-HOLY-NAME** (1-877-465-9626) or visit [www.holyname.org](http://www.holyname.org).

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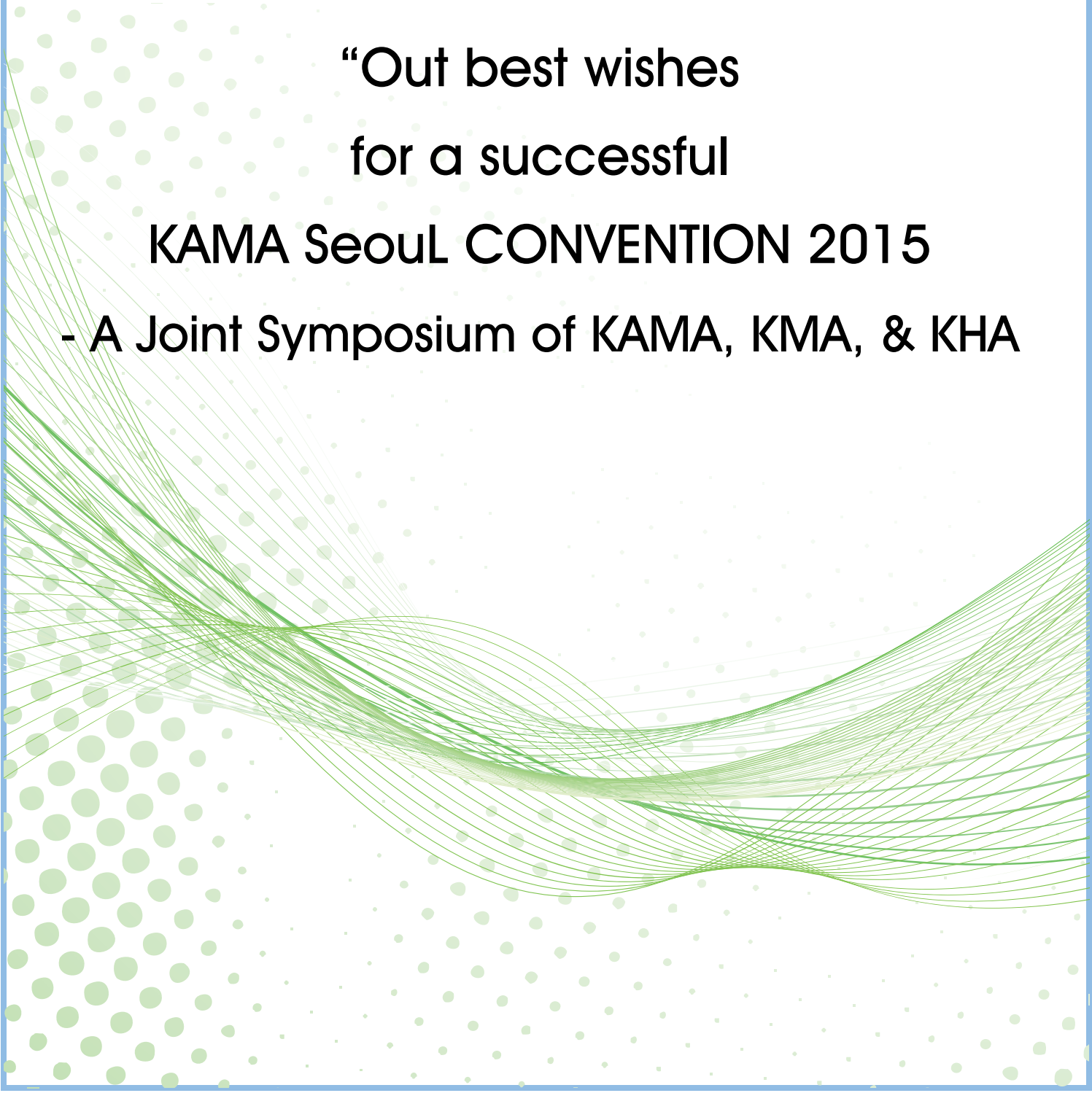
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for a successful  
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- A Joint Symposium of KAMA, KMA, & KHA**

The background features a decorative pattern of light green dots of varying sizes scattered across the page. In the lower half, there are several thin, wavy green lines that create a sense of movement and depth, resembling a stylized wave or a network of connections.



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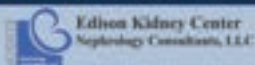


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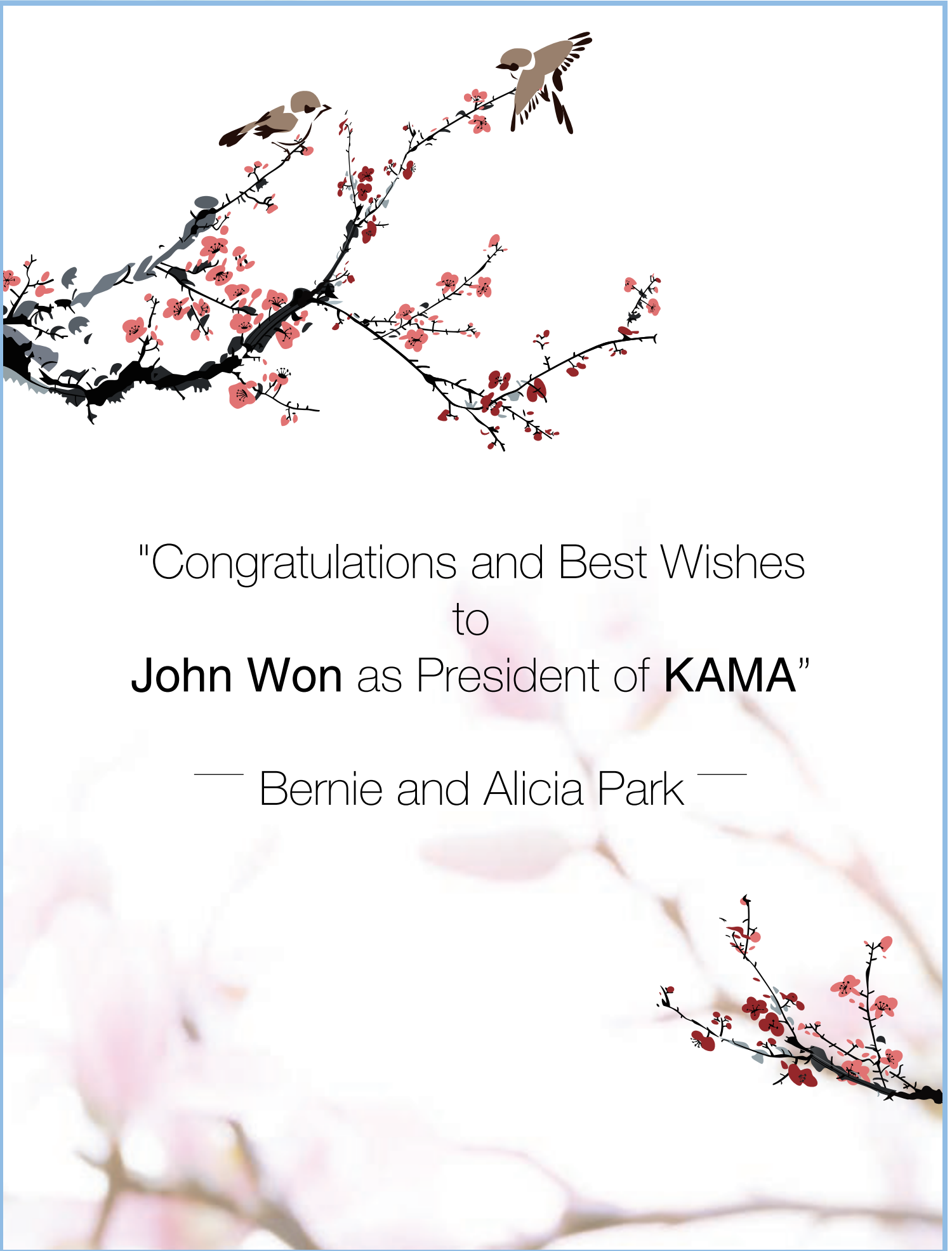
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