2024 Scientific IMOP Conference Report

The Internal Medicine Organization of the Pacific held its 10th Scientific Conference on the 26th and 27th July at the Pearl Resort, Fiji.

The theme of the 2024 hybrid conference was chosen as “Pacific Gut Health: current and future directions to sustainability”.

A total of 70 registered to attend the conference, there were 24 Full Members, 2 corresponding members, 33 Associate Members and the remainder were guest speakers and sponsors.

Our guest speakers were from ANZGITA Professor Finlay Macrae, Dr Chris Hair, Professor Michael Schultz, Di Jones, Maraia Ratumaiyale and Dr Alice Lee; Professor Catherine Stedman President of the New Zealand Society of Gastroenterology. There were regionals speakers Dr Sale Vurobaravu (Vanuatu). Dr Rebecca Pinau (Solomons), Dr Nathan Chadwick (Samoa), Dr Telengalulu Tanelua (Kiribati) and Dr Lamour from SPC (sponsor).

Representatives from the Pacific Region were able to attend in person or zoom.

Samoa – Dr Kamara Vaai (In person), Dr Nathan Chadwick(in person)

Kiribati – Dr Telengalulu Tanelua (In person)

Solomons –Rebecca Pinau (in person) Dr Emire Meone (zoom) , Joel Ilo (in person) , Grace Rara(in person)

Tonga – Dr Siosaia Faupalu (In person)

Vanuatu -Dr Sale Vurobaravu (in person)

Federal States of Micronesia Dr Mai Ling Perman (In person)

Palau – Dr Myra Adelbai (in person)

Tuvalu- Dr Lisa Fakalupe (in person)

Australia – Dr Chris Hair (in person) , Professor Adam Jenney (zoom)

Other speakers from the Pacific were MMED final year students who presented on their research.

Dr Josua Bautani (Fiji), Dr Jewin Fuatau (Rotuma) , Dr Shitanjni Wati (Fiji) , Dr Nandini Lal (Fiji) and Dr Siosaia Faupalu (Tonga).

Conference Program

Dr Emi Penuel IMOP President in her opening speech welcomed everyone and she mentioned iMOP is now in its 10th Year of existence since its inception in 10th February 2014. She gave the history how idea of IMOP was put together by the veterans in Internal Medicine : Dr Satu , Dr Rao , Dr Malani, Dr Shrish, Dr Sione, Dr Simione Voceduadua, Dr Mai Ling Perman including herself , with Dr Berlin Kafoa (SPC) and Dr Sinead Kado (SSCSiP).

This year it was a great privilege to have Professor Finlay Macrae as the chief guest , who is the Chair of Australian and New Zealand Gastroenterology International Training Association with -in country capacity building in Fiji (hub) and across the Pacific.

Professor Finlay told us his story how he came to Fiji to do scopes at a private clinic in Suva then he got to meet Dr Rao and Dr Malani. It was Professor Robert Moulds who then encourage him to teach endoscopy in the Pacific for capacity building and that began the birth of ANZGITA training in the Pacific.

We were also graced with the presence of the Acting Permanent Secretary of Fiji MOHMS Dr Luisa Cikamatana. Dr Cikamatana addressed doctors at the conference that this is a time for doctors to reflect on and discuss the consolidated findings from each other and explore unchartered territories of gut health specific to the Pacific region.

The opening ceremony ended with chief guest Professor Finlay and invited guest Dr Cikamatana and senior most, veteran physicians of Internal Medicine in Fiji and the Pacific: Dr G. Rao, Drs. Ratu Joji Malani, Dr. Deo Narayan , Dr Shrish Acharya , Dr William May and Dr Mail Ling were invited by IMOP president Dr Emi to cut the 10th Anniversary cake as part of the celebration.

Day One

1. "Overview of "Pacific Gut Health" Dr Chris mentioned the way forward in gastroenterology and GUT health in the Pacific will be defined by internal medicine physician , by combining your knowledges of traditional ways, resources and capabilities with your knowledge of modern ways and equipment. By bringing these together, with experts and stakeholders, you can chart a course towards improving gut health in the region. The most common Pacific Gut health disorders is H pylori , PUD, viral hepatitis , chronic liver disease , cancer medicine, functional , dyspepsia , IBS and the emerging disorders such as IBD, metabolic associated liver disease , alcohol and drug abuse , colorectal cancer, viral hepatitis/ HIV co infection and multi resistant GI pathogens.
2. "Update on the detection and treatment of Hepatitis B and C" : Dr Alice Lee talked on Hepatitis B and C elimination targets have been set by WHO. Many of the Pacific Island countries have begun hepatitis B programs but hepatitis C remains unaddressed. More than 129,000 people (9.4%) are infected with hepatitis B virus (HBV) in the PIC. After diabetes, chronic HBV (CHB) infection is the second largest public health challenge in the region leading to liver cancer, cirrhosis, and death. Resource limitations mean that care of patients with advanced disease is often supportive only with palliation. In some cases, advanced liver disease can require a liver transplant which can only be provided in high-income neighbouring countries and paid for by the families or ministerial budgets adding health and financial burden. Low-cost interventions (diagnostics and treatment), further simplified with expanded treatment criteria with the new WHO hepatitis B policy (April 2024), and WHO hepatitis C guidelines 2020 means that this is now within reach for all Pacific islands countries to introduce and expand current existing programs. A cascade simplified approach with consideration of local resource access can be considered so that remoteness nor funding should be a barrier to care.

3. "Hepatitis B in Kiribati" Dr Telengalulu Tanelua talked on the Current status of Hepatitis B in Kiribati HBV prevalence: 15%, HBV prevalence for U5 children: 0.6% (2022),HDV co-infection rate: 42%, HBV Birth dose vaccination rate: 94% (2022) and HBV is leading cause of death among communicable diseases in Kiribati (2022) and HCV remains *undetected* so far. He also mentioned progress of the program, current and ongoing activities, challenges faced and solutions on Kiribati's way forward.

4. "Hepatitis B program in Niue" *Prof Micheal Schultz talked about the* The Cure-A-Country Project aimed at: Testing everybody, treating everybody and eliminating viral hepatitis. The questionnaire distributed was aimed to assess the extent of general knowledge about viral hepatitis potential risks for infection and prevalence of risk factors were handed out during the mandatory covid vaccination. There was a study population of 825. The results showed that overall knowledge score is low especially knowledge about vaccination status and awareness is lacking about certain risk factors (piercing/tattoo).

5. “Metabolic associated Fatty liver disease” Professor Catherine Stedman explained on Metabolic dysfunction associated fatty liver disease (MAFLD) is emerging as a major cause of chronic liver disease both globally, and in the Pacific. It is closely associated with the non-communicable diseases of obesity, type 2 diabetes, hypertension and dyslipidaemia. She also discussed on the diagnosis, assessment and management of MAFLD

6. “H. pylori: investigation and treatment updates” Prof Micheal Schultz gave an entertaining history of H pylori, on its discovery and how Barry Marshall and Robin Warren won the Nobel Prize of Physiology. Locally relevant clinical guidelines: ulcer priority, Diagnostic pathways, Endoscopy – access outside urban area, access to breath tests needed, serology unreliable,–clinical diagnosis and treatment choices Need local culture and treatment data to guide therapy,point of care PCR resistance tests are promising. Getting access to inexpensive generic first and second line therapies and Outcome assessment (reinfection is uncommon)

7. “Pathological update on H. Pylori at CWM Hospital” Dr Vilomena Ranadi first started off with a quiz to test the knowledge of the audience about pathology. The prevalence of H. Pylori gastritis at the CWMH is high and its association to gastric cancer can be observed. Individuals especially Indigenous Fijians above the age of 30 who are symptomatic have a slightly higher risk for H. Pylori infection compared to FOID in the same age group but due to the sample number, this data is still too small for such an observation to be statistically relevant.

8. “The roles of nursing in endoscopy in the Pacific” Di Jones elaborated on the role of nurses working in endoscopy are many and varied. It takes significant investment in training and educating to produce valuable staff. Multidisciplinary approach enhances the professional validation of the nurse.

9. “Nursing Challenges in Endoscopy at CWMH” Maraia talked about the challenges faced – ideally there is a need for 5 nurses but there is only 2 nurses running the endoscopy unit. The location of endoscopy unit is within the OT sterile area hence OT protocol must be followed. There is an interrupted daily list when there is no other room for an emergency surgery. Endoscopy list has been reduced to 2 days a week since 2020 which has increased the waiting list even for paying patients. There is dire need for endoscopy equipment and consumable since the unit was handed over from ANZGITA to the Fiji MOHMS in 2022.

10. “SPC update” Dr Lamour talked on the Clinical Services Programme that was developed in 2010 under the flagship of the Strengthening Specialised Clinical Services in the Pacific (SSCSiP) Project to strengthen Specialised care in Pacific Island countries

and Territories (PICTs). CSP collaborates with PICT's and partners to explore regional opportunities and solutions that are cost-effective to strengthen and support clinical services delivery. The core areas of work include: Regional Governance, Clinical Education and capacity building, Legislations and policy development ,innovation, digitalisation and technology and research. He also challenged IMOP to think about the proposals for PCNN in terms clinical practice guideline, baseline assessment, strategic plans (3- 5yrs) , IMOP priorities in training and our goals in national plans, healthy island and SGD indicators .

11. "Colorectal Cancer in 2024: update on incidence, detection, and survivability" Prof Finlay talked on how colorectal cancer is common, with increasing incidence in people under 50 years. The Pacific sits midway to higher in the international incidence stakes. Incidence in older populations has declined where screening has been implemented. Symptoms have poor sensitivity and specificity for cancer. Detection of faecal occult blood through immunochemical testing as a biomarker for colorectal cancer and advanced adenomas is evidence based and is cost effective and even cost saving but requires much organizational effort and commitment. Screening through stool and blood based DNA, RNA and proteomic technologies is becoming competitive for colorectal cancer but is expensive. Diagnostic confirmation in either case requires high quality colonoscopy which is now available through ANZGITA-supported training in multiple Pacific countries, with expertise in Fiji. Pacific countries need to invest in infrastructure needed for endoscopic practice to benefit. Survivorship has improved with advances in skilled surgery, post operative care, neoadjuvant therapy, immunotherapy and radiotherapy.

12. "Colorectal Cancer in Fiji – a snapshot pre and post covid. What is the way forward?" Dr Marina Tui'nukuafe touched on the local data in Fiji that the incidence of colorectal cancer is 27.2/100,000. These cases present at advanced stage, 58% in Stage 3-4. Clinical presentation Acute obstruction – 5 year mortality 92% and Chronic symptoms – 67% 5 year mortality. Majority of patients did not undergo chemotherapy which was associated with higher rate of mortality compared to death in population that did undergo chemotherapy.

13. "Upper GI cancers in the Solomon Islands" Dr Rebecca Pinau told us a story of a tourist Dr Eileen Natuzzi- Vascular Surgeon who was interested in World War 11 Relics and visited NRH in Solomons in 2011. She saw that there was a need for endoscopy service and organised a training of endoscopy in Solomons by the American Society of Gastroenterology. Total number of Diagnostic Endoscopic procedures from December 2011 through FEB 2020: 2,254 upper endoscopes 1827 lower endoscopes 427.Complication: one perforation 1:2,254 (acceptable rate 1:3000). 113 Oesophageal cancers diagnosed, 65 confirmed and histologically typed by pathology,18 adenocarcinoma confirmed,47 Squamous cell cancer confirmed,19 successful stenting of oesophageal tumours for palliation. Longest survival is one (1) year. Median age for men 60 and for women 65. Challenges faced are geographical location late

presentation- advanced stages local people need to be aware of the availability of services need in the country staffing- not specialised nurses and health infrastructure- always shortages of drugs depend on donors.

Day One ended with a dinner at Mantarae restaurant. There were special awards given to Dr Chris Hair and Professor Finlay Macrae in recognition of their exceptional contributions to gastroenterology training in the Pacific.

DAY TWO

Day 2 started off with the launch of the official website for IMOP which can be found on search engine on the web. The website has information on the vision and mission of IMOP, how to register as a member, job and training opportunities, newsletter, photo gallery and conference reports.

Click : Internal Medicine Organization of the Pacific - IMOP (internalmedicinepacific.com)

1. “Achievements and Challenges faced by our budding Endoscopy Service” Dr Nathan Chadwick gave the history of endoscopy service in Samoa which started in 1997. In 2013 – 2016, 5 Doctors and 5 Nurses attended the ANZGITA Training Program in Fiji. Most of these doctors were Surgeons, thus they were primarily doing Gastroscopy. From 2017 – 2024 (Trained Locally in Samoa)- 20 Nurses, 8 Doctors .All from Medical and

Surgical Teams. Trained in Fiji ANZGITA (2013 – 2023-) 9 Doctors and 4 Nurses. In 2023 there were 480 gastroscopies done , the most commonest indication for referral for upper scope was dyspepsia in 2023. There were 163 positive CLO tests out of the 437 tested , 4 malignancy and 2 varices noted. For the same year there were 81 colonoscopies, and the commonest indication was LGIB. Findings were 25 hemorrhoids and 7 cancer cases. Gastroscope/Colonoscopes – all donated from ANZGITA when broken or malfunction it can be challenging for Maintenance, regular service, cleaning equipment. The Training and Retaining staff and there is a need to have own Endoscopy Unit in future, organizational and Salary Structure, task sharing as the same doctors and nurses looking after wards, clinics, outpatients look after endoscopy service. The referral system and quality of referral and Screening referrals needs improvement. Data collection/ Endoscopy Database needed for research purposes.

2. “Retrospective Descriptive study on endoscopic findings in Vanuatu: 2017 – 2024” Dr Sale Vurobaravu explained how Vanuatu introduced the service in 2016 and has a mixed proceduralist user base. Understanding the demographic and clinical characteristics of patients undergoing endoscopy is essential for healthcare planning and resource allocation in Vanuatu.

   The retrospective descriptive study analyzed data from patients who underwent endoscopy at Vila Central Hospital (VCH), the national referral hospital of Vanuatu, between 2016 and May 2024.A total of 223 scopes were done over an 8-year period from February 2016 to July 2024. The mean age of the patients was 48 years, with 62% being male and 38% female. The most common indications for endoscopy were dyspepsia, reflux, and bleeding. Physicians performed 65% of the scopes, and the Surgical department performed 35%. Among the endoscopic procedures performed, 85% were upper gastrointestinal endoscopies and 15% were lower gastrointestinal endoscopies. Common anesthesia was local anesthesia, led by an anesthetist. Common findings for upper endoscopy included normal scope, unknown, portal hypertension changes, ulcers, cancer, gastritis/duodenitis, and reflux; for lower endoscopy, findings included cancer, polyps, hemorrhoid bleeding, and common interventions such as biopsy and banding.

3. “Palau's VTERM Project: Bridging Endoscopy Gaps through Remote Mentoring” Dr Myra’s presentation explores Palau's Virtual Teaching Endoscopy by Remote Mentoring (VTERM) Project, designed to address endoscopy training and service gaps in our remote island setting. We will discuss the project's rationale, focusing on improving access to specialist care for our population. The presentation covers our experience implementing VTERM, including the technological setup, key challenges faced, and successful outcomes. We will also share insights on the future of tele-endoscopy in Palau and its potential impact on healthcare delivery in remote regions. Through VTERM, we aim to demonstrate how innovative telemedicine solutions can enhance specialized medical services in resource-limited environments. To end her talk , Dr Mrya played a video how using VTERM to perform her first ever interventional endoscopy on an active bleeding ulcer. There was great applause in the room for her great achievement and to her mentor Dr Chris for guiding her.

4. “PISCES Study” Dr Mai Ling as co-author talked about the study Using a mixed methods survey tool this study collected information on endoscopy training, workforce, equipment, equipment maintenance and cleaning, as well as procedures from 21 Pacific Island Countries

   12 Pacific Island countries are performing endoscopy at 16 distinct sites. The majority of endoscopists and nurses have received their training through the Fiji National University, World Gastroenterology Organization and the ANZGITA training collaboration. The volume of cases as well as basic and advanced endoscopic procedures varies by country. All sites cleaned and disinfected endoscopes manually. Leading challenges to establishing endoscopy are maintaining equipment and training. Two countries have advanced endoscopic abilities due to focused training. Upper endoscopy is performed more frequently than lower.

   The FNU/WGO/ANZGITA collaboration has demonstrated the ability to partner with doctors and nurses in Pacific Island Countries to assist in establishing basic and in some cases advanced endoscopic techniques.

5. “Audit of ERCP cases at CWMH” Dr Aminiasi emphasized that Pancreaticobiliary disease remains a major burden in Fiji with the majority if not all cases managed through the surgical department. Prior to 2019 the surgical management options were limited to either open or laparoscopic surgeries. Since the introduction of ERCP in 2019, this burden has lessened somewhat with most patients being given the option of therapeutic, diagnostic and/or palliative ERCP to alleviate their symptoms. CWM hospital remains the sole provider of ERCP services in Fiji and the Pacific. Through ANZGITA and with the support of numerous stakeholders, doctors and nurses have undergone training in Australia and Fiji. With this new endoscopy service being provided in 2019, we are able to provide additional options to patient with pancreaticobiliary diseases. The onus is now on local stakeholders to invest in the appropriate infrastructure and personnel to support this service.

6. “Overcoming barriers to sustainable endoscopy in the Pacific” Ass Prof Malani enforced the statement is that the future is now. The WGO training center in Fiji, the training in the local environment has highlighted the other important aspects of training including nursing, technical support, consumables and equipment. The Trainees have been able to take these skills and knowledge back to their own countries. It should be noted that prior to the gastroenterology program in 2008, gastroenterology and endoscopy service in these islands were minimal or non-existence. Challenges faces were the lack of ownership and control (No Gastroenterology Department),no designated gastroenterology specialist, endoscopy program is mixed with the OT program, no practical budget and equipment maintenance. What is needed for sustainability is a structured program for the nation, Standardizing endoscopy practice for doctors and nurses, regulating and certifying endoscopist and nurses. Improving safety practice, improving infection guidelines ,improvement on Equipment maintenance and

processing.Biomedical Engineering support and a Platform to purchase endoscopy equipment/ consumables is required as well.

MMED Presentation

1. “Outcomes of Valve Surgeries by Overseas Teams on Severe RHD patients: 2015-2019)” Dr Josua Bautani.
2. “Review of the Implementation of the 2021 WHO Guideline for the Pharmacological treatment of Hypertension in adults at Samabula Health Centre” – Dr Jewin Fuatau
3. “30- and 60-day stroke outcomes in adult patients admitted at CWM Hospital: A tertiary center – 6 months prospective Study.”- Dr Shitanjni Wati
4. “Risk Factors and Outcomes of Complete Heart Block Patients in Fiji – a dual center retrospective study between 2014 – 2023- Dr Nandini Lal
5. “Incidence and Clinical Outcome of Acute Myocardial Infarction in a national referral hospital in Tonga: A 6-month prospective observational study” – Dr Siosaia Faupalu

The conference was concluded with the Annual General Meeting and the election of new executives for 2025-2026. The new President is Dr Mai Ling Perman (Micronesia) , Vice President Dr Simione Nadakuitavuki (Fiji) , Secretary Dr Sukafa Matanaicake (Fiji) , Treasurer Dr Aminiasi Rokocakau (Fiji) , Trainee Rep Dr Josua Bautani (Fiji) and Regional rep Dr Nathan Chadwick (Samoa) .

There was a cocktail to end the 2 day conference where members got to enjoy and network.

Acknowledgements

We would like to thank our sponsors for making this conference a successful one.

Platinum Sponsors – Pasifika Medical Association and SPC.

Gold Sponsor : BSP LIFE, Van Med Lab, Makans Pharmacy, Fiji National University

Silver Sponsor- Aspen Medical Unit and Coca Cola

Invited guest speakers regionally, locally and internationally for taking out time to come and speak in person or virtually & attending the conference.

Lastly the IMOP members for your active membership and continuous support. We congratulate the new executives and looking forward to more decades of achievements.


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Pacific Gut Health
Impact of weight loss on MAFLD
5% weight loss reduces hepatic steatosis
7-10% weight loss leads to MASH (inflammation) resolution
>10% weight loss improves liver fibrosis
Bariatric surgery:
Improves resolution of steatosis, ballooning degeneration and inflammation in up to 50% of patients and ~24% have improvement in fibrosis
Pharmacological therapy
SGLT2i (e.g. empagliflozin) reduce liver fat content; need more data
GLP-1RA (e.g. semaglutide) 59% of patients achieved MASH resolution vs 17% placebo group over 72 weeks;
No worsening of fibrosis
Palau VTERM:
Bridging Endoscopy Gaps through Remote Mentoring
Myra Adelbai-Fraser, MBBS
Belau National Hospital
CONGRATULATIONS
AND BLESSED 10TH YEAR ANNIVERSARY


MQP


MAKANS


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