It is the mission of CAMS to improve the health status of Chinese Americans and to promote excellence in health care for all through the mobilization of health care professionals.

CHINESE AMERICAN MEDICAL SOCIETY
美州中華医学会
CAMS NEWSLETTER

Upcoming Events

March 1, 2023
Summer Research Fellowship Application Deadline

March 1, 2023
Rx for Long Life Lecture—*Substance Use Prevention and Addiction among Adolescents*

March 2, 2023
CAMS, CAIPA and NYC DOH Webinar:
Supporting Your Patients Who Smoke

March 16, 2023
Leadership Conversations— "*Stuck*"

March 25, 2023
ACAP Career Development Conference

March 27, 2023
Hot Topics/Research Updates

March 29, 2023
Rx for Long Life Lecture— *Eating Well, How to Make Tasty Food Healthier*

March 31, 2023
Scholarship Application Deadline

President's Corner
Victor T. Chang, MD

Welcome to the Year of the Rabbit! We wish our readers luck and success, even as we are saddened by the shootings at Monterey. This year marks the 60th anniversary of CAMS! On our sixtieth anniversary year, let us affirm our mission and continue to develop and implement new ways to advance the health of our community and professional development.

I am grateful to our many active committees, Board of Directors, our partners in the Prescription for Long Life lecture series, and our administrative staff for designing and carrying out the activities described in our Newsletters and website. The activities of our Society span scholarships, research, community service, wellness, mentorship, and social activities. The most important factor is your participation in these events, and your membership. You may have heard that high quality relationships over time are the principal determinant of happiness in life. CAMS is a place where you can start and build on these relationships with like-minded individuals!

Our Program Committee, led by Dr. Cynthia X. Pan and Dr. Benjamin Lee, is preparing for the next Scientific in-person meeting in November. Highlight takeaway points from the 2022 Scientific Meeting are summarized in the Newsletter

Our Research Committee, led by Dr. John R. Lee and Dr. Wenhui Li, has put together an active schedule for Journal Club, Research Seminars, and a new feature, Hot Topics/Research Updates. In these Updates, a researcher will introduce and provide the basic background for an active area of research for students, clinicians and researchers outside the field.

Our Wellness Committee, led by Dr. Cynthia X. Pan and Dr. James Tsai, has continued the well attended Prescription for Long Life CME Lectures, together with Healthfirst, CAIPA, Maimonides and the Charles B. Wang Community Health Center. Some of the most recent ones are summarized in this issue. The Leadership Conversations is off to a great start *(see article)*!

Our Community Affairs and Public Relations Committees, headed by Dr. Perry Pong and Dr. Yick Moon Lee, are gearing up for the Screen at 23 project. CAMS hosted a webinar on Screen at 23 on November 30, 2022. We will be participating in community fairs and activities throughout the year.

Our Research and Scholarship Committees will be busy with the Scholarship application deadlines on March 1st and March 31st. Encourage your students to apply!

Our Mentorship Committee headed by Dr. Steven Cai just held a mentorship Career Day with the APAMSA Northeast Regional Conference this past October and is developing plans for new activities. On March 25th, CAMS will participate in the ACAP Career Development Conference.

I look forward to hearing from you, and seeing you in the near future!

CAMS Webinar on Screen at 23

Screen at 23 is an initiative for state legislature resolutions to educate about screening for diabetes in Asian Americans starting at a BMI of 23, instead of 26, It is supported by the American Diabetes Association, Asian American Diabetes Initiative at Joslin Diabetes Center, the National Council of Asian Pacific Islander Physicians, and other Asian American groups. The Screen at 23 has been passed in 6 states, and is to be considered by New York State.

CAMS supports Screen at 23. On November 30, 2022, CAMS hosted a webinar on diabetes and the Screen at 23 campaign, moderated by Executive Director Dr Warren Chin. Speakers included:

- **Dr. George King**, Thomas J. Beatson, Jr. Professor of Medicine in the Field of Diabetes, Joslin Diabetes Center, Harvard Medical School, CAMS Scientific Award Recipient 2012
    - -NHANES started to include Asian Americans in 2011
    - -NHANES 2011-2014 showed high rates of diabetes and undiagnosed diabetes (50%) in As Americans
- **Professor Maria Araneta**, Dept Family Medicine and Public Health, Div Epidemiology, UC San Diego
    - -DISTANCE Kaiser study in California showed increased rates of diabetes and BMI data by Asian Am sub groups PMID: 23069837
    - - BMI cutpoint of 25 has sensitivity of 67% and specificity of 52.8%. BMI of 23 with sensitivity of 84.7% PMID: 25665815 PMID: 25538311;

    American Diabetes Association revised guidelines in 2015 to include BMI and risk factors
- **Dr. George Liu**, President, CEO & CMO, Coalition of Asian-American IPA, Inc.

    (Data presented by Dr Victor Chang)

    -HMO Bio reference lab study—High rates of prediabetes in Chinese (45%) compared to general population (30%); among patients over 65 years old, only 10% had a normal hemoglobin A1c

    -Chinese Diabetes prevention program trial showed that the Interventional group (education and exercise) had higher rates of weight loss and reversal of prediabetes
- **Dr. Stephen Habbe**, American Diabetes Association, Vice President for State Government Affairs

    -summarized ADA Standards of Medical Care

    -Adopted screening at BMI of 23 for Asian Americans in 2015

    -In NY state, 1.7M have diabetes, 450,000 undiagnosed, 5M have prediabetes (1/3 of adult population)

    -Reviewed ADA Health Equity Bill of Rights
- **Mr. David Hawks,** National Council of Asian Pacific Islander Physicians (NCAPIP)

    -Statewide impact of Screen at 23 to date – 100,000 have been diagnosed with DM.

    -Health equity – Screen at 23 tackles the invisibility of Asian American health care needs.
- **Dr. Winston Wong**, Chair, NCAPIP

    -Wondered if the high Asian American covid 19 mortality rate could be attributed in part to undiagnosed diabetes.

    -Passage of Screen at 23 represents a step in the recognition of Asian Americans as full members of the US population, with full access to medical care.

    -Race based medicine– A race based algorithm that overestimates renal clearance in African Americans and increased consciousness about race has led to the desire to eliminate race, and a viewpoint critical of screen at 23 PMID: 33038972. This viewpoint conflates race, genomic tools and population health.

    -No clinical decision making with Screen at 23.

To view the webinar, see https://www.youtube.com/watch?v=-zzMPN1BJPI and for more information about screen at 23 at https://aadi.joslin.org/en/screen-at-23

NEWS FROM FCMS
FCMS 2022 Fortieth Scientific Meeting, October 15-16, 2022
Technology Transforming Medicine
Victor T. Chang, MD

An audience of over 200 gathered at the new UCSF Mission Bay facility to hear lectures by speakers from California, NIH, Toronto, the Bay Area on applications of technology such as— genomic analysis of the blood to diagnose obscure infections, estimation of the ejection fraction by echocardiographic imaging, novel cardiac imaging to estimate and reduce risk of infarction, diagnosis of retinopathy in premature infants, and new ways to manage obstructive sleep apnea. This was an opportunity to think about the response to COVID-19, and get updates on hepatitis B and breast cancer.   On the evening of October 15th, a festive Gala Dinner at the Asian Art Museum where Dr. Richard Pan, state senator, received the **FCMS Achievement Award**. Congratulations to Dr. Cynthia Lin, Dr. Gordon Fung, our fellow Chinese medical societies in the Bay area, and the tireless staff at Chinese Hospital, for organizing this event! The next FCMS Scientific Conference will be in New York City in 2024 and will commemorate the 40th anniversary of the Federation.

Special Briefing for Ethnic Physicians and Medical Groups

The U.S. Department of Health and Human Services (HHS) held a special virtual briefing on the updated COVID-19 vaccines and the Biden-Harris Administration's commitment to ensuring health equity. This took place on **Friday, October 28 from 12 –1 pm ET**. Administration officials provided information on the Vaccination Weeks of Action and the ongoing #VaxUpAmerica campaign to encourage Americans to get vaccinated as we head into flu and cold season and holiday gatherings.

Dr. Vanessa Chan, Chairman of the FCMS, was invited to attend the briefing, and discuss the efforts of FCMS in vaccination and dealing with the COVID 19 pandemic. Dr. Chan was joined by physicians representing other ethnic medical groups who described their efforts and communities.

Speakers included:
- Dr. Cameron Webb, Senior Advisor to the White House COVID-19 Response Team
- Marvin Figueroa, Director of HHS Intergovernmental and External Affairs (IEA)
- Dr. José R. Romero, Director of National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC)
- RDML Felicia Collins, MD, MPH, FAAP, Asst Secretary, HHS Office of Minority Health
- Dr. Roshan Shah, MD, American Association of Physicians of Indian Origin (AAPI)
- Dr. Ilan Shapiro (trusted local doctor/COVID-19 Public Education Campaign)

Special Guests:
- Krystal Ka'ai, Executive Director, White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders
- Alexis Holmes, Executive Director, White House Initiative on Advancing Educational Equity, Excellence and Economic Opportunity for Black Americans

Program Committee

Cynthia X. Pan, MD and Benjamin Lee, MD

The Program Committee organizes and implements the prestigious CAMS Annual Scientific Conference and sponsors the popular RX for Long Life Series. Program Committee members are dedicated to scholarship, leadership, and lifelong learning.

CAMS Annual Scientific Conference on November 5 & 6, 2022

John R. Lee, MD

This past November, we had an enlightening scientific conference spanning the breadth of medicine. On the first day, Dr. Helen Chu from the University of Washington provided updates on post-acute sequelae of SARS-CoV-2 infections. Dr. Frank Hu from the Harvard TH Chan School of Public Health provided insights into the importance of food on human health. We had very interesting sessions on ophthalmic telemedicine by Dr. James Tsai from the New York Eye and Ear Infirmary of Mount Sinai and on current recommendations for lung cancer by Dr. Elaine Shum from NYU Perlmutter Cancer Center and Dr. Jennifer Leng from Memorial Sloan Kettering Cancer Center. On our second day, Dr. Dara Huang from NY Culinary Medicine provided insight into culinary medicine. Ms. Kathy Ko Chin from Jasper Inclusion Advisors gave us an overview of the lessons in advocating for public health in Asian Americans. Dr. Ning Lin and Dr. Christopher Lau, both from Weill Cornell Medicine, provided the state of the art science in research on Chinese Americans, Asian Americans and covid 19. We ended the conference with some great research presentations on non-alcoholic fatty liver disease, gastric cancer, and disparities among Chinese Americans presenting to the emergency department. More detailed summaries are presented.

We thank our donors and sponsors for their support of the conference!

Speakers

Helen Y. Chu, MD, MPH
Associate Professor of Medicine and Epidemiology, University of Washington

Dara Huang MD, MSc
New York Culinary Medicine

Christopher Lau, MD
Associate Professor of Cardiothoracic Surgery, Weill Cornell Medical College

Jennifer C. Leng MD, MPH
Immigrant Health and Cancer Disparities Laboratory, Memorial Sloan Kettering Cancer Center

Ning Lin, MD
Assistant Professor of Neurological Surgery, Weill Cornell Medical College

Elaine Shum, MD
Assistant Professor of Medicine, NYU Grossman School of Medicine

James Tsai, MD, MBA
Chair, Department of Ophthalmology, Icahn School of Medicine at Mount Sinai

CAMS SCIENTIFIC AWARD LECTURE KEYNOTE SPEAKER

Frank Hu, MD, PhD

Professor of Medicine, Harvard Medical School and Channing Division of Network Medicine, Brigham and Women's Hospital, and Director of the Boston Nutrition Obesity Research Center (BNORC).

"Food as Medicine: East Meets West."

Dr. Hu reviewed the recent White House Conference on Nutrition, the importance of weight gain for developing Type 2 diabetes in minorities, PMID: 16801583. the Mediterranean and the Traditional Asian Diet. Some highlights of his talk include:

- From studies of the Great Chinese Famine in 1958-60, starvation of newborns leads to a thrifty phenotype that predisposes to overweight and obesity in adult life.
- Both Mediterranean and Chinese diets reduced body weight and glucose in adults with prediabetes PMID: 35579171
- Cuisine based Chinese Heart Healthy Diet reduced BP by 10 mm Hg—Cardiologists and Dieticians in the PRC developed heart healthy recipes for Shandong, Huaiyang, Guangzhou and Sichuan cuisines and studied the effects of these in patients in a randomized trial. The principal modification was reducing the daily sodium dietary intake from 6000 mg/d to 3000 mg/d PMID: 32819944 PMID: 35861850
- Interesting data that a Mediterranean diet coupled with physical activity can reduce age related brain atrophy PMID: 35021194;
- Alcohol dehydrogenase 2 rs671 polymorphism is associated with increased risk for developing squamous cell carcinoma of the oral cavity and esophagus from drinking alcohol PMID: 30921184 PMID: 30639619

CAMS WILSON KO, MD MEMORIAL LEADERSHIP LECTURE KEYNOTE SPEAKER

Ms. Kathy Ko Chin, MPH

CEO, Jasper Inclusion Advisors.
Past President and CEO, Asian Pacific Islander American Health Forum

"Leadership Lessons in Advocating for Public Health for Asian Americans."

In her inspiring leadership lecture at the Annual Scientific Meeting, Ms. Kathy Ko Chin made the following points
- Communicate. Speak up. Tell your stories. People, and legislators, want to hear from doctors.
- Health care issues facing Asian Americans are immigration / health insurance status, Limited English Proficiency, Data Disaggregation, and Access to primary and preventive health Care.
- The ability to disaggregate data enabled the enrollment of an additional 1 million Asian Americans to the Affordable Care Act.
- Think about health care for all Americans. For example, the movement to provide language concordant care comes from the Civil Rights Act.

Additional Take Home Points from Scientific Conference Lectures

Dr. Helen Y. Chu—Long COVID
- Risk factors – SARS viremia, EBV viremia, auto antibodies, diabetes
- NIH Recover research study
    https://directorsblog.nih.gov/tag/recover-initiative/
    https://recovercovid.org/
- Interventional studies starting at NIH and in UK Stimulate study

Dr. James Tsai - Telemedicine and Ophthalmology
- Teleretina Program and TeleOphthalmology consult – ER Triage and diagnosis in Mount Sinai system
- Diagnosis of retinopathy of prematurity with new techniques
- Eye stroke program
    - CRAO - central retinal artery occlusion
        -Presents as sudden painless monocular visual loss
        -Treatment within 12 hours with tPA to recover vision

Dr. Jennifer Leng and Dr. Elaine Shum– Lung Cancer
- Dr. Leng discussed her findings in research on a high risk group—Chinese livery drivers.
    - Substantial knowledge gaps in patients, community, and primary care providers about lung cancer screening.
    - Need to address fear, stigma, fatalism ; participants downplayed their tobacco consumption.
    - Community based participation models are needed to implement tobacco cessation programs.
- Dr. Shum presented data on Benefits of screening, barriers for physicians, and cancer in women never smokers
    - LDCT can detect 80% of lung cancer pts at early stage of lung cancer (https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/screening-resources/what-to-expect-from-lung-cancer-screening)
    - The percentage of eligible patients screened is 5.8% https://www.lung.org/media/press-releases/state-of-lung-cancer-2022#:~:text=The%202022%20%E2%80%9CState%20of%20Lung,rates%20as%20low%20as%201%25.
    - Radiation from Low dose CT is 1.4 mSV compared to 7,2 mSV for a diagnostic CT
    - Reminder to consider eligible patients for the Female Asian Non Smokers Study FANSS@nyulangone.org

Dr. Dara Huang MD
- Culinary medicine- new field.   The term recipe originally meant a prescription
- Asian diet pyramid - Plant based foods, 5 servings/day. Fiber. One tbsp soy sauce = 970 mg sodium
- My plate.gov in Chinese https://www.cda.org/Portals/0/pdfs/fact_sheets/nutrition_chinese.pdf
- New York Culinary Medicine You tube channel https://www.youtube.com/@nycdoc has brief educational sections for patient education.

State of the Science Articles

Dr. Christopher Lau and Dr. Ning Lin

Luk TT, Lam TH, Leung WC, Leung KY, Cheung KW, Kwa C, Siong KH, Tang KK, Lee KW, Hsieh CJ, Wu YS, Li WH, Wang MP. Brief Advice, Nicotine Replacement Therapy Sampling, and Active Referral for Expectant Fathers Who Smoke Cigarettes: A Randomized Clinical Trial. JAMA Intern Med. 2021 Aug 1;181(8):1081-1089. PMID: 34125135

- Study from Hong Kong. Comparison of advice (AWARD – Ask, Warn, Advise, Refer, Do It Again) to BANSAR (Brief Advice, Nicotine Replacement)therapy. Active referral is more effective than advice alone. Expectant fathers are motivated. OR 1.96 (1.11-3.46) p<.02 of biochemical abstinence 6 months later, OR self reported abstinence at 6 months 1,87 (1.08-3.23), p<.03. Family Harmony
- improved.

Kianoush S, Rifai MA, Jain V, Samad Z, Rana J, Dodani S, Jia X, Lee M, Khan SU, Gupta K, Lavie CJ, Wong SS, Palla AH, Virani S. Prevalence and Predictors of Premature Coronary Heart Disease Among Asians in the United States: A National Health Interview Survey Study. Curr Probl Cardiol. 2022 Feb 26:101152. Epub ahead of print. PMID: 35231531.

- The risk of premature CHD (age < 65 yo) was higher among Asian Indians (OR = 1.77, 1.05-2.97) and "other Asians" (Korean, Japanese, Vietnamese) (OR = 1.68, 1.17-2.42) than White adults, and lower for Chinese 0.47 (0.24-0.92) likely because of a favorable risk profile. All data used was based on self report. Larger studies are needed.

Lin JLL, Zhong O, Tse R, Lau JD, Chao E, Au L. Weight Status Change in Chinese American Children over a Ten-Year Period: Retrospective Study of a Primary Care Pediatric Population. Int J Environ Res Public Health. 2022 May 13;19(10):5916. PMID: 35627453

- In 700 children followed longitudinally, the prevalence of obesity/overweight dropped from 29.9% (ages 5-11) to 18.6% (ages 15-21). Obesity/overweight persists from childhood to adulthood. Higher likelihood of foreign born overweight/obese children to stay obese.

Cheah CSL, Zong X, Cho HS, Ren H, Wang S, Xue X, Wang C. Chinese American adolescents' experiences of COVID-19 racial discrimination: Risk and protective factors for internalizing difficulties. Culture Divers Ethnic Minor Psychol. 2021 Oct;27(4):559-568. PMID: 34435791.

- Internalizing difficulties refers to developmental disorders experienced by adolescents as they transition from childhood to adulthood (eg anxiety, internal conflict); counterpart is externalizing difficulties (eg problematic behavior). In this online survey of students and parents, COVID-19 discrimination and parental mistrust of society increased internalizing difficulties. Parents play a critical role in socializing youth's ethnic racial and and/or cultural identities. Combination of high levels of youth blended identity (ability to identify overlap and harmony between Chinese and American cultures) and low levels of parental mistrust is protective from effects of discrimination. Both parents and youths should be considered when promoting resilience in Chinese American families.

Kumar H, Gupta R. Neuroinvasion of severe acute respiratory syndrome corona virus-2 (SARS-CoV-2): future risk of epilepsy. Int J Neurosci. 2022 Jul 19:1-10. Epub ahead of print. PMID: 35815479.

- Comprehensive review of neural aspects and why epilepsy may become a long term complication.

CAMS Wellness Committee
Cynthia X. Pan, MD and James Tsai, MD

Rx for Long Life Lecture Series

The Rx for Long Life is a joint activity of CAMS, Charles B. Wang Community Health Center, Coalition of Asian-Americans IPA, Inc. (CAIPA), Healthfirst, and Maimonides Medical Center

2022 – 2023   Fifth Annual Prescription for Long Life Dinner Series (Please check our website for updates.)

12/15/2022   Rx for Long Life: *Aging in Place*, Presented by Vivian Hu, RD, Maria Lee, MD, and Thomas Tsang, MD, MPH; Moderator Dr. Eliza Ng.

- Dr. Vivian Hu provided an extensive system by system review of nutritional interventions for the elderly.
- Dr. Maria Lee discussed how discussing advance directives can improve quality of life, the importance of involving trusted family members, and "What matters most"
    - Chinese Americans: not suffer, not burden, pray, touch PMID: 30035200; Not kept alive on machines, Not burden on family, Don't want to suffer PMID: 33499666.
    - In the PRC Want my family to get along, Not burden to family, Maintain my dignity PMID: 32270684
    - Dr. Thomas Tsang summarized data on the effects of loneliness on different diseases, and about the evolving role of tele-mental health in bridging distance between family members and the patient

1/18/2023   Ms. Daphne Thomasilla from the Asian American Foundation spoke about their Anti—Asian Hate program.

If You Experience a Verbal or Physical Attack
- Reporting:
    - If emergency, dial 911 - you can specify which language you need
    - If harassment in housing, work, public place, call CCHR: 212-416-0197
    - Non-police option: AAF's site: https://tinyurl.com/ReportAsianHate
- Safety resources - in Chinese, Japanese, Korean, Tagalog, Vietnamese
    - Booklet: https://tinyurl.com/AAFSafetyBooklet
    - Videos: https://tinyurl.com/AAFSafetyVideos
- Legal support if incident involved physical violence or threat of violence
    - Alliance for Asian American Justice: contact@AllianceAAjustice.org
- Mental health support
    - AAF's Mental Health Directory: https://mhd.aafederation.org

Leadership and Professional Development

Cynthia X. Pan, MD and Paul C. Lee, MD, MPH

Our first two Leadership conversations have been well attended with plenty of exchange and conversations. At the first meeting, here is "What CAMS Members Think About Leadership"

We talked about several topics, including Extroverts vs Introverts, the importance of Showing Up, Conflict Resolution, Giving Up on Perfectionism, Welcoming Disagreements, and Being Fair.

At the second meeting, we talked about the current interest in coaching, how it differs from mentorship, and the most important key to long term happiness - high quality relationships. (https://www.theatlantic.com/ideas/archive/2023/01/harvard-happiness-study-relationships/672753/)

Our next meeting will be on March 16, 2023. Professor Margaret Chin, Department of Sociology at CUNY Hunter College and the Graduate Center, will help moderate the next CAMS leadership seminar on March 16th at 6:30pm.   She is author of the award winning book "Stuck: Why Asian Americans Don't Reach the Top of the Corporate Ladder". There are many parallels between the corporate and the medical world. Professor Chin will provide insights into why Asian Americans are stuck and not granted access to top leadership roles.

Scholarship Committee

Perry Pong MD

As in previous years, CAMS will be awarding scholarships to support medical students this year, both for medical tuition support, and summer research awards. Please encourage your students to apply. The deadline is March 1, 2023 for Summer Research Fellowship Scholarships and March 31, 2023 for tuition support scholarships. Further information is available on the CAMS website.

Mentorship Committee
Steven Cai, MD

CAMS Career Day has always been a bridge connecting our CAMS members with the stellar medical students from APAMSA. Over the last two years, Career Day became part of APAMSA's multi-regional meeting albeit in a virtual format.

In 2022 Career Day was integrated into APAMSA's regional conference once again, but with an "in person format" held at Mount Sinai Icahn School of Medicine on October 15, 2022.

The program provided a star-studded line up of panelists including Dr. Eliza Ng (CAIPA CMO), Dr. Wan Lam (Northwell LHH), Dr. Nuna Kim (CMO at CBWHC Flushing), Dr. Raymund Sisson (APICHA), to share their rewards, challenges of taking care of the Asian American, Native Hawaiian, Pacific Islanders. Their insight and years of experience caring for the underserved AANHPI community in NYC was invaluable to all the participants.

In a separate session attended by well over 100 APAMSA medical students, our invited program directors Dr. Jorge Con (Surgery at NYMC), Dr. Ethan Fried (Medicine at Northwell LHH), Dr. James Tsai (Ophthalmology at NY Eye and Ear), Dr. Katherine Chen (OBGYN at NYP) provided a venue to discuss pearls for residency applications and what program directors look for in their candidates. Immediately after the panel session, a breakout session allowed plenty of opportunity to network with the different program directors.

We are especially thankful to Dr. Pauline Lau, Dr. Wan Lam, and the members of mentorship for their unwavering support of AANHPI medical students at APAMSA and CAMS.

Looking ahead in 2023, we plan to participate in ACAP Career Development Conference on March 26. Later on, we plan to host a resident social/dinner with mentorship committee members to discuss common issues residents will soon be facing upon graduation, such as contract discussions, and financial stewardship of physicians in their early career.

Publications Committee
Victor T. Chang, MD

Volunteers are welcome to join and contribute to features such as news, opinions, articles, letters, and with design and layout as we prepare future issues.

CAMS—CAIPA—APAMSA Career Day, October 15, 2022

Research Committee Update
John R.Lee, MD and Wenhui Li, PhD

Our Research committee thanks the Chinese American medical community for their work and submitting abstracts. At the Annual Scientific Meeting, the research presentations were:

- **COMPARING BIOMARKER PROFILES BETWEEN THE OBESE AND NON-OBESE CHINESE AMERICAN NAFLD POPULATION**
    Vincent Yao, Michael Sun, et al CUNY School of Medicine

- **LOW SERUM CREATININE AS AN INDEPENDENT PREDICTOR OF MODERATE-TO-SEVERE FIBROSIS IN NON-OBESE CHINESE AMERICANS**
    Michael Sun , Vincent Yao et al CUNY School of Medicine

- **DIAGNOSING EARLY STAGES OF GASTRIC CANCER IN IMMIGRANTS FROM EAST ASIA**
    Josephine Tam, Columbia Mailman School of Public Health and Shimin Cao, MD, PhD Charles B Wang Community Health Center, Flushing, NY

- **HEALTH CARE DISPARITIES AMONG CHINESE AMERICANS PRESENTING TO URBAN EMERGENCY DEPARTMENT**
    Pon-Hsiu Yeh, MD, Assistant Professor of Clinical Emergency Medicine, Weill Cornell Medicine

- We had 20 abstracts submitted for the 2022 conference. Abstracts for both the presentations and posters form a supplement at the end of this Newsletter.

- Our Research Committee will have a **new feature** this spring— Hot Topic/Research Update presentations, where a researcher will briefly introduce a new hot area of research. We will start on March 27th with a presentation on medical informatics by Dr. Yiye Zhang from Weill Cornell.

- Our Journal Club presentations have drawn large audiences. This past fall, we had a lively discussion on **Asian American cancer health equity** with Professor Moon Chen, from the University of California Davis as he summarized the status of this field in his paper. PMID: 35437573.

- On January 25, Dr. Ting Bao, from Memorial Sloan Kettering Cancer Center Integrative Oncology Program, presented an overview of **acupuncture** mechanisms, and evidence from randomized clinical trials on the effects of acupuncture for patients with aromatase-inhibitor arthralgias and other symptoms. PMID: 29998338 PMID: 23393007.

- March 1 is the deadline for research scholarship applications.

- Check the CAMS website for information about future events! https://camsociety.org/CAMSEvents

- If you would like to be notified about future events., contact Ms. Jamie Love, jlove@camsociety.org
  Please include the name of your medical society in the correspondence.

Resources and Programs

Victor T. Chang, MD

ACCC Announces Release of NHPCO's New Chinese American Resource Guide
New Guide to Improve Equity and Increase Access to Hospice and Palliative Care for Chinese Americans

Cupertino CA – In celebration of Asian American and Native Hawaiian/Pacific Islander Heritage Month (May) and in partnership with the National Hospice and Palliative Care Organization (NHPCO), the Chinese American Coalition for Compassionate Care (CACCC) is pleased to announce the release of NHPCO's new Chinese American Resource Guide, Edition 2022, that replaces a previous resource. The guide, developed by NHPCO's Diversity Advisory Council, will improve equity and increase access to hospice and palliative care for Chinese Americans.

"To improve access to hospice and palliative care, providers must connect with different populations in their communities, build relationships, and deepen understanding about the care they provide," said Edo Banach, NHPCO President & CEO. "To get to equitable access, providers need to focus on making connections with these communities."

Research shows that Chinese Americans often have low levels of familiarity with hospice and would like to learn more. This guide can help providers bridge that gap. Topics covered in the guide include an overview of Chinese American cultural beliefs, resources for community engagement, a glossary with English to Chinese translations of terms related to hospice and palliative care, and outreach strategies to increase access and quality of care for aging and critically ill Chinese Americans.

 "This new and updated Guide examines the importance of partnerships to advance best practices in community engagement, Advance Care Planning, training and utilizing volunteers, and developing culture-specific end-of-life resources," said Sandy Chen Stokes, founder of CACCC and member of NHPCO's Diversity Advisory Council. "And the Guide showcases knowledge gained through collaborations with local, state, and national end-of-life experts who understand the importance of cultural and ethnic considerations in end-of-life decision-making."

The NHPCO Chinese American Resource Guide is available for download by clicking here. (https://nhpco-netforum.informz.net/nhpco-netforum/pages/Chinese_American_Outreach_Guide_NM)
To learn more about NHPCO, visit nhpco.org.

About CACCC
Providing compassionate care, community service, education and outreach to the Chinese community and to the healthcare professionals who serve them, since 2005, the Chinese American Coalition for Compassionate Care (CACCC) is comprised of 300, local, state, and national organizations and over 3000 individuals. CACCC is the first coalition devoted to addressing end-of-life care concerns of the Chinese community. Recognized internationally, CACCC provides education and support in advance care planning, hospice and palliative care, offers training in respite, grief and loss, Heart to Heart® Café, and mindful self-care. For more information, visit caccc-usa.org or email info@caccc-usa.org or call (866) 661-5687.

Resources and Programs

Victor T. Chang, MD

NYC Treats Tobacco

NYC Treats Tobacco is a free service funded by New York State's Bureau of Tobacco Control that works with healthcare systems across New York City to ensure all patients seeking medical and mental healthcare are screened for tobacco use and smokers are offered evidence-based treatment to quit. NYC Treats Tobacco can provide support with writing clinical tobacco use treatment policies, updating workflows, training providers, updating EMR smartforms, and more.

NYC Treats Tobacco is offering a limited number of mini-grants of up to $5,000 to new healthcare partners. Partner organizations will be eligible for a mini-grant that can be used to offset expenses related to supporting tobacco cessation system change such as:
- Tobacco cessation and dependence staff training and education
- Changes in electronic health records to identify tobacco use status at each visit and clinical reminder elements or required fields; and
- Support of tobacco-using patients by providing tools such as Nicotine Replacement Therapy, patient support materials, and/or additional tools your organization prefers.

For more information about working with NYC Treats Tobacco and the current mini-grant opportunity, please reach out to Jackie Saltarelli at jackie.saltarelli@nyu.edu.

Tzu Chi Mobile Vision Program

The Tzu Chi Medical Foundation Vision Mobile Clinic provides free eye exams and eyeglasses through the Vision to Succeed program. Unmet vision care needs can significantly impair learning, job performance, employment opportunities and home safety The Vision program's main focus is to provide an eye exam to school children in New York City public schools who are struggling to see well in school. Tzu Chi vision mobile professionals are dedicated to helping underserved patients and residents reach their maximum potential in giving them the ability to see clearly. Tzu Chi vision mobile clinics have an exam room and ophthalmic equipment to give an eye exam   and fill an eyeglass prescription. The Vision Mobile team identifies schools in Queens, Brooklyn and Bronx counties need of such services and visits the school. Eligible students are scheduled to have their eyes examined by a licensed Optometrist, and a pair of eyeglasses will be made and issued the same day. Each vision event (School Visit) is accompanied by the program director, event leader, Optometrist and volunteers.

For more information about the program, contact Dr. James Chuang, 347-229-3470
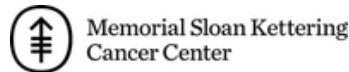
Cancer Prevention in the
Chinese-American Community

New York City Cancer Collaborative: February 27, 2023 6-7pm

_____

In recognition of **National Cancer Prevention Month**, please join us for this virtual event addressing cancer prevention in the Chinese-American Community.
What is cancer?
How does cancer impact people's lives?
How can we take care of ourselves and prevent cancer in our day-to-day life?
This workshop will be held in Mandarin.
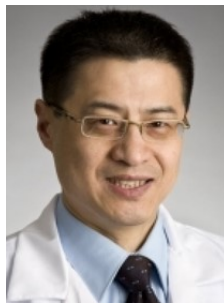
Baoqing Li, MD, PhD
Clinical Director Department
of Radiation Oncology
New York-Presbyterian
Queens/Weill Cornell Medicine

**Kuanyu Chen, RD**
Nutrition Consultant

Wenhua Lu, PhD
Assistant Medical Professor
Community Health and
Social Medicine Department
CUNY School of Medicine

Zoom Meeting ID: 81614892077 Passcode: 092207

Or join by phone: Dial +19294362866, Webinar ID 81614892077, press #. Press #
again and enter passcode 092207 followed by another # sign.
*For more information, please contact Mi (Emma) Zhou, LCSW at 212-604-6095 or
mi.zhou@mountsinai.org*

The New York City Cancer Collaborative (NYCCC) is a collaborative of the offices of community outreach and engagement from academic and hospital cancer centers in New York City and community based organizations, namely from Columbia University, Mount Sinai, Einstein/Montefiore, NYU Langone, Memorial Sloan Kettering and Weill Cornell. For over four years, NYCCC has been working together on addressing cancer health disparities in NYC and hosting community events.
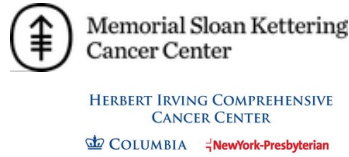
華人社區癌症預防小課堂

紐約市癌症協作會 2023年2月27日, 晚上6點到7點

為了紀念國家癌症預防月, 請和我們一起討論美國華裔社區的癌症預防。

癌症是什麼？

癌症會如何影響人們的生活？

在日常生活中, 人們可以怎樣照顧自己, 預防癌症？

此次講座語言為普通話/國語。
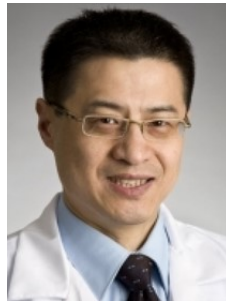
李葆青
醫生, 哲學博士
放射腫瘤科
臨床主任紐約長老會
醫院皇后區

陳冠瑜
營養師
營養顧問

路雯華
健康教育博士
助理醫學教授

Zoom會議號碼: 81614892077 密碼 092207

通過電話加入：先撥打+19294362866, 輸入會議號碼81614892077, 按#字鍵, 聽見英文後再按一次#字鍵, 之後輸入密碼092207, 再按#字鍵, 即可收聽講座。

需要知道更多信息, 請聯絡註冊臨床社工周宓, 電話212-604-6095 或者電郵

mi.zhou@mountsinai.org

HEALTH DEPARTMENT RELEASES 2021 HEPATITIS A, B, AND C ANNUAL REPORT

The report highlights progress toward implementing New York City's viral hepatitis plan
Cases of chronic hepatitis B and chronic hepatitis C in New York City increased from 2020 to 2021, as more people accessed care services following the first year of the COVID-19 pandemic

December 22, 2022 – The Health Department today released its 2021 Hepatitis A, B, and C Annual Report, which includes surveillance data for 2021. The report includes updates on Health Department-funded services and programming, recommendations for health care providers, and updates on progress toward implementing last December's Plan to Eliminate Viral Hepatitis as a Major Public Health Threat in New York City by 2030 (Viral Hepatitis Elimination Plan).

"Hepatitis is preventable and treatable," said **Health Commissioner Dr. Ashwin Vasan.** "However, the greatest threat to people living with hepatitis are barriers to care. We have to do all we can to reduce inequities and ensure that preventive services and treatment are available."

According to the 2021 Hepatitis A, B, and C Annual Report, cases of chronic hepatitis B and chronic hepatitis C in New York City increased from 2020 to 2021, as more people accessed health care and screening services in 2021 following the first year of the COVID-19 pandemic. In 2021, New York City received increasing reports of hepatitis A among people who use drugs and people experiencing homelessness, populations affected by ongoing outbreaks of hepatitis A nationwide.

****

The report also reminds health care providers of reporting requirements related to hepatitis cases, and sets forth a series of recommendations for providers related to screening, prevention, vaccination, and treatment as part of broader efforts to eliminate hepatitis B and C in New York City.

"Although we continue to make progress in preventing and treating hepatitis B, it remains a major health problem due to under-diagnosis," said **Dr. Y-Uyen Le Nguyen, Hepatitis B Program Director at Charles B. Wang Community Health Center.** "The U.S. Centers for Disease Control recommends universal vaccination for individuals under age 60, which is a big step towards the elimination of viral hepatitis. However, we need to further our progress by providing universal screening as well as vaccination, while ensuring access to care for the 243,000 New Yorkers living with hepatitis B."

****

In December 2021, the Health Department and community partners released the Viral Hepatitis Elimination Plan, a set of strategies to reduce the number of hepatitis C infections, improve the health of people with hepatitis B and C, and reduce health inequities related to viral hepatitis infection in New York City. The 2021 Hepatitis A, B, and C Annual Report features status updates on plan implementation.
As of 2019, more than 300,000 people are estimated to be living with hepatitis B or C in New York City. Without care and treatment, more than 75,000 people may progress to serious liver disease, liver cancer, or premature death. The Health Department works to improve the health of people affected by hepatitis B and C through prevention, screening, and vaccinations; reporting and surveillance; outbreak response; linkage to care; health care capacity building; community engagement and public education; and research and publication.

For information on hepatitis A, B, and C, or to find a location offering low- to no-cost hepatitis A vaccination; hepatitis B testing, vaccination, or treatment; or hepatitis C testing or treatment, visit nyc.gov/health/hepatitis or call 311.

Surveys of Doctors

Committee of 100 and Columbia University

In partnership with **Columbia University** and **Committee of 100**, **the Museum of Chinese in America (MOCA)** cordially invites you to complete a **nationwide survey** focused on Chinese Americans, to gather information that will shed light on the status and needs of today's Chinese American population.

This is the first survey of its kind that is designed to focus specifically on Chinese Americans, and the survey findings will be used to inform policymakers and the public on policies and programs that can better serve the needs of Chinese American communities across the country.

Your participation is the most important part of this project, and you are encouraged to take this survey **HERE** today and make your voice heard!

The survey is available in English, traditional Chinese, and simplified Chinese. The following one-page flyer provides more background information on the survey. Please feel free to reach out to swchinesesurvey@columbia.edu with any questions.

This is an important project for Chinese Americans across the country, and we hope you will help by including your voice in this pioneering endeavor.

Physician Marriage Happiness and Success

Researchers at the University of California at Irvine are studying physician marriages and relationships. In particular, we are looking at the impact of physician specialty, stage of training, practice setting, etc., on marriage happiness and success.

In order to collect data and analyze interesting findings, we are depending on our colleagues across the nation to take and distribute the short, <5-minute survey in this email. We are hoping that you can *forward this survey to physicians* (e.g., practitioners who hold an M.D., D.O., or M.B.B.S. degree) in your organization.

If any questions about the survey arise, please feel free to contact me at the email address below. Thank you so much for your time and help: we are optimistic that the study can prove insightful for the profession and are earnestly grateful for your contribution to that goal.

https://uci.co1.qualtrics.com/jfe/form/SV_5iL2faTVsrN6aJE

All Best,
Rajeev Dutta
duttarr@hs.uci.edu

Dementia Survey

Researchers at NYU Langone Health are conducting a research study titled *Adapting the KAER Framework to Support Early Diagnosis and Treatment of Dementia in Asian Americans*. Dr. Stella Yi from the Department of Population Health at NYU Langone Health is the Principal Investigator.

The purpose of this study is to learn more about how you care for people living with memory loss. We ask about how people with memory disorders (such as dementia, or Alzheimer's) come to your attention. We are interested in whether you refer individuals and families between medical providers and community based organizations and how these connections might be made stronger. We are also interested in your opinions about the usability and acceptability of tools for community-based organizations might use to increase awareness and early detection of cognitive impairment and dementia in diverse Asian-American communities.

You are being invited to take part in this study because you are a healthcare provider serving Asian American (e.g. East, Southeast, and South Asian Americans) communities in New York City.

To be eligible, you must be:

1. Adult 18 years and over

2. Healthcare providers serving patients of Asian American ethnicity

Able and willing to provide consent

Participation in this study involves completing a one-time anonymous online survey. It will take about 15 minutes to complete the survey. Questions are asked about community-clinical referrals for cognitive impairment and dementia and to rate the usefulness of select provider materials.

Participation in this study is voluntary. You may choose not to participate or exit the survey at any time without penalty. You may skip any question you do not wish to answer for any reason. If you have any questions about this study, please contact the Program Manager for this study, Jennifer Zanowiak, at Jennifer.Zanowiak@nyulangone.org or 646-501-3502.

If you are interested in participating in this study, click on https://redcap.link/bwpqweab

Clicking on this hyperlink will reroute you to the online survey, where you will be asked to agree to take part in this study prior to answering any survey questions.

Thank you in advance for your participation in this important research.

Remembering our friend, ChitFu Yu 念好友 余 哲夫

Sun-Hoo Foo MD

CAMS's friend, artist Chitfu Yu was recovering from a stroke in a nursing home when COVID strikes and took him away in the early COVID epidemic in 2020 when no one could visit him. It has been more than 2 years and on the evening of January 7, 2023, his son Fred, family and friends held a party for him to celebrate his life and achievement. Fred made a transcript of his talk so we can view it on YouTube. https://youtube/-CiSZlsP_C0

I was able to use ChitFu's paintings and posted "To learn Chinese from paintings" on CAMS website. I believe that after viewing his paintings, our readers will be so fascinated they will be motivated to learn more about Chinese, eager to know what is in his writings and the magical world beyond. (Unfortunately, in 2012, it was discontinued in the new revised website).

I reviewed his artbook published in 1999 , his paintings and post them on my blog for you to enjoy: https://serendipity-yuan2qi3.blogspot.com/2023/01/199910.htm

https://youtu.be/qyiqNVi5im0

Throughout the years, ChitFu was always enthusiastically supported CAMS and FCMS fund raising events by donating his paintings. I like to mention his works on "last name and family" that many of you may have collected.

"I often think that after migrating to the West, many of our next generation may soon forget their roots. People seldom know where their ancestors came from after several generations So I suggested ChitFu to use calligraphy of a last name in a painting and express in the background the evolution of that surname: Traced the name back to oracle bone inscriptions, official script, cursive script... At the same time, he also put the names of the patron's family members in the form of red seals on various strategic positions. So, one not only have a wonderful "character" calligraphy of the family name, but also let their descendants know who are their ancestors" I am sure those who own a piece of this series will treasure ChitFu's work in their family history.

Supplement
Abstracts for Scientific Meeting
November 2022 Conference Presentations

LOW SERUM CREATININE AS AN INDEPENDENT PREDICTOR OF MODERATE-TO-SEVERE FIBROSIS IN NON-OBESE CHINESE AMERICANS.

Michael Sun[1], Vincent J. H. Yao[2], Aivi A. Rahman[2], Saud Rehman[2], Kevin Liu[3], Alan C. Yao[4]
[1]Cornell University, College of Agriculture and Life Sciences, Ithaca, NY
[2]Sophie Davis Biomedical Education Program at the CUNY School of Medicine, New York, NY
[3]New York University, College of Arts and Sciences, New York, NY
[4]Long Island Jewish Medical Center, Northwell Health, Queens, NY
Corresponding Author: Michael Sun, ms2665@cornell.edu

BACKGROUND: Non-alcoholic fatty liver disease (NAFLD) is closely linked to the emerging obesity epidemic. However, NAFLD is also observed in non-obese patients with a body mass index (BMI) <25kg/m2 (Asians). While severe NAFLD is associated with metabolic syndrome, it is uncertain whether this trend persists in severe non-obese NAFLD. Thus, this retrospective study examined a variety of prominent biomarkers and their ability to predict moderate-to-severe fibrosis in a non-obese Chinese American NAFLD cohort.

METHODS: 105 non-obese Chinese American NAFLD patients were sorted based on fibrosis severity into either F0-F1 or ≥F2 groups, with 7.5 kPa being the F2 cutoff. As per the WHO's Asian guidelines, non-obese NAFLD was identified as BMI<25kg/m2. Biomarker levels were retrieved from laboratory profiles and physical exams, and liver stiffness measurements from FibroScan imaging. A multiple logistic regression was conducted to analyze the independent predictors of moderate-to-severe fibrosis (≥F2).

RESULTS: NAFLD patients had a median age of 60 years and a median BMI of 23.5 kg/m2. 9 (8.6%) NAFLD patients were identified with type 2 diabetes, and 9 (8.6%) NAFLD patients with moderate-to-severe fibrosis. Our cohort had a mean serum creatinine of 67.2±20.3µmol/L, a much lower quantity when compared to a normal elderly cohort: 101.66±20.33µmol/L (men) and 85.75±17.68µmol/L (women). Creatinine ($p<0.01$; OR, 0.88) was also the only independent predictor of moderate-to-severe fibrosis.

CONCLUSIONS: This study demonstrated low serum creatinine as an independent predictor of moderate-to-severe fibrosis in non-obese Chinese American NAFLD patients. Prior studies have also suggested low serum creatinine, an indicator of sarcopenia, to be linked with NAFLD progression. Interestingly, a high prevalence of non-obese NAFLD and sarcopenia exists in Asian Americans, being 8%-19% and 18.5%-35.7%, respectively. Future studies should examine the association between creatinine and other ethnic populations within the non-obese NAFLD cohort, and to look further into the mechanisms behind these relationships.

COMPARING BIOMARKER PROFILES BETWEEN THE OBESE AND NON-OBESE CHINESE AMERICAN NAFLD POPULATION.

Michael Sun[1], Vincent J. H. Yao[2], Aivi A. Rahman[2], Saud Rehman[2], Kevin Liu[3], Alan C. Yao[4]
[1]Cornell University, College of Agriculture and Life Sciences, Ithaca, NY
[2]Sophie Davis Biomedical Education Program at the CUNY School of Medicine, New York, NY
[3]New York University, College of Arts and Sciences, New York, NY
[4]Long Island Jewish Medical Center, Northwell Health, Queens, NY
Corresponding Author: Michael Sun, ms2665@cornell.edu

BACKGROUND: Non-alcoholic fatty liver disease (NAFLD) is closely associated with obesity. However, eastern studies found an estimated 15%-21% of NAFLD patients had a body mass index (BMI)<25kg/m2 (non-obese NAFLD), much higher compared to the U.S.'s 9.6%. Due to its lack of conventional risk factors, non-obese NAFLD tends to remain underdiagnosed. To better understand non-obese NAFLD in Asian populations, this study retrospectively compared the biomarker profiles of obese and non-obese Chinese American NAFLD patients.

METHODS: 296 Chinese American NAFLD patients were categorized by BMI and then examined for differences in lab profiles. Per WHO guidelines for Asians, obese NAFLD (BMI≥25 kg/m2) was identified in 191 patients (64.5%) and non-obese NAFLD (BMI<25kg/m2) was identified in 105 patients (35.5%). Biomarkers were obtained from previous physical exams and laboratory reports. To assess differences between both groups, Mann-Whitney U tests, Student's t-tests, and chi-squared tests were conducted.

RESULTS: The following biomarker levels were found to be significantly different between obese and non-obese NAFLD patients: age, blood pressure, BMI, creatinine, glucose, high-density lipoprotein (HDL), leukocytes, aspartate aminotransferase/alanine aminotransferase, total cholesterol/HDL, and triglycerides/HDL. Furthermore, when compared with obese NAFLD patients, non-obese NAFLD patients were older and had lower blood pressure, triglycerides, leukocytes, glucose, and creatinine. Lastly, non-obese NAFLD patients had higher hemoglobin levels and lower rates of metabolic syndrome.

CONCLUSIONS: In our study, non-obese Chinese American NAFLD patients were older and had a less severe metabolic profile. Additionally, non-obese NAFLD patients had higher hemoglobin levels, lower creatinine levels, and lower leukocyte counts, biomarkers that have not been widely researched in non-obese NAFLD. Future studies should further investigate the roles of hemoglobin, creatinine, and leukocytes in non-obese NAFLD to better understand their underlying mechanisms. This can help to improve the reporting and early intervention of non-obese NAFLD, especially in the Asian population.

DIAGNOSING EARLY STAGES OF GASTRIC CANCER IN IMMIGRANTS FROM EAST ASIA.

Josephine Tam, Praveen Medabalmi, Kavya Reddy Katta, and Shimin Cao
Charles B. Wang Community Health Center, 13626 37th Ave # 4FL, Flushing, NY 11354

BACKGROUND: Gastric cancer is the sixth most common cancer worldwide, yet the United States does not have standardized gastric cancer screening guidelines. Many studies have shown that gastric cancer incidence is higher in racial and ethnic minorities, having up to 50% increased risk compared to the non-Hispanic whites. Our goal is to assess the need for a gastric cancer screening program for high-risk individuals in a patient population that primarily consists of first-generation immigrants and Asian Americans.

METHODS: Secondary data analysis on patient data from Charles B. Wang Community Health Center from 2006 to 2021 was conducted to ascertain the incidence of gastric cancer in our patient population as well the incidence of intestinal metaplasia and *H. pylori* infection in our community amongst screened individuals.

RESULTS: Our study results suggest that between age groups 40-49 and 50-59, there is a 33.3% increase in risk for developing gastric cancer. Of 69 patients newly diagnosed with gastric cancer, 41 (59.4%) were diagnosed at their first screening encounter, with a 78.6% 5-year survival rate. When comparing our non-Hispanic White (NHW) and Asian populations, there was a 66.02% decrease (95% CI [0.1952, 0.5915]) in odds of being diagnosed with gastric cancer if the subject was NHW. The crude rate of gastric cancer in our patient population is 16.73 cases per 100,000 person-years and 71.46 cases per 100,000 people.

CONCLUSIONS: Our center's patient population is a high-risk group for gastric cancer with high incidence of *H. pylori* infection and a population that primarily consists of immigrants from East Asian countries. Between the age groups 40-49 and 50-59, the risk of gastric cancer increases most significantly.

HEALTH CARE DISPARITIES AMONG CHINESE AMERICANS PRESENTING TO AN URBAN EMERGENCY DEPARTMENT.

Pon-Hsiu Yeh, MD
New York Presbyterian Hospital-Weill Cornell Department of Emergency Medicine

BACKGROUND: Asian Americans are the fastest growing ethnic population in the United States. This study focuses specifically on health care outcome disparities in the Chinese American population entering the emergency department at Lower Manhattan Hospital (LMH) in New York City.

METHODS: This is a retrospective study of all patients > 18 years old presenting to this emergency department from 2014 to 2019. Descriptive characteristics were compared between Chinese and non Chinese patients. These characteristics of interest were demographics, indicators of access to medical care, burden of chronic illness, acuity of illness, and secular trends. Outcomes were compared between the two patient populations. The outcomes of interest in this study were 1) length of stay in ED 2) whether patient was admitted to the hospital and 3) whether patient died in the ED. Differences in outcomes were adjusted for with regression analyses.

RESULTS: Chinese patients were nearly 30 years older than non-Chinese, and nearly 75% had public insurance compared with only 36% of non-Chinese patients. In terms of outcomes, Chinese patients had longer lengths of stay in the ED, were more likely to be admitted, and were more likely to die in the ED than non-Chinese patients. Demographics, acuity, and access to care accounted for nearly all of the longer LOS. Age accounted for half of the excess risk of admission with a residual risk 8% higher for Chinese patients not accounted for. Age played a major role in differences in mortality, with a modest role of acuity and access to care; however, there were 50% higher odds of death in the fully adjusted mortality models.

CONCLUSIONS: This study found significant differences in patient LOS, disposition, and mortality despite being adjusted for demographics, access to care, acuity, burden of chronic disease, and secular trends between Chinese and non-Chinese patients in the emergency department.

Supplement
Abstracts for Scientific Meeting
November 2022 Poster Presentations

INCREASING ORAL HEALTH LITERACY FOR CHICAGOLAND CHINESE AMERICAN YOUTH.

Amy Lin; Dr. Brittaney Hill, DDS, MS, MPH; Dr. Christine D. Wu, PhD; Courtnie Akande, MPH; J. Austin Buen-Gharib; Susie Shin; Samantha Schaller; Wanda Nguyen; Ji Young Yoon, MS; Max Bouvagnet; Department of Pediatrics at University of Illinois at Chicago College of Dentistry , 801 S Paulina St, Chicago, IL 60612

BACKGROUND: With a rapidly growing Asian population in the United States, the purpose of this eight-week study was to evaluate if there was a difference between the comprehension of proper oral hygiene instructions and knowledge of bilingual adolescents (10 to 18 year olds) if information was taught using their preferred language i.e. (Mandarin Chinese or English). Our hypothesis was that oral hygiene instructions would be more effective if taught to adolescents in their preferred language.

METHODS: Programs catering to Chinese American youth were identified. Programs were then narrowed down to those with summer programming receptive to presentations and research within 10 weeks. Two different programs agreed to participate. Identical pre/post tests and oral health focused educational presentations were administered to each organization. Subsequently, the data was combined. Both programs had children with similar age ranges from 10-18 years old. Educational sessions for the first organization (n=19) were held in person while sessions for the second organization (n=12) took place virtually. Props and a lesson plan were utilized as adjunct methods for encouragement to improve oral hygiene. Secret numbers were assigned during first visits and participants took a pre-test. Afterwards, participants were split up randomly in half and both groups were taught oral hygiene instructions, nutritional counseling, and smoking/vaping effects on oral health in Mandarin Chinese or English. At the second visit, participants were divided into the same groups and the lesson plan was reinforced in the same language. Once more, the same survey test was administered. Data analysis was completed using SPSS.

RESULTS: Improvement was seen in oral health knowledge, regardless of the language that the adolescents received the instruction. A statistically significant improvement was noted in the answering of the questions regarding vaping (E-cigarettes) affecting the teeth and gums (P value =0.046) and knowledge about the appropriate shape one should use when flossing (P value= 0.017). The adolescents that were taught in their preferred language were more likely to respond correctly to the question regarding the need to brush only the teeth versus the teeth and gums (p value =0.026).

CONCLUSIONS: The majority of adolescents had prior oral health knowledge and scored highly on the pre-test survey. Oral hygiene instructions taught in students' preferred language may improve overall oral health literacy for some, but further research should be conducted. A larger sample size would be beneficial to expound on specific topics, such as the effects of vaping (E-cigarettes), as vaping frequency has become more prevalent among adolescents.

CAMS Summer Research Award Recipient

DIGITAL HOLOGRAPHIC DISPLAYS (HDS) AND WIGGLE STEREOSCOPY FOR INEXPENSIVE GLASSES FREE VIEWING OF STEREO-IMAGES.

BCP Lemanski, N Lemanski N and M Cheng.
Mabel MP Cheng MD PLLC, 3140 Troy Schenectady Road, Niskayuna, NY 12309

BACKGROUND: Stereo imaging is a mainstay in ophthalmology, providing depth to ophthalmic images. However, viewing stereo images is difficult: the crossview technique / 3D headsets are not tolerable through a clinic day, cross view prism glasses limit the cone of view, anaglyphs sacrifice color rendering, parallax barrier screens are expensive. We developed a workflow for inexpensive glasses free viewing using holographic displays or wiggle stereoscopy graphics interchange format (GIF) files.

METHODS: Stereo images were captured in office or from archive and imported into StereoPhotoMaker [SPM] (Muttyan et al., 2003). Stereo images were auto or manually aligned, exported through SPM at 10x10 millisecond oscillations, from 10 milliseconds to 50 milliseconds in 10 millisecond intervals, for wiggle stereoscopy or, for HD viewing, analyzed in DMAG9b (Ugo Capeto, 2011) for depth map creation, rendered, and viewed in Looking Glass Portrait HD.

RESULTS: Most stereoimages were auto aligned / rendered for wiggle stereoscopy or HD in 3 min. Optomap stereo images needed manual alignment to boost parallax. Wiggle stereograms and holographic display stereo images were viewed simultaneously by multiple providers, whom had no preference of wiggle stereograms vs holographic display.

CONCLUSIONS: 5 Hz (20x10 millisecond oscillation) was found to be the most tolerable for wiggle stereograms. To our knowledge, this is the first application of wiggle stereography or holographic for glasses free viewing of stereo images in a medical context. Given low cost (holographic display <400 USD, wiggle stereograms, free) and ease of generation, glasses free viewing of stereo images has the potential to return stereo images to common and routine clinic use.

PILOT OF A SUBSIDIZED AND CULTURALLY-ADAPTED COMMUNITY SUPPORTED AGRICULTURE PROGRAM FOR THE CHINESE AMERICAN COMMUNITY OF BROOKLYN, NY.

Sze Wan Chan, MPH[1] , Stella Yi, PhD[1], Steve Mei[2], Liz Dowd[3], Calliope Bosen[3], Kathleen Barth[4], Michelle Hughes[5], Madison LeCroy, PhD[1], Josephine Wang[1], Stella Chong[1]

[1] NYU Langone Health Department of Population Health180 Madison Avenue, New York, NY 10016

[2] Chinese-American Planning Council Brooklyn Community Services, 4101 8th Avenue, Brooklyn, NY 11232

[3] Brooklyn Grange Brooklyn Navy Yard, 63 Flushing Ave, Building 3, Brooklyn, NY 11205

[4] Family Health Centers at NYU Langone Department of Community-Based Programs, 6025 6th Avenue, Brooklyn, NY 11220

[5] Glynwood Center for Regional Food and Farming, 362 Glynwood Rd, Cold Spring, New York 10516

Corresponding author: SzeWan.Chan@nyulangone.org

BACKGROUND: Asian Americans have one of the highest risks of diabetes and non-alcoholic fatty liver disease among racial/ethnic minority groups. However, existing policies/programs to improve diet quality have been limited in their reach. Community-supported agriculture (CSA) have demonstrated to be an effective way to increase fruit and vegetable intake in studies with mostly White participants. Although CSAs show promise for low income, Asian American communities, an upfront payment to participate often makes it untenable. To address this, we partnered with Chinese-American Planning Council, Glynwood Center for Regional Food and Farming, The Table food pantry, and Brooklyn Grange to develop Building Access to Food through Systems and Solidarity (BASIS), a subsidized CSA program to address demands for fresh produce tailored for the Chinese American community.

METHODS: BASIS program development was informed by survey feedback and key informant interviews with Chinese-identifying community members. This single-proof of concept pilot program will be evaluated using a pre-post design. Primary outcome is improvement in diet quality measured by skin carotenoid levels. Secondary outcomes include changes to food insecurity, social cohesion, and self-efficacy in food security. Culturally-focused produce boxes will be provided to participants at Brooklyn Grange's Sunset Park location for 20 weeks. Participants will also receive a recipe card and nutrition handout weekly that center cultural values and traditional preparation techniques to encourage healthy eating behaviors.

RESULTS: BASIS is currently being implemented. Based on informal verbal feedback, participants have enjoyed the quality and variety of produce offered and found the educational content useful in preparing dishes. We hypothesize that providing culturally appropriate food access and information, participants' diet will improve as indicated by an increase in skin carotenoid scores.

CONCLUSIONS: BASIS presents a powerful model to improve diet in immigrant communities by addressing determinants of food access in a community-centered, culturally competent way, and by fortifying community empowerment.

HEAD-TO-HEAD COMPARISON OF VISION TESTS INTEGRATED INTO A VIRTUAL REALITY TECHNOLOGY AGAINST THEIR CLINICAL ANALOGUES.

Christopher P. Cheng[1]# and Margarita Labkovich, MS[1]#; Andrew J. Warburton, MD[1,2]; Randal A. Serafini, MS[1]; James G. Chelnis, MD[3]

[1] Department of Medical Education, Icahn School of Medicine at Mount Sinai, 1 Gustave Levy Place, New York, NY 10029

[2] Department of Anesthesiology, Perioperative, and Pain Medicine, Icahn School of Medicine at Mount Sinai, 1 Gustave Levy Place, New York, NY 10029

[3] Department of Ophthalmology, Icahn School of Medicine at Mount Sinai, 1 Gustave Levy Place, New York, NY 10029

# These authors contributed equally to this work

BACKGROUND: Each year, the United States sees 240,000 new cases of minimal vision loss or blindness. For timely treatment of these cases, virtual reality (VR) offers a promising avenue for improving access to vision screening without sacrificing accuracy.

METHODS: A non-inferiority trial was performed at New York Eye and Ear Infirmary 102nd St clinic, where patients received a 24-2 Humphrey Visual Field Analyzer (HVFA) exam, Ishihara color blindness test, ETDRS acuity chart, Pelli-Robson contrast-sensitivity chart, and/or an Amsler Grid vision exam along with their VR analogues in a randomized fashion. Secondary outcomes were also collected, such as the time it took to complete each test and a survey for evaluating the patient experience.

RESULTS: From 86 subjects recruited, 110 eyes underwent Ishihara testing for both VR and non-VR modalities and their respective results demonstrated no significant difference ($p = 0.12$, $U = 1253.5$) in a Mann-Whitney U test. 98 eyes took both versions of the Amsler grid test, demonstrating no significant difference ($p = 0.81$, $U = 4514.5$). The 24-2 suprathreshold perimetry analog achieved a 78% and 76% overall agreement in the left and right eyes among samples of 41 and 43 eyes, respectively. 34 eyes took both versions of the ETRDS and Pelli-Robson tests twice and the inter/intra-test reliability results demonstrated no significant difference for either eye. Perimetry was much faster on the VR headset ($p<0.0001$) and patients reported significant preference ($p<0.05$) for the experience, comfort and speed of VR analogues.

CONCLUSIONS: VR vision test packages are comparable to traditional tests and can help increase access to vision screening and detect vision abnormalities earlier. VR's impact is helped by its comparatively lower cost, faster speed, and user-friendliness.

CAMS Summer Research Award Recipient

MODULATING THE RNA-BINDING PROTEIN HUR REGULATES THE PROGRESSION OF ACUTE KIDNEY INJURY.

Davey Li, Yufeng Huang, University of Utah Division of Nephrology, 30 N 1900 E # 4R312, Salt Lake City, Utah, 84132

BACKGROUND: Acute kidney injury is one of the most common complications in critically ill patients with a high risk of developing CKD with no current cause-specific treatment. Hu antigen R (HuR), an RNA-binding protein governing mRNA stability and translation, has been identified as a key modulator in inflammation. We hypothesized that the enhanced HuR/pro-inflammatory actor circuit is a crucial mechanism for the transition of septic AKI to CKD and inhibition of HuR may reverse septic kidney injury.

METHODS: Sustained administration of LPS (5mg/kg BW, i.p. every other day)-induced mice (n=5/each group) were treated without or with HuR inhibitor, KH-39 (50mg/kg BW) or niclosamide (NCS, 10mg/kg BW) i.p. daily for 7 days. Normal mice injected with saline served as controls.

RESULTS: Repeated injections of LPS to mice developed chronic kidney damage, including increased plasma BUN levels and urinary albumin/creatinine. Histologically, LPS-injured kidneys showed accumulative inflammatory cells (including F4/80+ macrophages) infiltration and fibronectin (FN) & collagen (Col) deposition. Both a-SMA and FN as the markers of renal fibrosis were markedly increased using Western blot. Notably, a significantly increased HuR expression was observed in diseased kidney, which was inhibited by HuR inhibitor, KH-39. Immunofluorescent staining for HuR confirmed the Western blot measurement. Inhibition of HuR with KH-39 further largely reduced the elevated plasma BUN levels and albuminuria, and tubular injury, inflammation and tubulointerstitial fibrosis, compared to the untreated LPS-injured mice (P<0.05).

CONCLUSION: These results suggest that HuR is increased in LPS-injured kidneys and the progression of septic AKI to CKD induced by persistent inflammation is strongly reduced by HuR inhibition, at least, through downregulating inflammatory expression. This study may provide a proof-of-concept for repurposing HuR inhibitor as a new therapy for septic kidney injury.

TRANSLATION AND VALIDATION OF THE OVERACTIVE BLADDER SYMPTOM SCORE (OABSS) IN CHINESE: AN ANALYSIS OF MANDARIN VERSUS CANTONESE SPEAKERS.

Fred Gong*, Christine Chen, Jerry G. Blaivas, Jeffrey P. Weiss, Wellman W. Cheung
Department of Urology, SUNY Downstate Health Sciences University, Brooklyn, New York
*Corresponding Author: Fred.Gong@downstate.edu

BACKGROUND: Barriers to health care exist in the Chinese patient population due to language and cultural differences. Significant differences exist in reading, writing, and speaking among the various dialects. Our aim was to analyze the differences in validation of Chinese Overactive Bladder Symptom Score (OABSS) between Mandarin and Cantonese speakers.

METHODS: The English version of the OABSS was translated into Chinese. The 5th question in the survey served as a proxy for OAB status. Patients were administered the Chinese OABSS twice and assigned to either Mandarin or Cantonese group based on preferred dialect. Internal validity was calculated using Cronbach's coefficient alpha, test-retest reliability was measured using Spearman's correlation, and t-test was used to assess discriminant validity.

RESULTS: A total of 53 Mandarin speakers and 83 Cantonese speakers were included in this post-hoc analysis. Cronbach's alpha coefficient was 0.65 and 0.82 for Mandarin and Cantonese speakers, respectively. In both models, Spearman's coefficients ranged from 0.48 to 0.93, with all 7 questions and total OAB score showing statistically significant associations ($p<0.001$). In both models, no significant differences in total OAB score were seen between visits 1 and 2 in either OAB-positive and OAB-negative groups. However, the OAB-positive group had significantly higher mean OAB scores in both visits 1 and 2 compared to the OAB-negative group.

DISCUSSION: An acceptable degree of internal validity, strong test-retest validity, and significant discriminant validity were appreciated on analysis. Few differences were appreciated between Mandarin and Cantonese speakers during the validation process. The Chinese OABSS can be a useful tool in both Mandarin and Cantonese speaking patients.

CONCLUSION: When designing surveys, developers should be aware of the differences within a language. In addition, future efforts can be directed towards investigating the differences in survey interpretation among Chinese dialects.

OPTIMIZATION OF WORKFLOW TO REDUCE PATIENT WAIT TIME IN FREE STUDENT-RUN CLINIC.

Elizabeth Helmke, Serena Ly, Yimeng (Lina) Du, Rachel Chan, Ryo Fukuda, Brandon Swenson
UC Davis School of Medicine, 4610 X St, Sacramento, CA 95817

BACKGROUND: Prolonged wait times in clinic are associated with poor treatment adherence, higher rates of missed appointments, and failures or delays in treatment initiation. The Paul Hom Asian Clinic is a free student-run clinic in Sacramento staffed by undergraduate, health professional students, and physician volunteers. This study aims to assess patient and staff-level factors contributing to prolonged patient wait times, identify areas of improvement in clinic workflow, and propose interventions to reduce total wait time.

METHODS: A process map outlining all steps in a patient's visit was created. Quantitative data in the form of time intervals representing steps in patient visits were collected. Focus groups were conducted with undergraduate students, professional students, and physicians to inform quantitative findings.

RESULTS: The mean total time a patient spends in clinic is 2 hours, 46 mins. On average, walk-ins spent 74 mins longer in clinic. There was no difference in visit time between new and existing patients and patients who did and did not require interpretation. There was also considerable variability in visit duration based on non-medical services needed.

Stakeholders identified issues with equipment, staffing, and communication. Limited clinic space and lack of availability of preceptors and professional students led to prolonged time in clinic for patients. Teaching time and complex care coordination also increased patient wait times.

CONCLUSIONS: Based on suggestions from focus groups, logistic and physical clinic changes, improvement in inter-staff coordination, and optimization of electronic health record usage will be implemented. Additionally, we will design a bulletin board providing timely updates for med student/preceptor location and availability. We will continue to collect data and perform iterative PDSA cycles to assess the effectiveness of implemented interventions.

EPIDEMIOLOGY OF THORACOLUMBAR FRACTURES IN THE U.S FROM 2001-2019: PATIENT-RELATED TRENDS, MECHANISMS OF INJURY, AND DISPOSITION.

Lon Yin L. Chan, Kevin W. Chao, Ryan M. Kong, Dr. Jad Bou Monsef
SUNY Downstate Department of Orthopaedics and Physical Medicine and Rehabilitation, 450 Clarkson Ave, Brooklyn, NY 11203

BACKGROUND: Epidemiological data on thoracolumbar fractures in the emergency department setting are limited. Such data is useful in informing management techniques and post-operative/management rehabilitation. In this study, we evaluate patient demographics, mechanism of injury, and disposition to note trends in thoracolumbar fractures over two decades.

METHODS: The National Electronic Injury Surveillance System was queried to identify patients with thoracolumbar spinal injuries presented to the emergency department between 2001 and 2019. Available patient demographics including age, sex, and race, disposition, and mechanism of injury were collected and analyzed. Government census data were used to determine the estimated cases over time and incidence rates (IR) (1 million person-year) by age, sex, and race per year.

RESULTS: 4952 patients were identified between 2001 and 2019 with an estimated total of 190,568 thoracolumbar fractures (IR-30.1). The mean patient age is 64.2 ± 21.2, minimum age 18 and maximum age 103. 42.1% (IR-26.15) of thoracolumbar fractures occur in male patients while 57.9% (IR-34.5) occur in female patients. Data on race/ethnicity is available for 57.8% of patients. Of the available racial/ethnicity data (57.8%), Asians (7.14%) were fourth most common after white (26.15%), Alaskan-Native/American-Indian (15.12%), and Native-Hawaiian/Pacific-Islander (9.50%).

CONCLUSIONS: There are interesting trends in our analyses. The incidence rate persons-year is greater as the patients' age increases. As for mechanism of injury, the most common cause of thoracolumbar fractures is due to fall injuries, then other, and sports and exercise. Men presented more than women overall. By studying epidemiology, we may inform better documentation, management, and prevention methods to reduce cases. Further categorizing by fall type and other factor can help inform management after traumatic presentation. Further studies are needed to assess odds-ratio and how certain preventive interventions by group may affect the frequency of specific mechanism of injuries, such as falls, in different age groups.

EFFECT OF EARLY MEDICAID EXPANSION ON INCIDENCE OF UROLOGIC CANCERS IN ASIANS AND PACIFIC ISLANDERS.

Lulu Wei, BS[1]; Ruoyu Luie Wang, BA[1]; Christopher Alessandro, BA[1]; Ping Ping Zeng, BS[1]; Rose Saint Fleur-Calixte, PhD; Bethany Desroches, MD, FACS[1]; Andrew Winer, MD, FACS[1]
[1] SUNY Downstate Health Sciences University, 450 Clarkson Ave, Brooklyn, NY, 11203

BACKGROUND: Medicaid expansion (ME) under the Patient Protection and Affordable Care Act has allowed earlier cancer detection, varying by cancer type. The earliest implementations were among 6 states in 2010-2011. Expansion's effect on urological cancer incidence rate (UroCaI) has been underexplored, especially among Asians/Pacific Islanders (API). Additionally, in 2012, the USPSTF recommended against prostate-specific antigen (PSA) screening, which may obscure the effect of ME on prostate CaI (PCaI). This study aims to determine the effects of early ME on UroCaI and PCaI in APIs.

METHODS: We used SEER Detailed API data from 2007-2009 (pre-ME) and 2012-2014 (ME) to create age-standardized three-year malignant UroCaI and PCaI, stratified by race/ethnicity group. Groups of interest were non-hispanic white, API, Asian Indian/Pakistani, Chinese, Filipino, Japanese, Kampuchean, Korean, Laotian, Vietnamese, Guamanian/Chammorro, Native Hawaiian, and Samoan. We carried out a difference-in-differences analysis to compare cancer incidence by race/ethnicity group and whether the cancer was detected in an early expansion state. We used SAS® OnDemand for Academics for all analyses.

RESULTS: UroCaI per million API was 541 pre-ME and 404 in early ME. Early ME is not associated with UroCaI changes in whites (p=0.8) or API (p=0.4). Compared to states that did not expand Medicaid early, UroCaI in Samoans decreased by 60 cases per million (p=0.04) and PCaI in Filipinos decreased by 388 cases per million men (p=0.02) in early ME states.

CONCLUSIONS: Early ME is associated with decreased UroCaI in Samoans and decreased PCaI in Filipino men, but not all API. This confirms the previously reported inter-group variation within API and suggests that different API groups have different urologic care needs. The 2012 USPSTF recommendation against PSA screening could have potentially contributed to this declining cancer incidence.

INCIDENCE OF UROLOGIC CANCERS IN ASIAN AMERICANS, NATIVE HAWAIIANS, AND PACIFIC ISLANDERS - A SEER ANALYSIS.

Lulu Wei, BS, Ruoyu Luie Wang, BA, Christopher Alessandro, BA, Ping Ping Zeng, BS, Maryyam Mian, BA, Manahil Muneeb, BA, Lauren Namkoong, BA, Rose Saint Fleur-Calixte, PhD, Bethany Desroches, MD, Andrew Winer, MD, FACS
1SUNY Downstate Health Sciences University, 450 Clarkson Ave, Brooklyn, NY, 11203

BACKGROUND: Asians/Pacific Islanders (API) have relatively low urologic cancer incidence rate (CaIR). Few studies have examined if urologic CaIR varies between API ethnicities. We aim to characterize urologic CaIR trends from 1990-2014 among Asian Indians/Pakistanis, Chinese, Filipinos, Guamanians, Native Hawaiians, Japanese, Kampucheans, Koreans, Laotians, Samoans, and Vietnamese.

METHODS: We queried SEER-Detailed API Database for incident cases of malignant urinary system and male genital cancers from 1990-2014. We compared the age-adjusted urologic CaIR per million of each API ethnicity versus all API by binomial test ($p < 0.05$) in SAS® OnDemand for Academics. Average annual percentage change (AAPC) was calculated by Joinpoint v4.9.1.0 and stratified by cancer type, sex, and race.

RESULTS: Compared to all API men, prostate CaIR (835) is higher in Samoans (1519), Filipinos (1118), Hawaiians (1064), Japanese (1060); testicular CaIR (17) is higher in Hawaiians (45), Japanese (34); and penile CaIR (4) is higher in Kampucheans (19), Asian Indian/Pakistani (12). Compared to all API, bladder CaIR (89) is higher in Hawaiians (115), Japanese (114); kidney/renal pelvis CaIR (69) is higher in Hawaiians (119) and Samoans (91); and no single group had significantly higher ureter CaIR (5).

From 1990 to 2014, the AAPC of urologic CaIR increased in Japanese (1.2) and Filipino females (2.0) but declined in Chinese males (-2.0). AAPC of prostate CaIR declined in Chinese (-2.7) and Filipino males (-3.2). AAPC of bladder CaIR declined in Chinese females (-1.2). AAPC of renal CaIR increased in both sexes for Chinese and Japanese, and Vietnamese males and Filipino females.

CONCLUSIONS: Except for ureteral cancer, each urologic cancer was associated with certain API groups experiencing significantly increased risk of disease compared to all API. This suggests the need to analyze API ethnicities separately to unmask potentially underserved groups with increased disease burden. More research is needed to examine why renal cancer increased in many different API groups.

CAMS Summer Research Award Recipient

ASSESSING THE READABILITY AND QUALITY OF ONLINE INFORMATION ABOUT BENIGN PROSTATIC HYPERPLASIA.

Tremearne Hotz[1], Maya T. Zhou[1], Molly E. Reissmann[2], Michel Apoj[2], Shaun E.L. Wason[2], David S. Wang[2]
[1]Boston University School of Medicine, Boston MA, 02118, USA
[2]Department of Urology, Boston Medical Center, Boston MA, 02118, USA

BACKGROUND: Benign Prostatic Hyperplasia affects nearly half of men in their fifties. With increased accessibility of online health information for patients of all levels of health literacy, it is crucial to assess readability and quality of BPH online information. For many patients, especially those who speak a different language like Mandarin, website readability can be challenging. This study aims to evaluate readability and quality of BPH online information, and the effect of commercial bias on both.

METHODS: Three search engines (Google, Bing, DuckDuckGo) were used with search terms "BPH," "BPH treatment," and "BPH surgery," to mimic a patient seeking further self-education. 204 total websites were identified, of which 62 were unique websites. Among those, 23 were advertisements. Three readability formulas (FKGL, FKRE, SMOG) were used to evaluate website readability. DISCERN standardized questionnaire was used to evaluate quality.

RESULTS: Average readability of BPH online information is significantly more advanced than AMA recommended 6th-grade reading level. Advertisements have significantly easier readability than non-advertisements. Average website quality is "excellent" for non-advertisements, but only "fair" for advertisements.

CONCLUSIONS: While advertisements may hold optimal search result positions and have better readability than non-advertisements, they have biased and lower quality information. It is important to guide patients to high quality online information appropriate for their health literacy, prior knowledge, and cultural background, especially for non-native English speakers. Future efforts should focus on improving readability of BPH patient education materials to facilitate comprehension and informed decision making.

AN UNUSUAL CASE OF STEWART-TREVES SYNDROME ON THE LEG.

Melanie Ngo[1], Diana Sun, MD[2]
[1] SUNY Upstate Medical University, College of Medicine, 750 E Adams St, Syracuse, NY 13210
[2] Renaissance School of Medicine at Stony Brook University, Department of Dermatology, 100 Nicolls Rd, Stony Brook, NY 11794

BACKGROUND: Stewart Treves Syndrome (STS) is an angiosarcoma that classically appears in women with secondary chronic lymphedema of the arm as a complication of radical mastectomy requiring axillary lymph node resection for breast cancer. STS can be difficult to diagnose initially as it presents like cellulitis, Kaposi's sarcoma, ecchymoses, or stasis dermatitis. Biopsies confirm angiosarcomas by staining positive for CD31 and CD34. The condition is aggressive, and the prognosis is poor with a seven-month median survival period and 35% overall five-year survival rate. Conservative treatment is wide local excision and adjuvant cancer therapy while aggressive treatment is amputation. Most patients die from widespread metastases to the brain, heart, or lungs. Early detection and surgical management are crucial, although risk of recurrence and metastatic disease remain high.

METHODS: One case from a New York Dermatology clinic.

RESULTS: A 77-year-old Asian female presented with a ten-day history of erythema with pruritus, burning, and pain in her left leg. Ten years prior, she had uterine carcinoma treated surgically which was complicated by chronic lymphedema in left lower extremity. The patient refused skin biopsy at the initial visit and trimethoprim-sulfamethoxazole was prescribed for possible cellulitis. At one-week follow up, the patient reported improved symptoms and again refused biopsy. She was referred to vascular surgery for
management of lymphedema but did not keep the appointment. A month following initial presentation, patient presented with a dusky erythematous plaque encircling the entire lower leg with focal confluence and small violaceous nodule. Left proximal pretibial region skin biopsy was consistent with angiosarcoma. Patient is currently doing well under the care of her oncologist.

CONCLUSIONS: This unusual case of STS in the lower extremity likely secondary from uterine cancer cautions dermatologists to include STS as a differential for patients with chronic lymphedema.

EPIDERMODYSPLASIA VERRUCIFORMIS AND ITS MYRIAD OF TREATMENTS DEMONSTRATED IN THREE CASES.

Melanie Ngo[1] ,Eliza Balazic[2] , Hailey Konisky[2], Kseniya Kobets, MD[3], Jamie Manning, MD[3]

[1] SUNY Upstate Medical University, College of Medicine, 750 E Adams St, Syracuse, NY 13210

[2] Albert Einstein, College of Medicine, 1300 Morris Park Ave, The Bronx, NY 10461

[3] Albert Einstein, Department of Dermatology, 1300 Morris Park Ave, The Bronx, NY 10461

BACKGROUND: In the setting of immunosuppression, epidermodysplasia verruciformis (EDV) is characterized by a susceptibility to infections with HPV subtypes that do not produce disease in immunocompetent hosts. Treatment of EDV remains a significant challenge for clinicians despite the array of treatment options available.

METHODS: Herein, we report 3 cases of recalcitrant flat warts in individuals with EDV or suspected EDV and review a variety of treatment regimens.

RESULTS: Two of 3 cases presented with EDV in the setting of immunosuppression and the third case presented an immunocompetent patient with lesions clinically compatible with EDV. Treatments trialed amongst all 3 patients included tretinoin 0.025% cream, tazarotene 0.045% cream, fluocinolone 0.01%-hydroquinone 4%-tretinoin 0.05% cream, imiquimod 5% cream, chemical peels, electrodessication, cryotherapy, aminolevulinic acid (ALA)-photodynamic therapy (PDT). Some patients trialed oral cimetidine, intralesional candida and triamcinolone injections in addition to topical 5-fluorouracil cream, cidofovir 3% cream, and oral isotretinoin. Patients saw modest improvement, without complete response in any, while undergoing a variety of multi-drug regimens over extended treatment courses.

CONCLUSIONS: The above armamentarium, though vast, highlights the difficulty with treating these patients. The number of different regimens tried to achieve satisfactory results is a testament to how challenging treatment of flat warts in the setting of EDV is for clinicians. Single therapy for flat warts or EDV is rare and physician experience and patient preference is paramount to successful treatment.

MITHRAMYCIN A HAS MODEST EFFECTS ON TRABECULAR MICROARCHITECTURE IN SKELETALLY IMMATURE MICE.

Melanie Ngo[1], Jason Horton, PhD[2]
[1] SUNY Upstate Medical University, College of Medicine, 750 E Adams St, Syracuse, NY 13210
[2] SUNY Upstate Medical University, Department of Orthopedic Surgery, 505 Irving Ave, Syracuse, NY 13202

BACKGROUND: Mithramycin is a chemotherapeutic agent being evaluated to treat Ewing sarcoma. It was previously used to manage hypercalcemic disorders featuring rampant osteoclasia. We investigated the effect of four weekly doses of Mithramycin on bone growth and morphometry in skeletally immature mice.

METHODS: Four-week-old female c57BL/6J mice were randomized into three groups (n=10) and given four weekly intraperitoneal (IP) injections of either saline vehicle, Mithramycin at 1mg/kg/wk, or 2mg/kg/wk. Bone mineral density and body composition were assessed weekly (DEXA). For dynamic bone morphometry, mice received IP injections of calcein or alizarin red complexone timed seven or two days before end of study. Blood was collected by cardiac puncture one week after the fourth injections. The right femur was measured (digital calipers), analyzed for μCT-based morphometry, and decalcified for paraffin histology. Sections were stained for static morphometry (H&E) and osteoclast activity (TRAP/Fast Green). Tibias were cryosectioned for dynamic bone morphometry. Light and epi-fluorescence images (Keyence BZ-X800) were analyzed (FIJI/ImageJ) for osteoclast numeric density (TRAP/Fast Green), marrow composition and general bone morphometry (H&E), and bone formation rate (Calcein/Alizarin red complexone).

RESULTS: No significant differences were observed between groups for body weight, composition, bone density, femoral length or mid-diaphyseal cortical bone morphometry. Significant reduction of trabecular bone volume fraction (p<0.0001) and trabecular number (p≤0.0118), and increased trabecular spacing (p≤0.0008), were observed in the 2mg/kg group. Dynamic bone histomorphometry at the proximal tibial metaphysis showed modest reductions of trabecular mineral apposition rate in both 1mg/kg (p=0.0504) and 2mg/kg (p=0.0395), and mineralizing surface (p≤0.0012) relative to vehicle controls. Tibia from the 2mg/kg group showed increased osteoclast number (p=0.0084), but no significant differences in osteoclast differentiation serum markers (M-CSF, RANK-L, TRAP5b), and endosteal or periosteal bone formation rates between groups.

CONCLUSION: Mithramycin has modest effects on skeletal maturation in growing mice.

POSTPARTUM LISTERIA MENINGITIS: A CASE REPORT.

Naila Kausar, MD, Rui Tang, Janice Rivera, MD, Salvador Cruz-Flores, MD, Sushma R Yerram MD, Texas Tech University Health Science Center El Paso, Paul L. Foster School of Medicine, El Paso, TX 79936

BACKGROUND: Acute bacterial meningitis is a neurological emergency and fatal if left untreated. Here we present a case of bacterial meningitis, highlighting postpartum listeria monocytogenes infection.

PATIENT PRESENTATION: We present a case of 27 years-old woman with past medical history of migraine and hyperthyroidism, brought to the hospital with acute onset of reduced level of consciousness. A day prior to presentation, she woke up with a severe retro-orbital headache of 10/10 intensity along with nausea, vomiting, photophobia and phonophobia. Her symptoms further progressed to worsening confusion/somnolence with agitation. She had an uncomplicated vaginal delivery a month earlier. On admission, vitals were significant for high grade fever, hypotension, tachypnea and tachycardia. On examination, she was restless, combative, was not following any commands. No focal motor deficit. Nuchal rigidity and Babinski were negative. Labs showed mild anemia, leukocytosis, mild hyponatremia and lactic acidosis. MRI Brain showed faint diffuse leptomeningeal enhancement. CSF analysis showed WBC 732/Ul, SEG: 66%, protein> 300mg/dl and CSF glucose <20mg/dl. Meningitis panel and CSF culture were positive for listeria monocytogenes. Post CSF analysis, her broad spectrum antibiotics were deescalated to ampicillin for 21 days and gentamycin for 7 days for synergistic effects. During the initial treatment phase, she developed horizontal binocular diplopia and her exam showed isolated sixth nerve palsy. MRI brain revealed worsening diffuse leptomeningitis, involving the basal cisterns and the ependymal walls of the lateral ventricles. Eventually, she responded to the treatment and her symptoms resolved slowly.

DISCUSSION & CONCLUSIONS: *Listeria monocytogenes* can be a possible cause of postpartum meningoencephalitis due to the underlying transient immunosuppressive condition. Return to a normal immune response may take as long as up to one year after childbirth. Treatment should not be delayed in highly suspicious cases to avoid complications like rhombencephalitis, progressive neurological deficits and eventually death.

EVALUATING THE IMPLEMENTATION AND EFFECTIVENESS OF TELEHEALTH SERVICE DELIVERY DURING THE COVID-19 PANDEMIC AT A COMMUNITY HEALTH CENTER.

Cindy Cheng, Mia Chu, Samantha Kravitz, Skylar Lai, Xiaoshun Li, Amanda Miao, Matthew Miyasaka, Erica Ng, Anne Nguyen, Rifah Saima, Wendy Liu, MPH, CHES, Kei Yeung Chan, MPH, and Naumi Feldman, DrPH, MPH
Charles B. Wang Community Health Center, 268 Canal Street, New York, NY 10013

BACKGROUND: A federally qualified health center (FQHC) serving primarily limited-English proficient, low-income Asian Americans, rapidly adopted and scaled up telehealth services in March 2020 in response to the COVID-19 pandemic. A process evaluation was conducted to assess the feasibility of and satisfaction with telehealth services by patient and staff perspectives.

METHODS: Surveys were administered in July 2022 to 60 FQHC staff and 105 randomly-selected patients (77 internal medicine and mental health adult patients (IM/MH), and 28 pediatric patients' parents (PEDs)). English- and Mandarin-speaking patients/parents of pediatric patients completed surveys by phone or online. FQHC staff respondents anonymously completed an online survey. Descriptive statistical analyses were conducted to summarize survey data. Semi-structured interviews were also conducted with 6 staff. Interview transcripts were coded and analyzed using a grounded theory approach.

RESULTS: The majority of patient respondents were Chinese (76%), female (69%), and within the 25-44 age range (63%). Patient telehealth satisfaction was high for videoconference visits (n=82; index range: 12-60; mean = 49.56; S.D. = 5.62) and phone visits (n=16; index range: 10-50; mean = 39.81; S.D. = 6.57). Most patient respondents did not report challenges with using telehealth (61%). Top factors associated with telehealth use were convenience ("fits schedule better," 52%) and concern for COVID exposure (50%). Sixty-three percent of staff respondents agreed or were neutral regarding having adequate support to provide telehealth services. Key themes emerging from staff interviews included needing more patient education on technology-specific literacy; needing more support staff to improve workflow efficiency; and needing updated guidance regarding appropriate utilization of telehealth versus in-person care.

CONCLUSIONS: Overall, patients and staff are satisfied with telehealth services. Staff identified additional telehealth-specific patient education and support staff, as well as updated guidance regarding appropriateness of telehealth utilization as strategies to improve service delivery and patient experiences.