



Schooling an inspiration for doctor

PHOTO CREDIT: Reuters

The timing - 50:39 seconds - flashed across the display board at the Olympics Aquatic Stadium in Rio de Janeiro, Brazil.

A new Olympic record had been set for the men's 100m butterfly.

And a new Olympic swim champion was crowned: Singapore's Joseph Schooling.

For me, that moment on Aug 13 ranks as one of the most memorable for the year 2016.

The 50:39 timing has been etched in my mind since. This year, I shall be going after that record.

No, I am not a great swimmer. I am fairly mediocre, to be honest. And I have not even mastered the butterfly stroke.

But what I shall be trying to do is to push the median survival of patients with advanced lung cancer to 50.39 months. And beyond.

I believe this can be achieved.

It wasn't that long ago, about a decade, when the median survival of patients with

advanced lung cancer in Singapore was closer to five months, rather than 50.

Median survival describes a sort of average life span that most patients with advanced lung cancer would have.

Back then, with each patient I saw, I would agonise over the decision of whether it was even worth his while to receive chemotherapy, given the rather short life expectancy and possible side effects from the treatment.

JAMMING THE CANCER SWITCH

"How things have changed," I remarked in my first consultation with Ms T.

Ms T is a middle-aged Chinese woman who is down with the final stage - stage 4 - of lung cancer.

Her cancer had spread beyond the confines of her lungs and into the lining of the inner surface of the chest cavity.

This had provoked a copious amount of fluid to form in the chest cavity, flooding her right lung.

She almost suffocated.

The emergency department doctor, who first saw her, immediately arranged for her to be admitted to hospital.

A tube was inserted into her right chest to drain the fluid. This brought relief to her severe breathlessness.

A biopsy of the right-lung tumour was dispatched to the laboratory for study. The diagnosis of lung cancer was confirmed.

When Ms T first consulted me on her diagnosis, I had to correct her overtly pessimistic view that she had only a few months to live, based on what she had learnt from her own reading.

As I said, much has changed.

Precision medicine and targeted therapy have brought a revolution to the treatment of advanced lung cancer over the last decade.

A genetic analysis of Ms T's cancer biopsy showed that the cancer cells carried a mutation in the receptor on the cell surface - the epidermal growth factor receptor (EGFR).



This receptor functions like a growth switch that, when “turned on”, sends signals to the command centre in the nucleus of the cancer cell to drive its growth.

A mutation of the EGFR effectively jams this switch in the perpetual “on” position.

Cancer doctors now have at their disposal targeted drugs that are able to turn off this growth switch.

The first generation of such drugs entered clinical use about a decade ago.

Ms T was started on treatment with an improved second- generation member of this family - afatinib.

Two months into her treatment, she was close to complete remission and

the residual fluid in her chest cavity had disappeared.

EGFR mutations are not rare in lung cancers, especially among East Asian patients.

Such mutations are also more commonly seen in non-smokers.

For lung cancer patients of Asian ethnicity who have never smoked, as in the case of Ms T, the probability of finding such a treatable mutation is more than 50 per cent.

In the last few years, clinical studies have frequently reported a median survival rate of above 30 months, and sometimes 40 months, in this group of patients with advanced lung cancer.

Last month, the Health Sciences Authority of Singapore gave the nod to the third-generation version of this drug - osimertinib - that may be useful as a follow-up treatment after therapy with either the first- or second-generation drugs.

This would potentially add another year of cancer control.

This has affirmed my belief that a median survival of 50 months can be reached.

In the years ahead, Schooling will be aiming to go under 50:39, while I shall be gunning to go above 50 months.

Let’s go for it, Joseph.

This article is written by Dr Wong Seng Weng. This article was first published on Doc Talk, The Straits Times on Jan 3, 2017. Dr Wong is currently the Medical Director and Consultant Medical Oncologist of The Cancer Centre (Singapore Medical Group) at the Paragon and Mount Elizabeth Novena Specialists’ Centres.

Dr Wong obtained his basic medical degree from the National University of Singapore (NUS) under the Lim Boon Keng and Tan Siak Kew Scholarships and graduated on the Dean’s List for outstanding academic achievement. He completed his post-graduate training in Internal Medicine and obtained his Membership of the Royal College of Physicians of the United Kingdom (MRCP UK). Thereafter, he achieved Specialist Accreditation with the Ministry of Health Singapore and was admitted as Fellow of the Academy of Medicine of Singapore (FAMS) and College of Physicians of Singapore. Dr Wong continued his practice in the National University Hospital and was appointed clinical tutor of the clinical faculty of the National University of Singapore. Apart from pursuing his clinical practice, Dr Wong was keenly involved as an investigator in over twenty clinical trials exploring novel methods of cancer treatment. He previously held the posts of Consultant Medical Oncologist and Senior Partner of the Raffles Cancer Centre in charge of all oncology services at the Raffles Hospital. He was also appointed as Chairman of the Singapore Medical Group Medical Board.

Apart from his practice at The Cancer Centre, Dr Wong is currently also a

visiting consultant of the National University Hospital where he is a tutor for medical oncologists-in-training. He is a visiting consultant medical oncologist of Mount Elizabeth Hospital, Mount Elizabeth Novena Hospital, Mount Alvernia Hospital and Raffles Hospital.

In the area of research, he holds the appointment of Adjunct Clinician Scientist of the Institute of Bioengineering and Nanotechnology (IBN) in the Agency for Science, Technology and Research (A*STAR).

Dr Wong is part of the editorial advisory board of the oncology newspaper Oncology Tribune.

Dr Wong is an active member of the American Society of Clinical Oncology (ASCO) as well as the European Society for Medical Oncology (ESMO) and Singapore Society of Oncology. He lectured widely at international cancer conferences in Vietnam, China, India, Bangladesh, Malaysia and Indonesia.

Dr Wong specializes in the diagnosis and treatment of adult cancers with special interest in breast cancers, lung cancers and gastrointestinal cancers.

