Multipoint Oncology Teleconference, Japan

This teleconference has been held on a weekly basis (on Thursday evenings) as a good opportunity for the discussion of important issues in clinical oncology. Nowadays, this plenary meeting among the major cancer centers is indispensable for maintaining the high standard of quality of cancer clinics throughout Japan.

Review: September, 2000

September 7: Cortical mapping in neurosurgery of the cerebral hemisphere (moderated by Chiba Prefectural Cancer Center). In malignant brain tumors, the neurosurgical procedures are always related to the nervous disability especially in the motor and sensory fields of the cerebral hemisphere. The importance of intraoperative SEP (somatosensory evoked potential) monitoring was addressed for tumors closely located at the motor fields by Dr Ohga. For tumors located in the verbal center, the mapping of the cortical verbal area was performed intraoperatively by numbering under alert condition (Dr Kyuma). The use of fMRI (functional MRI) was also introduced by Dr Kamisaku as a non-invasive method of localization of special cortical areas.

September 14: Perspectives of imaging diagnosis by MD (multiple row) CT (moderated by National Cancer Center Hospital East). The recently developed multidetector row CT (MDCT) is becoming more common. The advantage of MDCT is the speed of scanning. Dr Hiryanagi of Hitachi Medical Company first introduced the technological aspects of MDCT. Dr Nasu reported the effect of high-speed scanning of MDCT based on the experiences in the National Cancer Center Hospital East. Dr Asato showed examples of MDCT images of the tracheo-bronchial region with its 3-D reconstruction images. Finally, Dr Hisashige addressed a technological assessment of MDCT in terms of quality of images, cost, etc.

September 21: Management of loss of voice in head and neck cancer patients (moderated by National Sapporo Hospital). Head and neck cancers, especially pharyngeal and lower laryngeal cancers, often necessitate the loss of voice owing to curative removal of the vocal cords in spite of efforts with function-preserving treatment. Dr Matsuyama showed the present outcome of laryngectomy patients. The various efforts at phonation such as tracheo-esophageal shunt, esophageal phonation and electrical larynx were introduced by Drs Dohzaka and Nishizawa. Dr Ifukube, Hokkaido University, reported recent advances with the electrical larynx, focusing on the phonation with intonation.

September 28: Basic and clinical aspects of bone metastasis (moderated by National Kyushu Cancer Center, Fukuoka). The management of cancer patients is becoming an important issue in oncology because of the increase of such cancers with a higher tendency for bone involvement such as prostatic, lung and breast cancers. The molecular mechanisms of bony metabolism have been also rapidly elucidated recently. First, Dr Tanaka discussed the establishment of metastatic lesions in the bone in terms of cellular adhesion between tumor cells and endothelial cells. The cellular mechanisms of bone destruction by tumor cells through the activation of osteoclastic cells were shown by Dr Takeuchi. These mechanisms are composed of humoral factors secreted by tumor cells and direct adhesion. In a clinical setting, bone metastasis induces severe pain, paralysis, fracture, etc. The management of patients includes radiation and chemotherapy as well as agents related to bone metabolism. The clinical outcome of 200 patients was extensively discussed by Dr Chuma.

For Japanese readers, detailed information on the conferences, including videos and slides of the presentations, is available at http://kit.ncc.go.jp/.

Institutions networked by the multipoint teleconference system: Sapporo National Hospital, Aomori Prefectural Central Hospital, Iwate Prefectural Central Hospital, Miyagi Cancer Center, Niigata Cancer Center, Tochigi Cancer Center, National Cancer Center Hospital East, National Cancer Center Hospital, Chiba Cancer Center, Saitama Cancer Center, Aichi Cancer Center, Kure National Hospital, National Shikoku Cancer Center and National Kyusyu Cancer Center

H. Asamura
Homepages are redesigned or modified very frequently; therefore, please note that comments in this section are based on the contents of the homepage at the time of writing.

**The National Childhood Cancer Foundation (NCCF) and The Children’s Oncology Group (COG)**

([http://www.nccf.org](http://www.nccf.org))

In the USA, currently one in every 330 children develops cancer before the age of 19 years. Moreover, the incidence of cancer among children is increasing. Progress in the development of effective new treatments and cures for children with cancer has been spectacular during the past three decades, but progress is beginning to plateau. Thus, even though many children can now be given a cure if they are treated at a pediatric medical center with teams of experts and specialized programs for childhood cancer, many types of childhood cancer have not yet yielded to research.

The National Childhood Cancer Foundation (NCCF) is an organization for supporting laboratory and clinical research on childhood cancer and for helping children and their parents suffering from cancer or cancer survivors. The NCCF provides timely information on the latest research progress and the latest governmental issues that affect children with cancer. The NCCF also gathers and introduces the stories of the survivors of childhood cancer, those who have endured the most tenacious cancers and gone on to live productive and healthy lives, in order to encourage children and parents fighting against cancer (see ‘Stories’ section). The ‘Some Facts About Childhood Cancer’ and ‘Childhood Cancer is Different’ in the ‘Childhood Cancer’ section are helpful in understanding childhood cancers.

The Children’s Oncology Group (COG) is a recently developed national cooperative group formed by the merger of the four national pediatric cancer research organizations: the Children’s Cancer Group, the Intergroup Rhabdomyosarcoma Study Group, the National Wilms’ Tumor Study Group and the Pediatric Oncology Group. COG is the research partner of the NCCF and NCCF serves as the fiscal agent for COG, receiving federal and non-federal grants and awards to distribute to the member-institutions. The four original pediatric groups will remain in existence for about two more years, just so they can finish their current clinical trials, transfer data to COG and report results. All new protocols opened after July 2000 will be known as Children’s Oncology Group protocols. COG is scheduled to submit its first cooperative group funding application to the National Cancer Institute in February 2002. The list of their research protocols is available in ‘CCG Research Protocols’ in the ‘Childhood Cancer’ section.

In Japan, there is no established academic/governmental cancer cooperative group supported by a foundation such as the NCCF. The cooperative clinical trials system in Japan is far behind from those in the USA in this respect.

H. Fukuda
Cancer Statistics Digest

Biliary Tract Cancer Mortality Rates by Prefectures in Japan

Age-standardized mortality rates by sex, prefectures and calendar year (1970–95) from malignant neoplasms of gallbladder and other and unspecified parts of the biliary tract in Japan are shown. There is no large difference in rates between males and females. The rates are relatively higher in eastern than in western Japan, although both show increasing trends.

S. Yamamoto

Announcements

Aichi Cancer Center Symposium VII: Cancer Diagnosis with the Power of Molecular Knowledge

Date: January 27, 2001
Location: Aichi Cancer Center, Nagoya, Japan
Chairperson: Makoto Ogawa
Further information: Shigeo Nakamura, Conference Coordinator, Department of Pathology, Aichi Cancer Center, 1–1 Kanokoden, Chikusa-ku, Nagoya 464-8681, Japan
Tel: +81 52 762 6111; Fax: +81 82 764 2963

2001 Pan-Pacific Lymphoma Conference

Date: June 19–22, 2001
Location: Grand Wailea Resort, Hotel and Spa, Maui, Hawaii
Conference directors: James O. Armitage (University of Nebraska Medical Center), Kevin K. Loh (The Queen’s Medical Center, Honolulu), Julie M. Vose (University of Nebraska Medical Center)

E-mail: accis@aichi-cc.pref.aichi.jp
News

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E-mail: conted@unmc.edu
http://www.unmc.edu/coned

Blioma: from Gene to Cure
Date: April 26–28, 2001
Location: Amsterdam
Chairperson: J.J. Heimans, VU Amsterdam
Further information: European Cancer Centre, P.O. Box 9236, NL-1006 AE Amsterdam, The Netherlands
Tel: +31 (0)20 346 2547; Fax: +31 (0)20 346 2525
E-mail: ecc@ikca.nl
http:www.EurCanCen.org

To include information of upcoming cancer-related events in the News Section, please send details, including the title, date, place, organization, contact name, address (fax number and e-mail address if any) to the news department of the editorial office of JJCO who also welcome suggestions for news stories. Items in this section are selected for publication and edited by the editorial office at their discretion.