BY CLINICAL RESEARCH MALAYSIA

# CRM Bulletin

**ISSUE 33** | Jan - May 2026

## ADVANCING RESEARCH, ACCESS AND INNOVATION

## RESEARCH PERSONALITY

Dr Law Wan Chung

## FEATURED SITE

Hospital Kuala Lumpur

## RISING STARS IN PAEDIATRICS

# About Clinical Research Malaysia

Clinical Research Malaysia (CRM) is a Global Trusted Research Management Organisation established by the Ministry of Health Malaysia in 2012. The organisation is guided by the principles of Humanity, Stability and Sustainability in providing global clinical trial solutions and enabling a thriving clinical research ecosystem in the country. At its very core, CRM aims to bring clinical research that addresses the unmet needs of patients and transforms health outcomes in Malaysia.

CRM delivers sponsored clinical trials with Speed, Reliability and Quality through operational excellence and working with stakeholders by providing end-to-end clinical research support services. Certified with both ISO 9001:2015 (Quality Management System) and ISO 37001:2016 (Anti-Bribery Management System), and being aligned to international regulations, our core values and code of conduct are ingrained throughout CRM. The strength of this organisation lies in the people of CRM as we strive in our vision to make Malaysia the preferred clinical research hub in Asia.

CRM
CLINICAL RESEARCH MALAYSIA
*Your Global Solutions in One Nation*

# From The CEO's Desk

Welcome to CRM Bulletin 33.

As we chart 2026, we look ahead with renewed purpose, optimism, and commitment to advancing clinical research in Malaysia. The past year has reminded us that progress is never achieved alone. It is built through the dedication of our investigators, research teams, healthcare professionals, partners, and stakeholders who continue to drive meaningful impact for patients and communities.

At Clinical Research Malaysia, our work remains guided by the values of **Humanity, Stability,** and **Sustainability**. These principles continue to shape how we strengthen the country's clinical research ecosystem while ensuring that research remains relevant, accessible, and impactful.

In this edition, we highlight several important milestones, including the premier one-stop clinical research conference the CRM Trial Connect, our continued efforts in public awareness through the 'I AM AWARE' programme, new international collaborations, and the upcoming opening of CRM's new office in Sarawak. These achievements reflect our shared commitment to expanding research opportunities and strengthening Malaysia's position as a trusted destination for clinical research.

Beyond the milestones, this bulletin also celebrates the people behind the progress. Their stories, contributions, and commitment remind us that clinical research is ultimately about improving lives and creating hope for the future.

Thank you for being part of CRM's journey. I hope this edition inspires you as we continue moving forward together.

Happy reading.

**Dr. Akhmal Yusof**
CEO, Clinical Research Malaysia

# TABLE OF CONTENTS

# HIGHLIGHTS

## Rare Disease Day 2026

*5 February 2026* – Rare Disease Day 2026 marked an important step forward for Malaysia's rare disease community with the launch of the National Policy on Rare Diseases, reinforcing the country's commitment to improving treatment access and support for patients and families. The event was officiated by YB Datuk Seri Dr. Dzulkefly Ahmad, bringing together stakeholders to drive greater visibility and hope for the rare disease community. CRM participated as an exhibitor, engaging visitors and raising awareness on the role of clinical trials in improving rare disease care.

## 1st I AM AWARE Roadshow

*5-6 February 2026* - CRM opened the year with its first I AM AWARE Roadshow at Hospital Tunku Azizah, Kuala Lumpur, bringing conversations on clinical trials closer to the community. Across the two-day roadshow, an estimated 150 visitors engaged with the CRM team at the booth. The initiative reflects CRM's continued commitment to making clinical trials more visible, relatable, and understood by the public.

## iTracker In-House Training

*12 February 2026* – CRM successfully conducted the iTracker In-House Training for Study Coordinators from Hospital Kuala Lumpur, Hospital Tunku Azizah, and Hospital Universiti Kebangsaan Malaysia. The session aimed to strengthen users' confidence and proficiency in navigating the iTracker system, while reinforcing workflow compliance, data accuracy, and efficiency in daily site operations. Through practical guidance and hands-on learning, the training provided valuable support to help Study Coordinators carry out their responsibilities more effectively.


## ELIOS Study Publication

*March 2026* - Published March 2026 in Cancer Discovery by the American Association for Cancer Research, the ELIOS Study — A Multicenter, Molecular Profiling Study of Patients with EGFR Mutant Advanced Non Small Cell Lung Cancer Treated with First Line Osimertinib, provided key molecular insights into resistance to first line osimertinib treatment in EGFR mutant NSCLC.

We are proud to share that Malaysia is part of this landmark publication, with Dr Pei Jye Voon (Radiotherapy & Oncology, Sarawak General Hospital, Kuching) representing Malaysian contributions alongside international collaborators.

Developing our research capacity

## Clinical Research in the Spotlight

*8 March 2026* - CRM is pleased to see Malaysia's early-phase clinical research landscape highlighted in The Star, recognising the continued growth and maturity of the country's clinical trial ecosystem. The feature also acknowledges CRM's role in enabling high-quality clinical trials through collaboration with healthcare institutions, industry partners, and investigators. It is encouraging to see University Malaya Medical Centre highlighted as a growing contributor to Malaysia's First-in-Human research landscape, further strengthening the country's position as a competitive destination for innovative clinical trials.

## Roundtable Discussion during CMAC 2026 at Suzhou, China

*18-20 March 2026* – CRM was honoured to contribute to the CMAC 2026 roundtable discussion, "Data Strength, Global Voice: Clinical Data Strategies for Globalizing China's Innovative Drugs." The session brought together regional perspectives on how trusted, complete, and high-quality clinical data can help innovative therapies move beyond borders and reach more patients globally. Through this engagement, CRM continues to strengthen its presence in the global clinical research landscape and contribute to conversations that shape the future of cross-border drug development.


## WIC APAC 2026

*30 March 2026* – CRM participated as part of the faculty at the World Immunotherapy Council Asia-Pacific Conference 2026 in Taipei, where regional experts gathered to discuss the future of cancer research and immunotherapy.

CRM CEO Dr. Akhmal Yusof shared insights on Malaysia's oncology trial landscape, highlighting that nearly 30% of clinical trials in the country involve innovative cancer therapies.

## Farewell to CRM's Outgoing Board of Directors

*13 April 2026* - CRM paid tribute to its outgoing Board of Directors for their years of dedicated service, strategic guidance, and invaluable contributions to the organisation's growth.

At the official farewell, tokens of appreciation were presented by the CRM Chairman and the Minister of Health in recognition of the Board's leadership and commitment to strengthening CRM's position as a Global Trusted Research Management Organisation.

Our deepest appreciation to Datuk Dr. Shahnaz Murad, Prof. Datuk Dr. A. Rahman Jamal, Prof. Dr. Abdul Rashid Abdul Rahman, and Mr. Kheng Huat Ewe for their service and contribution to clinical research excellence.

## 1st and 2nd Nurturing New Talents in Sponsored Research Seminar

*15 April 2026* - CRM successfully organised two editions of the NNT in Sponsored Research Seminar at Hospital Raja Perempuan Zainab II, Kota Bharu, on 9 February 2026, and Hospital Taiping.

The seminars brought together aspiring investigators to strengthen their understanding of sponsored research and clinical trial opportunities.

Our sincere appreciation goes to all distinguished speakers for sharing their knowledge and inshights.


## DIA China Annual Meeting 2026

*14-16 May 2026* – CRM delegation, led by CEO Dr. Akhmal Yusof, participated in the DIA China Annual Meeting 2026 in Shanghai, joining regional stakeholders in discussions on regulatory science, healthcare innovation, and global collaboration. Dr. Akhmal spoke as a panellist on regional collaboration in advancing early-phase clinical research, while Dr. Zaril Harza Zakaria of NPRA shared insights on Malaysia's drug registration pathways and regulatory recognition.

Both joined a panel on opportunities and challenges for Chinese pharma companies entering Southeast Asia. The programme concluded with a closed-door NPRA dialogue covering regulatory pathways, clinical data acceptance, accelerated approvals, and access to innovative therapies.

## MiLeS: Mini Leaning Series

*21 May 2026* – CRM successfully conducted three MiLeS sessions in 2026, continuing its efforts to strengthen learning, knowledge sharing and collaboration among study teams.

- MiLeS#1: Patient and Study Coordinator Engagement Clinical Trials (28 January 2026)
- MiLeS#2: Growing New Study Coordinators: Building Skills and Confidence (18 March 2026)
- MiLeS#3: Smarter Patient Recruitment: Practical Strategies to Improve Enrolment


## CRM at the 6th Siloam Oncology Summit 2026

*26 May 2026* – CRM was honoured to participate in the 6th Siloam Oncology Summit 2026 at Jakarta, where CRM CEO Dr. Akhmal Yusof delivered a keynote talk titled "Building a High-Impact Oncology Research Ecosystem: The Role of Clinical Trials in Advancing Cancer Care."

The session highlighted global oncology research trends and the vital role of clinical trials in improving cancer care.

# SPOTLIGHT FEATURE

## Malaysian Clinical Research Reports Stronger Patient Access, Early-phase Gains and Talent Growth in 2026

***Kuching, Sarawak, 16 April 2026 –*** Clinical Research Malaysia (CRM) launched its 2025 Annual Report and officiated its new Kuching office earlier today, marking another milestone in Malaysia's efforts to strengthen its clinical research ecosystem and enhance its competitiveness as a destination for sponsored clinical trials.

The year 2025 recorded further progress in patient access to clinical trials, with more than 300 healthcare facilities across the country now having clinical research experience. Of the sponsored trials conducted in 2025, 46% were carried out at Ministry of Health facilities, reinforcing the role of public healthcare institutions in expanding access to novel therapies for patients and communities with unmet medical needs. These studies were concentrated mainly in key therapeutic areas such as oncology, cardiovascular diseases and other priority conditions, in line with both national healthcare needs and global research trends.

Malaysia's progress in early-phase clinical research also gained further international recognition in 2025. An IQVIA white paper launched earlier today, titled Malaysia: The New Destination for Early Phase Trials, cited the country's increasing readiness for early-phase studies, supported by established infrastructure, regulatory progress and a diverse patient population. Sarawak General Hospital exemplified this momentum, strengthening its position as a leading oncology trial centre and having successfully conducting two First-in-Human studies in 2025.

CRM continued to prioritise talent development, as skilled study teams and coordinators remain vital to Malaysia's clinical research ecosystem. To support the continued development of study coordinators in the northern region and in Sarawak, CRM had established its Penang office in 2025 and now having expanded to Kuching. These regional growths are expected to strengthen local capabilities, support workforce development and enhance Malaysia's ability to deliver high-quality, patient-centric clinical research nationwide.

"Malaysia's clinical research ecosystem continues to make meaningful progress in both depth and reach. The expansion of research sites, growing strength in early-phase studies and continued investment in capability development reflect our readiness to take on a larger role in the regional and global clinical research landscape, while delivering greater value to patients and the healthcare system," said Minister of Health and CRM Chairman Datuk Seri Dr Dzulkefly Ahmad during board of directors meeting today.

# Malaysia Powers Asia's Rise in Clinical Research at CRM Trial Connect 2026

***Kuala Lumpur, 7 May 2026 –*** Malaysia is cementing its position as Asia's clinical research hub as Clinical Research Malaysia (CRM) launched CRM Trial Connect 2026, drawing more than 1,100 participants from across the global healthcare, regulatory and research ecosystem. With the theme "Asia's Rise in Clinical Trials," the fifth edition of CRM Trial Connect showcases the region's growing influence in global drug development. Last year's event sparked more than 60 collaborations, generating RM70 million in value and advancing clinical research across Asia.

Health Minister Datuk Seri Dr Dzulkefly Ahmad, who officiated the conference, underscored the platform's role in fostering alignment, partnership, and growth. He reaffirmed Malaysia's commitment to strengthening the region's position through continued advancement in clinical research. "This conference reflects not only how far we have come, but also the direction we must take together as we shape the future of clinical research in Southeast Asia and across Asia," he said in his keynote address.

During the ceremony, the Minister also launched the latest edition of Malaysia's Good Clinical Practice Guidelines, reinforcing the nation's commitment to upholding international standards and ensuring the highest quality in clinical trial conduct.

Other program highlights included:

- **Global partnerships**: Memorandum of Understanding between CRM and Monash Health, Australia, and Research Agreement with Japan's National Cancer Center under the ATLAS (Asia Clinical Trials Network for Cancers) project.
- **Recognition**: Presentation of the CRM Sponsored Research Awards 2026, honouring outstanding contributions by investigators, study sites, research organisations, and sponsors.
- **International collaboration**: Participation from agencies such as Japan's PMDA, ARISE, and IA-DATA, reinforcing the importance of global networks in advancing clinical research.
- **Expert insights**: Contributions from leading voices including Dr Timothy Yap (MD Anderson Cancer Center), Professor Jacob George (UK MHRA), and Dr Yasuhiro Fujiwara (PMDA), covering translational medicine, clinical innovation, and regulatory science.
- **Collaborating event**: The conference also featured the 18th National Conference for Clinical Research, further strengthening Malaysia's role in uniting the clinical research community.

Marking five years of impact, CRM Trial Connect has become a premier regional platform for strategic engagement, offering symposium sessions, panel discussions, and networking opportunities that strengthen Asia's role in shaping the future of clinical trials.

## Recognition: CRM Sponsored Research Awards 2026

The CRM Sponsored Research Awards 2026 were presented to acknowledge outstanding contributions to Malaysia's sponsored research ecosystem. These awards recognise exemplary leadership, investigator performance, high-achieving study sites, research organisations, and industry sponsors that have advanced the quality, efficiency, and impact of clinical trials in the country.

The ceremony also highlighted key collaborations that expand Malaysia's clinical research network. Through the MoU exchange and the Collaborative Research Agreement. CRM continues to foster knowledge-sharing, research growth, and stronger international collaboration.








**Scan to read more about CRM Trial Connect 2026**

# RESEARCH PERSONALITY

## Dr Law Wan Chung

*Consultant Neurologist & Head of Neurology Unit, Sarawak General Hospital*

### About Dr Law Wan Chung

Dr. Law Wan Chung is a consultant neurologist at Sarawak General Hospital with extensive experience in clinical neurology and research. His journey as a clinician-investigator began during his medical officer and fellowship years, when he gained early exposure to clinical trials and learned how research could be integrated into everyday patient care.

He has long advocated for clinical research as an essential complement to patient care, believing that it empowers clinicians to address unmet needs while providing patients access to the latest therapies. Over the years, he has witnessed the transformation of Malaysia's clinical research landscape — from an era when investigators managed studies with minimal support, to today's structured environment with Clinical Research Malaysia (CRM) and institutional Clinical Research Centres (CRC). His contributions have strengthened the research culture at his institution and improved outcomes for countless patients.

Passionate about mentorship, Dr. Law remained committed to encouraging more healthcare professionals to engage in clinical research, advancing neurological care in Malaysia while fostering the next generation of clinician-investigators.

### Can you tell us your journey as a principal investigator?

I was fortunate to begin my research journey while serving as a medical officer and during my fellowship training. At that stage, I had the opportunity to learn from senior investigators who showed me that clinical research should be an integral part of a clinician's training.

Initially, I was involved in clinical practice while conducting research under the medical department. I soon realised that clinical practice and research can go hand in hand, even for service clinicians. In fact, participating in clinical research helps clinicians stay abreast of the latest medical developments while giving patients access to new medications and interventions that may otherwise not be available.

This is particularly valuable in resource-constrained settings such as the Ministry of Health. I became more involved as a principal investigator in both industry-sponsored and investigator-initiated studies, I strengthened not only my clinical competency but also my communication, documentation and research management skills. It also allowed me to build strong collaborations with experts across Malaysia and internationally.

Most importantly, I saw first-hand that patients enrolled in clinical trials often received better care and achieved better outcomes. For me, clinical research has complemented my clinical service, benefited my patients and enhanced the reputation of our department. I truly believe research should be part of every clinician's role, including those working in the Ministry of Health.

## Throughout your journey as an investigator, what challenges have shaped your growth and perspective in clinical research?

Patient recruitment and retention are among the key challenges One of the biggest challenges when I started was the lack of manpower. Without dedicated clinical research coordinators or support from Clinical Research Malaysia (CRM), I had to manage everything myself, from patient recruitment and regulatory submissions to financial administration. Today, CRM and dedicated coordinators at Hospital Sultanah Bahiyah have made research much easier, but many younger Ministry of Health clinicians still see clinical research as an academic exercise rather than an integral part of clinical practice. Greater awareness is needed to encourage wider participation.

## What are your current areas of research interest?

My primary research interests are in stroke prevention and stroke intervention. I am also actively interested in epilepsy research and hope to continue contributing to studies in this field.

## Could you tell us about your clinical research experience?

I have been actively involved in numerous industry-sponsored and investigator-initiated clinical trials, primarily focusing on neurological diseases. Several major international studies that I participated in, including the OCEANIC Stroke, RESPECT ESUS, and TRIDENT trials, have been published in reputable journals and have contributed to changes in clinical practice.

In addition, our locally initiated SMART AF and PROVE AF studies have been presented at scientific conferences, published in peer-reviewed journals and cited by other researchers. We have also contributed significantly to the Malaysia National Stroke Registry, which plays an important role in monitoring stroke care and evaluating the effectiveness of interventions across the country. Beyond publications, some of these studies have enabled patients to access the latest treatments and interventions earlier, ultimately improving their recovery and quality of care.

## What continues to motivate and drive your commitment to clinical research and patient care?

My current research interests are mainly focused on Medicine is a lifelong learning journey. Clinical research allows us to continuously learn, stay updated with the latest scientific evidence and improve the way we care for patients. It also enables us to build strong professional networks with colleagues locally and internationally, creating opportunities to exchange ideas and share experiences.

## In your view, what are the biggest challenges currently facing neurology research and clinical trials in Malaysia?

One of the biggest challenges is the lack of interest among clinicians in participating in clinical research, particularly in smaller hospitals where research support may be limited. Another important challenge is strengthening Malaysia's capacity for basic science research and investigator-initiated clinical studies. These locally driven studies are essential because they address healthcare questions that are directly relevant to our own population and healthcare system.

## What is your vision for the future of neurological research and innovation in Malaysia?

I believe clinical research has tremendous potential in Malaysia. From a clinical perspective, research complements patient care by providing access to the latest medications and treatment options. Beyond improving healthcare, it also creates employment opportunities, attracts research investment and strengthens the financial sustainability and reputation of healthcare institutions. With continued support and greater clinician participation, Malaysia can become a stronger contributor to neurological research regionally and globally.

## What advice would you give to young doctors and healthcare professionals who are interested in pursuing clinical research?

Start early and don't be afraid to begin with small projects. As you gain experience, gradually build your network, collaborate with mentors and develop a strong research team. Every study, no matter how small, contributes to your growth as both a clinician and a researcher. Clinical research is a journey. The earlier you begin, the more opportunities you will have to improve patient care while advancing your own professional development.

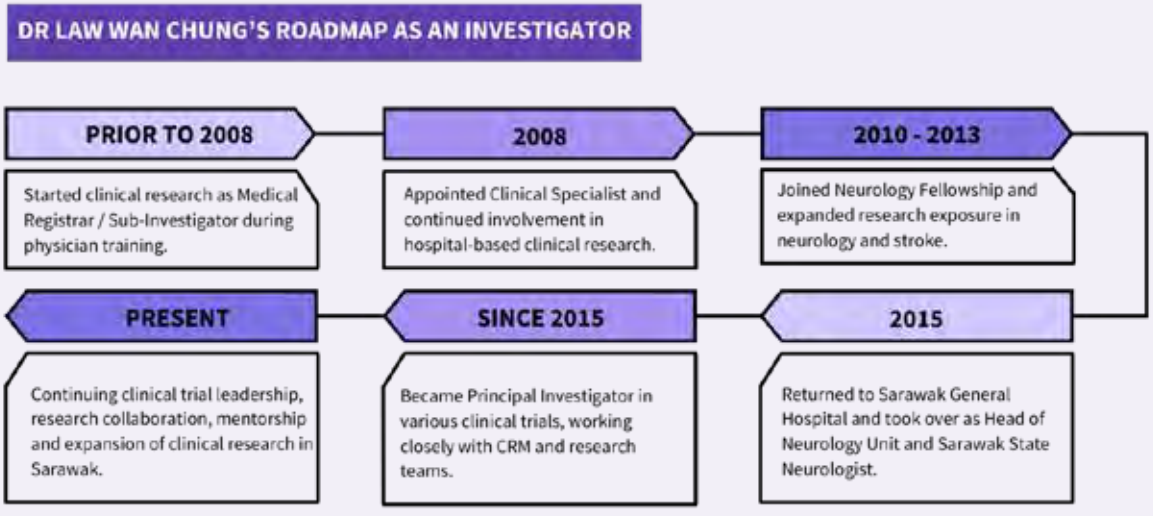
## Positions held

Presently:

- Neurologist, Sarawak State Neurologist
- Head of Neurology Unit, Sarawak General Hospital since February 2014
- Sarawak Stroke Champion (2022 - present )

Also

- President of Malaysia Society of Neuroscience (2022-2024 )
- Vice President for Malaysia Stroke Council (2018- ongoing)
- Malaysia Chair for Acute Network Striving for Excellence in Stroke, ANGELs committee since 2016- present
- Secretary of Malaysia Society of Neuroscience (2018-2022)
- Member and Committee Member of Malaysia Clinical Neurophysiology and Neuromuscular section, epilepsy council, MS (2018 - present)
- Adjunct Lecturer and Examiner University Malaysia Sarawak (2014- present )
- Committee Member of Malaysia Epilepsy Council (2015-2022)
- Chairman for Kuching Neurology Society (2015 - present )
- Adviser for Kuching Parkinson Support Group, Kuching (2017 - present )
- MoH Member of Neurology Curriculum Development (2019 - present )




*Dr Law Wan Chung and his study team*


*Dr Law in front of CRC office*

# RISING STARS IN PAEDIATRICS

Paediatrics is a field that combines medical expertise with compassion and a commitment to improving children's lives. Between 2012 and 2025, 144 paediatric studies were conducted in Malaysia, reflecting the growing impact and advancement of child healthcare research in the country.

**Dr Lee Jun Xiong**
Paediatric Neurologist, Sultanah Aminah Hospital Johor Bahru

**Areas of Interest in Research**

**Paediatric neurology, paediatric epilepsy, neurogenetics and neurological and disorders in children.**

After graduating from Universiti Sains Malaysia in 2012 and completing postgraduate training with the Membership of the Royal College of Paediatrics and Child Health (UK) in 2018, Dr. Lee specialised in paediatric neurology, epilepsy, and neurogenetics through training in Malaysia and at The Royal Children's Hospital, Melbourne. As the sole public-sector paediatric neurologist in Johor, Dr. Lee is committed to helping children and families navigate complex neurological conditions. He believes that early diagnosis, timely intervention, and strong family support are essential to achieving the best outcomes for children.

One of his most memorable cases involved a severely disabled child who gradually regained the ability to walk, interact, and play football through intensive treatment and family perseverance. The experience reinforced his belief in multidisciplinary care and the importance of never giving up on a child's potential. Driven by advances in neuroimaging, genetic testing, and emerging therapies, Dr. Lee hopes to strengthen paediatric neurological services in Malaysia through improved access to specialised care, collaboration, training, and research. At the heart of his practice are empathy, communication, and resilience.

**Dr Malini Mahalingam**
General Paediatrics, Raja Permaisuri Bainun Hospital, Perak

**Areas of Interest in Research**

**Neuroinfectious, neuroimmunology and paediatric neurology, focus on improving diagnosis, treatment pathways and outcomes for children affected by neurological disorders.**

Dr. Malini Mahalingam's passion for paediatrics is driven by a commitment to ensuring every child has access to quality healthcare. Her experience serving rural and indigenous communities in Perak exposed the healthcare challenges faced by children in underserved areas and reinforced the importance of advocacy and compassionate care. As a paediatric neurologist, she values the long-term relationships built with patients and families, celebrating milestones made possible through teamwork and dedication. Serving as the only government paediatric neurologist in a large state has strengthened her focus on improving access to specialised care, particularly for children in remote communities.

Her interest in clinical research is closely linked to challenges seen in daily practice, especially in neuroinfectious and neuroimmunological conditions. To her, research is a way to develop evidence-based solutions that improve outcomes for children. Mahalini hopes to see a stronger paediatric neurology network across Malaysia and encourages young doctors to stay curious, remain humble, and view research as an opportunity to advance patient care

**Dr. Liew Zhe Yi**
Consultant Respiratory Paediatrician, Sultanah Aminah Hospital, Johor Bahru

**Areas of Interest in Research**

**Paediatric respiratory medicine, non-invasive respiratory support, severe asthma, obstructive sleep apnoea, chronic suppurative lung disease, and neurodevelopmental outcomes in respiratory disease.**

Breathing is often taken for granted—until it becomes difficult. Dr. Liew Zhe Yi has dedicated his career to understanding the science behind every breath and improving the lives of children with respiratory conditions. While his early interest was in general paediatrics, respiratory medicine captured his focus during training in Newcastle, UK. He was drawn to the specialty's combination of physiology, imaging, procedural expertise, and long-term patient care, from premature infants in neonatal units to adolescents with complex conditions like cystic fibrosis.

Since returning to Malaysia in 2022, Dr. Liew has been instrumental in developing the Paediatric Respiratory Unit at Hospital Sultanah Aminah. The unit has grown rapidly, performing over 350 bronchoscopies and achieving national milestones, including Malaysia's first and second paediatric bronchial stenting procedures. Dr. Liew is particularly motivated by the challenges facing children's respiratory health in Malaysia, including rising rates of asthma, sleep-disordered breathing, and post-infective bronchiectasis, alongside environmental threats such as haze, indoor pollution, second-hand smoke, and vaping. He is committed to ensuring all children in Johor have access to specialised care and to generating locally relevant research, building on his doctoral work in high-flow nasal cannula and CPAP support for preterm infants. His ongoing research explores preschool wheeze outcomes, RSV and rotavirus epidemiology, severe paediatric asthma, biologic therapies, and the lived experiences of families caring for children with chronic respiratory disease.

"If, years from now, someone says they learnt how to do things properly while training with our team, that would be a legacy worth leaving," he said

## ROADMAP TO BECOME AN INVESTIGATOR


**Scan to register your interest in becoming an investigator**

# INFOGRAPHIC

## Recruitment Achievements in Sponsored Research 2026

### Global 1st Recruiter

**Kuala Lumpur Hospital**
Dr Sandya Subramaniam
*Prostate Cancer*

### SEA 1st Recruiter

**Sarawak General Hospital**
Dr Voon Pei Jye
*Advanced Solid Tumor*

### Top Malaysia Recruiter

**Hospital Canselor Tuanku Muhriz UKM**
Assoc. Prof. Dr.
Andrea Ban Yu-Lin
*Asthma*

### Malaysia 1st Recruiter

**Kuala Lumpur Hospital**
Dr Audi Adawiah
*Non-Small Cell Lung Cancer*

Dr Prathepamalar Yehgambaram
*Advanced Non-Small Cell Lung Cancer*

Dr Noor Zafifah Zakaria
*Ovarian Cancer*

**Ampang Hospital**
Dr Nik Razima Wan Ibrahim
*NASH/MASH Cirrhosis Liver Fibrosis*

**Tengku Ampuan Afzan Hospital**
Dr Fariz Safhan
*Immunoglobulin A Nephropathy (IgAN)*

**Sunway Medical Centre**
Dr Ivan Shew Yee Siang
*Prostate Cancer*

**Tuanku Ja'afar Hospital**
Dr Caroline Eng Siew Yin
*Chronic Kidney Disease*

**Sultanah Bahiyah Hospital**

Dr Zalwani Zainuddin
*Active Crohn's Disease*

**Sarawak General Hospital**
Dr Voon Pei Jye
*Extensive Stage Small Cell Lung Cancer (ES-SCLC)*

**Sabah Women and Children Hospital**
Dr Cheo Seng Wee
*Non-Small Cell Lung Cancer*

**Sultan Ismail Hospital**
Dr Kumutha A/P Chalaya
*Head and Neck Squamous Cell Carcinoma*

**Sultan Idris Shah Hospital**
Dr Tay Li Lian
*Kidney Disease*

**Sibu Hospital**
Dr Ngu Nga Hong
*Bronchiectasis With Pseudomonas Aeruginosa Colonization*

*Chronic Obstructive Pulmonary Disease*

**Queen Elizabeth Hospital**
Dr Liew Houng Bang
*Acute Myocardial Infarction*

Dr Senamjit Kaur A/P Bhupinder Singh
*Primary Biliary Cholangitis (PBC)*

Dr Chia Yuen Kang @ Zhao Yuen Gang
*Multifocal Motor Neuropathy*

# FEATURED SITE

## Hospital Kuala Lumpur (HKL)


Hospital Kuala Lumpur (HKL) is one of Malaysia's most important healthcare institutions, with a history of more than 150 years. Established in 1870, it began as a small district hospital with only three wards: Tai Wah Ward, Choudhry Ward, and Malay Ward. As Kuala Lumpur grew, HKL expanded to meet the increasing healthcare needs of the community. By 1920, the hospital had grown to 25 wards and became an important medical centre serving a wider population.

Today, HKL is the largest hospital under the Malaysian Ministry of Health. Located on about 150 acres in central Kuala Lumpur, it functions as a national referral centre with more than 50 departments and units. Together with affiliated institutions such as Hospital Tunku Azizah and the Institute of Respiratory Medicine, HKL provides specialised and multidisciplinary care to patients across Malaysia. HKL's strength lies not only in its size, but also in its wide range of expertise. Its specialists, support teams, and affiliated centres work together to manage complex cases, train healthcare professionals, and support clinical research. Over the years, HKL has grown from a small district hospital into a symbol of Malaysia's healthcare progress. Today, it continues to play a key role in patient care, medical education, and research, serving both Kuala Lumpur and the nation.

Among HKL's major specialist centres and institutes are the:

| Main Department |
|---|
| Institute of Urology and Nephrology |
| Institute of Respiratory Medicine |
| Neurology Institute |
| National Blood Centre |
| Orthopaedic Institute |

| Major Clinical Departments |
|---|
| Internal Medicine |
| Anaesthesia and Intensive Care |
| Diagnostic Imaging and Interventional Radiology |
| Emergency and Trauma Services |
| Surgical disciplines |
| Women and Children's healthcare services |

| Active Medical Specialties |
|---|
| Internal Medicine and Subspecialties |
| Neurology and Neurosciences |
| Nephrology and Urology |
| Respiratory Medicine |
| Oncology and Radiotherapy |
| Orthopaedics, Trauma, and Rehabilitation |
| Emergency Medicine and Critical Care |
| Pathology, Laboratory Medicine, and Infectious Diseases |

**1074** Doctors

**239** Pharmacists

**73029** Total admission per year (in 2025)

**2494** Nurses

**2291** Supporting staff

**3314** Beds

## Clinical Research at Hospital Kuala Lumpur

In terms of research activity, the Clinical Research Centre Hospital Kuala Lumpur (CRC HKL) coordinates both Investigator-Initiated Research (IIR) and Industry-Sponsored Research (ISR) across numerous disciplines. Research areas commonly include neurology, nephrology, oncology, infectious diseases, critical care, respiratory medicine, surgery, rehabilitation, and medical technology. HKL is also recognized as one of the Ministry of Health's major clinical trial hubs in Malaysia.

To further strengthen its clinical research ecosystem, CRM established its office at HKL, which was officially inaugurated on Dec 12, 2024. The office serves as a dedicated hub for sponsored clinical trials, providing operational support to investigators, study coordinators and industry partners.

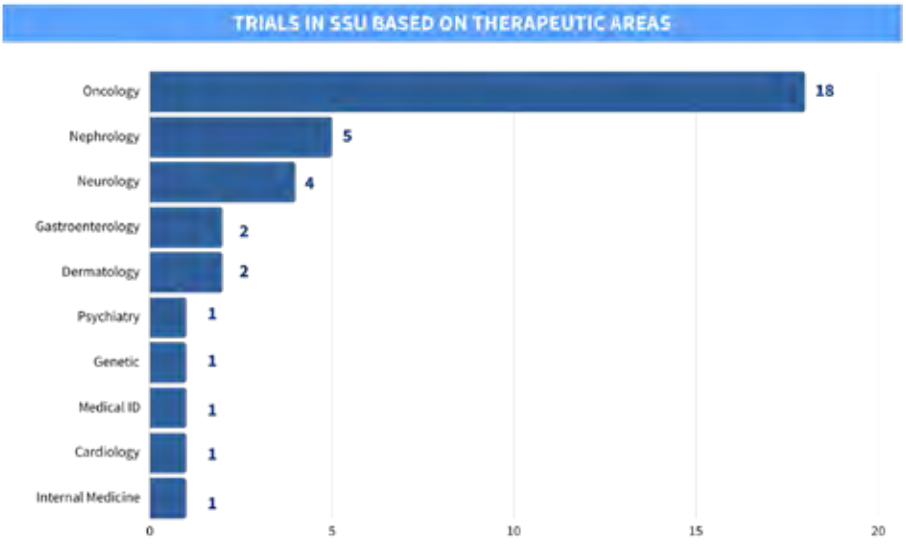
Supported by a team of 32 personnel across oncology and non-oncology, the CRM office oversees the coordination and management of sponsored studies while providing dedicated workstations, meeting facilities, monitoring rooms and secure document storage that comply with Good Clinical Practice (GCP) requirements. Beyond supporting day-to-day trial operations, the office has also facilitated strategic collaborations, including an MoU with BeOne, hosted sponsor and international delegation visits, and continues to enhance HKL's position as one of Malaysia's leading centres for clinical research.

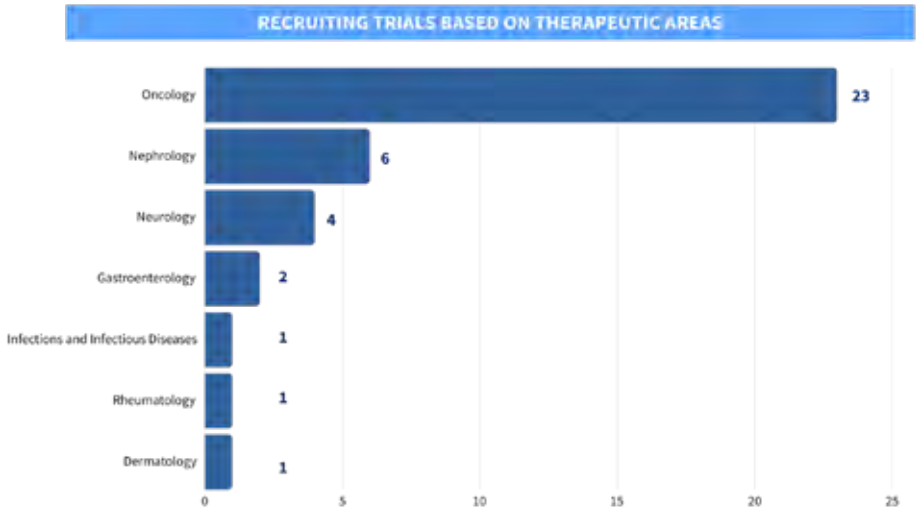
## Industry Sponsored Research in HKL

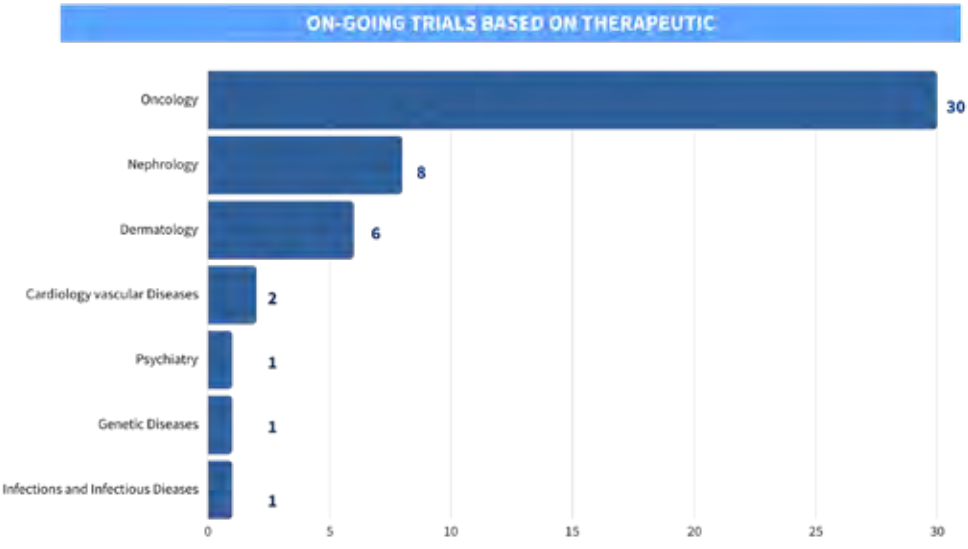
**36** SSU

**38** Recruiting

**49** On-going


TRIALS IN SSU BASED ON THERAPEUTIC AREAS
Oncology
18
Nephrology
5
Neurology
4
Gastroenterology
2
Dermatology
2
Psychiatry
1
Genetic
1
Medical ID
1
Cardiology
1
Internal Medicine
1
0
5
10
15
20


RECRUITING TRIALS BASED ON THERAPEUTIC AREAS
Oncology
23
Nephrology
6
Neurology
4
Gastroenterology
2
Infections and Infectious Diseases
1
Rheumatology
1
Dermatology
1
0
5
10
15
20
25


ON-GOING TRIALS BASED ON THERAPEUTIC
Oncology
30
Nephrology
8
Dermatology
6
Cardiology vascular Diseases
2
Psychiatry
1
Genetic Diseases
1
Infections and Infectious Dieases
1
0
5
10
15
20
25
30


Investigational Products & Sample Fridges


IP Fridge (2°C - 8°C)


Sample processing area


Consultation room


Monitoring room


Sample processing


-20°C and -80°C Freezer

Temp Guard


Infusion bed


Review and consultation area


Meeting room


Laboratory centrifuges

# A Comprehensive Review of Medical Reporting Practices in Malaysia: Medical Records and Medical Reports

*Author: Nurul Atiqah bunti Abd Rhaman, Siti Nuralis binti Abd Muiz, Nurul Farzana Mohd Amin & Batrisyia Abdul Yazid*

## Introduction to Medical Reportting Practices in Malaysia

An essential component of a doctor's responsibilities when treating patients is maintaining medical records. A medical record is an extensive, thorough, and continuous record of a patient's medical history, treatments and other health-related information kept by healthcare professionals. Medical records will constitute a permanent record of the patient's health conditions. This systematic upkeep is carried out daily, indicating continuity of care and any progression resulting from treatments. Keeping thorough and accurate medical records guarantees that patients' demands are satisfied and facilitates easy communication between patients and medical staff.[1]

## Contents of Medical Records

The medical record provides details to help identify a patient by containing information about the patient's case history. This comprises a wide range of "notes" that medical experts have entered throughout time, including recording observations and administration of drugs and therapies, orders for the administration of drugs and therapies, test results, x-ray reports, etc.

## The Importance of Medical Records

Medical records enable medical professionals to ascertain the patient's medical background and deliver well-informed treatment. It serves as a "central repository" for planning patient care and documenting correspondence between the patient and healthcare provider, and any other professionals involved in the treatment. Moreover, health care providers agree that the medical record is a vital and essential supplement to medical education and treatment.

## Medical Report

Medical reports are written by a medical professional about a patient, using information from the patient's medical records. A medical report is a specific document prepared by a healthcare professional that summarises the findings, diagnosis, treatment, or procedure related to a particular medical event or condition.

Usually, a medical report is written for a particular circumstance, such as following a consultation, test, operation, or other medical interaction. It serves as a record for administrative, legal, or insurance purposes, or it conveys a specific element of the patient's treatment to other medical professionals.

## Key Difference Between Medical Record and Medical Report

| | **Medical record** | **Medical report** |
|---|---|---|
| Definition | A comprehensive, ongoing account of a patient's entire health history and care. | A focused document entailing a specific medical event or condition of a patient. |
| Content | Personal info, medical history, diagnoses, treatments, test results, progress notes, medical opinions, recordings, consultations, reports | Specified dates, diagnosis, test results, examination findings, facts, treatment details, etc. |
| Time duration | Continuous, updated regularly throughout the patient's care. | Created at specific times (e.g., after surgery, consultation, or test). |
| Use | Used for ongoing healthcare management and continuity of care. | Provides a snapshot of specific health information for a particular event. |

### E-Medical Records

In the context of clinical trials, both e-medical records and e-medical reports play fundamental roles in ensuring the proper documentation, management, and monitoring of participants' health data. Electronic medical records (EMR) are continuously collected data sources which entail standard medical and clinical data from the specific institution of a patient. The importance of e-medical records is paramount, which in all improves patient care. Due to the convenience of accessibility, health care professionals are able to have up-to-date information about a patient, resulting in faster decision making, better coordination of care, and thus allowing them to make informed decisions and a more efficient and accurate treatment.[2] Electronic medical records reduce risk of mistakes by increasing the precision of medical data, offering automated notifications for any problems, fostering better provider-to-provider contact, and guaranteeing that all data is current and safe. These elements aid in avoiding errors pertaining to patient history, test findings, medication, and therapy.

## IMPORTANT CONCEPTS AND PRINCIPLES OF MEDICAL RECORDS AND MEDICAL REPORTS IN MALAYSIA

### Confidentiality

Medical records and reports may include patient identification data, doctors' clinical notes, imaging records, laboratory reports, drug prescriptions, diagnoses, and treatments. These are confidential in nature and can be accessed only by authorised persons, namely medical practitioners, as indicated in the International Code of Medical Ethics 1949, "A doctor shall preserve absolute secrecy on all he knows about his patients because of the confidence entrusted in him". Doctors and healthcare facilities are legally obligated to keep medical records and reports confidential.

The medical records and reports may contain the patient's personal data, for example, full name, identification number, and telephone number, which falls under the Malaysian Personal Data Protection Act 2010 ('PDPA'). Section 8 of the PDPA states that personal data cannot be disclosed to third parties without the data subject's consent. In this context, no disclosure of the personal information can be made without the patient's consent unless it falls within the exceptions stated under the PDPA, which are: (a) the disclosure is for a purpose that was disclosed to the data subject when the data was collected, or for a purpose that is directly related to that purpose, (b) the disclosure is to a third party that is listed in a written notice given to the data subject, and (c) the disclosure is required by law or in the public interest. Section 8 is further subject to section 39 of the PDPA 2010, which sets out exceptions to confidentiality where the disclosure of the information is required under any law or by court order, in the public interest, and for other reasons stated under this section.

The PDPA also covers "sensitive personal data", defined under the PDPA as "any personal data consisting of information as to the physical or mental health or condition of a data subject, his political opinions, his religious beliefs or other beliefs of a similar nature, the commission or alleged commission by him of any offence or any other personal data as the

Minister may determine by order published in the Gazette". This certainly includes the patient's medical records and reports, as they consist of the patient's physical and mental health condition. Section 40 of the PDPA states that sensitive personal data can only be processed if the data subject (i.e., the patient) gives their explicit consent, unless it falls under the exceptions, which include when the data subject has intentionally made the information public, the processing is for the purposes of exercising or performing a right or obligation imposed by law on the data user in connection with employment, and other cases as stated in section 40 of the PDPA.

The obligation to preserve the confidentiality of medical records of the patients is stated under the Malaysian Medical Council's guidelines on confidentiality ('Confidentiality Guidelines'),[3] which highlights that "The justification for this information being kept confidential is that it enhances the patient-doctor relationship. Without assurances about confidentiality, patients may be reluctant to give doctors the information they need in order to provide good care". It is also stated under the Confidentiality Guidelines that confidentiality is an important duty of the doctors, but it is not absolute as a practitioner can disclose the personal information if: (a) it is required by law, (b) the patient consents either implicitly for the sake of their own care or expressly for other purposes; or (c) it is justified in the public interest.[4]

Therefore, it is deducible that medical records and reports are confidential in nature and shall not be disclosed to any unauthorised person without consent, except where they are required to be disclosed under the law.

### Ownership and Access

The MMC Guideline 002/2006 (Medical Records and Medical Reports) ('MMC Guideline 002/2006') states that a patient's medical record is the property of the medical practitioner and the healthcare facility and services, which hold all rights associated with ownership. Regulation 44(1) of the Private Healthcare Facilities and Services) Regulations 2006 also state that "a patient's medical record is the property of a private healthcare facility or service". Therefore, it can be derived that patients have no right to keep their original medical record, as it is owned by the relevant healthcare institution and the medical practitioner. However, patients have the right and are entitled to access their own medical records and be given copies of such records as patients may require access for various reasons, such as for further medical treatment at different facilities, seeking a second opinion and litigation purposes.

In the case of *Nurul Husna Muhammad Hafiz & Anor v. Kerajaan Malaysia & Ors* [2015] 1 CLJ 825, the High Court held that:

"Based on the legal duties and rights that arise from the physician- patient fiducial relationship, and further having regard to the provisions in the guideline and the common law principles, the legal position in Malaysia vis-à-vis the patient's right of access to medical records can be summarised as follows: (a) The ownership of a patient's medical record vests with the physician or hospital as the case may be. However, the physician or hospital must deal with the medical records in the best interest of the patient; (b) The patient has an innominate and qualified right of access to his medical records and there is a corresponding general duty on the part of the physician or hospital to disclose the patient's medical records to the patient, his agents, medical advisers or legal advisers; (c) The physician or hospital may refuse to disclose partly or wholly the medical records to the patient in certain limited circumstances, such as, but not limited to, situations when such disclosure would be detrimental or prejudicial to the patient's health in that the information is likely to cause serious harm to the physical or mental health of the patient or of any other individual contained in the medical records; or when such disclosure would divulge information relating to or provided by an individual, other than the patient, who could be identified from that information; (d) When the circumstances giving rise to such qualification for refusal to disclose does not present itself, and when the request for disclosure is reasonable, having regard to all the circumstances, the physician or hospital shall give copies of the medical records to the patient upon payment of reasonable copying charges."

In this case, it is clear that medical records and reports are owned by the medical practitioners and healthcare facilities, but patients and their agents can have access to the patients' medical records and reports. It is also expected that the medical practitioner and the person in charge in the healthcare institutions will release such information and record when requested by the patients and their authorised agent, as stated in MMC Guideline 002/2006. The MMC Guideline also indicates that if a patient's or their agent's request for access is refused, the patient may resort to civil action. This is further supported in the same case cited above, where the Court held:

"If access is withheld unreasonably and the patient is to put to cost and expense to procure a court order to compel production of the medical records, for instance under the provisions of O. 24 r. 7A of the Rules of Court 2012, then the patient would in such circumstance be entitled to cost on a solicitor-client basis."

Thus, in cases where the patient's access to their medical records is being denied, the patient can seek the court's intervention to obtain those medical records. The MMC Guideline 002/2006 also stipulates that the disclosure of medical records may be denied where it may be detrimental or disparaging to the patient or any other individual, or where it may cause serious harm to the patient's mental or physical health or endanger the patient's life. In such instances, the practitioner should be able to justify their decision to deny the disclosure.[5]

## Record Keeping and Retention

Due to the confidential nature of the medical records and reports, it is vital for these documents to be documented accurately and promptly, and good record-keeping practices must be in place to foster effective patient care and legal compliance.[6] Some of the best practices are as follows:

1. Accuracy and Completeness

The medical practitioner should ensure that the medical documents are accurately recorded, in which he shall record all relevant patient interactions, including medical history, examination findings, diagnostic results, treatments, and patient preferences. To keep the completeness of the medical documents, the medical practitioner shall include both positive and negative findings, differential diagnoses, and necessary steps taken to exclude them for future reference.[7]

2. Timeliness

The medical documents shall be recorded in a timely manner, preferably as soon as possible after the patient's visit, to accurately reflect what took place during the patient's visit.[8] The medical practitioner shall maintain the medical records in chronological order to demonstrate the continuity of care and provide a full picture of the patient's health over time.[9]

3. Legibility and Clarity

It is important to use clear writing when writing medical documents to ensure their legibility. The medical practitioner is advised to use clear and concise language,[10] plus a standardised format to ensure consistency across records.[11] While medical practitioners are known to be familiar with medical jargon, it is advisable to use standard medical terminology to avoid misunderstandings.[12]

4. Legal compliance

The medical practitioner shall adhere to the local and international regulations regarding medical record-keeping.[13] This also includes obedience to the appropriate retention policies for different types of documents, as each document may have its own retention policy. Furthermore, the medical practitioner shall conduct regular audits to ensure the record-keeping practice at healthcare institutions is aligned with the highest record-keeping standards.[14]

5. Retention period

According to Bali et. al. (2011), the medical records are generally retained for the following periods:[15]

| | |
|---|---|
| Adult Patients | 3 years |
| Newborn Patients | 18 + 3 years |
| Children Patients | Up until they are 18 years + 3 years |
| Mentally Retarded Patients | As long as the healthcare institution is operating |
| From Income Tax POV | 7 years |

However, from a medical perspective, medical documents should be preserved for as long as they are necessary for the standard of care and the management of cases by medical practitioners. Furthermore, it is also significant to highlight that medical documents must be kept for as long as there are legal reasons for doing so. For example, if records are needed for a court case, they must be kept until the case is concluded.[16]

### Disclosure to Third Party

Generally, the medical documents can be disclosed to a third party with the consent of the patient. This has been highlighted in MMC Guideline 002/2006, which states that "Medical practitioners and persons in charge of healthcare facilities and services are generally expected to cooperate and release all parts of the medical records, or certified true copies of the records, when so requested by the patient." However, the medical practitioner may refuse a request to disclose the medical documents under certain reasonable conditions:[17]

1. If the medical practitioner believes that the information in the medical documents, if disclosed, could be harmful or disparaging to the patient or any other person, or could seriously impair the patient's physical or mental health or jeopardise his life;
2. If the patient has passed away; or
3. If the patient, his legal next of kin, or guardian, has not given written consent for the release of the medical information to a third party.

The disclosure of medical documents to a third party usually happens in medical negligence lawsuits. Hence, medical practitioners should understand the patient's position when the patient requests the disclosure of medical documents. Purposefully making the process challenging for the patient by irrationally denying them access to their medical records could be against MMC policy and result in disciplinary action.[18]

## LEGAL STATUS OF MEDICAL RECORDS AND MEDICAL REPORTS IN MALAYSIA

In Malaysia, medical records and medical reports are not merely administrative or clinical documents. Once created, they acquire an independent legal status that carries enforceable consequences under civil, regulatory, and disciplinary frameworks. Their legal significance arises from their role as authoritative records of medical decision-making, professional judgment, and factual events occurring during patient care.

### Medical Records and Reports as Legal Documents

Medical records are treated in law as contemporaneous records generated in the ordinary course of professional practice. Because they are created at or near the time of clinical events, they are accorded a presumption of reliability.[19] Medical reports, although derived from medical records, are distinct in nature as they involve interpretation, summarisation, and professional opinion prepared for a defined external purpose.

Once issued, a medical report constitutes a formal representation by the medical practitioner. Any inaccuracy, omission, or mischaracterisation may give rise to legal consequences, including professional misconduct, civil liability, or evidentiary challenge.[20] Practitioners, therefore, bear personal responsibility for the contents of medical reports, even where the underlying information originates from institutional records.

### Professional Accountability and Standard of Care

The legal status of medical documentation is closely tied to professional accountability. Medical records are frequently used to assess whether a practitioner has met the applicable standard of care. In situations where records are incomplete, inconsistent, or absent, adverse legal inferences may be drawn against the practitioner or healthcare facility.

Medical reports carry an even higher threshold of responsibility, as they often influence third-party decisions such as insurance approvals, employment determinations, regulatory assessments, or judicial findings. A practitioner issuing a medical report is expected to exercise independent professional judgment and ensure that conclusions are supported by documented clinical findings.

### Liability Arising from Inaccurate or Improper Documentation

Errors in medical records or reports may expose healthcare providers to multiple layers of liability. In civil proceedings, inaccurate documentation may weaken the defence of a medical practitioner or institution. In regulatory or disciplinary contexts, misleading or negligent reporting may constitute a breach of professional duties.

Importantly, liability may arise not only from what is recorded, but also from what omitted. Failure to document key clinical

observations, patient complaints, informed consent discussions, or treatment rationales may be interpreted as a failure in care, even where appropriate treatment was in fact provided.

### Evidentiary Weight in Judicial and Quasi-Judicial Proceedings

Medical records and reports are routinely relied upon as documentary evidence in Malaysian courts, tribunals, and regulatory proceedings. Courts generally distinguish between factual entries recorded during treatment and retrospective opinions expressed in medical reports. While both are admissible, contemporaneous medical records often carry greater evidentiary weight because of their proximity in time to the events described.

Medical reports prepared for litigation or third-party use may be subjected to closer scrutiny, particularly where there is a perceived lack of neutrality or inconsistency with the underlying medical records. Any discrepancy between medical records and reports may affect the credibility of the practitioner and the probative value of the evidence.

### Institutional Responsibility and Risk Management

From an institutional perspective, medical records and reports form part of the organisation's legal risk profile. Healthcare facilities are expected to implement governance structures that ensure proper documentation practices, internal review mechanisms, and clear protocols for the issuance of medical reports.

Failure to maintain robust documentation standards may expose healthcare institutions to systemic liability, reputational harm, and regulatory sanction, even where individual practitioners are involved in the preparation of the documents.

### Legal Implications in the Digital Environment

With the increasing use of electronic medical records and digitally generated medical reports, the legal status of these documents extends equally to electronic formats. Electronic records are treated as legally valid provided their integrity, authenticity, and auditability can be demonstrated. Any unauthorised alteration, deletion, or improper access to electronic medical records may carry legal and evidentiary consequences.

## CONCLUSION

In essence, medical records and reports in Malaysia are more than just clinical paperwork. They serve as reliable evidence of how medical care was delivered and how professional judgment was exercised. Beyond supporting patient treatment, these documents can have real legal consequences, whether in demonstrating compliance, highlighting potential liability, or influencing the outcome of disputes. For this reason, careful record-keeping and thoughtful preparation of medical reports are not merely good practice, but an essential legal responsibility within Malaysian healthcare.

## References

[i](LLB) (Hons); Legal Manager, Legal and Regulatory Affairs Department, Clinical Research Malaysia.

[ii] (LLB) (Hons); Senior Legal Executive, Legal and Regulatory Affairs Department, Clinical Research Malaysia.

[iii] (LLB) (Hons); Legal Executive, Legal and Regulatory Affairs Department, Clinical Research Malaysia.

[iv] (LLB) (Hons); Legal Assistant, Legal and Regulatory Affairs Department, Clinical Research Malaysia.

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[3] Malaysian Medical Council Guidelines on Confidentiality (revised as at 11 October 2011).

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[5] See 1.17 Denial of Disclosure of the Confidentiality Guidelines.

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[20] Nurul Husna Muhammad Hafiz & Anor v. Kerajaan Malaysia & Ors [2015] 1 CLJ 825.

# MEET OUR TEAM

## Chong Tuang Siang

*CRM Associate Regional Manager, East Malaysia B2*

*CEO Award 2017 Recipient - Revolutionize the establishment of Oncology study in Sarawak General Hospital*

**Can you tell us about your journey into clinical research?**

My journey in clinical research began in November 2013, when I first joined the industry as a Study Coordinator. Before that, I graduated as a Medical Assistant in 2012. Over the years, I had the opportunity to grow within the field. In January 2017, I progressed to the role of Senior Study Coordinator, and in September 2024, I was appointed as Associate Regional Manager. Looking back, it has been a journey filled with learning, challenges, teamwork, and growth. Clinical research has shaped not only my career but also the way I understand patient care, scientific progress, and responsibility.

**What first inspired you to enter clinical research?**

At the beginning, it was curiosity. I was interested in understanding how scientific discoveries could eventually become real treatments that improve patients' lives. As I became more involved in clinical trials, that curiosity slowly turned into a deeper appreciation for the field. I began to see how important clinical research is in protecting patient safety, maintaining data integrity, and supporting the advancement of medicine. Clinical research is not just about following a protocol. Every study has a bigger purpose. It may offer hope to patients who have limited treatment options, and at the same time, it contributes to medical knowledge that can benefit future generations.

**What is one milestone in your career that you are most proud of?**

One of the milestones I am most proud of was being among the first Study Coordinators involved in developing the oncology clinical trial team at Sarawak General Hospital. At that time, the site only had a small number of oncology trials. The team was also very small, consisting of a Principal Investigator, Sub-Investigator, Study Coordinator, Pharmacist, and Study Nurse.

Over the years, I witnessed and contributed to the growth of the team. From those early beginnings, the site has grown to support more than 100 ongoing trials today. The team has also expanded into a larger multidisciplinary workforce, with more people working together to support clinical trial conduct. Being part of that development journey has been deeply meaningful to me. It showed me how persistence, collaboration, and proper coordination can strengthen clinical research capacity at the site level.

**What values guide you in your work, and what keeps you motivated every day?**

Throughout my career, I have been guided by an "empty cup" mindset. This means staying humble, open to learning, and willing to adapt, no matter how much experience I have. Integrity and accountability are also important values in my work. In clinical research, every detail matters, and every role contributes to the success of a trial. What keeps me motivated is knowing that our work helps patients gain access to better treatment options. I am also inspired by my team, especially when I see colleagues grow in confidence, develop new skills, and contribute meaningfully to clinical research. It reminds me that leadership is not only about managing work, but also about helping people grow.

**What advice would you give to someone who wants to build a career in clinical research?**

My advice is to remember that every role matters. Clinical research can be challenging, but when we understand that our efforts directly support patients, protect data integrity, and contribute to future treatment options, the work becomes meaningful. Stay humble, keep learning, and always carry out your responsibilities with integrity. That sense of purpose will give you the resilience to continue giving your best.

*Chong and his team*

## Siti Khadijah Sakaria

*Senior Corporate Communications Executive*

*CEO Award 2021 (Team Category) - Sports & Recreational Committee – Creativity in Virtual SRC Activities*

### Can you tell us about your journey in the clinical research industry?

My journey in the clinical research industry began with a desire to contribute to work that creates meaningful impact, especially in healthcare and public engagement. Although my role does not involve conducting clinical trials directly, I have always been inspired by how research helps translate scientific discoveries into better treatments and improved patient outcomes.

Since joining CRM, I have gained a much deeper understanding of the effort behind every clinical trial. Behind the science and data, there are patients placing their trust in the process, investigators and coordinators ensuring quality, and healthcare professionals, sponsors, and researchers working together to advance medical knowledge.

### How does corporate communications support clinical research?

Working in corporate communications allows me to support CRM's mission through public engagement, stakeholder relations, awareness initiatives, and communication activities. Our role is to help make clinical research more accessible and relatable to a wider audience. Many people may not fully understand what clinical trials are or why they matter. Through communication, we help bridge that gap. I have learned that effective communication is not just about sharing information. It is about creating understanding, building trust, and connecting communities to the value of research.

### What values are important in your work?

Adaptability, openness to learning, and continuous improvement are very important in my work. Every campaign, event, or engagement activity comes with its own challenges. Different audiences require different approaches, and not every message can be communicated in the same way. That is why it is important to listen, adjust, and communicate clearly, respectful, and meaningful. Being open to feedback also helps us improve and create stronger engagement.

### What motivates you in your role?

What motivates me most is knowing that even small efforts can create meaningful impact. An awareness campaign, an educational post, a social media update, or a public engagement activity may seem small on its own. But together, these efforts help improve understanding of clinical trials and build public trust in research. I am also inspired by the colleagues I work with (*You know who you are*). Their dedication, support, and collaboration make the work rewarding. It is encouraging to be surrounded by people who are passionate about contributing to healthcare and research.

### What advice would you give to someone interested in clinical research?

My advice is to remain curious and open to learning. Clinical research offers many different career paths. Not everyone has to be directly involved in trial conduct to make a meaningful contribution. Whether you are working in operations, communications, administration, regulatory affairs, data management, or stakeholder engagement, every role supports the bigger mission. Be willing to step outside your comfort zone.

Take every opportunity to learn, grow, and understand how your work contributes to patients, data integrity, and the advancement of medical knowledge. When you understand the purpose behind your role, the work becomes more fulfilling and meaningful.


*Standing from L-R: Shu Hui, Syamimi, Liew Eu, Sufea, Asha, Syazwina, Khadijah, Majdiah, Afiqah & Aziemah*

# CRM IN PHOTOS

CRM joined a discussion chaired by Datuk Dr. Muhammad Radzi on potential early cancer detection studies.

22 Jan

CRM met with Dr. Rebecca Tay, CEO of Precision Diagnostics, to explore the role of pharmacogenomics in improving patient care.

22 Jan

CRM discussed vaccine R&D, GMP readiness, and early-phase clinical trials with the Malaysia Genome and Vaccine Institute.

22 Jan

CRM joined a discussion with the MOH, Medical Device Authority, Bahagian Kawalselia Radiasi Perubatan, and United Imaging Healthcare.

22 Jan

CRM met with Dr. Pushpalatha Kantharaju from Takeda Biopharmaceuticals India to discuss clinical trial opportunities in Malaysia.

6 Feb

CRM discussed oncology clinical trials and opportunities to bring more cancer studies to Malaysia with OncoCare, Thomson Hospital Kota Damansara.

11 Feb

CRM discussed with the ADVANCE-ID team, led by Prof. David Leslie Paterson, on partnerships for infectious disease research and regional collaboration in Southeast Asia.

13 Feb

CRM met with Novo Nordisk Malaysia to discuss progress, patient awareness, and clinical trials.

13 Feb

CRM met with Mr. Yusuke Mori of Second Heart Asia to explore a diabetic foot amputation prevention platform and potential collaboration

27 Feb

CRM discussed clinical trial development and collaboration with the PhAMA Clinical Research Committee.

9 Mac


CRM held an introductory meeting with Insujet to explore clinical trial opportunities for a needle-free injection device in Malaysia.

12 Mac

CRM had a discussion with Shilpa Medicare and Ardent Clinical Research Service on clinical trial support in Malaysia and strategic collaboration.

2 Apr

# CRM IN PHOTOS

CRM engaged with Cancer Research Malaysia on strengthening the country's oncology research ecosystem.

7 Apr

CRM welcomed Dr. Rozana Abdul Rahman, Consultant Medical Oncologist at Beacon Hospital Dublin.

8 Apr

CRM engaged Fosun Kairos, Ampang Hospital, and NPRA on CAR-T technology, regulatory pathways, and advancing cell and gene therapy in Malaysia.

9 Apr

CRM met with Johnson & Johnson clinical operations leadership to discuss study growth and digital clinical trial initiatives in Malaysia.

10 Apr

CRM met with the AstraZeneca team to review study performance, key metrics, and future pipeline plans.

20 Apr


CRM hosted Dr. Lai Wang, President & Global R&D Head of BeOne, to discuss Malaysia's growing visibility in global oncology drug development.

23 Apr

CRM discussed industry-sponsored research and collaboration with IHH Healthcare with Mitsui & Co. (Malaysia).

27 Apr

CRM met with Steve Lewis, Founder of Nabu.ai, to discuss its digital health platform and potential role in clinical trials and patient engagement.

28 Apr

CRM and Sarawak General Hospital hosted representatives from Peter MacCallum Cancer Centre, Australia, for a discussion on improving efficiency in clinical research.

3 May

CRM welcomed Neofix representatives for a discussion on supporting diabetes research in Malaysia.

8 May

CRM hosted Prof. Jacob George, Chief Scientific & Medical Officer of MHRA, to discuss advancing Malaysia's clinical trial ecosystem and UK collaboration.

13 May

CRM met with Medi Radio Malaysia to discuss support for clinical trials and the growth of radioligand therapies in Malaysia.

14 May

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CERT NO.: QMS 03360