

# 36<sup>th</sup>

## SNUCMAA of NA Annual Convention and Scientific Meeting



**March 20 (Wed) ~ 24(Sun), 2019**

**Pacific Palms Resort,  
City of Industry, CA 91744**



**Presented by  
Seoul Nation University College of Medicine  
Alumni Association of North America**

SNUH  서울대학교병원

# 대한민국 의료를 세계로

고객중심, 인재존중, 혁신추구,  
사회공헌, 상호협력의  
정신으로 대한민국 의료의  
더 큰 내일을 열어갑니다.



## 회장 인사



서울의대 미주동창 회장으로서 여러 선후배 동문들과 모든 Guest 의 36차 정기학술대회에 참석하심을 감사 드립니다.

10년이면 강산도 변하는데, 본인이 의과대학을 졸업한지, 이젠 강산도 벌써 다섯번째 변해갑니다. 매년 가져온 서울의대 미주학술대회 36회를 갖는 것은 문자 그대로 전통과 역사를 자랑하는 저희 서울의대 동문들만이 이루어 낼수 있는 일임을 동창회장의 자격으로 치하 드립니다.

이번 학술대회에서는 “Value, Quality and Disparity in Healthcare Quality” 라는 challenging 한 주제로 갖을 presentation 과 discussion이 기대됩니다. 이 scientific session을 organize를 위해 수고해주신 committee chair 이선규(89), 신규호(68) chair님께 감사드리고, 조력해주신 Associate chairs, 박계영(90), 박종철(99), 백시환(99) 후배 동문들께 심심한 감사를 드립니다. 이렇게 실질적인 issue에 초점을 맞춘 저희들 convention 이 매우 성공적으로 끝낼것을 믿습니다.

Non-CME는흥미롭고도 다양한 topic으로 구성되어 있습니다. 서울의대 미주동문들의 다채롭고도 심도있는 연구, 환자를 치료하는 직접적인 의술은 아니지만, 인간과 인간문화를 이해하는 의사들로서의 관심사들로 구성 되었습니다. 제목만 봐도 듣고싶은 title이 많이 있습니다. 지난회에이어서 이번 36회 모임을 위해서 그리고 Non-CME 프로그램을 organize 해주신 김영애 여사 (김영애 여사, 김성환(71)부인) 께도 깊이 감사드립니다.

남가주의대 동문회장일로 바쁘신 중에도 총무를 맡아주신 안우성 (76) 동문, 재무를 맡아 주신 최광휘 (76) 동문, 특히 이 convention chair를 맡아서 컨벤션의 모든 issue 에 관심주시고, 해결해 주시는김성환(71)동문의 노고에 감사 드립니다.

모교에서 오시는 동창회장님, 학장님, 병원장님과 교수님들께 감사의 말씀을 드립니다. 각 Committeechairman선생님들 모두에게 감사 드립니다.

Green Project를 리드해 주시는 젊은 동문여러분 그리고 AASCDTF (Asian American Stomach Cancer Disease Task Force)를 이끌어 주시는 임종식(57), 박찬형(62), 한승신(76), 김정아(76), 남명호(81) 께 감사 드립니다. 의대동창회에서 재정 도움도 못드리지만, 미주 Asian의료권익을 위해 자랄 단체로 믿습니다.

참석해 주시는 동문과 Guests 들게는 꼭 유익하고, 재미있고, 실용적인 정보의 교환과, 동문 선후배간의 만남도, 그리고 미래에로 도약을 위한 이번 convention이 되기를 기원합니다.

마지막으로 미주서울동창회 사무장, 제이미 김님께서 모든 일을 조율해 주시고 이 번 학술대회 진행이 원활히 되도록 중추역할을 해 주심에 깊은 감사의 말씀을 전하며 인사의 글을 마치겠습니다.

회장 정균희

## Message from the Convention Chair



Dear Attending Alumni and Guests,

Welcome to the 36th Annual Convention and Scientific Meeting of the Seoul National University College of Medicine Alumni Association of North America at the Pacific Palms Resort in the City of Industry, California from March 20th to March 24th, 2019.

I am so privileged but overwhelmed to serve as the convention chair.

This year our Convention and Program layout has some changes. Following two days of Pre-Convention Golf Event on the 20th and 21st, all day Friday, 22nd is dedicated to class re-union time on site with non-CME Programs which will last until mid-afternoon Saturday, 23rd. This will give more time to reunite and socialize not only with classmates but with all the participants in relaxed and less structured atmosphere.

Like last year Scientific Programs will be presented all day Saturday, 23rd and until Sunday, 24th afternoon, considering more participation of younger speakers and attendees' tight time schedule.

The forum of the Asian American Stomach Cancer Disparity Task Force (AASCDTF) is embarked during our convention with guests in various related field, thanks to the generous donation and ground work of our past president and first lady, Drs. Seung Shin Hahn and Jung Ah Kim (76) and Dr. Myong Ho (Lucy) Nam (81) after years of asserted presentations of need by Dr. Chan H Park (62).

All the VIPs from Seoul, Korea; Alumni President of SNUCMAA Dr. Jeong Yong Hong, Dean of SNUCM Dr. Chan Soo Shin, SNUH President Dr. Chang Suk Suh and their faculties are welcome and very much appreciated to make our convention shining and more meaningful.

I hope all the attending alumni and guests enjoy getting together, renewing friendship, learning something new or updating information from various topics presented during this convention.

On behalf of the organizing members and officers I sincerely appreciate all the donors and advertisers for this convention.

I cannot express my gratitude enough to our executive secretary Ms. Jamie Kim for her tireless dedication beyond her duty to make this convention possible.

I, also like to praise my better half, non-CME Chair Young Ae Kim for the diligent and enthusiastic contribution to this convention.

Sunghwan Kim, M.D. (71)

## **Message from the Scientific Committee Chairs**

**Seon-Kyu Lee, MD, PhD, (Chair)**

**Gye Young Park, MD (Asso. Chair)**

**Do Eun Lee, MD (Asso. Chair)**

**Jong Chul Park, MD (Asso. Chair)**

**William Sewan Baek MD (Asso. Chair)**

Dear SNUCM Alumni

The 36th Annual Convention of the SNUCMAA of North America will focus on "Value, Quality and Disparity in Healthcare" which have been one of the hottest topics in the field of medicine recently. On Saturday, we will have three main sessions, lunch session and a special lecture. Sunday sessions will be devoted to Green Project (GP) alumni, thus our alumni can hear promising young SNUCMAA alums' fascinating clinical and basic research activities. There will be 12.0 AMA PRA Category 1 Continuing Medical Education Credits available.

On Saturday, physician senior administrators, healthcare leaders, physician experts in Healthcare management as well as talented young scholars from both the US and Korea on Saturday will provide various perspectives on current healthcare issues, potential solutions and future direction. Invited speakers for the first session include Dr. Moo-Yeon Oh-Park (89), senior vice president and chief Medical Officer of the Burke Rehabilitation Hospital, NY, Dr. Dong Wan Kim (94), the head of Quality Assurance Center of SNUH and Dr. Ki Hyeong Lee (89), the Medical Director of Comprehensive Epilepsy Center and Pediatric Neurology at Advent Health for Children and Advent Health Orlando, FL. Dr. Myong Ho Nam (81), the Medical Director of Inova Laboratories and Inova Fairfax School of Clinical Laboratory Science will moderate the second session. Dr. Yong-Ho Kang (92) who is the Chair of the department of Health Policy and Management at the SNUCM, Dr. Ah Reum Ahn (08) from Boston, MA who was a former faculty member at the Department of Public Health Medical Service of SNUH and Dr. Samuel So, the Lui Hac Minh Professor at Stanford University and the Director of the Asian Liver Center will talk and participate in discussion during the second session. Dr. Gwy Suk Seo (84), Professor of Radiology at Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Dr. Hyun Hoon Chung (97), the Chief Innovation officer of the SNUH and Dr. Kyung Min Song (09), Co-founder of Clsfd Inc will be in the third session. The Special Task Force for the Healthcare Disparity will give their report during the Saturday lunch session. Dr. In-Whan Oh (63) who is the President and CEO, Leadership and Group IQ Institute will conclude the Saturday with the special lecture titled with "Group Consciousness and Collective intelligence of Korean".

Our promising GP members will present the state of the art researches on Sunday. These inspiring researches by our young alumni demonstrate the continuum of the SNUCMAA legacy of excellence in medical science. Dr. Gye-Young Park (90) will lead the panel discussion "Career Challenges to become a US Physician" on Sunday. The panels consist of all current trainees (residents). Thus will provide practical information primarily for the US resident matching process.

We are deeply grateful to all participating alumni who are willing to devote their valuable time to make this program successful. We look forward to an exciting meeting and extending a warm welcome to all alumni in the City of Industry, CA.

Sincerely,

2019 SNUCMAA Scientific Program Committee

# GENERAL PROGRAM

## March 20, 2019 (Wednesday)

9:00 pm-3:30 pm: Pacific Palms Resort, Babe course  
(Tee time: 9 am)

## March 21, 2019 (Thursday)

9:00 pm-3:30 pm: Pacific Palms Resort, Ike course  
(Tee time: 9 am)

3:00 pm-5:00 pm: Registration at Main Lobby

4:00 pm-5:00 pm: 2nd Board of Directors Meeting, Cherry Hill room

## March 22, 2019 (Friday)

6:30 am-8:30 am: Breakfast, Cima restaurant

8:00 am-12:00 noon: Registration at Main Lobby

9:00 am-12:00 noon: Non CME, Majestic CD room

12:00 noon -2:00 pm: Lunch, Majestic I room

3:00 pm – 6:00 pm: Registration at Main Lobby

1:10 pm – 5:00 pm: Non CME, Majestic CD room

6:30pm-10:30 pm: Banquet, Colonial AB room

## March 23, 2019 (Saturday)

6:30 am-8:30 am: Breakfast, Cima restaurant

8:00 am-12:00 noon: Registration at Main Lobby

7:50 am-12:00 noon: Scientific Session, Majestic I room

9:00 am- 12:00 noon: Non CME, Majestic CD

12:00 noon-2:00 pm: Lunch, Main Lobby

12:30 pm-4:30 pm: CME Scientific Session, Majestic I room

1:00 pm-4:00 pm: Non CME, Majestic CD

3:00 pm-6:00 pm: Registration at Main Lobby

5:00 pm-6:30 pm: Reception, Majestic CD

7:00 pm-11:00 pm: Grand Banquet, Colonial AB room

## March 24, 2019 (Sunday)

6:30 am-8:30 am: Breakfast, Cima restaurant

8:00 am-11:00 noon: Registration at Main Lobby

8:00 am-12:00 noon: CME scientific Session, Majestic I room

12:00 noon-1:00 pm: Lunch, Majestic CD room

1:00 pm -5 pm: Green Project forum, Majestic CD room

12:30 pm- 1:30 pm: CME Scientific Session, Majestic I room

# 36th Medical Scientific Convention

## GENERAL INFORMATION

The 36th Annual Convention of the SNUCMAA of North America will focus on “Value, Quality and Disparity in Healthcare” which have been one of the hottest topics in the field of medicine recently. On Saturday, we will have three main sessions, lunch session and a special lecture. Sunday sessions will be devoted to Green Project (GP) alumni, thus our alumni can hear promising young SNUCMAA alums’ fascinating clinical and basic research activities. There will be 12.0 AMA PRA Category 1 Continuing Medical Education Credits available.

## ACCREDITATION

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University at Buffalo Jacobs School of Medicine and Biomedical Sciences and Seoul National University College of Medicine (SNUCM).

The University at Buffalo Jacobs School of Medicine and Biomedical Sciences is accredited by the ACCME to provide continuing medical education for physicians.

## CERTIFICATION

The University at Buffalo Jacobs School of Medicine and Biomedical Sciences designates this live activity for a maximum of *12 AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACCME Standards of Commercial Support of CME require that presentations be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, faculty are requested to use only generic names. If they use a trade name, then those of several companies should be used. If a presentation includes discussion of any unlabeled or investigational use of a commercial product, faculty are required to disclose this to the participants.

To receive the due certificate, each attendee must complete **TWO FORMS**, the Credit Claim Form and the Evaluation Form.

### **the Credit Claim Form**

This needs to be completed by all attendees who are looking to receive a CME Certificate and should be submitted to the registration desk at the end of the conference.

### **the Evaluation Form**

Please complete this form and submit to the registration desk at the end of the conference whether you want to receive a CME Certificate or not. This will provide us with important information on how to plan a successful future symposia. Also, the CME Certificate will be issued only after we submit the analysis of this information to University at Buffalo School of Medicine and Biomedical Sciences.

## **PLANNING COMMITTEE & SPEAKER DECLARATIONS**

The Accreditation Council for Continuing Medical Education (ACGME) and the University at Buffalo School of Medicine and Biomedical Sciences Standards for Commercial Support require that presentations are free of commercial bias and that any information regarding commercial products/services are based on scientific methods generally accepted by the medical community.

The following speakers have disclosed financial interest/arrangements or affiliations with organizations(s) that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentation(s). Only the current arrangements/interests are included.

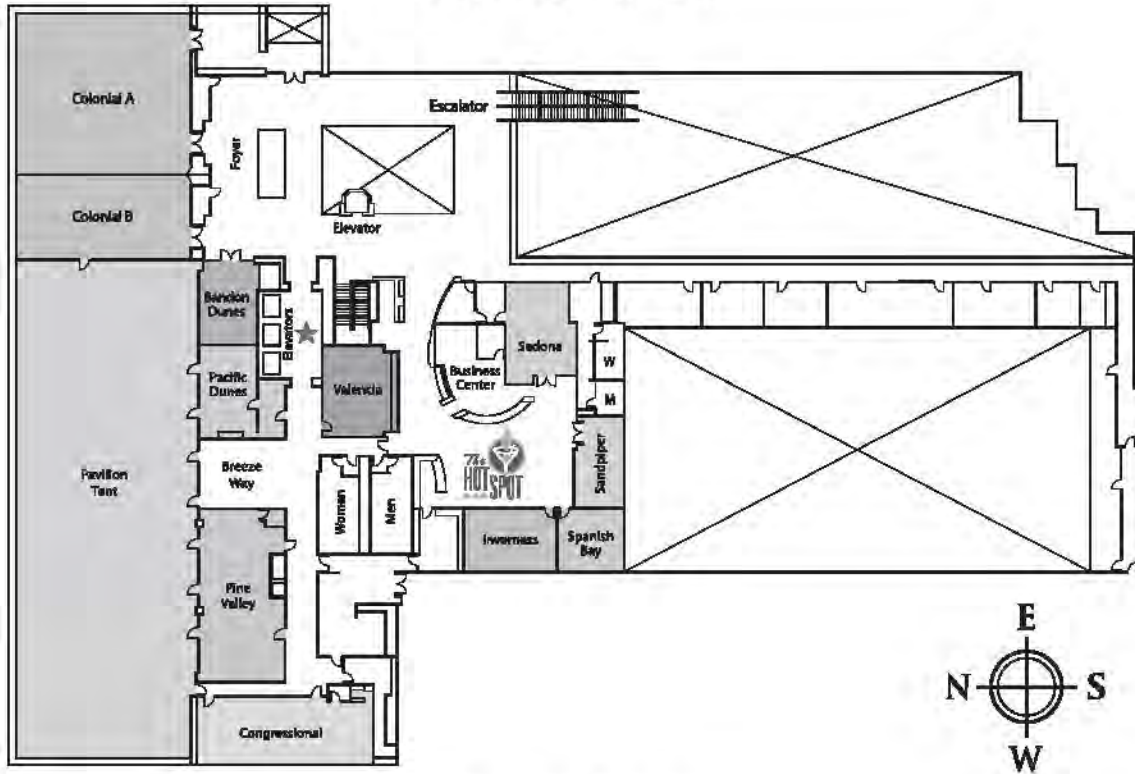
<b>Ahn, Ah Reum</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Ahn, Se Jin</b>	<b>Panelist</b>	<b>Nothing to report</b>
<b>Baek, William Sewan</b>	<b>Planning Committee, Moderator, Speaker</b>	<b>Nothing to report</b>
<b>Cho, Sang Wook</b>	<b>Panelist</b>	<b>Nothing to report</b>
<b>Chung, Chul Won</b>	<b>Panelist</b>	<b>Nothing to report</b>
<b>Chung, Hyun Hoon</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Hwang, Joo Ha</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Kang, Yong Ho</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Kim, Dong Wan</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Kwon, Choon Hyuck David</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Lee, Do Eun</b>	<b>Planning Committee, Moderator</b>	<b>Nothing to report</b>
<b>Lee, Eun Jung</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Lee, IkJae</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Lee, June-Ku</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Lee, Ki Hyeong</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Lee, Seon-Kyu</b>	<b>Planning Committee, Moderator, Speaker</b>	<b>Nothing to report</b>
<b>Nam, Myong Ho (Lucy)</b>	<b>Moderator, Speaker</b>	<b>Nothing to report</b>
<b>Oh, In-Whan</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Oh, Moo-Yeon</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Park, Gye Young</b>	<b>Planning Committee, Moderator</b>	<b>Nothing to report</b>
<b>Park, Haeseung</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Park, Jong Chul</b>	<b>Planning Committee, Moderator</b>	<b>Nothing to report</b>
<b>Rhim, Jong S.</b>	<b>Moderator</b>	<b>Nothing to report</b>
<b>Seo, Gwy Suk</b>	<b>Moderator, Speaker</b>	<b>Nothing to report</b>
<b>Shin, Sang Ha</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>So, Samuel</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Song, Kyung Min</b>	<b>Speaker</b>	<b>Nothing to report</b>
<b>Yang, Hyun-Sik</b>	<b>Speaker</b>	<b>Nothing to report</b>



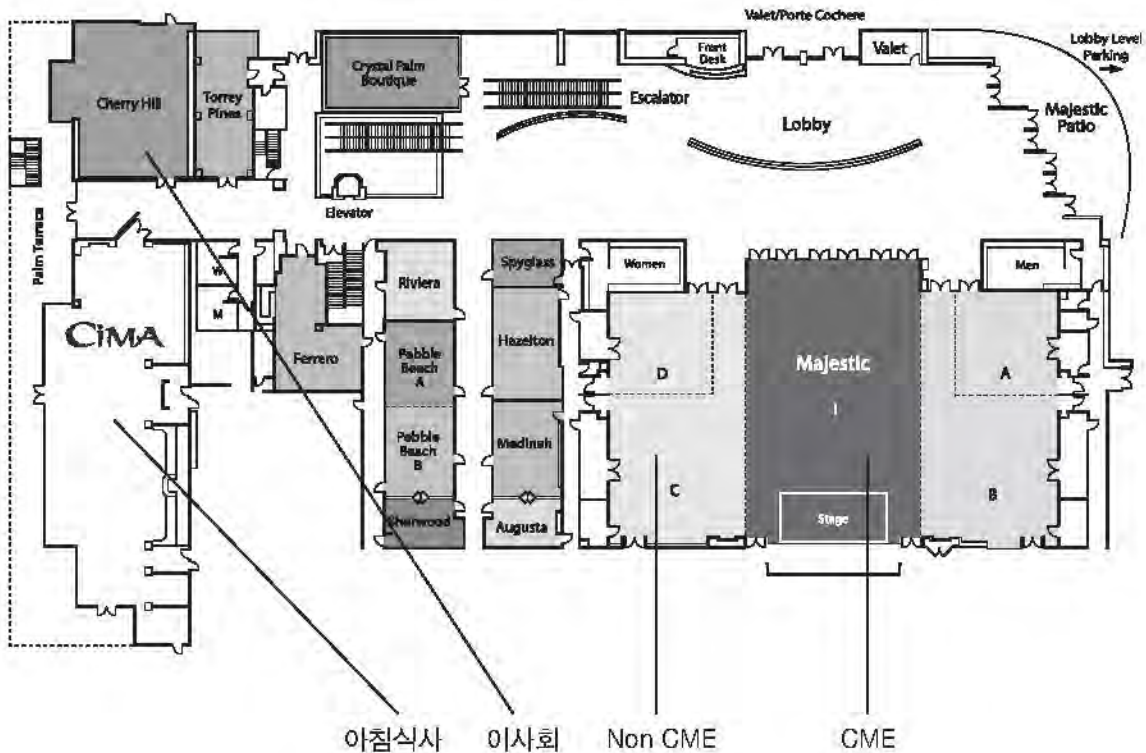
# 36차 학술대회 회의장과 연회장 위치와 이름

## MEZZANINE LEVEL

★ Elevators to guest room floors



## LOBBY LEVEL



## FACULTY

<b>Ahn, Ah Reum</b>	2008	Former Faculty member at the Department of Public Health Medical Service of SNUH
<b>Ahn, Se Jin</b>	2008	Senior resident, Radiology, Montefiore Medical Center, Bronx, NY
<b>Baek, William Sewan</b>	1999	Parkside Medical Group, Adjunct Clinical Associate Professor, Department of Psychiatry and Neuroscience, UC Riverside
<b>Cho, Sang Wook</b>	2015	Resident
<b>Chung, Chul Won</b>	2014	Resident
<b>Chung, Hyun Hoon</b>	1997	Professor, Department of Internal Medicine, SNUCM
<b>Hwang, Joo Ha</b>		Director of Interventional Endoscopy, Stanford University
<b>Kang, Yong Ho</b>	1992	Professor and Chair, Department of Health Policy and Management, SNUCM
<b>Kim, Dong Wan</b>	1994	Professor, Department of Internal Medicine, SNUCM
<b>Kwon, Choon Hyuck David</b>	1995	Director of Laparoscopic Liver Surgery at Cleveland Clinic, Cleveland, Ohio
<b>Lee, Do Eun</b>	1999	Endocrinologist, Do-Eun Lee Inc. CA
<b>Lee, Eun Jung</b>	1997	Associate Professor of Research, Department of Preventive Medicine, USC
<b>Lee, IkJae</b>	2008	Assistant Professor, Department of Neurology, the University of Alabama at Birmingham
<b>Lee, June-Ku</b>	2008	Post-Doc Fellow, Department of Biomedical informatics, Harvard Medical School
<b>Lee, Ki Hyeong</b>	1989	Medical Director of Comprehensive Epilepsy Center and Pediatric Neurology at Advent Health for Children and Advent Health, Orlando, FL
<b>Lee, Seon-Kyu</b>	1989	Professor, Radiology and Neurosurgery, Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY
<b>Nam, Myong Ho (Lucy)</b>	1981	Medical Director, Inova Laboratories & Inova Fairfax School of Clinical Laboratory Science, Inova Health
<b>Oh, In-Whan</b>	1964	President and CEO, Leadership and Group IQ Institute
<b>Oh, Moo-Yeon</b>	1989	Senior vice president and Chief Medical Officer, Burke Rehabilitation Hospital.
<b>Park, Gye Young</b>	1990	Associate Professor, Department of Internal Medicine, The University of Illinois at Chicago
<b>Park, Haeseung</b>	2006	Assistant Professor, Department of Internal Medicine, Washington University at St Louis
<b>Park, Jong Chul</b>	1999	Assistant in Medicine at Massachusetts General Hospital, Instructor in Medicine in Harvard Medical School
<b>Rhim, Jong S.</b>	1957	Professor Emeritus Department of Surgery, Uniformed Services University of Health Sciences (USUHS), Associate Director, Center for Prostate Disease Research, National Cancer Institute Bethesda, Md
<b>Seo, Gwy Suk</b>	1984	Professor of Radiology at Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
<b>Shin, Sang Ha</b>	2018	Research Associate, Northwestern University, Chicago, IL
<b>So, Samuel</b>		the Lui Hac Minh Professor at Stanford University and the Director of the Asian Liver Center
<b>Song, Kyung Min</b>	2009	Co-founder and Chief Operating Officer of Clsfd Inc
<b>Yang, Hyun-Sik</b>	2009	Instructor in Neurology at Harvard Medical School, and Associate Neurologist at Brigham and Women's Hospital.

## SCIENTIFIC SESSION

### March 23, 2019 (Saturday)

7:50AM-8:00 AM Welcome address  
President

8:00AM - 8:10AM Opening remarks.  
Scientific Committee Chair

**8:10 AM -10:10 AM Understanding  
Healthcare Quality and Value (Moderator: Lee,  
Seon-Kyu)**

8:10 AM - 8:40 AM What are healthcare  
value and quality? *Lee, Seon-Kyu (89)*

8:40 AM - 9:10 AM How to maintain  
Quality Care (Quality Control) in the US and  
Why is important? *Oh-Park, Moo-Yeon (89)*

9:10 AM - 9:40 AM Achieving and  
maintaining Healthcare value and  
quality in Korea. *Kim, Dong Wan (94)*

9:40 AM - 10:10 AM In the era of value and  
quality; what's your value? (Physician Contract  
101: How to Negotiate Like a Pro)  
*Lee, Ki Hyeong (89)*

**10:10 AM - 10:20 AM Coffee Break**

**10:20AM-12:30 PM Healthcare Disparity  
and the Direction of Healthcare Reform  
(Moderator: Nam, Lucy)**

10:20 AM - 10:50 AM Keynote: Healthcare  
disparities: definition, current status, and policy  
issues. *Kang, Yong-Ho (92)*

10:50 AM - 11:20 AM Challenges in  
Uncovering and Addressing Health Disparities  
among Asian Americans. *Nam, Myong Ho  
(Lucy) (81)*

11:20 AM - 11:50 AM Future Directions and  
Potential Solutions for US Healthcare Disparity.  
*Ahn, Ah Reum (Julia) (08)*

11:50 AM - 12:20 PM Chronic hepatitis B and  
liver cancer in Asian Americans.  
*So, Samuel*

12:20 PM - 12:30 PM Panel Discussion

**12:30 PM - 2:10 PMLunch Session: Report from  
the Special Task Force for the Healthcare  
Disparity (Moderator: Nam, Lucy)**

12:30 PM - 1:00 PM Epidemiology of Stomach  
Cancer Disparity in Korean Americans.  
*Lee, Eun Jung (97)*

1:00 PM - 1:30 PM Gastric cancer screening and  
early treatment. *Hwang, Joo Ha*

1:30 PM - 2:00 PM Current status of treatment  
outcomes for gastric cancer. *Park, Haeseung  
(06)*

2:00 PM - 2:10 PM Q&A

**2:10 PM - 2:20 PM Coffee Break**

**2:20 PM - 3:40 PM Pursuing Quality,  
Maintaining Value and Promoting Innovation  
(Moderator: Seo, Gwy Suk)**

2:20 PM - 2:40 PM Maintaining value and  
innovation in Emergency Radiology.  
*Seo, Gwy Suk (84)*

2:40 PM - 3:10 PM Facilitating and Pursuing  
Healthcare Innovation in Korea. *Chung, Hyun  
Hoon (97)*

3:10 PM - 3:40 PM Healthcare Innovation and  
its importance. *Song, Kyungmin (09)*

**3:40 PM - 4:30 PM Group Consciousness  
and Collective Intelligence of Korean  
(Moderator: Rhim, Jong S)**

3:40 PM - 3:50 PM Introduction *Rhim, Jong S.  
(57)*

4:00 PM - 4:30 PM Group Consciousness and  
Collective intelligence of Korean  
*Oh, In-Whan (63)*

## SCIENTIFIC SESSION

### March 24, 2019 (Sunday)

#### 8:00AM - 9:00AM Podium Presentation I (Moderator: Park, Jong Chul (99))

8:00-8:30 AM Mechanisms Generating Fusion Oncogenesis in Lung Adenocarcinomas. *Lee, June-Koo (08)*

8:30-9:00 AM Evaluation of TDP-43 proteinopathy and hippocampal sclerosis in relation to APOE  $\epsilon$ 4 haplotype status: a community-based cohort study. *Yang, Hyun-Sik (09)*

#### 9:00AM - 10:00AM Podium Presentation II (Moderator: Baek, William Sewan (99))

9:00-9:30 AM Musicalization of Neurological Disorders: Songs of Love and Hope to Heal our Patients. *Baek, William Sewan (99)*

9:30-10:00AM Living Donor Liver Transplantation and Recent Advances in Donor Hepatectomy. *Kwon, Choon Hyuck David (95)*

#### 11:00AM - 12:00 PM Podium Presentation III (Moderator: Lee, Do Eun(99))

11:00-11:30 AM Changing Landscape in the Treatment of Myasthenia Gravis. *Lee, Ikjae (08)*

11:30-12:00 Immunologic Characterization of Intermediate MSI scores in Stomach Cancer. *Shin, Sang Ha (18)*

#### 12:00-12:30 PM Lunch

#### 12:30 PM - 1:30 PM Panel Discussion Career Challenges to become a US physician

Moderator *Park, Gye Young (90)*

Panelists:

*Ahn, Se Jin (08)*

*Lee, IkJe (08)*

*Cho, Sang Wook (15)*

*Chung, Chul Won (14)*

## NON-CME SESSION

### **36 회 학술대회 Non-CME Schedule**

#### **March 22 (Friday), Majestic CD room**

Moderator: 김영애

9:00 AM-9:50 AM	나두섭(73): 사진에 관한 최신 정보
10:00 AM-10:50 AM	이원택(71): 역대 대통령들의 정신분석
11:00 AM-11:30 AM	서윤석(68) : 시계탑과 글쓰기
11:40 AM-12:10 AM	이성길(71): 마리화나의 근래상황
12:10 PM-1:00 PM	점심
1:00 PM-2:30 PM	윤성주(외부): 핸드폰
2:40 PM-3:10 PM	박종희(75) 시조
3:20 PM-4:10 PM	온기철(71) : 청과 조선의 멸망

#### **March 23(Saturday), Majestic CD room**

Moderator: 김영애

9:00 AM-9:50 AM	최도빈(외부) : 표암 강세황의 삶으로 본 조선 후기 회화
10:00 AM-10:50 AM	김명원(68) : Picasso's Inspiration
11:00 AM -12:00 Noon	안우성(76) : 양로 복지 시설의 실태
12:00 Noon-1:00 PM	점심
1:10 PM-2:00 PM	손영진(62) : 수석 (壽石)
2:010 PM-3:00PM	김재권(외부) : 세상을 움직이는 4 가지 절대 법칙
3:10 PM-4:00 PM	온기철(71) : 일제 강점기의 중국과 한국, 해방정국

## **Speakers on March 23 (Saturday)**

### **Understanding Healthcare Quality and Value**



**Lee, Seon-Kyu (89), MD,PhD.** Professor of Radiology and Neurosurgery, Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY

Seon-Kyu Lee, MD, PhD

graduated from Seoul National University College of Medicine in 1989 with an MD degree and received a Phd Degree from Seoul National University in 2000. After the Radiology residency training at the SNUH and he completed the Neurointerventional Radiology fellowship training at the University of Toronto, Toronto, Canada in 2001. Dr. Lee has published more than 150 scientific papers, proceedings and abstracts in peer reviewed scientific journals and has been invited in multiple national and international scientific meetings. Dr. Lee is also interested in Healthcare Policy and Economics. He is a member of the Healthcare Policy and Economics committee of the Society of Neurointerventional Surgery, Economics Committee of the American Society of Neuroradiology and Health Services & Research subcommittee of Radiological Society of North America.



**Oh-Park, Moo-Yeon (89), MD.** Professor of Rehabilitation Medicine, Albert Einstein College of Medicine, Senior Vice President and Chief Medical Officer, Burke Rehabilitation Hospital, Westchester, NY

Dr. Mooyeon Oh-Park, M.D., graduated from the Seoul National University College of Medicine. With a background in rehabilitation medicine, she wants to contribute to keeping

the aging population active as a priority in healthcare. Her purpose in Rehabilitation research is to identify the older individuals early in the process of disablement, and to develop mechanism based interventions for mobility difficulty. As a member of the Division of Cognitive and Motor Aging, her research involves a quantitative measure of gait and balance using instrumented carpet and Swaystar inclinometer. Her eventual goal is early detection of mobility decline and dissemination of interventions for the prevention of mobility decline.



**Dong-Wan (94), MD,PhD.** Professor of Internal Medicine, Seoul National University College of Medicine. head of Quality Assurance Center of SNUH

Dong-Wan Kim is a Professor of Medicine at the Seoul National University (SNU) College of Medicine, Seoul, Korea. Dr. Kim received his MD and PhD degree from the SNU and completed a residency in internal medicine at the Seoul National University Hospital (SNUH). After completing his fellowship at the SNUH, he has been working at the SNU College of Medicine and SNUH as a staff member since 2003. Dr. Kim's specialty is medical treatment for lung cancer and his research interests include clinical and translational research on thoracic malignancies. He has extensive experience in conducting clinical studies including the first-in-human phase I studies with molecular targeted agents and immune-oncology trials. Also, he is the author of more than 150 academic papers in peer reviewed international journals. Since June 2016, Dr. Kim is serving as the Head of QA (quality assurance) Center of SNUH.



**Lee, Ki Hyeong (89), MD.**The Medical Director of Comprehensive Epilepsy Center and Pediatric Neurology at Advent Health for Children and Advent Health Orlando, FL.

Ki Hyeong Lee MD was born in Boryung, Chungcheong Province and grew up in Seoul since 1<sup>st</sup> grader in elementary school. He came to the US in 1995 right after completing neurology training at SNUH and spent two years at Mayo Clinic doing bench research, followed by five years of child neurology and epilepsy fellowship training at Medical College of Georgia (MCG). He stayed on MCG as an assistant professor and epilepsy program director from 2002 until 2006 when he moved to Cincinnati Children's Hospital Medical Center (CCHMC) to start the epilepsy surgery program. In 2011, Dr. Lee went to the Advent Health (aka Florida Hospital previously) in Orlando Florida to lead a comprehensive epilepsy center for both pediatric and adult patients. Dr. Lee has completed a 2-year MBA program at the University of Cincinnati. His clinical and research interests have been focused on treating drug-resistant epilepsy. Most recently, he has been involved in developing and growing neuroscience programs at the Advent Health Neuroscience Institute as the medical director. Dr. Lee is also interested in health care economics and the biotech industry. Outside of work, he enjoys biking, hiking, and listening to music.

### **Healthcare Disparity and the Direction of Healthcare Reform**



**Kang, Yong-Ho (92), MD,PhD.**Professor and Chair of the department of Health Policy and Management SNUCM, President of the Korean Society for Equity

in Health.

Young-Ho Khang is a professor of health policy and management at Seoul National University College of Medicine. Originally trained as a physician at Seoul National University Medical School, he spent three years implementing several epidemiological field surveys and performing community health programs sponsored by WHO and Seoul National University. After finishing an internship at Seoul National University Hospital, Prof. Khang trained in preventive medicine at the Department of Health Policy and Management of Seoul National University Medical School. He subsequently obtained a PhD in health policy and management and was certified by the Korea Board of Preventive Medicine. He held professorial positions for 13 years at the Department of Preventive Medicine, University of Ulsan College of Medicine, before returning to Seoul National University in 2013. His research interests include socioeconomic health inequalities, early childhood development, population health trends, and socioeconomic influences (e.g., economic crisis, industrialization). He has published over 200 papers in domestic and international journals.



**Nam, Myong Ho (Lucy) (81), MD.**Medical Director, Inova Laboratories & Inova Fairfax School of Clinical Laboratory Science, Inova Health

Dr. Nam is the Medical Director of the Inova

Laboratories, a Reference Laboratory for the Inova Health System, and the Medical Director of the School of Clinical Laboratory Science at the Inova Fairfax Hospital. She has been with Inova Health System since 2004. She is a System Advisor for the Quality and Standardization of laboratory testing and Utilization Review.

She has 31-years of experience in both Anatomic and Clinical Pathology and holds subspecialty boards in Hematopathology and Transfusion Medicine. Before joining Inova Healthcare System, she was the medical director of the Hematopathology at the Washington Hospital Center. She is a Cum Laude graduate of Seoul National University College of Medicine. She has received AFIP's Calendar-Binford fellowship. She was the President of the Washington Society of Pathologists for 1994-1995. She was a CAP DIRC committee member for 2000-2005.



**Ahn, Ah Reum (Julia) (08), MD, PhD (Candidate).** Former faculty member of the Department of Public Health Medical Service of Seoul National University Hospital (2015-2017)

Ah Reum An is a primary care physician and a health policy researcher interested in primary care and hospice-palliative care. After the graduation of Seoul National University College of Medicine (2008), she did her family medicine training at Seoul National University Hospital (2009-2012). During the residency years, her

research was mainly focused on hospice-palliative care of cancer patients, and earned her MPH degree at Graduate School of Public Health, Seoul National University (2012). She is a Ph.D. candidate of the Department of Health Policy and Management at Seoul National University College of Medicine. As a general physician, she expanded her clinical experience at a community-oriented clinic, Seoul National University Hospital-Operated Sejong City Medical Clinic (2013-2015) and served as the acting director of the clinic (2014-2015).

Afterward, she worked as a junior faculty at the Department of Public Health Medical Service of Seoul National University Hospital (2015-2017) to improve the healthcare system of the medically underserved area in Korea.



**So, Samuel, MD.**Lui Hac Minh Professor at Stanford University and director of the Asian Liver Center

Dr. Samuel So founded in 1996 to eliminate hepatitis B and reduce the

burden of liver cancer worldwide. His current research focuses on identifying novel targets for liver cancer treatment and detection, and economic and health impact of national hepatitis B screening, care and treatment. Dr. So is recognized for his expertise in chronic hepatitis B and liver cancer prevention, research, treatment and health policy. He served on the IOM Board on Population Health and Public Health Practice, the IOM and National Academies committees on hepatitis B and C, and is an adviser to the WHO Western Pacific Region. In 2010, he received the CDC and ATSDR Honor Award for mobilizing people and resources in ways that have changed global public health policies related to hepatitis B, and was recognized by the White House for global and national leadership in the prevention and treatment of viral hepatitis in 2014.



**Report from the Special Task Force for the Healthcare Disparity**



**Lee, Eun Jung (97), PhD.** Associate Professor of Research, Department of Preventive Medicine, Keck School of Medicine, University of Southern California

Dr. Lee graduated from Seoul National University and award Bachelor of Pharmacy in 1997. Subsequently, she obtained PhD degree in Epidemiology at the USC in 2008 and completed Postdoctoral training at the USC in 2011. Dr. Lee's recent research is focused on understanding the impact of environmental chemicals on breast cancer risk in diverse populations and identifying cancer disparity in less well-studied Asian subgroups including Korean and Vietnamese Americans in California.



**Hwang, Joo Ha, MD, PhD.** Director, Interventional Endoscopy and Innovation, Stanford University

Dr. Hwang specializes in diagnosis and treatment of gastrointestinal malignancies including gastric (stomach) cancer, esophageal cancer, pancreatic cancer, bile duct cancer and colon cancer. Dr. Hwang performs advanced endoscopic procedures including endoscopic submucosal dissection (ESD) to resect early gastric, esophageal and colorectal cancers. Dr. Hwang received his bachelor's degree from the University of Illinois at Champaign-Urbana in electrical engineering. He then received his M.D. degree from the University of Chicago and his Ph.D. in bioengineering from the University of Washington. He did his residency in internal medicine and fellowship in gastroenterology at

the University of Washington and was a faculty member at the University of Washington from 2004 to 2017. He has been selected as one of "Seattle's Top Doctors" by both Seattle Magazine and Seattle Metropolitan Magazine. Dr. Hwang is board certified in gastroenterology. He is active with local, national and international professional societies. He is a fellow of the American Society of Gastrointestinal Endoscopy (FASGE) and is a past-president of the Pacific Northwest Gastroenterology Society.



**Park, Haeseung (06), MD, MPH.** Assistant Professor of Medicine and Associate Director of Developmental Therapeutics Program, Washington University at St. Louis, St. Louis, MO

I am a GI medical oncologist and early phase clinical investigator at Siteman Cancer Center at Washington University in St. Louis. My clinical focus is in gastric and esophageal cancer with goals to provide patients suffering from advanced cancers with the novel, effective therapeutic options that will extend survival and improve quality of life. My research focus is in early phase clinical trials. During and since training I have been actively involved in developing, enrolling for and analyzing phase I/II clinical trials, including industry-sponsored as well as institutionally funded, or NCI/cooperative group trials. After graduating from Seoul National University College of Medicine in 2006, I completed a Masters in Public Health at Johns Hopkins Bloomberg School of Public Health. I then received clinical training at Virginia Commonwealth University and the University of Texas MD Anderson Cancer Center.

**Pursuing Quality, Maintaining Value and Promoting Innovation**



**Seo, Gwy Suk (84), MD, MSc, PhD.**  
Professor of Radiology at Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

Dr. Gwy Suk Seo is an emergency radiologist at Northwell Health, Inc. She graduated from

Seoul National University in 1984 with an M.D. degree. She had worked as a musculoskeletal radiologist over 20 years when she re-entered a fellowship training to become an emergency radiologist in 2011. Since then, she has been an emergency radiologist working overnight at the University of Rochester from 2011 and Donald and Barbara Zucker School of Medicine at Hofstra/Northwell from 2017. As an overnight emergency radiologist, she is involved in overall acute care imaging and resident education. After devoting 25 years as a clinician, researcher and teacher of Radiology in Korea, Japan and the US, she started giving lectures on wellness and is working on developing curricula enhancing residents' and physician-in-general's well-being, aided by her education and training in the field of Marriage and Family Therapy and life coaching.

**Chung, Hyun Hoon (97), MD, PhD.** Associate Professor of Obstetrics & Gynecology, Seoul National University College of Medicine, Chief Innovation Officer, Seoul National University Hospital.



Dr. Hyun Hood Chung graduated SNUCM in 1997 and obtained PhD degree in 2010 at the SNUCM. After completion of his OB/GYN training, he remained at the

SNUCM and continued his clinical and basic research. He was Visiting Professor & Full time Visiting Scientist at the Department of Radiology and Department of Biomedical Engineering at the Johns Hopkins University School of Medicine from 2016 to 2018.



**Song, Kyungmin (09), MD, MPH, MBA,** Cofounder, Clssfd, Inc.

Dr. Kyung Min (Minnie) Song is a cofounder at Clssfd which is developing a communication platform for .edu community. She is a self-taught software

engineer who is responsible for anything and everything ranging from product design, business development, finance, and marketing. She is always ready to take on new challenges and things that excite her these days include: machine learning, the blockchain, mindfulness, and gender equality. Prior to starting her venture, Minnie was most recently Senior Manager, Evidence Translation & Implementation practice at Avalere Health, a health policy advisory and business strategy firm based in Washington, D.C. Minnie worked as a Project Manager in Global Health Outcomes at Merck & Co. managing observational studies and utilizing cost-effectiveness models to support product launches. Additionally, she has provided research support to the International Vaccine Access Center in the Johns Hopkins Bloomberg School of Public Health. Minnie also has served as a Medical Officer in Korea's Centers for Disease Control & Prevention, revising and implementing new national immunization standards and developing vaccination action plans related to disease outbreaks. Minnie has an MPH and an MBA from the Johns Hopkins University and an MD from the Seoul National University College of Medicine, Seoul, South Korea.

**Group Consciousness and Collective Intelligence of Korean: Moderator: Jong S.Rhim (57)**



**Oh, In-Whan (63)DM.**  
The president and CEO of the Leadership and Group IQ Institute (L&GIQI). He is vice chair of the board of directors of International Council for Korean Studies (ICKS) in DC.

**InHwan Oh** is interested in organizational leadership and collective intelligence. He studied and identified leadership involved in the integration and assimilation of Korean Americans to the U.S. at an individual level, community level, and the US government level. Also identified was a road map for Korean Americans in the U.S. for the future. He had management and leadership experience for many years at work and in community in leading organizations such as for the National Management Association (NMA), Korean-American Scientists and Engineers Association (KSEA), Korean-American Scholarship Foundation (KASF), Seoul National University Alumni Association (SNUAA) in the USA, and Council of the Korean Universities Alumni Associations (CKUAA) in the Washington, D. C. Metropolitan area. Dr. Oh's earlier professional background was in the areas of space mission engineering, mission management, process engineering, and quality engineering. He worked for Wolf R&D Corporation and Computer Sciences Corporation together for about 39 years in various space programs as mission manager and onsite manager for the NASA's space missions and NOAA's weather satellite navigation missions. His expertise also included process, systems, and quality engineering and related audit programs. His academic background was in astronomy and astrophysics, and organizational leadership. He has a BS degree

(1967) in Astronomy from Seoul National University, Seoul, Korea, and anMS degree (1973) in Astronomy from Pennsylvania University, University Park, Pennsylvania. He obtained his doctoral degree (2013) in organizational leadership from the University of Phoenix.

## **Speakers on March 24 (Sunday)**



**Lee, June-Koo (08), MD, PhD.**  
Postdoctoral Fellow,  
Department of  
Biomedical  
Informatics. Harvard  
Medical School.

June-Koo Lee is a physician-scientist pursuing genetic basis of anticancer treatment resistance. After the graduation of Seoul National University College of Medicine with *summa cum laude* honor (2008), he did his internal medicine training in Seoul National University Hospital (2009–2013), endeavored translational cancer research in Korea Advanced Institute of Science and Technology (2013–2017) and earned his PhD degree (2017). Currently he is working on complex genomic rearrangements and mutational mechanism in Harvard under the supervision of genome scientist Peter J Park. He has been focusing on lung cancer biology and therapeutics and has published several notable results in renowned journals including JAMA and JCO as lead author. He is the winner of the Wunsch Medical Award for a young medical scientist (2015), which was awarded by the Korean Academy of Medical Sciences.



**Yang, Hyun-Sik (09), MD.** Instructor in Neurology at Harvard Medical School, Associate Neurologist at Brigham and Women's Hospital.

Dr. Yang sees patients with dementia or other cognitive problems, and his research focuses on the genetic architecture of Alzheimer's disease and other age-related neuropathologies. Dr. Yang graduated from Seoul National University College of Medicine in 2009, and finished his residency at the Harvard Neurology Residency Program at Brigham and Women's Hospital and

Massachusetts General Hospital in 2016. Dr. Yang is a recipient of the American Academy of Neurology's 2016 Annual Meeting Resident Research Travel Scholarship, and 2017 Alzheimer's Association Clinical Fellowship Award.



**Baek, William Sewan (99), MD, FAAN.** William S Baek, MD, Inc., Parkside Medical Group, Triple board-certified Neurologist, Clinical Neurophysiologist,

and Vocal Artist/Songwriter, Adjunct Clinical Associate Professor, Dept of Psychiatry and Neuroscience, UC Riverside

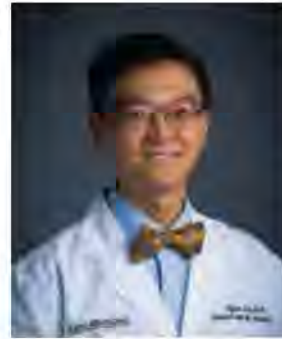
William S Baek was born in NYC and graduated from Seoul National University College of Medicine and completed his Neurology residency at the University of Chicago and a fellowship in Clinical Neurophysiology at UC San Diego. He also completed an NIH postdoctorate research fellowship at the Children's Hospital of Philadelphia. He has served as the Primary Stroke Center Medical Director, Internal Medical Residency Program Faculty Member, Neurology Clerkship Director, EMR champion, and QI/Peer Review Committee member at Kaiser Fontana Medical Center. He also serves on the Clerkship Directors Consortium, Ethics Section of the AAN as a faculty member and is a member of the AANEM. He is an adjunct Clinical Associate Professor at UC Riverside. He was the official bilingual moderator for the 2009 AOCCN, IFCN, in Seoul, Korea. He is on the Editorial Board for several journals and has over 35 publications, almost all as sole author. He is a certified medical interpreter for Korean, Japanese, and Spanish and has done TV shows in Korean, English and Spanish. He has also released his first music album inspired by his patients in Jan 2018. Dr Baek's research interests include not only neurological disorders but also Neurogenetics, language-concordance, ethics, professionalism, and music therapy.



**Kwon, Choon Hyuck David (95), MD, PhD.**  
Director of Laparoscopic Liver Surgery,  
Department of General Surgery, Digestive Disease & Surgery Institute, Cleveland Clinic, Lerner College of

Medicine of Case Western University

Dr. Kwon is currently working as Director of Laparoscopic Liver Surgery at Cleveland Clinic, Cleveland, Ohio. He has done all the medical education, surgical residency and fellowship in liver transplantation and hepato-pancreato-biliary surgical oncology in Korea, but has spent much time abroad during his youth, and is multilingual - speaks English, French, Spanish and Korean. He built up his expertise in living donor liver transplantation (LDLT) and laparoscopic hepatectomy at Samsung Medical Center in Korea where he operated on over 700 LDLTs and over 800 purely laparoscopic liver resection. With extensive experience in both surgical arenas, he started a purely laparoscopic donor program for both pediatric and adult LDLT recipients in May 2013 and established one of the largest laparoscopic liver donor programs in the world. He has performed more than 80 cases, including over 70 cases of right hepatectomy for adult recipients. His is passionate about education and has worked as a faculty in many advanced laparoscopic HPB workshops around the world and helped start three living donor liver transplant centers in Asia and the Middle East. He worked as a faculty for a year at Mayo Clinic Rochester before moving to Cleveland Clinic in Cleveland Ohio, USA.



**Lee, Ikhae (08), MD.**  
Assistant Professor of Neurology, the University of Alabama at Birmingham, Co-Director, ALS multidisciplinary clinic.

Dr. Ikjae Lee graduated from Seoul National University

College of Medicine in 2008. Then he moved to the University of Cincinnati, and completed a Neurology residency and Neuromuscular medicine. Dr. Lee has participated in multiple professional organizations, national and international councils and committees. Dr. Lee has secured multiple NIH grants for his research activities. Dr. Lee's research focuses on the neuromuscular disorder. ALS and neuromuscular junction disorder. He is also interested in the patient's perspective of disease and my current work includes quality of life research.



**Shin, Sang Ha (18) MD.** Research Associate, Department of Hematology & Oncology, Northwestern University Hospital.

Dr. Sang Ha Shin graduated from Seoul

National University College of Medicine in 2018. He received his Bachelor degree in Mechanical Engineering at the California Institute of Technology in 2013. Dr. Shin has been actively involved in many translational and basic researches including MMR genes on the immune landscape, tumor burden and survival from TCGA data for lung cancer, In vitro study of cancer cell extravasation in microfluidic pattern and development of epidural electrode array to help patients with complete spinal cord injuries.



**Park, Gye Young (90), MD.**  
Associate Professor of  
Medicine, Division of  
Pulmonary, Critical Care,  
Sleep and Allergy, the  
University of Illinois at  
Chicago, Chicago, IL

Dr. Park graduated from the College of Medicine Seoul National University in 1990 and completed the residencies and fellowships of internal medicine and pulmonary and critical care in both US and Korea. He is currently a Principal Investigator of the NIH-funded research project on the role of the macrophage in asthma pathogenesis. He is also running a couple of research projects sponsored by Falk Medical Trust Foundation and Respiratory Health Association. Dr. Park is an attending physician at the University of Illinois Hospital and Health Sciences.

## Abstracts:

### **March 23 (Saturday): Session 1: Understanding Healthcare Quality**

#### **and Value**

##### **What are healthcare value and quality?**

**Seon-Kyu Lee, MD, PhD**

The value in healthcare could be defined as health outcomes (quality) achieved per dollar spent<sup>1</sup>. However, unlike most industries, determining healthcare value is still challenging since the definition of quality is variable among providers and even patients (customers). Also, total cost, the denominator of the value equation, is hard to get since the payment system (both collection and purchaser side) is fragmented. Therefore delivering value in healthcare requires identifying and applying patient centered outcome metrics<sup>2</sup>. Also, implementing education and training<sup>3</sup> for reducing variability in practice, eliminating unnecessary tests and procedures would be another essential component of delivering healthcare value.

#### References:

1. Porter ME. What is value in health care? N Engl J Med. 2010;363(26):2477-2481.
2. Porter ME, Larsson S, Lee TH. Standardizing Patient Outcomes Measurement. N Engl J Med. 2016;374(6):504-506.
3. Johnson PT, Alvin MD, Ziegelstein RC. Transitioning to a High-Value Health Care Model: Academic Accountability. Academic medicine: journal of the Association of American Medical Colleges. 2018;93(6):850-855.

#### **Achieving and maintaining healthcare Value and Quality in Korea**

**Dong-Wan Kim, MD, PhD**

The concept of healthcare quality became important in Korea with increased social awareness due to recent social issues such as

the MERS outbreak in 2015 or NICU infection case in 2017. Korean government implemented systems including 'Healthcare Quality Certification by the Ministry of Health and Welfare' and 'Patient Safety Act' to improve healthcare quality. Also, positive feedback using National healthcare Insurance reimbursement for higher healthcare quality had been implemented. Seoul National University Hospital, as a leading medical institution in Korea, is conducting continuous quality improvement (CQI) with systematic actions on patient safety, clinical indicator monitoring, critical pathway development, and safety education to meet the social expectation for best quality medical service.

#### **In the era of value and quality; what's your value? (Physician Contract 101: How to Negotiate Like a Pro)**

**Ki Heyong Lee, MD.**

Being a good physician used to mean one is proficient in interviewing patients, making an accurate diagnosis, and coming up with a flawless treatment plan. However, the health care environment in the US is rapidly changing and is requiring physicians to play a more comprehensive role in health management and innovation. As such, physicians looking for a new position or waiting for contract renewal need to understand their value proposition and create a strategy for mutually beneficial negotiation. The talk will be primarily focused on: 1) how to create a successful value proposition as a physician; 2) how to use influence vs. leverage in contracting process; and 3) to evaluate the whole worth of a job rather than the compensation figures.

## **March 23: Session 2: Healthcare Disparity and the Direction of Healthcare Reform**

### **Healthcare disparities: definition, current status, and policy issues**

**Yong-Ho Kang, MD,PhD**

The disparity in health and healthcare is an important social concern in the US as well as in Korea. In this presentation, I will start with definitions of disparity, difference, inequality, variation, and inequity and explore etymological differences of the terminologies. Disparities in health status (e.g., life expectancy) and their time trends in the US and Korea will be briefly reviewed. Potential pathways to create health disparities including the role of healthcare will be discussed. Under the universal healthcare framework, a conceptual framework on how to examine healthcare disparities concerning universal health coverage will be presented. Insurance coverage for the uninsured, cost sharing, and benefits covered will be subsequently discussed. Then I will present the current status of healthcare disparities in Korea and explore literature examining healthcare disparities among Koreans in the US. Finally, several policy issues regarding healthcare disparities in Korea and among Koreans in the US will be examined. Policy issues in Korea on healthcare services for foreigners and overseas Koreans in Korea will also be addressed.

### **Challenges in Uncovering and Addressing Health Disparities among Asian-Americans**

**Lucy Nam, MD.**

Asian-Americans (A-As) make up the fastest growing segment, currently 21 million, 5.6% of the US population. A-As represent individuals with ancestry from more than 30 countries, top 6 sub-groups including Chinese, Filipino, Asian Indian, Korean, Vietnamese and Japanese Americans (U.S. Census Bureau, 2012). Other sub-groups include Pakistani, Bangladeshi, Cambodian, Hmong, Laotian, Taiwanese, Thai, Bhutan, Burma, Bangladesh,

Nepal, and Mongolian Americans, etc. Among A-As, 65 and older age groups represent approximately 10% of this diverse population (U.S. Census Bureau, Population Division, 2013).

While A-A women have the highest life expectancy (85.8 years) in the U.S. ethnic groups, A-A population also suffers from heart disease, stroke, diabetes and cancer just like other US populations. Discussions about A-A health appear to be few and far between, and while language and cultural barriers play a big role, very little research has been done to address these concerns. Cultural competency among health care providers, language barriers and the myth of the model minority is particularly problematic.

Blanket assumptions for all these different AA subgroups and the way data are collected have hindered the uncovering of further health disparities among this population. Howard Koh and J. Park listed many health-related areas in which Asian Americans are faring worse than other groups including the rate of health insurance coverage; rates of diseases such as cancer, hepatitis, cardiovascular disease, diabetes, and obesity; mental health; and tuberculosis and HIV rates. It's crucial to assess disparities for both overall and by subgroup, because there are sometimes stark differences among them. For instance, the incidence rate of stomach cancer among Korean Americans is five times that of non-Hispanic whites.

### **FUTURE DIRECTIONS AND POTENTIAL SOLUTIONS FOR US HEALTHCARE DISPARITY**

**Ah Reum An, M.D., M.P.H.**

Healthcare system in the United States entails multiple layers of disparity issues in terms of race/ethnicity, geography, socioeconomic status, gender, and disability status. In this presentation, I will focus on the causes of major disparity issues in the current healthcare system and summarize the ongoing efforts to improve them. By reviewing the outcomes and the limitations of previous measures from the community- to federal governmental-level, I will discuss the future directions of healthcare policy.



**March 23 (Saturday): Lunch**  
**Session: Report from the Special Task Force for the Healthcare Disparity**

**Chronic hepatitis B and liver cancer in Asian Americans**  
**Samuel S, MD**

Chronic hepatitis B virus (HBV) infection and HBV-related liver cancer is a silent killer and a major public health problem in the Asian American community that was long ignored and neglected by the U.S. public health and healthcare system. The Stanford Asian Liver Center founded in 1996 aimed to address the gaps in HBV awareness and HBV national screening guidelines and policies. To raise Asian community awareness about the importance of chronic hepatitis B screening, prevention, long-term treatment and monitoring including liver cancer screening, the Center reached out to hundreds of Asian community organizations and businesses, national, state and local health and elected officials since 2001 to participate in the jade ribbon/joinjade and hep B free awareness campaigns.

Changing national hepatitis B screening guidelines and policies were challenging, and required strong evidence including modeling to show the cost-effectiveness and population health benefits of screening. It also required persistence, patience, the willingness to seize on advocacy opportunities and luck. Opportunities that led to the interest and commitment from the leadership at the Office of Minority Health, a division of viral hepatitis at the CDC, HHS, and Institute of Medicine to address chronic hepatitis B as a national public health problem eventually led to the introduction of the new hepatitis B screening recommendations for foreign-born adults.

**Epidemiology of Stomach Cancer Disparity in Korean Americans**

**Eunjung Lee, PhD**

Stomach cancer incidence shows the substantial racial-ethnic disparity in the United States (US), with Korean Americans experiencing by far the

highest incidence. Our group used the 1988-2012 California Cancer Registry data and reported stomach cancer incidence rates by racial-ethnic groups, sex, and tumor characteristics.

Although the stomach cancer incidence rates in Korean Americans were only 40% (for men) and 50% (for women) of the rates in South Korea, Korean Americans had about five times greater incidence than non-Hispanic whites and twice that of Japanese Americans. Tumor characteristics concerning subsite and histology showed the difference by ethnicity and sex: the proportion of cardia stomach cancer was highest among non-Hispanic white men and lowest among Korean American men and women, and the intestinal type histology was more frequent among men than in women for all racial-ethnic groups. The stomach cancer incidence in Korean Americans has declined during recent years, for both cardia- and non-cardia sites and for both intestinal- and diffuse-type histology. Korean Americans were diagnosed at an earlier stage than other Californians. However, the proportion with localized disease in Korean Americans (43% in 2006-2012) was much smaller than those in South Korea (57%) and Japan (55%), where population-based screening is available. The unfavorable stage distribution in Korean Americans compared to South Koreans or Japanese indicate that additional prevention and screening strategies need to be implemented targeting high risk immigrant populations such as Korean Americans. Lung cancer screening in the US provides a precedent for targeted screening of asymptomatic high risk populations. It is timely to consider insurance coverage of stomach cancer screening for high-risk populations such as Korean Americans and another high risk Asian Americans.

Reference article: Lee et al. *Cancer Epidemiol Biomarkers Prev* 2017; 26(4):587.

## **Gastric Cancer Screening and Early Treatment**

**Joo Ha Hwang, MD, PhD**

Gastric cancer is the 3<sup>rd</sup> leading cause of cancer worldwide; however, the overall incidence of gastric cancer in the United States is low, which is why there are few recommendations regarding screening for gastric cancer in the US. It is known that certain ethnicities are at extremely high risk for gastric cancer. Korea and Japan both have national guidelines for gastric cancer screening with data to support a cancer-specific mortality benefit from screening. Also, it is accepted that gastric intestinal metaplasia is a pre-cursor lesion to gastric cancer. However, controversy exists on whether patients found to have gastric intestinal metaplasia require surveillance. Recent studies have demonstrated that East Asians (including Koreans) who have immigrated to the US and those with a history of *helicobacter pylori* infection are at highest risk for gastric cancer in the US. Endoscopic screening in these populations should be considered to detect early neoplastic lesions that can effectively be treated by endoscopic resection.

### **Current status of treatment outcomes for gastric cancer**

**Haeseong Park, MD MPH**

For patients with localized gastric cancer, surgery and endoscopic therapy are the primary treatment options. Endoscopic therapies have been used as alternatives to surgery for the treatment of patients with early-stage gastric cancer mostly in Asia. For patients with locoregional cancer, combined modality therapy is used. Different combinations of surgery, radiation, and chemotherapy have been evaluated and have shown efficacy in clinical trials. For patients with metastatic disease, systemic therapy is the primary treatment option. Multiple chemotherapy options are available. In addition, targeted therapies including trastuzumab, ramucirumab, and pembrolizumab have been approved for the treatment of advanced or metastatic gastric cancer. Treatment outcomes based on the stage of disease and different modalities can be

inferred from clinical trials. Disparities in treatment outcomes for patients with gastric cancer have been reported.

## **March 23 (Saturday): Session 4: Pursuing Quality, Maintaining Value and Promoting Innovation**

### **Maintaining value and innovation in Emergency Radiology**

**Gwy Suk Seo, MD.**

There has been an exponential growth in numbers of institutions-both academic and community based-providing overnight emergency radiology services for the past decade. The demand arose from the need for timely management of acute critical conditions and search for more efficient usage of imaging resources.

Preliminary surveys report high appreciation from the referring physicians, especially the surgeons, decreased turnaround time (TAT) of radiology reports and efficient patient turnover in the emergency department. The quality (accuracy) of image interpretation is comparable to the era before the overnight coverage. However, the probable negative impact on resident education has been addressed. A most challenging question, however, is if this is sustainable. Tolls on professional, personal and community impact are not negligible, as detrimental impact of shift work has been well documented.

This trend and demand for 24/7 imaging service does not appear to change, which presents a unique challenge of staffing (recruiting and maintaining). Different suggestions have been made to improve this situation, but the real workable solutions are still to be found.

During this presentation, the specifics of merits and challenges of overnight emergency radiology will be presented and potential remedies will be discussed.

## Facilitating and Pursuing Healthcare Innovation in Korea

Hyun Hoon Chung, M.D., Ph.D.

Healthcare systems around the world share the common goals of improving clinical outcomes, optimizing cost reductions and efficiencies, and expanding access to care in a patient-centric manner, yet they are perplexed by 2 critical challenges: wide variations in patients' clinical outcomes and costs. In response to these challenges, many healthcare systems throughout the world are pivoting towards value-based healthcare. The ultimate goals of the value-based healthcare are 1) moving from volume-based to value-based care, 2) promoting patient-centric care, and 3) downsizing the rising costs. While the United States and European nations are piloting alternative payment models, Korea has a similar set of objectives to adopt value or performance-based payment systems.

In March 2011, after a series of discussions, the Korean government released a basic plan for functional reestablishment of medical institutions. However, the policy has ended up reestablishing the functions and roles of medical institutions without considering the advance of medical technologies and the emergence of new forms of providers. In order to establish a full-fledged value-based healthcare system in Korea, the following prerequisites must be met: 1) normalization of provider payment rates, 2) development and dissemination of critical pathways, 3) implementation of pilot projects in the medical device sector that contain risk-share payment schemes, 4) implementation of registries to aid data-driven coverage decisions.

In Korea, the New Health Technology Assessment system aims to introduce safe and effective health technology. The early adoption of health technologies offers new opportunities for treatment and diagnosis, but also poses unexpected health risks. Thus, it is necessary to design a plan to generate scientific evidence related to healthcare technology after introduction into practice. Additionally, the creation of a healthy ecosystem is a way to manage the opportunities and risks of the early introduction of innovative healthcare technology.

## Healthcare Innovation and its importance

Kyung Min Song MD MPH MBA

Medicine and medical technologies have always been at the forefront of innovations since the scientific revolution in the 17th century. Humanity has greatly benefited from the medical advancements ranging from antibiotics, vaccines, anesthesiology to medical imaging, which enabled our lifespan to greatly exceed that of the previous generations. However, it is widely accepted that the past innovations have mainly been applied to treating specific illnesses (i.e. medical care) rather than improving overall health and wellness of humans (i.e. health care). In addition, the health care industry has lagged behind many other industries in terms of reaping benefits from recent technological and business innovations: in other words, achieving better outcomes at the same or cheaper costs. It is astonishing that the health care industry is one of few industries which still rely on fax machines and pagers! While innovations have increased efficiency and reduced costs in many other fields such as transportation and communication, the health care industry has suffered from lagging outcomes and increasing costs.

The health care industry is finally on the cusp of transformation due to technological innovations such as artificial intelligence and 3D printing as well as business innovations and market forces. Many old and new players in the health care industry are applying recent technological innovations to the way humans are cared and treated. Innovations in other industries have altered consumer expectations and they increasingly demand easy-to-access and efficient health care. Various organizations including Cleveland Clinic, Deloitte, and Frost & Sullivan have announced lists of health care innovations, some of which focus more on medical innovations and others cover broad health care innovations. In this presentation, we will go over various recent innovations in health care including artificial intelligence, digital health, and direct-to-consumer model and their implications on improving access and outcomes and reducing costs.

**March 23 (Saturday): Session 5: Special  
Lecture: Leadership and Collective  
Intelligence of Korean People**

**Oh, InHwan, DM**

I am a retired space mission manager and currently involved in research in collective intelligence and Group IQ. At this CME meeting, I would like to address the need of collective intelligence for achieving an organizational goal such as for resolving the survival disparity of stomach cancer between East (Korea/Japan) of 70 % vs. West (US/EU) of 30 %. The survival rate for liver cancer in the US, on the other hand, is approaching that comparable to Korea, i.e. 26%. I will go over the steps for how collective intelligence or Group IQ can be attained and improved for a project or organization. A summary of steps are (1) the need of a clear vision, (2) communication of vision to all members, (3) creating an implementation team, (4) establishing the required process and procedures, (5) promoting process ownership by members, (6) ensuring sponsor's commitment, (7) maintaining a healthy feedback for a self-corrective system in a learning organization, and (8) collaborating among members and concerned organizations. The concerned organizations for SNUCMAA of NA and SNUAA-USA to work with are: KAMA(Korean American Medical Association), Medical Association of other Asian ethnic groups, AMA (American Medical Association), US Government, Korean Embassy in the US, and Association of US Medical Insurance Companies. Collaboration with these organizations is extremely important for SNUCMAA of NA in achieving successfully the goals of implementing medical procedures for early screening of Korean American stomach cancer patients with insurance coverage before too late in the process.

**March 24 (Sunday): Green Project**  
**Session: Scientific Podium Presentation**

**MECHANISMS GENERATING FUSION  
ONCOGENES IN LUNG  
ADENOCARCINOMAS**

**Jake June-Koo Lee, M.D., Ph.D.**

Fusion oncogenes involving *ALK*, *ROS1*, and *RET* drive nearly 10% of lung adenocarcinomas (LADCs). Although these fusion oncogenes have been extensively studied, little is known for the mutational processes driving their formation. Here, we characterized whole-genome sequences of 138 LADCs including 39 harboring driver fusion oncogenes. Surprisingly, fusion oncogenes were frequently generated by complex rearrangements (74%). A dosage-balanced form of chromothripsis (23%) and chromoplexy (13%) were the most common events, suggesting selective pressure to maintain copy-number balance during early oncogenesis, similar to what has been reported for germline complex rearrangements. In contrast to LADCs driven by oncogene mutations or smoking-induced mutagenesis, fusion oncogene-driven LADCs showed otherwise silent genomes with intact *TP53*. However, bi-allelic inactivation of *SETD2* was significantly enriched, suggesting a previously unappreciated context-specific tumor-suppressive role. Together, these findings define the basis for the generation of fusion oncogenes in LADCs and provide insights on their subsequent oncogenesis.

**Evaluation of TDP-43 proteinopathy and  
hippocampal sclerosis in relation to APOE ε4  
haplotype status: a community-based cohort  
study**

**Hyun-Sik Yang, MD**

Transactive response DNA-binding protein 43kDa proteinopathy (TDP-43) in older adults is found in more than 50% of pathologically confirmed Alzheimer's disease cases, and is a critical determinant of hippocampal atrophy and progression to Alzheimer's disease dementia. However, the reason for the

common coexistence of TDP-43 with Alzheimer's disease has remained elusive. Here, we show that APOE ε4, the strongest genetic risk factor for late-onset Alzheimer's disease, is an independent genetic risk factor for TDP-43 in older adults, and further evaluate the clinical and neuropathological significance of this novel genetic association.

**Musicalization of Neurological Disorders:  
Songs of Love and Hope to Heal our Patients**

**William S Baek, MD, FAAN**

**Introduction:** Patient education not only includes explaining the disease itself but also how it affects the individual. Due to time constraints in everyday practice and our ever-evolving machine civilization there has been less opportunity for physicians to share their invaluable experiences with patients. However, how one can succinctly convey the impact of illness is challenging; a scientific article may not be able to convey the emotional, social and ethical challenges the patient must face.

**Design/Methods:** The presenter has written ten songs on certain neurological disorders to reveal better what our patients are going through in their lives, expanding upon the theme from a humanistic perspective. These include Alzheimer's disease, Parkinson's disease, ALS, stroke, multiple sclerosis/spinal cord injury, myasthenia gravis, adult/child neglect/abandonment, institutional upbringing, a mother losing her child, and a mother taking care of her disabled child (such as autism).

He released a music album worldwide, created a website, and music videos to visually illustrate the message using free software and clips online.

He used social media to share the music with various individuals and support groups.

He also performed live at the MS Walk in Fontana, CA and the 42<sup>nd</sup> ACOFPCA meeting in Disneyland, CA.

**Results:** The single titled "Someone Else" was released in Oct 2017 worldwide, and was a semifinalist for the 2018 American Tracks Music

Awards. The music album titled "Walk Again" was released worldwide Jan 31 2018 on 37 music platforms via Kobalt Music, including iTunes, Spotify, Amazon music, iheartradio, etc, and was publicized in the Korea Daily and m.news.naver.com.

To date, all of the songs were heard in over 40 countries worldwide with over 20,000 Youtube views and 10,000 plays on Radioairplay. The songs have been used to raise funds for the Alzheimer's Association, St Jude's Children Research Hospital, Save the Children US, ALS Association, No Kid Hungry, etc.

Patients gravitated and identified almost exclusively with the disease that they had. Patients had expressed gratitude and empowerment.

**Conclusions:** Music can be a powerful tool in not only raising patient awareness on neurological disorders but also therapeutic, providing solace and support to patients on a worldwide scale using social media. Further research is in need to see how music therapy can improve measurable outcomes.

### **Living Donor Liver Transplantation and Recent Advances in Donor Hepatectomy**

**Choon Hyuck David Kwon MD PhD**

Living donor liver transplantation (LDLT) is now accepted as an alternative treatment option to end stage liver disease patients who do not have access to deceased donor livers. LDLT is performed more extensively in Asia where deceased donors are relatively scarce and account for over 70% of all liver transplants done. On the contrary, in the US, deceased donors are more readily available so LDLT constitutes for only around 4% of liver transplantation performed.

Despite the effort to perfection the donor operation, the donors undergo substantial physical and psychosocial stress due to the magnitude of the operation. Smaller incisions such as an upper midline incision or a right subcostal incision have been used to minimize

the trauma related with the incision size. The laparoscopic approach in surgery is known to reduce pain, postoperative morbidity and allow earlier return to normal life and has been adopted more widely in the last two decades.

Recently, with the accumulation of expertise both in the field of laparoscopic liver resection and LDLT, laparoscopic hepatectomy for donors has become an alternative to open hepatectomy. Left lateral hepatectomies for pediatric LDLT donors and is now accepted as an alternative to open approach under experienced hands. Laparoscopic approach for right lobe, which is often necessary for adult LDLT, is still in the exploratory phase, and very few centers have more than minimal experience. Nevertheless, there have been promising results from the early pioneers and they have shown comparable results with that of open donor hepatectomy. Wider application of this sophisticated technique is expected in the coming years with increased experience amongst leading liver transplant centers.

### **Changing Landscape in the Treatment of Myasthenia Gravis**

**Ikjae Lee, MD**

Myasthenia gravis (MG) is the most common disorder of the neuromuscular junction (NMJ), with a prevalence of 1 to 2 per 10,000. It characteristically presents with fatigable weakness, often initially involving the ocular muscles and manifesting as intermittent ptosis and diplopia. Ultimately, the disease generalizes in two-thirds of patients, leading to weakness of bulbar, neck, limb, and respiratory muscles. The majority of patients with generalized MG, and roughly half of patients with purely ocular disease, have antibodies to muscle acetylcholine receptors (AChR). A subset of patients with generalized disease has antibodies to muscle-specific receptor tyrosine kinase (MuSK) and low-density lipoprotein receptor-related protein 4 (LRP4). Acetylcholinesterase inhibitors are often the first modality of therapy for MG. As an immune-mediated disorder, MG can respond to many immunosuppressive agents such as corticosteroids, azathioprine,

mycophenolate mofetil, and cyclosporin. Intravenous immunoglobulin (IVIG) and plasma exchange have been used for myasthenic crisis and refractory disease. Thymectomy has been a key component of management in appropriately chosen MG patients and those with thymoma. Recent randomized clinical trial further demonstrated the benefit of thymectomy in AChR antibody positive MG without thymoma. Eculizumab, a complement inhibitor, has shown efficacy in phase III randomized clinical trial among refractory generalized MG patients with AChR antibody. FDA has approved it in 2017 for MG treatment. There are ongoing clinical trials evaluating targeted treatments such as rituximab (monoclonal antibody against CD20 B cell), ARGX-113 (Blocking antibody recycling through FCRn binding), SCIG (Subcutaneous immunoglobulin) and ALXN1210 (subcutaneous complement inhibitor).

### **Immunologic Characterization of Intermediate MSI scores in Stomach Cancer**

**Sang Ha Shin, MD.**

Gastric cancer is known for its poor prognosis due to its late presentation and early metastasis. Studies have established several subtypes of gastric cancer based on genomic studies: microsatellite instability (MSI) is one such subtype. Recent data is showing favorable prognosis towards MSI-H in stomach cancer, by the hypothesis that strong immunogenicity creates a suitable environment for immune-checkpoint inhibitors to promote cytotoxic activity. Using publicly available TCGA data, we investigate what are the constituents of the tumor microenvironment among different MSI levels. Specifically, a group of samples that have intermediate MSI scores was of interest, which can help characterize how the tumor microenvironment and clinical outcomes transition from low to high MSI level.

We analyzed genomic data from The Cancer Genome Atlas (TCGA) database using cBioPortal of patients with stomach adenocarcinoma (374 samples). Tumor cellular heterogeneity

landscape was calculated using xCell (Aran, D. et al, 2017), based on the gene signature method. Infiltration of 65 different cell types and two heterogeneity scores (MicroenvironmentScore, ImmuneScore) were obtained. MSI score is calculated using MANTIS (Kautto, Esko A et al. 2016), which predicts MSI from next-generation sequencing (NGS) data with a cutoff of greater than 0.4 being defined as MSI-high (66 samples). We defined MSI-intermediate group (77 samples) as the highest quartile among MSI-low group. MSI-low group is the remaining three quartiles of samples that have MANTIS score less than 0.4.

For B cell, CD4 T cells, CD8 T cells, dendritic cells, macrophages, and regulatory T cells, the infiltration scores were significantly different among the low, intermediate, high group (anova test  $p=0.0014$ ,  $0.0024$ ,  $0.0071$ ,  $7.7 \times 10^{-5}$ ,  $1.5 \times 10^{-5}$ ,  $0.013$  respectively) with intermediate group having the lowest scores. For Th1 cells and Th2 cells, MSI-low showed significantly higher infiltration (anova test  $p=7.9 \times 10^{-5}$ ,  $3.1 \times 10^{-13}$ ). Immune score and microenvironment score were also significantly different among the three groups (anova test  $p=1.1 \times 10^{-5}$ ,  $3.7 \times 10^{-9}$ ), which MSI-intermediate having the least scores for heterogeneity. Survival outcomes did not show any significance among the different MSI groups, although MSI-high was associated with better prognosis.

This study describes the immunologic landscape and clinical implications of stomach adenocarcinoma with different MSI levels. Significantly different levels of infiltration were observed for immune cells previously described as important players in immunotherapy. Future studies can form hypothesis towards the mechanism by which MSI-intermediate groups have significantly lower immune cell infiltration compared to both MSI-low and high.

## **March 24 (Sunday):Panel Discussion**

**Career challenges to become a US physician.**

**Park, Gye Young (90): Moderator**

**Panelists:**

**Ahn, Se Jin (08)**

**Lee, IkJe (08)**

**Cho, Sang Wook (15)**

**Chung, Chul Won (14)**

Despite the large percentage that Foreign Medical Graduates fill during the Match Process for U.S. residency, it is not easy to obtain the most up-to-date information and personal inputs on the process. This session is created for people who are interested in applying for The Match in the near future and we are here to provide sensible details on the reality of American resident and fellows. From exam preparation and interviews to ranking the program, the whole Match process will be described as well as the logistics such as Visas and Green Card status. In addition, what's beyond the process, life as an American resident and crucial pros/cons of living in the U.S. will be explored. This will be a rare opportunity to meet and greet with the actual residents who can deliver the most personal and recent knowledge. A Q & A session at the end of the forum will be at liberty to anyone who wishes to speak their minds.



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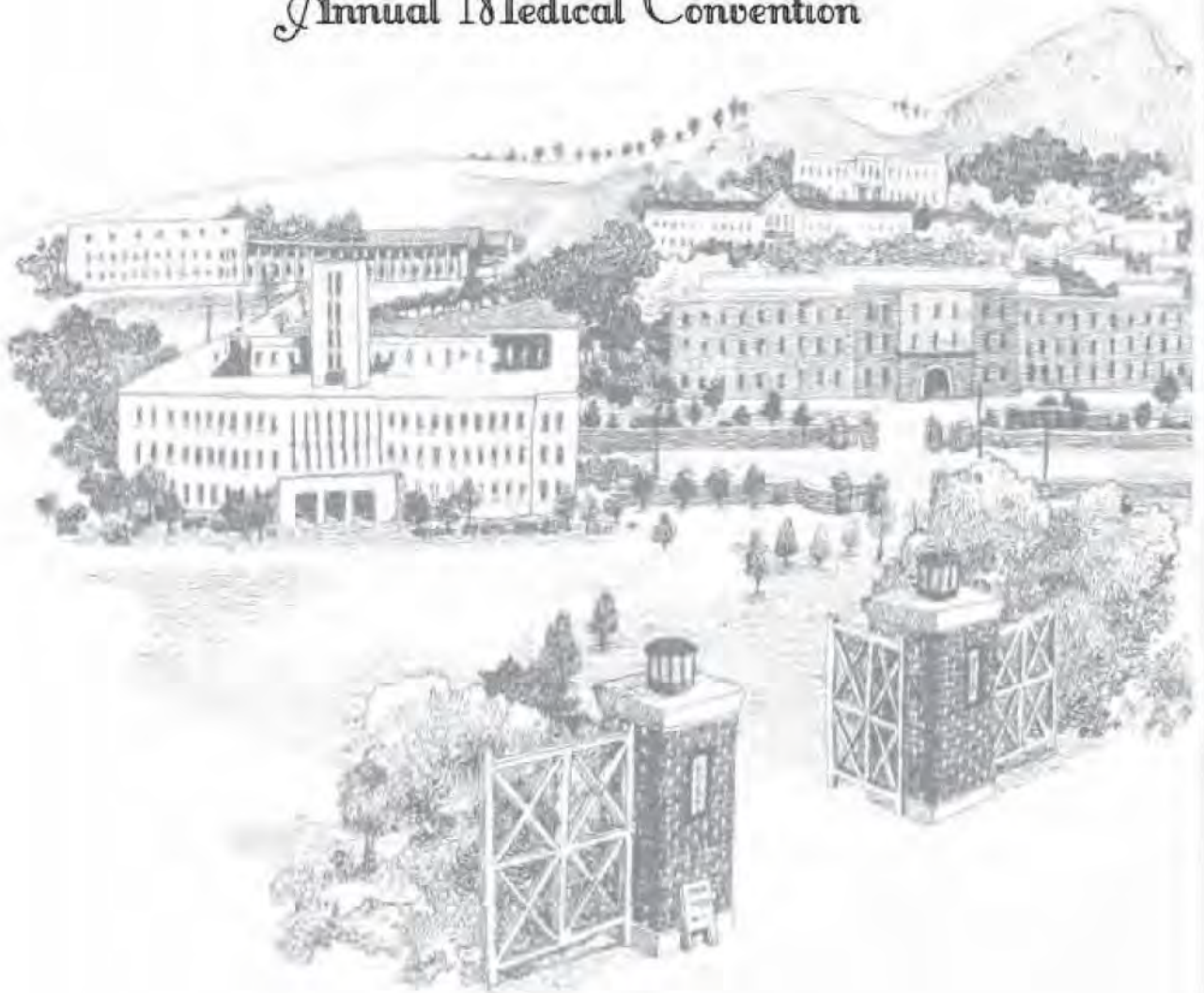
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