The 7th Asia Cancer Forum: 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?

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Received February 7, 2011; accepted March 22, 2011

This forum has continued to discuss the inclusion of cancer on the global health agenda, and specifically the Millennium Development Goals. The seventh forum presented an overview of activities to date, supplemented by reports from Korea, local governments in Japan and representatives from the pharmaceutical industry. Discussion focused on how to engage in measures to tackle cancer prevention and achieve early detection and effective treatment, using limited resources. It was recognized that with non-communicable diseases gaining increasing attention in international dialogue, it is now of the utmost importance to share an accurate recognition of cancer research and treatment throughout Asia and the wider world. Participants concurred that cancer issues are decoupled from the development aid agenda and that cooperation should be advanced on the basis of international cooperation without recourse to governmental development aid.

Key words: 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 N.K. and it is chaired by H.A., 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 had 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?’.

The Seventh Asia Cancer Forum was held at the University of Tokyo, Japan, on 3 November 2010. The meeting consisted of two sessions consisting of six special presentations, followed by detailed discussions. Approximately 20 people were present and the meeting provided a forum for active discussions. H.A. [Research Center for Advanced Science and Technology (RCAST), the University of Tokyo] presided, with organization being implemented by N.K. (RCAST).

PRESENTATION 1: SETTING THE ISSUES: DISCUSSION POINTS AND CHALLENGES FOR THE ASIA CANCER FORUM TO DATE

N.K. (RCAST) noted that with regard to the discussion points and challenges raised by the Asia Cancer Forum to date, the primary challenge has been that cancer has yet to be included in the Millennium Development Goals (MDGs). It is extremely important for specialists to have a common understanding of the issue of raising cancer on the global health agenda. At the time of the 5th Asia Cancer Forum, participants discussed the importance of cancer being included in the MDGs. This has recently become an important issue globally. Surveys have been implemented on awareness of cancer as a global health issue. There seems to be an awareness gap among cancer specialists about the importance of including cancer on the global health agenda. The WHO will be taking up non-communicable diseases (NCDs) as part of its efforts, with the holding of a UN General Assembly Summit on NCDs in September 2011.

With regard to the implications of the awareness gap concerning challenges being faced, it is important to recognize that we are no longer in an aid-based world. Cooperation and collaboration must be ensured in an equitable manner as partners. It is necessary to gain the broad participation of cancer researchers in order to decipher the current challenges in industrialized nations.

With regard to future themes for consideration, it is important to transcend existing frameworks and take a multidisciplinary approach with the aim of getting as many people as possible to understand the situation. It is also important to search for ways in which Japan, China and Korea can cooperate, focusing on relations with middle-income emerging economies. In the development of cancer prevention, diagnosis, treatment and care, we need to remind ourselves of stratified strategies for different situations. To date, especially in Japan, the prevailing concept is that patients must be cured, whatever costs may be incurred. It is very important to bear in mind resource limitations in various countries, however, and tailor responses to match budgetary realities.

H.A. (RCAST) thanked N.K. for her overview to the activities of the Asia Cancer Forum.

PRESENTATION 2: THE RAPID CHANGING PATTERNS OF CANCER IN KOREA DURING THE LAST THREE DECADES WITH SOME SUGGESTIONS FOR CANCER PREVENTION

EARLY DETECTION AND TRANSLATIONAL RESEARCHES FOR NOVEL THERAPY AS A MEDICAL ONCOLOGIST’S VIEW POINT

J.K.R. (Yonsei University College of Medicine) provided Korean data about the changing patterns of cancer and what they mean for cancer control. Cancer has been the most common cause of death in Korea since 1983. Cancer incidence is now 250 per 100 000 population. Korea has achieved dramatic economic development during the last several decades. Cancer incidence is increasing rapidly and the prevalence rate is changing variably. The cancer survival rate has improved considerably during the last two decades.

Korea has industrialized during the last several decades, and until relatively recently, most people lived in rural areas. However, most people now live in urban areas. Seventy to
80% of Korean people live in apartments and enjoy improved standards of hygiene. Diet has become increasingly westernized, moving to high calorie, high fat and lower fiber foods. Koreans have a dynamic and positive attitude for novel therapies and new drugs.

In 1960, the annual income of Korea was $100 per capita. In 2009, that had increased to US$25,000. Mandatory national health insurance has achieved almost 100% coverage of the population and complete check-ups are provided as standard. There is a national cancer screening program and voluntary check-ups for early detection. In addition, there is aggressive competition between five mega hospitals in cancer treatment.

In 1983, cancer became the most common cause of death in Korea and has increased since then, being the cause of death for 27% of all deaths. Korea’s population is now almost 50 million, representing 0.76% of the global population, but accounts for 1.31% of all cancers around the world. Prostate cancer is increasing in males. In females, cervical cancer used to be the most common form of cancer, but this has since been surpassed by other types, including breast and thyroid cancer. The number of expected new cancer cases is also increasing. In men, the incidence of stomach cancer is decreasing, but colorectal cancer is increasing dramatically. In women, the most dramatic increase has been in breast cancer. The 5-year survival rate has also seen marked improvements.

The number of cancer patients is increasing by about 8% annually. Patterns of cancer prevalence have been changing rapidly during the last two decades. Survival has increased over the last two decades due to: (i) primary prevention, including an anti-smoking campaign, (ii) a national screening program for early detection and (iii) improvement of treatment modalities, including multidisciplinary and multimodality approaches.

In the western world, the cure rate for cancer stands at about 60% due to improved diagnosis and treatment modalities. This is thanks to surgery, radiotherapy and chemotherapy. The issues are as follows: (i) How to prevent tumorigenesis? (ii) How to improve early detection? (iii) How to predict and detect recurrences and metastasis? (iv) How to predict the tumor response or resistance? (v) How to predict therapy-related toxicities? To solve these problems, genome-wide research and data are required.

Yonsei University was the first westernized hospital in Korea and since its establishment in 1884 has continued to develop. The Cancer Center was established in 1969. In order to understand tumors, a tumor registry and tumor bank were created 15 years ago. There is also a computerized follow-up system. The data bank now contains a total of 95,166 cases created 15 years ago. There is also a computerized follow-up system. The data bank now contains a total of 95,166 cases.

Overall, Yonsei University Hospital has an equivalent or superior cure and survival rate compared with western countries. However, there are still few novel therapeutic techniques and few novel anti-cancer drugs. There is a further need for world-class research and global collaboration.

In terms of clinical trials and translational research, good clinical practice (GCP) guidelines were created in the 1990s in Korea. International GCP guidelines were adopted in 2001. There are a number of centers and trial groups implementing clinical trials. Yonsei University has international collaborations with various institutions, including the Mayo Clinic and the University of Rochester and others in Europe and Latin America. It is also a member of OncoNet, which includes preeminent cancer-related institutions around the world. Efforts are also concentrating on personalized therapy, focusing on accurate diagnosis and tumor staging, proper evaluation of host status and selective tumor kill with minimal damage to normal tissues. In addition, the personalized method helps in the selection of patients for target drugs. Cancer requires a genome-wide approach, incorporating tumor heterogeneity, multistep processes and complex intracellular processes, and also confirmative clinical trials.

In order to overcome the current status and to cure cancer, primary prevention is most important. Smoking cessation is most important, particularly in Japan, China and Korea, especially with regard to passive smoking. Early detection is also essential, including national cancer screening programs and novel universal tumor markers. There is a need also to bridge the difference between the bench and the bed, which requires translational research and collaboration between basic, translational and clinical researchers. Cooperation between Asia-Pacific countries is essential for future progress to be achieved.

**PRESENTATION 3: BASED ON DISCUSSIONS AT THE 6TH ASIA CANCER FORUM (SHENZHEN, CHINA), WHAT DOES THE GAP BETWEEN THE CURRENT STATUS OF CANCER RESEARCH AND TREATMENT IN JAPAN, A FRONTRUNNER IN THE FIELD, AND THE PERCEPTION OF ISSUES IN DEVELOPING COUNTRIES MEAN FOR FUTURE ACTIONS?**

H.A. (RCAST) posed the question as to why there has been no recent advancement in cancer research in Japan. It could be that Japan is preparing for the next big leap. If Korea’s situation matures, it is possible that Korea could face the issues that Japan is currently facing. The situation in high-income countries could be presented to middle-income countries as examples of what it is good to do and what should not be done.

The *Japanese Journal of Clinical Oncology, v.40*, supplement 1, 2010, includes a summary of discussions held at the working groups at the 20th Asia Pacific Cancer
Conference (APCC). Through these discussions, it was recognized that cancer must be a global health agenda item and that the Asia-Pacific is ready to start towards this goal. The purpose of the Asia Cancer Forum is to share knowledge and experience between Japan, China and Korea.

In Asia, the population is rapidly growing and there is a rapid migration of age distribution towards a greater proportion of aged population as longevity increases. There has also been an increase in quality of diagnosis and treatment and an increase in new drug development. There are disparities in economic development among the countries of Asia, which presents challenges for the future.

In Japan, the population demographic and disease structure have rapidly changed. The cost of medical care is also rapidly increasing and the pharmaceutical market is expanding. In Japan, there is a particular problem with drug lag, which is generally twice as long as the drug lag in the USA.

In order to develop new treatments, it is important to have large-scale clinical trials, but this cannot be implemented by Japan alone. It is important to recognize the ethnic differences between Asians and western populations and work together with China and Korea on therapies and treatment that are best suited for Asian people. Japan is engaged in international clinical trials, together with China and Korea. ‘Expansion of cancer care and control in countries of low and middle income: a call to action’ is a recent article in the Lancet, which advocates activities similar to what the Asia Cancer Forum is aiming to achieve.

Substantial inequalities exist in cancer survival rates across countries. In 2009, the Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries was established.

With regard to what can be done by academia, we need to improve medical education and the distribution of medical care. We need to improve access to clinical trials and manage these trials effectively. We need also to make concerted efforts to collect information from clinical trials.

The Asia Cancer Forum examines means for sharing information in a meaningful and comparable manner. To establish an information technology network for opening up cancer issues for global health consideration will be an important approach. It is reasonable to collaborate with policy-makers in government and from the private sector, including pharmaceutical companies. Post-marketing surveillance, which is ongoing in Japan, is an example to establish tailor-made uses for drugs and treatments that are best suited to patients. Such information will be useful not only for Japanese but also for other Asian patients belonging to a similar ethnicity.

**PRESENTATION 4: CANCER AS A NEW GLOBAL HEALTH AGENDA**

H.I. (Department of Health and Welfare, Chiba Prefecture) explained that in recent years, health experts have come together to highlight the global nature of cancer issues.

With regard to the worldwide trends in cancer, it is noticeable that cancer prevalence is increasing and it is expected that cancer will continue to be the leading cause of death in the world, along with ischemic heart disease and stroke. Cancer used to be a disease isolated to developed countries, but today, the situation has changed and most cancer cases are now found in developing countries and that the ratio is going to increase. In terms of the ratio of mortality to incidence in 1 year, the mortality is highest in low-income countries and lowest in high-income countries. There is a disequilibrium in cancer whereby the disease burden caused by cancer is very great in developing countries, but global resources for cancer are concentrated in the developed countries.

In recent years, cancer has gained increasing attention in the international community. Concerning cancer in developing countries, the Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries (GTF.CCC) was established in 2009. A UN General Assembly Summit on NCDs will be held in 2011. In comparison, relating to mother and child health, UNAIDS was established in 1996, which was followed by the MDGs in 2000 and the establishment of a global fund in 2002. It is encouraging that a similar movement is now happening with cancer. Following the creation of the MDGs and the global fund in 2002, there was a great improvement in access to funding and it is to be hoped that a similar trend will be seen with cancer. However, the countries mainly affected by NCDs are not low-income countries, but middle-income countries, and therefore, it is unlikely that similar funding will be made available for cancer. Cancer is decoupled from poverty issues and this fact could impede efforts to gain further funding for a global fight against cancer.

The epicenter of cancer is in Asia, with approximately half of all deaths from cancer being located here. Japan boasts the lowest mortality rate for the three major diseases among the G7 countries. Japan is facing the issue of cancer head-on compared with other nations and is also facing a rapidly aging society. The expectations for the Asia Cancer Forum are to promote an accurate recognition of the realities of cancer and the global health agenda for cancer. It should be recognized that Asia is at the epicenter of cancer and that non-governmental players should increase their involvement. With limited resources, it is important to create a structure for combating cancer under financial restrictions, as it is likely that funding will become increasingly tight in future years.

T.T. (Institute of Gerontology, The University of Tokyo) noted that cancer is a disease that will probably be left until the very end of the global agenda. Japan is experiencing an unprecedented aging of the population, which presents issues not merely about growing old, but also about quality of life. Quality of life is closely related to quality of medical care. From that perspective, the prolongation of life is very important for cancer treatment. Different kinds of care including palliative care are very important. Korea, China and Taiwan are also experiencing aging of their populations. Recently, a
meeting of specialists from Asia shared the same awareness of the aging issue and how our economies should respond to the problem. Economic development in Asia comes hand in hand with the problem of aging in Asia. The issue of cancer is not just about developmental assistance, and knowledge held by non-governmental agencies will also be vital.

PRESENTATION 5: CANCER CONTROL: LESSONS FROM GLOBAL HEALTH INITIATIVES

K.S. (Graduate School of Medicine and Faculty of Medicine, The University of Tokyo) noted that although the global health community is accelerating its efforts to achieve the health-related MDGs, there is a growing momentum to push NCDs, including cancer, onto the global health agenda, notably at the UN General Assembly summit in September 2011.

There are several myths about cancer in developing countries. A common perception is that cancer is not everybody’s problem but a disease of affluence and of the elderly. Another common notion is that the provision of cancer treatment and prevention is not feasible and too expensive in low-resource settings. Such perceptions are clearly wrong.

One of the greatest challenges confronting the global health community working toward the MDGs has been the fight against HIV/AIDS. A decade ago, critics who argued against the feasibility of anti-retroviral (ARV) treatment with second-line drugs asserted that complex care could not be scaled up within weak health-care systems. This was proven to be wrong given the enormous success of the ARV roll-out. The question is whether it is possible to apply the analogy to cancer control in middle- and low-income countries.

The global cancer community, including the Asia Cancer Forum, needs to consider at least three things to make this happen as regards cancer control. 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 a package of preventive and curative interventions. Second, a multiple-stakeholder approach is needed, including policymakers and pharmaceutical companies for global and regional drug pricing and procurement mechanisms. Finally, the development of an innovative mechanism for both external and domestic financing in developing countries is also required. All of these innovations are a real challenge and a central theme of the current global movement toward universal coverage.

Next year, Japan will celebrate the 50th anniversary of its universal health insurance coverage. According to Horton, Japan is ‘a mirror of our future’. It seems that Japan is in a comparatively good position to take the lead and help set the future global health agenda (e.g. post-MDGs). However, the discrepancy between the financial commitment and public/political support means that there is a system failure in terms of reflecting public views on policy.

The fundamental problem of modern Japan is the lack of connectedness. First, the fragmented nature of relations between the different ministries and agencies within Japan prevents any form of coordination between foreign and national health policies. Experts in global health are also detached from those working in the field of national health, when they should be working together. Second, Japan has expertise within its own borders, but this is seldom transferred to the global health arena. Finally, a robust scientific assessment of Japan’s national and foreign health policy has been lacking, and therefore, lessons and knowledge about best practice are not transferred effectively. The Lancet series on Japan is perhaps the first opportunity we have had to discuss and evaluate Japan’s national and international health policy in a scientific manner.

The concept of global health will help to identify the need for restructuring domestic health policies and systems, which in turn will reinvigorate Japanese domestic and global health strategies including cancer control.

PRESENTATION 6: DEVELOPMENT AND DELIVERY OF ANTI-CANCER AGENTS IN ASIAN COUNTRIES

M.I. (GlaxoSmithKline K.K.) explained that the current situation for pharmaceutical companies is that R&D funding and drug approvals are decreasing. There is a need to identify the real clinical benefits and long-term safety. In order to do this, it is necessary to conduct a large-scale study and recruit sufficient patients internationally. There is a need to prepare large investment. Multiregional clinical trials (MRCT) are increasing in Japan and are needed as Japan alone is unable to implement large-scale trials. Korea is an active promoter of MRCT and both Taiwan and China are moving toward increased numbers of clinical trials.

Research is also required for the individual differences in drug response. One example of this is progression-free survival in epidermal growth factor receptor (EGFR) mutation-positive and -negative patients for which the effects of gefitinib were investigated. This drug proved to be very effective in Asia and it was therefore deemed to implement another MRCT trial called ‘IPASS’. This IPASS demonstrated that gefitinib was effective in treating EGFR mutation-positive patients, which includes many Asian people.

Safety is another aspect that needs to be focused on. In the case of sunitinib, for renal cell cancer, the Japan study showed considerably elevated figures over those gained from foreign trials. This demonstrates that safety concerns can vary from region to region.

In terms of opportunities for Asia collaboration, the similar ethnic, dietary and social habits of people in Asia are good for joint efforts. The global pharmaceutical market is
It is now essential for everyone in Asia to engage in collaboration and work on common issues.

H.S. (Hamamatsu University School of Medicine) stated that the job of cancer specialists is to look carefully at cancer over an extended period of time. In terms of the pathology of cancer, there are various detailed research projects ongoing in Japan that utilizes data gained from patients. However, it can be said that with the stratification of cancer research and cancer treatment into separate fields, there has been a lack of awareness about the actual applications for cancer drugs. Pathology is a very mature field in Japan and Korea is also engaged in cancer research and treatment on a similar level to Japan, together with disease prevalence and treatment methods that are also comparable. In China, however, there is still a considerable gap between rural and urban areas, although the level already attained in urban areas and the openness of government organization to the use of trial drugs means that there are a number of areas where Japan, China and Korea can collaborate together. If broadband access improves in the future, there is also the promise of telepathology, which will aid pathologists in different countries in sharing information.

J.M. (School of Engineering, Osaka University) stated that the Asia Cancer Forum has focused on the situation in higher level countries. However, in low-income countries, cancer has the power to devastate not only the patient but also the livelihoods of the patient’s family members. It is important to highlight such issues that are relevant to low-income countries if there is to be a serious chance of placing cancer in the MDGs.

H.I. (Department of Health and Welfare, Chiba Prefecture) noted that there are enormous differences in the funds spent per patient on treating cancer in various countries. For middle-income countries, with several hundred dollars per year, as opposed to several thousand dollars per year for high-income countries, there are some things that cannot be done, but nonetheless there are a number of possibilities.

F.L. (Tianjin Medical University) praised the great level of development made in Korea. She stated that there is great potential for joint clinical trials among Japan, China and Korea. The customs and lifestyles are different in Japan and China and it is important to follow WHO standards in order for results to be accepted in the international arena. Japan, China and Korea should work together to develop new drugs that are ideal for Asia.

J.K.R. stated that while Japan, China and Korea are the leading countries in Asia, the USA remains the preeminent country in cancer research. It is important to respect the research styles and realities in each country when engaging in collaboration. It is important to engage in comprehensive efforts to educate and train personnel.

H.A. thanked all participants for their insightful comments. Regarding the way forward, in broad terms, it is important to gather information and focus on the issues. It is not the role of the Asia Cancer Forum to provide assistance to low-income countries. The Asia Cancer Forum therefore continuing to grow, although the percentage of the market accounted for by the USA 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. Looking at the delivery of those newly developed agents, however, it is recognized that there could be high hurdles for their smooth delivery to patients, mainly due to the high drug price and the limited reimbursement process in each insurance system. International consideration to overcome them and deliver new drugs for all patients appropriately will be an urgent matter, in order to achieve a good balance between the supply of the resources at the development phase and the delivery of the approved anti-cancer drugs after launch, and to keep equalities across countries in this region. The pharma-industry has to develop several measures to tackle this need from the society.

DISCUSSION

M.N. (Medical Platform Asia) noted that it is necessary to identify what steps to take on achieving the inclusion of cancer on the global health agenda. He stated that he has great expectations for the Asia Cancer Forum to grow.

A.N. (Chiba Cancer Center) noted that listening to the presentations and viewing the reality on the frontlines of cancer are very exciting. There is a move to personalize and equalize treatment in Japan and each prefectural cancer center plays a significant role in cancer treatment. In the future, the quality of life will be a key consideration and methods are being sought to boost the quality of life for cancer patients. Cancer treatment is advancing and the 5-year survival rate has also increased considerably in recent years, rising to 70% in Japan, according to the latest results. Improvements in pediatric cancer have also been similarly significant.

K.W. (Center for Kampo Medicine, Keio University School of Medicine) stated that it is probably advisable to separate younger patients from older patients and tailor care to suit the needs of each patient.

S.N. (Center for International Collaborative Research, Nagasaki University) stated that it is important to distinguish between MDGs and Asian cancer. It is important not to focus unduly on MDGs, as cancer in Asia is a complex issue that goes beyond the MDGs. Japan has the power to influence the WHO and it is very important to work toward other issues in addition to the MDGs. It is important to engage in global networking to boost awareness of the issues.

M.I. (Research Center for Cancer Prevention and Screening, National Cancer Center) stated that it is important to promote better collaboration among Asian researchers. Asia, excluding Japan, used to be an area that received research grants from the West and that data were collected by the West. Japan tended to function separately. However, it is now essential for everyone in Asia to engage in collaboration and work on common issues.

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CONCLUSION AND FUTURE DIRECTION FOR THE ASIA CANCER FORUM

During the history of the Asia Cancer Forum, since its inception in 2004, there has been a growing awareness of the importance of cancer as a global health agenda issue. This awareness continues to spread through the international health community and is gathering momentum, as seen by the formation of a number of cancer-related fora and organizations, and the readiness of international organizations to address the issue. As cancer is under the spotlight as a global health issue, now is the essential time to engage in efforts to share an accurate recognition of cancer research and treatment throughout Asia and the wider world.

The Asia Cancer Forum places great emphasis on maintaining contact and collaboration with existing organizations and newly formed international bodies to share awareness and information on cancer-related issues. The mainstream of discussion is now squarely addressing the inclusion of cancer in the MDGs, as evidenced by the preparations leading toward the United Nations General Assembly High-level Meeting on the Prevention and Control of Non-communicable Diseases in September 2011. This is precisely the stance that has been taken by the Asia Cancer Forum in its meetings up to and including the seventh meeting in November 2010. However, as they currently stand, the MDGs frame the issue of health as a development issue, focusing predominantly on mother and child health and infectious diseases. Cancer, on the other hand, is not a poverty-related issue. As the participants at the 7th Asia Cancer Forum have recognized, it is essential to position cancer as a mainstream global health agenda issue. However, the focus should be on international cooperation with countries that are at the epicenter of growing cancer incidence, including middle-income countries in Asia, without recourse to governmental development assistance, which has been the main source of health assistance to date.

At the 7th Asia Cancer Forum, the participants highlighted the important issue of providing care that is appropriate to the budgetary means of each country. It was recognized that while possibilities for countries with an annual budget of several hundred dollars per patient per year will be necessarily more limited than countries with thousands of dollars to spare, there are nonetheless various options available and the past experiences of frontrunner countries can provide valuable lessons. Participants concurred that the issue of cancer should be decoupled from development issues. H.I. also pointed out that measures to counter cancer, particularly awareness-raising, prevention, early detection and improvement of medical systems, could equally be applied to other NCDs (cerebrovascular disease, cardiovascular disease, metabolic syndrome). This raises the question of whether cancer should be handled as a stand-alone issue in the context of measures that aim to deal with NCDs as a whole.

Whether cancer is treated separately or within the context of NCDs, it is essential to create measures that can be feasibly implemented in each country, duly reflecting resource limitations (budget, human resources and expertise) and for this continued cooperation and information sharing will be required.

In the future, the importance of prevention, early detection and effective treatment will continue to increase, putting pressure on already limited resources in both high- and middle-income countries. In the information age, it is essential to share information through all means possible as a way to maximize resources in all countries and help to counter the increasing threat of cancer in the developing and emerging economies.

LOOKING TO 2011

The 8th Asia Cancer Forum is scheduled to be held in the autumn of 2011, following the High-level Meeting on the Prevention and Control of Non-communicable Diseases. It is anticipated that the outcomes of the UN meeting will present further clarity to the positioning of cancer on the global health agenda and the eighth meeting of the Asia Cancer Forum will aim to further distill discussions on how the diverse countries of Asia can cooperate in research and actions that will help to tackle the spread of cancer in the region.

Conflict of interest statement

None declared.

Reference