MSCT

Masterclass in

Systemic Cancer Therapy

Understanding the science behind therapy

Malaysian Oncological Society

UNIVERSITY OF MALAYA

Date : 11th – 12th September 2020
Venue : TJ Danaraj Auditorium, Universiti Malaya, Faculty of Medicine
Email : register.msct2020@gmail.com (For Registration)
enquiry.msct2020@gmail.com (For Enquiry)

(CME points will be awarded)

JOINING FORCES

IBRANCE + Aromatase Inhibitor

IBRANCE® is indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine based therapy in postmenopausal women, or fulvestrant in women who have received prior endocrine therapy. In pre- or perimenopausal women, the endocrine therapy should be combined with a luteinizing hormone-releasing hormone (LHRH) agonist [1]

IBRANCE® Abbreviated Product Information[1]

IBRANCE® (Palbociclib) capsules, oral. **PRESENTATION:** IBRANCE® 125mg, 100mg, and 75mg hard gelatin capsules. Available as a bottle of 21 capsules or a blister of 7 or 21 capsules. **INDICATION AND USAGE:** IBRANCE® is indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor as initial endocrine based therapy in postmenopausal women, or fulvestrant in women who have received prior endocrine therapy,. In pre- or perimenopausal women, the endocrine therapy should be combined with a luteinizing hormone-releasing hormone (LHRH) agonist. **DOSAGE AND ADMINISTRATION:** The recommended dose of IBRANCE® is a 125 mg capsule taken orally once daily for 21 consecutive days followed by 7 days off treatment to comprise a complete cycle of 28 days. IBRANCE® should be taken with food.. Administer the recommended dose of an aromatase inhibitor when given with IBRANCE. When co-administered with palbociclib, the recommended dose of fulvestrant is 500 mg administered on Days 1, 15, 29, and once monthly thereafter. Patients should be encouraged to take their dose of IBRANCE® at approximately the same time each day. Pre/perimenopausal women treated with the combination IBRANCE® plus fulvestrant therapy should be treated with luteinizing hormone releasing hormone (LHRH) agonists according to current clinical practice standards. **CONTRAINDICATIONS:** None. **WARNINGS AND PRECAUTIONS:** NEUTROPENIA: Neutropenia was the most frequently reported adverse reaction in Study 1 (PALOMA-2) with an incidence of 80%. A Grade ≥3 decrease in neutrophil counts was reported in 66% of patients receiving IBRANCE plus letrozole in Study 1. In Study 1, the median time to first episode of any grade neutropenia was 15 days and the median duration of Grade ≥3 neutropenia was 7 days. Monitor complete blood counts prior to starting IBRANCE therapy and at the beginning of each cycle, as well as on Day 15 of the first 2 cycles, and as clinically indicated. Dose interruption, dose reduction, or delay in starting treatment cycles is recommended for patients who develop Grade 3 or 4 neutropenia. Febrile neutropenia has been reported in 1.8% of patients exposed to IBRANCE® across Studies 1. Physicians should inform patients to promptly report any episodes of fever. EMBRYO-FETAL TOXICITY : Based on findings from animal studies and its mechanism of action, IBRANCE® can cause fetal harm, when administered to a pregnant woman. In animal reproduction studies, administration of palbociclib to pregnant rats and rabbits during organogenesis resulted in embryo-fetal toxicity at maternal exposures that were ≥4 times the human clinical exposure based on area under the curve (AUC). Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with IBRANCE® and for at least 3 weeks after the last dose. **ADVERSE REACTIONS:** The most common adverse reactions (≥10%) of any grade reported in patients in the IBRANCE® plus letrozole arm by descending frequency were neutropenia, infections, leukopenia, fatigue, nausea, alopecia, stomatitis, diarrhea, anemia, rash, asthenia, thrombocytopenia, vomiting, decreased appetite, dry skin, pyrexia, and dysgeusia. The most frequently reported Grade >3 adverse reactions (≥5%) in patients receiving IBRANCE® plus letrozole by descending frequency were neutropenia, leukopenia, infections and anemia. Additional adverse reactions occurring at an overall incidence of <10.0% of patients receiving IBRANCE® plus letrozole in Study 1 included alanine aminotransferase increased (9.9%), aspartate aminotransferase increased (9.7%), epistaxis (9.2%), lacrimation increased (5.6%), dry eye (4.1%), vision blurred (3.6%), and febrile neutropenia (2.5%).

API-IBRANCE- 0119

Full prescribing information available upon request.

Reference: 1. IBRANCE® Approved Malaysia Prescribing Information LPD dated 16 January 2019.

For Healthcare Professional Use Only.

Pfizer Oncology

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No. 8 Jalan Kerinchi, 59200 Kuala Lumpur, Malaysia
Tel: +603.2281 6000 Fax: +603.2281 6388

IBRANCE™ palbociclib

PP-IBR-MYS-0154-30SEPT2019

MESSAGE
FROM HEAD OF DEPARTMENT

Dr Adlinda Alip

Clinical Oncology University of Malaya Medical Centre

I would like to personally welcome each of you to the Masterclass in Systemic Cancer Therapy (MSCT) 2020. This is the fourth time the Clinical Oncology Unit, Faculty of Medicine, UM in collaboration with Malaysia Oncological Society (MOS) is conducting a comprehensive course on the pharmacology of systemic cancer therapy. MSCT 2020 is enriched further with a selection of new topics and special feature on personalized medicine in cancer therapeutics. The program was designed to include various aspect of systemic cancer therapy including special situations related to it. This course may serve as a platform for all of you to share knowledge and experience in managing patient with cancer using systemic therapy. We hope that you will gain as much knowledge as possible and enjoy the course. Thank you for attending.

Organizing Committee

1. Adlinda Alip (Chairperson)
2. Ooi Po Lin (Co-Chairs)
3. Alice Tan Hooi Chiao
4. Arylne Low Su Sien
5. Belinda Ng Yee Ping
6. Carolyn Eng Chai Hui
7. Chan Renn Syin
8. Chen May Feng
9. Chong Chang Teng
10. Christpine Menti Sarie
11. Hashalatha Ganesan
12. Ho Gwo Fuang
13. Jasmin Loh Pei Yuin
14. Jasmin Munchar
15. Mariam Zafirah Bt Mustazah
16. Marniza Saad
17. Nur Fadlina Abdul Satar
18. Rozita Abdul Malik
19. Toh Yok Yong
20. Vickee Rajeswaran
21. Wan Zamaniah Wan Ishak

Scientific Committee

1. Adlinda Alip
2. Anita Zarina Bustam
3. Ho Gwo Fuang
4. Jasmin Loh Pei Yuin
5. Marniza Saad
6. Nur Fadhlina Abdul Satar
7. Rozita Abdul Malik
8. Wan Zamaniah Wan Ishak

Faculty List

1. Ang Soo Fan
2. Anita Zarina Bustam
3. Bee Ping Chong
4. Carolyn Eng Chai Hui
5. Chua Hui Ming
6. Fuad Ismail
7. Gan Gin Gin
8. Hilawati Yusof
9. Ho Gwo Fuang
10. Ho Kean Fatt
11. Ibtisam Muhamad Nor
12. John Low Seng Hooi
13. Junie Khoo Yu Yen
14. Khairiyah Sidek
15. Lim Yong Yan
16. Loong Ly Sia
17. Malwinder Singh Sandhu
18. Marfuah Nik Eezamudden
19. Mastura Md Yusof
20. Mukri Hamdan
21. Nahjatul Abdul Ghafar
22. Nur Fadhlina Abdul Satar
23. Syadwa Bt Abdul Shukor
24. Tan Ai Lian
25. Tan Wen Chieh
26. Vaishnavi Jeyasingam
27. Vincent Phua Chee Ee
28. Voon Pei Jye
29. Hasliza Binti Arbayee
30. Rozita Abdul Malik

ALECENSA® (alectinib) delivered unprecedented first-line efficacy with 34.8 months median PFS, CNS protection, and favourable safety profile for patients with ALK+ NSCLC vs crizotinib[1]

Indication

ALECENSA as monotherapy is indicated for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC)[2]

Basic Succinct Statement

Trade Name: Alecensa® **Active Ingredient:** Alectinib **Therapeutic Indications:** Alecensa as monotherapy is indicated for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC). Alecensa as monotherapy is indicated for the treatment of adult patients with ALK-positive advanced NSCLC previously treated with crizotinib. **Dosage and Administration:** ALK-positive NSCLC status should be established prior to initiation of Alecensa therapy. The recommended dose of Alecensa is 600 mg (four 150 mg capsules) taken twice daily with food (total daily dose of 1200 mg). The hard capsules should be swallowed whole, and must not be opened or dissolved. Patients with underlying severe hepatic impairment (Child-Pugh C) should receive a starting dose of 450 mg taken twice daily with food (total daily dose of 900 mg). Treatment with Alecensa should be continued until disease progression or unacceptable toxicity. **Contraindications:** Hypersensitivity to alectinib or to any of the excipients. Patients with rare hereditary problems of galactose intolerance, a congenital lactase deficiency or glucose-galactose malabsorption should not take this medicinal product. **Warnings and Precautions:** Monitor for interstitial lung disease (ILD)/pneumonitis. Hepatotoxicity where liver function, including ALT, AST, and total bilirubin should be monitored at baseline and then every 2 weeks during the first 3 months of treatment. Severe myalgia and creatine phosphokinase (CPK) elevation where CPK levels should be assessed every two weeks for the first month of treatment and as clinically indicated in patients reporting symptoms. Bradycardia. Photosensitivity where patients should be advised to avoid prolonged sun exposure while taking Alecensa, and for at least 7 days after discontinuation of treatment. Patients should also be advised to use a broad-spectrum Ultraviolet A (UVA)/ Ultraviolet B (UVB) sun screen and lip balm (SPF ≥50) to help protect against potential sunburn. This medicinal product contains 48 mg sodium per daily dose (1200 mg), equivalent to 2.4% of the WHO recommended maximum daily intake of 2 g sodium for an adult. **Undesirable effects:** Anaemia, Constipation, Nausea, Diarrhoea, Vomiting, Increased bilirubin, Increased AST, Increased ALT, Rash, Myalgia, Increased blood creatine phosphokinase, Oedema, Weight Increased. **Pregnancy and Lactation:** Alecensa may cause foetal harm when administered to a pregnant woman. Studies in animals have shown reproductive toxicity. Female patients, who become pregnant while taking Alecensa or during the 3 months following the last dose of Alecensa must contact their doctor and should be advised of the potential harm to the foetus. It is unknown whether alectinib and its metabolites are excreted in human milk. A risk to the newborn/infant cannot be excluded. Mothers should be advised against breast-feeding while receiving Alecensa. **Packaging:** Multipack of 224 (4 packs of 56) hard capsules. Each hard capsule contains: Alectinib 150 mg (equivalent to 161.3 mg alectinib hydrochloride). Full details on composition, indications, contraindications, side effects, dosage and precautions are available upon request MYAlecensa0618CDS6.0).

Roche (Malaysia) Sdn. Bhd. (Co. No. 11792-H)
Level 21, The Pinnacle Persiaran Lagoon,
Bandar Sunway 47500 Subang Jaya,
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PM-MY-0115-11-2018

ALECENSA®
alectinib 150 mg capsules

IPSEN
Innovation for patient care

Patients with Neuroendocrine Tumours depend on us to be constantly pushing forward. That's why we've never stopped researching and developing Somatuline®.

Choose Somatuline® Autogel® – the somatostatin analogue (SSA) that represents progress for all your eligible patients

Somatuline® autogel®
lanreotide

- Improved progression-free survival vs. placebo* – irrespective of hepatic tumour volume, tumour location or grade[1,2†]
- Rapid onset of action,[3-5] and satisfaction with diarrhoea and flushing control reported by the majority of patients with carcinoid syndrome[6]
- The only long-acting SSA delivered in a ready-to-use pre-filled delivery system for deep SC injection[5]
  - Patients and nurses prefer it to IM SSA therapy[7]
  - Injectors can be confident of delivering a full dose[8]

*HR 0.47 (95% CI: 0.30, 0.73); p<0.001.

† Pancreatic NETs HR 0.58 (95% CI: 0.32, 1.04); Midgut NETs HR 0.35 (95% CI: 0.16, 0.80); Grade 1 HR 0.43 (95% CI 0.25, 0.74); Grade 2 (Ki 67≤10%) HR 0.45 (95% CI 0.22, 0.91); Liver tumour volume ≤25% HR 0.34 (95% CI 0.18, 0.62); >25% HR 0.45 (95% CI 0.23, 0.88).

Somatuline® Autogel® is indicated for:

- Treatment of acromegaly when secretion of Growth Hormone (GH) and insulin-like Growth Factor-1 (IGF-1) remain abnormal after surgery and /or radiotherapy.
- Treatment of the clinical syndrome associated with acromegaly
- Treatment of the clinical symptoms of neuroendocrine (particularly carcinoid) tumours.
- Treatment of grade 1 and a subset of grade 2 (Ki67 index up to 10%) gastroenteropancreatic neuroendocrine tumours (GEP-NETs) of midgut, pancreatic or unknown origin where hindgut sites of origin have been excluded, in adult patients with unresectable locally advanced or metastatic disease.

To report an adverse event please contact Ipsen Global Safety on adverse.events@ipsen.com
Approved indications may vary from country to country. Before prescribing, please refer to country specific SmPC or Prescribing Information.

References: 1. Caplin M *et al.* NEJM 2014;371(3):224–33 and supplementary appendix. **2.** Caplin ME *et al.* Endocr Relat Cancer 2016;23(3):191–99 and supplementary table. **3.** Astruc B *et al.* J Clin Pharmacol 2005;45(7):836–44. **4.** Bronstein M *et al.* Clin Endocrinol (Oxf) 2005;63(5):514–9. **5.** Somatuline® Autogel® Summary of Product Characteristics. **6.** Ruszniewski P *et al.* Dig Liver Dis 2016;48(5):552–8. **7.** Adelman DT *et al.* Med Devices 2012;5:103–9 **8.** Salvatori R *et al.* Pituitary 2010;13(2):115–22.

Masterclass in Systemic Cancer Therapy (MSCT) 2020

By Department of Clinical Oncology, University of Malaya Medical Centre, Universiti Malaya (UM)
In collaboration with Malaysian Oncological Society (MOS)

Date : 11th - 12th September 2020
Venue : TJ Danaraj Auditorium, Faculty of Medicine, UM

MSCT 2020 is the fourth event following the successful inaugural event last year. The agenda for MSCT 2020 is enriched further with a selection of new topics and special feature on personalized medicine in cancer therapeutics.

Target Audience

1) Trainees and medical officers in oncology
2) Doctors in other specialties involved in management of patients with cancer
3) Oncologists wishing to get a refresher course
4) Oncology nurses
5) Pharmacists

Objectives

- Understand the history of chemotherapy
- Understand the principles of pharmacokinetics and pharmacodynamics
- Understand the principles of drug development and phase I, II, II trials
- Understand the principles of conventional cytotoxic chemotherapy and differentiate it with targeted agents and immune-oncologic therapy
- Understand the mechanism of action, clinical uses and side effects of individual cytotoxic, hormone and biologic agent
- Understand the principles of anticancer drug resistance and strategies to overcome it
- Understand the tumor response assessment, the different survival markers as measures of evaluating the effectiveness of the drugs
- Advances in cancer drug delivery development – nanotechnology, liposomal, biosimilar etc
- Understand the mechanism of action, clinical uses and side effects of supportive therapy

Course Synopsis

The emphasis is on:

1) Principles of pharmacokinetics and pharmacodynamics in relation to drug dosing, scheduling and modifications
2) Role of clinical trials in the development of new anti-cancer agents
3) The use of cytotoxic drugs, hormones and biological therapies in clinical practice, their modes of action, side-effects, drug interaction and resistance
4) Preventive measures, monitoring and management of toxicities of anticancer agents
5) Pharmacological agents used in the supportive care of patients with cancer: indication, mode of action and side-effects

TS-ONE®

- TS-ONE® is a combination of three pharmacological compounds: tegafur, an antimetabolite agent that, after absorption, is converted into the anti-cancer agent fluorouracil (5-FU); gimeracil (5-chloro-2, 4-dihydroxypyridine, or CDHP), which decreases the degradation of 5-FU by the body; and oteracil (Oxo), which decreases 5-FU phosphorylation in the gastrointestinal tract.
- TS-ONE®+ CDDP demonstrated superior efficacy as first-line treatment for patients with advanced gastric cancer.[2]
- Adjuvant chemotherapy with TS-ONE® given for 1 year after surgery improved OS and RFS at 5 years in patients with stage II or III gastric cancer who underwent D2 gastrectomy.[3]

Abridged Prescribing Information
TS-One®
Presentation: TS-ONE® Capsule 20mg & 25mg: An opaque, hard-shell capsule with a white cap (20mg) or an orange cap (25mg) and white body containing white powder and gr
Indications: Adults: ♦ Treatment of advanced gastric cancer when given in combination with cisplatin. ♦ Post operative adjuvant chemotherapy for locally advanced (stage II (excluding T1), IIIA or IIIB) gastric cancer. **Dosage:** ♦ Post operative adjuvant chemotherapy: 40 mg/m^2 (expressed as tegafur content) twice daily, morning and evening, for 28 consecutive days followed by a 14-day rest (1 treatment cycle). This treatment cycle is repeated every 6 weeks. ♦ Treatment of advanced gastric cancer when given in combination with cisplatin: 40 mg/m (expressed as tegafur content) twice daily, morning and evening, for 21 consecutive days followed by a 14-day rest period (1 treatment cycle). This treatment cycle is repeated every 5 weeks. Cisplatin: 60 mg/m^2 by intravenous infusion administered on Day 8 of each treatment cycle. **Contraindications:** In patients: with a history of severe hypersensitivity to the ingredients of TS-ONE®, with severe bone marrow depression, with severe renal disorder, with severe hepatic disorder, receiving treatment with other fluoropyrimidine-group anti-cancer drugs including combination therapies with them, receiving treatment with flucytosine, pregnant or suspected of being pregnant.**Precautions/Warnings:** ♦ Dose-limiting toxicity (DLT) is bone marrow depression which is different from conventional oral fluorouracil-group drugs; necessary to pay attention for changes in the laboratory data. Laboratory tests should be conducted frequently. ♦ Severe hepatic disorders such as fulminant hepatitis may occur, hepatic function should be monitored closely by periodic hepatic function tests to detect hepatic disorders early. monitoring should be given to detect possible malaise accompanied by anorexia, in which is thought to be a sign or subjective symptom of hepatic disorder. If jaundice appears, TS-ONE® should be discontinued immediately, and appropriate measures should be taken. ♦ TS-ONE® should not be combined with other fluoropyrimidine-group anti-cancer drugs, combination therapies with them (such as folinate plus Tegafur-Uracil combination therapy), or the antifungal agent flucytosine because there is a possibility that combination with these drugs may cause adverse reactions such as serious blood dyscrasia. **Interactions:** ♦ Co-administration of other fluoropyrimidines. ♦ Sorivudine or its chemically related analogues such as brivudine. CYP2A6 inhibitors. ♦ Folinate/folinic acid, Nitroimidazoles, Methotrexate, Clozapine, Cimetidine, Coumarin-derivative anticoagulant, Phenytoin. **Adverse Reactions:** ♦ Bone marrow depression, hemolytic anemia, ♦ Disseminated intravascular coagulation (DIC), ♦ Severe hepatic disorder such as fulminant hepatitis, ♦ Dehydration, ♦ Severe enteritis (0.5%), ♦ Interstitial pneumonia: Since interstitial pneumonia (0.3%), ♦ Myocardial infarction, angina pectoris, arrhythmia, cardiac failure, ♦ Severe stomatitis, gastrointestinal ulcer, gastrointestinal hemorrhage and gastrointestinal perforation, ♦ Acute renal failure and nephrotic syndrome, ♦Toxic epidermal necrolysis (TEN) and muco-cutaneo-ocular syndrome (Stevens-Johnson syndrome), Psychoneurologic disorders including leukoencephalopathy or other symptoms, ♦ Acute pancreatitis, ♦Rhabdomyolysis, ♦ Anosmia, ♦Lacrimal duct obstruction. ♦ TS-ONE® Capsule 20mg MAL12075066AR.♦ TS-ONE® Capsule 25mg MAL12075067AR.

1. TS-One® Malaysian Package Insert, September 2013.
2. Koizumi et al., Lancet Oncology 9(3):215-21.
3. Mitsuru Sasako et al., J Clin Oncol 29:4387-4393.
OS – Overall Survival
RFS – Recurrence Free Survival

For full prescribing information, kindly contact:

TAIHO PHARMA

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Response redefined with the power LENVIMA® in first-line uHCC therapy

LENVIMA® is indicated as monotherapy for the treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC) who have received no prior systemic therapy.[1]

In a large, global phase 3 first-line study vs sorafenib, LENVIMA® has met the primary endpoint:[2]

Statistically confirmed non-inferior overall survival

(13.6 vs 12.3 months; HR: 0.92, 95% CI: 0.79-1.06)

UP TO 3x ORR

Significantly superior objective response rate

(24.1% vs 9.2%; OR: 3.13, 95% CI: 2.15-4.56; *P*<0.00001)

2x PFS

Significantly superior progression-free survival

(7.4 vs 3.7 months; HR: 0.66, 95% CI: 0.57-0.77; P<0.00001)

A generally manageable safety profile with a correlated delayed decline in certain QoL measures*

>2x TTP

Significantly superior time to progression

(8.9 vs 3.7 months; HR: 0.63, 95% CI: 0.53-0.73; *P*<0.00001)

Weight-based dosing that may help deliver an optimal efficacy and tolerability balance

*Diarrhoea, general cancer pain and role functioning from EORTC QLQ-C30 and nutrition and body image from QLQ-HCC18.

uHCC: unresectable hepatocellular carcinoma. **HR:** hazard ratio. **OR:** odds ratio. **PFS:** progression-free survival. **QoL:** quality of life. **TTP:** time to progression.

PRESCRIBING INFORMATION

LENVIMA® 4 mg hard capsules, 10 mg hard capsules. **Mechanism of action:** LENVIMA® is a receptor tyrosine kinase (RTK) inhibitor that selectively inhibits the kinase activities of vascular endothelial growth factor (VEGF) receptors VEGFR1 (FLT1), VEGFR2 (KDR), and VEGFR3 (FLT4), in addition to other proangiogenic and oncogenic pathway-related RTKs including fibroblast growth factor (FGF) receptors FGFR1, 2, 3, and 4, the platelet derived growth factor (PDGF) receptor PDGFR, KIT, and RET. **Indications:** •LENVIMA® is indicated for the treatment of adult patients with progressive, locally advanced or metastatic, differentiated (papillary/follicular/Hürthle cell) thyroid carcinoma (DTC), refractory to radioactive iodine (RAI). •LENVIMA® is indicated in combination with everolimus for the treatment of adult patients with advanced renal cell carcinoma (RCC) following one prior vascular endothelial growth factor (VEGF)-targeted therapy. • LENVIMA® is indicated as monotherapy for the treatment of adult patients with advanced or unresectable hepatocellular carcinoma (HCC) who have received no prior systemic therapy. **Dosage and Administration:** DTC - The recommended daily dose of lenvatinib is 24 mg (two 10 mg capsules and one 4 mg capsule) once daily. The daily dose is to be modified as needed according to the dose/toxicity management plan. RCC - The recommended daily dose of lenvatinib is 18 mg (one 10 mg capsule and two 4 mg capsules) once daily in combination with 5 mg of everolimus once daily. The daily doses of lenvatinib and, if necessary, everolimus are to be modified as needed according to the dose/toxicity management plan. HCC - The recommended daily dose of lenvatinib is 8 mg (two 4 mg capsules) once daily for patients with a body weight of < 60 kg and 12 mg (three 4 mg capsules) once daily for patients with a body weight of≥ 60 kg. Dose adjustments are based only on toxicities observed and not on body weight changes during treatment. The daily dose is to be modified, as needed, according to the dose/toxicity management plan. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and Precautions:** Hypertension, proteinuria, renal impairment (including renal failure), cardiac failure, Posterior reversible encephalopathy syndrome (PRES) / Reversible Posterior Leucoencephalopathy Syndrome (RPLS), hepatotoxicity, haemorrhagic events, arterial thromboembolic events (cerebrovascular accident, transient ischaemic attack, and myocardial infarction), gastrointestinal perforation or fistulae, QT interval prolongation, impairment of thyroid stimulating hormone suppression / thyroid dysfunction, diarrhoea, patients aged 75 years, patients of ethnic origin other than Caucasian or Asian. In some of these cases, dose interruptions, adjustments, or discontinuation may be necessary. There are no data on the use of LENVIMA® immediately following sorafenib or other anticancer treatments and there may be a potential risk for additive toxicities unless there is an adequate washout period between treatments. The minimal washout period in clinical trials was of 4 weeks.**Pregnancy and Lactation:** Women of childbearing potential should avoid becoming pregnant and use highly effective contraception while on treatment with LENVIMA® and for at least one month after finishing treatment. LENVIMA® should not be used during pregnancy unless clearly necessary.It is not known whether LENVIMA® is excreted in human milk. A risk to newborns or infants cannot be excluded and, therefore, LENVIMA® is contraindicated during breastfeeding. **Storage:** LENVIMA® is to be stored below 30°C. **Date of Revision of PI:** Oct 2019.

References: 1. LENVIMA® SmPC. **2.** Eisai Data on file 2017. Dose modification table.

For healthcare professional only.
Full prescribing information available on request.

Eisai (Malaysia) Sdn. Bhd. (18039-D)
Unit 701D, Level 7, Tower D, Uptown 5 Damansara Uptown,
No. 5, Jalan SS21/39, 47400 Petaling Jaya, Selangor, Malaysia
Tel: +603-7732 0380Fax: +603-7732 0390

ML-LV-TY-19L-03

Eisai hhc human health care

LENVIMA® (lenvatinib) capsules | RESPONSE THAT MATTERS

AGENDA

Day 1 : 11th September 2020 Friday

Introductory Session

07:30 - 08:00	**Registration**	
08:00 - 08:05	**Welcome address**	**Adlinda Alip** HOD, Dept. of Clinical Oncology, UMMC

Plenary 1

Chairperson : **Ooi Po Lin**

08:05 - 08:30	**Drug development: From discovery to clinical application** Supported by Duopharma	**Fuad Ismail** Clinical Oncologist, UKM Medical Centre
08:30 - 08:55	**The pharmacological aspect of cytotoxics** Supported by Fresenius Kabi	**Fuad Ismail** Clinical Oncologist, UKM Medical Centre
08:55 - 09:20	**Analgesics for cancer pain**	**Vaishnavi Jeyasingam** Clinical Oncologist, Hospital Kuala Lumpur
09:20 - 09:45	**Topoisomerase Inhibitors**	**Lim Yong Yan** Pharmacist, UMMC
09:45 - 10:10	**Platinum agents**	**Loong Ly Sia** Pharmacist, UKM Medical Centre
10:10 - 10:45	**TEA SYMPOSIUM: Multikinase Targeted Therapy** Supported by Eisai	**Hilawati Yusof** Clinical Oncologist, UKM Medical Centre

Plenary 2

Chairperson : **Chong Chan Teng**

10:45 - 11:10	**Antimetabolites**	**Khairiyah Sidek** Clinical Oncologist, Universiti Teknologi MARA
11:10 - 11:35	**Antimicrotubules**	**Carolyn Eng Chai Hui** Pharmacist, Universiti Malaya Medical Centre
11:35 - 11:55	**Acute and late toxicity of systemic treatment**	**Anita Bustam** Clinical Oncologist, UMMC
11:55 - 12:15	**Antiemetics**	**Nahjatul Abdul Ghafar** Clinical Oncologist, Hospital KK Sabah
12:15 - 12:40	**Mechanism of drug resistance** Supported by AstraZeneca	**Rozita Binti Abdul Malik** Clinical Oncologist, UMMC
12:40 - 13:20	**LUNCH SYMPOSIUM: Personalized medicine in cancer therapeutics - Past, present and future** Supported by Pfizer	**Ho Kean Fatt** Clinical Oncologist, Mt Miriam Cancer Hospital
13:20 - 14:30	**BREAK**	

Plenary 3

Chairperson : **Carolyn Eng Chai Hui**

14:30 - 14:55	**Response assessment of systemic cancer therapy** Supported by Boehringer Ingelheim	**Marfu'ah Nik Eezamudden** Clinical Oncologist, Universiti Teknologi MARA
14:55 - 15:20	**Alkylating agents**	**Tan Wen Chieh** Pharmacist, UMMC
15:20 - 15:45	**Chemotherapy and pregnancy**	**Mastura Md Yusof** Clinical Oncologist, Pantai Hospital Kuala Lumpur
15:45 - 16:15	**TEA SYMPOSIUM: Biomarkers and Cancer Genomic Profiling**	**Mastura Md Yusof** Clinical Oncologist, Pantai Hospital Kuala Lumpur
16:15 - 16:45	**Tailoring treatment in special situations**	**Nahjatul Abdul Ghafar** Clinical Oncologist, Hospital KK Sabah

AGENDA

Day 2 : 12th September 2020 Saturday

Plenary 4

Chairperson : **Chen May Feng**

08:00 - 08:30	**EGFR-targeted therapy** Supported by Merck	**Junie Khoo Yu Yen** Clinical Oncologist, Beacon Hospital
08:30 - 09:00	**Anti-ALK therapy** Supported by Roche	**Junie Khoo Yu Yen** Clinical Oncologist, Beacon Hospital
09:00 - 09:30	**CDK4/6, P13K and mTOR inhibitors** Supported by Novartis	**Nur Fadhlina** Clinical Oncologist, UMMC
09:30 - 09:55	**Somatostatin targeted therapy** Supported by Ipsen	**Wan Zamaniah Wan Ishak** Clinical Oncologist, UMMC
09:55 - 10:30	**COFFEE SYMPOSIUM: Immune - checkpoint inhibitors** Supported by Celgene	**Ang Soo Fan** Medical Oncologist, Penang Adventist Hospital
10:30 - 10:50	**BREAK**	

Plenary 5

Chairperson: **Vickee Rajeswaran**

10:50 - 11:15	**Immune-mediated toxicities** Supported by MSD	**Ibtisam Muhamad Nor** Clinical Oncologist, Hospital Kuala Lumpur
11:15 - 11:45	**Biosimilar : Development and challenges** Supported by Celltrion	**Chua Hui Ming** Pharmacist, NPRA
11:45 - 12:10	**VEGF-targeted therapy** Supported by Sanofi	**Syadwa Bt Abdul Shukor** Clinical Oncologist, Hospital Umum Sarawak
12:10 - 12:35	**PARP inhibitors**	**Malwinder Singh Sandhu** Clinical Oncologist, Sri Kota Medical Centre
12:35 - 13:05	**TEA SYMPOSIUM: Other rarer mutations/ targets and intervention** Supported by Taiho	**Ho Gwo Fuang** Clinical Oncologist, UMMC
13:05 - 13:30	**CAR T cell therapy**	**Gan Gin Gin** Hematologist, UMMC
13:30 - 14:00	**BREAK**	

Plenary 6

Chairperson : **Chen May Feng**

14:00 - 14:20	**Endocrine therapy in Female Cancers**	**Tan Ai Lian** Clinical Oncologist, Hospital Pulau Pinang
14:20 - 14:40	**Endocrine therapy in Male Cancers** Supported by Abbvie	**Vincent Phua Chee Ee** Clinical Oncologist, Beacon Hospital
14:40 - 15:00	**Fertility issues and fertility sparing options**	**Mukhri Hamdan** Gynaecologist, UMMC

Plenary 7

Chairperson : **Jasmin Munchar**

15:00 - 15:40	**LUNCH SYMPOSIUM: Her-2 targeted therapy** Supported by Accord	**John Low Seng Hooi** Clinical Oncologist, Pantai Hospital Kuala Lumpur
15:40 - 16:00	**Extravasation**	**Hasliza Binti Arbayee** Oncology Sister, UMMC
16:00 - 16:20	**High dose chemotherapy** Supported by Dr.Reddy's	**Bee Ping Chong** Hematologist, UMMC
16:20 - 16:50	**Quiz**	
16:50 - 17:00	**Prizes & Closing**	

[a]mPC = metastatic adenocarcinoma of the pancreas; [b]NSCLC = non-small cell lung cancer; [c]mBC = metastatic breast cancer

Reference: Abraxane Product Information.

Abbreviated Prescribing Information: Abraxane for Injectable Suspension 100 mg/vial. Refer to the full Prescribing Information (PI) before prescribing. Full PI is available on request.

Name of medicine: Abraxane for Injectable Suspension 100 mg/vial. **Active ingredients:** paclitaxel formulated as albumin bound nanoparticles. **List of excipients:** Human albumin solution (containing sodium, sodium caprylate and N-acetyl DL tryptophanate). **Dosage form:** Powder for suspension for infusion. **Indication(s):** Abraxane monotherapy is indicated for the treatment of metastatic breast cancer in adult patients who have failed first-line treatment for metastatic disease and for whom standard, anthracycline containing therapy is not indicated. Abraxane in combination with gemcitabine is indicated for the first-line treatment of adult patients with metastatic adenocarcinoma of the pancreas. Abraxane in combination with carboplatin is indicated as first-line treatment of locally advanced or metastatic non-small cell lung cancer, in patients who are not candidates for curative surgery or radiation therapy. **Dosage regimens and routes of administration:** Breast Cancer - The recommended dose of Abraxane is 260 mg/m^2 administered intravenously over 30 minutes every 3 weeks. Pancreatic adenocarcinoma – The recommended dose of Abraxane in combination with gemcitabine is 125 mg/m^2 administered intravenously over 30 minutes on Days 1, 8 and 15 of each 28-day cycle. The concurrent recommended dose of gemcitabine is 1000 mg/m^2 administered intravenously over 30 minutes immediately after the completion of Abraxane administration on Days 1, 8 and 15 of each 28-day cycle. Non-Small Cell Lung Cancer – The recommended dose of Abraxane is 100 mg/m^2 administered as an intravenous infusion over 30 minutes on Days 1, 8 and 15 of each 21-day cycle. Administer carboplatin on Day 1 only of each 21-day cycle, beginning immediately after the end of Abraxane administration. Refer to Section 4.2 of the PI for full details. Administer reconstituted Abraxane suspension intravenously using an infusion set incorporating a 15 µm filter. **Reference to special groups of patients:** *Patients with hepatic impairment. Patients with renal impairment. Older people. Paediatric population*. Refer to Section 4.2 of the PI for full details. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the PI. Lactation. Patients who have baseline neutrophil counts < 1500 cells/mm^3. **Warnings:** Abraxane should not be substituted for or with other paclitaxel formulations. It is an albumin-bound nanoparticle formulation of paclitaxel, which may have substantially different pharmacological properties compared to other formulations of paclitaxel. Bone marrow suppression (primarily neutropenia) and sensory neuropathy occur frequently with Abraxane. Refer to the full PI for dose adjustments and interruptions during treatment in the case of haematologic (neutropenia and/ or thrombocytopenia) and peripheral neuropathy. The toxicity of paclitaxel can be increased with hepatic impairment, administration in patients should be performed with caution. Patients receiving Abraxane should be vigilantly monitored for the occurrence of cardiac events. If patients experience nausea, vomiting and diarrhoea following the administration of Abraxane, they may be treated with commonly used anti-emetics and constipating agents. Carefully assess patients with pancreatic adenocarcinoma aged 75 years and older for their ability to tolerate Abraxane in combination with gemcitabine. Give special consideration to performance status, co-morbidities and increased risk of infections. Prescribers should consult the full PI for other warnings. **Clinically significant interactions:** In the absence of a PK drug-drug interaction study, caution should be exercised when administering paclitaxel concomitantly with medicines known to inhibit or induce either CYP2C8 or CYP3A4. **Fertility, pregnancy and lactation:** Women of childbearing potential should use effective contraception during treatment and up to 1 month after receiving treatment with Abraxane. Male patients treated with Abraxane are advised to use effective contraception and to avoid fathering a child during and up to six months after treatment. Paclitaxel is suspected to cause serious birth defects when administered during pregnancy. Women of childbearing potential should have a pregnancy test prior to starting treatment with Abraxane. Abraxane should not be used in pregnancy, and in women of childbearing potential not using effective contraception, unless the clinical condition of the mother requires treatment with paclitaxel. Refer to Section 4.6 of the PI for full details. **Commonly reported side effects:** Neutropenia, peripheral neuropathy, arthralgia/ myalgia and gastrointestinal disorders. Prescribers should consult the full PI for other side-effects. **Date of revision of abbreviated prescribing information:** 06/11/2019.

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SPEAKERS
PROFILE

DR. ANG SOO FAN

Consultant Medical Oncologist

Penang Adventist Hospital

Dr Ang was born and grown up in Penang. He completed his Bachelor Of Medicine And Surgery (MBBS) in University of Malaya then obtained the Membership Of Royal Colleges Of Physician of UK (MRCP). Subsequently, he received fellowship training in medical oncology at National Cancer Center Singapore. Dr Ang has special interest in gastrointestinal cancer, liver cancer and breast cancer.

PROF DR ANITA ZARINA BUSTAM

Consultant Clinical Oncologist

Clinical Oncology Department, Universiti Malaya Medical Centre

Dr Anita Bustam is an academic clinician in the field of Clinical Oncology at the University of Malaya Medical Centre. She underwent both undergraduate (1986-1992) and post graduate (1995-1999) training in Wales, United Kingdom. She was the Head of Clinical Oncology Unit, Faculty of Medicine, University of Malaya from the year 2000 to 2013.

Her research activities include conducting Phase 2 and 3 clinical trials on various common tumour sites, supervising and co-supervising postgraduate students' project in clinical as well as pre-clinical areas.

In recent years, her clinical work mostly focuses on breast, lung, paediatric and brain cancers. Together with her colleagues from the Ministry of Health in Malaysia and Universiti Kebangsaan Malaysia, she has been very involved in the training of future oncologists in Malaysia. She is currently a committee and writing group member of the national curriculum for Clinical Oncology training programme in Malaysia.

PROF DR BEE PING CHONG

Consultant Hematologist

Medical department, Faculty of Medicine, University Malaya Medical Centre

Prof Dr Bee is a Consultant Haematologist and a lecturer at the Faculty of Medicine, University of Malaya (UM) and the University of Malaya Medical Centre. He is a member of the Malaysian Medical Association, the Malaysian Society of Haematology and the European Society of Haematology. He has authored or co-authored many peer-reviewed journal articles and meeting abstracts in the field of Haematology. Assoc Prof Bee specialises in Haemato-Oncology (Myeloproliferative Disorders, Multiple Myeloma, Lymphomas, Leukaemias, myelodysplastic syndrome), non-Malignant Haematological disorders (bleeding disorders, Thrombosis and Anticoagulation, Anaemias, Idiopathic thrombocytopenic purpura, Haemoglobinopathy [Thalassaemia, Sickle Cell anaemia], paroxysmal nocturnal haemoglobinuria, thrombotic thrombocytopenic purpura) and haematopoietic stem cell transplantation/Bone marrow transplantation.

CAROLYN ENG CHAI HUI

Pharmacist

Pharmacy Department,
University Malaya Medical Centre

Graduated from Monash University (Aus) with Bachelor degree in Pharmacy in 2012. Had exposure to Australia Healthcare system through Professional Experience Placement, voluntary work and part-time employment. Begin working career in University Malaya Medical Centre in year 2013 as Pre-registered Pharmacist and was offered Registered Pharmacist position in year 2014. Worked as part of the outpatient pharmacy team in providing healthcare services to the public at the frontline in year 2014. Subsequently, has been practising under Inpatient Pharmacy Chemotherapy (IPC) unit which provides clinical pharmacy services to the Oncology and Haematology units of UMMC.

CHUA HUI MING

Pharmacist

National Pharmaceutical Regulatory Agency (NPRA)

Madam Hui Ming Chua is a pharmacist in practice registered with the Malaysia Pharmacy Board. She obtained her Bachelor of Pharmacy degree at University of Malaya, Malaysia and served for the Ministry of Health ever since graduated in June 2005. She acted as a regulatory pharmacist handling pharmaceutical product registration at the National Pharmaceutical Regulatory Division (NPRA, which acts as the secretariat for Drug Control Authority, DCA) under the MOH Malaysia.

In year 2013, she further pursued her master degree in Pharmaceutical Technology at King's College London, United Kingdom and graduated in year 2014. Upon returned to the country, she resumed back her service with the MOH Malaysia and positioned at Biologics Section, Centre of Product Registration in NPRA. She is now heading the 'Biotechnology & Blood Product Unit' under the Biologics Section. Currently she handles mainly the review and approval of Biotechnology and Biosimilar products, as well as other biotherapeutics which include vaccines, blood or cell-derived products.

PROF. DATO' DR. FUAD BIN ISMAIL

Consultant Clinical Oncologist

Department of Radiotherapy & Oncology,
Universiti Kebangsaan Malaysia Medical Centre

Prof. Dr. Fuad Ismail obtained his medical degree from Universiti Kebangsaan Malaysia and completed oncology training in Glasgow, Scotland with the FRCR (UK) and the FFR (Ireland) in 1996. He serves as the Head of Department in PPUKM since 1999. He teaches and examines for the local Master of Clinical Oncology. He has worked on various projects with the International Atomic Energy Agency and Ministry of Health Malaysia. His research interests are namely breast, cervical and colo-rectal cancers, and is active as a clinical trialist in drug development. He has keen interest in value based medicine and availability of new drug for Malaysia.

PROFESSOR DR GAN GIN GIN

Consultant Hematologist

Department of Medicine, Faculty of Medicine, University Malaya Medical Centre

Dr Gan Gin Gin obtained his medical degree from University Of New South Wales, Australia and completed her FRCP and MRCP at Royal College of Physicians, United Kingdom. She has been trained in Clinical haematology since 1999. Her special interests are mainly in lymphoma and transplantation. She is previously secretary of Malaysian Society of Haematology (MSH) and now a current council member of MSH

DR HILAWATI YUSOF

Consultant Clinical Oncologist

Department of Radiotherapy & Oncology, Universiti Kebangsaan Malaysia Medical Centre

Dr Hilawati has 14 years' experience in Oncology. She obtained her medical degree from University of Wales College of Medicine in Cardiff and completed oncology training with the FRCR (UK) in 2018. She had 3 years' experience working in a well-known private hospital in London, The London Clinic as a Radiotherapy Clinical Fellow. She has extensive experience in prescribing chemotherapy, hormonal, biological and immunotherapy in all cancer sites. Besides that, she is actively involves in various national and international trials including CHiPPS, Stampede, RADICALs, AMAROS, FAST, PORTEC 3, INTERLACE and many more as a sub-investigator.

ASSOC PROF DR HO GWO FUANG

Consultant Clinical Oncologist

Clinical Oncology Department, University of Malaya Medical Centre

Dr Ho Gwo Fuang is an Associate Professor and clinical oncologist/radiotherapist at University Malaya Medical Centre and University Malaya Specialist Centre, Kuala Lumpur, Malaysia. He was trained at Barts and The London National Health Service (NHS) Trust and The Royal Marsden NHS Trust in London. He attained his Certificate for Completion of Specialist Training (CCST) in 2007 and joined the Faculty of Medicine at University Malaya. He was the recipient of the Joint Commission International (JCI) Outstanding Young Malaysian Award in 2009 for medical innovation. He is the oncology lead for Centre for Image Guided & Minimally Therapy (CIGMIT) stereotactic radiosurgery project at the University, as well as sub-investigators for University Malaya's High Impact Research (HIR) Grant projects. His research interests involve breast, gastrointestinal and gynaecological cancers. He is involved in many national and international collaborative research work. Being a council member of Together Against Cancer (TAC), he champions cancer patients' rights in Malaysia.

DR HO KEAN FATT

Consultant Clinical Oncologist

Mount Miriam Cancer Hospital

Dr Ho started his medical education at the International Medical College (IMU), Kuala Lumpur and further his clinical training in Belfast, UK. After graduation from the Queen's University of Belfast in 1999, he continued his training as a physician and obtained his MRCP in 2002.

He was accepted into the Clinical Oncology training based in Birmingham and after obtaining his FRCR, he took on a 2 year Fellowship in Head and Neck IMRT at the Christies, Manchester. In the 2 years as a Clinical Research Fellow, he contributed several research publications in peer-reviewed journals. He obtained his research Medical Doctorate (MD) in Head and Neck Advance Radiotherapy from the University of Manchester in 2009. After working for over 10 years in UK, he returned as a Consultant Clinical Oncologist at Mount Miriam Cancer Hospital in 2010.

DR IBTISAM MUHAMAD NOR

Clinical Oncologist

Department of Radiotherapy & Oncology, Hospital Kuala Lumpur

Dr Ibtisam graduated from Royal College of Surgeons, Ireland in 2001 and completed her training in clinical oncology in University Malaya in 2012. She is currently a clinical oncologist at Hospital Kuala Lumpur.

DR JOHN LOW SENG HOOI

Consultant Oncologist

Pantai Hospital Kuala Lumpur and Sunway Medical Centre

Dr John Low obtained his Medical degree (MBBS) from the National University of Singapore in 1996. He received his oncology training at the National Cancer Centre Singapore and the Royal Marsden Hospital, UK. He obtained his MRCP(UK) in 2001 and FRCR(Clinical Oncology) in 2003. He is the Frank Doyle Medal recipient for the Clinical Oncology Fellowship examination. He is a Fellow of the Academy of Medicine of Singapore (FAMS) as well as a Member of the Malaysian Academy of Medicine (AM). He is also a Fellow of the Royal College of Physicians of Glasgow (FRCP). He is currently Consultant Clinical Oncologist at Pantai Hospital KL and Sunway Medical Centre. Prior.

Dr Low was Consultant Oncologist at the National Cancer Centre Singapore and Visiting Consultant to the KK Women's & Children's Hospital in Singapore. He was also clinical tutor with the Faculty of Medicine, National University of Singapore and the Faculty of Medical Sciences, Singapore Nanyang Polytechnic. Dr John Low is active both in clinical work as well as clinical research.

DR JUNIE KHOO YU YEN

Clinical Oncologist

Beacon Hospital

Dr Junie Khoo graduate from International Medical University (IMU) in 2005 and worked at Sabah for 6 years. Subsequently she attained Masters in Clinical Oncology (UM) in 2016 and is currently working as a Clinical Oncologist in Beacon Hospital . She is involved in several multicentre trial as co-investigator and involved as core team in initiating SRS/SRT treatment in Beacon Hospital.

DR KHAIRIYAH SIDEK

Clinical Oncologist

Lecturer in Medicine and Clinical Oncologist, Universiti Teknologi MARA (UiTM)

Dr Khairiyah graduated from University of Malaya with MBBS degree in 2007 then graduated in masters degree in Clinical Oncology in University if Malaya in 2017. She is currently a lecturer in Medicine and Clinical Oncologist: Universiti Teknologi MARA (UiTM), Faculty of Medicine, Sungai Buloh Campus. She is also a visiting clinical Oncologist to Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia Medical Centre.

Her research interests are in advanced radiation therapy, end of life care, systemic chemotherapy, holistic medicine, public health and medical education

LIM YONG YAN

Pharmacist

Pharmacy Department, University Malaya Medical Centre

Obtained Master of Pharmacy (MPharm) from University of Strathclyde in 2009. Completed provisional registration in University Malaya Medical Centre. Joined the pharmacy Central Intravenous Additive Service team (aka sterile complex) in 2012 as compounding pharmacist. Special interest in oncology and radiopharmacy.

LOONG LY SIA

Clinical Pharmacist

Pharmacy Department, Universiti Kebangsaan Malaysia Medical Centre

Senior pharmacist serving at UKM Medical Centre with 15 years of work experience as inpatient pharmacist, clinical pharmacist to general medical units and currently to the hematology and bone marrow transplant units. Graduated with a Degree in Pharmacy (Hons) from University of Strathcylde (Glassgow) and later obtained a Masters in Clinical Pharmacy and Practice Policy (Distinction) from University College of London (UK) under a Commonwealth Scholarship.

Current work includes overseeing medication safety activities, monitoring of drug therapy, providing clinical drug information, patient education, developing protocols and policies. Also works as clinical tutor and sessional lecturer in UKM and other universities. Currently a member of Malaysian Pharmaceutical Society, American College of Clinical Pharmacy and also has been a speaker in various local and national symposiums.

DR MASTURA MD YUSOF

Consultant Clinical Oncologist

Pantai Hospital Kuala Lumpur, Subang Jaya Medical Centre

Dr. Mastura is Pantai Hospital Kuala Lumpur Head of Oncology Services, a consultant oncologist at Subang Jaya Medical Centre and a visiting lecturer for the Universiti Malaya Master in Clinical Oncology program. Her interests, clinical and research experiences encompass major tumour sites including breast, colorectal and lung. She has authored various articles in peer-reviewed journals, participated in various clinical trials, advisory and expert committee panels in cancer.

An executive council member of the Malaysian Oncological Society, she actively writes, delivers lectures and shares her expertise advocating for increasing cancer awareness, early diagnosis and improving treatment access and cancer outcome.

DR MALWINDER SINGH SANDHU

Clinical Oncologist

Sri Kota Specialist Medical Centre

Dr Malwinder Singh is a clinical oncologist in Sri Kota Specialist Medical Centre. He graduated from Melaka Manipal Medical College in 2006 with his MBBS degree. Subsequently he pursued his Masters in Clinical Oncology in University Malaya whereby he graduated in 2015. He actively participates as a principal investigator in various clinical trials conducted in Hospital Kuala Lumpur. He is also involved in multiple MDT such as gynaecology, urology, radiology, respiratory and SRS/SRT MDT.

DR MARFU'AH NIK EEZAMUDDEEN

Clinical Oncologist

Faculty of Medicine,
University Teknologi Mara (UiTM)

Dr Marfu'ah graduated from University of Leicester, United Kingdom in 2007 and started her training in Warwickshire until 2011.

She returned and completed her training in clinical oncology in University Malaya in 2015. She is currently a lecturer/clinical oncologist at University Teknologi Mara and Hospital Kuala Lumpur. She has a particular interest in thoracic malignancies and had been involved in research in many areas.

DR MUKHRI HAMDAN

Associate Professor and Consultant of Obstetrics and Gynaecology, Subspecialist in Infertility and Reproductive Medicine/Surgery

Department of Obstetrics and Gynaecology
Faculty of Medicine, University of Malaya
University Malaya Medical Centre

Associate Professor Dr Mukhri Hamdan, Consultant Obstetricians and Gynaecologists is a subspecialists in reproductive medicine and surgery. He was trained within Malaysia and the United Kingdom hospitals since 2003. After completing his master programme in 2010, Dr Mukhri practiced in UMMC as lecturer before he joined Complete Fertility Southampton UK where he gained advanced training in subfertility and reproductive medicine. He is certified by British Fertility Society to perform embryo transfer and intrauterine insemination. He also did his doctorate in Reproductive Medicine with particular interest in Endometriosis and IVF. In 2016, he was awarded a PhD from University of Southampton.

DR NAHJATUL KURSYIAH BINTI ABD GHAFAR

Clinical Oncologist

Radiotherapy & Oncology Department, Hospital Wanita dan Kanak-kanak Sabah

Dr Nahjatul graduated from Cardiff University in 2006. She obtained Masters of Clinical Oncology from University Malaya in 2015. She is currently working at Hospital Wanita dan Kanak-kanak Sabah since February 2016. Her special interests include head & neck and lung cancers.

DR NUR FADHLINA ABDUL SATAR

Consultant Clinical Oncologist

Clinical Oncology Department, University of Malaya Medical Centre

Dr Fadhlina is a consultant in clinical oncology at University Malaya Medical Centre, Kuala Lumpur. She graduated from University of Nottingham Medical School in 2006, and completed her MRCP in 2009. She was trained at University College London Hospital and Barts NHS Trust, and subsequently obtained FRCR and Masters in Clinical Oncology under Institute Cancer Research. She attained Certificate for Completion of Specialist Training (CCST) in 2017 from GMC (UK).

Her interest in medical education has generated publication in Clinical Oncology journal, and web based learning tool on Royal College Radiologists website. Her clinical areas of interests are head and neck, breast and gastrointestinal cancers.

DR SYADWA BT ABDUL SHUKOR

Clinical Oncologist

Department of Radiotherapy & Oncology, Sarawak General Hospital

Dr Syadwa studied medicine at University Putra Malaysia (UPM) and graduated in 2009. She pursued a postgraduate degree in Clinical Oncology in University Malaya (UM) and completed her training in 2018. After passing the Master of Clinical Oncology (UMMC), Dr Syadwa cleared the FRCR exit examination and obtained the fellowship (FRCR) in April 2019. She has worked in various hospital including Hospital Ampang, HPSF, HKL, UMMC, HUKM, HKL and IKN.

She is currently working as clinical oncologist in Department of Radiotherapy and Oncology, Sarawak General Hospital.

DR TAN AI LIAN

Clinical Oncologist

Hospital Pulau Pinang

Dr Tan Ai Lian graduated from Chinese Medical University, Taiwan. She was trained in Internal Medicine in National Taiwan University Hospital before returning to Malaysia to serve the public sector.

Dr Tan received her clinical oncology training in Penang General Hospital before being admitted as Fellow by Royal College of Radiologists in clinical (London) in2015. After that Dr.Tan continue her career in doing attachment in National Cancer Centre Singapore. Currently she is Clinical Oncologist in Penang General Hospital and is also the visiting oncologist in Hospital Alor Star. Her special interest is in the management of head and neck cancers and has published widely in peer review journal. She is currently also actively in running few trials in Penang General Hospital .

TAN WEN CHIEH

Pharmacist

Manufacturing Unit,
Pharmacy Department,
Universiti Malaya Medical Center

Graduated from University Science Malaysia (USM) in 2005. Started as Provisionally Registered Pharmacist in University Malaya Medical Centre (UMMC) in June 2005. Then was employed by UMMC on June 2006 as Outpatient Pharmacist. In 2008, become Cytotoxic Drug Reconstitution (CDR) Pharmacist. Have been involved in quality management and clinical trials since then. In April 2015, was appointed as Head of Manufacturing Unit, Pharmacy Department which involve in non sterile and sterile manufacturing of drugs.

DR VAISHNAVI JEYASINGAM

Clinical Oncologist

Department of Radiotherapy and Oncology, Hospital Kuala Lumpur

Dr Vaishnavi Jeyasingam graduated with MBBS from Universiti of Malaya, in 2005 and was awarded the Dean's List. She obtained her Masters in Clinical Oncol0gy from the same institution in 2013. She has worked as a medical officer in the Palliative Care Unit in Selayang Hospital prior to her postgraduate studies. As a Clinical Oncologist, she has served in the Oncology Department of Hospital Sultan Ismail, Johor Bahru. She is currently a clinical oncologist at the Radiotherapy and Oncology Department in Hospital Kuala Lumpur since the year 2014.

Dr Vaishnavi also underwent a clinical attachment with the Head and Neck Radiation unit at the Princess Alexandra Hospital in Brisbane, Australia. Her areas of special interest are head and neck radiation, lymphomas and gastrointestinal stromal tumours. She also is the Oncology representative in the hospital Pain Free Committee and supervisor for the Masters in Clinical Oncology training.

DR VINCENT PHUA CHEE EE

Consultant Oncologist

Beacon Hospital

Dr Vincent Phua graduated from University of Melbourne in 2000 and obtained his first specialist qualification in Clinical Oncology in 2007 from FRCR (UK). He then completed his Masters in Clinical Oncology in 2008 (UM). He is currently working at Beacon International Specialist Centre and has special interest in advanced radiotherapy techniques including SRS/SRT, SBRT and IMRT.

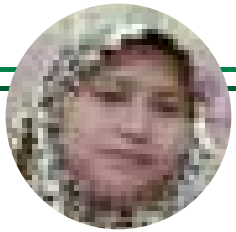
DR VOON PEI JYE

Consultant Oncologist

Department of Radiotherapy & Oncology, Sarawak General Hospital

Dr Voon is currently Head and Consultant Medical Oncologist with Department of Radiotherapy and Oncology, Hospital Umum Sarawak, Kuching, Sarawak, Malaysia. He read medicine at Universiti Malaysia Sarawak and graduated in 2001. He undertook training in Internal Medicine and obtained his MRCP (UK) and Master of Medicine (Internal Medicine) from National University of Singapore in 2007. Dr Voon was later gazetted as Internal Medicine Specialist. Subsequently, he completed his advanced specialist training in Medical Oncology from National University Hospital Singapore in 2012.

He is principal investigator and co-investigator for numerous international multi-center cancer trials. Dr Voon has published in peer reviewed journals and also co-authoring numerous presentations at national and international scientific meetings including ESMO, ASCO meetings. He is an independent reviewer for Medical Research Ethical Committee (MREC) and also sits in Malaysia Adverse Drug Reaction Committee (MADRAC).



HASLIZA BINTI ARBAYEE

Staff Registered Nurse

Oncology Unit

Sister Hasliza had completed 3 years Basic Nursing Training in year 1999 at UMMC. She also had Post Basic Oncology training completed in 2009 at KSKB Sungai Buloh. She has 9 years of experience in haematology ward and haematology daycare. Currently, she working in oncology unit to gain more experience, skills and knowledge in cancer patient care.

PROF ROZITA BINTI ABDUL MALIK

Clinical Oncologist

Clinical Oncology Department, University Malaya Medical Centre

Prof Rozita graduated as a clinical oncologist from University of Malaya in 2009 and was the head of the unit from 2017 – 2019. She was also head of coordinator for Masters of Clinical Oncology Program in 2013. Her area of expertise are in Breast, gynae oncology and sarcoma. She has multiple research publications in these sub specialties and is still very active in both clinical work and research. Her most recent publication this year is on evaluation of rectal dose discrepancy in cervical brachytherapy. More phase 2 and 3 trial are still on-going. Not to forget her contributions in the Ministry of Health and an active member of the Malaysian Oncology Society, she is a review committee of the Revision of Systemic Therapy Protocol Malaysia by Ministry of Health and is active is many more oncological events. She is currently an academic clinician in University Malaya Medical Centre and is training future oncologist with much passion.

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- KEYTRUDA as monotherapy is indicated for the first-line treatment of patients with metastatic non-small cell lung carcinoma (NSCLC) whose tumors express PD-L1 with a ≥50% tumor proportion score (TPS) as determined by a validated test, with no EGFR or ALK genomic tumor aberrations.
- KEYTRUDA, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of patients with metastatic non-squamous NSCLC, with no EGFR or ALK genomic tumor aberrations.
- KEYTRUDA, in combination with carboplatin and either paclitaxel or nab-paclitaxel, is indicated for the first-line treatment of patients with metastatic squamous NSCLC.
- KEYTRUDA as monotherapy is indicated for the treatment of patients with locally advanced or metastatic NSCLC whose tumors express PD-L1 with a ≥1% TPS as determined by a validated test and who have disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on approved therapy for these aberrations prior to receiving KEYTRUDA.

HEAD AND NECK CANCER

- KEYTRUDA is indicated for the treatment of patients with recurrent or metastatic head and neck squamous cell carcinoma (HNSCC) with disease progression on or after platinum-containing chemotherapy. This indication is approved based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

CLASSICAL HODGKIN LYMPHOMA

- KEYTRUDA as monotherapy is indicated for the treatment of patients with relapsed or refractory classical Hodgkin lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) and brentuximab vedotin (BV), or who are transplant-ineligible and have failed BV. This indication is approved based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

UROTHELIAL CARCINOMA

- KEYTRUDA is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.
- KEYTRUDA is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who are not eligible for cisplatin-containing chemotherapy and whose tumors express PD-L1 [Combined Positive Score (CPS) ≥ 10] as determined by a validated test. This indication is approved based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

MELANOMA

- KEYTRUDA (pembrolizumab) is indicated for the treatment of patients with unresectable or metastatic melanoma.

SELECTED SAFETY INFORMATION **Contraindications** None **Precautions** Immune- mediated adverse reactions, including pneumonitis, colitis, hepatitis, nephritis, endocrinopathies and severe skin reactions, including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported. Transplant-related adverse reactions, including solid organ transplant rejection, as well as acute graft-versus-host-disease (GVHD) after treatment with KEYTRUDA has been reported in patients with a history of allogeneic hematopoietic stem cell transplant (HSCT). Severe infusion reactions, including hypersensitivity and anaphylaxis, have been reported. Treatment of patients with multiple myeloma with a PD-1 or PD-L1 blocking antibody in combination with a thalidomide analogue plus dexamethasone is not recommended outside of controlled clinical trials. For management of immune-mediated adverse event, transplant- and infusion-related reactions, see full prescribing information. **Adverse Events** Most common adverse events (reported in ≥10% of patients) with: • Melanoma included arthralgia, back pain, cough, vitiligo, abdominal pain, pruritus, rash and hyponatremia. • NSCLC monotherapy included cough, rash and pruritus, • NSCLC combination therapy included fatigue, asthenia, diarrhea, neutropenia, rash, alopecia and arthralgia. • HNSCC, urothelial carcinoma and cHL were generally similar to those occurring in patients with melanoma or NSCLC. **For detailed adverse events, please consult the full prescribing information. Clinically Significant Drug Interactions** No formal pharmacokinetic drug interaction studies have been conducted with KEYTRUDA. No metabolic drug-drug interactions are expected. The use of systemic corticosteroids or immunosuppressants should be avoided before starting KEYTRUDA but they can be used after starting KEYTRUDA to treat immune-mediated adverse reactions. **Refer to the full prescribing information of KEYTRUDA for more information.**

Clinically Significant Information on Use in Specific Populations **Pregnancy** There are no data on the use of pembrolizumab in pregnant women. Animal reproduction studies have not been conducted with pembrolizumab; however, blockade of PD-L1 signaling has been shown in murine models of pregnancy to disrupt tolerance to the fetus and to result in an increase in fetal loss. These results indicate a potential risk, based on its mechanism of action, that administration of KEYTRUDA during pregnancy could cause fetal harm, including increased rates of abortion or stillbirth. KEYTRUDA is not recommended during pregnancy unless the clinical benefit outweighs the potential risk to the fetus. Women of childbearing potential should use effective contraception during treatment with KEYTRUDA and for at least 4 months after the last dose of KEYTRUDA. **Nursing Mothers** It is unknown whether KEYTRUDA is secreted in human milk. Because many drugs are secreted in human milk, a decision should be made whether to discontinue breast-feeding or to discontinue KEYTRUDA, taking into account the benefit of breast-feeding for the child and the benefit of KEYTRUDA therapy for the woman. **Pediatric Patients** Safety and efficacy of KEYTRUDA in children below 18 years of age have not yet been established. **Geriatric Patients** No overall differences in safety or efficacy were reported between elderly patients (65 years and over) and younger patients (less than 65 years). No dose adjustment is necessary in this population. **Renal Impairment** No dose adjustment is needed for patients with mild or moderate renal impairment. KEYTRUDA has not been studied in patients with severe renal impairment. **Hepatic Impairment** No dose adjustment is needed for patients with mild hepatic impairment. KEYTRUDA has not been studied in patients with moderate or severe hepatic impairment.

Reference: 1. KEYTRUDA® Local Product Circular May 2019

For Healthcare Professionals Only

MSD Oncology

Before prescribing, please refer to the full prescribing information.

Merck Sharp & Dohme (Malaysia) Sdn. Bhd.
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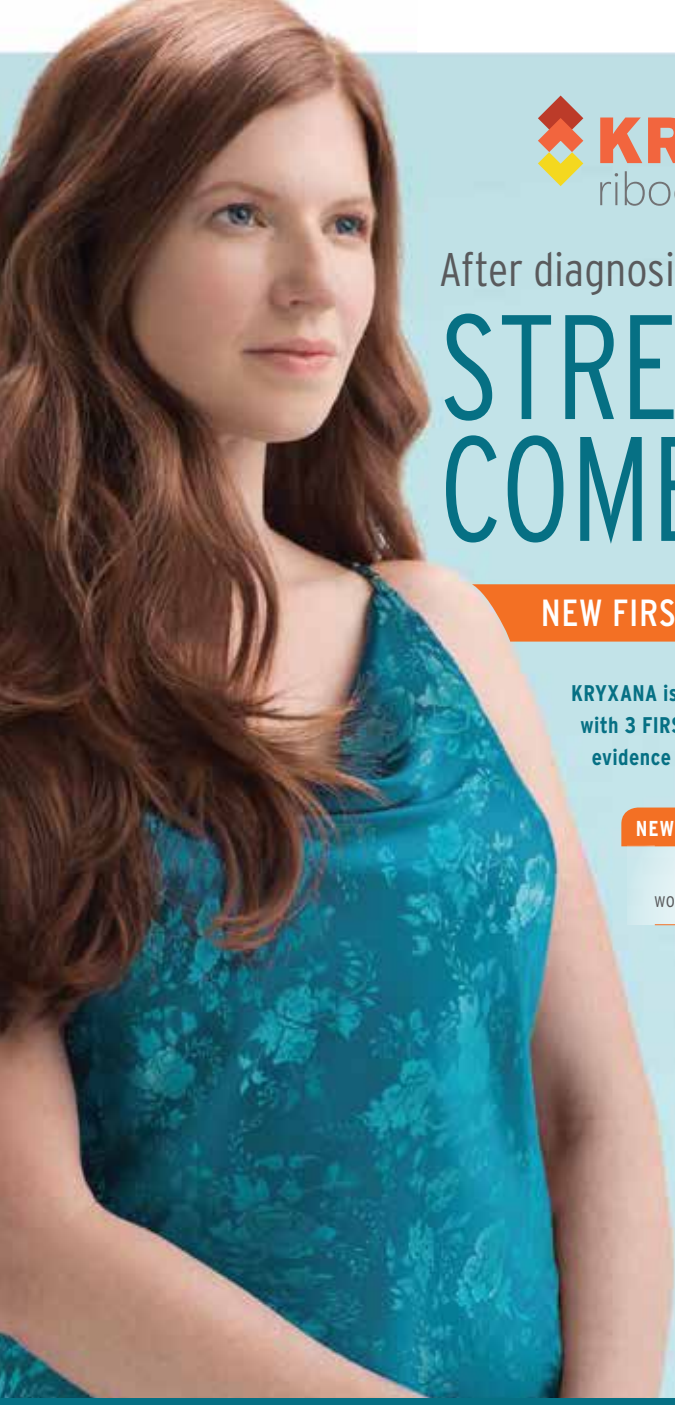

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NEW

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women **with FULVESTRANT** as either initial or second-line therapy

POSTMENOPAUSAL
women **with an AI** as initial therapy

References: 1. KRYXANA PI RD 9 Jul 18; APPR 3 Oct 19. **2.** Tripathy D, Im S-A, Colleoni M, et al. Ribociclib plus endocrine therapy for premenopausal women with hormone-receptorpositive, advanced breast cancer (MONALEESA-7): a randomised phase 3 trial. Lancet Oncol. 2018;19(7):904-915. **3.** Hortobagyi GN, Stemmer SM, Burris HA, et al. Updated results from MONALEESA-2, a phase III trial of first-line ribociclib plus letrozole versus placebo plus letrozole in hormone receptor-positive, HER2-negative advanced breast cancer. Ann Oncol. 2018;29(7):1541-1547. **4.** Slamon DJ, Neven P, Chia S, et al. Phase III randomized study of ribociclib and fulvestrant in hormone receptor-positive, human epidermal growth factor receptor 2-negative advanced breast cancer: MONALEESA-3. J Clin Oncol. 2018;36(24):2465-2472.

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For full prescribing information, please contact:

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ABIRATRED (Abiraterone Acetate) Abbreviated Prescribing Information

Active Ingredient: Abiraterone Acetate 250mg. **Indications:** With prednisone or prednisolone for treatment of **metastatic castration-resistant prostate cancer (mCRPC)** in adult men: 1) whose disease has progressed after a docetaxel-based chemotherapy regimen; 2) who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy (ADT) in whom chemotherapy is not yet clinically indicated. **Posology:** Recommended dose is 1,000 mg (four 250 mg tablets) as a single daily dose to be taken with low dose (10mg) of prednisone or prednisolone. **Administration:** Should be swallowed whole orally with water at least 2 hours after eating & no food should be eaten for at least one hour after taking the tablets. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients; Pregnancy; Severe hepatic impairment (Child-Pugh Class-C). **Warnings & Special Precautions:** Hypertension, hypokalaemia, fluid retention & cardiac failure due to mineralocorticoid excess; Hepatotoxicity & hepatic impairment; Corticosteroid withdrawal & coverage of stress situations; Bone density; Prior use of ketoconazole; Hyperglycaemia; Use with chemotherapy; Anaemia & sexual dysfunction; Skeletal muscle effects. **Interactions:** Administration with food significantly increases the absorption of abiraterone acetate. The efficacy & safety when given with food have not been established therefore abiraterone acetate must not be taken with food; Strong inducers of CYP3A4 (e.g., phenytoin, carbamazepine, rifampicin, rifabutin, rifapentine, phenobarbital, St John's Worts *[Hypericum perforatum]*) during treatment are to be avoided, unless there is no therapeutic alternative; Inhibitor of CYP2D6 & CYP2C8. Caution is advised when co-administering with substrates of CYP2D6, particularly with medicinal products that have a narrow therapeutic index. Dose reduction for those medicinal products should be considered; May prolong the QT interval, caution is advised when co-administering abiraterone acetate with medicinal products known for such actions such as class IA (e.g. quinidine, disopyramide) or class III (e.g. amiodarone, sotalol, dofetilide, ibutilide) antiarrhythmic medicinal products. **Adverse Events:** *Very Common:* Urinary tract infection, hypokalaemia, hypertension, diarrhoea, peripheral oedema; *Common:* Sepsis, hypertriglyceridaemia, cardiac failure (includes congestive heart failure, left ventricular dysfunction & decreased ejection fraction), angina pectoris, atrial fibrillation, tachycardia, dyspepsia, elevated levels of ALT/AST, rash, haematuria, fractures (except pathological fracture); *Uncommon* Adrenal insufficiency, other arrhythmias, myopathy, rhabdomyolysis; *Rare* Allergic alveolitis, hepatitis fulminant, acute hepatic failure; *Not known* Myocardial infarction, QT prolongation. **Shelf Life & Storage:** 36 months. Store below 30°C. Protect from light. Keep away from children. **Presentation:** Each ABIRATRED film-coated tablet contains 250mg of Abiraterone Acetate. **Packaging:** 120 tablets in HDPE Bottle Pack.

For Healthcare Professionals only.
Before prescribing, please refer to the full prescribing information which is available upon request.
DRL/MY/AB-017/0919

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No external mixing of ingredients is required
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required for storage

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References: 1. Williams, G, Lindsay, S, Bowsher, WG. Randomised crossover trial to assess the tolerability of LHRH analogue administration. *Prostate Cancer and Prostatic Dis.* 2003; 6: 187–189 **2.** Makwana, S, et al. Prefilled syringes: An innovation in parenteral packaging. *Int J Pharm Investig.* 2011; 1(4): 200-206 **3.** LUCRIN 11.25mg local package insert, 2017 **4.** LUCRIN 3.75mg local package insert, 2017 **5.** LUCRIN 30mg local package insert, 2016 **6.** Okada. One- and three-month release injectable microspheres of the LH-RH superagonist leuprorelin acetate. *Adv Drug Delivery Rev.* 1997; 28: 43–70 **7.** Turin, UW, and Wedley, K. Safety and clinical efficacy of a new 6-month depot formulation of leuprorelin acetate in patients with prostate cancer in Europe. *Prostate Cancer and Prostatic Dis.* 2009; 12: 83–87 **8.** CCDS-03367-1017 version 13.0

Abridged Prescribing Information

Lucrin® DEPOT 3.75MG Composition: Leuprolide Acetate **Indications: Prostate Cancer:** Palliative treatment of advanced prostatic cancer. **Endometriosis:** Treatment of endometriosis for a period of 6 months. It can be used as sole therapy or as an adjunct to surgery. **Uterine Fibroids:** Treatment of anemia caused by uterine leiomyomata in woman who fail iron therapy. **Breast Cancer:** Treatment of breast cancer in premenopausal woman in whom hormone therapy is specified. **Paediatric use - Central Precocious Puberty (CPP)** treatment of children with Central Precocious Puberty. **Dosage:** Depot inj 3.75 mg monthly. **Paediatric use - Central Precocious Puberty (CPP):** The recommended starting dose is 0.3 mg/kg for four weeks (minimum 7.5 mg). **Contraindication:** Known hypersensitivity to leuprorelin acetate, similar nonapeptides, or any of the excipients. Pregnancy **Special Precautions:** Changes in bone mineral density, Convulsion, Transient worsening of prostate cancer symptoms may occur during first few weeks of administration, i.e bone pain, spinal cord compression, Hyperglycemia, Increased risk of myocardial infarction, stroke, eff ect on QT/QTc interval, Increase of sex steroids during early phase of therapy, Inadequate control of pubertal process due to non compliance or inadequate dosing, Not to be used by nursing mother. **Adverse Reactions:** prostate tumour flare, aggravation of prostate cancer, weight gain, weight loss, loss or decreased libido, increase libido, headache, muscular weakness, vasodilation, hot flushes, hypotension, orthostatic hypotension, dry skin, hyperhydrosis, rash, urticaria, hair growth abnormal, hair disorder, night sweats, hypotrichosis, pigmentation disorder, cold sweat, hirsutism, gynaecomastia, breast tenderness, erectile dysfunction, testicular pain, breast enlargement, breast pain, prostate pain, penile swelling, penis disorder, testis atrophy, mucosal dryness, diabetes mellitus, glucose tolerance impaired, total cholesterol increased, LDL increased, triglycerides increased, osteoporosis, feeling hot, irritability, acne, eczema, nail disorder, vaginal discharge, genital discharge, vaginal hemorrhage, dysmenorrhea, menstrual disorder, breast atrophy, breast engorgement, metrorrhagia, menopausal symptoms, galactorrhea, dyspareunia, uterine disorder, vaginitis, menorrhagia, a ffects lability, rash including erythema multiforme, pain, injection site reactions including abscess **P/P:** Depot inj 3.75 mg x 1's. Reference: MY PI Feb 2017, CCDSO3671114 **Lucrin® DEPOT 11.25MG Composition:** Leuprolide Acetate **Indications: Prostate Cancer:** Palliative treatment of advanced prostatic cancer. **Endometriosis:** Treatment of endometriosis for a period of 6months. It can be used as sole therapy or as an adjunct to surgery. **Uterine Fibroids:** Treatment of leiomyoma uteri (uterine fibroids) for a period up to 6 months. Therapy may be preoperative prior to myomectomy or hystrectomy, or it may provide symptomatic relief for the perimenopausal woman who does not desire surgery. **Breast Cancer:** Treatment of breast cancer in pre and peri-menopausal woman in whom hormone therapy is specified. **Dosage:** Depot inj 11.25 mg every 3 months. **Contraindication:** Known hypersensitivity to leuprorelin acetate, similar nonapeptides, or any of the excipients **Special Precautions:** Changes in bone mineral density, Convulsion, Transient worsening of prostate cancer symptoms may occur during first few weeks of administration, i.e bone pain, spinal cord compression, Hyperglycemia, Increased risk of myocardial infarction, stroke, e ffect on QT/QTc interval, Increase of sex steroids during the early phase of treatment, Not to be used by nursing mother. **Adverse Reactions:** prostate tumour flare, aggravation of prostate cancer, weight gain, weight loss, loss or decreased libido, increase libido, headache, muscular weakness, vasodilation, hot flushes, hypotension, orthostatic hypotension, dry skin, hyperhydrosis, rash, urticaria, hair growth abnormal, hair disorder, night sweats, hypotrichosis, pigmentation disorder, cold sweat, hirsutism, gynaecomastia, breast tenderness, erectile dysfunction, testicular pain, breast enlargement, breast pain, prostate pain, penile swelling, penis disorder, testis atrophy, mucosal dryness, diabetes mellitus, glucose tolerance impaired, total cholesterol increased, LDL increased, triglycerides increased, osteoporosis, feeling hot, irritability, acne, eczema, nail disorder, vaginal discharge, genital discharge, vaginal hemorrhage, dysmenorrhea, menstrual disorder, breast atrophy, breast engorgement, metrorrhagia, menopausal symptoms, galactorrhea, dyspareunia, uterine disorder, vaginitis, menorrhagia, affects lability **P/P:** Depot inj 11.25 mg x 1's. References: MY PI Jan 2017 CCDSO3671114 **Lucrin® 6 MONTH DEPOT 30mg INJECTION Composition:** Leuprorelin Acetate **Indications:** Lucrin® Depot for Injection is indicated in the palliative treatment of advanced prostatic cancer. **Dosage:** Depot inj 30 mg every 6 monthly. **Contraindication:** Known hypersensitivity to leuprorelin acetate, similar nonapeptides, or any of the excipients **Precautions:** Initially causes increase in serum levels of testosterone. Urinary tract obstruction, metastatic vertebral lesions, reversible bone loss with depot inj. Hyperglycaemia and increased risk of developing diabetes. Myocardial infarction, sudden cardiac death and stroke, QT prolongation, convulsions, e ffects on fertility. **Adverse Reactions:** Anaemia, increased appetite, libido decreased, heart failure, flushing, hyperhidrosis, erectile dysfunction, testicular atrophy, fatigues, injection site reaction, injection site inflammation, injection site pain, injection site induration, injection site erythema, injection site abscess, injection site swelling, transaminase increased **P/P:** Depot inj 30 mg x 1's. Reference: MY PI 11 Apr 2016

Full prescribing information is available upon request.

For Medical/Healthcare Professionals only.

abbvie

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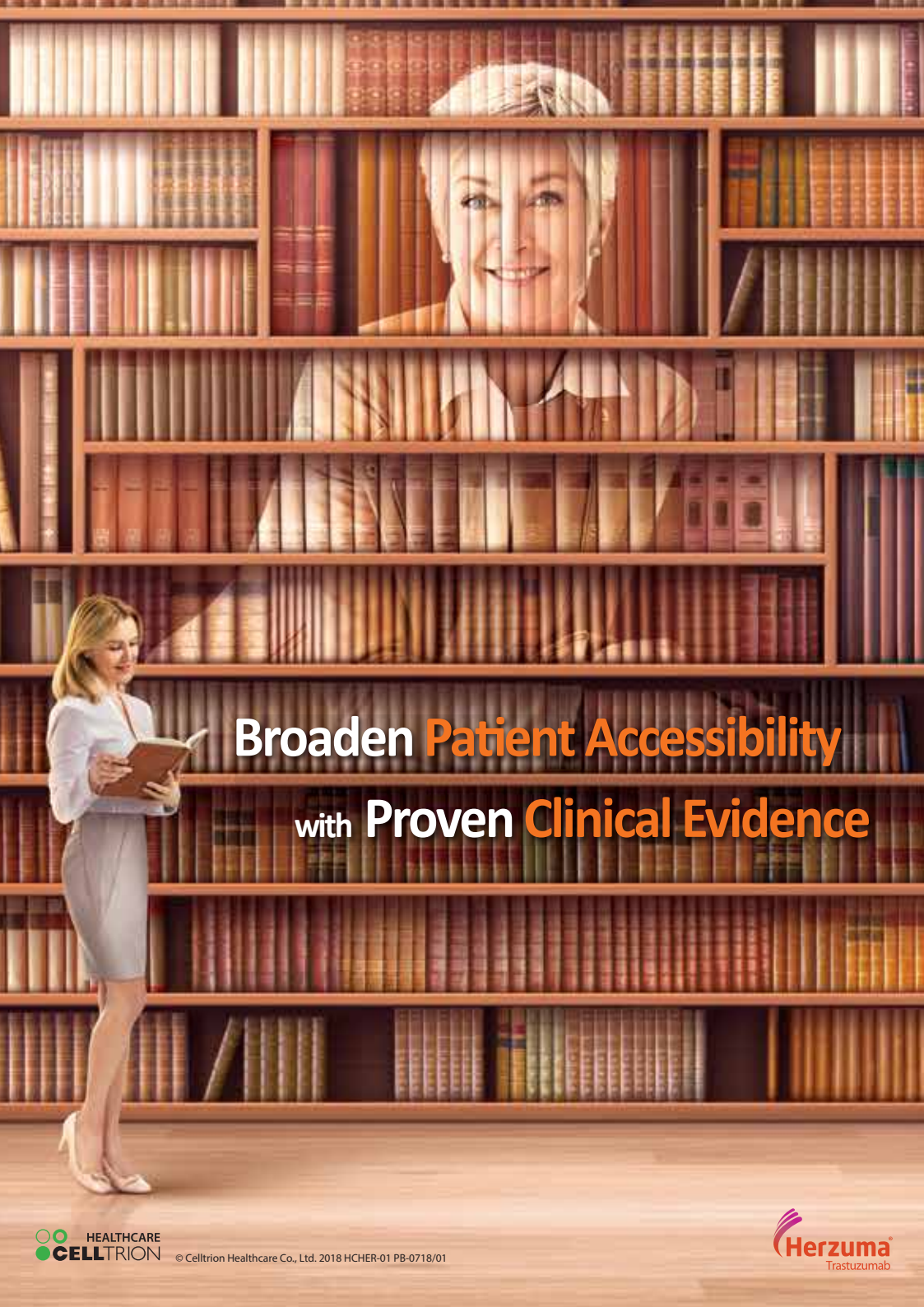

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August 2019

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HOW TO GET THERE

If you drive a car, you may park in the public parking area in the university or UMMC. Kindly note that we are unable to reserve a parking space for participants.

If you travel by train, the nearest LRT station is the Universiti Station. You may take a bus (RAPID bus No.780 or 790) to reach UM. It will stop at the front of PJ main gate along Jalan Universiti. The auditorium is located within the Faculty of Medicine.

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Venue

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