

9th Asia Cancer Forum

Cross-boundary Cancer Studies

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The Policy of Asia Cancer Forum is 3C Intelligence

Contextual Intelligence
Collective Intelligence
Continuous Intelligence



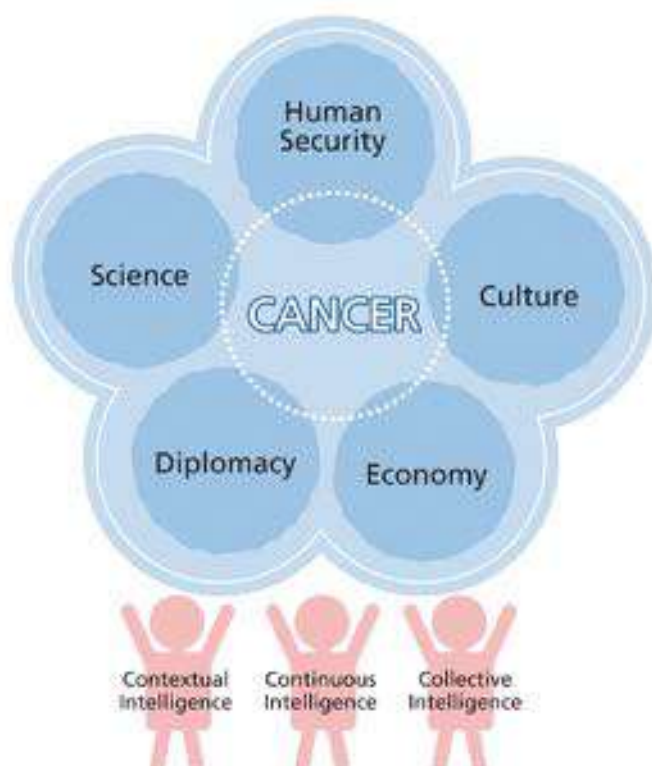
Asia
Cancer
Forum

Asia Cancer Forum

What Should We do to Raise Awareness on the Issue of Cancer in the Global Health Agenda?

The Asia Cancer Forum has been engaging with the global health community to share information about the current challenges for cancer in developing countries and to discuss future trends. Discussions also focus on how we can enhance communication and cooperate in improving the global health status. It is our intention to position our agenda as an item to be included within the next Millennium Development Goals (MDGs) of the United Nations.

The starting point of the debates within the Asia Cancer Forum is the concept of human security. Based on the concept of human security, we are discussing the following questions: What should we do to achieve this goal ? And, further, what items should be added to the revised MDGs ?



<http://www.asiacancerforum.org/>

Preface

Asia Cancer Forum Organizer

Norie Kawahara

Scientific advancement empowers people and offers the promise of limitless possibilities and the means to live long and health lives. The struggle against disease is one that is intrinsically linked with human existence, since the dawn of time. That struggle is by no means over. Cancer is now increasingly rapidly around the world, particularly in developing countries. As gaps in medical treatment widen, in the near future the international community will be burdened with an unjust situation in which although people are afflicted with the same disease, some will be cured, whereas others will suffer and die, depending on their access to medical treatment. We are faced with the question: What must we do to overcome this grave impending reality?

The Asia Cancer Forum has continued to engage in analysis as to why cancer has yet to attain its rightful place in global health dialogue, and has repeatedly discussed ways that would lead to the inclusion of cancer in the Millennium Development Goals (MDGs) of the United Nations, which have significant influence on global health agenda priorities. With limited medical resources, the inclusion of cancer on the global health agenda is anticipated to face difficulty, particularly given the medical treatment costs involved and cancer's status as a non-communicable disease. However, this does not mean that we should give up the struggle. We should not forget that although it was once said that drugs to treat AIDS would never be available in Africa, the wisdom and diligent efforts of the international community resulted in a positive outcome for AIDS treatment in Africa. Let us not forget these shining achievements.

The Asia Cancer Forum bases its activities on the Universal Declaration of Human Rights, which states that everyone has the right to share in scientific advancement and its benefits equally. Discussion on the inclusion of cancer on the global health agenda does not stop merely at the advocacy of humanitarian principles. In fact, what is needed now is a move away from the linear debate such as that which has dominated discussions of international aid in the past, and a focus on science and technology grounded in evidence-based data. Careful and considered solutions to the current challenges faced by industrialized nations can also be utilized in assistance to developing nations. Accordingly, it is now necessary to establish a framework for resolving issues that face industrialized nations. Over the last 100 years of Asian history conflict has cast a profound shadow over the hearts and minds of people. In order to overcome these scars of the past it is essential that we work to build links between developing and industrialized nations. By taking on the daunting common challenges and setting out a roadmap for peaceful coexistence we will have created the means to build long-lasting, unwavering peace. This is the essence of human security.

Mission

The Universal Declaration of Human Rights states that everyone has the right to share in scientific advancement and its benefits equally. Based on that spirit enshrined in the Declaration, with the aim of overcoming the common challenge of cancer that is faced by humanity as a whole, and linking it to human life in the Asian region, we have attempted to bring together several types of "intelligence", which we have subsumed as the "3Cs."

- Collective Intelligence
- Contextual Intelligence
- Continuous Intelligence

The relationship between these three forms of modern intelligence and the activities of this forum are described below.

Contextual intelligence is an intuitive skill that helps a leader align tactics with objectives to create smart strategies in new situations. Contextual intelligence consists partly of analytic capabilities and partly of tacit knowledge built up from experience, which tends to be expressed in rules of thumb.

This is a concept expounded by Joseph Nye in his book *The Powers to Lead*, and this kind of intelligence requires a top-down approach. In terms of policy challenges it leads to questions about what kind of agenda-setting should be employed.

Collective intelligence is a shared or group intelligence that emerges from the collaboration and competition of many individuals.

George Pór, defined the collective intelligence phenomenon as "the capacity of human communities to evolve towards higher order complexity and harmony, through such innovation mechanisms as differentiation and integration, competition and collaboration."

This is a type of intelligence that supports a bottom-up approach. In the context of the Asia Cancer Forum our attempt to create a common base for information collection by providing information on such topics as cancer prevention educational activities for children and women's self-respect issues and cancer, is a part of such a bottom-up approach.

Continuous Intelligence is a new approach that derives immediate insights from fast changing, "live" data, and determines the immediate actions front-line personnel can take to proactively solve problems, or reduce risk. This is an expression taken from IT terminology and it denotes a type of intelligence that seeks to create driving force to link the two prior noted intelligences (contextual and collective) towards the future, without losing or disconnecting the main aspects of these two kinds of intelligence. The Asia Cancer Forum has used these scientific metaphors to create a concept note on this issue, as seen below.

The 8th Asia Cancer Forum: Seeking to Advance the Outcomes of the UN Summit ——“Global health as the key to a new paradigm in cancer research”

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ABSTRACT

To date the Asia Cancer Forum has focused its efforts on creating a common concept for collaborative efforts in international cancer research with a focus on Asia, where cancer incidence is rising dramatically, and also sharing information and knowledge among cancer specialists about the importance of cancer as a global health agenda issue. The Eighth Asia Cancer Forum was held following the historic outcome of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases held in New York in September 2011, at which cancer was duly recognized as a global health agenda issue. Despite this significant development, however, the issue of cancer, one of the most intractable of all non-communicable diseases, still faces a variety of challenges if it is to be addressed on the global level. The Eighth Asia Cancer Forum sought to address these various issues, seeking ways to capitalize on the outcomes of the UN Meeting and take global collaborative studies and alliances in the field of cancer further. It was recognized that one of the main challenges for the Asia Cancer Forum is to formulate a proposal that demonstrates how middle income countries can provide a good level of care using only their own limited medical resources. Given that the Asia Cancer Forum is one of the organizations that can provide assistance in working to further boost awareness about cancer research and the situation relating to cancer in Asian countries, discussion also focused on how to concretize activities in the future.

Keywords: technology gaps, information sharing, MDGs, maximizing resources

OVERVIEW

The Asia Cancer Forum is a grouping that aims to discuss cancer science and policy issues among Asian countries. The basic concept of the forum is that discussion will enhance sharing and awareness of the issues and each of the participants will gain their own take home message to apply to their own activities as the outcomes of the forum. The forum is operated through the research funds of the participating members and receives support in the form of Health and Labour Sciences Research Grants from the Ministry of Health, Labour and Welfare of Japan, as part of the Third Term Comprehensive Control Research for Cancer or its ongoing work to create an Asian network. The organizer of the forum is Norie Kawahara and it is chaired by Hideyuki Akaza, both of the Research Center for Advanced Science and Technology (RCAST), the University of Tokyo.

The origins of the Asia Cancer Forum date back to 2004 when a group of Asian researchers launched a platform called the Asia High Technology Network to discuss issues in the field of medicine. The grouping engaged in discussions on the formation of an Asia Cancer Information Network. From 2008 the name of the research platform was changed to the Asia Cancer Forum and the first two meetings were held thereafter. The third meeting was held in February 2009, on the theme of “Health, Information and Development.” The third meeting was held jointly with SciDev.Net and saw discussion focus closely on issues relating to the setting of the global health agenda. The fourth meeting was held in April 2009 under the theme of “Asian Challenges in Shifting the Disease Burdens.” In November 2009 the fifth meeting was held in collaboration with the 20th Asia Pacific Cancer Conference (APCC)

under the theme of “What Should we do to Raise Awareness on the Issue of Cancer in the Global Health Agenda?” The meetings to date have concentrated on ways to share information among Asian research colleagues, thus raising awareness of the importance of including cancer on the global health agenda.

In the Sixth Asia Cancer Forum, discussion focused on the difficulties in achieving a comprehensive cancer information network in Asia, due to technology and know-how gaps between frontrunner countries and developing countries. These discussions led to the theme of the Seventh Asia Cancer Forum being set as “From the perspective of human security, how can we collaborate as Asians in order to place cancer on the global health agenda? How can we fill in the gaps that exist among us?”

With global momentum gathering in terms of recognition of cancer as a global health agenda issue, as preparations were implemented for the Eighth Asia Cancer Forum, the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases was held in New York in September 2011. The outcomes of the UN Meeting emboldened the organizers of the Asia Cancer Forum to further develop discussion on cross-boundary, collaborative studies on cancer.

The Eighth Asia Cancer Forum was held at Nagoya Congress Center, Japan, on October 29, 2011. The meeting consisted of nine special presentations, followed by detailed discussions. Approximately 25 people were present and the meeting provided a forum for active discussions. Hideyuki Akaza (RCAST) presided, with organization being facilitated by Norie Kawahara (RCAST). At the end of the meeting the

Declaration of the 8th Asian Cancer Forum was adopted by members.

I. Endeavors of the Asia Cancer Forum within the Context of Japan-Asian Studies at the University of Tokyo

“Surviving Cancer in Asia”: Efforts of the Japan-Asian Studies Program of UT

Norie Kawahara (Research Center for Advanced Science and Technology (RCAST)), The University of Tokyo, noted that the Asia Cancer Forum had launched dialogue on cancer at a time when non-communicable diseases did not attract widespread attention. The activities of the forum have been published in various printed and online journals. The recent outcome of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases held in New York in September has brought us to a point where it is necessary to consider what concrete actions the cancer research community can take. Getting cancer recognized as a global health agenda item is still a challenge. The discussions that have taken place in the Asia Cancer Forum among various experts can therefore be put to good use as dialogue on cancer moves forward.

Through a series of lectures at the University of Tokyo titled “Surviving Cancer in Asia” experts have been invited to provide insight and opinions into cancer-related issues and the importance of placing cancer on the global health agenda. They also aim to examine what can be done to ensure that developing nations can avoid making the same mistakes as more advanced countries.

One of the challenges that the cancer community faces is that cancer research is

intensive and segmentalized, making it easy to lose sight of the bigger picture. Keeping an overall picture in mind provides a blueprint for the future direction of cancer research. In this context it is important for the Asia Cancer Forum to consider the actual situation of cancer in Asia, but this is not an easy task. This is because it is difficult to grasp an accurate picture of a region that is so rich in historical and cultural diversity, not to mention differences in medical care standards. However, the global health agenda can function as a framework concept to gain a broad understanding. By framing cancer in Asia in the setting of the global health agenda, it will be possible to tap the wisdom and knowledge of the international community.

The situation surrounding global health is now far more complex than when the focus was simply on infectious diseases. It is therefore essential for an academic basis to be laid out for global health that provides definitions and common language that will promote discussion among stakeholders. The concept of global health is founded on the concepts of equality and human rights. It is important as a means of sharing information and gaining an accurate global picture of cancer, that we create an academic platform, or Global Collaborative Cancer Studies, as a means of further sharing and expanding the concept of global health in the cancer research community. Universities are ideal locations for multi-disciplinary collaboration with the social sciences. By considering cancer in terms of global health, it will be possible to identify new approaches for policymaking and research, including ways to tackle the existing challenges of increasing costs and aging populations in developed societies. Now is time to look beyond narrow national interests and use the multi-disciplinary nature of universities to

further expand and share knowledge, including with the social sciences.

Given cultural differences the situation surrounding cancer will vary significantly from country to country. By linking universities in global collaborative efforts a bottom-up approach to global health that respects and brings together diverse communities in different regions could be achieved.

Even following the outcome of the UN Summit in September, given the downturn in the global economy it cannot be taken for granted that NCDs will be provided with the large financial resources that infectious diseases have enjoyed in the past. Therefore we can no longer resort to aid, but must instead create a framework for assistance to developing countries that is based on our own experiences of overcoming challenges and creating successful outcomes. A major challenge is to implement clinical trials in emerging economies. For this we will need the provision of technical assistance and also to build links between pharmaceutical companies and cancer researchers in emerging economies.

Until now there has been little interaction between the field of cancer research and other areas in the global health agenda. The Asia Cancer Forum will seek to boost exchange and interaction among the people engaged in different areas of the global health agenda. It is essential for the cancer researchers to interact and share information and human resources with other global health networks, such as those for infectious diseases. The Asia Cancer Forum will aim to gather the knowledge of many experts, including the people making presentations today, and strive to achieve a firm academic foundation in the field of Global Collaborative Cancer Studies.

Discussion

Jun Miyake (Osaka University) congratulated the Asia Cancer Forum on its efforts, noting that from the modest beginnings a regularized forum for dialogue is being developed. He noted that cancer is not just a fight against disease but includes diverse layers, incorporating physicians, researchers, patients and the wider community. He asked how the Asia Cancer Forum sets the targets for dealing with these various stakeholders in the field of cancer.

Norie Kawahara responded that although it is difficult to respond to the various layers, each individual discipline in universities is able to make a response in differing ways. Therefore universities are well-placed to connect different areas in academia and use a disciplinary approach to further widen the horizons of cancer research and global efforts to tackle cancer as a whole.

II. Challenges for the Asia Cancer Forum: “Where is the Necessity for Cancer to be one of the Issues on the Global Health Agenda?”

Strategies for Cancer Collaboration in Asia

Hideyuki Akaza (RCAST) noted that the original target of the Asia Cancer Forum was to have cancer included as part of the global health agenda. However, following the UN meeting on NCDs in September it was agreed to establish cancer on the global health agenda. One of the main challenges for the Asia Cancer Forum is to formulate a proposal that demonstrates how middle income countries can provide a good level of care using only their own medical resources, which amount to approximately several hundred dollars annually per patient. The Asia Cancer Forum approach is predominantly

an academic one. The UN has decided to place cancer on the global health agenda, reflecting a situation in which for all levels of income in all countries around the world cancer is now a major source of mortality. Although the politicians have announced that cancer will be placed on the global health agenda, no specifics have been forthcoming concerning how much funding will be provided and what measures will be advanced. The Asia Cancer Forum is one of the organizations that can provide assistance in working to further boost awareness about cancer research and the situation relating to cancer in Asian countries.

In lower income countries, once people are diagnosed with cancer, 40 to 60% of people die from cancer, whereas the mortality rate is considerably lower in high income countries. It is calculated that 2.8m new cancers each year are linked to diet, exercise and obesity. As countries become more urbanized, they become more prone to the Western diseases, including not just cancers, but coronary heart disease, obesity and lung disease.

In terms of strategies for cancer collaboration in Asia, using the example of prostate cancer, we can see that the incidence rate is very low in Asia compared to the West. However, the mortality rate of prostate cancer is rising in Japan as diets become more westernized. This can be seen clearly in Japanese immigrants to Hawaii, among whom incidence of prostate cancer has increased (following Western trends), but incidence of stomach cancer has decreased (in Japan stomach cancer has a high prevalence rate). Research has suggested that soy consumption could have an impact on incidence and mortality rates for prostate cancer. Soy contains isoflavones are hypothesized to help prevent cancer, as it encourages the production of equol in men. In order to advance measures against prostate

cancer, greater cooperation is required, and efforts are being made to refine existing guidelines.

The 1st APPS (Asia Pacific Prostate Society) Consultation on New Developments in Prostate Cancer and Prostate Diseases was recently held on October 1 in Manila. In addition, the Fifth Joint Meeting of J-CaP/CaPSURE Joint initiative was held in July this year. Asian countries are extremely diverse, but all countries share the same increasing health burden. In contrast to other diseases there is no uniform remedy for cancer treatment, and therefore it is of critical importance that the countries of Asia work to create a common platform for sharing information on the current status of cancer in the various countries, and formulating liaison and response structures in collaborative efforts. It is based on this necessity that the Asia Cancer Forum would like to issue a Declaration through the 8th Asia Cancer Forum.

Cancer as a Major Health Agenda in Asia: How to Overcome Cancer

Jae Kyung Roh (Yonsei Cancer Center, Yonsei University College of Medicine) noted that Korea has achieved great advances in cancer treatment in recent years. Asia has huge populations with diverse ethnicity, different cultural backgrounds and diverse economic conditions. Cancer prevalence is diverse among Asian countries, but cancer has become the major health agenda even in economically emerging countries. Guidance for cancer control is therefore required.

The most prevalent cancers vary from region to region in Asia, but are gradually changing as living and eating habits are changing. Asian cancer has ethnic pharmacogenomic differences, treatment responses and toxicities. There are also differences in clinical practice for cancer prevention, detection and treatment. There are

also diverse patterns of treatment tolerability, mentally and physically. When treatments are developed in western countries, it is therefore sometimes not appropriate to use them in Asian countries.

Fifty years ago Korea was very poor, but over the last fifty years incomes have increased almost 250-fold. There is a mandatory national health insurance covering nearly 100% of costs, which in modern times has tended to drain resources for health. A National Cancer Screening Program was established approximately 10 years ago, including both voluntary and mandatory checks. There is aggressive competition between five mega hospitals in the country. Korean lifestyles are also changing dramatically, with increasing urbanization, improved hygiene, and Westernization of diet. Since 1983 cancer has been the most common cause of death in Korea. Cancer incidence is increasing rapidly and the prevalence rate is also changing. The cancer survival rate has improved over the last twenty years. In 1999 there were 57,594 men and 43,438 women with cancer. By 2008 these figures had increased to 93,017 and 83,500 respectively. One in three men is expected to experience cancer and three in ten women, making Korea a high tumor burden country. Thyroid cancer is now the most prevalent form of cancer in women in Korea.

During the last 20 years the five-year survival rate has increased to 59.5 per cent, marking a radical improvement. Gastric, lung and hepatoma cancers are on a downward trend, but colorectal cancer has increased in both sexes. In women breast cancer incidence has risen dramatically. The number of cancer patients is increasing by about 6% annually. Patterns of cancer prevalence have been changing rapidly during the last two decades. With regard to smoking, in 1980, 79.3% of men smoked, but

by 2010 this figure stood at 39.6% percent.

Cancer survival has improved thanks to primary prevention efforts, including improved hygiene and anti-smoking campaigns. The National Cancer Screening Program for Early Detection has also had a positive effect, coupled with vaccinations for hepatitis B virus.

Overcoming cancer in Asia is difficult but can be improved by primary prevention efforts, vaccination for hepatitis B, early detection and standard guidelines for clinical practice for prevention, early diagnosis and treatment. It will be essential to engage in multinational ethnic difference studies, something which is being implemented.

The Asia Cancer Forum is now required to promote field and clinical research with multidisciplinary team approaches and multinational and multi-institutional trials. The establishment of a federation comprising Asian cancer organizations will also be an important step.

Discussion

Hoo-Geun Chun (Korean Association for Clinical Oncology (KACO)) noted also that Korea's experiences could form a source of reference for other countries' efforts to tackle cancer. However, there are various obstacles to create a common platform for tackling cancer in Asia, as discussed by the presenters.

Tadao Kakizoe (Japan Cancer Society) noted that prostate cancer is sharply increasing in both Japan and Korea and asked whether it would be possible to implement a collaborative study on the effect of isoflavones on prostate cancer. He noted that one of the issues would be to raise funds. Dr. Roh acknowledged that the issue of funding is severe, given increasing demands on health systems. Dr. Akaza noted that it would be important to secure sources of funding for such

studies to be implemented.

Hideo Tanaka (Aichi Cancer Center Research Institute) asked what the cause for liver cancer prevalence decrease was and whether the vaccination for hepatitis B had had such a significant impact. He noted that the time lag between the implementation of hepatitis B vaccinations and the reduction in liver cancers was very short in Korea and asked whether there were any other factors that had influenced the decrease in prevalence. Dr. Roh responded that hepatitis B vaccination was one contributing factor, but enhanced treatment for liver cirrhosis was another factor that had impacted the decrease in the prevalence rate.

Keunchil Park (KACO) added that improved hygiene from the 1980s to early 1990s may have contributed to the low incidence of hepatoma. In the 1960s-70s, screening before blood transfusion was not effectively implemented, but from the 1980s, improvements in hygiene, coupled with thorough blood screening measures had helped to reduce the incidence of hepatoma.

III. Measures to Tackle Challenges (1)

Cancer Control:

Lessons from Global Health Initiatives

Kenji Shibuya (Graduate School of Medicine and Faculty of Medicine, The University of Tokyo) noted that there are three key questions that now need to be addressed: (1) Should NCDs be on the global health agenda? (2) Should cancer be an independent global health initiative? and (3) How should cancer be tackled in the context of global health, particularly in middle- and low-income countries?

There are myths about NCDs in developing regions, that echo the myths that grew up around

HIV/AIDS in the 1990s. There are deep-seated perceptions that NCDs are not everybody's problem but diseases of affluence and of the elderly. Other received wisdom states that the provision of NCDs treatment and prevention is not feasible and too expensive in low-resource countries. Taking a look at the number of global deaths shows that NCDs in general should be on the global health agenda, given the fact that NCDs account for two-thirds of deaths around the world, two-thirds of which are in developing countries.

NCDs are largely preventable through intervention, including anti-smoking campaigns, etc. The five biggest cancers are breast, cervix, lung, stomach and liver cancers. The Global Burden of Disease (GBD) Study was commissioned by the World Bank in 1991. The World Health Report of 2002 promoted "reducing risks, promoting health life" through reducing burden due to major risks, cost-effectiveness of relevant intervention and policy implications. Deaths from non-communicable disease attributed to risk factors in Japan in 2009 show that smoking, alcohol and helicobacter pylori bacteria are the major risk factors.

There are three policy levels to address the NCD epidemic that need to be impressed upon policymakers: (1) Elevating NCDs on the health agenda of key global health policymakers, (2) Providing them with better evidence about risk factor control; and (3) Persuading them of the need for health system change. These policies will require funding.

The global cancer community needs to consider at least three things to make a success of cancer control in developing countries. First, there has to be a demonstration of results through the development and implementation of a cost-effective delivery strategy, which requires a paradigm shift away from an emphasis

on scientific discovery to the implementation and evaluation of preventive and curative interventions. Second, a multiple-stakeholder approach is needed, including policy-makers and pharmaceutical companies for global and regional drug pricing and procurement mechanisms. Finally, a development mechanism for both external and domestic financing in developing countries is also required. All of these innovations are a central theme in the current global movement towards universal coverage.

Japan is very advanced in the cancer field and has the capacity to offer support and assistance to others. According to Richard Horton in *The Lancet* (2010), Japan is “a mirror of our future.”*

*Horton R. Offline: Japan: a mirror for our future. *Lancet* 2010; 376: 858.

Discussion

Doug Pyle (American Society of Clinical Oncology (ASCO)) noted that from the experience of the ASCO at the UN meeting on NCDs in September, it seems as if a psychological breakthrough has finally been achieved at the global level. At the UN meeting it was possible for the first time to talk about cancer as a global health emergency. Dr. Pyle noted that Dr. Shibuya had posed the question that in response to this global health emergency would it be advisable to focus on cancer individually, or to address cancer issues within the context of NCDs as a whole. It was noted that addressing health emergencies using a purely vertical approach may not be possible in today's world, as by doing so may cause valuable opportunities to be lost. The efforts of the Asia Cancer Forum to endeavor to reach across borders and also reach across health disciplines are to be encouraged as an effective method of further promoting cooperation on cancer in the

context of NCDs.

How to Support Middle Income Countries

Hajime Inoue (Department of Health and Welfare, Chiba Prefecture) noted that one of the biggest risk factors in the world is the aging of society. Over the next few decades the entire world will start to age, following the lead of Japan, which is already experiencing the effects of an aging society. In September the UN Meeting on NCDs was held, which came a decade after the establishment of the Millennium Development Goals (MDGs). In terms of the global distribution of disease burden, the highest disease burden for NCDs is in high and middle income countries. In the Asian context these include Brunei, Japan, Korea, Singapore (high income) and China, India, Indonesia, Lao PDR, Malaysia, the Philippines, Thailand and Vietnam (middle income). The disease burden in low income countries remains greater for infectious diseases and maternal, newborn and child health (MNCH)-related diseases.

While the global health community continues to focus its efforts on communicable diseases and MNCH in least developed countries, ongoing demographic and epidemiological transitions around the globe require us to cope with emerging disease burden of non-communicable diseases - especially cancer - among middle income countries. The relative magnitude of the disease burden caused by cancer among middle income countries are expected to grow rapidly in the next few decades. To support middle income countries on cancer in comprehensive manner, including prevention, early detection, treatment and palliative care, we need to consider different approach to that of our ongoing effort to tackle infectious diseases and MNCH among least developed countries. Efforts to tackle NCDs should be less dependent on official development

assistance, and more relevant to ongoing domestic challenges in the various countries. A systematic approach is required, which covers not only clinical aspects but also health systems as well, and requires more involvement from academic cancer communities of both developed and middle income countries.

Cancer requires a new approach as it will be a major risk in the future, with the focus for NCDs moving to middle income countries in Asia. Middle income Asia will be the epicenter of cancer and other NCDs in the next few decades. The approach to cancer will be different from that of our previous global health agenda. The role of the Asia Cancer Forum will be pivotal, as it is bodies such as the Asia Cancer Forum that are capable of decoupling NCDs from the “aid concept.”

Discussion

Sumitra Thongprasert (Chiangmai University, Thailand) agreed that depending on the region the disease burden may vary. It is important to examine the specific problems in each country and the human papilloma virus (HPV) vaccine would be useful. One of the challenges is to work to ensure that the costs of vaccinations can be decreased.

Rainy Umbas (Indonesia University, Indonesia) agreed that many countries in Asia belong to middle income strata and have an accordingly increased cancer burden, as lifestyles change. The incidence of infectious disease is decreasing in countries such as Indonesia and it would be preferable for governments to continue to efforts to tackle infectious diseases, but to boost secondary and tertiary treatment. It is essential to examine the risk factors in each individual population, but it will take time to implement such measures.

IV. Measures to Tackle Challenges (2)

Japan's Health Diplomacy Responding to Changes in Disease Structure

Keizo Takemi (Japan Center for International Exchange) noted that although his particular focus is more political than specifically targeted on cancer, the health system is a very important topic for international negotiations and is attracting attention around the world. Infectious diseases have been the focus of attention for a long time, particularly HIV/AIDS, which has been the subject of major international initiatives. The question is how to expand health-related issues into national policies. There are many overlaps in terms of the challenges that are faced.

In terms of the role that Japan can play, for many years Japan was the only developed nation in Asia. However, in the 21st century many Asian countries are growing as economic powers and Japan is part of the overall dynamism in Asia. Asian countries are now facing new problems as the flip-side of their economic dynamism. There are growing gaps between low and high income strata in each country, which has the potential to cause turmoil and confusion. Social inequality and growing gaps between the haves and have-nots are serious international challenges. In order to prevent gaps from emerging it is important to provide a social safety net. Health security plays an essential role in reducing social disparity. Many policymakers are becoming aware of the concept of the importance of health security. Japan has had experience in tackling chronic diseases and has achieved some success. For example, stroke was one of the biggest causes of death in Japan in the past, but thanks to universal coverage of the health system, which marks its 50th anniversary this year, mortality from strokes has decreased in recent years.

Cancer researchers need to have excellent collaboration with specialists from other sectors, including political and economic specialists. Researchers must send a message to policymakers, and the Declaration the Asia Cancer Forum is issuing today will be useful for this purpose.

In order to achieve a more equal society it is important to know the impact of cancer on low and middle income communities. Good fiscal analysis needs to be implemented to assess the impact of cancer on economic growth. Under this overall framework it will be possible to make a contribution to cancer prevention control.

In terms of requirements for bringing cancer to a global agenda from the human security perspective, it is essential to drive momentum for collaboration among cancer researchers and other sectors. A multisectoral approach is required, in terms of politics, economics and social sciences. It is also important that policymakers be made aware of the importance of cancer.

Japan's population aging is among the most advanced in Asia, but it has also succeeded in creating the healthiest society in the world. Japan's experience, cultivated as domestic policy, could be very helpful for Asian countries that will soon see their population age, regardless of whether that is positive or negative. It is time for Japan to provide its knowledge and expertise globally and to make greater efforts to improve domestic systems that lead to effective contributions to strengthening health and medical systems in Asian countries.

Discussion

Rolf A. Stahel (President-elect, European Society for Medical Oncology (ESMO)) stated that if there is a global strategy for NCDs, then cancer should be part of it. However, in terms of national strategy, it is important to have a

specific cancer plan. The case of regions, as opposed to global or individual country's efforts, is therefore slightly different and he noted that it would be important for the Asia Cancer Forum to consider whether its focus would be on prevention or on medical intervention.

Doug Pyle (ASCO) stated that when addressing the cancer disease burden it is important to think creatively and implement cancer planning. At the clinical level there are many issues that are specific to cancer, but there are opportunities to expand into other medical disciplines and other sectors entirely, as noted by Mr. Takemi. There are vertical and horizontal and even diagonal elements and the overall message is that cancer is an increasingly complex problem and a response will require an open-minded outlook.

Mitsuru Sasako (President, JSCO 2012 Annual Meeting) noted that the JSCO is engaged in efforts to (1) cooperate and support each nation's public health strategy, (2) educate the general public; (3) educate general practitioners, and (4) educate specialists. He shared his experience from his time working in the National Cancer Hospital, when he implemented workshops in Vietnam and Mongolia with the aim of detecting early stage cancers and preventing them. In the case of gastric cancers these two methods (detection and prevention) are very effective and do not require expensive machinery or drugs. It is important to think about the four different efforts noted above when considering what can be done for each country.

Tomoyuki Kitagawa (Japanese Foundation for Cancer Research) noted that the UN meeting on NCDs created a solid platform for action and based on the outcomes of the UN meeting positive progress could be made. NCDs are a big issue, partly because this is an issue that is related

not only to health but also to the economy. NCDs have an enormous economic impact. Cancer prevalence is increasing and infectious diseases are declining in many countries, but it is important to assess the status of premature cancer death in each country. After the UN meeting it is now important to start processes at the political level and promote action. Researchers should not just be engaged in research, but need to connect with social issues. JSCO is positively involved in social activities and UICC Japan also needs to engage in such activities. The outcomes of the UN meeting will be translated into Japanese and used as a tool for raising awareness.

Keizo Takemi (Japan Center for International Exchange) noted that the Asia Cancer Forum was being participated in by cancer specialists, but the discussions in this forum need to be fed through into policymaking. A strategy needs to be developed to call upon politicians to take action. It is important to think about cancer in a much wider context than has previously been the case.

Health Workforce Crisis in the World

Shinjiro Nozaki (The Global Health Workforce Alliance (GHWa)) expressed thanks to the JSCO and Asia Cancer Forum for extending an invitation to attend the 8th Asia Cancer Forum, and also thanked the Asia Cancer Forum for its registration on the GHWa website. The current chair of GHWa is Dr. Masato Mugitani and Prof. Keizo Takemi is one of the leading lights in the organization. GHWa is seeking to achieve new changes in various areas. The Government of Japan is contributing almost one-third of the budget for GHWa activities, making it the largest single donor, and it is important for Japan to be engaged in efforts to cultivate human resources for health (HRH).

There has been growing awareness of the consequences of global workforce shortages, with various factors hindering the delivery of health services in low and middle income countries. GHWa was launched in 2006 to address the health workforce crisis. One substantial achievement is to make history with the formulation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, which was adopted by the 63rd World Health Assembly on 21 May 2010. This groundbreaking instrument marks the first time that WHO Member States have used the constitutional authority of the Organization to develop a code in thirty years. The GHWa is also playing an instrumental role in the Health Worker Migration Policy Initiative (HWMI), which is dedicated to monitoring health worker flows and issuing recommendations to WHO for an International Code of Practice. GHWa has worked consistently to bring stakeholders together to engage in dialogue on HRH. The first Global Forum on Human Resources for Health was held in Kampala, Uganda in 2008. It called for immediate and sustained action to resolve the critical shortage of health workers around the world and resulted in the endorsement of the Kampala Declaration and the Agenda for Global Action. At the second Global Forum in Thailand in 2011, countries and stakeholders convened to renew their commitment. GHWa's mission is to add greater value to health care.

On the occasion of the NCD Summit in New York, GHWa held a side-event: "Addressing Noncommunicable Diseases – It Takes a Workforce" organized together with the Governments of India and Japan, Touch Foundation and the Health Workforce Advocacy Initiative. Panelists and keynote speakers concurred that effectively addressing the challenges posed by NCDs is dependent

on the availability of a prepared, motivated, supported and well-functioning health workforce at all levels of care. NCDs have become one of the major health issues in the international community. GHWA is targeting 57 countries to respond to the workforce crisis in low and middle income countries. To tackle the problem, more skilled and experience workforces are required. Therefore, GHWA is shifting its interest to NCDs, which it believes is closely related to HRH.

Discussion

Jin Li (Chinese Society of Clinical Oncology (CSCO)) noted that various speakers had spoken about collaboration among countries. In the case of China, he noted that while economic growth has been rapid in recent years, the average income in China is still very low and there are significant gaps between low and high income levels of society. The Chinese government has launched a plan to provide health coverage to the entire population by the end of 2020. Currently 70% of the population still lives in rural areas and does not have access to medicines. CSCO is one of the biggest organizations involved in cancer in China, but has no financial support from the government. For the past several decades China has improved its efforts in health areas. Japan has offered assistance in the health sector to China in the past. International cooperation and cooperation with large pharmaceutical companies will be essential for the future. It is excellent that collaboration among countries to fight against cancer has begun. It will be essential to consider what specific collaboration can be implemented in the future.

Pharmaceutical Development and Cancer Treatment in Asia

Koji Kawakami (Graduate School of Medicine and Public Health, Kyoto University) explained that he would be talking about health technology assessment (HTA). Under the HTA are evidence-based medicine (EBM) and comparative effectiveness research (CER). When measuring the effectiveness of specific medicines it is important to have a scale, one of which, developed in the United Kingdom, is the Quality-adjusted Life Year (QALY).

In the case of cancer, sales of anti-cancer drugs are increasing rapidly. Molecular targeting drugs tend to be beneficial for some patients but not others. It was for this reason that the U.K. recommended against the use of molecular targeted drugs from a cost-effect perspective. In the case of the U.S., EBM has generally tended to be the focus for activities, but under the Obama Administration the American Recovery and Reinvestment Act was passed and there has been a growing tendency to emphasize CER as a keyword. Anti-cancer drugs are very expensive at the moment and there are many hurdles still to be overcome before they can be used effectively. Questions about the safety of patent-expired drugs are also being raised.

Corporations and Cancer Treatment in Asia

Masaru Iwasaki (University of Yamanashi,) noted that it is important for Asian countries to engage in cancer management and to implement clinical trials. Research is also required for the individual differences in drug response. He presented some intrinsic and extrinsic factors on ethnicity. One example is PFS in EGFR mutation positive and negative patients for which the effects of Gefitinib were investigated. The results were achieved through significant investment in studies. In addition,

in terms of the Avagast Study by Roche on regional differences in efficacy, there were huge differences between the active agent and placebo trials.

In terms of opportunities for Asia collaboration, the similar ethnic, dietary and social habits of people in Asia are good for joint collaborative efforts. The global pharmaceutical market is continuing to grow, although the percentage of the market accounted for by the US has decreased slightly. The pharmaceutical markets in emerging economies are growing rapidly and the forecast is that the Asian countries will continue to grow. Several anti-cancer agents have already developed through collaboration in Asia, and Asian contribution to new drug launches is now very clear. Moving forward, it will be important to deliver science-based evidence from Asia, and make decisions on effective development of a second line.

V. General Discussion

Kazuo Tajima (President of 70th Annual Meeting of the Japanese Cancer Association (JCA)) commented on the presentation by Dr. Akaza on prostate cancer, noting that several decades ago the incidence rate in Japan was very low compared to the West, but in recent years the prevalence is rapidly rising. Progression of cancer is variable depending on cultural and ethnic background. Cancer is positioned in a very broad context and contains many variable factors and therefore a broad-minded approach will be required in order to control cancer. The Asia Cancer Forum is an excellent opportunity to collaborate on efforts to control cancer.

Masahiko Nishiyama (JSCO) asked the GHWA about aid for developing countries and

budgets for human resources for health, noting that such aid may not be exclusively for efforts relating to cancer. He asked whether there were any areas where JSCO could work together with GHWA on cancer-related efforts. He also commented on heterogeneity in Asia and the importance of engaging in joint work with multiple sectors.

Hideyuki Akaza (RCAST) noted that due to time constraints the comments on heterogeneity and commonalities could not be covered, but asked Dr. Nozaki and Prof. Takemi to respond to the questions concerning GHWA and a multi-sector approach.

Shinjiro Nozaki (GHWA) responded that GHWA is under the WHO and the WHO is seeking to explore the opinions of academia, the private sector and government and is seeking to expand partnerships on cancer-related issues.

Keizo Takemi (Japan Center for International Exchange) concurred with Dr. Nishiyama on the importance of health-related efforts by government. He noted that there is a great deal of cooperation between academia and the private sector in the U.S. and that this is something that is lacking in Japan. It is therefore important to educate and nurture specialists in health and science-related institutions. It is essential to come together to establish a discussion platform in Japan to promote interaction between academia, the private sector and government, which is lagging behind the United States in terms of cooperation.

Hideyuki Akaza (RCAST) agreed that as a future step that it would be crucial to engage in greater collaboration among various organizations, and advance multi-disciplinary studies and multi-sector efforts, especially in Asia.

At the end of the meeting the Declaration of the 8th Asian Cancer Forum was adopted by members. It reads as follows:

Following the historic outcome of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases held in New York on September 19 and 20, 2011, and recognizing the need to maintain momentum in efforts to address the global burden and threat of non-communicable diseases, we, the members of the Asia Cancer Forum,

- 1. Affirm the critical importance of placing cancer on the global health agenda as a means of further promoting concerted global action.*
- 2. Will continue to conduct research among experts on their perceptions of the current situation concerning the positioning of cancer on the global health agenda, seeking to share a common philosophy on global health and enhance cooperation in the field of global health.*
- 3. Will create a new approach by proposing lifestyle changes aimed at preventing cancer that take into consideration historical and cultural diversity.*
- 4. Will actively provide scientific and technological assistance that enable clinical trials to be conducted in both industrialized and developing countries and aim to act as a bridge between the industrialized and developing world in the field of cancer research.*

- 5. Will seek to launch Global Collaborative Cancer Studies, including multidisciplinary educational programs that combine humanities and sciences, for the purpose of overcoming health disparities among different countries and regions and building mutually complementary long-term partnerships.*
- 6. Encourage cooperation and collaboration among Asian federations that are engaged in efforts to promote the treatment of cancer.*

Yoshihiko Maehara (JSCO) noted that as an academic society the JSCO seeks to engage in collaboration with similar bodies in other countries and regions and will be watching the activities of the Asia Cancer Forum with interest in the future.

Jae Kyung Roh (Yonsei University College of Medicine) thanked the presenters and participants for their efforts in the 8th Asia Cancer Forum. He noted the continued importance of discussions on how to distribute knowledge and experience and called on the Asia Cancer Forum to continue its efforts in this regard. The meeting was then brought to a close.

In addition to the presenters, participants in the general discussion were as follows:

- Hoo-Geun Chun (Korean Association for Clinical Oncology (KACO))
- Tadao Kakizoe (Japan Cancer Society)
- Tomoyuki Kitagawa (Japanese Foundation for Cancer Research)
- Jin Li (Chinese Society of Clinical Oncology (CSCO))
- Yoshihiko Maehara (Japan Society of Clinical Oncology (JSCO))
- Tohru Masui (National Institute of

Biomedical Innovation)

- Jun Miyake (Osaka University)
- Masahiko Nishiyama (President, JSCO 2011 Annual Meeting)
- Keunchil Park (KACO)
- Doug Pyle (American Society of Clinical Oncology (ASCO))
- Mitsuru Sasako (President, JSCO 2012 Annual Meeting)
- Rolf A. Stahel (University of Zurich, President-elect, ESMO)
- Kazuo Tajima (President, Annual Meeting of the Japanese Cancer Association)
- Hideo Tanaka (Aichi Cancer Center Research Institute)
- Sumitra Thongprasert (Chiangmai University)
- Rainy Umbas (Indonesia University)

Conclusion

The discussions at the Eighth Asia Cancer Forum demonstrated that while “global health” is becoming a mainstream concept and a multiplicity of activities aiming to couple development challenges with disease control are being witnessed, cancer is still perceived by many as being distinct from other non-communicable diseases. There are still those who question whether it is appropriate or advisable to discuss cancer based on the same logic as other globally prevalent diseases. However, regardless of the questions that still remain, what is evident for those of us in Asia is that we need to identify ways of working together in cancer research and policy, given the fact that Asia is a region where cancer is increasing dramatically and one where the prevailing western-oriented concepts may not be entirely applicable. A strategy is necessary that is capable of working at different levels and functioning in various diverse systems, in view of the fact that medical disparities in the

international community are widening, and the status of cancer prevention, diagnosis, treatment and palliative care differ from country to country. The Eighth Asia Cancer Forum issued its first ever declaration with the intention of creating a blueprint for further action, and one that could be transmitted around the international community. The Asia Cancer Forum recognizes that the formation of a conceptual basis for achieving the targets set out in the declaration is an urgent and pressing challenge.

In particular, the Forum seeks to press ahead with actions to construct and launch Global Collaborative Cancer Studies, including multidisciplinary educational programs that combine humanities and sciences. In addition, the current situation in Asia is that there is no organization that can widely promote cancer treatment and information like ASCO or ESMO. It is, therefore, high time that an organization with comprehensive and wide-ranging contacts and expertise was created in Asia, as a counterpart to ASCO and ESMO. It is the ongoing mission of the Asia Cancer Forum to contribute in some way to the realization of such a concept.

Looking to the Ninth Asia Cancer Forum in 2012

The UN Summit on NCDs resulted in wider recognition of cancer as a global health issue, but it is nonetheless recognized that cancer is the most formidable of all NCDs. There is also a common recognition that cancer needs to be perceived in relation to social challenges such as poverty. In the UICC International Session at the 71st Annual Meeting of the Japanese Cancer Association, scheduled to be held in September 2012, in Sapporo, Japan, co-chairs Hideyuki Akaza and Jae Kyung Roh will lead discussion on the theme of cancer and health care economics.

The speakers will include a member of faculty from the Japan-Asian Studies program of the University of Tokyo, which has been providing conceptual resources for the Asia Cancer Forum.

Following the UICC International Session the Ninth Asia Cancer Forum will also be held in Sapporo. It is planned that at the ninth forum there will be a progress update on the status of progress relating to the declaration issued at the eighth forum. Participants are also scheduled to discuss the significance of gathering multi-disciplinary research gathered at universities on cancer and utilizing the results of such research to make social and policy proposals.

THE 8th ASIA CANCER FORUM

Declaration

Following the historic outcome of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases held in New York on September 19 and 20, 2011, and recognizing the need to maintain momentum in efforts to address the global burden and threat of non-communicable diseases, we

1. Affirm the critical importance of placing cancer on the global health agenda as a means of further promoting concerted global action.
2. Will continue to conduct research among experts on their perceptions of the current situation concerning positioning of cancer on the global health agenda, seeking to share a common philosophy on global health and enhance cooperation in the field of global health.
3. Will create a new approach by proposing lifestyle changes aimed at preventing cancer that take into consideration historical and cultural diversity.
4. Will actively provide scientific and technological assistance that enable clinical trials to be conducted in both industrialized and developing countries and aim to act as a bridge between the industrialized and developing world in the field of cancer research.
5. Will seek to create multidisciplinary educational programs that combine humanities and sciences and launch Global Collaborative Cancer Studies, for the purpose of overcoming health disparities among different countries and regions and building mutually complementary long-term partnerships.
6. Encourage cooperation and collaboration among Asian federations that are engaged in efforts to promote the treatment of cancer.

AT THE 49th ANNUAL MEETING OF JAPANESE SOCIETY OF CLINICAL ONCOLOGY

October 29, 2011

Nagoya, Japan



2011 High Level Meeting on
Prevention and Control of Non-communicable Diseases

General Assembly | United Nations | New York | 19-20 September 2011



Seeking to Advance the Outcomes of the UN Summit “Global health as the key to a new paradigm in cancer research”

Among non-communicable diseases, cancer is the condition that requires the greatest financial outlay and is most difficult to treat. In particular, Asia, which is a region in which incidence rates of cancer are growing rapidly, faces a multitude of challenges, stemming from differences in medical treatment standards and vast cultural diversity, making it difficult to apply a uniform policy to the entire region. Perceiving cancer as part of the global health agenda helps to keep the big picture in focus, thus providing us with a blueprint for the future direction of cancer research. It is therefore the responsibility and mission of the cancer research community in Asia to send out a message to the rest of the world about the importance of cancer on the global health agenda. Furthermore, such an endeavor would be significant in that it would help to gather knowledge and experience on advanced models that would help us in our quest to overcome the most difficult challenges.

We were further encouraged by the truly historic outcome of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases held in New York in September. We believe that we are now in a phase where we must consider what concrete actions the cancer research community can take. Getting cancer recognized as a global health agenda item is still a challenge. Therefore We are certain that the discussions we have had in the Asia Cancer Forum among various experts can be put to good use as we move forward. Under the current situation the resolutions of the recent UN NCD Summit would be difficult to realize. This is why we have submitted our draft declaration to the JSCO, with the objective of giving further weight to the historic outcomes in New York, and promoting further action within the cancer research community.

We are deeply grateful to the Japan Society of Clinical Oncology for providing the benefit of their generous cooperation in issuing the Declaration that we signed, and distributing it to the wider international community.

The issue of cancer in Asia is of critical importance not merely to Asia but to the global community as a whole and the issuance of our Declaration will go some way to underline our ongoing efforts. The power to influence agenda setting lies with human determination and will and is deeply related to the wisdom of humanity.

Based on the Declaration issued in Nagoya the Asia Cancer Forum we will continue to make every effort to share our determination and knowledge with the international community and advance the undertakings detailed in the Declaration.

1. Global Health Agenda

Union for International Cancer Control

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8th Asia Cancer Forum announces commitment to support UN Political Declaration on NCDs

During last week's JSCC 2012 Annual Meeting, the 8th Asia Cancer Forum adopted a Declaration reaffirming its commitments to address cancer, in line with the recently adopted UN Political Declaration on NCDs.

The Declaration was adopted at the 49th Annual Meeting of the Japan Society of Clinical Oncology which took place from 27 - 29 October 2012 under the theme: "Toward the goal: finding the best way and Taking the first step".

Presided over by Hasehiro Nishiyama, MD, the Annual Meeting aimed to provide a forum where cancer professionals could engage in constructive, scientific-based discussions on how to best combat cancer at the national level. The Meeting included a full educational programme with sessions for physicians and co-medical workers, as well as a web seminar for patients and their families.

On the final day of the Meeting, the 8th Asia Cancer Forum adopted a Declaration recognizing the importance of the UN Summit on Non-communicable Diseases (NCDs) that took place on 19-20 September 2011 in New York and the need to maintain efforts to address the global NCD burden, and committed to:

1. Affirm the critical importance of placing cancer on the global health agenda as a means of further promoting concerted global action.
2. Will continue to conduct research among experts on their perceptions of the current situation concerning the positioning of cancer on the global health agenda, seeking to share a common philosophy on global health and enhance cooperation in the field of global health.
3. Will create a new approach by proposing lifestyle changes aimed at preventing cancer that take into consideration historical and cultural diversity.
4. Will actively provide scientific and technological assistance that enable clinical trials to be conducted in both industrialized and developing countries and aim to act as a bridge between the industrialized and developing world in the field of cancer research.
5. Will seek to create multidisciplinary educational programs that combine humanities and sciences and launch Global Collaborative Cancer Studies, for the purpose of overcoming health disparities among different countries and regions and building mutually complementary long-term partnerships.
6. Encourage cooperation and collaboration among Asian federations that are engaged in efforts to promote the treatment of cancer.

A copy of the full declaration can be downloaded below.

Printer-friendly version | Send to Friend

Attached files	Size
Asia Cancer Forum Declaration	9.99 KB

Related Content

- Commonwealth leaders commit to accelerating implementation of Political Declaration on NCDs
- UIC Summit on NCDs - Political Declaration
- Australia commits financial support to tackle NCDs
- Has your government made a commitment to cancer and NCDs?

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2. Networking Health Systems Strengthening

The Asia Cancer Forum has become a member of the Global Health Workforce Alliance.

Using this channel we will seek to boost exchange and interaction among the people engaged in different areas of the global health agenda.

“Working together we can better address the health workforce crisis”

Under the current situation where international health issues have been complicated by entangled elements of socio-economy and diplomatic policy, the absence of functions to collect and analyze information with an immediate response is another big factor affecting why cancer has not yet been positioned as a global health agenda. It is therefore important for us to collect appropriate information in a timely manner and then create a system that would enable us to share information with a wider community. Towards this goal we are implementing or planning the following projects.

1. University-wide Graduate School Education Program 2011:
Japan-Asian Studies Program “Surviving Cancer in Asia” given by Prof Hideyuki Akaza, the University of Tokyo
2. Grass Roots Project:
“Comprehensive Improvement on Health and Lifestyle for Communities in China through Education for Preventing Lifestyle-related Diseases”
3. We aim to develop multi-disciplinary educational programs involving a combination of the humanities and science, for the purpose of establishing long-term mutually complementary partnerships among universities both in developed and developing countries.
4. We aim to propose new programs through GHWA channels for the purpose of the “Establishment of a cancer information sharing system in the global community”.

The Forum believes it to be important to enhance the role played by universities and also hopes that health professionals themselves will become central members of an information sharing network given the fact that they possess cancer information including patient information. We strongly hope to develop close partnership with GHWA, a key pillar in the field of global health workforce development.



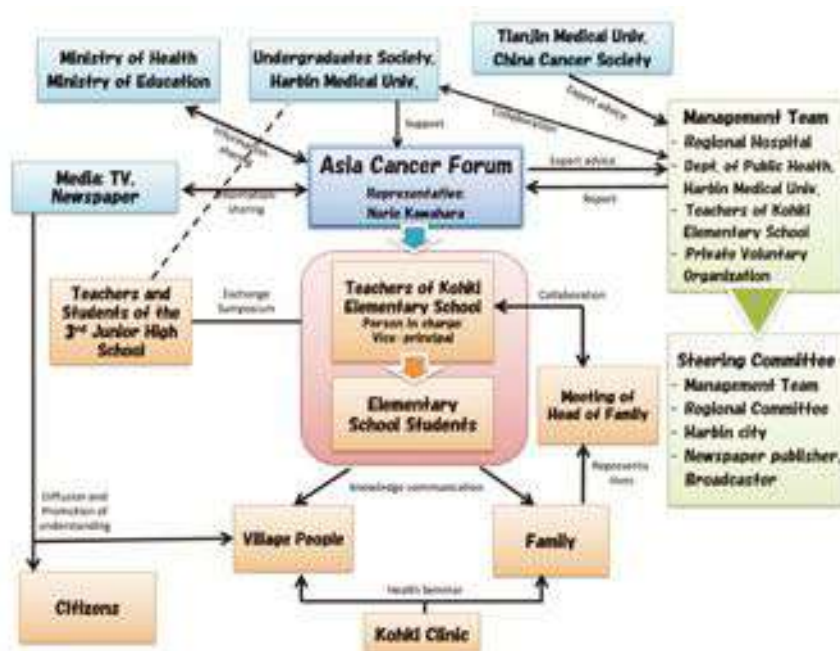
*Health workers for all
and all for health workers*

3. Cancer and Culture

Comprehensive Improvement on Health and Lifestyle for People in the Community

The Grass Roots in Halpin city of China

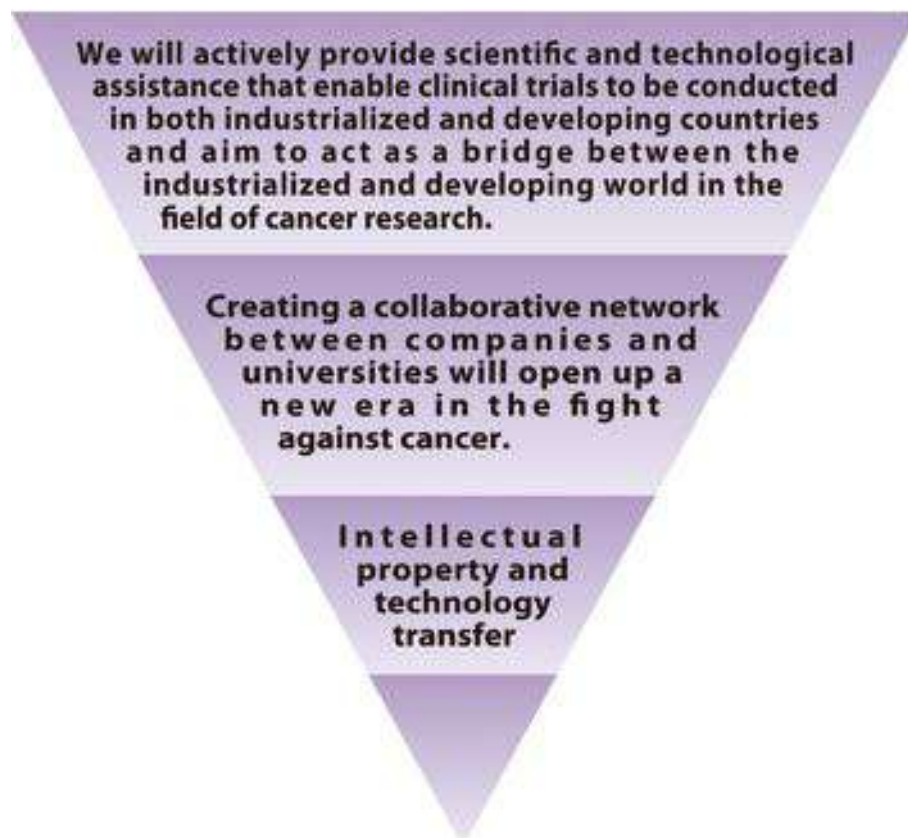
The Asia Cancer Forum is currently involved in community-based activities in villages in northeastern China that have a high smoking rate. We are truly starting from the grassroots in providing cancer prevention education and lifestyle suggestions. This is a small-budget program that has achieved large results, bringing hope for many other communities and regions.



4. Clinical Trial Assistance

Moving away from Aid-oriented Concepts

- ◆ Given the downturn in the global economy we must not expect that NCDs will be provided with the large financial resources that infectious diseases have enjoyed in the past.
- ◆ Therefore we can no longer resort to aid, but must instead create a framework for assistance to developing countries that is based on our own experiences of overcoming challenges and creating successful outcomes. A major challenge is to implement clinical trials in emerging economies. For this we will need the provision of technical assistance and also to build links between pharmaceutical companies and cancer researchers in emerging economies. If we can create a collaborative network between companies and universities, it will surely open up a new era in the fight against cancer.



5. Multi-disciplinary Program Surviving Cancer in Asia

Against the backdrop of a global transformation in the structure and nature of disease, with focus shifting from infectious diseases to non-communicable diseases, cancer incidence in Asia is rapidly increasing. Cancer is a pernicious disease that develops over a long period of time, affected by genetic factors and lifestyle choices. It is a disease that casts a long, dark shadow over human culture and activities. To date in Asia there has been great divergence in medical standards, and also in the values of physicians and patients alike. What is more, data from Asian countries is not immediately comparable, making cross-border cooperation and information sharing difficult. While on the one hand Asia is experiencing astonishing economic growth, there are still historical legacies that pervade the region and a stark disjoint between globalism and nationalism can also be perceived. The Department of Strategic Investigation on Comprehensive Cancer Network aims to develop new drug therapies as well as safe and effective methods of treatment for cancer in Asia. The Asia Cancer Forum is based in this department and is engaged in efforts overcome the regional disjoint in Asia by promoting joint action on common issues. We are accordingly engaged in various policy proposal formulation activities, aimed at achieving the inclusion of cancer on the global health agenda. Cancer is a disease that is closely related to various challenges and issues, which are variously political, economic and cultural in nature. In this course we aim to direct questions relating to cancer in Asia to leading figures and create a forum for dialogue on how Japan should engage with Asia in fighting cancer.

東京大学全学研究所等横断型教育プログラム
日本・アジア学
平成24年度シラバス
Japan-Asian Studies Program
Academic Year 2012-2013

高齢化社会にあるアジアは、がんの急増に直面しています。激動するアジアを広く深く知ることをめざす、日本・アジア学における本講座は、がんを医学はもとより、政治・経済・文化など様々な領域から捉えてみる場です。

これまで、アカデミアの中でも、文理融合が非常に高に語られてきたが、どこか理系の科学技術予備知識のための方便としての文の習得であったり、文系専門の思考のための素材としての理の現状分析であったりして、その事柄の本質を領域を超えて捉えることがなかなかできていませんでした。

2年目を迎える本講座は、各分野の第一人者の方からの具体的な視点によって、アジアのがんに関連する普遍的問題を考え、考えることにより、膨大なデータにアジアで生き延びる新しい形の構築を目指したいと考えています。

関わるべきことは何なのか、受講者は、それぞれの専門領域にひきよせて、テーマごとに深掘りされた場所まで降り、問いを立て、各回の講師と対話することにより、自らの研究の相対化の眼差しも加えていくことに繋がっていくはずです。

アジアでがんを生き延びる
2012年夏季期講義日程
水曜日6限 18時~19時半

特別講義II

4月18日 吉見俊哉 東京大学大学院情報学環教授
4月25日 赤座英之 東京大学先端科学技術研究センター特任教授
5月9日 永六輔 放送タレント
5月16日 真鍋祐子 東京大学東洋文化研究所教授
5月23日 西山正彦 日本癌治療学会 理事長
5月30日 垣添忠生 日本対がん協会 会長
6月6日 辻哲夫 東京大学高齢者総合研究機構教授
6月20日 野田哲生 日本癌学会 理事長
6月27日 武見敏三 日本国際交流センター シニア・フェロー
7月4日 野木森雅郎 アステラス (株) 代表取締役会長
7月11日 菅原文太 俳優
7月18日 バスカル・リゴディー サノフィ・アベンティス (株) 執行役員
7月25日 延世大学との遠隔授業

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Academic Year 2012-2013

もつとアジアを知りたい!

参加資格
Eligibility
東京大学の大学院生
(所属研究科・教育院は問いません)
All University of Tokyo students
(Department of graduate school or educational department)

修了要件
Completion criteria
12単位
(言語科目は4単位まで)
12 credits
(This course than that language-related disciplines)

修了証
Certificate of Program Completion
東京大学が授与する
正式な修了証
Certificate formally awarded
by University of Tokyo

そんな想いをもつあなたに。
「日本・アジア学」教育プログラムは、
文系・理系を問わず、激動するアジアを広く、
そして深く知ることができるカリキュラムです。

Japan Asia Studies lecturers list

Summer semester 2011

Mirror of our own life - over medical issues on cancer in Asia	
Hideyuki Akaza	Professor, Department of Strategic Investigation on Comprehensive Cancer Network, Research Center for Advanced Science and Technology(RCAST), The University of Tokyo
Connection between East Asian community and our life	
Kang Sang-jung	Professor, Interfaculty Initiative in Information Studies / Graduate School of Interdisciplinary Information Studies, The University of Tokyo
Cancer inb Asia from the perspectives of global health issues and its vision	
Kenji Shibuya	Professor and Chair, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo
Lost two decades - Japan, a part of Asia	
Yoshihiro Ohtaki	President, BioFrontier Partners, Inc.
East Asia and the United States	
Daikichi Monma	Councilor, Minister's Secretariat, Ministry of Finance
Cancer in Asia from the point of view of modern Korean government - how it can be a gateway to the future?	
Cho Sei Young	Counselor and Head of the Chancellery, Embassy of Korea
Cancer and family - how we face with sudden grief?	
Tadao Kakizoe	President, Japan Cancer Society
Cancer in Asia in the super-aging society	
Tetsuo Tsuji	Professor, The Institute of Gerontology, The University of Tokyo
Cancer in Asia from the viewpoint of drug development	
Kiyoshi Terada	Head, Pharmaceutical Division / Senior Managing Director, Member of the Board of Yakult Honsha Co., Ltd.
Our Asia, with changes in Drug Review Procedure system	
Tatsuya Kondo	Chief Executive, Pharmaceuticals and Medical Devices Agency
Cancer in Asia from the viewpoint of pharmaceutical company	
Masafumi Nogimori	Representative Director and Chairman, Astellas Pharma Inc.

Winter semester 2011

Oncology in Asian countries; Clinical Development challenges & opportunities	
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Health Diplomacy	
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Cancer and Insurance in Asia	
Yoshiki Otake	Supreme Adviser, Aflac Japan
Cancer and Culture	
Rokusuke Ei	Japanese lyricist, composer, author, essayist and TV personality
Considering from the standpoint of drug development	
Masaru Iwasaki	Professor, Department of Clinical Research, Yamanashi University Graduate School of Medical Science
Cancer in Asia from the standpoint of field-oriented approach	
Shuntaro Torigoe	Journalist
How Japan deal with Cancer in Asia, as an emerging decadent country?	
Msaru Kaneko	Professor, Department of Economics, Keio University
How we face with China - role for cancer collaboration in our challenges	
Koichi Kato	Chairman, Japan-China Friendship Association
Is it possible to share our vision among Aisa?	
Masahiko, Nishiyama	Chief Director, Japan Society of Clinical Oncology
Final Disucussion Session	

6. Asian Federation

The Asia Cancer Forum was established in 2004. Since 2008 we have been engaging in a series of discussions about placing cancer on the global health agenda. We launched our dialogue on cancer at a time when non-communicable diseases did not attract widespread attention



Trilateral Cross-boundary Cancer Studies

Multidisciplinary Joint Program on Common Social Challenges and Issues in Japan, Korea and China

(Proposal)

1. Purpose

The processes of social and economic development in Japan, Korea and China have not followed a uniform time line, with population trends and economic growth each progressing along differing time scales. When we take a look at the various challenges that are affecting each country in different ways and at different times, such as the onset of a super-aging society and changes in the disease structure, as well as the societal changes that are expected in each country in the future and the strains that these changes will place on the medical economy, we can clearly see that the challenges each country faces are not unique challenges but rather societal challenges that we all share in common. The increase in the elderly population is bringing about far-reaching changes in society, including the emergence of new living environments and new requirements concerning the utilization of social capital. Social security that is commensurate to the task of supporting an elderly population and responding with countermeasures to the accompanying increase in various diseases is now required, among other needs. These common challenges that we face include elements that are directly related to national vitality and the stability and growth of the East Asian region as a whole.

These various challenges are of such a wide-ranging and diverse nature it is not sufficient to seek to address merely within the confines of a single specialized field, but rather it is necessary to position them more comprehensively in both domestic and international social contexts. If

we are to tackle these challenges effectively we are now required to take a panoramic look at the common social challenges being faced in Japan, Korea and China from the perspectives of various specialized fields and utilize the vast wealth of knowledge that has been accumulated in each field in a multidisciplinary manner.

Once engaged in comprehensive, multidisciplinary efforts, it will then be necessary for Japan, Korea and China to all seek to respond to the challenges of super-aging society, changes in the disease structure and the accompanying strains on the medical economy, with an eye on 2030, the year in which it is said that social structures will reach a critical tipping point.

With our eyes firmly on 2030, the year that various data, including population projections, suggest that the social structures of the Asian region will reach a tipping point, we will aim to specify common challenges for Japan, Korea and China ten years prior to that critical year, setting 2020 as our target year. It is necessary to build up a mutually complementary and long-term partnership between Japan, Korea and China and work to develop human resources for the next generation, who are capable of responding to the various challenges we anticipate. This is the reason why we propose a university-led multidisciplinary joint program.

2. Multidisciplinary Joint Program on Cancer as a Pilot Case

(1) Reason for implementation as a pilot case

We have planned pilot research as a preliminary step prior to full-fledged consideration of a “Multidisciplinary Joint Program on Common Social Challenges and Issues in Japan, Korea and China.”

Cancer, as the overall theme of the program, tends to be mainly discussed in medical terms, concerning disease prevention, early detection (examination) and treatment, as well as the various social costs, including medical expenses. It is important not to forget, however, that cancer is also affected by other aspects, including political, economic and cultural influences. Whether it be in Japan, Korea or China, when we consider how to confront the disease of cancer, which continues its inexorable increase in line with the aging of society, we must take into consideration the impact not only of political and economic considerations such as prevention, early detection and treatment, but also give due attention to the various impacts of values and social recognition of cancer, which are rooted in people's customs and ways of living.

The University of Tokyo is already engaged in multidisciplinary research and educational programs relating to cancer. Yonsei University (Korea) and Tianjin Medical University (China), two respected institutions which concur with the aims of the programs underway at the University of Tokyo are also considering the implementation of similar research and programs. There is already a commonly held awareness that cancer is a common social challenge for the three countries and the implementation of a multidisciplinary joint program would form one base from which to

tackle these challenges. The Asia Cancer Forum, a general incorporated association, located at the Department of Strategic Investigation on Comprehensive Cancer Network (headed by Prof. Hideyuki Akaza) at the Research Center for Advanced Science and Technology (RCAST) of the University of Tokyo, is engaged in organizing the issues and concepts for multidisciplinary cooperation and has already launched a seminar and multidisciplinary project at the university. The Asia Cancer Forum is an organization that has grown through efforts to link the various resources that already exist in Japan, Korea and China, towards the creation of multidisciplinary cooperation. While based in a university office, the Asia Cancer Forum has worked on the planning of this multidisciplinary joint program not only from a specialist academic perspective, but rather by viewing society as a comprehensive whole, seeking to create a concept that places cancer as a common challenge for Japan, Korea and China. Joint implementation of efforts by the three countries has yet to be realized, however, and is still in the preparation phase.

Work is progressing on the formulation of a concept for cancer in the context of a Japan-Korea-China multidisciplinary joint program. However, the social challenges presented by cancer are not fixed, but rather require a universal concept that can be adapted to multidisciplinary, cross-border research, which brings together various specialist fields. A multidisciplinary joint program that deals with the social challenges presented by cancer would therefore be best suited to an initial pilot case that will advance multidisciplinary research on the whole range of cancer-related issues in Japan, Korea and China.

(2) Launching the program at an international conference to be hosted by the Asia Cancer Forum

An international conference will be held on the theme of cancer as a common social challenge in Japan, Korea and China, providing a venue to discuss the complex and multi-layered issues relating to cancer in each country and share information and knowledge.

Theme: Trilateral Cross-boundary Cancer Studies toward 2020 in East Asia

Contents:

- ① Looking towards 2020 and the social changes surrounding cancer in Japan, Korea and China (reports from researchers at institutes and think tanks of the three countries)
- ② Cancer in Japan, Korea and China (reports from the three countries and from private sector corporations)
- ③ Building new knowledge (reports from university researchers)
- ④ Reports on multidisciplinary lectures at universities (report from students at the University of Tokyo)
- ⑤ General discussion based on ① to ④ above.

(3) Actions following the international conference

Based on the outcomes of the international conference a joint educational program would be launched in Japan, Korea and China. The educational program would bring together various specialist fields in each country and link diverse social resources in cooperative efforts to learn about approaches to resolving the social challenge of cancer in a multifaceted manner. In concrete terms, the following actions would be implemented:

- ① Students will discuss what they can contribute from their various specialist fields to respond

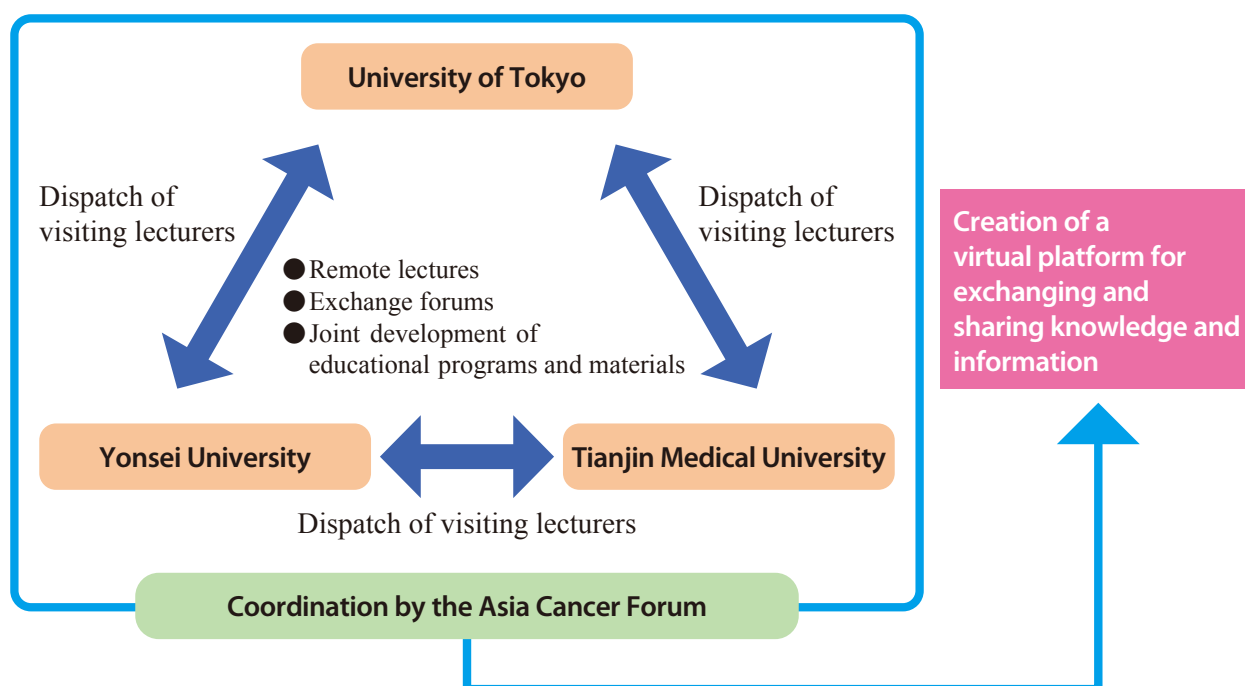
to the social challenge of cancer in Japan, Korea and China. In addition, a platform for discussion among various specialist fields would be provided, with the aim of nurturing outstanding human resources with broad social awareness.

- ② The educational program would provide opportunities to learn and understand challenges in a manner that encourages discussion and debate among people from different specialist areas.
- ③ The educational program would be jointly implemented in the three countries and would involve exchange among both instructors and students, enabling all persons involved to learn in a multifaceted manner about the challenge of cancer in the East Asian region.
- ④ After a one-year educational program a forum would be provided for both instructors and students alike to come together to share the things they have learned and further discuss what can be done to respond to the social challenge of cancer in Asia. These efforts would be disseminated further in society through publications and academic papers.

The human network that would be created through this process would also be linked through the creation of a virtual platform that would serve to exchange knowledge and share information.

Based on this platform and also on the research and study outcomes at universities in Japan, Korea and China, the following actions would be promoted.

- ① Joint development of educational programs and materials for multidisciplinary cooperation
- ② Establishment of an academic basis for multidisciplinary cooperation



in the global health agenda, thus contributing to the improvement of cancer treatment in Asia. In order to realize the aforementioned purpose, the Forum shall engage in the following activities.

- (1) Holding of the Asia Cancer Forum (international conference)*
- (2) Educational activities in universities and research institutions*
- (3) Cancer prevention educational activities in the context of school health programs*
- (4) Implementation of international awareness surveys on cancer and analysis of results*
- (5) Creation of an information sharing system on cancer (awareness-raising activities)*
- (6) Other related activities that may be required for the Forum to be able to achieve the activities set out above.*

Furthermore, in April of 2011, based on the conceptual resources accumulated to date, the Forum started participating in the formulation of a lecture concept entitled “Surviving Cancer in Asia,” which is run by the Network for Education and Research on Asia of the University of Tokyo as a cross-departmental educational program. Based on the experience and knowledge gained from these various educational activities the Forum has proposed the launch of “Cross-boundary Cancer Studies,” which would seek to establish an international multidisciplinary cooperative program.

From an early stage in its existence the Forum has also been engaged in efforts to raise the profile of cancer on the global health agenda, with the Forum’s activities to promote discussion of this issue being mentioned in the February 2009 online version of Science. Following the issuance of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in September 2011, at the 8th Asia

Cancer Forum in October 2011 a declaration was compiled and approved by international experts, and publicized to the international community.

Although globalization is accelerating in East Asia, it remains a region unique in the world in that there are still issues outstanding from the previous century, including historical recognition relating to the Second World War and ideological confrontation arising from Cold War structures. Given these various contrasts and contradictions, from the practical perspective of facilitating cross-border flows and distribution of people, goods and information, it is essential to gain comprehensive knowledge and perspectives on the diverse social values in the region, and engage in discussion aimed at finding a way to overcome the contradictions between globalism and nationalism in the region. In order to coordinate trilateral efforts among Japan, Korea and China it will be necessary to conclude exchange agreements between universities and this is something that we must work to achieve. A plan is required that sets out clear goals and clarifies the various phases and major elements for success. The Asia Cancer Forum is an organization that has already examined and discussed in depth the unique challenges faced by the East Asian region and it has set out ambitious targets by which its degree of achievement and accomplishment will be able to be measured.

