2019

KAMA

45TH ANNUAL KAMA CONVENTION & SCIENTIFIC PROGRAM

FUTURE OF MEDICINE

JULY 19TH - 21ST, 2019 NEW YORK, NY

THE KOREAN AMERICAN MEDICAL ASSOCIATION **KAMA US**

45TH ANNUAL CONVENTION OF

KOREAN AMERICAN MEDICAL ASSOCIATION

JULY 19TH -21ST, 2019 NEW YORK HILTON MIDTOWN, NY, NY

JOINTLY PROVIDED BY POSTGRADUATE INSTITUTION

FOR MEDICINE AND KAMA.

Target Audience

This activity is intended for Members of KAMA and its invitees who are interested in state-of-the-art information on optimal patient care.

Educational Objectives

After completing this activity, the participant should be better able to:

- Demonstrate an increase in the participant's knowledge of clinical medicine.
- Demonstrate an improvement in the participant's ability to make decisions that provide safe and effective medical care.
- Recognize areas of personal strength and areas for growth in clinical knowledge in Medicine.

Faculties and Agenda

Please see the separate list for a complete list of faculties, with complete titles and affiliations at https://www.kamaconvention.com/

Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the Postgraduate Institute for Medicine and KAMA. Postgraduate institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Continuing Medical Education

Physician Continuing Medical Education: The Postgraduate Institute for Medicine designates this live activity for maximum of 13.00 AMA PRA Category 1 Credit(s)™ and ANCC credit. Physicians and nurses should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure of Conflicts of Interest

Postgraduate Institute for Medicine (PIM) requires instructors, planners, managers, and other individuals who are in a position to control the content of this activity to disclose any real or apparent conflict of interest (COI) they may have as related to the content of this activity. All identified COI are thoroughly vetted and resolved according to PIM policy. PIM is committed to providing its learners with high quality activities and related materials that promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

Americans with Disabilities Act

Americans with Disabilities Act: Event staff will be glad to assist you with any special needs (ie, physical, dietary, etc). Please contact info@kamaus.org prior to the live event.

PIM Postgraduate Institute for Medicine
Professional Excellence in Medical Education

KOREAN AMERICAN MEDICAL ASSOCIATION
Korean American Medical Foundation

Contents

KAMA PRESIDENT'S WELCOME MESSAGE

James S. Park, MD

President of KAMA

Associate Professor of Medicine

Medical Director of Liver Transplantation

Associate Director of Hepatology

Director of Asian Liver Health Program

NYU Langone Health and NYU School of Medicine

Dear Colleagues and Friends,

It is my distinct honor to welcome you to the 45th annual KAMA scientific convention at the New York Hilton Midtown. Initially founded by physicians of Korean origin from various metro areas in the US in 1974, Korean American Medical Association has grown to be one of the most active ethnically oriented physicians' organizations in the United States. I would like to welcome members and guests from KAMA chapters throughout the United States and members of KAMA Special Interest Groups (SIG): KAMSA (Korean American Medical Student Association), KAMRAF (Korean American Medical Residents & Fellows), and Women in Medicine. I would also like to welcome professional colleagues from New York Korean Nurses Association (NYKNA), Korean Medical Association (KMA), Korean UK Medical Association, and others.

At this year's scientific convention, we brought more than 300 attendees to share the nation's foremost forum on medical sciences in various medical disciplines, health policy, disparities, and diseases affecting 1.7 million Korean Americans in the U.S. It is our privilege to present the rigorous scientific program enriched with finest clinicians, medical researchers, academicians from the United States and Korea. We have various networking and social events including the 2019 KAMA national gala during the convention.

Over the next three days, I hope you will have the opportunity to network and learn about KAMA.

I look forward to meeting each one of you and hearing your ideas and vision. I would like to thank you again for your continued support.

Sincerely,

James S. Park, MD

KAMA EXECUTIVE COMMITTEE

Sung Wu Sun, MD
Scientific Chair

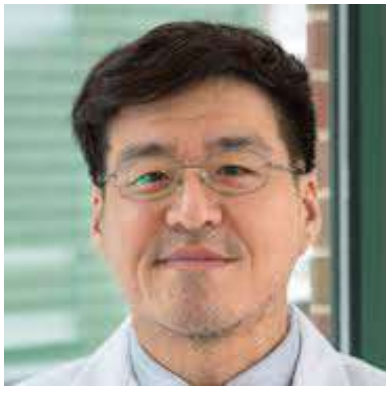
Soo Yeon Kim, MD
Convention Chair

Augustine M.K. Choi, MD
Honorary
Scientific Chair

Daniel Kim, MD
Vice President
Community Service Chair
Gala Co-Chair

Mary E. Choi, MD
2020 KAMA President-Elect
Research Chair

John H. Lee, MD
Secretary General
Gala Chair



Sung (Steve) Kwon, MD, MPH
Treasurer

Stanley Shin, MD
Vice President
Fundraising Chair

MESSAGE FROM CHAIRMAN OF THE BOARD

JOHN H. WON, MD

CHAIRMAN OF THE BOARD

OF DIRECTORS, KAMA

CLINICAL INSTRUCTOR OF UROLOGY

WEILL CORNELL MEDICAL COLLEGE

Dear KAMA members, colleagues, and friends,

Welcome to the 45th annual KAMA Scientific Convention in New York City.

On behalf of the KAMA board members, I congratulate 2019 KAMA President Dr. James Park and his executive team for organizing a successful scientific meeting. We are fortunate to have some of the finest clinicians and researchers in the forefront of medicine present at this meeting.

We are very excited to continue women in medicine program. This year, we welcome medical residents of KAMRAF. They will play important role in the growth of KAMA. We will also continue to support the growth of medical students of KAMSA.

I hope you will enjoy spending few days in one of the most amazing cities in the world. Thank you very much and welcome.

Sincerely,

John H. Won, MD

KAMA BOARD OF DIRECTORS

Chairman

John H. Won, MD

Vice Chairman

Stanley Kim, MD

President

James S. Park, MD

Vice President

Daniel Kim, MD

Chairman 2009-2011

Jeffrey Ahn, MD

Brice Choi, MD

Chairman 2015-2017

Hoo Geun Chun, MD

Roger Kim, MD

Chairman 2012-2014

Chester J. Koh, MD

John Oh, MD

Kee Park, MD

Carl Yorita, MD

K. John Yun, MD, FACS

KAMA

PAST PRESIDENTS

1974 - 1976	Chai Chang Choi, MD
1977	Kwang Soo Lee, MD
1978	Bong Hak Hyun, MD
1979	Chung Yul Oh, MD
1980	Kyu Taik Lee, MD
1981	Hwayoung Chun, MD
1982	Kyumg Jin Ahn, MD
1983	Soo Young Oh, MD
1984	Nae Kwan Cheung, 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, MD
1991	Yong-Myun Rho, MD
1992	Young Sei Kwon, MD
1993	Joseph H. Sirh, MD
1994	Jong Koo Kim, MD
1995	Manuel Man Tack Lee, MD
1996	Chol Lee, MD
1997	Youngick Lee, MD
1998	Richard S. Rhee, MD
1999	Dong Myung Kwak, MD
2000	Kwanho Song, MD
2001	S. Howard Lee, MD
2002	Byungse Suh, MD
2003	Jai 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	Bernard Park, MD
2011-2012	Chul Soo Hyun, MD
2013	Kristy Kim, MD
2015	John H. Won, MD
2016	Roger M. Kim, MD
2017	John H. Won, MD
2018	John Oh, MD

Founded on October 23, 1974, the Korean American Medical Association(KAMA) was established by representatives of three U.S. regions – New York City, Washington D.C. And Chicago – with most number of Korean physicians first as the Korean Medical Association of America (KMAA), of which name later became KAMA in 1993.

Thanks to the support and dedication of countless members and family who have shared their aspiration to help build the organization, KAMA has evolved to become what it is today over the past quarter century. Officially recognized as a scientifically and politically active organization in the U.S. as part of the American Medical Association (AMA)-Specialty, Service and Society (SSS), KAMA is also able to vote on candidates for elected offices of AMA and introduce resolutions which can become policies as a privileged member of the AMA House of Delegates.

KAMA's legacy is the reflection of many physicians of Korean heritage who have achieved success and prominence in the U.S. and overseas. Among them, Dr. Chai-chang Choi was an extraordinary visionary and pioneer initially bringing Korean physicians together in the U.S. He persuaded eight Korean medical schools' alumni associations and physicians in the New York tri-state region to join KMAA and led the organization to host its first general assembly on Feb. 15, 1975 in Washington, D.C. There, KMAA was declared as a non-profit organization of which bylaws were ratified by its inaugural executive committee including President Chai-chang Choi; Vice Presidents Kwang-soo Lee, Kyung-jin Ahn and Young-il Hahn; Secretary General Hyo-keun Lee; and Scientific Committee Chairman Bong-hak Hyun.

Later that year on Oct. 10-12, the first KAMM annual conference was held jointly with Korean Medical Association (KMA) in Seoul, Korea attended by about 160 Korean physicians and family from the US. A joint medical conference was held annually in Seoul steadily growing in size to host over 480 members and family from the U.S. in 1979 and featured one of the early endorsers of KMAA the former president of the AMA Richard Palmer who gave the keynote speech in 1978. Then in 1980, the 5th annual
conference was moved to the U.S. and was held in New York City where Dr. Robert Good of the Sloan Kettering Institute gave the keynote speech titled "New Initiative in Cancer Research" to over 430 physicians and family, including 150 from Korea.

From the mid to late 1980s, the KMAA annual conferences were held without the participation of KMA. At the 1984 conference in Puerto Rico, scientific programs were added for the first time to provide a more academic atmosphere. With increasing demands for business and financial affairs to be managed, the KMAA established its first central office in 1987 with Mrs. Tae-ja Kim Lee who served as the executive administrator from 1987-1997. In 1998, the office was moved once again to New York City with its new identity as KAMA and Mr. Kwang-ho Lee on board as the executive director.

As an emerging U.S. medical non-profit organization, KAMA published the first issue of the Journal of KAMA in 1995 and established Dr. Chang-yul Oh memorial lectures in 1996 with its first lecture given by Dr. Arthur Aufes from Mount Sinai Medical School. Additionally, KAMA Newsletter and membership directory were published in 1998. Today, KAMA's numerous endeavors are continuing to better service its members, chapters, partners and the public at large.

DIRECTORY MAP

GALA DINNER

SCIENTIFIC PROGRAM
KHIDI
DAY 2 BREKFAST & LUNCH
DAY 3 BREKFAST
KAMRAF & KAMSA

POSTER SESSION I & II

DAY 1 LUNCH

PRESIDENTIAL RECEPTION

DAY 1

FRIDAY, JULY 19TH

REGISTRATION
07:00 AM - 05:00 PM

INFORMATION DESK

SCIENTIFIC PROGRAM
08:00AM - 12:15 PM

GRAMERCY SUITE

LUNCH (NON-CME)
12:20 PM - 01:10 PM

NASSAU SUITE

SCIENTIFIC PROGRAM
01:15 PM - 04:45 PM

GRAMERCY SUITE

KHIDI (NON-CME)
05:00PM - 06:00PM

GRAMERCY SUITE

PRESIDENTIAL RECEPTION
06:00PM - 07:00 PM

HERB N KITCHEN

DAY 2

SATURDAY, JULY 20TH

REGISTRATION
07:00 AM - 05:00 PM

INFORMATION DESK

BREAKFAST (NON-CME)
07:00 AM - 07:45AM

GRAMERCY SUITE

SCIENTIFIC PROGRAM
08:00AM - 12:00 PM

GRAMERCY SUITE

POSTER SESSION I
10:00AM - 10:30 AM

MURRAY HILL SUITE

LUNCH (NON-CME)
12:15 PM - 01:45 PM

GRAMERCY SUITE

SCIENTIFIC PROGRAM
02:00PM - 05:00 PM

GRAMERCY SUITE

POSTER SESSION II
03:15PM- 03:45PM

MURRAY HILL SUITE

GALA DINNER
06:00PM - 11:00 PM

PETIT TRIANON/TRIANON BALLROOM

DAY 3

SUNDAY, JULY 21ST

REGISTRATION
07:00 AM - 10:00 AM

INFORMATION DESK

BREAKFAST (NON-CME)
07:00 AM - 08:00AM

GRAMERCY SUITE

KAMRAF & KAMSA (NON-CME)
08:00AM - 12:00 PM

GRAMERCY SUITE

KAMRAF & KAMSA
AWARD CEREMONY

09:00AM - 10:00 AM

GRAMERCY SUITE

KAMA 2019 CONVENTION ADJOURN
12:00 PM

DAY 1

FRIDAY, JULY 19TH

SCIENTIFIC PROGRAM

08:00 AM - 08:45 AM

ARTIFICIAL INTELLIGENCE (AI) IN MEDICINE: NOW AND FUTURE

MODERATOR: JOO HEUNG YOON

ARTIFICIAL INTELLIGENCE IN MEDICINE, HISTORY AND CURRENT APPLICATIONS - FOCUSED ON CRITICAL CARE MEDICINE: JOO HEUNG YOON

ARTIFICIAL INTELLIGENCE AND EVIDENCE-BASED MEDICINE: JOONG-HEUM PARK

08:45AM - 09:45AM

ADVANCES IN MANAGEMENT OF DERMATOLOGIC MALIGNANCY

MODERATORS: JENNIFER CHOI AND JAEHYUK CHOI

IMPROVING CARE WITH PATIENT-REPORTED OUTCOME MEASURES IN DERMATOLOGIC SURGERY: ERICA LEE

PERSONALIZED MEDICINE FOR DERMATOLOGY JAEHYUK CHOI

INTERESTING DERMATOLOGIC REACTIONS DUE TO CANCER THERAPIES JENNIFER CHOI

09:45AM - 10:00AM

UPDATE ON KAMA AND AMA MEMBERSHIP: JOHN YUN

10:00AM - 10:15AM

COFFEE BREAK MURRAY HILL SUITE

10:15AM - 11:15AM

NEW TREATMENT MODALITIES IN CANCER TREATMENT (MEDICAL ONCOLOGY)

MODERATORS: WILLIAM K. OH AND HYUNSEOK KANG

CELLULAR THERAPY IN CANCER TREATMENT JAE HONG PARK

IMMUNOTHERAPY IN CANCER TREATMENT TAEWOONG CHOI

PRECISION ONCOLOGY: TARGETING GENOMIC ALTERATION JOSEPH W. KIM

11:15AM - 12:15PM

ADVANCES IN SURGICAL ONCOLOGY

MODERATORS: DENNIS CHI

ADVANCES IN THE SURGICAL TREATMENT OF INVASIVE BLADDER CANCER

EUGENE CHA

IMMUNOTHERAPY IN CANCER TREATMENT

SANGHYUN ALEX KIM

ADVANCES IN SURGICAL APPROACH TO GASTRIC CANCER

YANGHEE WOO

1:15PM - 2:45PM

WOMEN IN MEDICINE

MODERATOR: MICHELLE KIM

PANELS: MARY E. CHOI, AMANDA RHEE, LINDA LEE, YANGHEE WOO

2:45PM - 3:00PM

COFFEE BREAK MURRAY HILL SUITE

3:00PM- 4:45PM

ADVANCES IN MEDICINE IN KOREA:

MODERATOR: SUNG WU SUN

NEW SURGICAL ROBOTICS 2019

KOON HO RHA

APPLICATION OF 3D PRINTING IN ORTHOPEDICS

MIN WOOK JOO

TREATMENT OF LYMPHEDEMA WITH SUPER-MICRO-SURGERY

HYUNSUK PETER SUH

DEVELOPMENT OF HOSPITAL MEDICINE IN KOREA

JENNIFER I. LEE & HANSUNG LEE

5:00PM - 6:00PM

KHIDI (NON-CME)

DAY 2

SATURDAY, JULY 20TH

SCIENTIFIC PROGRAM

08:00 AM - 09:00 AM

DR. WAUN KI HONG MEMORIAL SYMPOSIUM

ADVANCES IN SURGICAL TREATMENT OF LUNG CANCER

BERNARD PARK

PROSTATE CANCER IN AN ERA OF PRECISION MEDICINE

WILLIAM K. OH

09:00 AM - 10:00 AM

LIVER DISEASE IN KOREAN AMERICANS: FUTURE IS NOW

MODERATOR: W. RAY KIM

MANAGEMENT OF CHRONIC HEPATITIS B IN KOREAN AMERICANS:

ALBERT MIN

HEPATOCELLULAR CARCINOMA: TAILORED CARE FOR KOREAN AMERICANS

MINSIG CHOI

10:00 AM - 10:30 AM

BREAK AND POSTER SESSION I MURRAY HILL SUITE

10:30 AM - 11:15AM

KEYNOTE LECTURE

PHYSICIAN LEADERSHIP AND THE URGENCY OF THE MOMENT IN MEDICINE

PATRICE A. HARRIS

11:15AM - 12:00 PM

OH CHANG YUL AWARD LECTURE

PREDICTING THE FUTURE: HAS ARTIFICIAL INTELLIGENCE DELIVERED ON PRECISION MEDICINE?

W. RAY KIM

2:00 PM - 3:15 PM

LEADERS' FORUM: RECOGNIZING THE INFLUENTIAL KA PHYSICIAN LEADERS

EDUCATION:	AUGUSTINE M.K. CHOI
CLINICAL SERVICES:	W. RAY KIM
RESEARCH:	MARY E. CHOI
ENTREPRENEURSHIP:	RICHARD PARK
HOSPITAL ADMINISTRATION:	MOOYEON OH-PARK
INNOVATION:	SAMUEL AHN

3:15 PM - 3:45 PM

BREAK AND POSTER SESSION II MURRAY HILL SUITE

3:45 PM - 5:00 PM

IMPROVING PATIENT CARE WITH TECHNOLOGY AND SCIENCE

MODERATOR: SUNG WU SUN

USE OF ROUTINE HEALTHCARE DATABASE TO GENERATE EVIDENCE TO INFORM MEDICAL THERAPY IN OLDER ADULTS WITH FRAILTY

DAE HYUN KIM

DRIVERLESS CARS AND PASSENGER DRONES - TRANSPORTATION FOR SENIORS IN THE 21ST CENTURY

THEODORE SUH

THE IDENTIFICATION OF NOVEL ANTIBODIES FOR DIFFERENT PHENOTYPES OF DEMYELINATING DISEASE: HOW DEMYELINATING DISEASE IN MANY ASIANS MAY PROVE TO BE DISTINCT FROM 'TRADITIONAL' MULTIPLE SCLEROSIS

EDWARD KIM

DAY 3

SUNDAY, JULY 21ST

SCIENTIFIC PROGRAM

08:00 AM - 08:30 AM

KUMA-KAMRAF/KAMSA, VASCULAR SURGERY KUMA REPRESENTATIVE

JUN SEOK CHO

08:30 AM - 09:30 AM

STUDENTS' RESEARCH PRESENTATIONS ON NK HEALTH

KEE PARK

09:00 AM - 10:00 AM

KAMRAF/KAMSA AWARD CEREMONY

10:00 AM - 11:15AM

JOINT KAMRAF AND KAMSA SPEAKERS SESSION

DAVID HONG

NORTH KOREA OUTREACH, STANFORD PEDIATRIC NEUROSURGERY

HYUNSEOK KIM

NIH/ACADEMIC GRANTS, BAYLOR GI FELLOW-1

JOSEPH LEE

POLICY AND ADVOCACY, UCHICAGO PEDIATRICS PGY-4

JANG WON YOON

CEO/FOUNDER MEDCYCLOPS, UPENN NEUROSURGER

11:15AM - 12:00 PM

JOINT KAMRAF AND KAMSA MENTORSHIP SESSION

12:00 PM

KAMA 2019 CONVENTION ADJOURN

Augustine M.K. Choi, MD

Stephen and Suzanne Weiss Dean, Weill Cornell Medicine
Provost for Medical Affairs, Cornell University

W. Ray Kim, MD

Chief, Division of Gastroenterology and Hepatology
Professor of Medicine
Stanford University School of Medicine

Mary E. Choi, MD

Professor of Medicine
Division of Nephrology and Hypertension
Weill Cornell Medicine

Richard Park, MD
Founder and CEO of CityMD

Mooyeon Oh-Park, MD, MS

Chief Medical Officer, Senior Vice President
Burke Rehabilitation Hospital, White Plains, NY
Professor, Department of Rehabilitation Medicine
Albert Einstein College of Medicine, Montefiore Health System

Samuel Ahn, MD

President/CEO and Founder of Ahn Surgical Innovation, LLC
President of University Vascular Associates
Los Angeles, CA

KEYNOTE SPEAKER

Patrice A. Harris, MD, MA

President

American Medical

Association

Patrice A. Harris, MD, MA, a psychiatrist from Atlanta, became the 174th president of the American Medical Association in June 2019, and the organization's first African-American woman to hold this position. Dr. Harris has diverse experience as a private practicing physician, public health administrator, patient advocate and medical society lobbyist.

Dr. Harris currently spearheads the AMA's efforts to end the opioid epidemic and has been chair of the AMA Opioid Task Force since its inception in 2014. During her presidency, Dr. Harris will continue to lead the task force as it works across every state to eliminate barriers to treatment, provide patients with access to affordable, non-opioid pain care, and fight the stigma faced by those with substance use-disorders.

Having served on the AMA Board of Trustees since 2011, and as chair from 2016 to 2017, she has long been a mentor, a role model and an advocate. Prior to serving on the board, Dr. Harris honed her broad knowledge and deep understanding of health care issues through various leadership roles. At the AMA these included having served for many years on the AMA Council on Legislation, including a term as chair, and on multiple AMA task forces on topics such as health information technology, payment and delivery reform, and private contracting. Beyond the AMA she has held positions of leadership with the American Psychiatric Association, the Georgia Psychiatric Physicians Association, the Medical Association of Georgia, and The Big Cities Health Coalition, where she chaired this forum composed of leaders from America's largest metropolitan health departments.

Growing up in Bluefield, West Virginia, Dr. Harris dreamt of entering medicine at a time when few women of color were encouraged to become physicians. Dr. Harris spent her formative years at West Virginia University, earning a BA in psychology, an MA in counseling psychology and, ultimately, a medical degree in 1992. It was during this time that her passion for helping children emerged, and she completed her psychiatry residency and fellowships in child and adolescent psychiatry and forensic psychiatry at the Emory University School of Medicine.

Two themes that govern Dr. Harris's professional life are a passion to improve the lives of children and service to others. A recognized expert in children's mental health and childhood trauma, Dr. Harris has led efforts on both local and national levels to integrate public health, behavioral health and primary care services with supports for employment, housing and education.

A distinguished fellow of the American Psychiatric Association, Dr. Harris continues in private practice and currently consults with both public and private organizations on health service delivery and emerging trends in practice and health policy. She is an adjunct assistant professor in the Emory Department of Psychiatry and Behavioral Sciences, and an adjunct clinical assistant professor in psychiatry and behavioral sciences at Morehouse School of Medicine.

OH CHANG YUL AWARD LECTURE

W. RAY KIM, MD

PROFESSOR OF MEDICINE

CHIEF,

DIVISION OF GASTROENTEROLOGY

AND HEPATOLOGY

STANFORD UNIVERSITY SCHOOL OF

MEDICINE

W. Ray Kim, MD, is Professor and Chief in the Division of Gastroenterology and Hepatology at Stanford University School of Medicine. Prior to assuming this post in November 2013, Dr. Kim was Professor of Medicine at Mayo Clinic College of Medicine. Dr. Kim earned his medical diploma at Seoul National University in Korea. He underwent training in gastroenterology and hepatology at Mayo Clinic in Rochester, MN. He also holds a Master in Science Degree from Seoul National University and a Master in Business Administration from the Wharton School of Business at the University of Pennsylvania.

Dr. Kim's research interest has been in epidemiology and outcomes studies in chronic liver disease and liver cancer. His contribution to science to date includes the following: (1) Measures for risk stratification in patients with cirrhosis, including the Model for End Stage Liver Disease (MELD) and MELD-Na scores; (2) Population-based epidemiology of liver disease in Olmsted county, MN; (3) Liver transplant allocation and distribution policy analyses; and (4) health economic analyses and technology assessment.

In addition to advancing biomedical knowledge as a researcher, author, and mentor, Dr. Kim has served the scientific community as a peer reviewer for NIH study sections and a multitude of journals. He was an Editor for Hepatology, the premier journal in liver research. He has served on the Governing Board of the American Association for the Study of Liver Disease (AASLD), where he currently chairs the Global Outreach and Engagement Committee. He has recently been elected President of AASLD for 2024.

KAMA
EXECUTIVE COMMITTEE

Sung Wu Sun, MD, FACP

Scientific Chair
Clinical Director of Geriatric Service
Assistant Attending Physician
Memorial Sloan Kettering Cancer Center
Assistant Professor of Clinical Medicine
Weill Cornell Medicine

Augustine M.K. Choi, MD

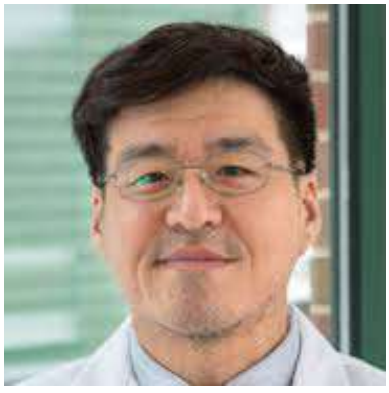
Honorary Scientific Chair

Stephen and Suzanne Weiss Dean, Weill Cornell Medicine
Provost for Medical Affairs, Cornell University

Soo Yeon, Kim, MD, RMSK

Convention Chair

Medical Director of Musculoskeletal Medicine
Assistant Professor of Physical Medicine and Rehabilitation
John Hopkins University School of Medicine



Sung (Steve) Kwon, MD, MPH

Treasurer

Surgical Oncology
Holy Name Medical Center

Mary E. Choi, MD

Research Chair/ 2020 KAMA President-Elect

Professor of Medicine
Division of Nephrology and Hypertension
Weill Cornell Medicine

Daniel Y. Kim, MD

Vice President/Community Service Chair, Gala Co-Chair

Medial Director
St. Mary's Eye & Surgery Center, NJ

John H. Lee, MD, FACC, FSCAI

Secretary General/Gala Chair

Interventional Cardiologist
Cardiac Associates of North Jersey

Stanley Shin, MD, FACC, FACP

Vice President/ Fundraising Chair

President
Statesboro Cardiology, Vascular, Vein Specialists, GA

SPEAKERS

Joo Heung Yoon, MD

Clinical Instructor of Medicine
Division of Pulmonary, Allergy, and Critical care Medicine
University of Pittsburgh Medical Center

Joong-Heum Park, MD

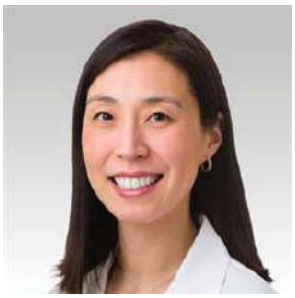
Internal Medicine-Clinical Informatics Fellow
New York Presbyterian/Columbia University Medical Center

Erica H. Lee, MD

Assistant Attending Physician,
Dermatology Division of Memorial Sloan Kettering Cancer Center
Associate Director of the Micrographic Surgery and Dermatologic Oncology Fellowship
Assistant Professor of Dermatology of Weill Cornell Medicine

Jaehyuk Choi, MD, PhD

Director, Extracorporeal Photopheresis Unit
Department of Dermatology and of Biochemistry and Molecular Genetics
Ruth K. Freinkel, MD, Research Professor
Northwestern University Feinberg School of Medicine

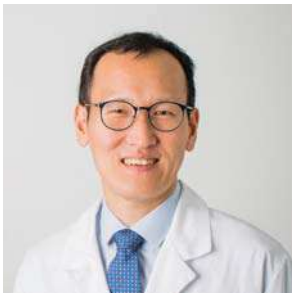


Jennifer Choi, MD

Chief, Division of Oncodermatology
Robert H. Lurie Comprehensive Cancer Center
Associate Professor of Dermatology
Robert H. Lurie Comprehensive Cancer Center
Northwestern University Feinberg School of Medicine

K. John Yun, MD, FACS

AMA Delegate
Clinical Professor, University of Louisville
President, Heartland ENT and Allergy Center

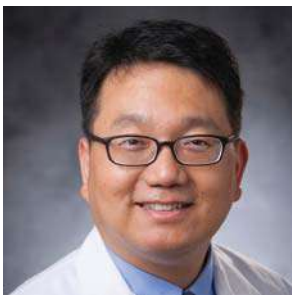


Hyunseok Kang, MD

Associate Professor of Clinical Medicine
Division of Hematology/Oncology
Department of Medicine
University of California, San Francisco

Jae Hong Park, MD

Associate Attending Physician
Director, Acute Lymphoblastic Leukemia Program
Assistant Director, Cellular Therapeutics Service
Memorial Sloan Kettering Cancer Center
Assistant Professor of Medicine
Weill Cornell Medicine



Taewoong Choi, MD

Instructor of Medicine
Division of Hematologic Malignancies and Cellular Therapy
Department of Medicine, Duke University

Joseph W. Kim, MD

Associate Professor of Medicine
Prostate and Urologic Cancers Program & Early Drug Development Program
Yale Cancer Center
Yale School of Medicine

SPEAKERS

Dennis S. Chi, MD

Ronald O. Perelman Chair in Gynecologic Surgery
Deputy Chief, Gynecology Service
Head of Ovarian Cancer Surgery
Memorial Sloan Kettering Cancer Center

Eugene K. Cha, MD

Assistant Professor
Urology Service, Department of Surgery
Memorial Sloan Kettering Cancer Center
Weill Cornell Medicine

Sanghyun Alex Kim, MD

Chief, Division of Colorectal Surgery
Mount Sinai-Beth Israel Hospital, Mount Sinai Downtown Union Square
Medical Director, Mount Sinai Flushing Specialty Practice

Yanghee Woo, MD

Vice Chair, International Affairs
Director, GI Minimally Invasive Therapies Program
Associate Professor of Surgery
City of Hope National Medical Center / Beckman Research Institute

Michelle K. Kim, MD, PhD, AGAF, FASGE

Vice Chair for Faculty Affairs
Co-director, Center for Carcinoid and Neuroendocrine Tumors
Professor of Medicine
Ichan School of Medicine at Mount Sinai
Mount Sinai Health System

Mary E. Choi, MD

Professor of Medicine
Division of Nephrology and Hypertension
Weill Cornell Medicine

Amanda Rhee, MD

Medical Director of Patient Safety
Associate Professor Cardiothoracic Anesthesiology
Icahn School of Medicine of Mount Sinai

Linda Lee, MD

Medical Director of Endoscopy
Brigham and Women's Hospital
Associate Professor of Medicine
Harvard Medical School

Koon Ho Rha, MD, PhD, FACS

Professor of Urology
Director, Yonsei Robotic Training Center
Chief Strategy Officer, Yonsei University Health Systems
President, Korean Endourological Society

Min Wook Joo, MD

Assistant Professor
Department of Orthopaedic Surgery
St. Vincent's Hospital, College of Medicine, The Catholic University of Korea

SPEAKERS

Hyunsuk Peter Suh, MD

Assistant professor
Asan Medical Center, Department of Plastic Surgery

Jennifer I. Lee, MD, FACP, FHM

Vice Chair, Weill Department of Medicine
Quality and Patient Safety
NewYork-Presbyterian Hospital/Weill Cornell Medicine
Associate Professor of Clinical Medicine
Division of General Internal Medicine/Section of Hospital Medicine

Hansung Lee, MD

Hospitalist at Severance Hospital
Clinical Professor of Medicine
Yonsei University College of Medicine, Korea

Joong Haeng Choh, MD

Thoracic Surgery
Physician-in-Chief & Medical Director
International Healthcare Center
Seoul National University Bundang Hospital

Bernard J. Park, MD

Deputy Chief of Clinical Affairs, Thoracic Service
Memorial Sloan-Kettering Cancer Center
Professor of Clinical Cardiothoracic Surgery
Weill Cornell Medicine

William K. Oh, M.D.

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

Albert D. Min, MD

Director, Hepatology Division of Digestive Disease
Professor of Medicine
Mount Sinai Beth Israel, Icahn School of Medicine of Mount Sinai

MinSig Choi, MD

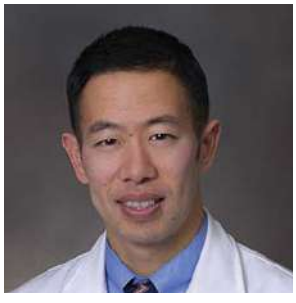
Director of Outpatient Oncology
Director of GI Medical Oncology
Associate Professor of Medicine
Stony Brook University, NY

Dae Hyun Kim, MD, MPH, ScD

Assistant Professor of Medicine, Harvard Medical School
Hinda and Arthur Marcus Institute for Aging Research, Hebrew SeniorLife
Division of Pharmacoepidemiology and Pharmacoeconomics, Department of Medicine, Brigham and Women's Hospital
Division of Gerontology, Department of Medicine, Beth Israel Deaconess Medical Center

Theodore Suh, MD, PhD, MHS, AGSF

Clinical Professor, Division of Geriatric & Palliative Medicine
Department of Internal Medicine
University of Michigan Medical School and Ann Arbor VA Hospital



Edward Kim, MD

Adult Neurology Residency Program Director
Associate Professor of Neurology
Oregon Health & Science University

KAMA Women in Medicine

Michelle K. Kim, MD, PhD, AGAF, FASGE

Chair, women in medicine

Friday, July 19th

01:15pm- 02:45pm

Women in Medicine Panel, featuring

Mary E. Choi, MD
Professor of Medicine, Nephrology, New York Presbyterian-Weill Cornell Medical College
Amanda Rhee, MD
Associate Professor, Cardiothoracic Anesthesiology, Medical Director of Patient Safety, Mount Sinai Health System
Linda Lee, MD
Associate Professor of Medicine, Medical Director of Endoscopy, Division of Gastroenterology, Brigham and Women's Hospital
Yanghee Woo, MD
Associate Clinical Professor, Surgical Oncology,
City of Hope, California

07:00pm-09:00pm

KA Women in Medicine Reception on Friday evening, following the Presidential Reception

Hosted by Kobre and Kim

At Kobre & Kim, LLP
800 3rd Ave. (6th floor) New York, NY, 10022
(Between 49th and 50th Streets)

Saturday, July 20th

10:30am-11:15am

Keynote Lecture
delivered by Dr. Patrice A. Harris, President, AMA
Physician Leadership and the Urgency of the Moment in Medicine

Sunday, July 21st

08:00am-09:00am

Morning walk in the Central Park
Please sign up at the registration desk! Let's meet at 8am at the lobby.

EXHIBITOR LIST

AbbVie

Allergan

Asian Liver Health Program at NYU Langone Health

AstraZeneca

Bayer

Blue Ocean Wealth Solutions

Bristol-Myers Squibb

Boston Scientific

Clear Laser Skin Clinic

Dynavax Technologies

Eisai

Ethicon

Exelixis

GD Biosciences

Gilead Sciences

Globus

Intercept Pharmaceuticals

KHIDI

Merck

MLMIC Insurance Company

Quality Specialty Pharmacy

Salix Pharmaceuticals

Shionogi

Sirtex

Tox & Filler

CONGRATULATORY LETTERS

Daezip Choi, MD

President

Korean Medical Association

Bill de Blasio

Mayor of New York City

Phil D. Murphy

Governor of New Jersey

Jong Hee Oh

Chief Representative
KHIDI USA

Hyo-Sung Park

Ambassador
Consul General

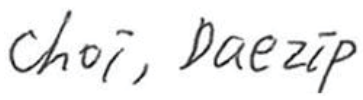
Congratulatory Remarks
KAMA 45th Annual Convention & Scientific Program

On behalf of Korean Medical Association (KMA), let me begin by expressing my sincere congratulations on the 2019 KAMA 45th Annual Convention & Scientific Program and appreciation for contributions of James S. Park, President of KAMA, John Won, Board Chair of KAMA, and dedications of many others who put this event together. I also would like to extend my gratitude to all outstanding speakers for sharing their invaluable knowledges here. It is truly regretful that I had to miss the chance to attend this event in person.

Korean American Medical Association (KAMA), starting from Korea-U.S. Joint Workshop in 1974, has been playing a key role in cultural and professional exchanges among Korean physicians and Korean-American physicians as well as thriving Korean-American physicians in the U.S. I am sure that this KAMA 45th Convention would make another significant footprint which can strengthen bond among all of them as well as give more opportunities to exchange medical information.

The importance of KAMA's role as a representative body of ethnic physician community will increase more and more due to the ongoing progress of globalization. I am sure that KAMA will further expand its presence and enhance its capabilities in the medical sector. I wish that this convention would proceed very successful and relationship between KMA and KAMA will grow further in the years to come.

Thank you.



Daezip Choi, MD
President
Korean Medical Association

THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, NY 10007

July 19, 2019

Dear Friends:

I am delighted to join the Korean American Medical Association in welcoming everyon to its 45th Annual Scientific Convention.

My administration firmly believes that all people deserve access to the care they need to become and remain healthy, and New York City's diverse and dynamic community of doctors forms the backbone of that mission. Since 1974, KAMA has helped to preserve our city's gold standard of care by promoting skill development among the medical community, supporting physicians of Korean descent in the five boroughs and far beyond, and working to combat health disparities throughout the nation. This year's KAMA convention provides a wonderful forum through which attendees can gather in fellowship and gain exposure to new clinical developments, and we are delighted to host so many leaders in the medical field this weekend. As you come together to recognize this milestone occasion, I am proud to applaud KAMA for helping to forge a brighter, healthier future for all people, and I look forward to all that the organization and its members will accomplish in the years ahead.

On behalf of the City of New York, please accept my best wishes for a productive convention and continued success.

Sincerely,

Bill de Blasio
Mayor

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

PHILIP D. MURPHY
GOVERNOR

July 19, 2019

Dear Friends,

It is with great pleasure to extend warm greetings to all those gathered for the 45th Annual KAMA Scientific Convention, hosted by the Korean American Medical Association.

Since 1974, the Korean American Medical Association (KAMA) has been a representation of thousands of Korean American physicians, academicians, and medical researchers, extending from Hawaii to New England. For over four decades, KAMA has worked to advance medicine and cutting-edge medical care by using its platform to address important health care policies and health issues. Through its commitment to provide valuable guidance and networking opportunities to medical students, medical trainees, and physicians alike, this year's convention themed, "Future Medicine," offers an excellent opportunity for KAMA to expand the breath of its organization's mission and scientific program.

As Governor, I commend KAMA for its hard work and dedication to advancements in medicine and the organization's commitment to ensure health equity and medical knowledge.

Best wishes for a memorable and successful convention.

My very best,

Philip D. Murphy
Governor

KHIDI 한국보건산업진흥원
Korea Health Industry Development Institute

Dear Friends and Colleagues,

Welcome to the 45th Annual Korean American Medical Association (KAMA) Scientific Convention.

I am Jong Hee Oh, Chief Representative of Korea Health Industry Development Institute (KHIDI)'s US office. KHIDI contributes to the improvement of the international competitiveness and the quality of Korea's national healthcare through systematic projects designed to develop and promote the health industry.

On behalf of Korea Health Industry Development Institute, I would like to congratulate the successful opening of the scientific convention and would like to extend my gratitude to KAMA members who have put in great effort in preparing for the event and the joint session with KHIDI.

Since 1974, the Korean American Medical Association has accrued over 5,000 members across the United States. Among many minorities groups in the US, KAMA has been successfully recognized by such groups as American Medical Association (AMA) voicing Korean and Korean American presence in the US. As a fellow Korean, I would like to thank KAMA for their long dedication and hard work.

Korea Health Industry Development Institute along with Korea International Medical Association (KIMA) have been working very closely with KAMA since 2010, by signing a memorandum of understanding (MOU). During the 44th Annual Convention in 2018, KHIDI and KAMA cooperated in holding a successful session about current state of Medical Scientist Training Programs (MSTPs) in the United States and Korea. As such efforts continue to this year, we hope to see such collaboration to continue in the future.

As you know, after the Korean War, Korean healthcare system has benchmarked the U.S. system thoroughly. Now, about 360,000 foreign patients visit Korea and Korea is one of most important clinical trial sites for global CROs and Pharms. Ultimately, KHIDI USA want to increase our global leadership in health care by working with KAMA to treat diseases and improve health around the world.

I hope the convention to be beneficial and look forward to meeting you.

Sincerely,

Jong Hee Oh
Chief Representative
Korea Health Industry Development Institute US office (KHIDI USA)

KOREAN CONSULATE GENERAL
NEW YORK, N.Y.

July 20, 2019

Dear Friends:

I am delighted to extend my greetings to everyone attending the Korean American Medical Association's Annual Gala this year, as well as to congratulate the association on its 45th Annual Korean American Medical Association Scientific Convention under the theme "Future of Medicine."

Since its founding in 1974, KAMA has become one of the most active organizations for Korean American physicians. Through annual platforms such as this convention, KAMA provides valuable opportunities for its members not only to broaden their professional network but also to share their scientific findings. It is also worth noting the association's contribution to addressing the unique medical needs of the Korean-American community, as well as its bridging role in strengthening cooperation in medical sciences between Korea and the United States.

I hope that the association will continue to serve as a focal point for Korean-American medical doctors, as well as providing better medical services to the Korean-American community. Especially, I hope that this year's convention, in which interesting topics such as emerging therapeutics for Korean Americans will be discussed, would yield fruitful and insightful results that would benefit the Korean-American community.

I would like to take this opportunity to thank the convention's keynote speaker, Dr. Patrice Harris, President-elect of American Medical Association, for her valuable contribution and Dr. James Park, KAMA President, Convention and Gala Chairs, Dr. Soo Yeon Kim and Dr. John H. Lee, and all staff members for making all the necessary arrangements to make this meaningful event a success.

I wish everyone my best wishes for an enjoyable and memorable evening.

Sincerely,

Amb. Hyo-Sung Park
Consul General

SPECIAL THANKS TO **FRIENDS OF KAMA**

Jeffrey M. Ahn, MD
Otolaryngology-Head & Neck Surgery, NY

Samuel Cho, MD
Gastroenterology, NY

Eric J. W. Choe, MD
Urology, VA

Benjamin B. Choi, MD
Urology, NY

Brice B. Choi, MD
Neurology, GA

Minsig Choi, MD
GI Medical Oncology, NY

Paul S. Han, MD, FCCP, FASM
Pulmonology, NJ

Jae Geun Hyun, MD, PhD
Gastroenterology, NY & NJ

Byung Kang, DO
Family Medicine, NY

Baruch Kim, DO
Fellow in Pain Medicine, NY

Daniel Y. Kim, MD
Ophthalmology, NJ & NY

Jung Hwan Kim, MD
Pain Medicine/Anesthesiology, NY

Kun Z. Kim, MD
Facial Plastic Surgery, GA

M. Roger Kim, MD, MPH, FAAP
Neonatal-Perinatal Medicine, NY

Sanghyun Alex Kim, MD
Colorectal Surgery, NY

Soo Yeon Kim, MD
Physical Medicine and Rehabilitation, MD

Stanley Kim, MD
Nephrology, NJ

Theodore Young Kim, MD
Gastroenterology, MD

Sung (Steve) Kwon, MD
Surgical Oncology, NJ

Gerald J. Lee, MD
Internal Medicine, NJ

Samuel Lee, MD, FACS
UIHD, CA

Samuel K. Lee, MD
Urology, CA

Sungwon Lee, MD
Internal Medicine, NJ

Bernard J. Park, MD
Thoracic Surgery, NY

James S. Park, MD
Transplant Hepatology, NY

Kee B. Park, MD
Neurosurgery, MA

Peter Park, MD
Interventional Radiology, NJ

Stanley Joonho Shin, MD
Cardiology, GA

Chang Bae Son, MD
Dermatology, NJ

Sung Wu Sun, MD, FACP
Geriatrics, NY

John H. Won, MD
Urology, NY

Carl Yorita, MD
Internal Medicine, HI

Yong H. Kim, M.D.
Orthopedic Surgery, NY

Tiffany Eunsun Choi
Global Clinical Development, Celltrion, Korea

Boram Lee
Global Clinical Development, Celltrion, Korea

Chung Taik Chung, MD, FACR
Radiation Oncology, NY

Hyun Ji Lee, MD
Family Medicine, NY

John H. Lee, MD
Interventional Cardiology, NY

Albert D. Min, MD
Gastroenterology, NY

John Oh, MD
Interventional Radiology, NV

Daniel Park, DO
Family Practice, NY

Woun Seok, MD
Family Medicine, GA

Kiro John Yun, MD
Otolaryngology, KY

Yoon-Jae Lee, MD
Gastroenterology, GA

Chester Lee, MD
Urology, NJ

KAMSA

Hello!

Welcome to the 45th annual KAMA conference! Whether it is your first time here or you are a regular, we are so glad you can join us this year. All of the KAMSA executive members have worked tirelessly throughout their busy school year to bring this conference to you, so we hope you enjoy this weekend with us in New York City!

This weekend will go by extremely fast, but we made sure to fill it with opportunities for you to meet other students, residents, fellows and physicians! So, I encourage you to stay involved and present at our sessions. If there is a physician who sparked an interest in you, I challenge you to reach out to them. You will be surprised by how welcoming they can be to the KAMSA students.

I started working with the KAMSA National board since I was a first-year medical student, and I am so honored to serve as the President of the national board in my last year. One of my favorite parts of the KAMA convention is meeting the KAMSA National executive board in person, after months of communicating online. It is a precious moment for me, and one of the reasons why I love KAMSA. I have been truly blessed to work with this year's board members as they show the passion and selflessness needed in this rigorous field of medicine. I hope that during your weekend here in the "Big Apple", you can find your own KAMSA moment.

Sincerely,

Joo (Esther) Lee
2019 KAMSA President

KAMSA National/Regional Chapters

National
Joo (Esther) Lee
Kamsausa@gmail.com

California
Paul Kim
kamsa.crc@gmail.com

DMV
Sunny Kim
skim2017@gwu.edu

GA
Won Jo Jang
Kamsaofga@gmail.com

MA
Jin Kim
mkim1989@bu.edu
or
Josh Lee joshdlee@bu.edu

NY/NJ
Eunice Lee
KamsaNYNJ@gmail.com

TX
Daniel Yo or Christine Park
Kamsatexas@gmail.com

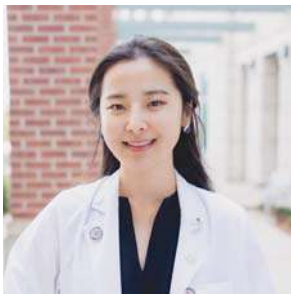
Contact us to get involved!
Sign up for our listserv @ https://www.kamsaus.org/become-a-member

Joo (Esther) Lee

MS4
President
UT Southwestern

Dae Ik Yi

MS4
Co-Vice President,
VCU SOM



JooHyun Julie Oh

MS3
Co-Vice President
Texas A&M COM

Angela Kim

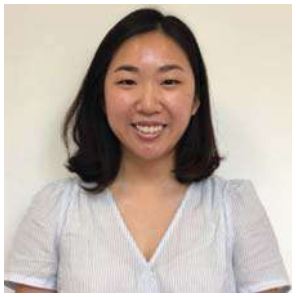
MS2
Secretary
SUNY Downstate

John Sung

MS4
Treasurer
Texas A&M COM

Sunwoo Park

MS2
Publicity Chair
FIU Herbert Wertheim

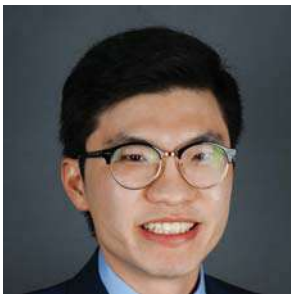


Sandy Kim

MS3
Newsletter Chair
UT Southwestern

HooWon Lee

MS2
Fundraising Chair
McGovern SOM



Daniel Yo

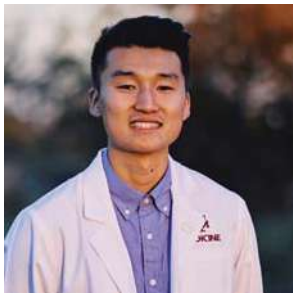
MS4
Public Relations
Chair
McGovern SOM

Alvin Chang

MS2
Membership Chair
SUNY Downstate

Diana Lee

MS2
outreach chair
Geisel SOM



Sun Choi

MS2
Conference Press
Organizer
Texas A&M COM

KAMRAF

The Korean American Medical Residents and Fellows (KAMRAF) of Korean American Medical Association (KAMA) was created to focus on the needs of medical trainees and to act as a bridge between the Korean American Medical Student Association (KAMSA) and KAMA. We are proud and grateful for the opportunities to join as a subsection of the national organization with its 45-year history.

KAMRAF aims to provide its residents/fellows with opportunities in the following areas:

1. Networking
(meet colleagues and attending physicians throughout all specialties)
2. Research
(present your research at our annual conference)
3. Medical education
(attend seminars, mentor medical students, etc.)
4. Service
(local and international)
5. Career development
(mentorship, networking, fellowship connections, job opportunities, etc.)

Under the theme "Giving is Receiving," we have recently created a mentorship program that will help initiate a long-term mentor-mentee relationship between attending physicians (KAMA members) and medical students (KAMSA members). In our inaugural year, we have established a new leadership team filled with enthusiasm and passion. We would like to take this to thank KAMA and its leadership for their ongoing support.

Sincerely,

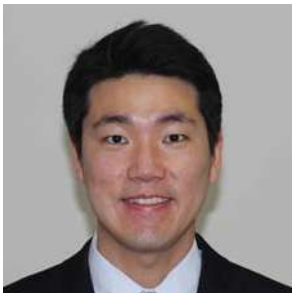
Baruch Kim and Eric Yoo
Co-Chairs, Korean American Medical Residents and Fellows

Eric Yoo, MD
Co-Chair

Resident Physician
Internal Medicine
Santa Clara Valley Medical Center
Stanford University

Baruch Kim, DO
Co-Chair
Fellow
Interventional Pain Management
Department of Anesthesiology
NYU Langone Health

Michael Choi, MD
Vice Chair
Fellow
Spinal Cord Injury Medicine
Physical Medicine and Rehabilitation
Johns Hopkins University School of Medicine



Yu Jae Cho, DO
Treasurer

Resident Physician
Family Medicine
St. John Episcopal Hospital

Heidi Choe, DO
Secretary

Resident Physician
Physical Medicine and Rehabilitation
Mount Sinai Health System

KAMSA

Apple-peel atresia: a case report of a type IIIB intestinal atresia
presented by David Chang

Body Mass Index Is Not Associated With Donor Oocyte Recipient Success: A Paired Analysis Utilizing Sibling-Oocytes
presented by Alice Chung

***Dedicated Team Approach Avoids Mitral Valve Replacement at Septal Myectomy for Obstructive Hypertrophic Cardiomyopathy**
presented by Sarah N Yu

***Epigenetic activation at a novel TGFÎ²2 enhancer drives fibrosis in systemic sclerosis**
presented by Joseph Y Shin

F18-FDG PET/MRI in the Evaluation of Glioblastoma
presented by Sean H Kim

From the Common Headache to Chronic Obstructive Hydrocephalus
presented by Justin Hahn

Investigating the Role of Transient Receptor Potential Melastatin-3 in Itch Sensation
presented by Nawoo Kim

Maxillary Sinus Anatomy: Implications on Chronic Sinusitis and Health Disparities
presented by Suhhyun Kim

Multi-Disciplinary Simulation Activity Effectively Prepares Residents for Participation in Patient Safety Activities
presented by Joo(Esther) Lee

Multimodal analgesia with ketamine and gabapentin decrease postoperative opioid use after head and neck microvascular reconstruction
presented by Dae Ik Yi

***Targeting CDK 4/6 pathway for effective diffuse intrinsic pontine glioma (DIPG) therapy**
presented by Dennis D. Lee

The Epic Mimic: Epiploic Appendagitis
presented by Justin Hahn

KAMRAF

VATS Can Effectively Triage Patients for PDS vs NACT/IDS in Women with Advanced Ovarian Cancer
presented by Olga. T Filippova, MD

Factors associated with one-year mortality after debulking surgery in older women with ovarian cancer
presented by Olga. T Filippova, MD

***Left Atrial Strain Impairment is a Novel Early Marker of Diastolic Dysfunction – A Multimodality Validation Study**
presented by Brian Yum, MD

Denervation Potential of RFA
presented by Gloria Eun Ha Hwang, MD, MPA

***Male Sex Hormones are Associated with Severity and Mortality in Males with Non-alcoholic Fatty Liver Disease: A Prospective Cohort Study**
presented by Hyun-seok Kim, MD MPH

Sarcopenia and Osteopenia in Sarcoma Patients
presented by Stephanie Y Jo, MD, PhD

Diet Quality and its Association with Nonalcoholic Fatty Liver Disease (NAFLD) and Mortality – a Population-based study
presented by Eric R. Yoo, MD

***Secular Trends in Waitlist Registration and Outcomes for Liver Transplantation in the United States – A Paradigm Shift**
presented by Eric R. Yoo, MD

***Winners of Abstract Competition**

Non CME Program

DAY 1
Friday, July 19th

Exelixis
12:20 pm - 01:10 pm

A New Treatment Option for Patients with Hepatocellular Carcinoma

Aiwu (Ruth) He, MD

Korea Health Industry Development Institute
05:00PM - 06:00PM

Care of international patients and the roles of the International Health Section in Tertiary Korean Medical Centers

Joong Haeng Choh, MD

Director of International Health Care Center,

Seoul National University Bundang Hospital

Health Insurance benefits while being treated in Korea

Aaron Youngblood

Vice President of Sales – Global Insurance

at UnitedHealthcare Global

Competitiveness of Korea Healthcare Service and Success Factors in Medical Travel Industry

Seung Gul Lee

Researcher

Korea Health Industry Development Institute

DAY 2
Saturday, July 20th

Bayer
07:00 am - 07:45 am

HCP: Peer to Peer Exchange - Therapy for Patients with Previously Treated Metastatic Colorectal Cancer (mCRC)

Minsig Choi, MD

Abbvie
12:15 pm - 01:00 pm

A Path Forward: Evaluating and Treating Hepatitis C

Albert Min, MD

Gilead
01:00pm - 01:45pm

VEMLIDY: Up to 3 Years of Clinical Evidence From Pivotal Studies

Albert Min, MD

DAY 3
Sunday, July 21st

Astrazenca
07:00 am -08:00 am

Advances in Late Stage Lung Cancer, a Focus on the Asian Patient

Edward S. Kim, MD, FACP

gala

SATURDAY, JULY 20TH

06:00 PM - 07:30 PM **COCKTAIL HOUR**

PETIT TRIANON

7:30 PM **WELCOME REMARKS**

TRIANON BALLROOM

DR. JOHN LEE, GALA CHAIR

MESSAGE FROM PRESIDENT OF KAMA

DR. JAMES PARK

CHAIRMAN OF BOARD ADDRESS

DR. JOHN WON, CHAIR BOARD OF DIRECTOR

MESSAGE FROM CONVENTION CHAIR

DR. SOO YEON KIM, CONVENTION CHAIR

MESSAGE FROM KAMSA, KAMRF

DR. ESTHER LEE

DRS. ERIC YOO/BARUCH KIM

AWARD CEREMONY

COMMUNITY OUTREACH AWARD- PRESENTED BY DR. JAMES PARK

LEGACY AWARD-PRESENTED BY DR. KEE PARK

DR. CHOI, CHAI CHANG AWARD - PRESENTED BY DR. DANIEL KIM

DR. OH, CHANG YUL AWARD - PRESENTED BY DR. JOHN OH

GUEST SPEAKER: DR. W. RAY KIM

ENTERTAINMENT - THE JERSEY BOYS

INTRODUCTION OF KAMA 2020 PRESIDENT-ELECT - DR. MARY E. CHOI

CLOSING REMARKS - DR. JAMES PARK

MUSIC AND DANCING

Our Diamond Sponsors:

abbvie

KHIDI
Korea Health Industry Development Institute

Our Gold Sponsors:

AstraZeneca

BAYER

Bristol-Myers Squibb

GILEAD
Advancing Therapeutics.

EXELIXIS

2020

KAMA ANNUAL SCIENTIFIC CONVENTION

2020 VISION FOR DIVERSITY, INNOVATION, CURE

Seoul, Korea

MARY E. CHOI, MD

KAMA PRESIDENT-ELECT
PROFESSOR OF MEDICINE
DIVISION OF NEPHROLOGY
AND HYPERTENSION
WEILL CORNELL MEDICINE

KAMPANY

The Korean American
Physicians Association of NY
congratulates KAMA
on a successful
45th Annual
Scientific Convention.

Hyun-Ji Lee, MD
President of KAMPANY

KAMA

New York & New Jersey

Supports & Congratulates

KAMA 45th

Annual Scientific Convention.

Stanley Sungbae Kim, MD
President of KAMA Chapter NY& NJ

KAPIPA

congratulates KAMA
on a successful
45th Annual
Scientific Convention.

Korean American Physicians IPA (KAPIPA)

Yunhee Chung MD, President **Byung C. Kang DO**, Vice President

Board Members

Kunil Bae MD	**Anthony Jung MD**	**Daniel Kim MD**	**Patrick Ko MD**
Changsuk Lee MD	**Insook Lee MD**	**Kevin Lee MD**	**Changho Suk MD**

142-18 38th Ave., Suite 1B, Flushing, NY 11354
718-461-7710
kapipanew@gmail.com
www.kapipa.org

The Faculty and Staff of

Weill Cornell Imaging at NewYork-Presbyterian

proudly support the

Korean American Medical Association

Robert J. Min, M.D., M.B.A.

Chairman of Radiology and Radiologist-in-Chief

President of Weill Cornell Imaging at NewYork-Presbyterian

President & CEO of Weill Cornell Medicine Physician Organization

차원이 다른 서비스를 경험해보세요.

건강관리에는 원활한 의사소통이 필수입니다. Englewood Health 한인건강센터의 지나강은 환자 네비게이터로써 환자에게 필요한 의료서비스와 건강보험 안내, 주요 지역사회자원과의 연계를 도와드립니다. 또한 환자 및 환자가족의 필요사항을 점검하고, 의료진에게 정확한 정보를 전달함으로써, 언어로 인한 불편함을 해소해드립니다.

치료에 최선을 다하는 의료진과의 특별한 경험을 느껴보세요.

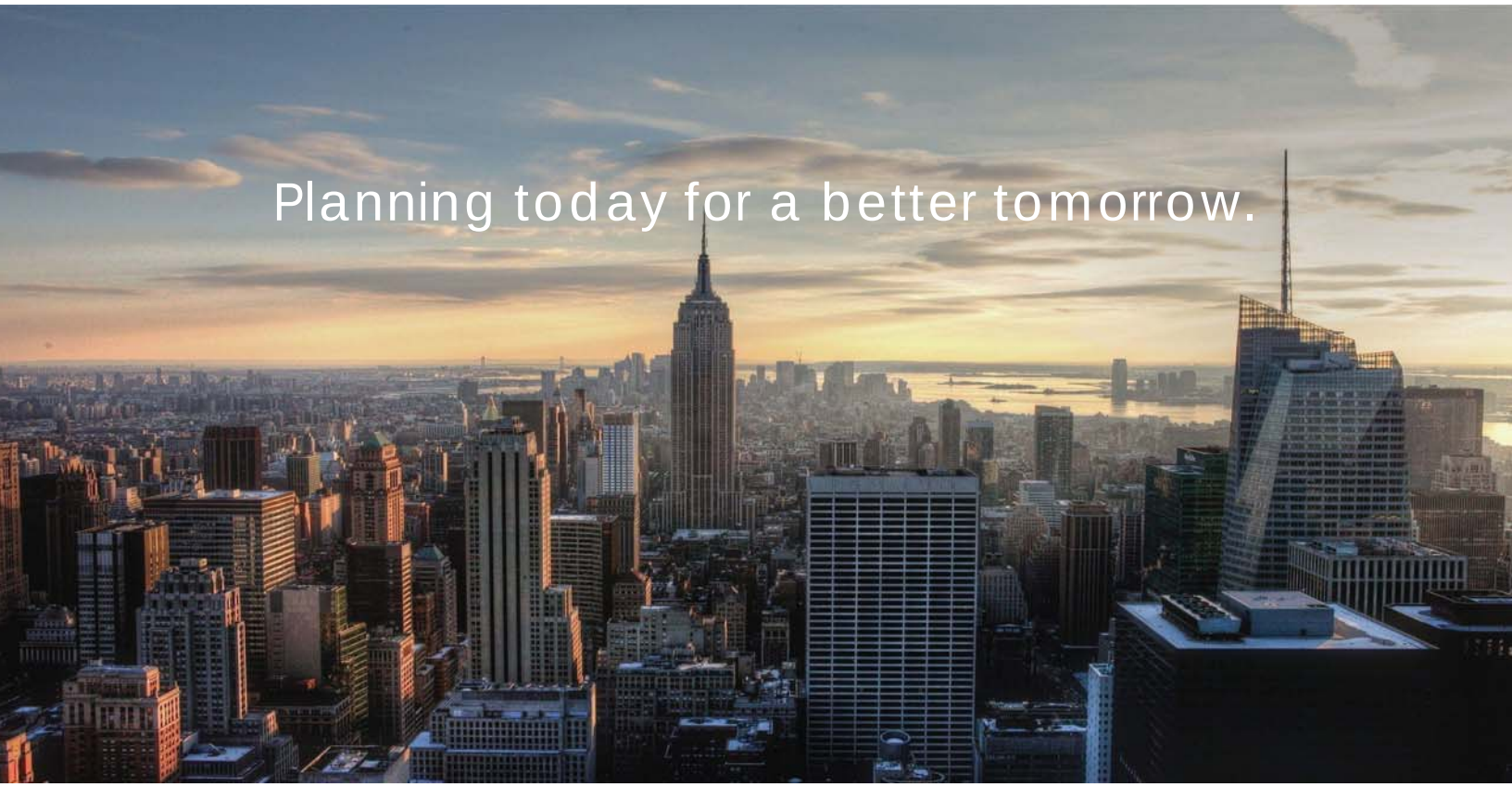
ENGLEWOOD HEALTH

All of us for all of you.

Experience Englewood Health.
englewoodhealth.org

ALPINE

MULTI FAMILY OFFICE



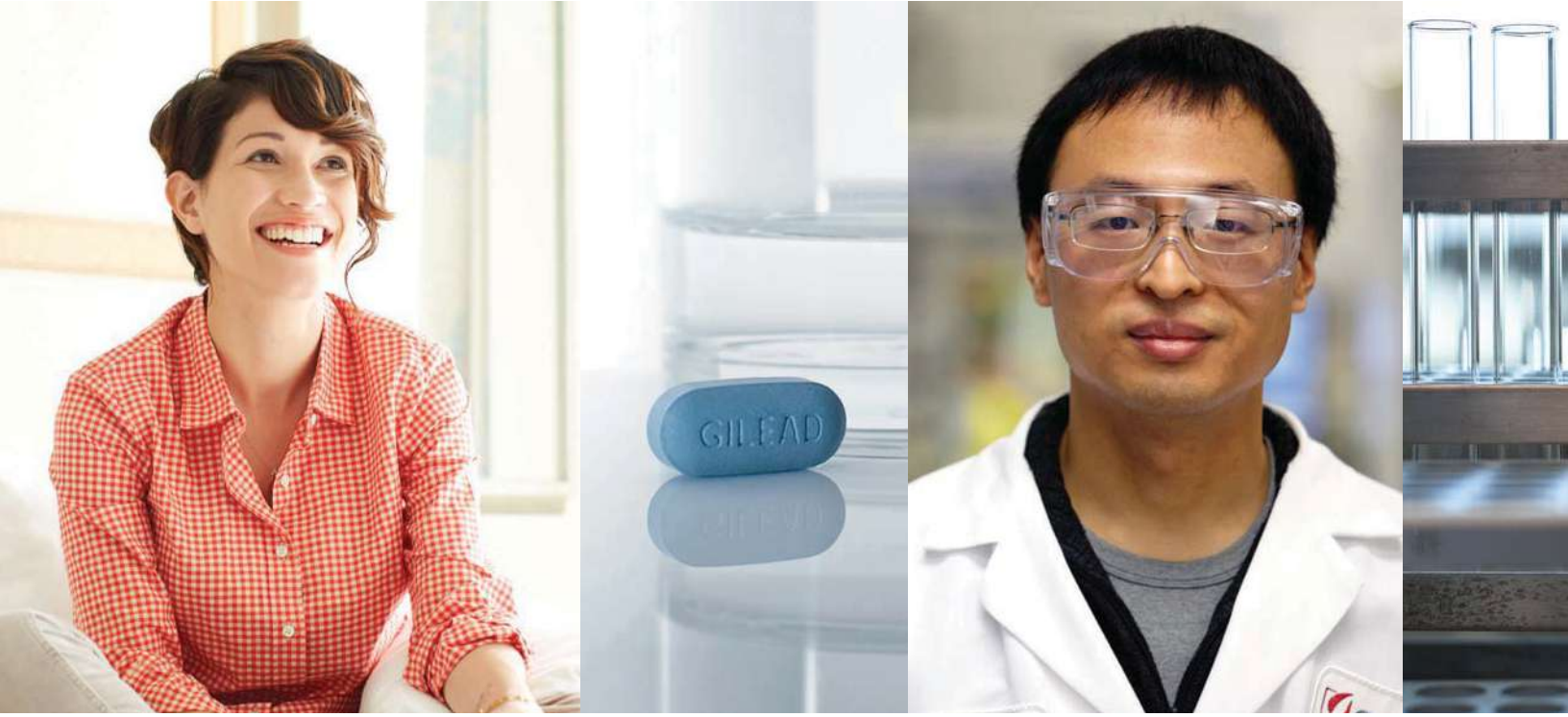
We have built our history and reputation by taking the time to know our families, to understand and protect their legacies and align ourselves with their ambitions.

Our family office clients are at the centre of a community of highly qualified attentive professionals. Supported by expert advisors with key market specialties, and using a single point of contact with a dedicated Client Relationship Manager, we give you the confidence to make informed and incisive decisions as guardians of your family wealth.

We do this because we too are entrepreneurs. We embrace change and innovation, and simplify financial complexity with services which extend beyond asset management to encompass an entire way of life.

WEALTH MANAGEMENT | **PRIVATE INVESTMENTS** | **ACCOUNTING SERVICES**

www.ALPINEFSG.com
Michael.Rhee@AlpineFSG.com



Advancing Therapeutics, Improving Lives.

For more than 25 years, Gilead has worked to develop medicines that address areas of unmet medical need for people around the world.

Our portfolio of medicines and pipeline of investigational drugs include treatments for HIV/AIDS, liver diseases, cancer, inflammatory and respiratory diseases, and cardiovascular conditions.

Every day we strive to transform and simplify care for people with life-threatening illnesses.

GILEAD IS A PROUD SUPPORTER OF THE KOREAN AMERICAN MEDICAL ASSOCIATION

GILEAD

For more information, please visit www.gilead.com.

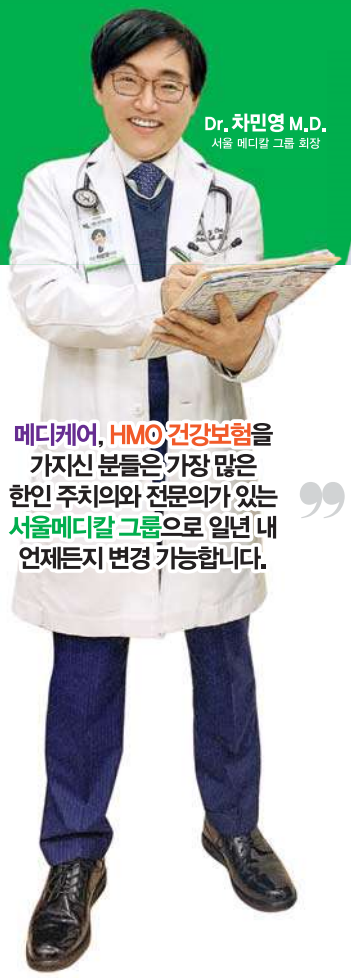
Dr. James Park and 2019 Convention Team:
Let's Give New York Some Heart and Seoul!!!

2만명 시니어 어르신 여러분!
왜 다들 서울 메디칼 그룹으로
가입하시길 원하실까요?

"예방 의학도 최고!
치료 의학도 최고!
전문의 리퍼도 최고!"

시니어분들의 건강 지킴이 서울 메디칼 그룹의 주치의들입니다.
주치의도 전문의도 크고 탄탄한 서울 메디칼 그룹입니다.

275 여명의 주치의 | **2875** 여명의 전문의



Dr. 차민영 M.D.
서울 메디칼 그룹 회장

"메디케어, HMO 건강보험을 가지신 분들은 가장 많은 한인 주치의와 전문의가 있는 서울메디칼 그룹으로 일년 내 언제든지 변경 가능합니다."

이 외에도 서울 메디칼 그룹의 많은 주치의들이 다양한 의료혜택을 드리기 위해 최선의 노력을 하고 있습니다.

서울 메디칼 그룹
SEOUL MEDICAL GROUP

213.389.0077 • 1.800.611.9862
520 S. VIRGIL AVE., #107, LOS ANGELES, CA 90020

메디케어, HMO 건강보험을 가지신 분들은 전문의 허가(Referral)가
아주 빠른 서울 메디칼 그룹을 택하시고 최고의 의료혜택을 받으세요!

엔덤 블루크로스 Anthem BlueCross | 휴마나 Humana | 유나이티드 헬스케어 UnitedHealthcare | 이지초이스 Easy Choice | 센트랄 헬스 Central Health Medicare Plan | 헬스넷 Health Net | 블루쉴드 프라미스 헬스 플랜 blue promise | 블루쉴드 blue | 브랜드 뉴데이 brand new day | 스캔 scan | 얼라이언먼트 alignment | 바이탈리티 vitality

캘리포니아 (로스앤젤레스 • 오렌지 카운티 • 산타 클라라) • 하와이 • 워싱턴 (시애틀) • 조지아 • 버지니아 • 뉴저지

www.medical-korea.org

Host Ministry of Health and Welfare

Organizer KHIDI Korea Health Industry Development Institute

MEDICAL KOREA 2020

The 11th Global Healthcare & Medical Tourism Conference

2020.5.9-11

InterContinental Seoul COEX

MEDICAL KOREA 2020

MAIN STREET RADIOLOGY

Proud to support

KAMA

COMPREHENSIVE IMAGING FACILITIES

MRI/MRA/MRCP	X-Ray	CT Lung Screening
PET/CT DatScan	CT/CTA Scans	Women's Imaging
Nuclear Medicine	Interventional	3D Mammogram
Nuclear Cardiology	Ultrasound	Breast Biopsy
	Digital Mammography	

7 Days a Week & Evening Hours

NOW OFFERING OPEN MRI

Tel: 718-428-1500 • Fax: 718-428-2475 • mainstreetradiology.com

Bayside 44th
44-01 Francis Lewis Blvd.
Bayside, NY 11361

Downtown Flushing
136-25 37th Ave.
Flushing, NY 11354

32nd Avenue
32-25 Francis Lewis Blvd.
Flushing, NY 11358

Western Queens
72-06 Northern Blvd.
Jackson Heights, NY 11372

NEW LOCATION COMING SOON

Glendale
83-14 Cooper Avenue • Glendale, NY 11385

The Board of Overseers,
Faculty, Administration and
Staff of Weill Cornell Medicine

proudly support the

Korean American Medical Association

on the occasion of its

45th Annual Scientific Convention

and congratulate 2020 KAMA President-Elect

Mary E. Choi, MD

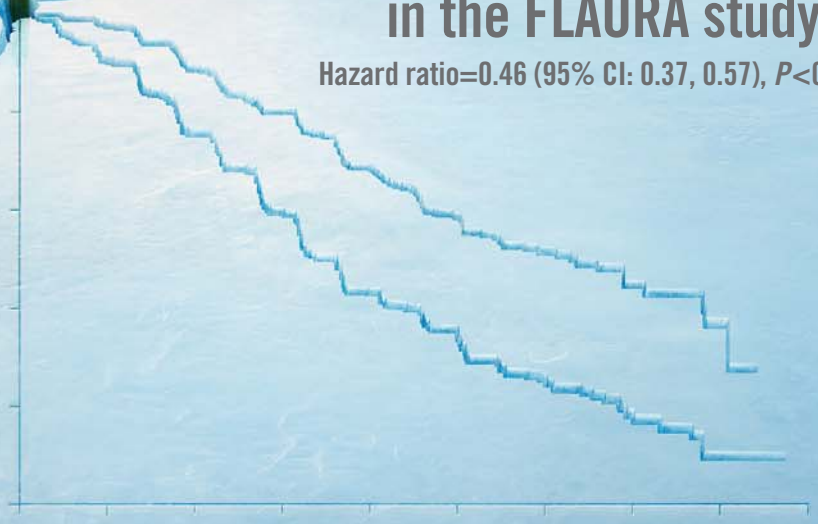
Professor of Medicine
Weill Cornell Medicine

Weill Cornell Medicine

FIRST-LINE TAGRISSO® DELIVERED

AN UNPRECEDENTED 18.9 vs 10.2 months median PFS vs erlotinib/gefitinib in the FLAURA study

Hazard ratio=0.46 (95% CI: 0.37, 0.57), *P*<0.0001



Randomized, double-blind, active-controlled trial in 556 patients with metastatic EGFRm NSCLC who had not received prior systemic treatment for advanced disease. Patients were randomized 1:1 to either TAGRISSO (n=279; 80 mg orally, once daily) or EGFR TKI comparator (n=277; gefitinib 250 mg or erlotinib 150 mg, once daily). Crossover was allowed for patients in the EGFR TKI comparator arm at confirmed progression if positive for the EGFR T790M resistance mutation. Patients with CNS metastases not requiring steroids and with stable neurologic status were included in the study. The primary endpoint of the study was PFS based on investigator assessment (according to RECIST v.1.1). Secondary endpoints included OS, ORR, and DOR.[1,2]

INDICATION

TAGRISSO is indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test.

SELECT SAFETY INFORMATION

- There are no contraindications for TAGRISSO
- Interstitial lung disease (ILD)/pneumonitis occurred in 3.9% of the 1142 TAGRISSO-treated patients; 0.4% of cases were fatal. Withhold TAGRISSO and promptly investigate for ILD in patients who present with worsening of respiratory symptoms which may be indicative of ILD (eg, dyspnea, cough and fever). Permanently discontinue TAGRISSO if ILD is confirmed
- Heart rate-corrected QT (QTc) interval prolongation occurred in TAGRISSO-treated patients. Of the 1142 TAGRISSO-treated patients in clinical trials, 0.9% were found to have a QTc > 500 msec, and 3.6% of patients had an increase from baseline QTc > 60 msec. No QTc-related arrhythmias were reported.

AstraZeneca

GROUNDBREAKING EFFICACY

DOSING

First-line TAGRISSO offers convenient, once-daily dosing, with or without food[1]

ALL SUBGROUPS

Delivered consistent PFS results across all subgroups, including patients with or without CNS metastases[2]

NCCN PREFERRED

Osimertinib (TAGRISSO) is the only National Comprehensive Cancer Network® (NCCN®) preferred first-line therapy option in metastatic EGFRm NSCLC. This preferred designation is based on efficacy, safety, and evidence.[3]

SELECT SAFETY INFORMATION

Conduct periodic monitoring with ECGs and electrolytes in patients with congenital long QTc syndrome, congestive heart failure, electrolyte abnormalities, or those who are taking medications known to prolong the QTc interval. Permanently discontinue TAGRISSO in patients who develop QTc interval prolongation with signs/symptoms of life-threatening arrhythmia

- Cardiomyopathy occurred in 2.6% of the 1142 TAGRISSO-treated patients; 0.1% of cardiomyopathy cases were fatal. A decline in left ventricular ejection fraction (LVEF) ≥10% from baseline and to <50% LVEF occurred in 3.9% of 908 patients who had baseline and at least one follow-up LVEF assessment. Conduct cardiac monitoring, including assessment of LVEF at baseline and during treatment, in patients with cardiac risk factors. Assess LVEF in patients who develop relevant cardiac signs or symptoms during treatment. For symptomatic congestive heart failure, permanently discontinue TAGRISSO
- Keratitis was reported in 0.7% of 1142 patients treated with TAGRISSO in clinical trials. Promptly refer patients with signs and symptoms suggestive of keratitis (such as eye inflammation, lacrimation, light sensitivity, blurred vision, eye pain and/or red eye) to an ophthalmologist
- Verify pregnancy status of females of reproductive potential prior to initiating TAGRISSO. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TAGRISSO and for 6 weeks after the final dose. Advise males with female partners of reproductive potential to use effective contraception for 4 months after the final dose
- Most common adverse reactions (≥20%) were diarrhea, rash, dry skin, nail toxicity, stomatitis, fatigue and decreased appetite

Abbreviations: CNS, central nervous system; DOR, duration of response; EGFRm, epidermal growth factor receptor mutation-positive; NSCLC, non-small cell lung cancer; ORR, overall response rates; OS, Overall Survival; PFS, progression-free survival; RECIST, Response Evaluation Criteria In Solid Tumors; TKI, tyrosine kinase inhibitor.

REFERENCES: 1. TAGRISSO [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2018. **2.** Soria JC, Ohe Y, Vansteenkiste J, et al. Osimertinib in untreated EGFR-mutated advanced non-small-cell lung cancer. *N Engl J Med.* 2018;378(2):113-125. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for NSCLC V.2.2019. © National Comprehensive Cancer Network, Inc. 2018. All rights reserved. Accessed November 21, 2018. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. To view the most recent and complete version of the guideline, go online to NCCN.org.

Please see Brief Summary of Prescribing Information on adjacent pages.

LEARN MORE AT TagrissoHCP.com

TAGRISSO®
osimertinib

TAGRISSO® (osimertinib) tablets, for oral use

Brief Summary of Prescribing Information.

For complete prescribing information consult official package insert.

INDICATIONS AND USAGE

First-line Treatment of EGFR Mutation-Positive Metastatic Non-Small Cell Lung Cancer (NSCLC)

TAGRISSO is indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test *[see Dosage and Administration (2.1) in the full Prescribing Information]*.

DOSAGE AND ADMINISTRATION

Patient Selection

Select patients for the first-line treatment of metastatic EGFR-positive NSCLC with TAGRISSO based on the presence of EGFR exon 19 deletions or exon 21 L858R mutations in tumor or plasma specimens *[see Clinical Studies (14) in the full Prescribing Information]*. If these mutations are not detected in a plasma specimen, test tumor tissue if feasible.

Information on FDA-approved tests for the detection of EGFR mutations is available at http://www.fda.gov/companiondiagnostics.

Recommended Dosage Regimen

The recommended dosage of TAGRISSO is 80 mg tablet once a day until disease progression or unacceptable toxicity. TAGRISSO can be taken with or without food.

If a dose of TAGRISSO is missed, do not make up the missed dose and take the next dose as scheduled.

Administration to Patients Who Have Difficulty Swallowing Solids

Disperse tablet in 60 mL (2 ounces) of non-carbonated water only. Stir until tablet is dispersed into small pieces (the tablet will not completely dissolve) and swallow immediately. Do not crush, heat, or ultrasonicate during preparation. Rinse the container with 120 mL to 240 mL (4 to 8 ounces) of water and immediately drink.

If administration via nasogastric tube is required, disperse the tablet as above in 15 mL of non-carbonated water, and then use an additional 15 mL of water to transfer any residues to the syringe. The resulting 30 mL liquid should be administered as per the nasogastric tube instructions with appropriate water flushes (approximately 30 mL).

Dosage Modifications

Adverse Reactions

Table 1. Recommended Dosage Modifications for TAGRISSO

Target Organ	Adverse Reaction[a]	Dosage Modification
Pulmonary	Interstitial lung disease (ILD)/Pneumonitis	Permanently discontinue TAGRISSO.
Cardiac	QTc[†] interval greater than 500 msec on at least 2 separate ECGs[b]	Withhold TAGRISSO until QTc interval is less than 481 msec or recovery to baseline if baseline QTc is greater than or equal to 481 msec, then resume at 40 mg dose.
	QTc interval prolongation with signs/ symptoms of life-threatening arrhythmia	Permanently discontinue TAGRISSO.
	Symptomatic congestive heart failure	Permanently discontinue TAGRISSO.
Other	Adverse reaction of Grade 3 or greater severity	Withhold TAGRISSO for up to 3 weeks.
	If improvement to Grade 0-2 within 3 weeks	Resume at 80 mg or 40 mg daily.
	If no improvement within 3 weeks	Permanently discontinue TAGRISSO.

[a] Adverse reactions graded by the National Cancer Institute Common Terminology Criteria for Adverse Events version 4.0 (NCI CTCAE v4.0).
[b] ECGs = Electrocardiograms
[†] QTc = QT interval corrected for heart rate

Drug Interactions

Strong CYP3A4 Inducers

If concurrent use is unavoidable, increase TAGRISSO dosage to 160 mg daily when co-administering with a strong CYP3A inducer. Resume TAGRISSO at 80 mg 3 weeks after discontinuation of the strong CYP3A4 inducer *[see Drug Interactions (7) and Clinical Pharmacology (12.3) in the full Prescribing Information]*.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Interstitial Lung Disease/Pneumonitis

Interstitial lung disease (ILD)/pneumonitis occurred in 3.9% of the 1142 TAGRISSO-treated patients; 0.4% of cases were fatal.

Withhold TAGRISSO and promptly investigate for ILD in patients who present with worsening of respiratory symptoms which may be indicative of ILD (e.g., dyspnea, cough and fever). Permanently discontinue TAGRISSO if ILD is confirmed *[see Dosage and Administration (2.4) and Adverse Reactions (6) in the full Prescribing Information]*.

QTc Interval Prolongation

Heart rate-corrected QT (QTc) interval prolongation occurs in patients treated with TAGRISSO. Of the 1142 patients treated with TAGRISSO in clinical trials, 0.9% were found to have a QTc > 500 msec, and 3.6% of patients had an increase from baseline QTc > 60 msec *[see Clinical Pharmacology (12.2) in the full Prescribing Information]*. No QTc-related arrhythmias were reported.

Clinical trials of TAGRISSO did not enroll patients with baseline QTc of > 470 msec. Conduct periodic monitoring with ECGs and electrolytes in patients with congenital long QTc syndrome, congestive heart failure, electrolyte abnormalities, or those who are taking medications known to prolong the QTc interval. Permanently discontinue TAGRISSO in patients who develop QTc interval prolongation with signs/symptoms of life-threatening arrhythmia *[see Dosage and Administration (2.4) in the full Prescribing Information]*.

Cardiomyopathy

Across clinical trials, cardiomyopathy (defined as cardiac failure, chronic cardiac failure, congestive heart failure, pulmonary edema or decreased ejection fraction) occurred in 2.6% of the 1142 TAGRISSO-treated patients; 0.1% of cardiomyopathy cases were fatal.

A decline in left ventricular ejection fraction (LVEF) ≥ 10% from baseline and to less than 50% LVEF occurred in 3.9% of 908 patients who had baseline and at least one follow-up LVEF assessment.

Conduct cardiac monitoring, including assessment of LVEF at baseline and during treatment, in patients with cardiac risk factors. Assess LVEF in patients who develop relevant cardiac signs or symptoms during treatment. For symptomatic congestive heart failure, permanently discontinue TAGRISSO *[see Dosage and Administration (2.4) in the full Prescribing Information]*.

Keratitis

Keratitis was reported in 0.7% of 1142 patients treated with TAGRISSO in clinical trials. Promptly refer patients with signs and symptoms suggestive of keratitis (such as eye inflammation, lacrimation, light sensitivity, blurred vision, eye pain and/or red eye) to an ophthalmologist.

Embryo-Fetal Toxicity

Based on data from animal studies and its mechanism of action, TAGRISSO can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, osimertinib caused post-implantation fetal loss when administered during early development at a dose exposure 1.5 times the exposure at the recommended clinical dose. When males were treated prior to mating with untreated females, there was an increase in preimplantation embryonic loss at plasma exposures of approximately 0.5 times those observed at the recommended dose of 80 mg once daily. Verify pregnancy status of females of reproductive potential prior to initiating TAGRISSO. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TAGRISSO and for 6 weeks after the final dose. Advise males with female partners of reproductive potential to use effective contraception for 4 months after the final dose *[see Use in Specific Populations (8.1, 8.3) in the full Prescribing Information]*.

ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in other sections of the labeling:

Interstitial Lung Disease/Pneumonitis *[see Warnings and Precautions (5.1) in the full Prescribing Information]*

QTc Interval Prolongation *[see Warnings and Precautions (5.2) in the full Prescribing Information]*

Cardiomyopathy *[see Warnings and Precautions (5.3) in the full Prescribing Information]*

Keratitis *[see Warnings and Precautions (5.4) in the full Prescribing Information]*

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The data in the Warnings and Precautions section reflect exposure to TAGRISSO in 1142 patients with EGFR mutation-positive NSCLC who received TAGRISSO at the recommended dose of 80 mg once daily in two randomized, active-controlled trials [FLAURA (n=279) and AURA3 (n=279)], two single arm trials [AURA Extension (n=201) and AURA2 (n=210)], and one dose-finding study, AURA1 (n=173) *[see Warnings and Precautions (5) in the full Prescribing Information]*.

The data described below reflect exposure to TAGRISSO (80 mg daily) in 558 patients with EGFR mutation-positive, metastatic NSCLC in two randomized, active-controlled trials [FLAURA (n=279) and AURA3 (n=279)]. Patients with a history of interstitial lung disease, drug induced interstitial disease or radiation pneumonitis that required steroid treatment, serious arrhythmia or baseline QTc interval greater than 470 msec on electrocardiogram were excluded from enrollment in these studies.

Previously Untreated EGFR Mutation-Positive Metastatic Non-Small Cell Lung Cancer

The safety of TAGRISSO was evaluated in FLAURA, a multicenter international double-blind randomized (1:1) active controlled trial conducted in 556 patients with EGFR exon 19 deletion or exon 21 L858R mutation-positive, unresectable or metastatic NSCLC who had not received previous systemic treatment for advanced disease. The median duration of exposure to TAGRISSO was 16.2 months.

The most common adverse reactions (≥20%) in patients treated with TAGRISSO were diarrhea (58%), rash (58%), dry skin (36%), nail toxicity (35%), stomatitis (29%), and decreased appetite (20%). Serious adverse reactions were reported in 4% of patients treated with TAGRISSO; the most common serious adverse reactions (≥1%) were pneumonia (2.9%), ILD/pneumonitis (2.1%), and pulmonary embolism (1.8%). Dose reductions occurred in 2.9% of patients treated with TAGRISSO. The most frequent adverse reactions leading to dose reductions or interruptions were prolongation of the QT interval as assessed by ECG (4.3%), diarrhea (2.5%), and lymphopenia (1.1%). Adverse reactions leading to permanent discontinuation occurred in 13% of patients treated with TAGRISSO. The most frequent adverse reaction leading to discontinuation of TAGRISSO was ILD/pneumonitis (3.9%).

Tables 2 and 3 summarize common adverse reactions and laboratory abnormalities which occurred in FLAURA. FLAURA was not designed to demonstrate a statistically significant reduction in adverse reaction rates for TAGRISSO, or for the control arm, for any adverse reaction listed in Tables 2 and 3.

Table 2. Adverse Reactions Occurring in ≥10% of Patients Receiving TAGRISSO in FLAURA*

Adverse Reaction	TAGRISSO (N=279)		EGFR TKI comparator (gefitinib or erlotinib) (N=277)	
	Any Grade (%)	Grade 3 or higher (%)	Any Grade (%)	Grade 3 or higher (%)
Gastrointestinal Disorders				
Diarrhea[a]	58	2.2	57	2.5
Stomatitis	29	0.7	20	0.4
Nausea	14	0	19	0
Constipation	15	0	13	0
Vomiting	11	0	11	1.4

Table 2. Adverse Reactions Occurring in ≥10% of Patients Receiving TAGRISSO in FLAURA* (cont'd)

Adverse Reaction	TAGRISSO (N=279)		EGFR TKI comparator (gefitinib or erlotinib) (N=277)	
	Any Grade (%)	Grade 3 or higher (%)	Any Grade (%)	Grade 3 or higher (%)
Skin Disorders				
Rash[b]	58	1.1	78	6.9
Dry skin[c]	36	0.4	36	1.1
Nail toxicity[d]	35	0.4	33	0.7
Pruritus[e]	17	0.4	17	0
Metabolism and Nutrition Disorders				
Decreased appetite	20	2.5	19	1.8
Respiratory, Thoracic and Mediastinal Disorders				
Cough	17	0	15	0.4
Dyspnea	13	0.4	7	1.4
Neurologic Disorders				
Headache	12	0.4	7	0
Cardiac Disorders				
Prolonged QT Interval[f]	10	2.2	4	0.7
General Disorders and Administration Site Conditions				
Fatigue[g]	21	1.4	15	1.4
Pyrexia	10	0	4	0.4
Infection and Infestation Disorders				
Upper Respiratory Tract Infection	10	0	7	0

* NCI CTCAE v4.0

[a] One grade 5 (fatal) event was reported (diarrhea) for EGFR TKI comparator

[b] Includes rash, rash generalized, rash erythematous, rash macular, rash maculo-papular, rash papular, rash pustular, rash pruritic, rash vesicular, rash follicular, erythema, folliculitis, acne, dermatitis, dermatitis acneiform, drug eruption, skin erosion.

[c] Includes dry skin, skin fissures, xerosis, eczema, xeroderma.

[d] Includes nail bed disorder, nail bed inflammation, nail bed infection, nail discoloration, nail pigmentation, nail disorder, nail toxicity, nail dystrophy, nail infection, nail ridging, onychoclasis, onycholysis, onychomadesis, onychomalacia, paronychia.

[e] Includes pruritus, pruritus generalized, eyelid pruritus.

[f] The frequency of "Prolonged QT Interval" represents reported adverse events in the FLAURA study. Frequencies of QTc intervals of >500 ms or >60 ms are presented in Section 5.2.

[g] Includes fatigue, asthenia.

Table 3. Laboratory Abnormalities Worsening from Baseline in ≥ 20% of Patients in FLAURA

Laboratory Abnormality[a,b]	TAGRISSO (N=279)		EGFR TKI comparator (gefitinib or erlotinib) (N=277)	
	Change from Baseline All Grades (%)	Change from Baseline to Grade 3 or Grade 4 (%)	Change from Baseline All Grades (%)	Change from Baseline to Grade 3 or Grade 4 (%)
Hematology				
Lymphopenia	63	5.6	36	4.2
Anemia	59	0.7	47	0.4
Thrombocytopenia	51	0.7	12	0.4
Neutropenia	41	3.0	10	0
Chemistry				
Hyperglycemia[c]	37	0	31	0.5
Hypermagnesemia	30	0.7	11	0.4
Hyponatremia	26	1.1	27	1.5
Increased AST	22	1.1	43	4.1
Increased ALT	21	0.7	52	8
Hypokalemia	16	0.4	22	1.1
Hyperbilirubinemia	14	0	29	1.1

[a] NCI CTCAE v4.0

[b] Each test incidence, except for hyperglycemia, is based on the number of patients who had both baseline and at least one on-study laboratory measurement available (TAGRISSO range: 267 - 273 and EGFR TKI comparator range: 256 - 268)

[c] Hyperglycemia is based on the number of patients who had both baseline and at least one on-study laboratory measurement available: TAGRISSO (179) and EGFR comparator (191)

DRUG INTERACTIONS

Effect of Other Drugs on Osimertinib

Strong CYP3A Inducers

Co-administering TAGRISSO with a strong CYP3A4 inducer decreased the exposure of osimertinib compared to administering TAGRISSO alone *[see Clinical Pharmacology (12.3) in the full Prescribing Information]*. Decreased osimertinib exposure may lead to reduced efficacy.

Avoid co-administering TAGRISSO with strong CYP3A inducers. Increase the TAGRISSO dosage when co-administering with a strong CYP3A4 inducer if concurrent use is unavoidable *[see Dosage and Administration (2.4) in the full Prescribing Information]*. No dose adjustments are required when TAGRISSO is used with moderate and/or weak CYP3A inducers.

Effect of Osimertinib on Other Drugs

Co-administering TAGRISSO with a breast cancer resistant protein (BCRP) or P-glycoprotein (P-gp) substrate increased the exposure of the substrate compared to administering it alone *[see Clinical Pharmacology (12.3) in the full Prescribing Information]*. Increased BCRP or P-gp substrate exposure may increase the risk of exposure-related toxicity.

Monitor for adverse reactions of the BCRP or P-gp substrate, unless otherwise instructed in its approved labeling, when co-administered with TAGRISSO.

Drugs That Prolong the QTc Interval

The effect of co-administering medicinal products known to prolong the QTc interval with TAGRISSO is unknown. When feasible, avoid concomitant administration of drugs known to prolong the QTc interval with known risk of Torsades de pointes. If not feasible to avoid concomitant administration of such drugs, conduct periodic ECG monitoring *[see Warnings and Precautions (5.2) and Clinical Pharmacology (12.3) in the full Prescribing Information]*.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

Based on data from animal studies and its mechanism of action *[see Clinical Pharmacology (12.1) in the full Prescribing Information]*, TAGRISSO can cause fetal harm when administered to a pregnant woman. There are no available data on TAGRISSO use in pregnant women. Administration of osimertinib to pregnant rats was associated with embryolethality and reduced fetal growth at plasma exposures 1.5 times the exposure at the recommended clinical dose *(see Data)*. Advise pregnant women of the potential risk to a fetus.

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically-recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

When administered to pregnant rats prior to embryonic implantation through the end of organogenesis (gestation days 2-20) at a dose of 20 mg/kg/day, which produced plasma exposures of approximately 1.5 times the clinical exposure, osimertinib caused post-implantation loss and early embryonic death. When administered to pregnant rats from implantation through the closure of the hard palate (gestation days 6 to 16) at doses of 1 mg/kg/day and above (0.1 times the AUC observed at the recommended clinical dose of 80 mg once daily), an equivocal increase in the rate of fetal malformations and variations was observed in treated litters relative to those of concurrent controls. When administered to pregnant dams at doses of 30 mg/kg/day during organogenesis through lactation Day 6, osimertinib caused an increase in total litter loss and postnatal death. At a dose of 20 mg/kg/day, osimertinib administration during the same period resulted in increased postnatal death as well as a slight reduction in mean pup weight at birth that increased in magnitude between lactation days 4 and 6.

Lactation

Risk Summary

There are no data on the presence of osimertinib or its active metabolites in human milk, the effects of osimertinib on the breastfed infant or on milk production. Administration to rats during gestation and early lactation was associated with adverse effects, including reduced growth rates and neonatal death *[see Use in Specific Populations (8.1) in the full Prescribing Information]*. Because of the potential for serious adverse reactions in breastfed infants from osimertinib, advise women not to breastfeed during treatment with TAGRISSO and for 2 weeks after the final dose.

Females and Males of Reproductive Potential

Pregnancy Testing

Verify the pregnancy status of females of reproductive potential prior to initiating TAGRISSO.

Contraception

TAGRISSO can cause fetal harm when administered to pregnant women *[see Use in Specific Populations (8.1) in the full Prescribing Information]*.

Females

Advise females of reproductive potential to use effective contraception during treatment with TAGRISSO and for 6 weeks after the final dose *[see Use in Specific Populations (8.1) in the full Prescribing Information]*.

Males

Advise male patients with female partners of reproductive potential to use effective contraception during and for 4 months following the final dose of TAGRISSO *[see Nonclinical Toxicology (13.1) in the full Prescribing Information]*.

Infertility

Based on animal studies, TAGRISSO may impair fertility in females and males of reproductive potential. The effects on female fertility showed a trend toward reversibility. It is not known whether the effects on male fertility are reversible *[see Nonclinical Toxicology (13.1) in the full Prescribing Information]*.

Pediatric Use

The safety and effectiveness of TAGRISSO in pediatric patients have not been established.

Geriatric Use

Forty-three percent (43%) of the 1142 patients in FLAURA (n=279), AURA3 (n=279), AURA Extension (n=201), AURA2 (n=210), and AURA1, (n=173) were 65 years of age and older. No overall differences in effectiveness were observed based on age. Exploratory analysis suggests a higher incidence of Grade 3 and 4 adverse reactions (13.4% versus 9.3%) and more frequent dose modifications for adverse reactions (13.4% versus 7.6%) in patients 65 years or older as compared to those younger than 65 years.

Renal Impairment

No dose adjustment is recommended in patients with creatinine clearance (CLcr) 15 - 89 mL/min, as estimated by Cockcroft-Gault. There is no recommended dose of TAGRISSO for patients with end-stage renal disease (CLcr < 15 mL/min) *[see Clinical Pharmacology (12.3) in the full Prescribing Information]*.

Hepatic Impairment

No dose adjustment is recommended in patients with mild to moderate hepatic impairment (Child-Pugh A and B or total bilirubin ≤ ULN and AST > ULN or total bilirubin 1 to 3 times ULN and any AST). There is no recommended dose for TAGRISSO for patients with severe hepatic impairment (total bilirubin between 3 to 10 times ULN and any AST) *[see Clinical Pharmacology (12.3) in the full Prescribing Information]*.

Distributed by: AstraZeneca Pharmaceuticals LP, Wilmington, DE 19850

Rev. 08/18 US-23591 9/18

BAYER

Congratulations to KAMA 45th Annual Scientific Convention in New York, NY

Doptelet®
(avatrombopag) tablets

Dova PHARMACEUTICALS

Congratulations to
KAMA 45th Annual Scientific Convention
& KAMSA/KAMRAF National Convention
in New York, NY

James S. Park , MD
President of KAMA

Hepatology Associates	NYU Transplant Associates	NYU Langone Medical Associates - Flushing
530 1st Avenue, Suite 4J New York, NY 10016	317 East 34th Street, 8th Floor New York, NY 10016	41-61 Kissena Boulevard Queens, NY 11355
Phone: 212-263-3643	Phone: 212-263-8134	Phone: 718-353-7900

At Bristol-Myers Squibb, we are working together for patients

Our mission is clear — we discover, develop and deliver innovative medicines that help patients prevail over serious diseases. Our sense of urgency is real — we work every day to push the boundaries of scientific discovery and to make a meaningful difference in the lives of patients.

We are committed to developing a 21st century workforce that is powerfully diverse and broadly inclusive, capable of discovering and developing important new medicines for patients around the world. **It's what we do. It's why we do it.**

WORKING TOGETHER FOR *Patients*™

Bristol-Myers Squibb

bms.com

Celebrating 25 Years of Progress for Patients

We are on a mission to help cancer patients recover stronger and live longer.

www.exelixis.com

EXELIXIS®

25 YEARS Resilient Together

Determined to help fight HCV together

We care about making a remarkable impact on patient lives.

Learn more at **abbvie.com**

abbvie

People. Passion. Possibilities.®