

SCS-SMA Cancer Education Seminar Series 2015



SINGAPORE
CANCER
SOCIETY



Date: 31 October 2015, Saturday

Time: 1 pm – 4.30 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 <http://www.sma.org.sg/academy> or fill in the form below

THEME: PROSTATE CANCER

Prostate cancer is the third most common cancer among Singaporean men but early detection can save lives. As a GP, you can advise, encourage and empower your patients to take ownership of their prostate health and adopt healthy lifestyle practices for cancer prevention. So sign up for the SCS-SMA Cancer Education Series to learn how you could be a life changer for the patients you care for.

Time	Programme
1 pm	Registration (Lunch will be provided)
2 pm	Welcome Address – Mr David Fong, Chief Operating Officer, Singapore Cancer Society
2.10 pm	Introduction – Dr Tan Yeh Hong, President, Singapore Urological Association
2.15 pm	1) Lower Urinary Tract Symptoms: A Clinical Evaluation 2) Treatment of Benign Prostate Hyperplasia (BPH) 3) PSA Screening – Yes or No? The Controversy 4) Prostate Cancer Treatment Options & Robotic Surgery 5) Testosterone Replacement and Prostate Cancer 6) Prostate Cancer Prevention – Myths or Truths
3.45 pm	Panel Discussion
4.15 pm	Closing Remarks
4.30 pm	End of Seminar

**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: 6223 1264, fax: 6224 7827 or email: carinalee@sma.org.sg.** A confirmation email will be issued to all applicants.

Name: _____

Handphone no.: _____

Email: _____

Profession/Specialty: _____

MCR no.: _____

SMA member: Yes / No (please circle accordingly)

Registration Fees (inclusive of GST)

- SMA member: Complimentary
 Non-member: \$120

Mode of Payment

- Credit Card
 VISA/ Master Card no.: _____ - _____ - _____ - _____
 Expiry date: _____ / _____
 Cheque (payable to Singapore Medical Association)
 Bank: _____
 Signature: _____

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.

CVV2/CVC2 no.: _____

Cheque no.: _____

Date: _____