Interview With Steven Tucker, MD: A New Doc in Singapore

Steven Tucker, MD

Steven Tucker, MD, is a medical oncologist and 1994 graduate of the University of Missouri Columbia School of Medicine. He was trained at UCLA, and moved to Singapore to establish a medical oncology practice. Before moving to Asia, he was president of the Medical Oncology Association of Southern California, and Director of the Prostate & Genitourinary Oncology Program at the Angeles Clinic & Research Institute in Santa Monica,

California. He has also served as attending physician at Cedars-Sinai Medical Center, and as assistant professor of Clinical Medicine at the UCLA School of Medicine.

A word about Singapore, in case you don't have a map close by. It is an independent island nation of 4.5 million people located immediately below the southernmost tip of Malaysia. This is about 700 miles south of Vietnam's Ho Chi Minh City, and not far north of the equator. Singapore nestles between Indonesia's larger islands and occupies barely 270 square miles (New York's metro area is 470 square miles). Singapore's \$134 billion economy is one of Asia's largest.

Dr. Tucker was very candid with JOP in describing Asia and his reasons for being there.

I moved to Singapore in September of 1996 to establish an American-style outpatient oncology program. The specific goal was to create a community-based practice that would provide the comprehensive services and evidence-based medicine that we provide in so many centers in the United States. We also wanted to incorporate the oncology clinical trial process into the daily fabric of cancer care, which was generally unheard of in Singapore or in other Asian private practices. Neither the infrastructure nor the desire existed outside of academia.

You're not a native Singaporean, nor had you spent much time in Asia before setting up a medical practice.

Where do your patients come from?

The patients we now see represent a wide spectrum of oncology needs. While there are significant numbers of Singaporeans in search of second opinions, there are also huge numbers of medical travelers seeking Western-style care that is not available in their home countries. Specifically, the residents of Indonesia, Vietnam, Malaysia, Sri Lanka, and Bangladesh all . . . travel for quality cancer care.

Our group [The West Clinic Excellence Cancer Center] is now expanding into developing countries such as China and India, where the economies are expanding and increased access to health care is desperately needed. By using a so-called "hub and spoke" model, we are able to deliver quality

care to large numbers of patients, and in fact, reduce the need for medical travel, by bringing cancer care to their homes. By opening smaller treatment centers in other countries, we can reduce the patient's need to travel to Singapore. As patient volume increases, we are more able to expand the services available in their home countries.

You mentioned clinical trials as one of the features of care you provided. How has that worked out?

We have also made progress toward incorporating oncology clinical trials. We are performing clinical trials that revolve around pharmacogenomics, toxicity profiling, and drug development. More specifically, we are looking at "endemic disease" such as hepatocellular carcinoma, upper GI malignancies, and cancers of the head and neck. We are of course also involved in clinical trials of common solid tumors such as lung, breast, and colorectal. Given the numbers of patients and the limited academic centers, cancer clinical trials are very welcome by both the public and biopharma. I am slowly getting my private practice peers involved as well.

You also mentioned that patients of yours come from outside Singapore; tell us about that.

One of the more interesting developments for me personally in the last 6 months has been participation in the world of "medical tourism." There has been an explosion of interest in the press regarding health care options and medical travel. North American patients are now being offered elective and urgent therapy such as bypass, angioplasty, and hip replacements in such faraway places as India, China, and Singapore. The elective/esthetic surgical industry has also been strongly promoted in South America and Southeast Asia. Patients of all kinds are increasingly global, and there are many important issues to address, such as quality, safety, and liability.

As a result, I have become very involved in a new organization, the International Medical Travel Association (IMTA). In fact I was recently elected president for a 3-year term. It is the mission of the IMTA to strengthen both international health care providers and the travel industry for the common goal of increasing safety and quality for all patients who are "medical travelers." The IMTA is currently formulating documents such as an international patient's bill of rights, and practical tips for medical travel and medical tourism. It is beginning preliminary plans for accreditation in the health care travel industry, and we are working closely with the hospitality industry, as well as prominent international medical organizations. The association is quite young and its ambition quite broad, but I believe that with measured steps, it will be incredibly successful.

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