

Jointly Organised by:

SCS-SMA Cancer Education Seminar Series 2016



SINGAPORE
CANCER
SOCIETY



For Doctors, For Patients

Date: 7 May 2016, Saturday

Time: 1 pm – 5 pm (Lunch will be provided)

Venue: Health Promotion Board Auditorium
(3 Second Hospital Avenue)

Number of CME Points: Pending approval from the Singapore Medical Council

To register, visit <https://www.sma.org.sg/academy> or fill in the form below

TOPIC: LUNG CANCER

Lung cancer is the second most common cancer among Singaporean men and the third most common cancer among Singaporean women. As a GP, you can advise, encourage and empower your patients to take ownership in adopting healthy lifestyle practices for cancer prevention. Sign up for the SCS-SMA Cancer Education Seminar Series to learn how you could be a life changer for the patients you care for. Early detection saves lives.

Time	Programme
1 pm	Registration (Lunch will be provided)
2 pm	Introduction to SCS-SMA Cancer Education Series 2016 <i>David Fong, Chief Operating Officer, Singapore Cancer Society</i>
2.15 pm	Epidemiology of Lung Cancer
2.25 pm	Lung Cancer Screening
2.45 pm	Video-Assisted Thoracic Surgery in Lung Cancer Treatment
3.05 pm	Stereotactic Body Radiotherapy in Lung Cancer Treatment
3.30 pm	Advanced Lung Cancer – Optimism In Nihilism
3.45 pm	Question & Answer
4.15 pm	Closing Address
5 pm	End

**GENERAL
PRACTITIONERS
ARE THE FIRST
LINE OF DEFENCE
AGAINST
CANCER.**

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Please return this slip for *SCS-SMA Cancer Education Series* to **Carina Lee, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 62231264, fax: 62247827 or email: carinalee@sma.org.sg.** A confirmation email will be issued to all applicants.

Name: _____ Handphone no.: _____

Email: _____ Profession/Specialty: _____

MRC no.: _____ SMA Member: YES / NO (please circle accordingly)

Registration (inclusive of GST) SMA member: complimentary

Non-member: \$120

Mode of Payment

Credit Card

VISA/ Master Card no.: _____ - _____ - _____ - _____

Expiry date: _____ / _____ CVV2/CVC2 no.: _____

Cheque (payable to Singapore Medical Association)

Bank: _____ Cheque no.: _____

Signature: _____ Date: _____

By registering for this event, you consent to the collection, usage and disclosure of personal data provided for the purpose of this event, as well as having your photographs and/or videos taken by SMA and its appointed agents for the purpose of publicity and reporting of the event.