

港外科醫學

The College of Surgeons of Hong Kong

Pamela Youde Nethersole Eastern Hospital. Rm 727, 7/F, Multicentre Block A, No. 3, Lokman Road, Chai Wan, Hong Kong Tel: (852) 2515 5750 Fax: (852) 2515 3198

8th Overseas Meeting of The Royal College of Surgeons of Edinburgh Jointly with the College of Surgeons of Hong Kong

President

Professor Joseph WY LAU

Our ref: OM/008C/AL/iy

Fax: (852) 2637 7974

2nd Sept, 1996

Vice-Presidents

Mr. D PRAKASH

Dr. LEE Man Kong Dr. LO Kwok Hung Regional Thoracic Surgical Centre Hairmyres Hospital, East Kilbridge

Glasgow Scotland

Honorary Secretary

Dr. YEUNG Chung Kwong

Fax: 013552 34064

Honorary Treasurer

Dr. LAU Kwok Wai

Dear Mr. PRAKASH.

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Dr. Andrew W C YIP

Ex-Officio

Dr. HUI Siu Ping Prof. William WEI

Re: Free Papers

As local organizer of the 8th Overseas Meeting of The Royal College of Surgeons of Edinburgh jointly with The College of Surgeons of Hong Kong, I am pleased to inform you that your abstract entitled "Malignant mesothelioma - Diagnostic and therapeutic dilemmas" has been selected for oral presentation, with details as below:-

<u>Date</u>	Time	Session	Venue
28 Oct 96	1130 - 1230	Free Papers (Thoracic Surgery)	Room 603, 6/F Hong Kong Convention & Exhibition Centre

This acceptance is subject to the Organising Committee receiving your full registration fee of £400.00 (charges on hotel accommodation and transport not included) on or before 15 September 96. Otherwise we shall assume you wish to withdraw your abstract and your presentation will be replaced by others on the reserved list. Payment should be made in pounds payable to "A T Mays" by cheque/bankers draft/credit card and sent to the following address:

> Mr. Drew Stewart A T Mays Special Events Unit 2, Blair Court. 5 North Avenue. Clydebank Business Park Clydebank, Glasgow G8 2LA U.K.

> > 2/....



香港外科醫學院

The College of Surgeons of Hong Kong

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President

Professor Joseph W Y LAU

Should you have paid registration fee already, please ignore the payment request.

Vice-Presidents

Dr. LEE Man Kong Dr. LO Kwok Hung Kindly also fax the enclosed slip immediately to me to confirm that you will attend the Meeting and present your paper.

Honorary Secretary

Dr. YEUNG Chung Kwong

Honorary Treasurer

Dr. LAU Kwok Wai

Council Members

Encl.

Professor Sydney S C CHUNG

Professor FAN Sheung Tat

Dr. HO Kwok Kam

Dr. James S T HWANG

Dr. Samuel P Y KWOK

Dr. Michael K W LI

Professor Arthur K C LI

Dr. LUK Hung To

Dr. SHIU Man Hei

Dr. TUNG Man Kwong

Dr. Bill T H WONG

Dr. YEUNG Sai Hung

Dr. Andrew W C YIP

Ex-Officio

Dr. HUI Siu Ping Prof. William WEI Yours sincerely,

Ms. Winnie Wong Secretariat (Please complete exactly according to the sample)

Paper/Poster or Either

PRAKASH, D., PAPACHRISTOS, I., JILAIHAWI, A.N. Regional Thoracic Surgical Centre Hairmyres Hospital GLASGOW

MALIGNANT MESOTHELIOMA - DIAGNOSTIC AND THERAPEUTIC DILEMMAS

This very malignant pleural tumour with its known association with asbestos exposure has a rising incidence in Scotland despite legal curbs on the use of and protection from exposure to asbestos. It is a difficult tumour to diagnose and treat and controversy surrounds the best diagnostic test and nihilism blights its treatment.

Our experience in this Regional Thoracic Surgical Centre over the last 8 years with over 200 cases referred for diagnosis leads us to conclude that a small open pleural biopsy has the highest diagnostic rate compared to pleural fluid cytology or needle biopsy or video-assisted thoracoscopic biopsy. Moreover the pathology report is usually unequivocal which is a great help in occupation-related compensation cases.

In carefully selected and fit patients with tumour confined to one pleural space (56 patients) a radical pleuropneumonectomy has been used to clear the tumour. The surgical technique includes resection of the lung with visceral and parietal pleurae together with the resection and reconstruction of the ipsilateral diaphragm and pericardium. Addition of post-op chemotherapy with Carboplatin and Epirubicin has delayed recurrences and improved survival.

With experience the early operative mortality is now down to 15%. The quality of life after the course of chemotherapy has been very gratifying. Tumour recurrence has been delayed to 2 - 3 years post-op. With one 5 year survivor and a 3 year survival of 23% we believe that there is an important role for surgery as a first step in treating this disease.

The negative attitude associated with treatment of this condition is not justified. Operative mortality should decrease further with experience. Refinements in adjuant therapy await appropriate clinical trials and may further improve survival.