

MABIP NEWSLETTER

VOLUME 4
JANUARY 1ST, 2020



CHAIRMAN'S CORNER

Dear *MABIPians*,
Happy New Year!

The MABIP members have just elected the new Board in October 2019.

This year will be a busy one as besides the MABIP Annual Scientific Meeting in UiTM Sungai Buloh, the MABIP is preparing to host the 9th Asian Pacific Congress on Bronchology and Interventional Pulmonology (APCB) in 2021. The preparation work has started even earlier. At this juncture, the

The MABIP is very honored as so many overseas interventional pulmonologists have offered to contribute articles on interventional pulmonology (IP) for our newsletters. This time we have Dr Richard D. Sue from USA to write on 'Interventional Pulmonary's New Frontier'.

MABIP members from the Ministry of Health Malaysia, the

local universities and not to forget the practicing interventional pulmonologists from private sector are working together to make the event a success.

The MABIP is very honored as many overseas interventional pulmonologists have offered to contribute articles on interventional pulmonology (IP) for our newsletter. This time we have Dr Richard D. Sue

HIGHLIGHTS:

- Chairman's Corner
- MABIP Board Updates
- Overseas Expert Column
- Story from Paediatric Pulmonology Unit, Serdang Hospital
- Flashback of MABIP 2019 Congress
- Preparations for APCB 2021
- Upcoming Events
- MABIP Interventional Pulmonology Fellowship

from USA to write on "Interventional Pulmonary's New Frontier'. There will be more to come in the future MABIP newsletters. With that, the MABIP provides a platform for our local doctors to have the opportunities to learn from oversea experts and to raise interest in young doctors to join the field of interventional pulmonology.

Besides interventional pulmonology, the MABIP is also actively involved in the development of lung transplant service in Malaysia. Dr Gerard Meachery, Consultant in Respiratory and Transplant Medicine from Freeman Hospital, Newcastle, UK was invited to talk on various lung transplant topics at the 5th MABIP Annual Scientific Meeting in Kuching, Sarawak in

year 2019. Besides lung transplant, the MABIP want to expand the field of interstitial lung disease, pulmonary hypertension, critical care ultrasound/echocardiography and advanced pulmonary physiology as well. One cannot deny that interventional pulmonology has close and important links with lots of other pulmonary sub specialties.

MABIP BOARD UPDATES

The MABIP members elected the new board during its AGM on the 19th October 2019. Dr Jamalul Azizi was re-elected as Chair. In his speech, he stressed that all MABIP members must show a high degree of integrity and professionalism at all times. This is the condition that is a "non-negotiable red line in the sand" if anyone wishes to remain as an effective MABIP member. For future election, members are urged to choose the MABIP board based on merits and integrity only.

The new board will work closely with the scientific committee of APCB 2021 to organize the event. The board also agreed to co-opt members from the paediatric pulmonology and pulmonary physiology. As usual, besides members from the Ministry of Health Malaysia, the MABIP board also comprises representatives from universities and private sector. This is to enhance collaboration among the members from different fields to organize activities and to discuss issues pertaining to interventional pulmonology.

As decided earlier, all new members joining the MABIP will enjoy life membership advantages after paying life membership fee of RM500. The existing members before 23rd November 2018 became life members automatically. However, the MABIP board is aware of a few 'inactive members' who have not participated in the MABIP activities for more than 2 years. Discussion is on-going whether or not to remove these inactive members from the members list. In addition, online membership card will be made available to all MABIP members in the near future in the smart phone.

OVERSEAS EXPERT COLUMN



RICHARD D. SUE, MD, MBA

ARIZONA PULMONARY SPECIALISTS
3330 N 2nd St., Suite 300, Phoenix, AZ, 85012, USA
Office: 602-274-7195/Mobile: 602-9099032/Fax: 602-274-7097/RSUE17@gmail.com

An experienced physician with a wide range of expertise in multiple branches of clinical medicine, research, leadership and strategy. Has extensive background in cardiopulmonary medicine with experience in all aspects of interventional pulmonary, critical care and neurologic diseases. Has multiple board certifications with practical application of pharmaceutical and non-pharmaceutical interventions for critically ill patients. Is a past and current principle investigator for clinical trials on devices and medications. Has developed multiple interventional programs at different institutions. A proven team leader with a successful record in programmatic development and academic medicine.

Interventional Pulmonary's New Frontier

The last decade has witnessed the genesis and development of a new frontier in Interventional Pulmonary: Endoscopic Lung Volume Reduction. Inspired by the efforts of NETT investigators in 2003 (Fishman *et al.*, 2003), innovators sought to attain similar physiologic benefits while capitalizing on breakthrough technology designed to attain the same physiological benefits while minimizing surgical morbidity.

The Zephyr endobronchial valve has been FDA approved for the treatment of hyperinflated COPD since June 2018 and is in widespread use.

The VENT trial was the first indication that the concept of bronchoscopic lobar isolation could be utilized to achieve the physiologic improvements thought to benefit patients with hyperinflated COPD (Sciurba *et al.*, 2010).

Although meaningful clinical changes were not detected, ad hoc analysis verified the importance of complete lobar occlusion and fissure completeness as well as technical expertise required to guarantee complete occlusion (Herth *et al.*, 2012). Since that time, other studies have demonstrated the application of these devices in patients with homogeneous emphysema (Valipour *et al.*, 2016), in upper and lower lobes (Herth *et al.*, 2012) and in community based and academic centers (Kemp *et al.*, 2017).

To demonstrate the importance of careful selection of patients without collateral ventilation, Klooster and colleagues showed that proven absence of collateral ventilation was pivotal in realizing and sustaining clinically meaningful improvements in FEV1, 6-minute walk and quality of life (Klooster *et al.*, 2015). These findings were reproduced and extended in the multicenter, international LIBERATE study which demonstrated significant improvements in residual volume and target lobe volume reduction out to 12 months (Criner *et al.*, 2018b). These results were comparable to LVRS without the accompanying surgical morbidity.

The recent emergence of a second valve, the Spiration IBV valve, has resulted in one multicenter randomized study being carried out in Chinese men while another is currently underway in the US. The current result indicates that this valve confers a benefit up to 12 months in improvement in FEV1 as well as TLVR (Wang *et al.*, 2017; Li *et al.*, 2019) in patients with heterogeneous disease. The 6 month results of the EMPROVE trial, a multicenter study of the IBV valve in North America have been released in abstract form and demonstrate improvement in FEV1, hyperinflation, dyspnea and quality of life scores (Criner *et al.*, 2018a).

The putative effects of BLVR are thought to occur in a number of ways. Dynamic hyperinflation occurs in many patients with COPD and is a major contributor to diminished exercise capacity and shortness of breath (Chen *et al.*, 2016). It forces the diaphragm into a mechanically disadvantageous position while increasing the resistance to exhalation. Although complete atelectasis is rarely achieved, lobar reduction is thought to allow the chest wall to resume a functional shape, rather than being hyperinflated and overly distended (Hopkinson *et al.*, 2005). The effects include greater chest wall elasticity, diaphragmatic apposition, length tension relationships. The resultant increase in tidal volume, vital capacity and decreased FEV1 reflect a decreased work of breathing that allows the patient to be more functional on a daily basis (Fessler *et al.*, 2008). Improvements in regional perfusion distribution with better ventilation perfusion match is another means through which BLVR can improve physiologic function. Several studies have demonstrated a redistribution of perfusion from the treated lobe to other more functional lobes (Pizarro *et al.*, 2015; Kristiansen *et al.*, 2019). In addition, the improvement in perfusion may be associated with a decrease in pulmonary vascular resistance and may help improve cardiac function (Eberhardt *et al.*, 2015). Although target lobe selection is often based on the highest destruction score, it is unclear that this is the most predictive of an optimal clinical effect. Lobar collapsibility may be more predictive of changes in FEV1, vital capacity and exercise capacity (Kitano *et al.*, 2014).

Nonetheless a review of CT densitometry demonstrates it is correlated with pulmonary function and predictive of mortality (Crossley *et al.*, 2018).

Many questions remain regarding the utilization of this technology including optimal selection criteria, outcomes-based research including daily activities, hospital readmission rates, exacerbations and mortality. With a number of other device-based therapies emerging, it is important to advance our understanding of emphysema so that we can apply the correct treatment combination to achieve optimal outcomes for our patients.

REFERENCES:

- Chen, S., Li, Y., Zheng, Z., Luo, Q. and Chen, R. (2016) 'The analysis of components that lead to increased work of breathing in chronic obstructive pulmonary disease patients', *J Thorac Dis*, 8(8), pp. 2212-8.
- Criner, G. J., Delage, A., Voelker, K. G. and for the, E. T. I. G. (2018a) 'The EMPROVE Trial - a Randomized, Controlled Multicenter Clinical Study to Evaluate the Safety and Effectiveness of the Spiration® Valve System for Single Lobe Treatment of Severe Emphysema', *C24. NEW TECHNOLOGIES FOR MANAGING COPD American Thoracic Society International Conference Abstracts*. American Thoracic Society, pp. A7753-A7753.
- Criner, G. J., Sue, R., Wright, S., Dransfield, M., Rivas-Perez, H., Wiese, T., Scirba, F. C., Shah, P. L., Wahidi, M. M., de Oliveira, H. G., Morrissey, B., Cardoso, P. F. G., Hays, S., Majid, A., Pastis, N., Jr., Kopas, L., Vollenweider, M., McFadden, P. M., Machuzak, M., Hsia, D. W., Sung, A., Jarad, N., Kornaszewska, M., Hazelrigg, S., Krishna, G., Armstrong, B., Shargill, N. S. and Slebos, D. J. (2018b) 'A Multicenter Randomized Controlled Trial of Zephyr Endobronchial Valve Treatment in Heterogeneous Emphysema (LIBERATE)', *Am J Respir Crit Care Med*, 198(9), pp. 1151-1164.
- Crossley, D., Renton, M., Khan, M., Low, E. V. and Turner, A. M. (2018) 'CT densitometry in emphysema: a systematic review of its clinical utility', *International journal of chronic obstructive pulmonary disease*, 13, pp. 547-563.
- Eberhardt, R., Gerovasili, V., Kontogianni, K., Gompelmann, D., Ehken, N., Herth, F. J. F., Grünig, E. and Nagel, C. (2015) 'Endoscopic Lung Volume Reduction with Endobronchial Valves in Patients with Severe Emphysema and Established Pulmonary Hypertension', *Respiration*, 89(1), pp. 41-48.
- Fessler, H. E., Scharf, S. M., Ingenito, E. P., McKenna, R. J., Jr. and Sharafkhaneh, A. (2008) 'Physiologic basis for improved pulmonary function after lung volume reduction', *Proceedings of the American Thoracic Society*, 5(4), pp. 416-420.
- Fishman, A., Martinez, F., Nauenheim, K., Piantadosi, S., Wise, R., Ries, A., Weinmann, G. and Wood, D. E. (2003) 'A randomized trial comparing lung-volume-reduction surgery with medical therapy for severe emphysema', *N Engl J Med*, 348(21), pp. 2059-73.
- Herth, F. J. F., Noppen, M., Valipour, A., Leroy, S., Vergnon, J.-M., Ficker, J. H., Egan, J. J., Gasparini, S., Agusti, C., Holmes-Higgin, D. and Ernst, A. (2012) 'Efficacy predictors of lung volume reduction with Zephyr valves in a European cohort', *European Respiratory Journal*, 39(6), pp. 1334.
- Hopkinson, N. S., Toma, T. P., Hansell, D. M., Goldstraw, P., Moxham, J., Geddes, D. M. and Polkey, M. I. (2005) 'Effect of bronchoscopic lung volume reduction on dynamic hyperinflation and exercise in emphysema', *Am J Respir Crit Care Med*, 171(5), pp. 453-60.
- Kemp, S. V., Slebos, D. J., Kirk, A., Kornaszewska, M., Carron, K., Ek, L., Broman, G., Hillerdal, G., Mal, H., Pison, C., Briault, A., Downer, N., Darwiche, K., Rao, J., Hubner, R. H., Ruwwe-Glosenkamp, C., Trosini-Desert, V., Eberhardt, R., Herth, F. J., Derom, E., Malfait, T., Shah, P. L., Garner, J. L., Ten Hacken, N. H., Fallouh, H., Leroy, S. and Marquette, C. H. (2017) 'A Multicenter Randomized Controlled Trial of Zephyr Endobronchial Valve Treatment in Heterogeneous Emphysema (TRANSFORM)', *Am J Respir Crit Care Med*, 196(12), pp. 1535-1543.
- Kitano, M., Iwano, S., Hashimoto, N., Matsuo, K., Hasegawa, Y. and Naganawa, S. (2014) 'Lobar analysis of collapsibility indices to assess functional lung volumes in COPD patients', *International journal of chronic obstructive pulmonary disease*, 9, pp. 1347-1356.
- Klooster, K., ten Hacken, N. H., Hartman, J. E., Kerstjens, H. A., van Rikxoort, E. M. and Slebos, D. J. (2015) 'Endobronchial Valves for Emphysema without Interlobar Collateral Ventilation', *N Engl J Med*, 373(24), pp. 2325-35.
- Kristiansen, J. F., Perch, M., Iversen, M., Krakauer, M. and Mortensen, J. (2019) 'Lobar Quantification by Ventilation/Perfusion SPECT/CT in Patients with Severe Emphysema Undergoing Lung Volume Reduction with Endobronchial Valves', *Respiration*, pp. 1-9.
- Li, S., Wang, G., Wang, C., Gao, X., Jin, F., Yang, H., Han, B., Zhou, R., Chen, C., Chen, L., Bai, C., Shen, H., Herth, F. J. F. and Zhong, N. (2019) 'The REACH Trial: A Randomized Controlled Trial Assessing the Safety and Effectiveness of the Spiration® Valve System in the Treatment of Severe Emphysema', *Respiration*, 97(5), pp. 416-427.
- Pizarro, C., Ahmadzadehfar, H., Essler, M., Tuleta, I., Fimmers, R., Nickenig, G. and Skowasch, D. (2015) 'Effect of endobronchial valve therapy on pulmonary perfusion and ventilation distribution', *PLoS One*, 10(3), pp. e0118976.
- Scirba, F. C., Ernst, A., Herth, F. J., Strange, C., Criner, G. J., Marquette, C. H., Kovitz, K. L., Chiacchierini, R. P., Goldin, J. and McLennan, G. (2010) 'A randomized study of endobronchial valves for advanced emphysema', *N Engl J Med*, 363(13), pp. 1233-44.
- Valipour, A., Slebos, D. J., Herth, F., Darwiche, K., Wagner, M., Ficker, J. H., Petermann, C., Hubner, R. H., Stanzel, F. and Eberhardt, R. (2016) 'Endobronchial Valve Therapy in Patients with Homogeneous Emphysema. Results from the IMPACT Study', *Am J Respir Crit Care Med*, 194(9), pp. 1073-1082.
- Wang, G., Li, S., Wang, C., Gao, X., Jin, F., Yang, H., Han, B., Zhou, R., Chen, C., Chen, L., Bai, C., Shen, H. and Zhong, N. (2017) 'The REACH study, a randomized controlled trial assessing the safety and effectiveness of the Spiration Valve System endobronchial therapy for severe emphysema: 12 month follow-up results', *European Respiratory Journal*, 50(suppl 61), pp. OA1465.

STORY FROM PAEDIATRIC PULMONOLOGY UNIT, SERDANG HOSPITAL

By Dr Dayang Zuraini Sahadan (Paediatric Interventional Pulmonologist, Serdang Hospital)

Paediatric Pulmonology unit in Serdang Hospital started in 2005. We provide various services which include lung function testing, flexible bronchoscopy, long term home ventilation, long term home oxygen therapy, pH impedance study and level 1,2 and 4 sleep study.

Our unit provides flexible bronchoscopy service for diagnostic and therapeutic purposes. Foreign body inhalation is one of the common causes for bronchoscopy referral. Foreign body aspiration is a worldwide challenging clinical problem that can result in life-threatening complications. It must be removed as soon as possible in all cases. Mostly, foreign body aspiration is manifested by choking while eating, coughing, localized wheezing and unilateral or bilateral decreased breath sounds. In children, however, the symptoms could go unnoticed for months or years, leading to severe sequelae. Therefore, paediatricians should have a high index of suspicion in diagnosing foreign body aspiration in children. Chest radiographs are normal in approximately one third of patients. Abnormal radiographic findings that suggest the presence of pulmonary aspiration include mediastinal shift, obstructive emphysema, pneumo-mediastinum, atelectasis, consolidation and radiopaque foreign body.

Flexible bronchoscopy is used to localize the foreign body before removal by flexible or rigid bronchoscopy. These procedures must be accomplished by expert bronchoscopists and anaesthesiologists due to the risks like bronchospasm, pneumothorax and heart arrhythmias. Our Paediatric pulmonology Unit used to collaborate with Paediatric ENT in managing foreign body aspiration cases. Removal of foreign body via flexible bronchoscopy using suction, basket and forceps will be attempted before we proceed with rigid bronchoscopy if needed.

There were 13 cases of confirmed foreign body aspiration that had been referred to our unit from 2013-2019. The foreign bodies were more commonly found in the right main bronchus followed by left side and larynx. Foreign bodies that were successfully removed include peanuts, small toy parts, chili, clove, fish ball, brooch, mechanical pencil cap, silica gel desiccant and a piece of chess set. With removal of foreign body, outcome was generally good despite some being diagnosed late.

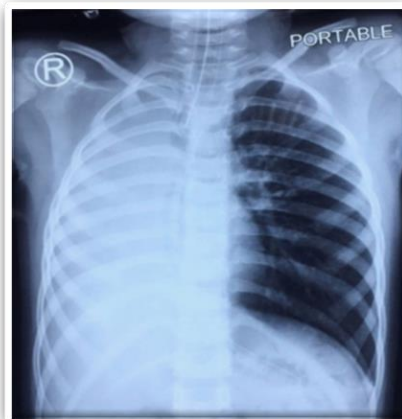
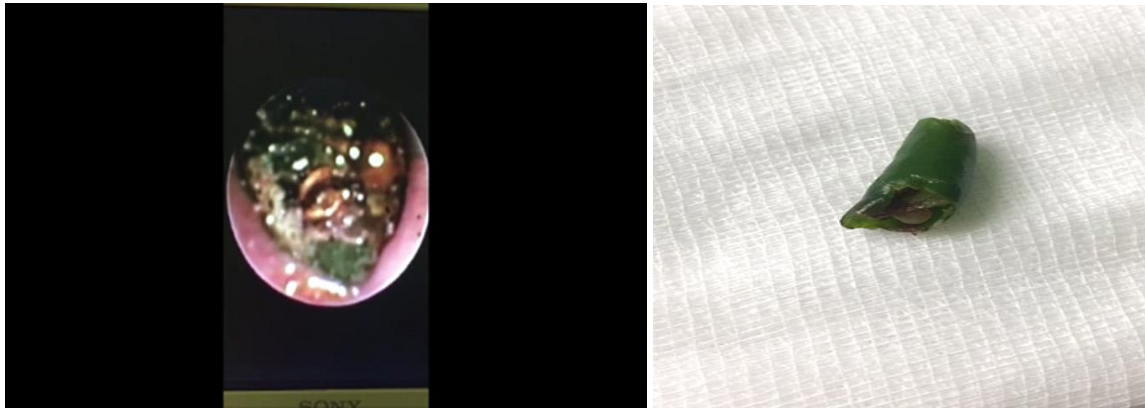


Figure 1: CXR of a 3 year-old-boy with sudden onset of breathlessness and pallor



Figures 2 & 3: Half of a chili obliterated the right main bronchus

FLASHBACK OF MABIP 2019 CONGRESS

Report on the 5th MABIP Annual Scientific Meeting 2019

The 5th MABIP Annual Scientific Meeting 2019 was held at Pullman Hotel, Kuching, Sarawak from the 18th to 20th October 2019. MABIP 2019 brought us together with the theme "Advancing Interventional Pulmonology in Malaysia". The aim of the meeting was to enable sharing of knowledge, experience and expertise of various basic and advanced thoracic procedures; as well as to serve as a platform to foster relationship and collaboration.

The organizing committee members are as follows:

Advisor: Dr Jamalul Azizi Abdul Rahaman

Organizing Chairman: Dr Tie Siew Teck

Vice Chairman: Dr Kho Sze Shyang

Secretary: Dr Chan Swee Kim

Treasurer: Sister Christina Jong

Executive Committee:

Dr. Chai Chan Sin

Dr. Tee Teng Teng

Dr. Sangeta a/p Vadivelu

Dr. Larry E Nyanti

Dr. Alex Koh

Committee:

SN Jessica Hepburn Toho
SN Claudia Giring
SN Pamela Cyndee
SN Melisa bt Matian
SN Annettie ak Tuhim
SN Tsai Shong Chiun
SN Arnieyartiey bt Rahman
SN Dorita ak Langit
SN Beatrice ak Hansum
SN Rohayu bt Gapor
SN Haszlin bt Mohamad
SN Rosiana Alissa
SN Yenna ak Lipi
JM Nurul Qistina Bt Abdullah
JM Jianivi ak Nojim

This event kick-started with a pre-congress workshop on Interventional Pulmonology and Lung transplantation which was conducted on the 18th October 2019, followed by a full two days of congress proper.

The pre-congress workshop was attended by 170 delegates with a strong international appeal from India, Sudan, the Philippines, Indonesia, Egypt and Australia besides an overwhelming response from the Malaysian delegates. It was a successful event with local speakers sharing their knowledge and experience in various IP techniques during the morning session.



pre-congress workshop

Our keynote speaker Dr. Gerard Meachery, Consultant Respiratory and Transplant Physician from Freeman Hospital, Newcastle, UK along with Mr. Sotheenathan, consultant cardiothoracic surgeon from Penang Hospital, conducted an exciting and enlightening Lung Transplantation workshop in the afternoon. The aim of this workshop is to pave the way for the National Lung Transplantation Programme in Malaysia which is now based at Serdang Hospital.



Dr Gerard speaking



Dr Jamalul Azizi asking a question

The first day of MABIP 2019 kickstarted with an official opening by YB Datuk Prof Dr Sim Kui Hian, Minister of Local Government and Housing Sarawak and Senior Consultant Interventional Cardiologist, Sarawak Heart Center. The opening ceremony was also graced by the presence of Dr. Chin Zin Hing, Director of Sarawak General Hospital.



YB Datuk Prof Dr Sim Kui Him gracing the opening ceremony

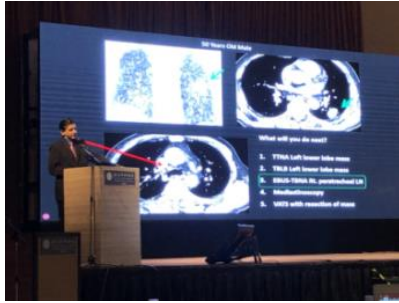
24 eminent speakers from abroad and all over Malaysia honored us with their presence and were there throughout the 3-day congress to share their experience and expertise in their various fields.

The overseas keynote speakers consisted of:

1. Dr Gerard Meachery, Consultant in Respiratory and Transplant medicine, Newcastle's Freeman Hospital, UK
2. Prof Luo Feng-Ming, Interventional Pulmonologist, West China Hospital, Sichuan University, Chengdu, China.
3. Dr Tinku Joseph, Interventional Pulmonologist, Amrita Institute of Medical Sciences and Research Center, Kochi, Kerala, India
4. Adjunct Prof Dr Akash Verma, Interventional Pulmonologist, Tan Tock Seng Hospital, Singapore
5. Dr Sewa Duu Wen, Pulmonologist, Singapore General Hospital



day 1



Dr Akash speaking

A hands on workshop and recorded live cases to further enhance knowledge and learning experience were the highlights of the congress. The hands on workshop consisted of 4 stations, each of which was facilitated by experts in their own field:

1. Rigid bronchoscopy and cryobiopsy
2. Radial EBUS and navigational bronchoscopy
3. Linear EBUS and TBNA
4. Bronchoscopic thermal vapor ablation



hands on workshop

The congress and hands on workshop was supported generously by the participating pharmaceutical and equipment companies.

The evening of the 19th October saw everyone dressed to kill and letting their hair loose at the MABIP gala dinner. The delegates tucked in their dinner whilst being highly entertained with traditional dance performances, melodious *sape* music, and being serenaded by our very own "Camila Cabello", from the Respiratory care unit of Sarawak General Hospital. Apart from great food and entertainment, the delegates also got to mingle and meet new acquaintances. It was a memorable night for everyone present.



gala dinner 1: *Sape* presentation, Sarawak dance, local organizing committee group photo

The turnout on the 2nd and final day of the congress was again “full force” spurred by an immense zest for knowledge. There were interesting case presentations on Interstitial Lung Disease and Cardiopulmonary Exercise Testing (CPET) as well as a healthy debate by the multidisciplinary team (MDT) consisting of ILD experts, pathologist and radiologist. The finale of the day was the much awaited event – the announcement of the winners for the oral, poster and case report categories and the prize giving ceremony.



MDT discussion on day 2

A total of 5 oral abstracts were accepted for presentation. The winners for the oral presentation were:

First prize winner: Bronchial Thermoplasty for severe asthmatics: a “real-life” data from Malaysia. Presented by Dr. Soo CI from Pulmonology unit, UKM Medical Centre.

Second prize winner: Intrapleural Fibrinolytic Therapy (IPFT) with Streptokinase in Loculated Pleural Effusions – Analysis of Treatment Outcomes and Complications. Presented by Dr. Ngu Nga Hung from Hospital Sibul, Sarawak

Third prize winner: A Double Centre Retrospective Review on Medical Thoracoscopy for Exudative Pleural Effusions. Presented by Dr. Huan Nai Chien from Pulmonology unit, Queen Elizabeth Hospital, Sabah.

The local organising committee also received an overwhelming response from delegates locally and abroad, who submitted abstracts for poster and case report presentation respectively.

We look forward to the next MABIP, to be held at UITM, Selayang in 2020.

PREPARATION FOR APCB 2021

APCB 2021 will be held in Putrajaya from 5th to 7th October 2021. We hope to get 200 local and 200 overseas delegates. The MABIP Chair, Dr Jamalul Azizi was invited as a speaker/session chairperson and will attend the World Congress of Bronchology in Shanghai in April 2020 to promote APCB 2021. The MABIP chose ‘Batik’ motif as the back drop of APCB 2021’s poster because ‘Batik’ represents a unique culture of Malaysia. Besides holding the event for educational purpose, the MABIP wishes to promote Malaysia to the world as an IP hub.



UPCOMING EVENTS

Before APCB2021, the MABIP will organize the 6th Annual Scientific Meeting of MABIP in UiTM Sungai Buloh on 2nd to 4th October 2020. The event includes a full day pre-congress workshop and 1 ½ day scientific congress. We target 150 delegates to join this event.

The MABIP has partnered with the Asian Pacific Interventional Pulmonology Alliance (APIPA) to conduct basic bronchoscopy workshop for fellows and general physicians during MABIP2020 pre-congress workshop. There will be eminent speakers from APIPA to enhance the quality of the course.



MABIP INTERVENTIONAL PULMONOLOGY FELLOWSHIP

The MABIP has attracted a number of overseas pulmonologists from India, Indonesia, Australia and USA to join its Interventional Pulmonology (IP) fellowship. The training is done in Serdang Hospital directly under Dr Jamalul Azizi, the MABIP Chair. To date, 4 IP certificates have been awarded to overseas fellows who successfully completed the training.



The MABIP also collaborates with Lung Cancer Network Malaysia (LCNM) to enhance lung cancer awareness in Malaysia. The activities planned include public forum in government hospitals, with participation of leaders in Malaysian health services.



Prepared by,
Dr Lem Li Khen

We're on the Web!

www.mabip.com

Chair: Dr Jamalul Azizi Abdul Rahaman

Vice Chair: Dr Tie Siew Teck

Honorary Secretary: Dr Mohd Arif Mohd Zim

Assistant Secretary: Dr Lem Li Khen

Treasurer: Dr Rosmadi Ismail

Assistant Treasurer: Dr Zamzurina Abu Bakar

Board Members:

Dr Albert Iruthiaraj A/L L. Anthony

Dr Muhammad Redzwan S Rashid Ali

Dr Razul Md Nazri Md Kassim

Dr Soo Chun Ian

Co-opted Members:

Dr Dayang Zuraini Sahadan (Paediatric Representative)

Dr Kumaresh Raj Lachmanan