

Asian Cancer Conference in Shizuoka, 1999

Main Theme

**Present Status and Issues
Confronting Oncological Nursing in Asia**

November 22 Monday, 1999

Shizuoka Convention & Arts Center, GRANSHIP

Organizer : Shizuoka Prefectural Government

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Masako Yano (Chairperson, Steering Committee of Asian Cancer Conference in Shizuoka, 1999)

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PREFACE



In 1981, cancer became the leading cause of death in Japan, and accounted for 30.3% of all deaths in 1998. In other words, today one in three people in Japan die from cancer. In addition, the number of cancer sufferers in Japan is expected to rise in tandem with growing percentage of senior citizens in the population.

Against this backdrop, Shizuoka Prefecture has made overcoming cancer a prefecture-wide priority for the 21st century and is preparing to open a new cancer center in 2002 to serve as the cornerstone of such activities. This Asian Cancer Conference in Shizuoka was planned following the "Shizuoka Forum on Health and Longevity" which was held in 1998, with cancer as its central theme. The conference will serve as an opportunity for medical institutions, research organizations, universities, and related parties to strengthen their ties.

At this Asian Cancer Conference in Shizuoka, researchers from across Asia will exchange information and hold discussions on the latest cancer therapies. Our aim is to have the conference contribute to the advancement of cancer therapy and help build networks between Shizuoka and countries in Asia. We also hope that the conference will establish Shizuoka - led by the Shizuoka Cancer Center- as a base for information on cancer in Asia.

Last year's theme of Asian Cancer Conference in Shizuoka was "Cancer in Asia: Present and Future."

This year, representatives from China, Malaysia, Nepal, Singapore, Sri Lanka, Thailand, and Japan will discuss oncological nursing following the theme: "Present Status and Issues Confronting Oncological Nursing in Asia."

Despite the conditions mentioned above, in recent years, progress has been made in cancer research and significant strides have been made in diagnosis and treatment. In particular, we are recording many success stories in the area of treatment. Furthermore, awareness of such concepts as notification, informed consent, and quality of life has risen among the public and there has been a greater interest in the topic of life and death. Amid these conditions, the role of oncological nursing is expanding and growing increasingly important.

In line with these trends, an independent theoretical framework for oncological nursing, support technologies, and psychological support methodologies are being vigorously developed. Oncological nursing is thus gaining depth and breadth as a its own specialty and academic field.

We hope that this conference contributes to a deeper understanding of oncological nursing in Asian countries and the advancement of both therapy and research.

Masako Yano

Masako Yano

Chairperson, Steering Committee of Asian Cancer Conference in Shizuoka, 1999

Dean and Professor

School of Nursing, University of Shizuoka

PROGRAM

Asian Cancer Conference in Shizuoka, 1999
November 22 (Monday), 1999
Shizuoka Convention & Arts Center, GRANSHIP 11F, Conference Hall
[Japanese/English simultaneous translation]

Main Theme

Present Status and Issues Confronting Oncological Nursing in Asia

Chairperson Masako Yano (Dean and Professor, School of Nursing, University of Shizuoka, Japan)

Co-chairperson Fusako Kakikawa (Professor, Division of Nursing Faculty of Medicine, Mie University, Japan)

Reiko Sato (Professor, School of Nursing, Chiba University, Japan)

9:30 Opening Remarks

Mitsuaki Furuhashi (Director General of Hospital Bureau of Shizuoka Prefectural Government, Japan)

9:35 The aims

Satoe Koda (Cancer Center Construction Office of Shizuoka Prefectural Government Professional Expert, Japan)

9:40 Speaker 1 **Oncology Nursing in Nepal**

Daya Laxmi Vaidya

(Chief Nurse of B. P. Koirala Memorial Cancer Hospital, Nepal)

10:10 Speaker 2 **Present State and Issues Confronting Oncological Nursing in Singapore**

Lee Heng Lin

(Senior Nursing Officer in Singapore General Hospital Oncology Ward, Singapore)

10:40 Speaker 3 **Present State and Issues Confronting Oncological Nursing in Asia**

Sompan Hinjiranan

(Associate Professor, Faculty of Nursing Mahidol University, Thailand)

11:10 Break

11:20 Speaker 4 **Present State and Issues Confronting Oncological Nursing in Sri Lanka**

Eva Bandaramenike Paul

(Voluntary counsellor at the National Dangerous Drugs Control Board, Sri Lanka)

11:50 Speaker 5 **Present Status and Future Perspectives of Cancer Nursing in Japan**

— Nursing in the National Cancer Hospital East —

Yohko Emukai

(Supervisor of Nursing Division, National Cancer Center Hospital East, Japan)

12:20 Question & Answers regarding presentation 1-5

12:35 Lunch break

13:30 Message from Vice Governor of Shizuoka Prefecture

13:35 Speaker 6 **Quality of Life in Chinese Gynecological Cancer Patients under Treatment of Chemotherapy: Validation and Application of the Standard Chinese Version of the EORTC QLQ-C30**

Zhao Hong

(Doctor course student, Department of Nursing Administration, Graduate School of Medicine, The University of Tokyo, China)

14:05 Speaker 7 **Present Status and Issues Confronting Oncological Nursing in Malaysia**

Asmah Binti Sharif

(Nursing Sister, Kuala Lumpur Hospital, Malaysia)

14:35 Speaker 8 **Toward Constructing the Concept of Spirituality in Nursing**

Hayato Higa

(Seirei Christopher College of Nursing at a Teacher of Nursing, Japan)

15:05 Question & Answers regarding presentation 6-8

15:20 Break

15:35 Discussion

17:00 Closing Remarks

Taeko Takashima (President, Shizuoka Prefecture Nursing Association, Japan)

Oncology Nursing in Nepal

Daya Laxmi Vaidya / Chief Nurse of B.P.Koirala Memorial Cancer Hospital, Nepal.

Oncology nursing is a very novel in South East Asia, especially in Nepal. It is in an embryonic stage at present. This is because Nepal's resources go toward health problems considered more urgent, such as communicable diseases like tuberculosis and high infant and maternal mortality rates. However, the need in the area of cancer care was felt by health workers and Nepali government, leading to establishment of first cancer hospital, B.P. Koirala Memorial Cancer Hospital at Bharatpur, Nepal. The majority of nurses in Nepal have only a general nursing background; specialty-nursing education has not been included in the nursing curriculum.

Cancer is usually diagnosed in late stages. Until very recently treatment such as chemotherapy and radiotherapy

have not been available. Since there is not yet a system, to keep records on cancer and no central registry, there are no data on mortality and morbidity. There is not health insurance provision in Nepal.

Cancer nurses need specialized education to provide holistic care. Training is needed in such areas as chemotherapy administration, stoma care, radiation therapy, and palliative care. Knowledge in these areas, nurses can do much to minimize the toxic effects of treatment give psychological support to cancers patients and family. Nurses can do much to develop the awareness in Nepal of the devastating effects of cancer and what can be done to begin to solve these problems.



Daya Laxmi Vaidya

Born in:	1955
Past Records:	1976
	Profency Nursing in General Nursing, Midwifery & Community Nursing (R.N.) from Tribhuvan University, Nepal
	1976~1980 Head Nurse of Shanta Bhawan Hospital & Apipal Hospital (very remote area of Nepal).
	1980~1981 Charge Nurse of Nepal Eye Hospital. R.N.
	1981~1985 Charge Nurse of C.S.S.D. & Ophtholomology ward at Tribhuvan University Hospital. R.N.
	1985~1989 Head Nurse of Operation Room, C.S.S.D & Ward, Disable Children Hospital, Nepal (Swiss Project) R.N.
	1990 Bachelor Degree in Hospital Nursing from Tribhuvan University, Nepal
	1991~1994 Program co-ordinator at Norwegian Nursing Association of Nepal/Nursing Association of Nepal-Women Health Promotion Centre (Community Health Project).
	1995 Graduate Diploma in Cancer Nursing from R.M.I.T.University of Australia
	1995~Present Chief Nurse of B.P.Koirala Memorial Cancer Hospital, Nepal.

Present State and Issues Confronting Oncological Nursing in Singapore

Lee Heng Lin / Senior Nursing Officer in Singapore General Hospital, Oncology Ward, Singapore

Cancer has become the number one killer disease in Singapore in recent years. And, concomitantly, Oncology is a specialty which is experiencing growth and expansion at a tremendous pace.

Oncology Nursing in Singapore, as a specialty, is rather young. It was only in recent years that care of the person with cancer moved into the category of a nursing specialty.

The updating of knowledge and skills is a challenge to the Oncology nurse as she strives to provide high standards of care for her patients undergoing the prescribed treatment modalities, as well as educate their family on patient care.

As the nursing profession, endeavours to keep pace with the rate of growth and expansion of Oncology, it is

confronted with major issues, many of which are beyond its control. Besides aging population, higher consumer expectation, technological advances, new treatment modalities and delivery system, and Casemix - DR Grouping, the specialty is faced with an outstanding manpower issue.

Nursing is dependent on foreign manpower supply. This is due to the fact that: Singapore is a small country with limited manpower resource and, nursing as a career, particularly in Oncology, is not a popular choice of young Singaporeans. Foreign manpower supply brings along with it social, cultural and communication complexities. In a fast expanding healthcare industry, like Oncology, the task of staffing it with qualified or experienced Oncology nurse is indeed a challenging one.



Lee Heng Lin

Born in:	1944	
Past Records:	1962	Singapore Registered Nurse
	1974	Cancer Nursing training, INFJ in Tokai University Hospital
	1980	Nursing Administration training, JICA
	1989~Present	Senior Nursing Officer in Singapore General Hospital, Oncology Ward

Present State and Issues Confronting Oncological Nursing in Asia

Sompan Hinjiran / Deputy Dean, Faculty of Nursing, Mahidol University, Thailand

During the last 25 years, the leading causes of death in Thailand has changed from infectious diseases to non-communicable diseases. These comprise diseases of heart, malignant neoplasms, and accidents and poisonings. Statistics on cancer in Thailand first became available thorough data collection in the Ministry of Public Health since 1971. The National Cancer Institute aims to obtain data on cancer patients from the whole country by collecting information on new cases of cancer from every hospitals, both in the government and private sectors. The national estimation of the leading cancers have been liver, ling, cervix, breast, colon/rectum, mouth/pharynx, stomach, and esophagus cancers. In women, cervix cancer is the most common, followed by breast cancer, liver cancer, and lung cancer. The very high incidence of liver cancer is the major cancer of men, followed by lung cancer, colon/rectum cancer, and cancer of the oral cavity.

Alfatoxin is generally considered to be important in the etiology of liver cancer in human, but recently a correlation study and a case-associated risk of hepatocellular carcinoma. However the main cause of ling cancer is cigarette smoking. While the cervix cancer is the most

common cancer in Thai women which the main causal agents are sexually transmitted almost certainly the human papillomaviruses, the breast cancer is the second most frequent cancer of women which the risk factors include family history, early menarche, late age at first birth, late age of menopause, and ionizing radiation. The environment, and dietary factors appear to be closely related to the risk factors of cancers of colorectum stomach, and esophagus.

In the nursing domain, knowledge of pathology, medical diagnosis, treatment, and patient response are used by nurses in dealing with risk factors reduction. At present, it is believed the majority of cancers are linked to lifestyle and environment which are within the control of individual, family, group, or community. So that oncology nursing goal is to effect the implementation of a lifestyle that promotes protective factors and removes risk factors; such as smoking cessation, diet modification, elimination of occupational and environmental risks. Nurses, as the largest group of health care providers, should continue to play a vital role in making health promotion and illness prevention services for all population groups.



Sompan Hinjiran

Born in:	1940	
Past Records:	1959	B.Sc. in Nursing (Second Honor), University of Medicine (Mahidol University), Bangkok, Thailand
	1969	M.S. in Nursing, Wayne State University, Michigan, U.S.A.
	1977	Cert. of Training in Cardiothoracic Nursing, New Zealand
	1982~1995	Head of the Surgical Nursing Department, Faculty of Nursing, Mahidol University
	1973	Representative to the 1st International Congress of the World Federation of Neurosurgical Nurses, Tokyo, Japan
	1984	Representative to the 10th Senior Nurses International Workshop, Tokyo, Japan
	1987	Presented a paper at the Regional Cancer Care Conference Singapore
	1989	WHO Short Term Consultant at the University of Indonesia, Jakarta, Indonesia
	1988~1989	Mahidol University Council Committee
	1995~1999	Deputy Dean, Faculty of Nursing, Mahidol University
	1999	Participated in Council of National Representative Assembly, London, U.K.

Present State and Issues Confronting Oncological Nursing in Sri Lanka.

Eva Bandaramenike Paul / Voluntary counsellor at the National Dangerous Drugs Control Board, Sri Lanka

The Cancer Control Programme under the ministry of health of Sri Lanka deals with both Preventive and therapeutic aspects of oncological care. The work done by the Sri Lankan nurse in the field of oncological nursing is indispensable in the implementation of these regimes.

Working in the preventive team, the nurse builds a rapport with the patients that enable them to confide their health problems in her. She participates in educating people regarding their health behaviours including their personal hygiene, nutrition and habits ; teaching people to self examine their bodies to detect early cancer ; helping and carrying out simple investigative procedures and collecting statistics regarding cancer care. Insufficient number of staff and inadequacy of facilities and resources in the management of the cancer patient results in added stress on her work.

The therapeutic care involves pre, during and post treatment care of the cancer patient who has undergone

surgery, radiotherapy or chemotherapy and the care of terminally ill patients. The general nursing curriculum in Sri Lanka is comprehensive and it prepares the nurse to care for any patient in general. This basic education enables her to develop her knowledge and skills in oncological nursing without any hindrance.

Being a developing country, facilities offered are sometimes inadequate to meet the demands. Over crowding and shortage of essential medication and therapeutic equipment add to the stresses and frustrations of the nurse.

With the improvement in the modalities of treatment and prolongation of the life span of the patient more nurses would have to be prepared for their care in the hospital and community.

Overcoming all these impediments, the nurse in Sri Lanka is still able to provide quality care for the patient and the family to the best of her ability.



Eva Bandaramenike Paul

Born in: 1934
Past Records: 1963~1981 Nursing Tutor in Various School of Nursing in Sri Lanka
1981~1985 Nursing Tutor General Hospital Nauru Islands
1986~1987 Nursing Tutor Sri Jayawardana
1988~1990 Joseph Frazer Hospital Colombo
1990~1994 Nursing tutor at "Asiri" Hospital, Colombo, Sri Lanka
1995~Present Voluntary counsellor

Present Status and Future Perspectives of Cancer Nursing in Japan

—Nursing in the National Cancer Center Hospital East—

Yohko Emukai / Supervisor of Nursing Division, National Cancer Center Hospital East, Japan

1. Preface

In Japan, cancer has been the first cause of death since 1981. Nearly one third of population died from cancer. Because of the increasing national demand to conquer cancer, the National Cancer Center has been trying to play a role in prevention, diagnosis, treatment, research and education for cancer at present and for the future (coming 21st century). As a leading national institution for cancer, the National Cancer Center also have a duty to play domestic and international important role for solving the problems in cancer medicine.

In this situation, nurses working in this center are also trying to play a role especially in clinical medicine for cancer. Because of the leading position of cancer nursing, we are working without sparing the efforts to offer highest quality nursing for cancer patients. To improve the quality of nursing, we always try to do research works, to evaluate the clinical results, to create or develop new approaches for cancer nursing and to apply these to the practical nursing. Nurses in this center have to play a role for education, so we are busy for visiting many places to give lectures for education and for accepting many nurses from other institutions for practical training and for training for nursing researches.

Present status, problems and the future perspectives of cancer nursing in the National Cancer Center Hospital East are as follows.

2. Outline of the National Cancer Center Hospital East

Opening: July 1st, 1992
Place: Kashiwa city, Chiba, Japan
No. of beds: 425 (394 for general, 6 for tuberculosis, 25 for palliative care)
Mean No. of inpatient a day: 389.4
Mean No. of outpatient a day: 406.6
Mean hospital stay: 25.7 days
Efficacy of bed rotation: 93.7%
No. of patients per nurse: 2.5 : 1

3. Present status of nursing in the hospital

- (1) Nursing in outpatient and inpatient clinic
- (2) Palliative care
- (3) Activities of coordinators for clinical trials
- (4) Education of nurses working in the hospital

4. Future perspectives

Chronological change of the medicine to attach greater importance in the quality of life (QOL) of the patient from the medicine only trying to improve the survival of the patient.

Appearance of the clinical specialists and approved nurses by the increasing motivation to clarify the speciality of cancer nursing.

Nurses are now expected to be closely related with guarantee of ethics and science of medicine offered to the patient.

Discussion will be held according to above topics.



Yohko Emukai

Born in: 1943
Past Records: 1965 Graduated from Nursing School attached to National Fukuoka Central Hospital
1967 Nurse of internal Medicine, St. Luk's International Hospital
Nurse of Internal Medicine and Surgery, National Fukuoka Central Hospital
1974 Teacher of Nursing School attached to National Fukuoka Central Hospital
1980 Head Nurse, Tokai University Hospital
1987 Sub-Supervisor of Nursing Division, National Cancer Center
1990 Sub-Supervisor of Nursing Division, National Hospital Tokyo Medical Center
1993 Supervisor of Nursing Division, National Kofu Hospital
1996 Supervisor of Nursing Division, National Matsumoto Hospital
1998 Supervisor of Nursing Division, National Cancer Center Hospital East

Quality of Life in Chinese Gynecological Cancer Patients under Treatment of Chemotherapy: Validation and Application of the Standard Chinese Version of the EORTC QLQ-C30

Zhao Hong / Doctor course student, Department of Nursing Administration, Graduate School of Medicine, The University of Tokyo, China

Purpose: Quality of life (QOL) has become one of the most important indicators to evaluate the impact of cancer and its treatment on patients. The aims of this study were to evaluate the psychometric properties and the clinical applicability of the Standard Chinese version of the EORTC QLQ-C30, and to explore quality of life of Chinese gynecological cancer patients under treatment of chemotherapy.

Method: The translation process included independent translation, back translation, modifications, a pilot test with gynecological cancer patients, and a review by the original developers. Gestational trophoblastic disease patients (GTD, n=68), ovarian cancer patients (OVCA, n=105), and nurses (n=25) at hospitals affiliated with universities in Beijing participated in the major study. A multitrait scaling analysis was used to test item convergent and discriminant validity. Reliability (internal consistency) of each subscale was assessed by Cronbach's α . Construct validity was examined by Pearson's correlation coefficients among subscales, factor analysis, and known-groups method. Student's t-test and Pearson's correlation coefficients were used to test differences between patients and nurses QOL scores.

Result: All item-subscale correlation coefficients exceeded the criterion of item-convergent validity (0.40) and all items correlated significantly higher with their own subscale than with other subscales. The correlation coefficients among all subscales were significant but modest ($\gamma=0.40$ to 0.70).

Seven out of nine subscales met the minimal standards of reliability (Cronbach's $\alpha>0.70$). Factor analysis showed that construct of the translated version was mostly equivalent to that of the original version, yet physical and cognitive subscales and several symptom subscales/items showed incongruent construct with the original version. The significant differences among patients with different disease stages were found in only 4 functioning subscales and 2 symptom items of GTD patients and in only 2 symptom scales of OVCA patients. The nurses' assessments on the patients' conditions showed low correlation with the patients' own rating scores on themselves. The nurses significantly underestimated the patients' symptoms of fatigue and constipation, and their financial concerns, while overestimated their cognitive functioning. The patients in this study reported higher incidence of serious fatigue, nausea, and vomiting.

The results of this study suggested that the QLQ-C30SC was a valid instrument to assess QOL of Chinese gynecological cancer patients. The nurses in this study tended to estimate the patients' QOL inaccurately except for a few objective aspects. The higher incidence of serious nausea/vomiting of patients suggested that innovative interventions that are more effective need to be developed and utilized in nursing practice.

Key words: quality of life, EORTC QLQ-C30, psychometric property, Standard Chinese, gynecological cancer



Zhao Hong

Born in: 1967

Past Records: 1986~1990 Department of Nursing, Peking Union Medical College. Awarded the degree of BSN

1990~1995 Nurse at Department of Gynecology & Obstetric, Peking Union Medical College Hospital

1997~1999 Department of Nursing Administration, Graduate School of Medicine, University of Tokyo. Awarded the degree of MSN

Present: Doctoral student, Department of Nursing Administration, Graduate School of Medicine, The University of Tokyo

Present Status and Issues Confronting Oncological Nursing in Malaysia

Asmah Binti Sharif / Nursing Sister, Kuala Lumpur Hospital, Malaysia

Health care settings in which nurses function are varied and include acute and long term care, rehabilitative and home care. The role of Oncology Nurses include on-going assessment and planning, monitoring and documentation of the response of patient to a specialised care intervention. They must also accept the responsibility and accountability for the plan of care in the management of cancer patient.

About 70% of patients with cancer will experience pain during their illness. Unfortunately, cancer pain is often undertreated because of inadequate assessment and excessive fear of tolerance and addiction and this may lead to depression, anger, isolation and suicidal. The challenge to the health professional is to assess and identify patient in need and devote the time and energy necessary to control

the cancer pain. In view of this, we have started implementing pain analog scale to assess the severity of pain. The pain analog scale will be reviewed daily to enable the doctor to prescribe the appropriate dose of analgesic to achieve the optimal pain relief.

Management of the nutritional problem in cancer patient is rather complex but challenging. It should be manage as a team that include doctor, nurses, dietician and family members as primary care providers. It is team responsibility to provide a combination of emotional support and oral nutrition advice on how to achieve each patient goal. Ideally, dietary counselling should be initiated at its earliest stage to facilitate good nutritional status and improve quality of life.

Asmah Binti Sharif

Born in: 1953
Past Records: 1977 Graduated School of Nursing, Malacca Hospital
Joined Kuala Lumpur Hospital
1980 Attended Advanced Cancer Course, Japan
1988 Nursing Sister, Kuala Lumpur Hospital
Attended Ward Management Course

Toward Constructing the Concept of Spirituality in Nursing

Hayato Higa / Seirei Christopher College of Nursing at a Teacher of Nursing, Japan

The word spiritual/spirituality is finally being discussed in the Japanese health professional world. In comprehensive nursing, a nurse does nursing care for a patient from four aspects. The aspects are The biological aspect, The psychological aspect, The sociological aspect, and The anthropological aspect. In this paper Spiritual dimension is presumed to have two opposite extremes, The power of spirituality and The anthropological aspect. On the area between The power of spirituality and The anthropological aspect there are five patterns. The patterns are The meaningfulness pattern, The self-concept pattern, The value pattern, The volition pattern, and The human-spirit pattern. The power of spirituality has an intuitive sensitivity,

which can be compared to "The inner eye". The anthropological aspect has the viewpoint of scientific reasoning, which can be compared to "The outer eye". If we consider a patient from the broader viewpoint, then a nurse must use both eyes, "The outer eye" and "The inner eye".

Spiritual dimension between the nurse and the patient is supposed to produce mutuality. Then, a nurse and a patient find their own answers about "the purpose of the life", "the meaning of the life", "the connection with oneself", "the connection with others", and "the connection with higher-power". Answers to spiritual questions come through interpersonal relationships.



Hayato Higa

Born in: 1962

Past Records: 1983~1987 Department of Health Sciences, School of Medicine, Ryukyu University.
R.N

1987~1989 Faculty of Health Sciences, Post graduated from Ryukyu University.
M.H.S

1988~1989 Nagourawa Hospital dept Psychiatry at a Nurse

1989~1993 Hakuai Hospital dept Psychiatry at a Nurse

1993~Present Seirei Christopher College of Nursing at a Teacher of Nursing

Chairpersons

Chairperson

Masako Yano

Dean and Professor, School of Nursing, University of Shizuoka, Japan

- Born in : 1936
 Education : 1961 Bachelor of Health Care & Nursing, School of Health Care & Nursing, The University of Tokyo
 Past Records : 1961 Staff Nurse, Surgical Ward, Tokyo University Branch Hospital
 1971 Head Nurse, Neurological Ward, Tokyo Metropolitan Fuchu Hospital
 1980 Deputy Director of Nursing, Tokyo Metropolitan Neurological Hospital
 1983 Chief of Nursing Research Section, Tokyo Metropolitan Institute of Gerontology
 1984 Deputy Director of Nursing Division, Ministry of Health & Welfare, Medical Bureau
 1985 Director of Nursing Division, Ministry of Health & Welfare, Health Policy Bureau
 1993 Professor, Graduate & Undergraduate Schools of Health Sciences & Nursing, The University of Tokyo
 1997 Dean and Professor, School of Nursing, University of Shizuoka



Co-chairperson

Fusako Kakikawa

Professor, Division of Nursing, Faculty of Medicine, Mie University, Japan

- Born in : 1940
 Education : 1961 Graduated from Nursing School Affiliated to Kagoshima University Medical Department
 1978 Graduated from Sociology Course Part II, Literature Department, Rissho University
 1981 Finished the Master Course of Literature Department, Rissho University
 Past Records : 1977 Head Nurse of National Cancer Center (Finished the Course of Cancer Nursing Course in England in 1981)
 1992 Director of Nursing Department, Saga Medical University Hospital
 1994 Professor Division of Nursing, Faculty of Medicine, Saga Medical University
 1999 Professor Division of Nursing, Faculty of Medicine, Mie University



Co-chairperson

Reiko Sato

Professor, School of Nursing Chiba University, Japan

- Born in : 1939
 Education : 1961 Nursing School, Okayama University
 1966 Oncology Nursing, School of Nursing, New York University
 1976 Graduate School, Aoyamagakuin University (Specialized Psychology)
 1992 Doctor of Health Science (DHSc), Tokyo University
 Past records : 1961 Okayama University Hospital, Medical & Surgical Nurse
 1966~1968 Exchange Visitor Nurse, University of Maryland Hospital
 1968 Lecturer, Nursing School, Keio University
 1974 Director, Nursing School, Keio University
 1979 Associate Professor, Aichi Junior College of Nursing
 1983 Associate Professor, School of Nursing Chiba University
 1992 Professor, School of Nursing Chiba University
 1997 Chiba University Council Committee



Steering Committee of Asian Cancer Conference in Shizuoka, 1999

Chairperson

Masako Yano: Dean and Professor, School of Nursing,
University of Shizuoka

Members

Toshie Adachi: Head, Nursing Department,
Shizuoka General Hospital

Satoshi Chihara: Vice President,
Seirei Mikatahara General Hospital

Fusako Kakikawa: Professor, Division of Nursing,
Faculty of Medicine, Mie University

Shigeyo Mochizuki: Head, Nursing Department,
Hamamatsu University Hospital

Reiko Sato: Professor, School of Nursing,
Chiba University

Taeko Takashima: President, Shizuoka Prefecture
Nursing Association

Noriko Totsuka: Professor, School of Health Sciences,
Faculty of Medicine, Niigata University

Takako Watanabe: Director, Saitama Prefectural South Region
Advanced Nursing School

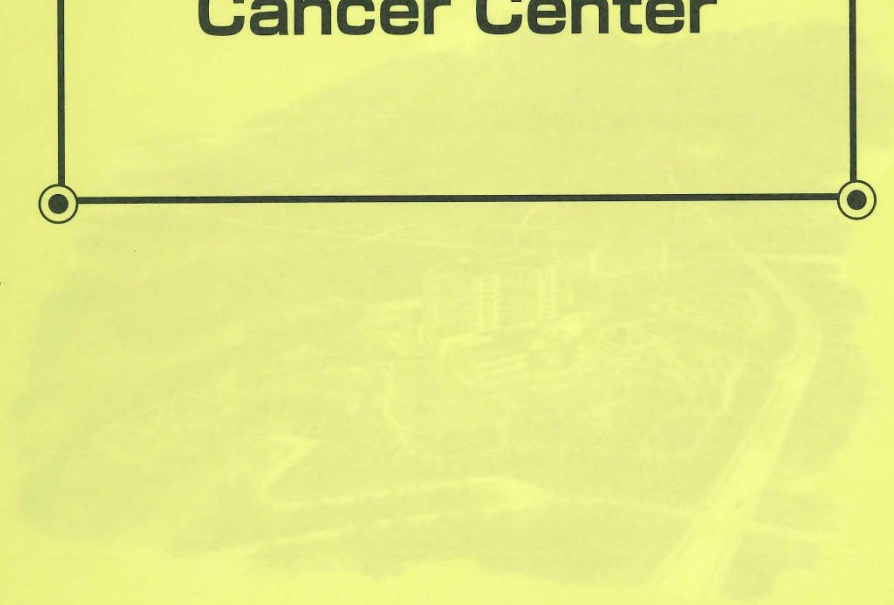
Ken Yamaguchi: Deputy Director, National Cancer Center
Research Institute

DESCRIPTION OF THE PROJECT

Today, cancer is the primary cause of death in Shizuoka Prefecture, and the number of cancer patients is expected to increase steadily in the future. To help deal with this, the Shizuoka Cancer Center is being established. The center is located in Shizuoka City, Shizuoka Prefecture, and is expected to be completed in 2012. The center is a comprehensive cancer center for the best cancer care based on the following principles:

- 1) Realization of appropriate medical care of cancer with the most advanced technology
- 2) Provision of patient-oriented care
- 3) Creation of a cancer center with the most advanced technology and other countermeasures

Overview of Shizuoka Cancer Center



SHIZUOKA CANCER CENTER

DESCRIPTION OF THE PROJECT

Today, cancer is the primary cause of death in Shizuoka Prefecture, and the number of cancer patients is expected to increase steadily in the future.

To help deal with this dreadful disease, Shizuoka Prefecture is in the process of establishing one of the most advanced cancer centers in Japan. Shizuoka strives for the best cancer care based on the following principles:

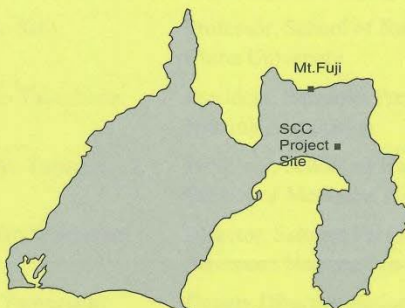
- 1) Realization of appropriate medical care of cancer with the most advanced technology
- 2) Promotion of patient-oriented care
- 3) Creation of a core center of cancer information networks and other countermeasures

Opening Schedule of the Hospital 2002

(Research sections will be formulated within three years after opening of the hospital)

Project Cost 48 billion yen (excluding medical equipment, staff apartment, etc.)

Expected View of the Hospital



Project site

Nagaizumi Town,
Sunto County,
Shizuoka Prefecture

Transportation

from JR Mishima Station
approx. 5km
Tomei Highway, Numazu IC
approx. 6km

FACILITIES

Proton beam treatment center

To conduct proton beam treatment, which is the most advanced cancer cure method in the world

Wards

About half of the 630 beds will be in single rooms for privacy and amenities of patients

To be arranged and designed for efficient care system by a medical team composed of doctors, nurses, pharmacists, etc.

Outpatient section

To be composed of different centers for different organic systems, which will be distinctively designed so that patients can easily distinguish which directions they should follow

Hospice care center

To alleviate pain and other symptoms so that patients can get the most out of life



Tomei Highway

Staff apartment

Research laboratories

To promote research in the support of advanced cancer care and to contribute to development of local medical industries

Parking

capacity: about 900 cars

Garden

To create "garden hospital" atmosphere surrounded with greenery and flowers

SCC'S GOALS FOR MEDICAL CARE

With skilled staff and state-of-the-art equipment, Shizuoka Cancer Center will realize highly advanced care for cancer.

SCC will provide all services from preventive medicine to follow-up care.

SCC will establish integrated care systems capable not only of direct cancer care but also of care for complications, mental care, etc.

SCC will be equipped with full rehabilitation therapy facilities, which will serve for the patient's prompt reintegration into society.

SCC will be fully concerned to establish proper "informed consent" system (sufficient explanation of disease and cure methods to be applied to the patients to get their understanding and agreement) and notification of cancer to the patients.

SCC will pursue patient-centered care system, such as shortening of waiting time for examinations and treatments, weekend services, etc.

SCC will support cancer care at patient's home, with cooperation of other local medical facilities.

SCC will establish the latest information system, which will be utilized for further improvement of medical care and for more efficient and effective hospital operation.

Proton Therapy Facility

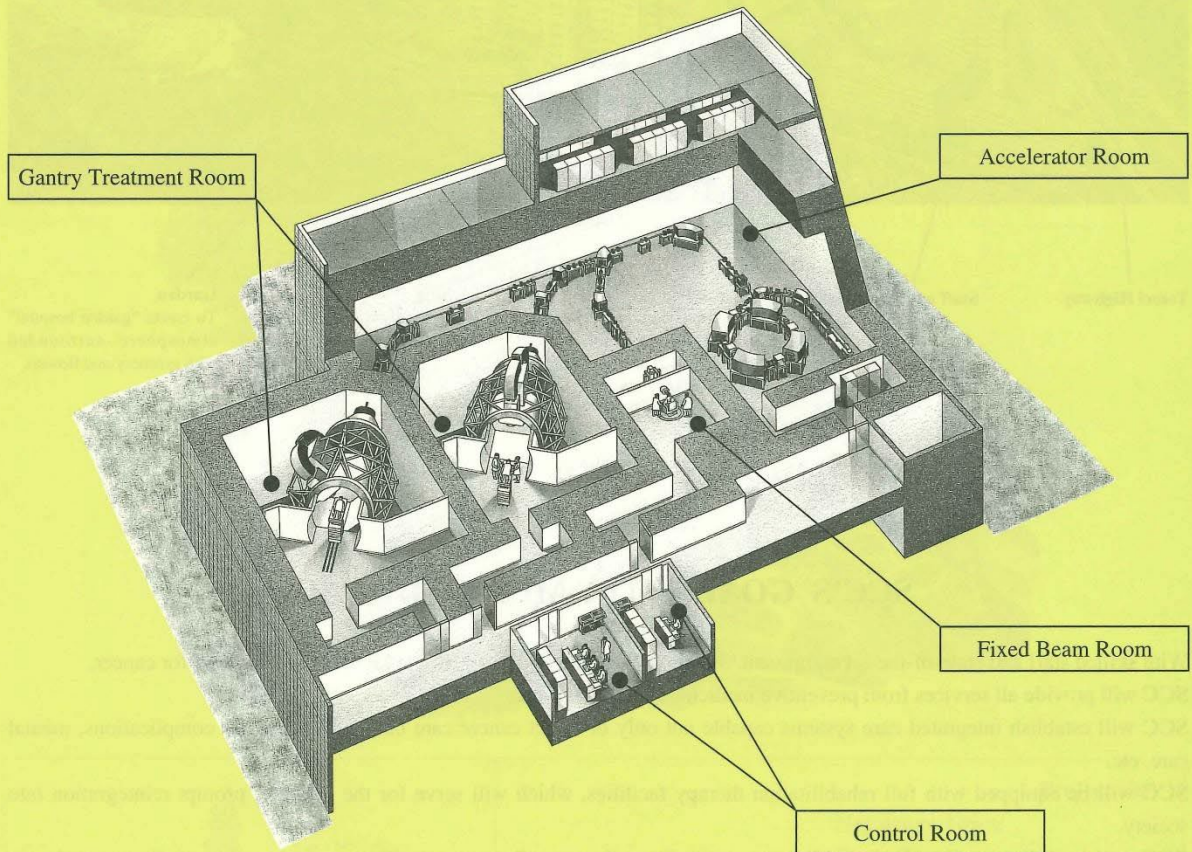
Overview

Shizuoka Prefecture plans to introduce a proton therapy facility to Shizuoka Cancer Center, scheduled to open in the year 2002. The facility includes an accelerator room for providing a proton beam, treatment rooms for delivering the beam to patients, and other supporting rooms.

Specifications of the Equipment

- Beam Species** : Proton
Beam Energy : 70-235MeV, reachable up to 25cm deep into the human body.
Accelerator : Synchrotron.
Treatment Rooms : •Isocentric Gantry Rooms, capable of delivering the beam from 360 degrees and around a patient.
: •Fixed Beam Room.

An Artist's View of the Facility



Detailed Design of the Proton Therapy Facility At Shizuoka Cancer Center

1. Criteria to Select Patients

Both of the following fundamental and practical criteria will be applied.

(1) Fundamental Criterion

One of the following conditions:

- a) An improved tumor control rate is expected with the local dose escalation.
- b) A prolonged lifetime or an improvement in quality of life is expected with the local lesion amelioration.
- c) The lesion is located close to a critical organ for which risk of serious functional disorder due to the irradiation is high.

(2) Practical Criterion

All of the following conditions:

- a) The location and outline of the tumor can be easily defined with the imaging diagnosis technique.
- b) The physiologic movement of the tumor is within a range allowed by the beam delivery technology.
- c) There exists a benefit from the dose concentration.

2. Number of Patients

Approximately 400 proton patients per year are assumed.

3. Number of Treatment Rooms

- Isocentric Gantry Room** : 2 rooms, approx. 320 patients / year (combined)
Identical beam delivery system each room.
- Fixed Beam Room** : 1 room, approx. 80 patients / year
Primarily for the head and neck treatment.

4. Clinical Specification

- Max. Range in Patient** : >25 cm, water equivalent
- Max. Width of SOBP** : >10 cm
(Spread-Out Bragg Peak)
- Max. Field Size** : Gantry ϕ 20cm
: Fixed ϕ 10cm
- Max. Dose Rate** : >2 Gy/min
- Dose Uniformity** : $\pm 2\%$ or better, laterally and longitudinally (design goal)
- Field Formation** : Beam spreading with a wobbler system.
: SOBP formation with a ridge filter system.
: Multi-leaf collimator available.
- Breath Synchronization** : Capable.

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