CANCER TREATMENT
THE NEXT WAVE

SECOND OPINION
EYEING MEDICAL VOLUNTEERISM

THE PROFESSIONS
STATE OF EMERGENCY

BENCH TO BEDSIDE
MATTERS OF THE HEART
Dear Reader,

Good works.

It works wonderfully and manifests itself in so many aspects of the work that is being done on the NUHS campus: more effective and life-saving treatment for cancer, eye-popping facts about the way heart failure afflicts Asians, an increasing range of solutions that is available to help sufferers of depression, life and death moments in the Emergency rooms. And Dentistry teachers and clinicians looking to add new knowledge to the teaching and practice of the discipline, even as the Faculty marks 85 years of proud service to the nation.

Meanwhile, away from the campus—and on their own time and expenses—a small but growing group of healthcare workers is teaming up and reaching out to remote areas of nearby countries not well served by existing health facilities. There, they do what they ardently believe their training has uniquely prepared them to do: help those in need. The results are satisfying to the soul and spirit of the entire team, even as their labours bring healing, cheer and new hope to the rural folk they minister to.

Dr Loon Seng Chee has been on a number of such missions and writes about one trip—which he organised and led—in this issue of Evidence+. “We had time to teach the local foot doctors about eye care. Even in our wildest dreams, we did not expect such a large turnout of locals who were eager to hear us. This is going to have a great impact as I am a firm believer in teaching locals to fish rather than fishing for them,” he shares.

Good does work. And the good works that our healthcare professionals are engaged in on- and off-campus are testament to the calibre of the men and women the NUHS is proud to call its own.

The Editorial Committee
A recent national mental health survey indicated that Major Depressive Disorder (MDD) was one of the commonest mental health disorders here, with lifetime prevalence of 5.8%. Among people who sought help, 22% consulted a psychiatrist, 21% saw a counsellor, while 18% went to a GP. This means 39% of these sufferers did not seek help. Those who did seek help took an average of five years to make that move!

Communities with higher rates of depression also show high rates of other negative health outcomes, such as obesity, heart disease, diabetes mellitus and stroke. The bidirectional relationship of metabolic syndrome and depression is well established: depression is associated with a 60% increased risk of Type II diabetes, while Type II diabetes is associated with a 15% increased risk of depression. Also, people with a chronic health problem are three times more likely to be diagnosed with depression.

Individuals suffering from depression are also more likely to be unemployed or recently separated than their non-depressed counterparts, and women experience a 50% higher burden of depression than men in adolescence and adulthood.

The stigma associated with mental illness discourages people from seeking help early. Minimising the ill effects of emotional health and ignorance of the serious consequences are common, both among sufferers, family caregivers and even some healthcare professionals.

Over the past three years, community mental health outreach programmes funded by the Ministry of Health and the Ministry of Social and Family Development have reached out to at-risk and depressed children, adolescents and the elderly. At the National University Hospital (NUH), early screening and assessment services are located within national programmes serving selected higher-risk patient populations at the National University Cancer Institute, Singapore (NCIS), National University Heart Centre, Singapore (NUHCS), NUH Women’s Clinic (Women’s Emotional Health Service) and the NUH University Medicine Clinic (Psychological Services). This is in addition to the flagship service at the NUH Kent Ridge Wing Neuroscience Clinic.

With the advent of new classes of antidepressants and mood stabilisers, augmentation therapy protocols help target treatment-resistant depression patients for a cure and relief. There are also a growing number of therapists trained in psychological therapy protocol—including Cognitive Behavioural Therapy, Interpersonal Therapy, Ericksonian Hypnotherapy, Art Therapy, Play Therapy, Family Therapy and Parenting Training—to help equip patients to cope.

We are also piloting and evaluating a range of drugs in the treatment of depression. On the horizon is a new class of non-addictive opioid modulator known as ALKS 5461, which is undergoing Phase 3 testing after encouraging results were obtained for its antidepressant efficacy during Phase 2. At the same time, evidence-based brain stimulation therapies involve activating the brain with electrical, magnetic waves and implants, and are effective in the treatment of severe depression.

Depression, identified by the World Health Organization as a global public health concern, contributes to a significant burden of disease and affects many people across the community. But there is hope for sufferers if action is taken decisively and promptly to identify and help them.
Although a cure for all cancers is still a distant vision, the National University Cancer Institute, Singapore (NCIS), and the Cancer Science Institute, Singapore (CSI), are making progress in treating hard-to-manage cancers through novel therapies that may soon become standard-of-care protocol.
“WHAT WE HAVE AT THE NCIS IS AN ARRAY OF NEW THERAPIES THAT PROMISE TO RADICALLY IMPROVE CANCER THERAPY, INCREASE CURE RATES AND PERHAPS REPLACE CONVENTIONAL TREATMENT IN SOME INSTANCES.”

— PROF DARIO CAMPANA

Any patients with cancer are cured today—most children with cancer are cured, for example. By ‘cured,’ I mean patients stay healthy, with no residual disease and have the same life expectancy as somebody who never had cancer,” says Professor Dario Campana of the NUS Yong Loo Lin School of Medicine’s Department of Pediatrics.

From first-in-man clinical trials of novel cancer drugs to the priming of the body’s immune system to produce anti-cancer cells that destroy tumours, the development and introduction of innovative and effective treatments against refractory or treatment-resistant cancers that defy conventional surgery, chemotherapy and radiotherapy are helping to make Prof Campana’s statement a reality. This is now possible not just because of advances in technology, but also in the gains made in medical knowledge and understanding of cancer biology and the human genome along with specific expertise.

“What we have at the NCIS is an array of new therapies that promise to radically improve cancer therapy, increase cure rates and perhaps replace conventional treatment in some instances. Our collective expertise is unique in Singapore and Asia. There are very few centres worldwide at a similar level,” notes Prof Campana. Associate Professor Goh Boon Cher, Head and Senior Consultant of the NCIS’ Department of Haematology-Oncology, concurs:
“We are one of the few cancer centres in Asia with expertise and extensive experience in first-in-human studies, and we have good translational laboratory facilities here on campus. We are able to amalgamate all our efforts in the paediatric group, the haematology group and the immunology group to form a programme to tackle refractory cancers.”

**BEETTER PATHWAYS**
Cancer cells are wired to promote growth and survive via signal pathways on a cellular level. Under most circumstances, chemotherapy and radiotherapy are very effective against cancer cells.

For example, with acute lymphoblastic leukaemia (ALL), about 80% of paediatric patients in Singapore respond well to such treatments and are cured. However, about 20% of ALL patients do not respond to treatment at all, or their cancers stop responding halfway through a treatment regimen.

Multiple myeloma (MM), a form of cancer arising from plasma cells, eventually becomes refractory in nearly all instances. When this happens, the average survival time is only six months, but recently developed drugs give such patients seven to eight years of event-free survival, reveals Associate Professor Chng Wee Joo, a clinician-scientist at the CSI.

**HARNESSING THE IMMUNE SYSTEM**
To be clear, all cancers can become refractory; a significant proportion of patients will eventually reach that stage simply because it is impossible to kill all cancer cells, which mutate to become even more resistant to conventional therapy. Enter Prof Campana and his work in immunotherapy, which focuses on natural killer cells and T cells.

Cancer immunotherapy works by obtaining these immune cells from patients, then activating the cells or genetically engineering them in the laboratory before infusing them into the patients. Prof Campana, who joined the NUS Yong Loo Lin School of Medicine’s Department of Paediatrics from the St Jude Children’s Research Hospital in 2011, pioneered and patented processes to activate and genetically modify immune cells.

He has been able to achieve total wipeout rates with these cells in the lab, and is now overseeing several first-in-man trials at the NCIS. These are open to patients with refractory leukaemia, lymphoma and solid tumours such as breast and gastrointestinal cancers.

“Immunotherapy may well replace other forms of therapy, such as chemotherapy and radiotherapy, in the future. For now, chemotherapy and radiotherapy are still useful when it comes to treating cancer. What we want is to have other treatment modalities to work with, and which will give us more options when it comes to dealing with refractory cancers,” Prof Campana adds.

**SHORT-CIRCUITING CANCERS**
Another front that has opened in the fight against hard-to-manage cancers is in the area of customised drug trials.

“There are a lot of new drugs in development,” A/Prof Chng asserts. He is also Associate Director (Research) and Senior Consultant of the Department of Haematology-Oncology at the NCIS. “For multiple myeloma patients, for example, the results have been very apparent. What we want is to gain access to these new drugs, and that’s where the clinical trials come in. We have established an Asian Myeloma Network, with an NCIS investigator leading the
development of the first clinical trials using a novel immunomodulatory drug in refractory myeloma, which will start in the last quarter of 2014.”

But it isn’t a case of randomly throwing new medicines at tough cancers. Rather, advises A/Prof Goh, the strategy is to understand the genetic and molecular characteristics of the cancer, then match this knowledge to the most appropriate drug. “In recent years, the unlocking of the complicated molecular circuitry of cancer cells has led to a better understanding that cancers have unique ways of transmitting growth signals, and that treatment involves causing other signalling circuits to be activated to induce resistance. Treatment with drugs that specifically interrupt these circuits and are able to control these cancers till resistance develops is one approach,” he explains.

This treatment is now being conducted at a dedicated Phase I clinic at the NCIS, where the molecular profiles of patients are mapped. The NCIS has set aside dedicated facilities to monitor the progress of these patients on clinical trials. With access to oncology-trained nurses and research coordinators around the clock, clinician-scientists will be able to keep a close eye on the results every step of the way.

**PREDICTING OCCURRENCES, TAILORING TREATMENTS**

In the field of paediatric cancer, NCIS and CSI researchers have identified genes and biomarkers that can predict a child’s likelihood of survival and allow doctors to tailor treatment strategies that are more suitable for each child.

Using a single minimal residual disease biomarker, Associate Professor Allen Yeoh, Senior Consultant at the Viva-University Children’s Cancer Centre at the NCIS, is able to accurately determine each patient’s response to treatment and tailor the optimal intensity of chemotherapy. The majority of patients with lower risk thus need only three drugs instead of the more toxic four-drug regimen used in current treatment protocols. This has resulted in an 85% cure rate for his patients.

Researchers are also working on therapies that combine various drugs. Such clinical trials may point to using a combination of different drugs to treat high-risk and relapsed ALL patients. “An example is the new Clofarabine drug with Etoposide and Cyclophosphamide, a combination that’s effective against high-risk and relapsed childhood ALL, allowing more patients to attain clinical remission,” A/Prof Yeoh reveals.

While a cure for every cancer patient is still a distant prospect, doctors hope that the good work carried out at the NCIS and CSI will enable them to manage the disease. “It may be unrealistic to expect that we will eventually be able to cure every single type of cancer, but if we can change cancer from something that is deadly to something that is like a chronic illness such as diabetes, that would be a good thing,” insists A/Prof Chng. 

“IT MAY BE UNREALISTIC TO EXPECT THAT WE WILL EVENTUALLY BE ABLE TO CURE EVERY SINGLE TYPE OF CANCER, BUT IF WE CAN CHANGE CANCER FROM SOMETHING THAT IS DEADLY TO SOMETHING THAT IS LIKE A CHRONIC ILLNESS SUCH AS DIABETES, THAT WOULD BE A GOOD THING.”

— A/PROF CHNG WEE JOO
Preliminary findings from a new clinical study of heart failure in Asia could make a difference in the prevention, treatment and management of the disease in the region.
In 2011, 6,000 hospitalisation episodes were the result of heart failure (HF). This makes the chronic condition the top cause of all cardiovascular hospitalisations; it also makes it the top cause of all hospitalisations among the elderly. For a patient with HF, the five-year survival rate is only 32%.

These statistics are alarming, especially when you take into account a recent World Health Organization projection that the largest increases in cardiovascular disease worldwide are occurring in Asia, due to rapidly increasing rates of smoking, obesity, dyslipidemia and diabetes in the region.

But what exactly is HF, and how does it affect us?

“It’s a chronic condition, where your heart fails to meet the metabolic demands of the rest of the body,” explains Associate Professor Carolyn Lam of the National University Heart Centre, Singapore (NUHCS). HF is a debilitating disease that greatly affects a patient’s physical capacity, to the point where some find difficulty in walking even short distances.

“Symptoms include ankle swelling, breathlessness, fatigue, reduced exercise tolerances, which means you can’t do what you used to do,” A/Prof Lam continues.

**ASIAN HF**

There is a sharp contrast between the breadth and depth of epidemiological data between HF patients with Asian and Caucasian backgrounds. This has made it imperative for Asian nations to collect and study these data to better understand the disease as it relates to an Asian context.

The Asian Sudden Cardiac Death in Heart Failure Study (ASIAN-HF Study) aims to do precisely that. Spearheaded by the NUHCS, the ASIAN-HF Study brings together case studies from 11 Asian regions (China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, the Philippines, Singapore, Taiwan and Thailand) in a bid to narrow the knowledge gaps that exist regarding HF in Asian patients. “Ambitiously, we want to look at the Asian phenotype of heart failure,” A/Prof Lam states.

**ASIAN HITS EARLIER BY HF**

Preliminary results from the study on 2,094 patients with systolic HF reveal interesting trends, all of which confirm the inadequacies of current statistics when it comes to the HF patients in Asia. This is due to the focus of existing studies, most of which are predominantly Caucasian-skewed.

The results reveal that, on average, patients in Asia are younger than their Caucasian counterparts by at least a decade. In Singapore, diabetes and hypertension are big risk factors that have to be reckoned with: 60% of HF patients are also diabetic; 72% are also hypertensive.

**SHEDDING NEW LIGHT**

The results from the study throw new light on HF in Asia and has highlighted the great promise in a more streamlined approach to treating HF. The NUHCS’ Professor Mark Richard states, “It will give information never before seen. This will dictate policy about how heart failure can be prevented, detected and treated throughout the entire region.”

As a staged disease, HF progression is preventable and treatable—early detection, good risk factor control and prompt treatment are all important steps. The ASIAN-HF study will help doctors understand HF in relation to the Asian phenotype so as to provide better options for their patients. “A lot of heart disease is preventable,” A/Prof Lam clarifies. “We really want to drive home the message of prevention.”

**WHAT’S NEXT**

It has been projected that, by 2030, 75% of Asia’s population will be 65 years or older. As such, a survey of older people would be most practical to prepare for the silver tsunami.

In fact, the next phase of the ASIAN-HF study will focus on diastolic HF as it is a disease that mainly affects elderly women. Additionally, a genome-wide association study will be included to find out if there are genetic markers that indicate or explain one’s propensity to different forms of heart failure.
Eye surgeon Loon Seng Chee is a veteran of volunteer medical missions to places where healthcare is not easily accessible. *Evidence* gets him talking about his most recent trip to Yunnan, China.

A smile of satisfaction from an initially apprehensive patient.

Cang Yuan is a place you reach after taking two planes and a five-hour bus ride. For us medicos, that’s akin to a normal workday: up at five and in bed by midnight. Logistics are the bane of any mission trip; preparations take a whole year. By the time we’re ready, we’d have written more than 1,000 e-mails, met many times, held numerous briefings, and packed and unpacked countless times.

If you think Hollywood-style nail-biters are exciting, wait till you hear what happened on this trip. Only a few days before we were supposed to fly off, the meds we requisitioned were still not in order and an anaesthetist wanted to pull out! Thankfully, the meds arrived on time and the anaesthetist agreed to go.

On this particular trip, I took a team of 20 even though that meant we’d be fat on manpower. But that also meant sharing the experience with more people, so new members can consider continuing this mission. On the team were doctors from the National University Health System and the Singapore National Eye Centre (SNEC), nurses from Tan Tock Seng Hospital and the SNEC, an optometrist, a nurse from Australia plus another from private practice.

Our hotel had Wi-Fi, but it was sporadic and only available in the lobby. The rooms were dark and dank, yet we avoided opening the windows as we didn’t want to invite mosquitoes in. Although the heaters worked, flushing the toilets was precarious—the risk of an overflow was always present!

Nevertheless, we figured out the system reasonably quickly. Within two hours of arrival at the hospital, we were up and running, ready to receive our first case.

“SOME OF THEM WERE SKEPTICAL OF FOREIGN DOCTORS, SO IT WAS NO MEAN FEAT TO WIN THEIR HEARTS AND MINDS AND PERSUADE THEM TO LET US OPERATE ON THEM.”
was then that we found out that another team had visited only three months prior, so there weren’t as many patients as we had thought we’d get. In total, we treated 23 cases of pterygiums and cataracts, with some small incision cases, and extra-capsular cataract extractions.

With three surgeons, two anaesthetists and five scrub nurses in action, we were very comfortable. That meant we had time to screen more locals, talk to them and, most importantly, smile at them. The locals were used to doctors scowling and being curt with them, so they appreciated a medical team that genuinely enjoyed helping them. Some of them were skeptical of foreign doctors, so it was no mean feat to win their hearts and minds and persuade them to let us operate on them.

I had this patient, a woman with bilateral dense cataracts. The operation on the first eye went with little fuss, but when we wanted her consent for the second eye, she refused, confessing that she was afraid because of the pain. Although the pain subsided the following day, she still felt afraid. Not even her two children could persuade her. So I sat next to her and asked if the pain from the eye surgery was as bad as that from giving birth. She replied—with much laughter—that it was hardly close. She gave her consent soon after for the other eye to be operated on.

Performing surgery in a foreign land is not easy; there are language barriers (the locals were of the Wa tribe and spoke their own language) and new equipment takes getting used to. Still, we managed with great aplomb, thanks to an experienced core team that took the new nurses under their wing. To their credit, these nurses took to the new environment like ducks to water. Our nurses also took it upon themselves to provide post-operation sunglasses for the patients, some of whom were rather taken with their new look.

We took our evening meals with officials, which meant heavy consumption of alcohol that goes up to 40% in concentration—if we run out of swabs, we can always use this to sterilise instead! I don’t drink, but many in the team handled booze well, for which I am grateful.

Although there were newbies on the team, others were familiar faces, teammates from other mission trips, so there was chemistry among us: the local doctors and patients saw a team that gelled well and had a good time while helping them. I believe that was why we gained their trust and friendship.

Because we worked on fewer cases than anticipated, we had time to teach the local foot doctors about eye care. Even in our wildest dreams, we did not expect such a large turnout of locals who were eager to hear us. This is going to have a great impact as I am a firm believer in teaching locals to fish rather than fishing for them.

Before we knew it, five days had passed and it was time for the journey to Lin Cang for our flight back to Kunming and onwards to Singapore. The five-hour flight home provided me time to reflect and note down some important points:

• Logistics, planning and attention to detail are key to a successful trip.
• Also important are committed team members who see this type of work as even more critical than their daily duties.
• There is no room for tourists; work begins in Singapore long before the trip.
• Quality over quantity.
• We are being observed, so we should constantly strive to be good stewards of our words and deeds.
• Trust the Almighty to provide, but be ready to improvise and adapt to circumstances.
The path to a Bachelor of Dental Surgery (BDS) degree is a demanding one, trodden every year by the 54 students accepted by the Faculty of Dentistry annually. Each cohort has to undergo an intensive, patient-centric, four-year undergraduate curriculum packed with lectures, tutorials, seminars, practicals and clinic sessions. In fact, with admissions poised to increase to 80 students per year by 2020 to prepare for a growing and greying population, the Faculty has been reviewing and refining its curriculum. It has been continually updating the BDS programme to ensure that students receive a relevant and holistic education. For instance, it recently rolled out a revised Patient Communication module, which starts in the pre-clinical years. The students are also given the opportunity to engage in research through the Undergraduate Research Opportunities Programme; for those with an inclination for Paediatric Dentistry or Oral and Maxillofacial Surgery, they can consider participating in two new Clinical Elective Programmes in these disciplines. More such electives are in the pipeline to cater to the diverse clinical interests of the students.

Keeping up with the times
Singapore’s low Total Fertility Rate means that healthcare professionals will be facing an aging population sooner rather than later. To stay relevant, the Faculty ensures its curriculum prepares students for such emerging trends by integrating relevant content taught by different disciplines to enable the students to gain a holistic appreciation of how to manage geriatric patients comprehensively. In light of evolving treatment options, the Faculty will be exposing its students to key concepts of implantology so that they have a good background of how implants can be indicated for patients who are suitable.

As it celebrates its 85th anniversary this year, the NUS Faculty of Dentistry continues to refine and develop dental education to address the oral healthcare needs of Singaporeans.
are closely supervised by specialist clinicians from the Faculty.
Beyond the on-campus clinical training, the Faculty also provides the students with opportunities to engage in community-based initiatives, such as field trips to hospices and nursing homes through which they develop professional values of care and compassion.

Furthermore, dentistry students are encouraged to partner their peers from nursing and medicine on community outreach projects, which offer oral health screening and dental health education to the participants. In so doing, the oral-systemic health links are highlighted. For example, patients with diabetes are more susceptible to oral health problems because of their weak immunity and healing process. Through such outreach events, the students play a pivotal role in helping the participants to take better care of their oral health.

Inter-professional collaborations also highlight the importance of a shared responsibility towards the patients. In emphasising empathy for patients, Associate Professor Grace Ong, Dean of the Faculty, stresses that students need to see patients as people to be cared for, not just a problem to be solved.

Patient-ready upon graduation, NUS Dentistry students are bonded for four years while their non-Singaporean counterparts serve five years in public institutions such as polyclinics, the School Dental Service, hospitals and even military dental centres. As these graduates do not have housemanship stints, it is imperative that the Faculty trains them to high levels of proficiency and prepares them for real-world situations. Like their peers at NUS Medicine, dental students must be patient-ready. “Always treat the patients comprehensively as an oral physician—don’t be a tooth dentist,” advises A/Prof Ong.
When victims of traffic accidents, heart attacks and other sudden mishaps require medical attention, they see Dr Gene Chan.
MASTER OF ONE
JACK OF ALL TRADES,

To describe the difference between an emergency doctor and other specialists, Dr Chan offers the example of a gall bladder surgeon. This surgeon will only see those who come to him with related problems, and he will know the gall bladder to the minutest of detail. “Whereas what I know is, ‘Okay, that’s a gall bladder,’” she laughs. “But I know the possible complications that can happen to the gall bladder and how to initially treat it, control infections and so on.”

But while they might be Jacks and Jills of all trades, Dr Chan and her peers are also masters of one: resuscitation. Getting a trauma patient back to a stable condition after his heart has stopped is a specialty of emergency doctors, and they’d be the best people to do so, believes Dr Chan. Besides resuscitation, Dr Chan also performs simple procedures, such as stabilising fractures using splints, suturing, clearing airways and removing small cysts. But in the A&E department, expect the unexpected, including open-heart surgeries conducted right in the A&E premises! “The most senior person—not myself—will do it,” notes Dr Chan.

LIFE OR DEATH

As an undergraduate, Dr Chan aspired to be a specialist in geriatric medicine. But after being posted as a Medical Officer to Tan Tock Seng Hospital during the SARS crisis, she got hooked on the fast pace and dynamism of the emergency department. So, in 2005, she decided to become an emergency doctor.

“I like the fact that I see a wide variety of patients,” she reasons. “I’m the kind who cannot sit down for too long. I can’t imagine seeing the same patients with the same problems over a long period of time. I just want to solve problems now.”

Given the volume of patients and their broad range of ailments—from the minor to the life threatening—Dr Chan has to constantly make split-second decisions that, quite literally, have life-or-death repercussions. “Having a crystal ball in your mind helps,” she reveals. “We have to predict, based on our experience, the patients who are going to turn bad and anticipate the problems that might crop up.”

However, the toughest part of the job is the unenviable task of relaying bad news to family and friends. It’s worse if next-of-kin are called to identify a deceased person. Dr Chan remembers a heart-wrenching moment a few years ago when she accompanied a primary school boy to identify his mother’s body. “The body was already in the mortuary. I had to go with this young boy, and we had to bring the body out from the fridge…” says Dr Chan, her voice trailing off. “That was sad. I will always remember it.”

So what makes it all worthwhile for someone whose daily life takes her within touching distance of death? The knowledge that you’ve tried your best, she replies.

### PRIORITY LEVELS

Emergency doctors see both walk-in patients and ambulance cases. When patients arrive at the A&E, nurses categorise them according to their condition. This is known as a triage system, and the NUH operates four priority levels:

**Priority 1:** Urgent ambulance cases that require immediate attention, such as strokes, heart attacks and massive trauma. Paramedics will contact the A&E before they arrive so that doctors and nurses can prepare to receive the patient. The patient is attended to upon arrival.

**Priority 2:** Ambulance cases that don’t need immediate attention. Upon arrival, nurses and doctors will stabilise the patient and, if they are well enough, place them in the regular walk-in area. Patients are attended to within 30 minutes.

**Priority 3:** Walk-in patients who come in with a variety of issues, from sprained ankles to cuts and fevers. Patients are attended to within one to two hours.

**Priority 4:** Non-priority and non-urgent cases.

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>Urgent ambulance cases requiring immediate attention.</td>
</tr>
<tr>
<td>Priority 2</td>
<td>Non-urgent ambulance cases. Patients are attended to within 30 minutes.</td>
</tr>
<tr>
<td>Priority 3</td>
<td>Walk-in patients with a variety of issues. Patients are attended to within one to two hours.</td>
</tr>
<tr>
<td>Priority 4</td>
<td>Non-priority and non-urgent cases.</td>
</tr>
</tbody>
</table>
CELEBRATING 85 YEARS

2,000 UNDERGRADUATES AND 250 POST-GRADUATES LATER, THE NUS FACULTY OF DENTISTRY TURNS 85 THIS YEAR. EVIDENCE+ TRACES THE DEVELOPMENT OF THIS GRANDE DAME THROUGH THE YEARS.

1929
The NUS Dentistry begins life in a disused ward of the then Norris Block of the Singapore General Hospital with seven students.

1933
The first Diploma of Licentiare in Dental Surgery (LDS) is awarded.

1950
The first Bachelor of Dental Surgery (BDS) is awarded.

1966
The Dental School becomes a full-fledged faculty in the university.

1986
Moves from SGH to NUH.

2008
The faculty of dentistry becomes part of the NUHS together with NUS Yong Loo Lin School of Medicine and NUH.

2010
The Faculty of Dentistry moves into its current premises on the NUS campus. It is home to more than 200 undergraduates, 50 post-graduates and about 30 full-time faculty staff.