THE THIRD SHIZUOKA FORUM ON HEALTH AND LONGEVITY

Asian Cancer Conference in Shizuoka, 1998

Main theme

Cancer in Asia : Present and Future

December 14 Monday, 1998 9:30-18:00

Shizuoka Convention & Arts Center, GRANSHIP

Program

9:30~10:00	**"Cancer Control in Australia"** Robert C. Burton Director, Anti-Cancer Council of Victoria, Australia
10:00~10:30	**"Cancer Control in China"** Zhi-wei Dong Director, Cancer Institute and Hospital, Chinese Academy of Medical Sciences, China
10:30~11:00	**"Cancer Control Efforts in the Indian Subcontinent Challenges & Opportunities in the Next Millennium"** Praful B. Desai Professor Emeritus Clinical Oncology, Tata Memorial Hospital, India
11:00~11:30	**"Cancer in Indonesia Present and Future"** Didid Tjindarbumi Senior Staff Lecturer, Department of Surgery, Medical Faculty, University of Indonesia, Indonesia
11:30~12:00	**"Overview of Cancer Control Programs in Japan"** Ken Yamaguchi Chief, Growth Factor Division, National Cancer Center Research Institute, Japan
12:00~13:00	Lunch Break
13:00~13:30	**"Cancer in Korea: Present Features"** Yoon-Ok Ahn Professor, Department of Preventive Medicine, Seoul National University College of Medicine, Korea
13:30~14:00	**"Cancer in Malaysia"** Gerard Lim Chin Chye Head, Department of Radiotherapy and Oncology, Hospital Kuala Lumpur, Malaysia
14:00~14:30	**"Developing Areas in Cancer in New Zealand"** Mark Elwood Director, Hugh Adam Cancer Epidemiology Unit, Department of Preventive and Social Medicine Dunedin School of Medicine, University of Otago, New Zealand
14:30~15:00	**"Philippine Cancer Control Program"** Edward H.M. Wang Chairman, Cancer Institute, Philippine General Hospital, University of the Philippines, Philippines
15:00~15:30	**"Overview of Cancer Control Programmes in Singapore"** Low Cheng Hock Head, Department of Surgery, Tan Tock Seng Hospital, Singapore
15:30~16:00	**"Cancer Control in Taiwan"** Chien-Jen Chen Professor, Graduate Institute of Epidemiology, College of Public Health, National Taiwan University, Taiwan
16:00~16:30	**"Cancer in Thailand"** Vanchai Vatanasapt Chairman, Cancer Unit, Faculty of Medicine, Khon Kaen University, Thailand
16:30~17:00	**"Cancer Control in Vietnam"** Hoang Anh Pham Thi Deputy Head, Office of Planning and Statistics, National Cancer Institute, Vietnam
17:00~18:00	Discussion

Cancer Control in Australia

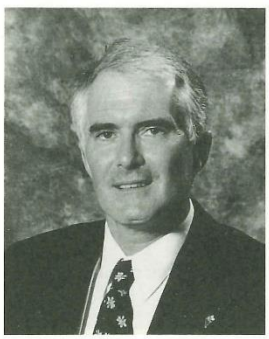
Robert C. Burton / Director, Anti-Cancer Council of Victoria, Australia

Australia has a population of 18.8million, most of whom are of European descent. In 1995 there were 77,500 new cases of potentially fatal cancer and 270,000 cases of skin cancer, with 33,500 cancer deaths (27% of all deaths). The most frequently occurring cancers in Australia are skin, colorectal and lung cancer, prostate cancer in males and breast cancer in females. Age standardised total cancer incidence and mortality rates peaked in the early 1990s and mid 1980s respectively, and are now falling.

Prevention campaigns have resulted in falling incidence and in death rates for tobacco related cancers in males, but not in females. Skin cancer is a special Australian problem, however prevention and early detection campaigns are now impacting on both incidence and mortality. Cervical cancer screening has halved mortality from this cancer, and there are signs that the national breast cancer-screening program is now impacting on breast cancer mortality. National programs for prevention of diet related cancers, and for screening for colorectal cancer are under development.

Population surveys have provided comprehensive data on treatment patterns of breast, lung, colorectal, prostate, testicular and ovarian cancer. Five year survival rates are available for some populations; currently overall 53%. Sequential breast cancer treatment surveys have revealed that improved management of breast cancer has progressively followed publication of clinical results trials; Australia contributes over 20% of all women enrolled in the International Breast Cancer Study Group Trials. National best evidence based clinical practice guidelines for the management of breast cancer and melanoma have been produced and disseminated, and guidelines for the management of colorectal and familial cancers are nearing completion.

The challenges facing Australia now relate to an ageing population which means that cancer control will require increased funding in the future; currently about $2 billion per annum.



Robert C. Burton

Born in:	1943	
Past Records:	1967	Bachelor of Medicine, University of Melbourne Bachelor of Surgery, University of Melbourne
	1969	Junior Research Fellow (Surgical Metabolism), Department of Surgery, University of Melbourne
	1971	Bachelor of Medical Science (Surgery), University of Melbourne
	1977	Doctor of Philosophy (Medical Biology), University of Melbourne
	1978	Doctor of Medicine (Surgery), University of Melbourne
	1977~1980	Clinical & Research Fellow in Surgery (Surgical Immunology), Massachusetts General Hospital and Harvard University
	1981	Assistant Professor of Surgery, Harvard University, and the Massachusetts General Hospital
	1981~1995	Professor of Surgical Science, The University of Newcastle
	1996	Professorial Associate with the title of Professor in the Department of Public Health and Community Medicine, University of Melbourne Honorary Professor of Surgery in the Department of Surgery, Monash University

Cancer Control in China

Zhi-wei Dong / Director, Cancer Institute and Hospital, Chinese Academy of Medical Sciences, China

Cancer mortalities between 1973-1975 and 1990-1992 in China were compared and analysed. During past 20 years, the mortality of all cancer in China is increasing, especially lung cancer by 115%. The common cancers both in developing countries and developed countries could be found in China simultaneously. Stopping smoking and HBV vaccination are very important and efficient for control of lung cancer and liver cancer. Pap smear, self exam of breast, occult blood test, AFP test and serum EBV test were extensively used for early detection of cervical, breast, colon and rectal, liver and nasopharyngeal cancers. Early detection and nutrition intervention were carried out in high risk area of esophageal cancer, and results will be presented.

Zhi-wei Dong

Born in: 1938

Past Records:

1956~1961	Department of Medicine, Beijing Medical College
1961~1962	Department of Biophysics, Graduate School of Beijing Medical College
1962~1966	Department of Biochemistry, Graduate School of Beijing Medical College
1973~1979	Physician, Beijing Institute for Cancer Research
1984~1994	Chief, Department of Biochemistry, Beijing Institute for Cancer Research
1990	Professor, Beijing Medical University
1994	Director, Cancer Institute and Hospital, Chinese Academy of Medical Sciences
1994	Professor, Peking Union Medical College

Cancer Control Efforts in the Indian Subcontinent Challenges & Opportunities in the Next Millennium

Praful B. Desai / Professor Emeritus Clinical Oncology, Tata Memorial Hospital, India

The vast peninsula of the Indian subcontinent occupies 2.4% of the land mass of the earth but is a home to 16% of the world population. Currently estimated at 980 million, increasing life span ensures greater frequency and incidence of cancer in the next millennium. The WHO reports annual Cancer burden of 9 million new cases (1997) of which 52% will occur in the developing countries. The number of cancer patients in India with its large population will, therefore, reach staggering proportions in the coming decades. Currently cancer is not a notifiable disease in India and though population based cancer registry data is available, the author believes that the figures are an underestimate. The age adjusted frequency and incidence data shows a value of 55.5/100,000, with a prevalence rate 138/100,000. Well into the next millennium, the projected figure would be well beyond a million new cancer patients and 3 million as prevalence rates per annum; nearly 40% of all cancers occur in the upper aero-digestive tract and lung which are highly preventable with appropriate public education.

The infrastructure available in the Indian subcontinent vis-à-vis prevention, research, education, treatment and rehabilitation varies from a state of the art in a few metropolitan cities (Bombay, Banglore, New Delhi etc.) to a total lack of facilities in most parts of India. 70% of the country is a rural panorama and socio-economic factors play a major role in delayed diagnosis and high morbidity/mortality due to advanced cancer.

The Government of India has identified 9 regional Cancer Centres with meagre annual funding support across the country. Very few of them have adequate research facilities.

The country's largest comprehensive Centre in Bombay, the Tata Memorial Centre - was initiated in 1941 as a philanthropic outflow of a large business house and is now managed by the Department of Atomic Energy, Government of India. The institute has acted as a catalyst in Research, Education and Treatment across the country. Rural outreach programme has been successfully launched to act as a model of education, prevention, epidemiology research and treatment facilities. Technology transfer programmes have been launched to disseminate cancer science across the country. A positive out come, backed by hard data, is emerging in the cancer scene in the Indian subcontinent.

The author presents the methodology and the results achieved over a 15 year period in a comprehensive cancer institute and a rural cancer centre which can act as an effective model in large parts of Asia for a more effective cancer control effort in the next millennium. The integral component is an appropriate low technology effort compatible with maximum benefit for the community.

Praful B. Desai

Born in: 1933

Past Records:
- 1966~1973 Surgeon, Tata Memorial Hospital, India
- 1973~1980 Surgeon Superintendent, Tata Memorial Hospital
- 1980~1995 Director, Tata Memorial Center
- 1981~1992 Chief of Surgery, Tata Memorial Hospital
- 1995~1997 Chairman, Planning & Development Committee, Tata Memorial Hospital
- 1997~Present Professor Emeritus, Clinical Oncology, Tata Memorial Hospital

Cancer in Indonesia Present and Future

Didid Tjindarbumi / Senior Staff Lecturer, Department of Surgery, Medical Faculty, University of Indonesia, Indonesia

The first major effort of Cancer control in Indonesia was initiated by the Dutch Colonial Government in the early 20's.

A cancer institute was established in Bandung in 1993.

At present cancer problems are handled by several disciplines such as Surgery, Obstetric/Gynaecology, ENT, Ophthalmology Neurosurgery, Internal Department, Paediatry, Histopathology, etc. in all teaching hospitals.

In 1993 a new comprehensive Cancer Centre Hospital was established in Jakarta which is now doing their best to coordinate all cancer problems in terms of early detection, early diagnosis, prompt treatment, follow-up and rehabilitation. Changes in population's life style and improvement in medical services have made the treatment of infectious diseases and nutritional deficiency more effective. Therefore cancer has risen to become number 6 in rank among the death causing disease in Indonesia since 1988 after infectious, cardio vascular, traffic accidents, nutritional deficiency and congenital diseases.

Records which have been collected from 13 Teaching Hospitals throughout Indonesia during the period of 1988-1991 exposed that in the combined pattern picture, cervical, breast, skin, nasopharynx and lung are the most anatomical site for cancer diseases.

Important aspects in planning for cancer control program for Indonesia in the future are:

- Primary prevention: controls on the risk factors affecting the occurrence of cancer.
- Secondary prevention: to make an early diagnosis therefore the development of cancer can be interrupted.
- Tertiary prevention: to give proper treatment that will stop the development of cancer and death can be avoided. If the patient is still alive as the result of such intervention, follow-up care and rehabilitation should be given.

Didid Tjindarbumi

Born in:	1936	
Past Records:	1962	Artz Diplome (M.D.), University of Heidelberg
	1962~1966	Research Fellow, Experimental Institute for Cancer Research, University of Heidelberg
	1964	Doctor der Medicine, University of Heidelberg
	1971	General Surgeon, Medical Faculty, University of Indonesia
	1975~1977	Research Coordinator, Surgical Department, Medical Faculty, University of Indonesia
	1988~1998	Member, Breast Cancer Research Team, University of Indonesia and University of Nagoya
	1997~1998	Member, Breast Cancer Study Group, Asian-Oceanian Clinical Assoc., University of Sydney

Overview of Cancer Control Programs in Japan

Ken Yamaguchi / Chief, Growth Factor Division, National Cancer Center Research Institute, Japan

Recent cancer statistics in Japan revealed that more than 430,000 inhabitants suffered from cancer, and 275,000 died of this disease. In 2015, it was estimated that 740,000 people will suffer from cancer, and 450,000 will die of this disease.

Educational approaches for cancer prevention are mainly carried out by local govemments or hospitals. For this purpose, 12-point precautions for cancer prevention is frequently used. Tobacco smoking is a big problem in Japanese society: in 1995, the smoking prevalence among adults 20 years and older is 59% in male and 15% in female. Governmental efforts to detect and decrease environmental carcinogens are ongoing.

Mass-screening is performed by local govemments for cancers of the stomach, lung, colon, uterus and breast. The numbers of examinees in this program are ranged from 6.7 million for lung cancer to 3.1 million for breast cancer. In 1998, a research group supported by the Ministry of the Health and Welfare analyzed the efficacy of this program, and reported that evidences to justify the mass-screening for stomach, colon and cervix uteri cancers were enough. Withe regard to lung, breast and corpus uteri cancers, the report claimed that the introduction of newer methodologies might be necessary.

Medical care for cancer patients are mainly performed in national and regional cancer centers, university hospitals and general hospitals. The 5-year survival rate for cancer patients is about 60% in hospitals belonging to cancer centers, and about 40% in all over the Japan. Technologies for early detection and multidisciplinary treatment for cancer patients play an important role to achieve this higher rate.

Specific trends and problems in Japan to be presented include to tell the truth and informed consent in cancer patients, increase of medical care expenditure for cancer patients, cancer survivorship research and govemmental supports for cancer research.

Ken Yamaguchi

Born in: 1950

Past Records:
1974 M.D., Keio University School of Medicine, Tokyo
1974 Visiting fellow, Endocrinology Division, National Cancer Center Research Institute
1976 Research fellow, Endocrinology Division, National Cancer Center Research Institute, Staff physician, The Department of Internal Medicine, National Cancer Center Hospital
1981 D. Med. Sci., The University of Tokyo, Faculty of Medicine
1983 Section head, Endocrinology Division, National Cancer Center Research Institute
1986 Chief, Endocrinology Division, National Cancer Center Research Institute
1987 Chief, Growth Factor Division, National Cancer Center Research Institute

Cancer in Korea : Present Features

Yoon-Ok Ahn / Professor, Department of Preventive Medicine, Seoul National University College of Medicine, Korea

As of 1996 in Korea more than 51,000 persons died due to cancers a year, and around 200,000 cancer patients were under medical treatment. Cancer accounts for 24.5% of all deaths in males and 18% in females. Age standardized annual death rates of all cancers were 186.9/100.000 in males and 75.5 in females. Age standardized annual incidence rates of all cancers in the years of 1992-1994 in Seoul were 290.8/100,000 and 173.2/100,000 for males and females, respectively. Four sites, e.g. stomach, liver, lung, and colorectum are the major cancer sites for Korean males, which comprise two-third of all cancers. For females, the major sites include uterine cervix and breast as well as the former 4 sites. Recently some changing patterns of major cancers were observed especially in the middle- and old-aged groups.

Cancer patients account for 8.3% of all inpatients, but medical care expenditure for them accounts for 18% of all expenditure for inpatients. Early detection programs for specific cancer sites such as stomach, liver, colorectum, breast and uterine cervix have been adopted and conducted since 1992 by several medical insurance companies. Less than 10% of beneficiaries, however, participate in the programs.

In 1995 Korea Cancer Control Task Force reported '10-year plan for cancer control, Korea'. Next year, the Korean government adopted the 10-year plan as a program and established 'Planning Council for Cancer Control' as a steering committee for the program. The Council has supported cancer research and various cancer control programs.

Yoon-Ok Ahn

Born in: 1948

Past Records:

1972	M.D., Seoul National University College of Medicine
1974	MPH., Seoul National University School of Public Health
1977	Ph.D., Seoul National University Postgraduate School
1977~1980	Major, Surgeon Doctor, Korean Army
1980~Present	Assistant, Associate, and Professor
1983~1984	Research Associate, Department of Epidemiology, Harvard School of Public Health
1984~1985	Visiting Scientist, Department of Preventive Medicine, Nagoya University School of Medicine

Cancer in Malaysia

Gerard Lim Chin Chye / Head, Department of Radiotherapy and Oncology, Hospital Kuala Lumpur, Malaysia

Cancer is the second leading cause of death after heart disease. The 10 leading cancers among males were: lung, nasopharynx, stomach, urinary bladder, rectum, non-Hodgkin's lymphoma, larynx, liver, colon, oesophagus. Among females, the 10 leading cancers were: cervix, breast, ovary, lung, nasopharynx, oesophagus, thyroid, colon, rectum, non-Hodgkin's lymphoma. In children aged 14 years and below, the commonest cancers were lymphoblastic leukemia and malignancies of the brain and nervous system.

Anti-smoking campaigns, vaccination of babies against hepatitis B and screening programmes are some of the strategies aimed at reducing the incidence and morbidity of cancer. Public education, the promotion of a healthy lifestyle and wellness programmes are to be given further emphasis with the development and implementation of information technology.

The treatment of cancer is a multidisciplinary effort. There are 14 radiotherapy centres in Malaysia. Specialists in radiotherapy and oncology have been trained to treat with any of the following modalities: radiotherapy, chemotherapy, hormonal therapy and palliative care. Adult leukemias and haematological malignancies are managed by 19 clinical haematologists, whilst paediatric malignancies are treated by 14 paediatric oncologists and paediatricians who have a special interest and training in oncology. There are 4 medical oncologists and 3 palliative care specialists. Cancer surgery is carried out by surgeons who have a special interest in oncology. Networking between the public and non-governmental sector in cancer care is encouraged.

Rehabilitation is an area in which there is ample room for improvement. New programmes include telemedicine, stereotactic radiosurgery and high dose rate remote afterloading for brachytherapy. Research in cancer is ongoing. Efforts at implementing and establishing quality assurance programmes will ensure that cancer services are of quality, cost-effective, and continually improving.

A comprehensive cancer treatment must be accessible, equitable and affordable to all. Prevention programmes, the establishment and upgrading of treatment facilities and the specialist training will continue to need adequate attention.

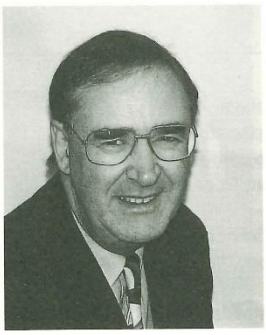
Gerard Lim Chin Chye

Born in:	1960	
Past Records:	1984	MBBS, Faculty of Medicine, University of Malaya
	1988~1990	Registrar, Radiotherapy and Oncology, Hospital Kuala Lumpur
	1990~1992	Honorary Registrar, Department of Radiotherapy, Royal Marsden Hospital Locum Registrar and Locum Senior Registrar, Department of Radiotherapy, Royal Marsden Hospital
	1992	FRCR, Faculty of Clinical Oncology, Royal College of Radiologists
	1992~1994	Clinical Specialist, Radiotherapy and Oncology, Institute of Radiotherapy and Oncology, Hospital Kuala Lumpur
	1994~1997	Consultant, Radiotherapy and Oncology, Institute of Radiotherapy and Oncology, Hospital Kuala Lumpur
	1997	AM, Academy of Medicine of Malaysia Head of Department, Department of Radiotherapy and Oncology, Hospital Kuala Lumpur

Developing Areas in Cancer in New Zealand

Mark Elwood / Director, Hugh Adam Cancer Epidemiology Unit, Department of Preventive and School Medicine Dunedin School of Medicine, University of Otago, New Zealand

The leading sites of cancer incidence in New Zealand are colorectal, breast, prostate, melanoma, and lung cancer. New Zealand and Australia have the highest rates of melanoma in the world. Maori compose 15% of the population, and compared to non-Maori, have higher rates of liver, stomach, lung, and cervix uterine cancer, but lower rates of colorectal cancer and of melanoma. There is universal publicly funded screening for cervical cancer for women aged 20-69. Pilot programmes of breast cancer screening since 1991 have led to the current implementation of nationwide screening for women aged 50-64. Screening for colorectal cancer, while scientifically justified, may not be supported because of resource issues. Screening for melanoma is being investigated in joint studies with Australia. Screening for hepatitis B, and subsequent screening for liver cancer by alpha.feto.protein and ultrasound, has been announced as a national programme for non-European subjects, against the advice of scientific groups. Major preventive activities have been aimed at smoking-related cancers, with the high smoking rates in Maori of particular concern. Major efforts to reduce excess sun exposure, and programmes related to improving diet and exercise levels, have been undertaken. Clinical research is undertaken with collaborative clinical trials. Some specific research has been fruitful, such as the identification of an E-cadhedrin mutation on chromosome 16 in Maori family with gastric cancer. There is no multi-sector national cancer control programme in New Zealand, and data on outcome and quality control are limited.



Mark Elwood

Born in:	1946	
Past Records:	1972~1974	Research Fellow, Dept. of Community Medicine and Epidemiology, and Dept. of Family Medicine, University of Ottawa; part time general practice.
	1975~1976	Assistant Professor, Dept. Community Medicine and Epidemiology, University of Ottawa; courtesy appointment, Children's Hospital of Eastern Ontario
	1976	MD, Epidemiology and Public Health Medicine, Queen's University
	1976~1981	Head, Division of Epidemiology, Cancer Control Agency of British Columbia; and Clinical Associate, Division of Medical Oncology Clinical Assistant Professor, Department of Health Care and Epidemiology, University of British Columbia
	1980~1981	Clinical Associate Professor, Health Care and Epidemiology, University of British Columbia
	1981	DSc, Epidemiology, Queen's University
	1981~1989	Professor and Chairman, Departmcnt of Community Medicine and Epidemiology, University of Nottingham
	1996	MBA, with distinction, Massey University

Philippine Cancer Control Program

Edward H.M. Wang / Chairman, Cancer Institute, Philippine General Hospital, University of the Philippines, Philippines

In the Philippines, cancer is a significant problem-having increased progressively over the past 3 decades. It is today the third leading cause of morbidity and mortality (behind communicable and cardiovascular diseases) with an age-standardized rate of 181.6 per 100,000 population. Leading sites of cancer include the lung, breast, liver, cervix, leukemia, stomach, colon, thyroid, rectum, and prostate.

Survival rates beyond 40% are observed only for breast and colon malignancies. Most Filipino cancer patients seek consult at an advanced state; it is estimated that for every 2 case of cancers diagnosed, one will die within the year; and in every hour, 4 Filipinos die of cancer.

Government efforts against cancer began in the 1970's with a National Cancer Control Center until 1986 when cancers were transferred to the Non-communicable Disease Control arm of the Department of Health. In 1987, a cancer task force was created to develop the framework of today's Philippine Cancer Control Program (PCCP). Since the formulation of the operations manual in 1992, the PCCP has slowly expanded to become a nation-wide program.

The PCCP utilizes primary and secondary prevention at the community level; and treatment, rehabilitation, and cancer pain relief at both hospital and community level. Its 6 components are (1) cancer epidemiology and research, (2) public information and health education, (3) integration of cancer prevention and early detection at the community level, (4) strengthening of cancer treatment capabilities of selected medical centers, (5) establishment of hospital tumor boards and cancer registries, and (6) cancer pain relief. Efforts of the program thus far have been focused on lung, breast, cervix cancers, and cancer pain relief.

An assessment of cancer control efforts in the country was undertaken (Philippine Adult Health Project 1996), concluding that there are considerable shortcomings in terms of available data, programmatic efforts, medical education, national policy issues, treatment guidelines and practices, and quality control of screening services; and recommending significant changes in these areas to avert a future epidemic of cancer in the country.

Edward H.M. Wang

Born in 1958

Past Records Chairman, Cancer Institute, Philippine General Hospital, University of the Philippines
Clin. Associate Professor, Dept. of Orthopedics, Up-College of Medicine
Head Up-Musculoskeletal Tumor Unit, Up-Phil General Hospital
Medical Director, Tissue & Bone Bank, Up-Phil General Hospital

Overview of Cancer Control Programmes in Singapore

Low Cheng Hock / Head, Department of Surgery, Tan Tock Seng Hospital, Singapore

Singapore is a multiracial cosmopolitan country. The population consists of Chinese, Malays, Indians, Eurasians and others.

The cancer incidence has change somewhat in the past 20 years. Racial difference are also noted (see accompanied charts).

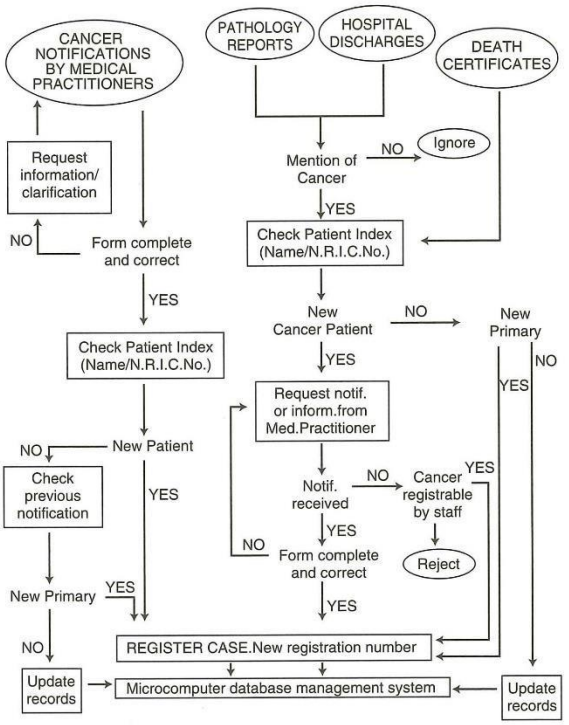
We have a comprehensive cancer registry data.

Cancer control programmes have been targeted at prevention, early detection, treatment and rehabilitation. Some of these activities are:

1. Hepatitis vaccination (close to 100% of new born)
2. Strong anti-smoking campaign (fine for smoking in public places)
3. Health screening especially for breast and cervical cancers
4. Continuous Health Lifestyle and anti-cancer campaigns
5. Establishment at Singapore National Cancer Centre (setting of Cancer clinics at all major hospitals) co-ordinated programmes for early detection and integrated management)
6. Role of Voluntary Organisation (Singapore Cancer Society) in education and rehabilitation support services
7. Establishment of 3 hospice centres

These and other activities will be discussed in greater details.

Attached - statistics of Cancer in Singapore & Racial differences)

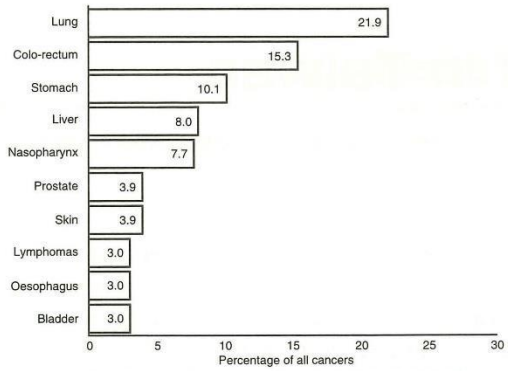


OUTLINE OF REGISTRATION PROCEDURES

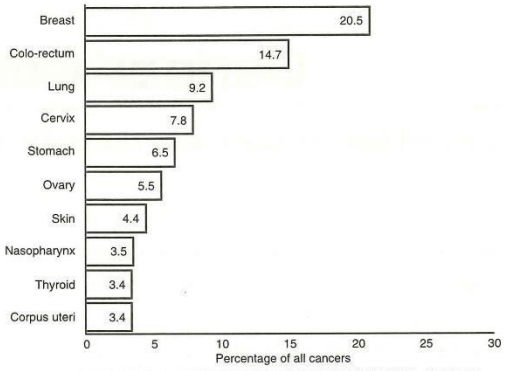
Low Cheng Hock

Born in: 1944

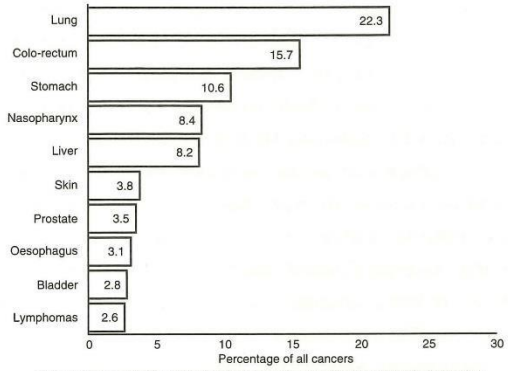
Past Records: 1968 MBBS, National University of Singapore
1972 M Med (Surgery), National University of Singapore
1973 FRACS
1983 FACG
1993 FRCS (Ad hominem)



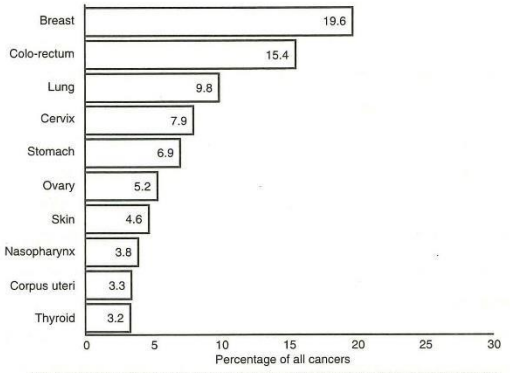
TEN MOST FREQUENT CANCERS IN MALES,1988-92.



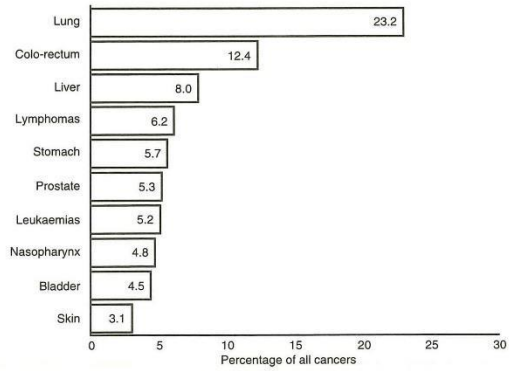
TEN MOST FREQUENT CANCERS IN FEMALES,1988-92.



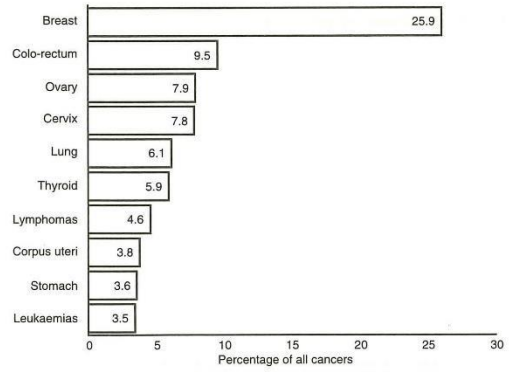
TEN MOST FREQUENT CANCERS IN CHINESE MALES,1988-92.



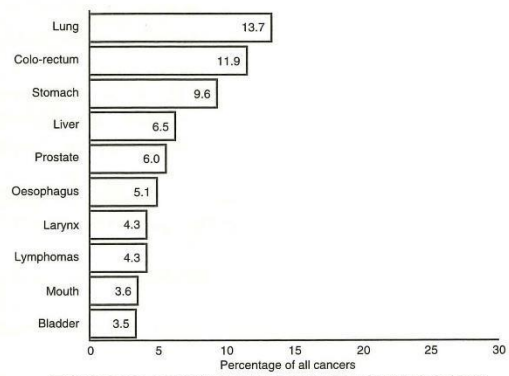
TEN MOST FREQUENT CANCERS IN CHINESE FEMALES,1988-92.



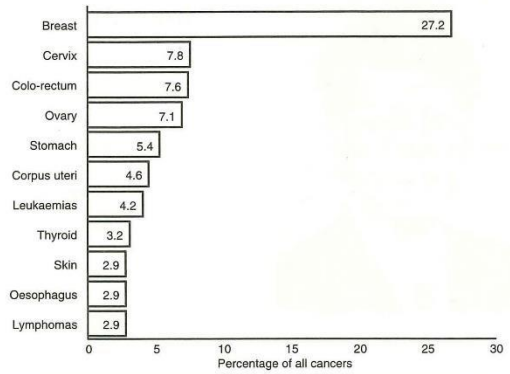
TEN MOST FREQUENT CANCERS IN MALAY MALES,1988-92.



TEN MOST FREQUENT CANCERS IN MALAY FEMALES,1988-92.



TEN MOST FREQUENT CANCERS IN INDIAN MALES,1988-92.



TEN MOST FREQUENT CANCERS IN INDIAN FEMALES,1988-92.

Cancer Control in Taiwan

Chien-Jen Chen / Professor, Graduate Institute of Epidemiology, College of Public Health, National Taiwan University, Taiwan

Malignant neoplasm has become the leading cause of death in Taiwan since 1982. The age-adjusted cancer mortality rate per 100,000 population increased from 58.5 in 1957 to 120.5 in 1995. Based on the data of national cancer registry system which was implemented in 1979, the age-adjusted cancer incidence rate per 100,000 population in 1995 was 179.2 for males and 152.2 for females. There is a decreasing trend for cancers of the stomach, cervix uteri and esophagus, while an increasing trend was observed for cancers of the lung, liver, oral cavity, colon and rectum, breast and prostate. International comparison and migrant study have shown an elevated risk of hepatocellular carcinoma (HCC), nasopharyngeal carcinoma (NPC) and cervical neoplasia in Taiwanese. Both governmental and non-governmental agencies are actively involved in the prevention and intervention of cancer. The national hepatitis B vaccination program was started in July 1984, a significant decrease in childhood HCC has already been observed. The control of tobacco hazards was enacted in 1997, a decrease in prevalence of tobacco smoking has been observed among middle-aged men. Free mass screening of cervical neoplasia and cancer of the colon and rectum has been implemented in the national health insurance program which was established in 1995. Project-based screening for HCC, NPC and breast cancer among high risk groups has been started in 1994. Most cancer patients are diagnosed by pathological examinations and treated by surgical operation, chemotherapy and radiotherapy in major teaching hospitals in Taiwan. A multicentric oncology study group has been organized and coordinated by National Health Research Institutes to assess the efficacy of various treatment modalities. There is a striking increase in expenditures for medical care of cancer patients. Cancer researchers mainly sponsored by National Science Council and Department of Health are engaged in basic, epidemiological and clinical studies on cancers in Taiwan. Major fields of research interests include cancer genomics, gene therapy, molecular epidemiology and DNA vaccine.

Chien-Jen Chen

Born in:	1951	
Past Records:	1973	BSc, Department of Zoology, College of Science, National Taiwan University
	1975	M.P.H., Graduate Institute of Public Health, College Medicine, National Taiwan University
	1983	Sc.D., Department of Epidemiology, School of Hygiene and Public Health, Johns Hopkins University
	1994~1997	Director, Graduate Institute of Epidemiology, College of Public Health, National Taiwan University
	1994~	Professor, Graduate Institute of Epidemiology, College of Public Health, National Taiwan University
	1994~	Senior Associate, Department of Epidemiology, School of Hygiene and Public Health, Johns Hopkins University
	1994~	Adjunct Professor, Department of Biostatistics and Epidemiology, School of Public Health and Tropical Medicine, Tulane University
	1997~	Director, Life Sciences, National Science Council, Executive Yuan, Republic of China

Cancer in Thailand

Vanchai Vatanasapt／Chairman, Cancer Unit, Faculty of Medicine, Khon Kaen University, Thailand

Cancer in Thailand has been the first leading cause of death with the age-adjusted mortality rate from the two cancer registries to be 96.7 per 100,00 in Khon Kaen and 137.9 in Chiangmai. The estimated age-adjusted incidence rates for cancer of all sites in Thailand were 151.3 per 100,000 for men and 123.8 for women.

Liver cancer is the first leading cancer for men. Hepatocellular carcinoma, which associates with Hepatitis-B- Virus, is the major problem in all regions in Thailand except Khon Kaen and the Northeast. Liver flukes (*Opisthorchis viverrini*) related Cholangiocarcinoma is about 89% of all liver cancer in Khon Kaen which has the highest incidence rate of liver cancer in the world. Endogenous nitrosation is also found to be part of the carcinogenic mechanism and blockade of the mechanism by antioxidants may be used in chemoprevention. The epidemiological studies for major cancer in each region were reviewed. Lung cancer which related to smoking was found to be significant problem in the north. The high incidence of esophageal cancer in the South was found to be related to drinking and consumption of certain kind of beans. Cervical cancer is the major cancer in all the regions. It is related significantly to specific types of Human Papilloma Viruses; vaginal discharges and number of partners.

Primary prevention of cancer has been quite successful in antitobacco-campaign nation wide. The exceptionally high lung cancer in the north probably due partly to the indigenous cigar smoking which contain quite a high tar content. Antiopisthorchis campaign for Cholangiocarcinoma in the northeast Thailand with Praziquantel and health education has accomplished in some degree in reduction of the Opisthorchis infestation. Hepatitis-B-Vaccination has been introduced in some tertiary care facilities to prevent hepatitis and hopefully hepatocellular cancer. Secondary prevention has been attempted in many areas but sporadically.

Medical care for cancer has been concentrated in the tertiary care hospitals and cancer centers. The new six regional cancer centers have been established with good facilities.

Cancer research in the parts has been in the clinical studies, epidemiology in some centers. The molecular research in cancer has been in the infant stage.

The initiation of establishing the national cancer committee recently has initiated more intensive and well planned for National Cancer Control Program.

Vanchai Vatanasapt

Born in: 1943

Past Records:

1965	Bachelor degree of Medicine (equivalent to M.D.), Mahidol University
1974	Diploma, American Board of Surgery
1974	Certificate for Specialist in General Surgery, Royal College of Surgeons of Canada
1976~1979	Assistant Dean & Associate Dean, Faculty of Medicine, Khon Kaen University
1979~1983	Vice President, Student Affairs, Khon Kaen University
1983~1985	Dean, Faculty of Medicine, Khon Kaen University
1986~present	Chairman, Cancer Committee
1987~1991	Director, Srinagarind Hospital, Khon Kaen University
1991~present	Professor of Surgery
1992~1995	President, Khon Kaen University
1995~present	Director, Mekong Institute, Khon Kaen University
1995~present	Director, Institute for Dispute Resolution, Khon Kaen University
1996~present	Chairman, Khon Kaen Vithes Suksa School (International Program)
1998~present	Chairman, National Informatics Committee
1998~2002	Asia-Pacific Representative, Executive Board of the International Association for Cancer Registries

Cancer Control in Vietnam

Hoang Anh Pham Thi / Deputy Head, Office of Planning and Statistics, National Cancer Institute, Vietnam

Vietnam ranks among poorer developing countries. Malnutrition and infectious diseases are still major health problems. Cancer ranks in a relatively modest position of priority. The reason is partly explained by shortage of treatment facilities and poor quality of health and vital statistics.

Based on the date of two population based cancer registries in the country, it was estimated that in 1990 the cancer incidence is about 133 per 100.000 in males and 91.7 per 100.000 in females and the mortality is 105.9 per 100.000 and 58.5 per 100.000 respectively. The major cancer are lung, liver, stomach, colon-rectum and nasopharynx in males; breast, cervix, stomach, liver, colon-rectum and lung in females.

Although, the NCCP is still in preparation but, some efforts of government have already been spent on tobacco control, improving the cancer treating net, mass-media education, production of vaccine again HBV.

Cancer control in Vietnam is still have to deal with such challenges as: poor quality of cancer morbidity and mortality data, shortage of resources for establishing a comprehensive cancer control network from central to the peripheries, lack of data reasoning anti-tobacco program, misunderstanding of general practitioners and public about disease, limited knowledge and practice of doctors generalist about cancer diagnosis and treatment.

Hoang Anh Pham Thi

Born in:	1955	
Past Records:	1973~1979	MD, Hygiene and Epidemiology, Tashkent School of Medicine (Ex USSR)
	1985~1987	Study on Medical Statistics, Dep. Epidemiology and Medical Statistics, Institute Gustave Roussy
	1986	Attestation of CESAM and University Paris, VI: Basic Statistics Applied in Medicine
	1991~1992	Master, Science of Epidemiology, Population Sciences and Epidemiology, London School of Hygiene and Tropical Medicine
	1987~1997	Chief (Main investigator), Hanoi Cancer Registry
	1990~1997	Deputy Head, office of Planning and Statistics, Hanoi Cancer Hospital